



## ATTENDANCE

### **CATALONIA**

Toni Dedeu

Judith Estol

### **EMILIA-ROMAGNA**

Aki Ishiwa

### **FLANDERS**

Solvejg Wallyn

### **LIMBURG**

*via proxy to Freja Hagsund*

### **LOWER AUSTRIA**

Kerstin Kittenberger

Judith Kramer

### **PODLASKIE**

Dominik Maślach

Michal Szczepura

### **REGION ÖSTERGÖTLAND**

Christoffer Bernsköld

Isabelle Johansson

Charlotte Lindqvist

### **SKÅNE**

Ylva Rejnert

Louise Svensson

### **TUSCANY**

Antonella Pollazzi

### **VÄSTRA GÖTALAND REGION**

Maria Grip

### **VYSOCINA**

Bohdana Kyrlyk

### **WALES**

Nick Batey

Evette Pennant-Jones

### **EUREGHA SECRETARIAT**

Freja Hagsund

Mikaela Nordenfelt

Lina Papartyte

## 1. CHAIR'S WELCOME AND INTRODUCTION

EUREGHA Chair Toni Dedeu welcomed everyone to the annual EUREGHA General Assembly meeting. The meeting started with a tour de table.

*The agenda point on the EUREGHA Chair transition was moved to the end of the agenda. The agenda was endorsed by the General Assembly.*

The Chair further invited all regions to share some of their current main priorities in health. They were as follows:

**Wales:** mental health, integrated care - integrating social care, value based healthcare, using outcomes to disinvest and reinvest (procurement), children approach - future generation, digital health - innovation and acceleration.

**Emilia Romagna:** integrated care (they are developing a model of health house where all primary care and specialist professionals are working together), eHealth, health and wellness, smart specialised strategy, research and innovation for SMEs, health prevention, ESIF.

**Podlaskie:** health problems such as cardiovascular disease, cancer, children health, mental health, long term health goals.

**Lower Austria:** cross-border healthcare, primary care, health prevention and integrated care.

**Flanders:** home care, integrated care, mental health (suicide prevention), long term health goals, life-style (alcohol, physical activity, etc.)

**Region Östergötland:** develop management process, health inequalities- closing the health gap, strengthening primary care - patient participation.

**Vysočina:** integrated care, palliative care, mental health, geriatric medicine.

**Västra Götaland:** strengthening of primary care, making it closer to the citizen (healthcare away from hospital), digitalisation of healthcare services, concentration of highly specialised care.

**Skåne:** Integrated care, strategy for m/ehealth, cross-border healthcare.

**Catalonia:** end of life care, person centred care, health in all policies, Mental health, research and innovation, cancer treatment, eHealth, health inequalities, social care, education, justice.

**Tuscany:** personalised medicine, vaccine, robotics, health for migrants.

## 2. MEMBERSHIP UPDATE AND OFFICIAL RATIFICATION OF NEW MEMBER

The Chair informed that since the previous General Assembly, Region Östergötland (SE) has joined EUREGHA as Full Member.

*The General Assembly ratified Region Östergötland as EUREGHA Full Member.*

### 3. PRESENTATION FROM REGION ÖSTERGÖTLAND

Christoffer Bernsköld, Chairman of the Healthcare committee in Region Östergötland gave a presentation of the region and their priority areas.

Region Östergötland is the fourth most populated region in Sweden with approximately 422,000 inhabitants, for whom Region Östergötland is responsible for organizing the healthcare, including dental care, regional development and public transportation. The Healthcare committee is responsible for allocating resources for regional health care, purchasing health care services from public and private providers and international cooperation linked to the tasks of the committee.

There are three hospitals in the region: Linköping University Hospital, Vrinnevi Hospital in Norrköping and Motala Hospital. There are 43 primary care centres and public dental clinics in each district of the region. The region has been focusing on developing primary care and the 24/7 service activity at the hospitals. The region especially focuses on prevention of diabetes type II, heart and vascular diseases, cancer. Other important priorities include equal health and health care; patient participation; primary care; psychiatric health among young people; IT/digital; and production planning and co-production. One of their major concerns is the gap in their management process - the process from politics to practical work needs improvement.

The role of the Public Health and Medical Services Board is to identify local residents' needs and wishes with regard to health, medical and dental care. The Board then decides on service levels and reaches agreements with service providers, which in turn are responsible for ensuring that residents are offered the levels of care services that have been established.

Since 2015, the region is looking at how other countries and international organisations work on health, which was one of the reasons why they decided to join EUREGHA.

### 4. BUDGET UPDATE AND CLOSURE

- EUREGHA Chair apologised that EUREGHA Treasurer Raymond Stijns (Limburg) was not able to attend the meeting. Freja Hagsund, EUREGHA Operations Manager, presented the closing of the 2016 accounts, prepared by EUREGHA Treasurer, EUREGHA Secretariat and Cogitax (external accountant).

- Freja Hagsund informed that a comprehensive work had been undertaken by EUREGHA Treasurer and the Secretariat to achieve an integrated budget for EUREGHA, including the project income and expenses to be able to make a complete overview of the financial developments. Together with the accountant, a three year overview was produced showing assets, liabilities, income and charges for 2014, 2015 and 2016<sup>1</sup>.

- She further informed that the two income sources are the membership fees and European project funding. While the membership fee income has remained stable over the past few years, the subsidies coming from projects have increased from 8000 EUR in 2014 to almost 66000 EUR in 2016. A majority

<sup>1</sup> Please refer to Annex 1. All budget documents have been circulated and are available upon request.

of this funding covers the cost for staff involved in the projects. This meant that the Secretariat staff could be increased from 1 to 2 fte in 2015 and that a consultant could be engaged in November 2016.

- In part II, "Charges", some posts (travel/accommodation, consultancy, office supplies) increased a lot in 2016. These are combined costs of the Secretariat tasks and project tasks. Project expenses represent around 75% of "Charges". The remaining expenses include accounting, regular meeting costs, website costs, printing and promotional material, office supplies and equipment.

- Freja Hagsund moved on to present the foreseen expenditures for 2017 and the proposed budget prepared by the Treasurer.<sup>2</sup> The budget for 2017 shows two options: The first is based on our ambition of keeping the Secretariat at the current level with 2 fte and keeping the support of the consultant. To be able to do so, we would have to extract a large amount from our savings (52774 EUR). A remaining saving amount of 11305 EUR is a low reserve, which means that 2018 will start with a small secretariat with limited power.

- Therefore, the Treasurer advises to end the support of the consultant by the end of 2<sup>nd</sup> quarter (June 2017). This created the possibility to save another 14000 EUR, which gives us a better financial position for the next years.

- The project income is volatile and the financial forecast for the following years will especially depend on: 1. The results of three project proposals where we are enrolled and 2) Final figures for the project incomes of 2017 (reporting periods ongoing). The budget was created from a risk-averse perspective.

- The Secretariat also clarified the following points:

- The general costs for personnel and office are not specified in this overview, but include licences, travel expenses, meetings, office supplies etc.
- We have to pay back an amount of 8830.31 EUR to the RegHealth-RI project, which was money received in 2016, but where we could not justify our efforts, mainly due to underspending for the Final Conference in October 2016.
- The cost for CHRODIS of 5420 EUR are funds spent on the Final Conference in February this year.
- We have to accept a small amount of 143 EUR as loss. These invoices won't be paid by any party.

It was further agreed to budget 2000 EUR for the EUREGHA Annual Conference in December, but to aim towards a conservative use of these funds.

*The General Assembly endorsed the closure of the budget 2016. The Chair, Vice-Chairs, Treasurer and the Executive Board were discharged of the responsibility for the activities of 2016.*

*The General Assembly approved the proposed budget for 2017, in line with the Treasurer's advice.*

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<sup>2</sup> Please refer to Annex 2.

### Operating grant

To increase funding to the network, Executive Board members had previously discussed the possibility for EUREGHA to apply for an Operating Grant under the European Commission's Health Programme. However, EUREGHA is currently not eligible to apply for an Operating Grant, since we do not meet the requirement of having members in at least half of the EU Member States.

## 5. PROJECT INVOLVEMENT

The Secretariat gave an update on past and upcoming activities in relation to the European projects:

The **SUNFRAIL** project, where EUREGHA is the lead partner of the Work Package on Dissemination, organised a Steering Committee meeting in Brussels on 4-5 April. SUNFRAIL was also presented during a dissemination workshop in the framework of the meeting of the B3 Action Group on 4 April. The preliminary timing for the project Final Conference in Bologna is November 2017. However, the project consortium has requested a six months' extension of the project. If this is granted, the Final Conference will instead take place during the first half of 2018.

In the **CHRODIS Joint Action**, EUREGHA, as partner in the Work Package on Communication, contributed to the organisation of the JA-CHRODIS Final Conference on 27-28 February. The final reporting for the CHRODIS Joint Action (2014-2017) took place in April.

EUREGHA was subcontracted by Empirica to take part in the EIP on AHA Transfer of Innovation Pilot Twinning Scheme (**ScaleAHA**). ScaleAHA aims at accelerating the scaling-up of innovative approaches and practices in Active and Healthy Ageing. In November 2016, EUREGHA participated as observers in teleconferences between twinning partners. We were in charge of collecting minutes from the meetings, collecting interim and final reports in relation to partners' twinning activities and making sure that they contain all the relevant information.

### Pending applications

On 11 April, there was a deadline for project proposals under the Horizon 2020 programme. In this call round, EUREGHA participated in three consortia. One of the submitted proposals, "BOOST" responds to the call: Promoting mental health and well-being in the young (SC1-PM-07-2017). The other two proposals, EH\_RIS and ACT2Bridge fall under the Coordination and Support Actions (CSA): Actions to bridge the divide in European health research and innovation (SC1-HCO-08-2017).

In BOOST, EUREGHA is proposed as lead partner of dissemination. In both EH\_RIS and ACT2Bridge, EUREGHA are in charge of dissemination and of identifying experts in the EUREGHA member region who could participate in twinning activities and consult less well performing regions on specific issues in connection to their R&D needs.

The results of these calls are expected by mid-July.

## 6. 2016 EUREGHA ACTIVITY REPORT

Freja Hagsund informed that the 2016 Activity Report had been circulated prior to the meeting. The document outlines the core activities undertaken by the network in 2016.

An overview of undertaken activities in the prioritised policy areas was presented, giving details about the following: chronic diseases, integrated care, eHealth, research and innovation, health equity, cancer, mental health, and activities on cross-border healthcare. Information about the collaboration with the CoR and the Interregional Group on Health & Wellbeing (IRGHW), participation in projects, Joint Actions and European fora in general was also provided. Finally, the Activity Report includes a table of events and meeting organised and attended by the EUREGHA Secretariat<sup>3</sup>.

As was agreed during the Executive Board meeting in January 2017, the Activity Report was converted into a promotional document that will be made public and uploaded on the EUREGHA website.

### Discussion:

Nick Batey, Wales, pointed out that considering the small size of the Secretariat, the undertaken activities were broad ranging.

## 7. FORWARD PLANNING

Mikaela Nordenfelt presented the EUREGHA Sustainability and Action Plan that was discussed with the Executive Board in January 2017.

In the document, EUREGHA activities/deliverables are listed in three areas: physical meetings; documents/analysis; and representation. *Physical meetings* include lunch briefings, meetings with Health Attachés of EU Presidencies, Executive Board meetings, General Assembly, Annual Conference and the regular meetings of the IRGHW organised by EUREGHA. *Documents* to be produced by EUREGHA, includes the monthly newsletter, and two policy analyses per year, following the theme of the policy cycles. *Representation* entails that EUREGHA is represented at conferences and seminars as well as in the capacity of members of the Advisory Board of EU projects. Furthermore, EUREGHA will continue our participation in projects as dissemination partner.

Activities to reach our long and short term objectives are also identified. The main priorities for sustainability is to reach out to new members and to ensure and enhance value for existing members, through the activities/deliverables listed above. An important priority is to better anchor engagement in members' home region/municipality, through invitation of regional experts to expert meetings and through engaging them in EU-funded projects through EUREGHA. Another point was to collaborate more with other European-wide networks.

Mikaela had also produced a *Progress Reporting table* where the Secretariat and members should keep track of activities, using a traffic light system to visualise progress, following the *2017 Roadmap*.

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<sup>3</sup> Please refer to Annex 3.

As was discussed during the EUREGHA Executive Board meeting in January 2017, EUREGHA will streamline resources and put specific focus on one topic for a six months' period, this way dividing a year into two policy cycles. It was agreed that this year's themes would be Mental health (January-June) and Cross-border Healthcare (July-December). In relation to those themes, EUREGHA will organise policy briefings and attend events throughout the cycle.

#### **Discussion:**

The Members of the GA wanted to clarify what would be the deliverables of policy cycles. Mikaela mentioned that the Secretariat would gather the information in one place on what is happening in the regions regarding those topics. We could also contact organisations that work on those specific issues.

Nick Batey, Wales, said that it is important to mobilise beyond our primary contacts in the member regions. We should also look more proactively at twinning activities. If there are other activities coming out in our regions we should put them forward as well. Lastly, we should be able to produce a more visible commentary – a statement.

Solvejg Wallyn, Flanders, commented that even though it would be quite hard to come to an agreement with 15 EUREGHA Members, capturing divergences in opinion is very interesting. It would be a capture of different experiences. She mentioned a previous EUREGHA Statement on Mental Health that was presented at the European Parliament.

Michal Szczepura, Podlaskie, said that he serves as a Secretariat for the CoR Interregional group for Less Developed Regions and suggested that a future meeting could be organised jointly with the IRGHW.

Isabelle Johansson, Östergötland, asked whether the Secretariat conducts membership surveys and Freja Hagsund informed that a survey was carried out in early 2016 and that its results were reflected in the 2016 Action Plan. The Secretariat will launch a new membership survey before the end of the year.

*The General Assembly endorsed the Sustainability Strategy and Action Plan.*

## **8. OTHER ACTIVITIES**

### **Cross-border healthcare policy cycle**

EUREGHA will start a policy cycle on Cross-border healthcare in July 2017 with a presentation of a proposal to lead a Thematic Network on the EU Health Policy Platform, which will be led by Lower Austria. The proposal to lead a Thematic Network will be presented during the next face-to-face EU Health Policy Platform meeting.

The main objective is to strengthen social innovation in healthcare in cross-border regions. To support delivery of social innovation in healthcare by actors in cross-border innovation chains, there is a need for coordination across these actors. Besides this, cross-border innovative health care markets should be built and grown, as well as cross-border innovation hubs and networks. The role of higher education

institutions as co-creators and as interactive partners in cross-border innovation systems needs to be further developed. More innovation-friendly financial instruments and institutions are needed at a cross-border level and it is essential to build a cross-border ecosystem in which social innovation in healthcare and knowledge transfer can thrive.

Kerstin Kittenberger, Lower Austria informed that they would like to organise study visits, one is already planned to take place in September in the framework of WHO Regions for Health network.

Update: Lower Austria suggests also to organise a visit targeting only EUREGHA Members in the end of October.

Furthermore, the Annual Conference in December 2017 will be on the topic Cross-Border Health Care, as foreseen.

### **EUREGHA Sprint**

Freja Hagsund gave an update on EIP on AHA B3 Sprint –«Integrated Care Policies for Successful Implementation and Scaling up in European Regions», where some EUREGHA Members participate through assessing their system for integrated care through the use of the Maturity Model developed in the framework of the B3 Action Group on Integrated Care of the EIP AHA. EUREGHA Members who will take part in the International Conference on Integrated Care 2017 in Dublin, 8-10 May, will also meet in the framework of B3 Sprint to discuss their experiences applying the SCIROCCO model.

### **Committee of the Regions Interregional Group on Health and Wellbeing**

The Secretariat presented the themes for the meetings of the Committee of the Regions Interregional Group on Health and Wellbeing for 2015-2020: health inequities, active and healthy ageing, and health system reform.

The four sessions in 2017 are as follows:

- 23 March, 8h – 9h, Health System Reform: CoR Own-initiative opinion “Integration, cooperation and performance of health systems”;
- Friday 12 May, 8h – 9h, Active and Healthy Ageing: Integrated Care;
- 9-12 October (date and time tbc) Health Inequities: Mental Health in the workplace;
- 1 December, 8h – 9h, Health Inequities: Cross-border Healthcare.

## **8. ACCOMMODATION OF EUREGHA SECRETARIAT**

The EUREGHA Secretariat is hosted by the Flanders Agency for Health and Care since early 2016 and will remain there until December 2017, when a new solution needs to be found. Previously, the Secretariat has been hosted by a volunteering member’s office in Brussels, which has brought an added value both to the Secretariat and to the hosting member.

Nick Batey, Wales, mentioned that it would be possible to host EUREGHA Secretariat in Wales House, however it would incur costs to the EUREGHA budget since the office would need some restructuring.

No other region volunteered to host the Secretariat.



**9. RESIGNATION OF EUREGHA CHAIR AND OFFICIAL RATIFICATION OF NEW CHAIR**

*As anticipated during the 2016 General Assembly, EUREGHA Chair Catalonia, represented by Toni Dedeu resigned and Wales, represented by Nick Batey was ratified as new EUREGHA Chair by the General Assembly.*

*Elections to all positions will be held during the next General Assembly meeting in April 2018.*

**END OF MEETING**

Annex 1 – Closure of 2016 accounts

**Internal annual accounts (years comparison)**

	Q4 2014	Q4 2015	Q4 2016
Assets	73 211,86	52 622,00	127 190,73
<b>Fixed assets</b>	<b>535,73</b>	<b>172,57</b>	<b>434,00</b>
<b>Current assets</b>	<b>72 676,13</b>	<b>52 449,43</b>	<b>126 756,73</b>
	Q4 2014	Q4 2015	Q4 2016
Liabilities	57 759,91	52 622,00	127 190,73
<b>Equity capital</b>	<b>0,00</b>	<b>40 883,80</b>	<b>81 134,27</b>
<b>Amounts payable</b>	<b>57 759,91</b>	<b>11 738,20</b>	<b>46 056,46</b>
	Q4 2014	Q4 2015	Q4 2016
Income statement			
<b>I. Income</b>	<b>80 092,48</b>	<b>119 607,01</b>	<b>136 670,42</b>
A. Turnover	79 071,50	119 607,01	136 670,42
Membership fees	71 000,00	66 000,00	71 000,00
Subsidies	8 071,50	53 607,01	65 670,42
B. Other operating income	1 020,98	0,00	0,00
<b>II. Charges</b>	<b>72 282,35</b>	<b>94 004,29</b>	<b>96 184,60</b>
B. Services and other goods	19 328,65	20 873,37	25 421,54
Office rent	0,00	2 105,00	0,00
Postal charges	0,00	7,20	7,40
Office supplies	0,00	594,02	1 251,67
Computer services	233,74	682,06	288,36
Accounting	2 439,64	2 439,64	2 439,64
Social accounting	1 284,83	1 828,75	2 334,36
Insurance	19,04	9,52	0,00
Consultancy costs	7 688,63	6 503,98	7 989,98
Travel & accomodation	1 194,52	5 611,29	7 731,97
Meeting costs, lunches & dinners	5 773,25	638,16	3 378,16
Other general expenses	695,00	453,75	0,00
C. Remuneration, social security costs and pensions	52 254,16	72 767,76	70 270,51
Extern	0,00	0,00	3 388,00
Intern	52 254,16	72 767,76	66 882,51
D. Depreciation, amounts written off	699,54	363,16	314,55
G. Other operating charges	0,00	0,00	178,00
<b>Operational profit/loss</b>	<b>7 810,13</b>	<b>25 602,72</b>	<b>40 485,82</b>
<b>IV. Financial income</b>	<b>0,00</b>	<b>13,97</b>	<b>67,03</b>
<b>V. Financial charges</b>	<b>167,10</b>	<b>184,84</b>	<b>302,38</b>
<b>Profit/loss from the ordinary activities</b>	<b>7 643,03</b>	<b>25 431,85</b>	<b>40 250,47</b>
<b>Profit/loss of the financial year before taxes</b>	<b>7 643,03</b>	<b>25 431,85</b>	<b>40 250,47</b>

<b>Project expenses 2016</b>	
<b>RegHealth-RI (100 % funded)</b>	
Travel costs (project workshop Zagreb, Final Conference)	€2349.24
WIRE conference	€195
Final conference (catering, printed material, welcome bags, speaker gifts)	€3649.54
	<b>Total €6193.78</b>
<b>SUNFRAIL (55% co-funded)</b>	
Travel costs (project workshops, Bologna, Naples)	€2881.05
Subcontracting (project website, design services)	€7338
	<b>Total: €10219.05</b>
<b>JA-CHRODIS (50% co-funded)</b>	
Travel costs (General Assembly, Madrid)	€272.13
Subcontracting (translating subtitles)	€51.98
Workshop EP (catering, speakers' travel, printing)	€1211.93
	<b>Total: €1536.04</b>
<b>Total project expenses 2016</b>	<b>€17948.87</b>

Annex 2 – 2017 budget

Income 2017	Based on ambition	Advised alternative
Membership Fee	€ 68.500	€ 68.500
Transfer from savings	€ 51.774	€ 37.774
Projects	€ 18900	€ 18900
<b>Total</b>	<b>€ 139.174</b>	<b>€ 125.174</b>
<b>Expenses 2017</b>		
<b>Salaries, wages, social expenses and pensions</b>		
Manager	€ 51.032	€ 51.032
Assistant	€ 35.032	€ 35.032
Consultant	€ 28.000	€ 14.000
General Personnel costs	€ 3.983	€ 3.983
<b>sub-total</b>	<b>€ 118.047</b>	<b>€ 104.047</b>
<b>Office</b>		
Office rent (+deposit, insurance)	€ 0	€ 0
General office costs	€ 4.984	€ 4.984
<b>sub-total</b>	<b>€ 4.984</b>	<b>€ 4.984</b>
<b>Promotion</b>		
Regular meeting costs (lunch brief, EB etc)	€ 1.000	€ 1.000
Printing and promotional materials	€ 750	€ 750
Conference/s	€ 0	€ 0
<b>sub-total</b>	<b>€ 1.750</b>	<b>€ 1.750</b>
<b>Projects</b>		
RegHealth	€ 8.830	€ 8.830
Chrodis	€ 5.420	€ 5.420
Loss 2016	€ 143	€ 143
<b>sub-total</b>	<b>€ 15.393.31</b>	<b>€ 15.393.31</b>
<b>TOTAL</b>	<b>€ 139.174</b>	<b>€ 125.174</b>
<b>Balance 2017</b>		
Regular bankaccount (31-12-2016)	€ 15.330	€ 15.330
Saving account (31-12-2016)	€ 48.749	€ 48.749
Transition to budget 2017	€ -51.774	€ -38.774
<b>Prognoses remaining amount on balance (end 2017)</b>	<b>€ 12.305</b>	<b>€ 25.305</b>

Annex 3 – Activity report, Events 2016

Month	Date	Activity
January	18	Brussels-based members meeting, Brussels
	21-22	Final Conference Joint Action on Mental Health and Wellbeing, Brussels
February	4	JA-CHRODIS 2 <sup>nd</sup> General Assembly and Stakeholder Forum, Madrid
	11	Procedural meeting, CoR Interregional Group on Health and Wellbeing,
	16	WHO Workshop: Better Food for Better Health
	17	Politico: Antimicrobial Resistance – Averting Tomorrow’s Nightmare, Brussels
	25	EUREGHA Executive Board Meeting
March	7	Briefing with Swedish Health Attaché, Brussels
	22	SUNFRAIL Transnational Workshop, Bologna
April	6	Migration and Health event, Tuscany Region, Brussels
	8	CoR Interregional Group on Health and Wellbeing “ESIF for Health”, Brussels
	19	EUREGHA General Assembly Meeting, Brussels
May	10	EUREGHA Roundtable on eHealth, Brussels
	23-25	International Conference on Integrated Care (ICIC), Barcelona
	27	EUREGHA and Flanders presentation for Seoul Metropolitan Government,
	30-31	RegHealth-RI project workshop, Zagreb
June	9	Week of Innovative Regions and Cities (WIRE), Eindhoven
	15	CHRODIS Executive Board meeting, Brussels
	16	CoR Health Interregional Group Meeting “HSPA”, Brussels
	17	Meeting with Skåne and Flanders, Brussels
	22	Meeting with EIP AHA B3 Group, Brussels
July	7	EUREGHA Meeting with South Denmark, Brussels
August		
September	14	Stakeholders’ Consultation on Cross-KET’s for Health and Care
	19	EUREGHA Executive Board Meeting, Brussels
October	12	EUREGHA presentation to Tuscany Region, Brussels
	13	CoR Interregional Group on Health and Wellbeing “Active and Healthy
	13	EUREGHA Annual Conference Organisation Committee Meeting, Brussels
	20	RegHealth-RI Final Conference, Brussels
	26	SUNFRAIL Steering Committee Meeting, Naples
	27	SUNFRAIL Transnational Workshop, Naples
November	3	EIP AHA B3 Action Group meeting, Brussels
	10	EUREGHA Presentation for Skåne Association for Local Authorities
	15	World Pancreatic Cancer Day, European Parliament, Brussels
	16	Health Threats: Policies to counter risks to global health, Brussels
	16	EUREGHA Presentation for Norwegian Research Council
	17	Kick-off meeting of the Working Group cross-border health care
	18	EUREGHA welcomes the EC to discuss European Solidarity Corps Initiative
	22,	Observing Twinning Activities (ScaleAHA Tender)
	24-25	ECIBC Plenary " When Science and Policy collaborate for Health" Varese, Italy
	28	JA-CHRODIS Workshop at the European Parliament
December	1	AER event "E-health: let's find a common language", Brussels
	2	EUREGHA Presentation for Region Östergötland, Brussels

# EUREGHA General Assembly

## 26 April 2017



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	5	EU Health Policy Platform meeting
	6-7	Second European Summit on Digital Innovation for Active & Healthy Ageing,
	8	CoR Stakeholder Policy Exchange on own-initiative opinion, Brussels
	8	EUREGHA Executive Board Meeting
	8	CoR Interregional Group on Health and Wellbeing, "eHealth", Brussels