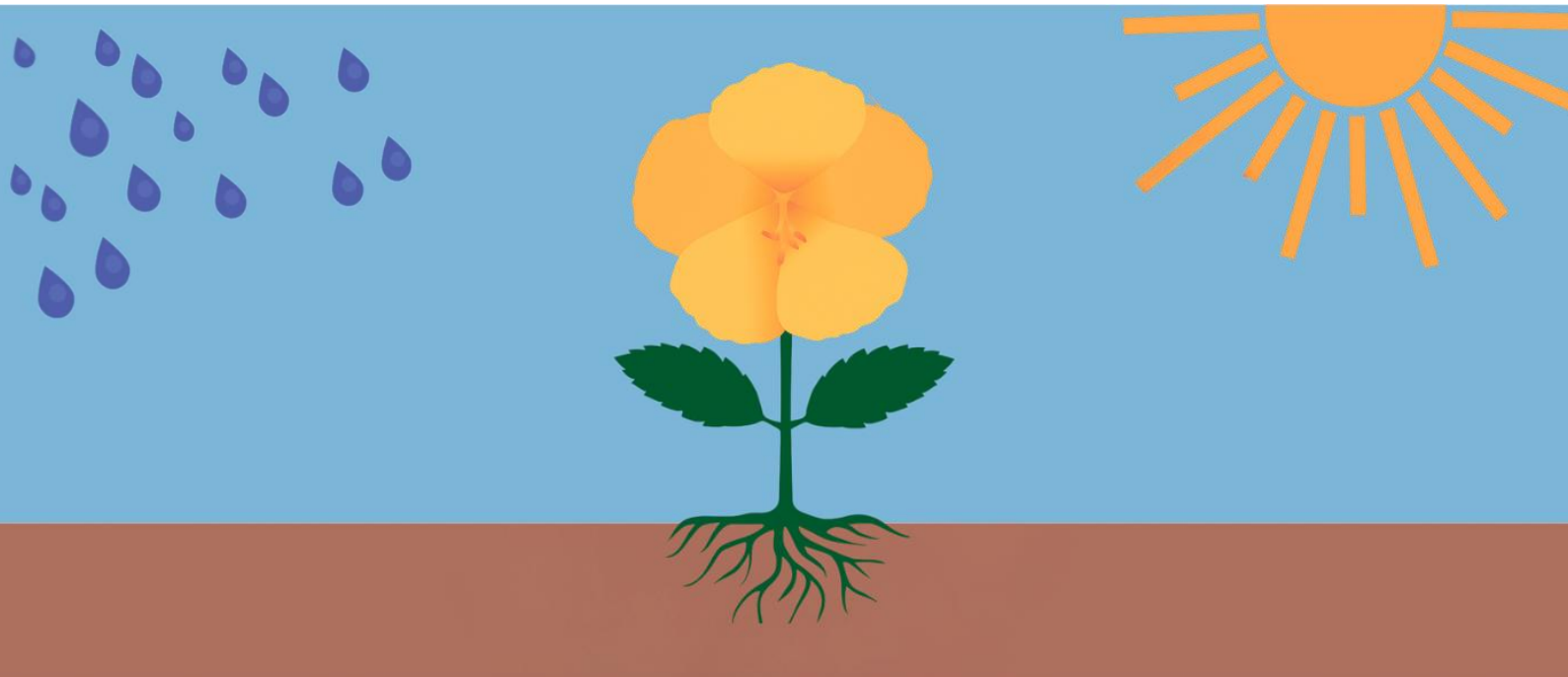
Euro Health Net

European partnership for health, equity & wellbeing

EuroHealthNet Country Exchange Visit

Social Participation and Youth Engagement for Better Health

Host: National Institute of Public Health in Slovenia
3-4 June 2025, Ljubljana



On 3-4 June, EuroHealthNet, in collaboration with its member, the National Institute of Public Health (NIJZ) in Slovenia, organised a Country Exchange Visit (CEV) in Ljubljana. This event provided a platform for experts and public health professionals across Europe to learn from experience in Slovenia, and exchange insights and strategies for youth and social participation.

Attendees learned about Slovenia's long-standing tradition of embedding civil society and youth participation in health governance. They also visited the International Youth Health Organisation and the Health Promotion Center of Postojna, to gain insight on how youth and community are engaged at both local and national level. This report provides a comprehensive overview of the presentations, site visits, and discussions that took place, highlighting key takeaways and providing practical tools and methodologies that can be adapted to diverse contexts.

The meeting was co-moderated by EuroHealthNet, the Ministry of Health Slovenia and National Institute of Public Health Slovenia. Nine EuroHealthNet member organisations and 18 participants took part in the meeting.

EuroHealthNet extends its gratitude to the NIJZ, particularly Mojca Gabrijelčič, Vesna Kerstin Petrič, Katja Čič, Urška Erklavec, and Monika Robnik, who warmly welcomed and hosted us in Ljubljana.

The visit falls within EuroHealthNet's contract agreement with the European Commission's Directorate-General Employment, Social Affairs and Inclusion programme of the European Social Fund Plus (ESF+).

Welcome

Branko Gabrovec, Director of NIJZ, Slovenia

Vesna Kerstin Petrič, Slovenian Ministry of Health Liaison Office to WHO

Caroline Costongs, Director at EuroHealthNet

The event began with a welcome at the NIJZ headquarters in Ljubljana.

Vesna Kerstin Petrič, representative of the Slovenian Ministry of Health and WHO liaison, opened by highlighting Slovenia's century-long investment in prevention and primary healthcare. These long-term investments are now bearing fruit, making it easier to build further on existing foundations. She emphasised that while Slovenia's journey spanned decades, other countries can accelerate their progress by learning from their experience.

Branko Gabrovec, Director of the National Institute of Public Health (NIJZ), followed with his own words of welcome, inviting participants to reflect together on the evolving landscape of social participation in public health. Across Europe, initiatives such as the Intergenerational Fairness Strategy, the Joint Action PreventNCDs (where Slovenia leads on sustainability and youth engagement), and the EU Youth Strategy highlight this shift towards greater social participation.

In 2024, the NIJZ established a dedicated office for collaboration with NGOs, an initiative that helps build bridges between public health experts at NIJZ and civil society organisations and better embed youth perspectives into national public health strategies. Mr Gabrovec stressed that youth participation builds health literacy. When young people are empowered, they become inspired, creating a multiplier effect. This CEV, he concluded, is a valuable opportunity to learn from one another.

Caroline Costongs, Director of EuroHealthNet, thanked the Slovenian hosts and introduced the EuroHealthNet partnership, now consisting of over 80 members. She highlighted the partnership's mission to reduce health inequalities, something that can only be achieved by truly listening to the voices of all people, including the most vulnerable and often-overlooked groups such as children. She stressed the urgency of rebuilding trust and listening in a context marked by growing distrust in public institutions. It is important to ensure that people have the agency to participate and to create environments where they can provide their vision and be heard. The Ottawa Charter for Health Promotion, adopted nearly 40 years ago, already identified community participation as an important element of health promotion. What remains challenging are the practical aspects: *how* to engage people, *which* methodologies to use, and *what* strategies work best. Ms Costongs concluded by expressing appreciation to Slovenia for hosting this CEV and creating a space to exchange ideas and experiences.

Contents

1 Strengthening Public Health through Participation: Policies, Frameworks and Tools

Caroline Costongs opened one of the central themes of the Country Exchange Visit: how to embed social participation within health governance structures. She introduced EuroHealthNet's policy brief on the topic, developed to support members in strengthening participatory approaches. The brief maps out key EU tools and frameworks that can help implement social participation in practice. It also sets out three core principles as defined by the World Health Organisation — **inclusivity** (who is involved and who decides), **intensity** (the depth and frequency of participation), and **influence** (the actual impact on decision-making) — as essential for meaningful engagement.[1]

1.1 European trends in social participation movements

Urška Erklavec and Katja Čič, NIJZ

Urška Erklavec and Katja Čič presented the key international frameworks that exist to support social participation.

There are various forces that intersect to define the parameters of participation, such as the political climate (e.g. funding cuts for health NGOs under EU4Health programme), economic climate, environmental trends, technological trends (e.g. misinformation), cultural trends (e.g. TikTok), as well as social uncertainties.

Ms Erklavec and Ms Čič then walked participants through the evolution of social participation model, as outlined below.

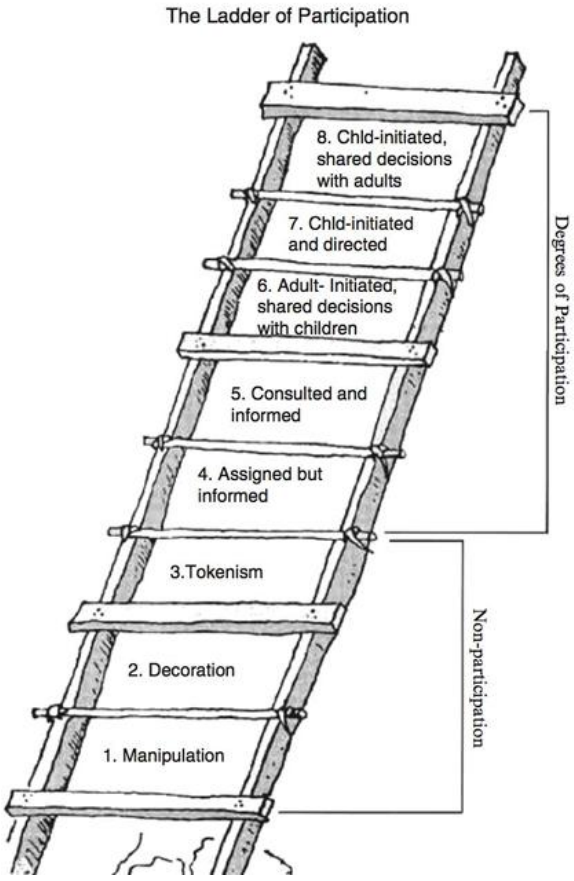
Alma-Ata Declaration on Primary Health Care (1978)

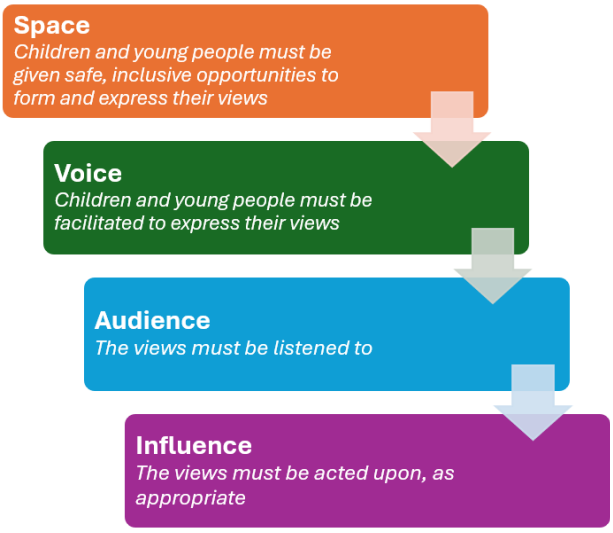
The Declaration highlights in section 4 that people have both the right and the duty to participate individually and collectively in the planning and implementation of their healthcare. It emphasises that health systems must be shaped with direct input from communities, highlighting community development and coordinated action across sectors, and positioning health as contingent on factors beyond the health sector (pre-Ottawa).

[1] World Health Organization. (2019). Participation as a driver of health equity

Ladder of participation – Roger Hart (1992)

Roger Hart's Ladder of Participation has become one of the foundational frameworks for understanding how children and youth can be meaningfully engaged in societal processes. Developed in 1992, the model distinguishes between levels of participation, from non-participation (where adults control the process without meaningful input from youth) to varying degrees of engagement where young people have genuine agency. This concept is useful to understand the difference between tokenistic participation (where youth are included but their voices are not truly considered) and meaningful engagement, where young people actively shape decisions and actions.





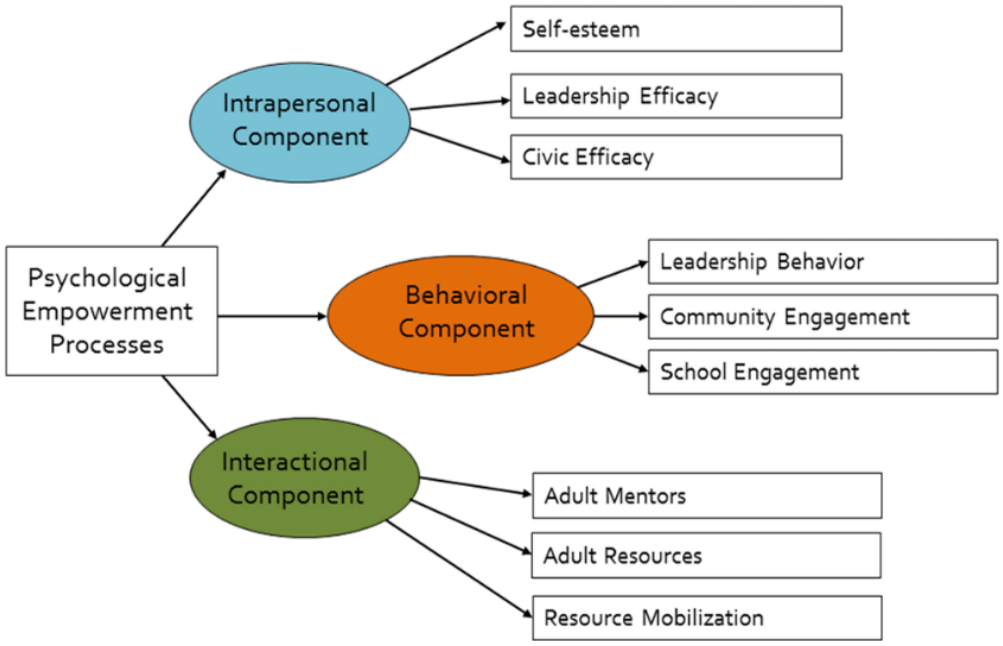
Lundy Model – Laura Lundy (2007)

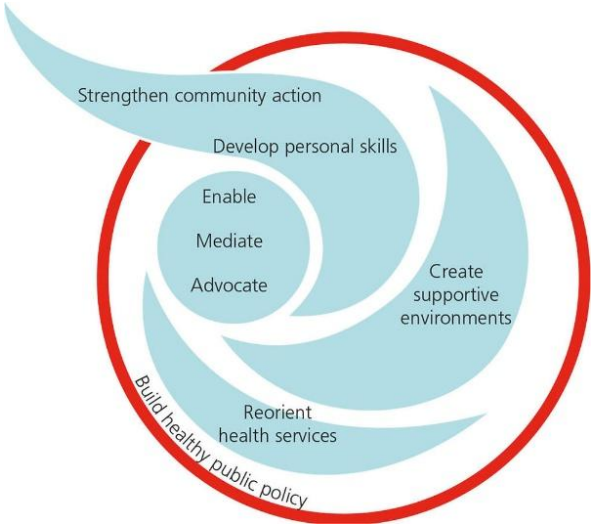
In 2007, Laura Lundy developed the Lundy Model, which provides a more practical framework for applying the Convention on the Rights of the Child to real-world contexts. The model outlines four essential stages for meaningful participation: space, voice, audience, and influence.

This model remains a cornerstone of youth participation work, with organisations like UNICEF still using it as a guide in their recommendations.

Empowerment Theory – Zimmerman (2000)

This theory focuses on the idea that psychological empowerment can lead to positive behavioural change, though the reverse is not necessarily true. This means that simply changing behaviour does not automatically lead to empowerment. Instead, individuals must be supported in building the skills, confidence, and opportunities needed to express their voices and influence their environments.





The Ottawa Charter for Health Promotion (1986)

The Charter emphasises empowerment through community action as a core principle to improving health. It argues that health promotion must involve co-creation, where individuals and communities actively shape decisions and actions that affect their health.

1.2 EU tools and initiatives supporting participation

Lina Papartyte, EuroHealthNet

Lina Papartyte presented the various mechanisms and platforms that have been established at the EU level to ensure that citizens can actively contribute to shaping laws and policies.

Ms Papartyte highlighted how the European Commission seeks input from citizens and civil society through tools such as public consultations, stakeholder meetings, and thematic events. These mechanisms provide opportunities for individuals and organisations to contribute during the preparation phase of new policies but also throughout the development of legislative proposals and the evaluation of existing laws.

She then presented an overview of the key engagement mechanisms available at the EU level, summarised in *Table 1* below.


EuroHealthNet

PROMOTING HEALTH EQUITY THROUGH SOCIAL PARTICIPATION AND CITIZEN ENGAGEMENT

POLICY PRECIS

The situation

Challenges in citizen engagement

Lastly, Ms Papartytė outlined how EuroHealthNet supports its members in understanding and using EU tools. EuroHealthNet develops resources, such as policy brief "Promoting Health Equity Through Social Participation and Citizen Engagement" and flashcards on the European Pillar of Social Rights, to guide public health actors on how to implement social participation and EPSR principles. Through its Practice Platform, EuroHealthNet facilitates peer learning and exchanges on how to apply EU principles and instruments in practice. The organisation also contributes to consultations and policy dialogues to advocate for stronger health equity and social inclusion in EU policymaking. Finally, EuroHealthNet promotes inclusion and youth engagement through projects like Schools4Health, PSLifestyle, and RIVER-EU.

Table 1: EU tools supporting social participation

Initiative / Tool	Purpose	Target Group	Method of Participation	Examples / Outcomes
European Citizens' Initiative (ECI)	Enable citizens to propose legislative changes and new EU laws	EU citizens	Launch initiative and collect 1M+ signatures from at least 7 countries	Successful ban on glyphosate after 1.6 million signatures were gathered
Have Your Say Platform	Gather feedback on EU laws and policies at different stages of the legislative cycle	General public, civil society, stakeholders	Online consultations via the platform on the European Commission portal	Input on critical medicines act, EU cardiovascular health plan, health technology assessment
Eurobarometer	Track public opinion on key issues	EU citizens (including youth)	Regular surveys across EU Member States	2025 youth survey with over 25,000 respondents on EU priorities and challenges
Conference on the Future of Europe	Collect citizen ideas to shape Europe's common future	All EU residents	Digital platform, citizens' panels, EU-wide events	Resulted in 49 proposals, including health-related ideas (e.g. EU Mental Health Strategy, HERA, EHDS)
EU Health Policy Platform	Promote stakeholder involvement in EU health initiatives	Health NGOs, professionals, public bodies	Online platform, webinars, networks, and events	Stakeholder inputs to Europe's Beating Cancer Plan, NCD strategy, EU mental health initiative
EU Youth Strategy (2019–2027)	Strengthen youth engagement and participation in EU policymaking	Young people aged ~13–30	EU Youth Dialogues, funding for Youth NGOs, European Youth portal, President Youth Advisory Board	Appointment of Commissioner for 'Intergenerational Fairness, Youth, Culture, and Sport in 2024
EU Youth Dialogue	Structured process for dialogue between young people and decision makers	Young people, youth organisations, policymakers	18-month themed cycles, consultations with youth org., EU Youth Conferences	Joint recommendations to the EU, adoption of 11 EU Youth Goals
EU Strategy on the Rights of the Child	Protect and promote children's rights, particularly for vulnerable children	Children (under 18)	Wide consultation with 10,000+ children, comprehensive strategy	Rights to health, quality education, and access to basic services
EU Children's Participation Platform	Institutionalise child participation in EU decision-making	Children and youth	Consultations, peer learning, meetings, child-friendly materials	Focus on areas affecting children's wellbeing, e.g. health, education, services
Technical Support Instrument	Provide tailor-made support to implement structural reforms	EU Member States	National requests, expert and institutional support	Over 1,800 reforms supported across all EU countries

1.3 Polarisation Framework

Caroline Costongs, EuroHealthNet

Building on the foundational policies, tools, and frameworks that support inclusive social participation in health governance, the discussion turned toward one of the most pressing challenges facing such engagement today: polarisation. While mechanisms like EU consultations and community-driven initiatives offer pathways for citizen involvement, their effectiveness can be undermined when public discourse becomes fragmented and trust in institutions erodes. Caroline Costongs introduced the concept of polarisation as a lens through which to understand the barriers to meaningful civic dialogue.

Caroline Costongs started by reflecting on a personal experience of grassroots mobilisation in her home village of Tervuren, Belgium, where she became involved in a local citizens' initiative opposing the opening of a McDonald's restaurant near two schools.

She went on to share another example of citizen engagement, this time from a local action group protesting PFAS contamination and its health effects, operating under the name "Health before anything else." These two examples highlight how local movements can be powerful, and health promotion actors should consider how to better support and connect with them, particularly in contexts where health arguments alone may not hold legal or political weight.

Ms Costongs argued that the health promotion community should harness the momentum of such grassroots efforts to advocate for broader system change. She noted the increasing importance of the commercial determinants of health — such as gambling, alcohol, and tobacco — and reflected on how communities could be mobilised and empowered to challenge these powerful forces. She acknowledged that communities like Tervuren may have the resources and social capital to succeed, but more vulnerable populations often face greater obstacles.

She then turned to the issue of polarisation, identifying it as one of the major challenges facing democratic engagement in public health. Disillusioned and marginalised citizen often turn to populist leaders or disengage altogether. This fragmentation complicates efforts to build consensus and advance health equity.

To respond to this, Ms Costongs emphasised the need to work with community leaders and to identify more systematic mechanisms for engaging civil society across sectors. She cited the example of the Netherlands' Environment and Planning Act, which mandates public consultation as part of the policy process. She suggested that such structured avenues for civic engagement could provide a blueprint for involving more diverse perspectives in health decision-making.

Throughout her intervention, she stressed the risks of contributing to polarisation, particularly in the wake of the COVID-19 pandemic, where public health professionals were sometimes perceived as "pushers" of one side of the debate. She introduced a conceptual framework on polarisation developed by Dutch expert Bart Brandsma, which distinguishes between conflict and polarisation (*Image 1*). Conflicts are time-bound and solution-oriented, while polarisation is identity-driven and fuelled by emotion.

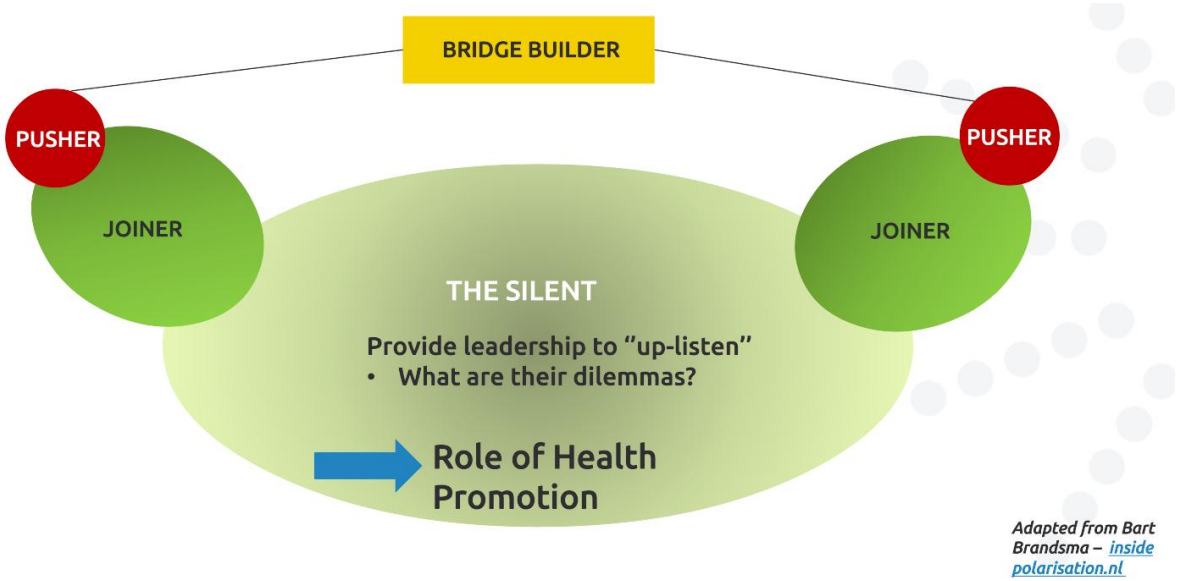


Image 1. Conceptual framework on polarisation by Bart Brandsma

Brandsma's model categorises actors into five groups: the "pushers" on either side of the polarisation spectrum, the "joiners" who quietly support them, the "silent" middle majority, and the "bridge-builders," who attempt to mediate between opposing sides. While bridge-builders play a visible role, they can also fuel the debate by providing the pushers a platform to speak even louder. Ms. Costongs suggested that health promotion professionals should instead focus on the "silent" group, meaning those who remain neutral, uncertain, or disengaged. Their concerns and dilemmas must be listened to and addressed through empathetic and inclusive leadership.

One of the key takeaways from her presentation was the need to find narratives and language that depolarise rather than inflame. Reflecting on the pandemic, she observed that a lack of engagement with the “silent middle” had contributed to a crisis of trust in public institutions. Trust is a vital element for social participation.

In her concluding remarks, Ms Costongs outlined three priorities for action:

- **Empowering people** to stand up for their health rights and push back against commercial determinants of health
- **Shaping narratives** that address real dilemmas through democratic dialogue and empathetic leadership
- **Mobilising communities** across local, national, and international levels to work in solidarity

Insights from discussions

- **Dilemmas on how to approach polarisation**. Participants reflected on the challenge of engaging diverse perspectives in increasingly polarised debates, especially around sensitive topics like vaccination or harm reduction. They highlighted the need to be aware of public health professionals being "pushers" sometimes and instead build trust through transparent communication that resonates with different groups, particularly those in the "silent middle".

- **Knowledge brokering.** The importance of evidence-based communication was stressed, with calls to act as knowledge brokers who translate complex evidence into accessible, relevant messages. Participants noted that crafting a narrative that acknowledges concerns and dilemmas is more effective than confrontation.

- **Balancing top-down and bottom-up approaches**. There was recognition that both approaches serve different purposes in health promotion. While some messages need strong top-down leadership, others require bottom-up mobilisation.

2 Social participation in Slovenia: insights and examples from national, regional, and local level

2.1 Setting the scene

Vesna Kerstin Petrič, Slovenian Ministry of Health Liaison Office to WHO

In her intervention, Vesna Kerstin Petrič reflected on over three decades of Slovenia's experience working on social participation in health. She stressed that the challenge in public health is rarely about understanding why change is needed, but rather how to do bring about change, especially when responsibilities are unclear.

Ms Petrič argued that the full potential of communities often remains untapped. In Slovenia, NGOs — whether health-focused, environmental, sporting, or youth organisations like the Scouts — are generally more trusted than government bodies, making them important allies to build local engagement.

Image 2. Ms Vesna Kerstin Petrič engaging with participants on the role of civil society in public health.

Learning from the HIV pandemic and scaling community-based models to other public health challenges

Vesna Kerstin Petrič shared how her understanding of civil society's role in health was shaped during the HIV epidemic in the 1990s. With no available treatment, solutions had to come from outside the traditional health system. NGOs often had the strongest relationships with vulnerable groups.

At the time, Slovenia already had a strong NGO network. The Ministry of Health began working closely with these organisations to shape more effective health messages. A key insight was that top-down messaging did not work. Instead, success came from collaboration built on mutual trust, with NGOs supported by government funding and professional expertise.'

This required a shift in the government's role: not only funding NGOs, but also creating an enabling legal and institutional framework with tenders for NGOs to apply. Over time, this model helped Slovenia avoid an AIDS epidemic among drug users, showing the effectiveness of such collaboration.

Ms Petrič described how this same model was later applied to other public health challenges, such as access to preventive services for the most vulnerable. An evaluation revealed that while the services were free, they missed those who needed them most and who thought those programmes were too demanding or not meant for them. This led to a more targeted community-based approach involving NGOs, marking the second chapter in Slovenia's social participation journey.

Institutionalising participation at national and EU level

In 2021, when Slovenian civil society organisations warned that the European Commission planned to cut operational funding for NGOs, Slovenia led the preparation and adoption of a Council Conclusion at EU level, calling for continued support for civil society's role in health promotion and outreach.

Petrič pointed explained that across Europe, many governments have now adopted mechanisms to involve patient groups in health policy. This results in a "triangle" of cooperation: governments, professionals, and civil society, with trust at the centre. But for this model to work sustainably, it must be institutionalised and backed by funding, legislation, permanent jobs, training, and evaluation tools. The latter is particularly important to demonstrate that social participation impacts health in a positive way and addresses systemic issues like health literacy, misinformation, and the commercial determinants of health.

Lastly, she highlighted that social participation is not something that health professionals do naturally. Instead, it requires systemic change and a transformation of how we collaborate, by building on the WHO resolution on social participation. Slovenia is currently in the process of operationalising this shift, aiming to build networks of NGOs, professionals and policymakers and changing the paradigm on how they work together to improve health.

2.2 Different Approaches to Social and Youth Participation

Panel: Franc Zalar, SNCDA; Karin Križman, No Excuse Slovenia; Rok Zaletel, NIJZ, OE Ljubljana; Vesna Pucelj, NIJZ, Slovenian Healthy Schools Network; Polonca Truden, NIJZ, project Schools4Health.

Image 3. From left to right: Franc Zalar (SNCDA); Rok Zaletel (NIJZ, OE Ljubljana); Vesna Pucelj (NIJZ, Slovenian Healthy Schools Network); Polonca Truden (NIJZ, project Schools4Health); Karin Križman (No Excuse Slovenia).

Opening the session, Urška introduced the different NGOs present, highlighting them as examples that Slovenia is proud of. She particularly praised their efforts of working collaboratively, thereby defying the common tendency toward competition in the NGO sector.

Building strong cooperation across NGOs

Franc Zalar, from the Slovenian NCD Alliance, described how the alliance, composed of five NGOs addressing key risk factors like alcohol and tobacco use, has moved from competing for funding to building a strong cooperative network. This alliance includes organisations such as the Slovenian Heart Foundation, the Slovenian Union Against Tobacco, and 'No Excuse' Slovenia. Each NGO focuses on its specific domain, but they unite when strategic advocacy is required, especially in their interactions with ministries, parliament, or the broader public. This collaboration between organisations and with public health bodies is one of the criteria to receive public funding for NGOs. Collaboration also extends to working closely with the national institute of public health, faculties of medicines, and engaging with professional and European networks such as the European Heart Network.

Empowering youth through advocacy and activism

Karin Križman, from No Excuse Slovenia, explained how their youth-led NGO empowers both organised and non-organised youth to engage in policy processes. Their guiding principle is "criticise, suggest, and act," which reflects their commitment to equip young people with both advocacy and activist skills. Internally, they run programmes like 'Advocates' and 'Activists,' which train youth on how to voice opinions and push for change, particularly in the fields of public health and the environment. Externally, they organise prevention-focused initiatives, such as mental health programmes, professional workshops for youth workers, camps, and annual research projects like 'mystery shopping,' which investigates how easily minors can purchase tobacco and alcohol.

Ms Križman highlighted the organisation's extensive cooperation with national institutions, which takes place through both formal and informal channels. Formally, the organisation has secured institutional support from the Ministry of Health. She noted that this was a significant achievement, as such support is not commonly granted to youth NGOs. In addition, the organisation is frequently invited to participate in policymaking processes, including contributing to national debates such as the current discussion on cannabis use. They also collaborate regularly with expert bodies at the National Institute of Public Health (NIJZ).

Bridging national health strategies and local realities

Rok Zaletel, representing the NIJZ's Regional Unit in Ljubljana, explained the structure and roles of NIJZ's nine regional units across Slovenia. The Regional Unit Ljubljana serves around 700,000 people, whereas smaller units may cover only 70,000. Each unit maintains two core divisions: one for non-communicable diseases and another for communicable diseases. Most of the community-based fieldwork is led by the NCD teams, who act as a bridge between national-level strategies and the local community context. Mr Zaletel emphasised the importance of maintaining strong partnerships with community stakeholders, such as schools, local NGOs, and local health centres. However, challenges persist, particularly in terms of limited human resources and time constraints. Smaller units are also often able to establish closer relationships with local communities, whereas larger units may struggle to identify and collaborate with NGOs that have the capacity to engage large populations.

Mr Zaletel concluded by underlining the importance of being accessible and responsive: whenever schools or NGOs reach out, his team makes an effort to collaborate and share data, in order to stay connected to the real needs on the ground.

Promoting the whole-school approach across Slovenia

Vesna Pucelj from NIJZ and coordinator of the Slovenian Healthy Schools Network provided an overview of how Slovenia has maintained one of the most active health-promoting school networks. Supported by the National Institute of Public Health, Ministries of Health and

Education, and a Schools for Health Network member for over 30 years, it has grown from 12 pilot schools to over 436, covering 74% of schools. The network also participates in international EU-funded projects such as SHE4AHA or Schools4Health. It follows the principles of the SHE Network and promotes shared decision-making through school health teams that include parents, students, teachers, and school leadership. Schools submit regular reports, join three annual meetings and conferences, and benefit from continuous teacher training. Ms Pucelj noted that although the remaining 25% of schools may not be officially part of the network, many still engage in related activities.

Slovenian schools follow a whole school approach, involving the entire school community including children. Activities are led mostly by teachers, followed by students, teams, and counsellors. Good practices include physical education, active breaks, and peer-led health workshops. However, challenges remain, such as ensuring participation over prescription, limited staff capacity, and time constraints. Health promotion is often seen as an "extra" activity rather than central to education, and low student motivation can hinder full engagement.

The Schools4Health project: local adaptation of good practices

In Slovenia, a strong school nutrition policy is already in place. As part of the Schools4Health project, an EU-funded project led by EuroHealthNet and aiming to make every school a health promoting school, Ms Polonca Truden Dobrin shared how Slovenia is building on this foundation by implementing the Belgian good practice "Snack and Chill", selected for its potential for adaptation to local needs.

The Slovenian implementation of the project focused on secondary schools, a group often overlooked in health promotion efforts. This decision was also informed by the desire to reach students from diverse social backgrounds, particularly in educational settings that specialise in food production and agriculture. Three secondary schools volunteered to participate in the project, despite the absence of a formal financial incentive. These schools were considered well-suited for the initiative due to their strong ties with local communities, prior experience with European projects, and existing programmes that aligned with the project's goals.

Insights from discussions

- **Maintaining grassroots identity in NGOs.** Participants discussed concerns about NGOs becoming overly institutionalised or professionalised, potentially losing their grassroots connection. How can we ensure that NGOs still represent people and communities, rather than just becoming tools for government agendas.

- **Challenges of project-based work**. Even when projects are successful, motivation often fades when projects end and funding runs out, which

highlights the problem of short-term, project-based approaches. The uncertainty about future funding also leads to higher staff turnover, causing a loss of knowledge and skills gained during the project.

- **Strengthening civil society**. Beyond formal NGOs, civil society can be strengthened by identifying and supporting existing informal action groups within communities, offering them resources and tools to organise bottom-up initiatives.

- **Ensuring inclusive youth participation**. Youth representatives have often an academic background. Strategies to engage youth should include both long-term involvement of motivated individuals and broad outreach to ensure diversity of voices and backgrounds are represented.

- **Safeguarding NGO independence despite public funding**. It is important to have legal frameworks that ensure public funding does not dictate NGO priorities, so that they can maintain their independence.

- **Committed stakeholder engagement.** Genuine involvement of all stakeholders, especially those responsible for implementation, is key to ensuring long-term success and ownership of initiatives.

Living library

Sara Dimnik, ŠENT; Sara Schwarzmann, ŠENT; Neža Ambrožič, Legebitra; Aljaž Osredkar, Legebitra; Robert Gratton, Zveza diabetikov Slovenije; Pika Trpin, Društvo Šola zdravja

Following the concept of a living library, participants had the opportunity to engage directly with representatives from various Slovenian NGOs in an informal, conversational setting. Modelled after the idea of "borrowing" a person instead of a book, the format allowed participants to speak one-on-one or in small groups with NGO representatives, who acted as "living books." Each representative shared their personal and organisational experience engaging with the community, allowing participants to get a better understanding of the diverse roles NGOs play in the Slovenian society.

Legebitra

Legebitra is a leading Slovenian non-profit organisation dedicated to supporting LGBTIQ+ individuals through advocacy, education, health services, and youth engagement. Operating the only dedicated LGBTIQ+ youth centre in the country, it offers a safe space

for young people, alongside free psychosocial and legal counseling, HIV/STI testing, and health education.

ŠENT

ŠENT (Slovensko združenje za duševno zdravje) is Slovenia's leading mental health NGO, established in 1993, that champions the rights and dignity of people experiencing mental health issues, substance use challenges, homelessness or social exclusion. The organisation operates a wide network of day centres and residential communities across the country, providing psychosocial rehabilitation, individual counselling, self-help groups, skills workshops, harm-reduction services, housing support, vocational training, and social advocacy to improve quality of life.

Slovenian Diabetes Association

The Slovenian Diabetes Association (Zveza društev diabetikov Slovenije – ZDDS) is the country's leading umbrella organization for people with diabetes, founded in 1956. It brings together 39 local diabetes societies and represents over 14,000 members nationwide. The association focuses on public awareness campaigns (such as World Diabetes Day), education for patients and families, school-based diabetes knowledge competitions, and the promotion of healthy lifestyles.

Društvo Šola zdravja

Društvo Šola zdravja is a nationwide Slovenian non-profit organization founded in 2009, dedicated to promoting daily outdoor exercise and holistic well-being among adults and especially seniors through its signature "1000 moves" morning stretching routine. Operating over 130 local groups in more than 90 municipalities and serving over 3,000 members, participants gather outdoors each weekday morning to perform simple exercises.

JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

The Joint Action on Preventing NCDs is a European initiative aimed at reducing non-communicable diseases by addressing risk factors like poor diet, inactivity, and tobacco use. NIJZ leads the sustainability work package, with a focus on actively engaging youth in shaping NCD prevention strategies. Through the Youth Advisory Group, young people provide insights from youth perspectives, facilitate connections across various work packages, support the coordination of the Youth Chapter of JA Prevent NCDs, and help in the dissemination of information within their youth networks.

2.3 Site visit at the Center for Health Promotion in Postojna

Larisa Hreščak Švigelj team leader at CKZ & Simona Poje, Dietician at CKZ

Image 4. Participants visiting the Health Promotion Centre in Postojna.

On the second day, participants visited a local Health Promotion Centre (CKZ) in Postojna from CKZ welcomed participants and provided a presentation of the activities carried out by their centre.

The Health Promotion Centre serves approximately 23,000 residents in the municipalities of Postojna and Pivka and is staffed by a multidisciplinary team of 10 professionals including nurses, dietitians, psychologists, a physiotherapist, and a kinesiologist. The Ministry of Health decides which professions and how many professionals are employed in public health centres.

The centre's mission is to promote healthy and active lifestyles among the population and to prevent the development of chronic diseases. A key focus is on early intervention, targeting individuals who are still healthy or show initial risk factors.

The centre offers a combination of structured health and psycho educative group workshops blended with peer learning, as well as individual counselling sessions with various experts.

These activities are delivered not only in the health centre but also within community settings, such as schools, kindergartens, Red Cross, Center for Social work, Employment centre, and also in local communities.

By being present in the community — including at local markets, barber shops, and public events — the team builds visibility, trust, and stronger community connections.

Larisa and Simona also highlighted that the interdisciplinary approach of the health promotion centre is key because many people come in with one main issue, but are often dealing with additional, related problems. An interdisciplinary approach makes it easier to connect them with professionals across various disciplines and ensure that programmes are free of charge for all individuals covered by Slovenia's basic health insurance.

Patients with risk factors for chronic diseases can also be sent to the centre by their doctor or registered nurse who performs preventive screening.

Image 5. The different activities implemented by the Health Promotion Centre in Postojna, including preventive screening, dental care, first aid training, and outdoor health promoting activities.

In addition to offering general guidance on obtaining health insurance, scheduling appointments with general practitioners, and accessing preventive screenings, the Health Promotion Center provides structured programs tailored to several key population groups like dental care in kindergartens and schools or preparation for childbirth and parenthood.

Insights from discussions

- **Balancing community outreach with centre-based work.** Health professionals alternate between working in the centre and reaching out to the community. While engagement has become easier over time due to increased trust, reaching marginalised groups such as men, children, and low-income populations remains a challenge. Motivation is often low, especially among those referred by doctors rather than coming voluntarily.

- **Structure and flexibility**. The National Public Health Institute determines staffing and health education is part of a national programme, though centres have some space for local adaptation and creativity. Municipalities assist in promoting the centre's activities and provide the infrastructure but is not providing financial assistance.

- **Reaching underserved groups**. Community nurses play a key role in identifying vulnerable individuals, often through home visits. Collaboration with the Red Cross and local associations helps reach people who may otherwise avoid contact. Trust-building and long-term presence are crucial for engagement.

- **Monitoring and evaluation**. Programmes are evaluated both quantitatively and qualitatively, using feedback and data to improve future sessions. Impact is monitored at both local and national levels.

3 Insights from other countries

Delegates from each country were invited to reflect on the key takeaways and presenting what has been done in their countries.

Austria

In 2022, Austria established a Competence Centre for Future Health Promotion with social participation identified as a key strategic priority. The Centre is planning a national strategy on participation in health. Youth participation is a particular focus, with a major programme currently being scaled up across the country, alongside the increasing number of regional councils. Austria is also developing a national digital platform for social participation, with a dedicated section for youth. This tool will allow users to engage in discussions, vote on ideas, participate in surveys, and even make decisions on budget allocations for civil society initiatives.

At the international level, Austria is exploring the possibility of becoming a WHO Collaborative Center on social participation. While discussions are ongoing, uncertainties within WHO have made the process less clear. In the meantime, Austria is working with the European Observatory and the Slovenian Ministry of Health to map social participation practices across Europe and is considering sharing its experiences through webinars, summer schools, and other formats.

Bulgaria

In Bulgaria, the Ministry of Youth and Sports oversees institutionalised youth participation, primarily through the National Working Group on EU Youth Dialogue, led by the National Youth Forum. This group includes both governmental organisations (including the National Center for Public Health and Analysis) and NGOs, serving as a formal channel for civil society and youth voices. Their input is reflected in the National Youth Strategy (2020-2030) and the National Strategy for Health of Children, Youth, and Pediatric Care (2020-2030). However, governmental and non-governmental efforts remain somewhat siloed.

Another example of institutionalized youth participation is the International Institute for Youth Development - PETRI – Sofia. Established in 2007 as part of the structure of the National Center of Public Health and Analysis, PETRI - Sofia supports the International Y-PEER network, providing research and training for national networks of the countries in Eastern Europe and Central Asia, and the Arab States.

The main approach for engaging young people in Bulgaria is peer education. It has been widely introduced at the national level over the last 20 years through programmes funded by the UNFPA, UNAIDS, UNICEF, and the GFATM. Over the last three years, supported by the national budget, more than a hundred students and teachers from the health-promoting school network have been trained on the topic of sexual and reproductive health and HIV prevention. As a result, they were empowered to choose specific areas and design prevention initiatives for their peers on related topics such as alcohol, internet use, HIV, etc.

Last but not least, a good example of collaboration in youth engagement between five ministries, governmental, intergovernmental, and a non-governmental organization, led by the Ministry of Health, is the 17th annual edition of the National Students' Competition "Ambassadors for Health". Their main goal is to support healthy lifestyle of young people by preventing the main risk factors and unhealthy behaviours. The outstanding health projects will be recognised and awarded by the end of the year.

Sweden

In Sweden, structural gaps between government services and civil society still exist. Traditionally, welfare services have been state-managed, while civil society focused more on recreation and sports. However, in recent years, societal gaps have widened, with NGOs increasingly stepping in, while government response has lagged.

Efforts are now being made to strengthen collaboration between NGOs and government agencies by fostering a more supportive culture and infrastructure. As part of this ongoing development work, attention is being directed toward strengthening regional structures, particularly in the area of early intervention for children and youth. A regional support system is being explored, envisioned as a network organisation that could offer shared access to

data, methodologies, and change management tools. The aim is to gradually build bridges between sectors and support more coordinated efforts at the regional level.

Finland

In Finland social and youth participation is embedded across nearly all health and wellbeing programmes. Most of the government recommendation undergoes a participatory co-design process or at least option to comment policies, ensuring that both young people and wider communities have a voice in shaping policies. More work is to be done to ensure that follow-up after participation takes place. Youth will be actively involved in shaping Finland's digital wellbeing and safety recommendations 2026.

The country operates several digital platforms—six in total—designed to facilitate public participation. However, there are ongoing reflections on how effectively these tools reach grassroots communities, particularly since many are government-run and may not fully connect with all population groups in the country.

A strong whole-of-society approach is also evident in Finland's new Government Resolution on Mental Health Promotion (2024), developed in collaboration with all ministries. Action planning is now coordinated through a group where most members come from NGOs. This reflects a national commitment to cross-sector cooperation and inclusive governance. Institute for Health and Welfare (THL) emphasises the importance of giving remuneration for participation, though navigating the administrative and bureaucratic processes to do so remains a significant challenge.

The Netherlands

In The Netherlands, the Healthy School Programme is a successful example of collaboration between governmental and non-governmental organisations. Partners include national and regional public health institutes, education councils and non-profit knowledge and advocacy institutes.

At municipal level, there are healthy school advisors, who provide schools with tailored support and guidance to become a health-promoting school. They are well-rooted in the local community and know which schools have the most marginalised students and need targeted support.

They, together with the education councils and non-profit knowledge and advocacy institutes, play a key role in identifying needs from the field and relaying them to the national level. When schools experience significant challenges, such as high levels of health-related concerns or issues affecting vulnerable populations, the programme can act as a means to provide feedback at the national level and adjust the programme accordingly.

Youth participation is particularly integrated within municipalities. In Amsterdam for example, the vocational school sector was engaged through a student-run think tank, commissioned by the municipality to tailor the Healthy School Programme to their context.

Engaging citizens and young people at national level remains nevertheless challenging. The National Institute for Public Health and the Environment (RIVM), which played a central role during the COVID-19 pandemic, has experienced growing public mistrust which may have contributed to more limited engagement with public health initiatives and a more cautious reception of health-related guidance.

Norway

In Norway, there is a long-standing tradition (over 100 years) of promoting social participation. The 2012 Public Health Act enshrined participation as a legal right, accompanied by policy shifts to ensure public involvement in decision-making.

While the welfare system is undergoing budget cuts, there is also an opportunity to revitalise civil society and continue the work to advance the Ottawa Charter's goals. There are also challenges related to social capital, with growing individualism and loss of community spirit.

Courses and support are available to help municipalities implement participatory approaches, and these resources might be translated into English for broader use.

Basque country (Spain)

In the Basque Country, efforts in health promotion, youth participation, and social engagement are currently spread across different governmental departments, often operating with little connections between them. Both, the Department of Health and the Directorate of Public Health and Addictions have a limited budget to work on health promotion through a community engagement perspective but efforts are being done to reinforce the community perspective in Primary Healthcare and Public Health areas by the development of a community health strategy. This has placed greater emphasis on community-based nursing in Primary Care, placing greater focus on the work with the community, and these professionals have increasingly taken on responsibilities related to local health promotion. The Public Health and Addictions Directorate is currently working with the health professionals developing this strategy to further strengthen the role of health promotion from a community engagement perspective.

In addition, the Department of Wellbeing, Youth and Demographic Challenge has one specific Directorate that focuses on promoting and facilitating the work of NGOs. During the last 5 years, the Third Sector in the Basque Country has experienced a significant increase in the number of organisations. Some NGOs work directly with youth or on social issues, and some operate in direct coordination with different public administrations, specially in the

social services areas. There is also a youth plan and a Basque youth council comprising around 60 NGOs. These initiatives are supported by the Directorate of Youth within the Department of Wellbeing, Youth and Demographic Challenge.

Each provincial-level institution in the Basque Country has also developed its own strategies for youth and social participation. Overall, there are different strategies developed by different entities and levels, and this leads to a way of coordination that has great room for improvement. A key gap identified is the absence of a strong, leading unit working intersectorally to overcome this challenge.

Ukraine

In Ukraine, the ongoing war dominates governmental priorities. Despite this, there are strong public health legislation and strategies. In 2023, the Ministry of Health of Ukraine adopted the principle of public health priority in public policy making, which implies carrying out an analysis of public policy in terms of its public health perspective.

Each region has a Center for Disease Control that works closely with local governments, municipalities, NGOs, and healthcare facilities.

The country is currently shifting focus from HIV and tuberculosis towards non-communicable diseases. The CDCs operate mobile clinics with multidisciplinary teams to reach remote communities for prevention, testing, vaccination, consulting, and have received positive feedback from residents.

However, these initiatives are primarily funded by the Global Fund, and sustainability remains uncertain. Municipalities have limited involvement, as their priorities are largely war related.

4 Youth engagement in practice: meaningful vs tokenistic approaches & methodologies

4.1 Championing youth

Katja Čič, NIJZ

Katja Čič presented a comprehensive overview of youth engagement policies and initiatives at global and EU level. She highlighted that youth participation is increasingly gaining institutional traction, with global bodies like the UN and WHO incorporating youth into decision-making, and the EU creating structures for direct youth involvement in policy processes.

UN DESA: The United Nations Department of Economics and Social Affairs of launched in 1995 a National Youth Delegate Programme for youth participation in UN decision-making processes. With growing recognition that youth inclusion drives better policies, organisations like the World Health Organisation are also inviting youth delegates, and ministries are creating UN delegate programmes that target specific areas. This year, the number of UN youth delegates rose to 33, up from just 9 a few years ago.

The EU Youth Strategy (2019–2027): The strategy promotes active participation of young people in democratic life, and social and civic engagement, making sure that young people have the resources to take part in society. It outlines 11 Youth Goals, such as mental health and well-being, and space and participation for all, that reflect the priorities of young people in Europe.

Youth advisory bodies in international organisations: Youth advisory bodies are a growing trend, allowing young people to engage directly with decision-making in major organisations. Examples include Youthwise at the OECD, the UN Youth Office's Youth Reference Group, and the WHO Youth Council. In Europe, the Youth4Health network under WHO Europe enables young people to engage in global health discussions.

Youth engagement in the European Union: In 2024, European Commission President Ursula von der Leyen appointed a Commissioner for Intergenerational Fairness, after youth civil society advocated for it. Von der Leyen also shared plans to create a President's Youth Advisory Board to receive youth input at the highest level. Other initiatives, like the Youth Sounding Board, bring together young people globally to assess the impact of EU policies beyond Europe, while the European Economic and Social Committee President's Advisory

Council ensures youth perspectives are included in shaping socio-economic policies.

EU Youth Policy Dialogues: These dialogues aim to strengthen youth engagement by encouraging each Commissioner to hold a discussion with young people within the first 100 days of their mandate. The formats of the dialogues have varied widely. For example, the Health Commissioner's dialogue involved only one youth organisation with 20 participants.

Image 6. Katja Čič leading a workshop on the different youth engagement policies and initiatives existing at global and EU level.

Despite these positive advancements, there are still significant challenges in ensuring youth have a true voice. To better understand how organisations approach youth participation, Ms. Čič outlined the three levels of engagement that organisations generally employ when working with young people:

1. **Informing** – where youth are passive recipients of information;
2. **Consulting** – involving youth in limited decisions, such as communications design;
3. **Collaborating** – engaging youth as co-creators from the start, with real influence.

She then shared examples of both positive and bad youth engagement practices.

Positive practices

More co-creation opportunities
Increase number of co-creation opportunities that involve youth from the start.

Integrated role of youth bodies
Youth organisations should be part of the process, not add-ons. Their contributions must be meaningfully considered, not just noted to tick a box.

From safe spaces to brave spaces
Spaces must go beyond being "safe", they should also empower youth to speak up, challenge, and co-lead.

Fair remuneration of youth
Recognise and value their contributions. While not always financial, it could include mentorship or capacity-building. Avoid overburdening unpaid youth volunteers.

Negative practices

Tokenism when selecting speakers
Youth are chosen to speak just to tick a box, without meaningful inclusion or decision-making power.

Positive discrimination done poorly
While aiming to include marginalised voices, organisations sometimes demand unrealistic standards (e.g. requiring perfect English), which paradoxically excludes those same groups.

Constituency statements get watered down
When youth groups are lumped into broader civil society groups, their positions can lose strength (e.g. 1 youth organisation vs. 5 NCD organisations).

Doing without asking
Organisations may collect youth input but still go with other methods or decisions that were not endorsed by young people. Checking in is crucial.

Consultations with no follow-up
Young people are invited to initial consultations but excluded from later stages.

Sticking to "The One"
Relying on one youth organisation or one individual youth representative for every event regardless of the topic, closing doors to others.

Despite the challenges, the overall trend is moving toward more inclusive and meaningful engagement. Three key trends have emerged that reflect this broader shift:

- **Trend 1:** A shift towards meaningful and inclusive participation, ensuring diverse voices are fairly represented.
- **Trend 2:** Diversified participation methods, including informal and institutional mechanisms.
- **Trend 3:** Integration of participation into governance, as seen in WHO's Second European Programme of Work hearings and Slovenia's NGO services.

Informal/Community-Led Participation	Consultative Mechanisms	Deliberative and Institutionalized Mechanisms
Examples:	**Examples:**	**Examples:**
• Grassroots movements	• Public hearings and consultations	• Health councils or committees
• Community advocacy groups	• Focus groups	• Participatory budgeting
• Informal public forums	• Online feedback platforms	• Citizens' assemblies and juries
• Mutual aid and peer networks	• Citizen surveys	• Advisory boards (e.g., patient advisory councils)
• Social media campaigns	• Public commentary on draft laws/policies	• Community health planning bodies
		• Youth councils

Table 2.Examples of participation methods: from informal to institutionalised.

Looking ahead, Ms Čič stressed the need to ensure real influence, address conflicting viewpoints, bridge digital divides, and institutionalise long-term, inclusive engagement beyond symbolic consultation.

4.2 Site visit at the International Youth Health Organisation

Ajda Stepišnik, YHO; Julija Vita Glas, YHO; Tomaž Gorenc, IZO

Participants visited the International Youth Health Organization (YHO), located in the Impact Hub Ljubljana. The Impact Hub Ljubljana has a strong focus on youth participation and was co-founded by three Slovenian NGOs, namely YHO, No Excuse, and Slovenska agencija za mlade (Slovenian agency for youth). The visit included a hands-on workshop to further dive into meaningful youth engagement practices in health promotion, advocacy, and decision-making.

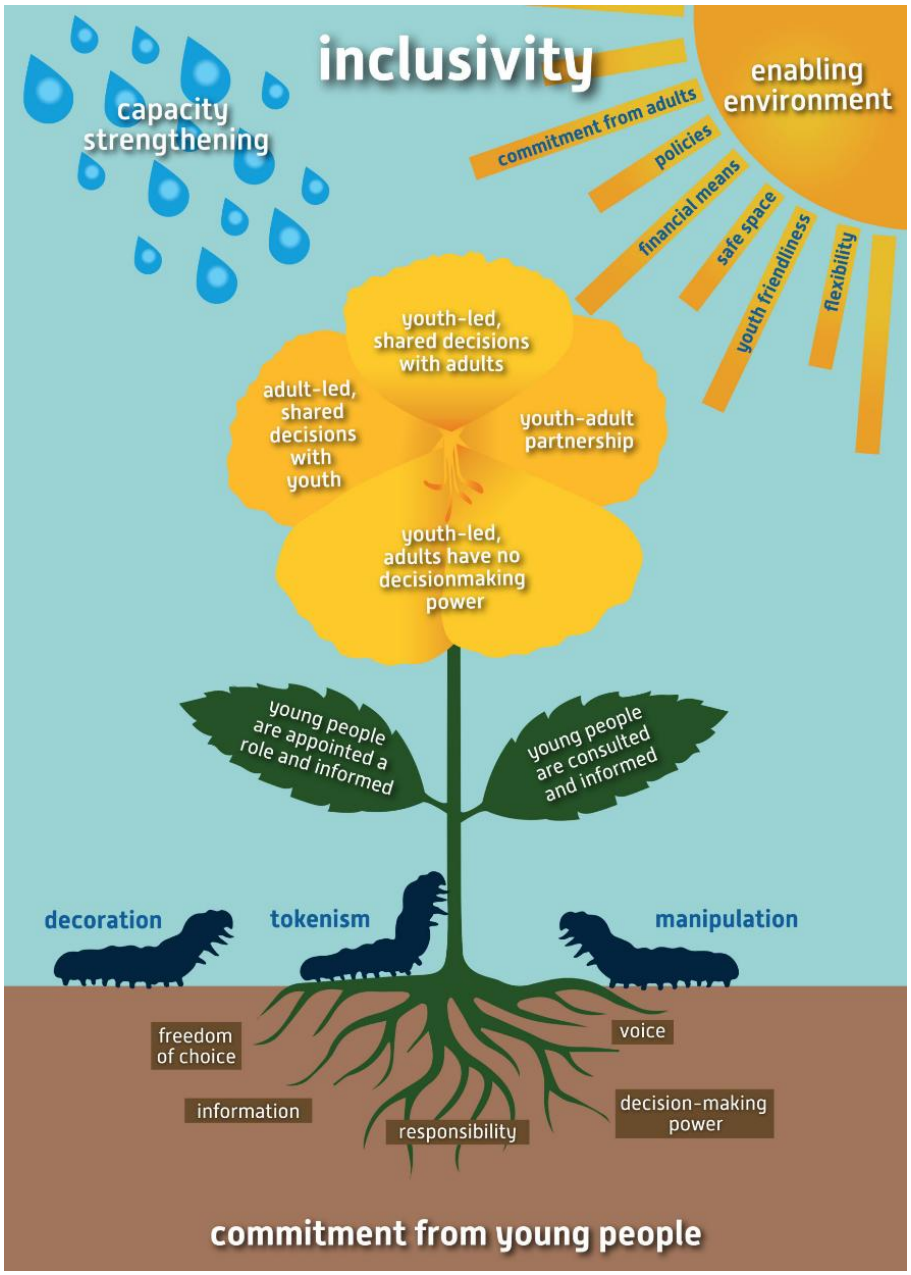
The session opened with an introduction to YHO's vision and mission: to educate, train, connect, and support young people from different backgrounds to participate in health-promotion programmes, research, and policies, and prevention programmes. Originally founded in 2011 as the Alcohol Policy Youth Network, the organisation rebranded as YHO in 2018 to broaden its scope. Today, YHO brings together over 50 youth organisations from 20 countries, addressing topics such as alcohol and substance use, nutrition, mental health, and climate-related health challenges. YHO organises workshops, conferences, networking and peer-learning opportunities that aim to build youth leadership in health advocacy.

Ajda Stepišnik and Julija Vita Glas from YHO highlighted that youth, comprising 16% of the global population, must be meaningfully engaged—an investment in youth is an investment in the future. They presented the "Flower of Participation" model, which illustrates the core elements of effective youth involvement (image on next page).

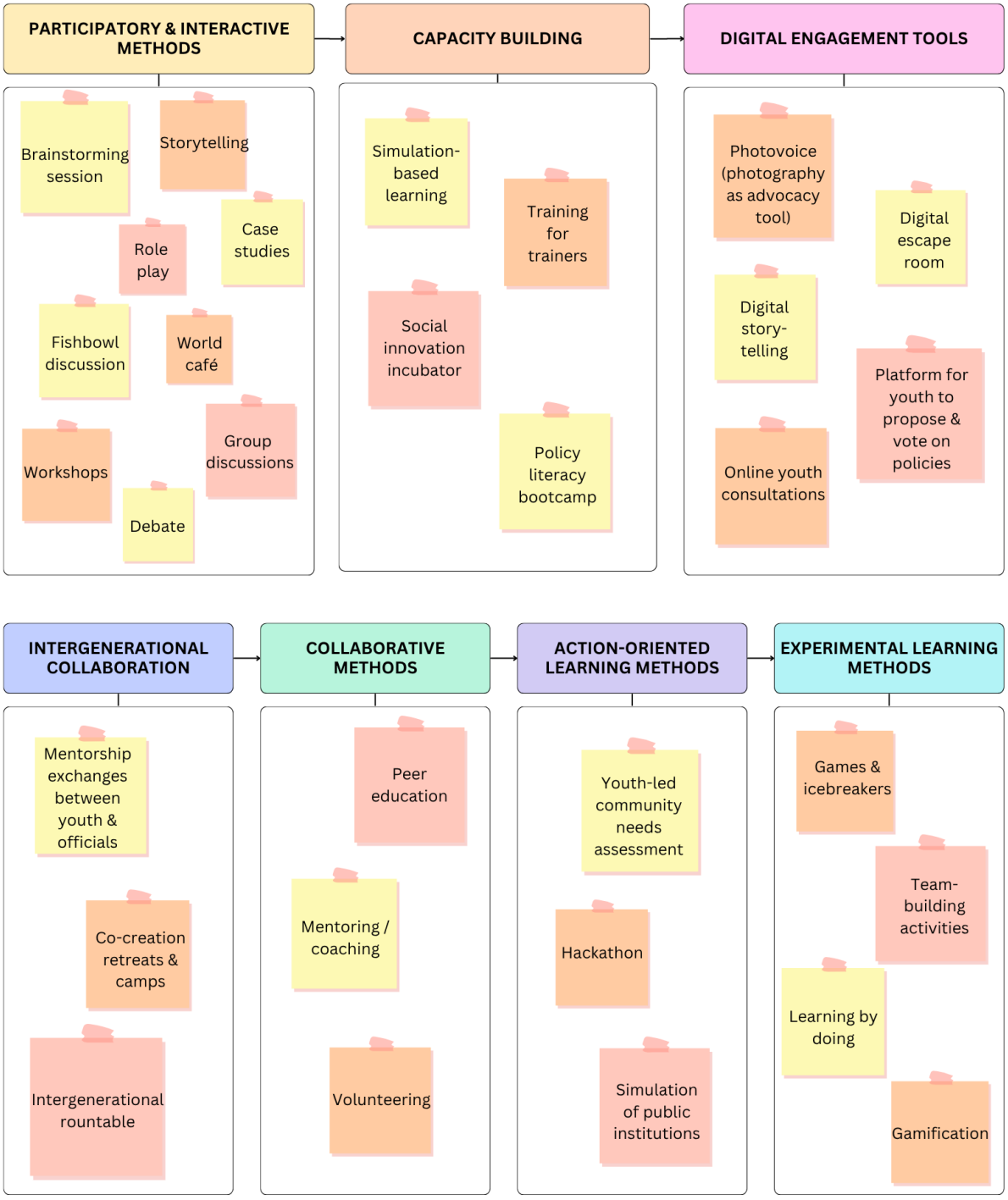
- **Roots**: Represent the foundational conditions required for participation to flourish, including freedom of choice to participate or not, have access to information and be well informed, feel a sense of responsibility, have decision-making power, and a space where youth are given a voice to talk and be heard. Only when these are in place can youth participation bloom.

- **Petals**: Symbolise different forms of participation, such as youth-led projects, co-decision making with adults, consultation models, and independent activism.

- **Water and Rain**: Highlight capacity-building tools, such as training, mentorship, and structured peer support.
- **Soil**: Represents the policy, financial, and organisational conditions necessary to enable participation, such as dedicated funding, youth-friendly spaces, and institutional mandates.
- **Caterpillars**: Represent non-meaningful ways to engage youth such as decoration, tokenism, and manipulation.



Ajda Stepišnik and Julija Vita Glas also highlighted all the different methods that exist to engage young people, as outlined in the table below:



5 Final roundtable discussion and conclusion

5.1 Closing remarks

Mojca Gabrijelčič (NIJZ) encouraged participants to build on the momentum of the Country Exchange Visit and continue exchanging good practices and learning from other countries' experiences. She underlined that Slovenia's welfare state tradition has laid the necessary foundations for strong participatory approaches in the country, a legacy she is particularly proud of. Ms Gabrijelčič also stressed the importance of integrating participation efforts within the broader wellbeing economy framework *(see box below)*. Drawing on Slovenia's experience, she explained that while wellbeing policies have historically enabled strong participatory practices, these efforts are now at risk of being deprioritised. She also emphasised the opportunity to leverage existing funding from the Directorate-General for Employment, Social Affairs and Inclusion and explore further funding streams to strengthen national and regional efforts in social participation.

Economy of Wellbeing: The Economy of Wellbeing is an economic model which benefits people and the planet, and that ensures human dignity and fairness. It strives to go beyond the traditional economic indicators, such as GDP, and integrate wellbeing measures to evaluate the progress of our societies and nations.

Learn more about the Economy of Wellbeing here.

Caroline Costongs (EuroHealthNet) reflected on the richness of the country exchange visit discussions and the value of learning from one another. She mentioned that EuroHealthNet is planning to establish an advisory group composed of members from the "Nobody Left Outside" network, representing people in some of the most marginalised communities in Europe, including homeless people, LGTBI people, people who use drugs, prisoners, sex workers and undocumented migrants. EuroHealthNet will also explore how to strengthen ties with youth organisations, this could take form of Youth chapter of EuroHealthNet.

These closing reflections reinforced the central message of the Country Exchange Visit: Social dialogue is key to promote meaningful participation in public health and wellbeing policy. When implemented effectively, it helps ensure that policies are responsive to people's needs, builds trust and engagement among communities, prevents polarisation, and

supports more equitable health and social outcomes. The Slovenian experience demonstrated that meaningful participation is achievable when supported by enabling environments, long-term investment, and political will. Its success stems from long-term, trust-based collaboration between government, public health institutions, and NGOs.

5.2 Next steps

To translate these insights into action and in alignment with the WHO Resolution on Social Participation and the Slovenian-led Council Conclusions, policymakers, public health authorities, and agencies at all levels are encouraged to:

1. **Institutionalise social participation and youth engagement**: Embed participatory mechanisms within governance structures at all levels. These mechanisms should cover all stages of the policy cycle and include citizens, youth, and civil society actors.

2. **Ensure sustainable operational funding for civil society**: Move away from project-based financing and ensure core, stable funding for civil society organisation to operate independently and continuously. This includes legal and financial frameworks that guarantee their autonomy and ability to engage in policy dialogues.

3. **Apply the WHO principles of inclusivity, intensity, and influence**: Design participatory processes that are inclusive, ensuring broad representation and active engagement, particularly from underserved groups. Provide clear feedback on how citizen input shapes decisions. Utilise local resources and community leaders to build trust and interest, and decentralise engagement to encourage participation at regional and local levels.

4. **Address polarisation and strengthen democratic dialogue**: Build capacity among health authorities and policymakers in countering polarisation and misinformation. Support civil society in developing communication strategies that listen to the genuine concerns of citizens, build consensus and bridge divides, particularly with disengaged populations.

5. **Leverage European tools and frameworks**: Harness EU funding mechanisms and instruments, including the Technical Support Instrument of DG REFORM, to amplify citizens' voices and support national reforms aimed at enhancing social participation. Simultaneously, adopt the Economy of Wellbeing narrative to guide such reforms, ensuring that economic policies prioritise societal well-being alongside traditional growth metrics.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