

2004

# Annual report



WORLD HEART  
FEDERATION®



The World Heart Federation helps people achieve a longer and better life through prevention and control of heart disease and stroke, with a focus on low and middle-income countries.

## Table of contents

<b>Message from the President and the CEO</b> . . . . .	2
<b>The World Heart Federation</b> . . . . .	4
<b>Activities</b>	
Advocacy . . . . .	5
Education and training . . . . .	7
Sharing science and research . . . . .	9
<b>Partnerships</b> . . . . .	11
<b>Organization</b> . . . . .	12
<b>Financial statements</b> . . . . .	16

# Message from the President and the CEO

The year 2004 has been one that should make all of us, our members, partner organizations and members of the past and present Board rightfully proud. The World Heart Federation has made tangible progress in many areas, from member involvement and organizational efficiency to public recognition, from our role as global advocates to our role as partners. In addition, we have made measurable financial progress, achieving a balanced budget. However, we still have a long way to go before we have built up the scale of operations that we desire. That future World Heart Federation will not only work to fulfil its mission, but will also commit itself to measurable goals to show the impact we have made through demonstration projects, advocacy and member capacity-building. We are ambitious: we have high hopes and expectations.

## **World Heart Federation members and organization**

In 2004, the network of members grew to 186 organizations, from 175 in 2003. We have added national and associate members from Cameroon, the Czech Republic, Estonia, Ghana, Indonesia, Kenya and the Seychelles, reached out to new international associate members which are actively involved with heart disease in children, and made contact with developing countries via the World Wide Web. Dedicated individuals have signed up, intending to create new organizations in Laos and Zimbabwe. New members help the World Heart Federation work with and reach out to patients and the public in more ways and in more places. Together, we now have a presence in 100 countries around the globe.

We have intensified our efforts to build capacity in our member heart foundations by working closely with heart networks. In 2004, we rejoiced in the successful growth of the African Heart Network from two heart foundations to eight. We worked closely with the Asia Pacific Heart Network as it began to build a permanent secretariat, which is the key first step in strengthening regional capacity.

While we have expanded our member network and scope of action, we have also had to ensure that our organization operates efficiently and is responsive to members' needs. At our General Assembly in August 2004, held during the European Society of Cardiology Congress in Munich, we presented and passed new statutes which call for a General Assembly every two years, to be held in conjunction with a World Congress of Cardiology. That will enable our members to meet more often with their elected Board and participate more closely in the activities of the World Heart Federation. All Presidents, who

are elected every two years, will now have an opportunity to report to the General Assembly. We also agreed that the World Congress of Cardiology will be held in Barcelona in 2006, Buenos Aires in 2008 and Beijing in 2010. The intention is to combine the World Congress with regional meetings wherever possible.

## **Advocacy**

World Heart Day continues to be our flagship advocacy activity. In 2004, the event was celebrated in over 100 countries. Hits on the web site exceeded the 2 million mark, and our media efforts reached a target audience of over 350 million people. Most rewarding and gratifying was the fact that the United Nations Department of Public Information chose the World Heart Federation and its World Heart Day 2003 campaign to receive its Grand Award for outstanding achievement in public relations campaigns which best exemplify the ideals and goals of the United Nations.

The year 2004 also saw an increase in our involvement in global advocacy efforts for healthier diets and increased physical activity. We supported the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health, which was unanimously endorsed at the World Health Assembly in May 2004. We actively supported the creation and implementation of the strategy at the World Economic Forum meetings in Davos and New York, as well as a meeting of Ministers of Health of the Member States of the Organization for Economic Cooperation and Development (OECD). In tobacco control, we focused more attention on passive smoking, as the key issue which will help to change public opinion about the need for smoke-free workplaces. Together with our European members, we celebrated the decision to create smoke-free environments in Ireland and, later, Italy.

## **Partnerships**

Our working relations with both WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) intensified. WHO involved the World Heart Federation as a member of its Global Forum IV steering committee and as an active participant in the Global Strategy on Diet, Physical Activity and Health multistakeholder platform. WHO actively supported World Heart Day in many parts of the world. UNESCO joined the World Heart Day effort, to support its focus on children, adolescents and heart disease, distributing

our material and requesting country offices to involve the 7 300 UNESCO schools. The United Nations Children's Fund (UNICEF) lent its voice to our World Heart Day by listing the day on its website.

### **Publications**

Many of our Board members and representatives of national societies and foundations have published articles this year. The scientific statement by the Heart and Stroke Forum published in *Circulation*<sup>1</sup> is particularly worthy of attention. It addresses the key issue of how lower and middle income countries should respond to the many guidelines on the prevention of cardiovascular disease. The statement emphasizes the need to use current scientific knowledge, but adapt guidelines to individual countries, taking due account of cultural and economic factors. This article and philosophy – adapting guidelines to national circumstances – will form the backbone of many of our planned demonstration projects in countries and continents. The World Heart Federation is also preparing a new journal, *Prevention and Control*, which will be launched in May 2005.

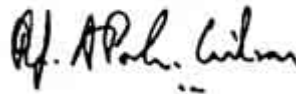
### **Development and finance**

This year, we were privileged to add Bayer HealthCare to our list of corporate partners, which includes Unilever and GlaxoSmithKline. We were excited to receive support from the Vodafone Foundation for work on rheumatic fever in the Pacific Islands. This work will be conducted by our Scientific Council on Rheumatic Fever/Rheumatic Heart Disease. The Wellcome Trust contributed to the ten-day seminar organized by the Scientific Council on Epidemiology and Prevention, and UEFA (Union of European Football Associations) joined the ranks of our new donors. As a result, we close the year with

an increase of approximately 1 million Swiss francs in operating receipts and a small positive operating margin. While we still need to grow, we are now on a much better financial footing.

### **Conclusion**

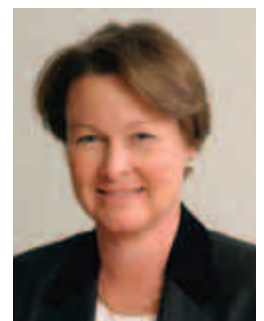
The year 2004 was a propitious year in many ways. As always, the success of the World Heart Federation depends entirely on the strong support and efforts of the Board and members around the globe. We are grateful for the support we receive from so many of you. Join us in celebrating a year of progress, in which we have taken a major step towards achieving our mission.



Philip Poole-Wilson  
*President*



Janet Voûte  
*Chief Executive Officer*



<sup>1</sup> Smith SC Jr et al. "Principles for national and regional guidelines on cardiovascular disease prevention: a scientific statement from the World Heart and Stroke Forum". *Circulation*, 2004, 109(25):3112-21.

# The World Heart Federation



The World Heart Federation is an international nongovernmental organization based in Geneva, Switzerland, dedicated to the prevention and control of cardiovascular disease around the world. It is a membership organization that brings together the strength of the medical community (societies of cardiology) with the public health community (heart foundations). By the end of 2004, membership had grown to 186 organizations operating in over 100 countries at both national and regional level. The three pillars of activity of the World Heart Federation are advocacy, education and training and the sharing of science and research. Together with its members, the World Heart Federation raises awareness of heart disease and stroke, advocates policy change and shares scientific and population experience to build sustainable capabilities at a regional and national level.

## **The global burden of cardiovascular disease**

Cardiovascular disease is currently the leading cause of death in all developed countries and in most developing countries. Every year, approximately 17 million people die from cardiovascular disease. This represents one third of all deaths in the world, and 80% occur in low and middle income countries. Heart disease and stroke affect women as much as men. They cause 8.6 million deaths among women annually and are the major causes of mortality, accounting for one third of female deaths worldwide.

Children are increasingly at risk because of their unhealthy lifestyles. Today, 10% of children – 155 million of them – are overweight, and 30-45 million of these are obese. Childhood obesity is emerging as an increasing challenge in low and middle income countries. The overwhelming majority of smokers begin tobacco use before they reach the age of 10; 700 million children, almost half of all children worldwide, live in the home of a smoker, which constitutes a substantial public health threat.

Cardiovascular disease exerts a considerable social and economic toll on developing countries, since it strikes people at a relatively early age there compared with people in the developed world. For example, in Brazil, 28% of all deaths due to cardiovascular disease occur below the age of 64; in India 35%, and in South Africa a staggering 41%, die in their most productive years<sup>2</sup>. This increasing disease burden, affecting populations in their working years, inhibits economic development. Yet, although health has attracted a higher level of political interest globally, in part by its inclusion in the United Nations Millennium Development Goals, this applies only to a narrowly selected number of infectious diseases, to the total exclusion of chronic diseases, including cardiovascular disease<sup>3</sup>.

The causes of cardiovascular disease are known. Simple, cost-effective preventive measures to deal with risk factors can reduce cardiovascular death and disability by more than 50%<sup>4</sup>. Together with its member organizations, the World Heart Federation is taking action to reduce the impact of cardiovascular disease around the world.

<sup>2</sup> *A Race Against Time: The Challenge of Cardiovascular Disease in Developing Economies*. New York, Earth Institute, 2004.

<sup>3</sup> Op. cit., foreword by Derek Yach, Representative of the Director General of the World Health Organization.

<sup>4</sup> World Health Organization. *World Health Report 2002: Reducing risks, promoting healthy life*. Geneva, 2002.

# Activities



## Advocacy

The World Heart Federation's advocacy activities in 2004 focused strongly on the need to address the growing obesity epidemic around the world. A great deal of emphasis was put on children and the vital need to adopt a healthy lifestyle at an early age, in order to avoid cardiovascular disease later in life.

### World Heart Day

On Sunday 26 September, the World Heart Federation held its fifth World Heart Day, which this year focused on "Children, Adolescents and Heart Disease". This was an opportunity to draw attention to the shared responsibility of governments, industry and communities to take action to create environments for children in which healthy choices become easy choices.

World Heart Day was celebrated in over 100 countries around the world. The media reach also increased, with 370 articles and broadcast features representing a circulation of 365 million.

Member organizations continued to devise innovative ways of marking the event. The following are just a few examples which speak for themselves. In Poland, collaboration was established with 12 media companies: World Heart Day was celebrated in 14 cities and marked the beginning of a long-term educational campaign called "Mind Your Heart". In Nigeria, the authorities, national and local television were involved, and the day was used to launch a campaign advocating healthier school meals and a better school health service. In the United States of America, a campaign organized by the American College of Cardiology reached 55 million listeners during a nationwide radio media tour.

Cooperation with United Nations agencies continued to grow. The World Health Organization (WHO) was directly involved in a number of African and Asian countries and promoted the event on its website and through a joint press release. A joint

press release was also produced with UNESCO, which sent the World Heart Day material to its 175 offices worldwide, encouraging them to involve the 7 300 UNESCO schools.

In 2004, the World Heart Federation began a partnership with the Union of European Football Associations (UEFA), which helped to increase its media reach in a number of countries, while reinforcing the attractions of football as an affordable sport and an ideal way for children to be physically active.

### Healthy diet and physical activity

Obesity was included on the agenda of the annual meeting of the World Economic Forum in January 2004 and a meeting of food and beverage industry governors in September 2004. The World Heart Federation was invited to participate as keynote speaker at each meeting. These meetings provided a rare opportunity to interact with leaders in industry, government and the media about the health consequences of the obesity epidemic.

This issue is also at the centre of the WHO Global Strategy on Diet, Physical Activity and Health, which was debated by the WHO Executive Board at its 113<sup>th</sup> session in January 2004 and subsequently approved by the World Health Assembly in May. This strategy, which was supported by the World Heart Federation in two statements delivered during the Executive Board session and one statement given at the World Health Assembly, is perceived as a landmark achievement in global public health.

The recommendations in the Global Strategy offer countries a blueprint for action to curb the public health threat caused by increased rates of overweight and obesity. High-level advocacy by nongovernmental organizations, such as the World Heart Federation and its member organizations, will continue to be vital in order to ensure public awareness and political commitment, without which there can be no positive public health outcomes.

# Activities



In February 2004, the World Heart Federation issued its Advocacy Statement on Obesity. It listed existing action related to diet and physical activity, and stressed that it had intensified its focus on obesity by developing and actively supporting nine major initiatives. In the statement, the World Heart Federation called for a reduction in salt, sugar and saturated fat in food products. It demanded simplified product labelling and support from all food distributors “to make healthy choices easy choices”. The critical issue of children and obesity was also stressed by calling for a dramatic increase in healthy choices of food in schools and the removal of unhealthy products from vending machines. The statement further called for support for physical activity in schools and increased availability of sports facilities for everyone.

## **Tobacco control**

Towards the end of 2004, the 40th ratification of the Framework Convention on Tobacco Control was lodged with the Secretary-General of the United Nations, enabling the Framework Convention to enter into force in February 2005 as the first international, legally binding public health instrument developed under the auspices of WHO.

Throughout the year, the World Heart Federation and its member organizations pursued their efforts in favour of the Framework Convention. Materials such as model letters and sample members’ letters to governments, as well as information on the signing and ratification process itself and on events and initiatives linked to the process, were sent periodically to member organizations. The World Heart Federation also joined other international nongovernmental organizations in creating a list of “mirror signatures”, allowing organizations and individuals to declare their support for the Framework Convention and commit themselves to assisting in the implementation of specific provisions.

This year, World No Tobacco Day focused on “Tobacco and Poverty: A Vicious Circle”. This provided an opportunity for the World Heart Federation to draw attention to the economic costs of tobacco consumption across the world. Every year, tobacco kills five million people who are, for the most part, at the height of their productivity, thereby depriving families of breadwinners and nations of a healthy workforce. Poor communities with less access to health education are particularly at risk from tobacco-related diseases.

As part of its advocacy platform for tobacco control, the World Heart Federation has placed added emphasis on passive smoking, which is a key factor in efforts to influence public opinion. We also participated in a WHO-convened meeting during which a code of practice on tobacco control for health professional organizations was drawn up, defining the action to be taken in order to contribute actively to the reduction of tobacco consumption and include tobacco control in the public health agenda.

## **PR and press activity**

The World Heart Federation, along with international public relations agency Cohn & Wolfe Geneva, was proud to receive the 2004 United Nations Grand Award for outstanding achievement in public relations for its 2003 World Heart Day Campaign, aimed at raising awareness among women of their risk of cardiovascular disease. The International Public Relations Association also chose our “A Heart for Life” campaign in the awards category “Health Organizations”.

The main focus of the World Heart Federation press activities during the year was the economic burden of cardiovascular disease in developing countries, the need for children to adopt healthy lifestyles at an early age, and the rising global threat of obesity.



# Activities



## Education and training

In 2004, the World Heart Federation further developed its education and training activities, focusing in particular on new initiatives and on capacity-building among its member organizations.

### **Social marketing project in Russia**

In partnership with the Russian Society of Cardiology and with the financial support of Unilever Bestfoods, the World Heart Federation carried out a pilot social marketing project in the central Russian city of Ekaterinburg. The project aims to increase awareness and change attitudes regarding risk factors for cardiovascular disease and an individual's potential for preventing the onset of disease in general and cardiovascular disease in particular. It also seeks to increase the involvement of health professionals in counselling patients about heart-healthy lifestyles and prevention of disease.

The project is based on a protocol involving pre-evaluation and post-evaluation activities in the city of Ekaterinburg and at a control site with similar socioeconomic and demographic status. The city's health authorities, local personalities and the media were closely involved in the social marketing campaign thus ensuring outreach to an estimated quarter of a million people. Numerous public events were carried out during the project, including screening of blood pressure, cholesterol and body mass index; lectures in factories and universities; a "health school" for journalists; a telephone hotline; information sessions for patients; "best patient" competitions; and physical activity sessions. A television advertisement featuring a charismatic witch who shows just how easy it is to harm our hearts was aired throughout the campaign. The results of the final evaluation of the project were due to be published at the beginning of 2005.

### **Capacity development and training**

Following the creation of an African Heart Network (AHN) Secretariat and strong AHN Council commitment in 2004, this network of heart foundations across the African continent began to show an impressive expansion. In two years, membership of the Network has grown from two member organizations and one individual member to eight member organizations and one individual member. Current members come from Benin, Cameroon, Ghana, Kenya, Mozambique, Nigeria, South Africa, Sudan and Tunisia, with others waiting to join.

The members of the Network came together in October 2004 in Accra, Ghana, for a two-day workshop which focused on experience-sharing, the creation of alliances with other organizations and training in fundraising and media management. Partners, including the WHO Regional Office for Africa, the United States Centers for Disease Control and Prevention (CDC) and the International Society of Hypertension (ISH), attended the workshop to identify various areas of collaboration in the prevention of cardiovascular disease in Africa. Following the workshop, the AHN Executive Secretary was able to attend the first Annual Seminar on Cardiovascular Health and Chronic Disease Epidemiology for Sub-Saharan Africa, organized by CDC and the International Union for Health Promotion and Education.

In 2004, a great deal of work was done within the Asia-Pacific Heart Network (APHN), with the creation of a permanent secretariat which will now play an important role in coordinating and expanding the member network in the region. An APHN workshop took place at the beginning of the year, during which member organizations shared experiences and best practices in a number of programmes. One activity which members expressed a particular interest in replicating was

# Activities



“Jump Rope for Heart”, a national skipping programme organized through the school system by five heart foundations of the region.

## **Compliance with cardiovascular guidelines in China**

Planning continued on another education and training initiative during the year – the development of strategies for evaluation of compliance with guidelines in hospitals in China. The project is being designed by a partnership comprising the World Heart Federation, the Chinese Society of Cardiology, key Chinese medical opinion leaders and the Chinese Centre for Disease Control and Prevention. These strategies focus on guidelines for acute care designed to improve outcomes in patients with coronary heart disease. These guidelines emphasize the importance of healthcare team protocols to ensure that patients are treated and discharged with appropriate medication and counselling to help them to modify their cardiovascular risk factors. The project will also include an outpatient follow-up programme in order to assess the long-term effectiveness of this approach.

## **Twin centres**

Three young cardiologists received grants from the World Heart Federation as a contribution towards a year’s traineeship in a hospital chosen to meet the specific needs of the candidate. The Twin Centres programme enables specialists from countries where cardiovascular disease is emerging as an epidemic to improve their knowledge base and develop essential expertise and technical skills which are not available in their home country. This year, two cardiologists from Nigeria and one from Georgia benefited from training in Australia, the United Kingdom and Austria, respectively.

## **International prevention curriculum**

The World Heart Federation has brought together top scientists from around the world to begin developing an interna-

tional curriculum of core knowledge and skills pertaining to the prevention of cardiovascular disease. This curriculum is to be included in global medical school programmes. By the end of 2004, an international faculty was being recruited to draft the priority core components of the curriculum, which cover the global situation of cardiovascular disease, the biology of atherosclerosis and the concept of risk.

# Activities



## Sharing science and research

The scientific and research activities of the World Heart Federation have continued, notably through the ongoing activities of the Scientific Councils, and have expanded with a new research initiative in the Caribbean and the definition of a new congress strategy for the organization.

### **Scientific Council on Epidemiology and Prevention**

The 37th Ten Day International Teaching Seminar on Cardiovascular Epidemiology and Prevention was held in Badaling, China in September 2004, bringing together 35 fellows and eight international faculty members from 23 different countries. This unique seminar directly addresses the lack of trained and experienced scientists and practitioners and the need for effective epidemiology and prevention of cardiovascular disease in low and middle income countries.

This was the first time that the seminar has been held in China, which allowed for an increased number of participants from the host country and widened the network of professionals through greater penetration into other Asian countries such as India, Kazakhstan, Mongolia, Myanmar and Pakistan. In addition, a grant from The Wellcome Trust enabled the participation of fellows from low and middle income countries in much larger numbers than ever before.

### **Scientific Council on Rheumatic Fever and Rheumatic Heart Disease (RF/RHD)**

The Scientific Council on RF/RHD has been active, particularly in the Pacific region, which has the highest incidence of rheumatic fever and the highest prevalence of rheumatic heart disease worldwide. The demonstration control programme for rheumatic heart disease in Vanuatu continues, with internal support from the Vanuatu Government. Funding has been secured from the Vodafone Group Foundation for two demon-

stration control programmes for rheumatic heart disease in Fiji and Samoa, along with development of a regional training curriculum, conduct of regional workshops and development and dissemination of health promotional materials. This project is due to begin in early 2005.

Elsewhere, the Council has been working with the Pan African Society of Cardiology to expand activities in Africa, notably through education and training initiatives. On a global level, various members of the Council continue to influence international policy on rheumatic heart disease, particularly at WHO and the National Institutes of Health, to support research into a RF/RHD vaccine.

### **International principles of cardiovascular disease prevention**

Drawing on its global network of specialists and on existing guidelines, the World Heart Federation published its "Principles for national and regional guidelines on cardiovascular disease prevention" in *Circulation*, the journal of the American Heart Association<sup>5</sup>. This document defines common international principles on cardiovascular disease prevention, intended to assist countries in the development of their own national policy, and multidisciplinary professional guidelines to raise the standards of preventive cardiology. Ten strategic principles are recommended to serve as a template for the development of national clinical guidelines. Although the focus of these recommendations is clinical, it is recognized that a population approach to cardiovascular disease prevention is the foundation of all clinical strategies in preventive cardiology.

<sup>5</sup> Smith SC Jr et al. "Principles for national and regional guidelines on cardiovascular disease prevention: a scientific statement from the World Heart and Stroke Forum". *Circulation*, 2004, 109(25):3112-21.

# Activities



## Prospective cohort study in Grenada

The World Heart Federation has designed a five-year prospective cohort study to be carried out in Grenada, West Indies. It is similar to the Framingham Heart Study, which led to the identification of the major cardiovascular disease risk factors in American men and women.

The knowledge gained from the Framingham study provides a unique opportunity to develop a population-based risk factor assessment in Grenada that will produce the data needed to design primary prevention programmes for Grenadians. The project will be conducted by the World Heart Federation, in cooperation with the Prime Minister, the Ministry of Health, the Visiting Cardiology Programme and the Grenada health care community. Further, the project will recommend prevention and intervention programmes that are economically sustainable and applicable to other developing countries.

## Congresses

The year 2004 saw the launch of a coherent World Heart Federation congress strategy and the creation of a congress department in our Geneva headquarters.

One major step was the decision to change the frequency of the World Congress of Cardiology, which will now take place biennially rather than every four years. This will enable congress activities to profile relevant science more frequently in low and middle income regions of the world, as well as contributing to an increased exchange of knowledge, consolidating ownership of congresses and encouraging new partnerships. Future congresses will be organized in cooperation with the regional or national Society of Cardiology, thus avoiding duplication of meetings and also keeping the spirit and the format of the congress attuned to the situation of the geographical region where it is being held. The next Congress is to be held in Barcelona in 2006, in collaboration with the European Society of Cardiology.

Congresses and major scientific meetings provide an opportunity for the World Heart Federation to promote the cause of prevention and control of heart disease and stroke around the world and to raise awareness of the growing burden of cardiovascular disease in low and middle income countries. In 2004, Professor Philip Poole-Wilson, President of the World Heart Federation, and many other members of the Board spoke at numerous congresses on this issue.

The World Heart Federation actively participated in the following congresses, either as exhibitor and/or by involvement in the official scientific programme:

14-17 Jan	14th Asian-Pacific Congress of Cardiology, Singapore
7-10 Mar	American College of Cardiology: Annual Scientific Sessions 2004, New Orleans, USA
23-26 May	8th World Congress of Cardiac Rehabilitation and Secondary Prevention, Dublin, Ireland
13-16 Jun	5th International Heart Health Conference, Milan, Italy
28 Aug – 1 Sep	European Society of Cardiology Annual Congress, Munich, Germany
1-3 Oct	First Conference on Cardiovascular Clinical Trials and Pharmacotherapy, Hong Kong, China
3-4 Nov	World Health Organization Global Forum IV on Chronic Disease Prevention and Control, Ottawa, Canada
7-10 Nov	American Heart Association: Scientific Sessions 2004, New Orleans, USA

# Partnerships



Developing partnerships and alliances with other organizations and bodies reinforces the capacity of all those committed to the prevention and control of cardiovascular disease. In 2004, the World Heart Federation pursued its collaboration with WHO, like-minded international nongovernmental organizations, public organizations and industry.

## **World Health Organization (WHO)**

The World Heart Federation has continued to work closely with WHO on a number of initiatives, as the latter's leading NGO partner in cardiovascular disease prevention and control. We provided substantial input into the preparation of a WHO-led multistakeholder platform for the implementation of the Global Strategy on Diet, Physical Activity and Health. The WHO Global Forum IV on Chronic Disease Prevention and Control, involving all WHO regions, was held in Ottawa, Canada this year and included the World Heart Federation as a member of the steering committee. Much of the debate focused on the economic burden caused by cardiovascular disease in developing countries. On World Heart Day, both parties collaborated to release the *Atlas of Heart Disease and Stroke* to the press and the public<sup>6</sup>. There are many more examples of the well-established partnership between WHO and the World Heart Federation.

## **International nongovernmental organizations**

The World Heart Federation has continued to work closely with other international nongovernmental organizations active in public health. For instance, we worked with the International Obesity TaskForce on mutually-reinforcing statements during the WHO debate on the Global Strategy for Diet, Physical Activity and Health.

The collaboration with the International Union against Cancer (IICC) continued with an agreement to work together at a global level in the areas of nutrition, physical activity and tobacco.

<sup>6</sup> Available online at: [www.who.int/cardiovascular\\_diseases/resources/atlas/en](http://www.who.int/cardiovascular_diseases/resources/atlas/en).

co. A joint survey among member organizations carried out in 2004 drew attention to the clear interest which exists in developing partnerships between heart and cancer organizations at a national level.

## **Oxford Vision 2020**

The World Heart Federation has been closely involved since the inception of Oxford Vision 2020, a movement founded by the University of Oxford and Novo Nordisk which brings together people and organizations from academia, various areas of medicine and healthcare, governments, nongovernmental organizations and business. It aims to catalyse the collective action necessary to prevent the global health risks of tobacco, physical inactivity and poor diet and blunt the impact of the chronic diseases they cause.

## **Industry**

The World Heart Federation has developed partnerships with a select group of companies committed to global cardiovascular health. The partnership with Unilever Bestfoods, which entered its second year in 2004, focuses on creating knowledge and awareness of cardiovascular disease risk factors among the general public. Special emphasis has been placed on Central and Eastern Europe, including the funding of a social marketing pilot project in the Russian Federation (see Education and Training section).

The partnership with GlaxoSmithKline has enabled the World Heart Federation to develop its education and training and congress activities. The company also provided seed money for the design of the research study in the Caribbean island state of Grenada (see Sharing Science and Research section above). At the end of the year, the World Heart Federation entered into a new partnership with Bayer HealthCare, which focuses primarily on education of the general public and healthcare professionals regarding cardiovascular disease, its risk factors, the importance of both primary and secondary prevention and the role of aspirin therapy.

# Organization



## World Heart Federation Board 2003-2004

Seated (left to right):

Mario MARANHÃO, MD (Past President, 2003-04),  
Janet VOÛTE (Chief Executive Officer, from 2000),  
Philip POOLE-WILSON, MD (President, 2003-04),  
Elinor WILSON, PhD, RN (Vice-President, 2003-04),  
Valentin FUSTER, MD (President Elect, 2003-04).

Standing (left to right):

Cumaraswamy SIVATHASAN, MD (Representative of Asia-Pacific Heart Network),  
José L. LOPEZ-SENDON, MD (Chairman, Scientific Advisory Board, 2003-04),  
Thomas PEARSON, MD, PhD (Member at Large),  
Shigetake SASAYAMA, MD (Representative of Asia-Pacific Society of Cardiology),  
Oladipo AKINKUGBE, MD (Representative of African Heart Network),  
Sania NISHTAR, MD (Chairman, Foundations' Advisory Board, 2003-06),  
William WIJNS, MD (Representative of European Society of Cardiology),  
Peter HOLLINS (Representative of European Heart Network),  
John NAPIER (Past Vice-President, 2003-04),  
Andy WIELGOSZ, MD (Editor, *Prevention & Control* journal),  
Edward F. HINES, Jr. (Treasurer, 2003-06).

Board members not present when photograph was taken:

Ayrton BRANDÃO, MD (Secretary, 2003-06),  
Bartolomé FINIZOLA CELLI, MD (Representative of Inter-American Heart Foundation),  
Laksmiati HANAFIAH (Vice-President Elect, 2003-04),  
Bey Mario LOMBANA, MD (Representative of Inter-American Society of Cardiology),  
Sidney SMITH, MD (Chairman, World Heart & Stroke Forum, 2003-04 & Chairman Elect of Scientific Advisory Board, 2005-06).

## World Heart Federation General Assembly

The World Heart Federation held its eighth General Assembly in Munich, Germany, on August 28, 2004. During the meeting, the members unanimously voted a series of revisions to the Statutes and Bylaws which will result in General Assemblies being held every two years instead of every four, and which will provide greater leeway for the Board in respect of management of the organization. The General Assembly also confirmed and approved the venues of the next three World Congresses of Cardiology: 2006 in Barcelona, Spain, 2008 in Buenos Aires, Argentina, 2010 in Beijing, China.

# Organization

## World Heart Federation members

### CONTINENTAL MEMBERS

African Heart Network (AHN)  
Asian-Pacific Society of Cardiology (APSC)  
Asia Pacific Heart Network (APHN)  
European Heart Network (EHN)  
European Society of Cardiology (ESC)  
Interamerican Heart Foundation (IAHF)  
Interamerican Society of Cardiology (IASC)  
Pan-African Society of Cardiology (PASCAR)

### NATIONAL MEMBERS

#### Algeria

Algerian Society of Cardiology

#### Argentina

Argentine Society of Cardiology  
Argentine Heart Foundation

#### Australia

The Cardiac Society of Australia & New Zealand  
National Heart Foundation of Australia

#### Austria

Austrian Society of Cardiology  
Austrian Heart Foundation

#### Bangladesh

Bangladesh Cardiac Society  
National Heart Foundation of Bangladesh

#### Barbados

Heart Foundation of Barbados

#### Belarus

Belarussian Scientific Society of Cardiologists

#### Belgium

Belgian Society of Cardiology  
Belgian Heart League

#### Bolivia

Bolivian Society of Cardiology

#### Bosnia and Herzegovina

Association of Cardiologists of Bosnia and Herzegovina  
Foundation of Health and Heart

#### Brazil

Brazilian Society of Cardiology  
Brazilian Heart Foundation (FUNCOR)

#### Bulgaria

Bulgarian Society of Cardiology

#### Canada

Canadian Cardiovascular Society  
Heart and Stroke Foundation of Canada

#### Chile

Chilean Society of Cardiology & Cardiovascular Surgery  
Chilean Heart Foundation

#### China

Chinese Society of Cardiology  
Hong Kong College of Cardiology  
The Hong Kong Heart Foundation  
Macau Association of Cardiology  
Macau Heart Foundation  
Taiwan Society of Cardiology  
Taiwan Heart Foundation

#### Colombia

Colombian Society of Cardiology

#### Croatia

Croatian Cardiac Society

#### Cuba

Cuban Society of Cardiology

#### Cyprus

Cyprus Society of Cardiology  
Cyprus Heart Foundation

#### Czech Republic

Czech Society of Cardiology  
Healthy Nutrition Forum

#### Denmark

Danish Society of Cardiology  
Danish Heart Foundation

#### Dominican Republic

Dominican Society of Cardiology  
Dominican Heart Foundation

#### Ecuador

Ecuadorian Society of Cardiology  
Ecuadorian Foundation of Cardiology

#### Egypt

Egyptian Society of Cardiology

#### Estonia

Estonian Heart Association

#### El Salvador

Society of Cardiology of El Salvador

#### Finland

Finnish Cardiac Society  
Finnish Heart Association

#### France

French Society of Cardiology  
French Heart Foundation

#### Georgia

Georgian Association of Cardiology  
Georgian Heart Foundation

#### Germany

German Cardiac Society  
German Heart Foundation

#### Ghana

Ghanean Heart Foundation  
Ghana Society of Hypertension and Cardiology

#### Greece

Hellenic Cardiological Society  
Hellenic Heart Foundation

#### Guatemala

Guatemala Association of Cardiology

#### Honduras

Honduras Society of Cardiology

#### Hungary

Hungarian Society of Cardiology  
Hungarian National Heart Foundation

#### Iceland

Icelandic Heart Association

# Organization

## **India**

Cardiological Society of India  
All India Heart Foundation

## **Indonesia**

Indonesian Heart Association  
Heart Foundation of Indonesia

## **Iran**

Iranian Heart Association

## **Ireland**

Irish Cardiac Society  
Irish Heart Foundation

## **Israel**

Israel Heart Society

## **Italy**

Italian Federation of Cardiology  
Italian Heart Foundation

## **Jamaica**

The Heart Foundation of Jamaica

## **Japan**

Japanese Circulation Society  
Japan Heart Foundation

## **Jordan**

Jordan Cardiac Society

## **Kenya**

Kenya Cardiac Society  
Kenya Heart Foundation

## **Korea, Republic of**

The Korean Society of Circulation

## **Kuwait**

Kuwait Heart Foundation

## **Latvia**

Latvian Society of Cardiology

## **Lebanon**

Lebanese Society of Cardiology

## **Lithuania**

Lithuanian Society of Cardiology  
Lithuanian Heart Association

## **Macedonia**

Macedonian Society of Cardiology

## **Malaysia**

National Heart Association of Malaysia  
The Heart Foundation of Malaysia

## **Mauritius**

Mauritius Heart Foundation

## **Mexico**

Mexican Society of Cardiology

## **Moldavia**

Moldavian Society of Cardiology

## **Morocco**

Moroccan Society of Cardiology

## **Myanmar**

Cardiac Society of Myanmar Medical Association

## **Nepal**

Cardiac Society of Nepal  
Nepal Heart Foundation

## **Netherlands**

The Netherlands Society of Cardiology  
Netherlands Heart Foundation

## **New Zealand**

Cardiac Society of Australia & New Zealand  
The National Heart Foundation of New Zealand

## **Nicaragua**

Nicaraguan Society of Cardiology

## **Nigeria**

Nigerian Cardiac Society  
Nigerian Heart Foundation

## **Norway**

Norwegian Society of Cardiology  
Norwegian Council on CVD

## **Pakistan**

Pakistan Cardiac Society  
Pakistan Heart Foundation

## **Panama**

Society of Cardiology of Panama  
Cardiological Foundation of Panama

## **Paraguay**

Paraguayan Society of Cardiology  
Paraguayan Heart Foundation

## **Peru**

Peruvian Society of Cardiology

## **Philippines**

Philippine Heart Association  
Heart Foundation of the Philippines

## **Poland**

Polish Cardiac Society

## **Portugal**

Portuguese Society of Cardiology  
Portuguese Heart Foundation

## **Puerto Rico**

Puerto Rico Society of Cardiology

## **Romania**

Romanian Society of Cardiology  
Foundation for Cardiac Assistance (ASCAR)

## **Russia**

Society of Cardiology of Russian Federation

## **San Marino, Republic of**

San Marino Society of Cardiology

## **Saudi Arabia**

Saudi Heart Association

## **Serbia and Montenegro**

Society of Cardiology of Serbia and Montenegro

## **Seychelles**

Seychelles Heart and Stroke Foundation

## **Singapore**

Singapore Cardiac Society  
Singapore Heart Foundation



# Organization

## **Slovakia**

Slovak Society of Cardiology  
"Heart to Heart" League

## **Slovenia**

Slovenian Society of Cardiology  
Slovenian Heart Foundation

## **South Africa**

The South African Heart Association  
Heart Foundation South Africa

## **Spain**

Spanish Society of Cardiology  
Spanish Heart Foundation

## **Sri Lanka**

Sri Lanka Heart Association

## **Sweden**

Swedish Society of Cardiology  
Swedish Heart Lung Foundation

## **Switzerland**

Swiss Society of Cardiology  
Swiss Heart Foundation

## **Syria**

Syrian Cardiovascular Association

## **Thailand**

The Heart Association of Thailand  
The Heart Foundation of Thailand

## **Turkey**

Turkish Society of Cardiology  
Turkish Heart Foundation

## **Ukraine**

Ukrainian Society of Cardiology

## **United Arab Emirates**

Emirates Cardiac Society

## **United Kingdom**

British Cardiac Society  
British Heart Foundation

## **United States of America**

American Heart Association  
American College of Cardiology

## **Uruguay**

Uruguayan Society of Cardiology

## **Venezuela**

Venezuelan Society of Cardiology  
Venezuelan Heart Foundation

## **Vietnam**

Vietnam National Heart Association

## **ASSOCIATE INDIVIDUAL MEMBERS**

### **Laos**

Vang Chu, MD

### **Mauritius**

Lord Djamil Fareed, Kt

### **Mozambique**

Albertino Damasceno, MD  
Beatriz da Conceição da Silveira, MD

### **Zimbabwe**

Jephath Chifamba, MD

### **Trinidad and Tobago**

Theo Poon-King, MD

## **ASSOCIATE NATIONAL MEMBERS**

### **India**

Academy of Cardiology at Mumbai

### **Indonesia**

Indonesian Cardiocerebrovascular Society

### **Philippines**

Foundation for Lay Education on Heart Diseases

### **United Kingdom**

National Heart Forum  
National Heart Research Fund

## **ASSOCIATE INTERNATIONAL MEMBERS**

Association of Black Cardiologists

Children's HeartLink

Eastern Mediterranean Network on Heart Health

Heart Friends Around the World

Heartfile

International Chinese Heart Health Network

International Council of Nurses

International Forum for Hypertension Control and

Cardiovascular Diseases Prevention in Africa

International Heart Health Society

International Self-Monitoring Association of Oral

Anticoagulated Patients

International Society for Heart Research

International Society for Holter & Non-Invasive

Electrocardiology

International Society of Cardiovascular Ultrasound

International Stroke Society

Latin Society of Paediatric Cardiology

Lown Cardiovascular Research Foundation

The International Society on Hypertension in Blacks

The Society of Chest Pain Centres and Providers

World Council of Cardiovascular and Pulmonary Rehabilitation

# Report of the auditors to the General Assembly



**PricewaterhouseCoopers SA**  
Avenue Giuseppe-Motta 50  
Case postale 2895  
1211 Genève 2  
Telephone +41 22 748 51 11  
Fax +41 22 748 51 15

Report of the statutory auditors  
to the General Assembly of  
World Heart Federation  
Geneva

As statutory auditors, we have audited the accounting records and the financial statements (statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure, cash flow statement, statement of changes in reserve funds and notes) included on pages 17 to 32 of the World Heart Federation's Annual Report for the year ended 31 December 2004.

These financial statements are the responsibility of the Board. Our responsibility is to express an opinion on these financial statements based on our audit. We confirm that we meet the legal requirements concerning professional qualification and independence.

Our audit was conducted in accordance with auditing standards promulgated by the Swiss profession, which require that an audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement. We have examined, on a test basis, evidence supporting the amounts and disclosures in the financial statements. We have also assessed the accounting principles used, significant estimates made and the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements give a true and fair view of the financial position, the results of operations and the cash flows in accordance with the Swiss GAAP FER and comply with Swiss law and World Heart Federation's statutes.

We recommend that the financial statements submitted to you be approved.

PricewaterhouseCoopers SA

A handwritten signature in blue ink, appearing to read 'WM Wright'.

WM Wright

A handwritten signature in blue ink, appearing to read 'AI Bainton'.

AI Bainton

Geneva, 4 March 2005

# Statement of Assets, Liabilities and Reserve Funds

As at December 31

	Notes	2004 (CHF)	2003 (CHF)
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents		37'921	12'686
Accounts receivable and prepaid expenses	1 d)	<u>1'070'629</u>	<u>870'605</u>
<b>Total current assets</b>		<b>1'108'550</b>	<b>883'291</b>
Investments	1 e)	2'082'932	2'455'221
Escrowed deposits		22'498	22'451
Net fixed assets	1 f)	<u>55'905</u>	<u>77'638</u>
		<b><u>3'269'885</u></b>	<b><u>3'438'601</u></b>
<b>Liabilities and Reserve Funds</b>			
<b>Liabilities</b>			
Accounts payable and accruals		133'897	244'903
Deferred income	1 g)	300'196	424'243
Prepaid membership fees	3	<u>11'195</u>	<u>2'904</u>
<b>Total liabilities</b>		<b>445'288</b>	<b>672'050</b>
<b>Reserve funds</b>			
General Reserve Fund		1'896'826	1'731'300
Epidemiology Fund		519'907	557'988
Restricted Income Funds		<u>407'863</u>	<u>477'263</u>
<b>Total reserve funds</b>		<b>2'824'596</b>	<b>2'766'551</b>
		<b><u>3'269'884</u></b>	<b><u>3'438'601</u></b>
(See accompanying notes)			

# Statement of receipts and operating expenditure

For the year ended December 31

	Notes	2004 (CHF)	2003 (CHF)
<b>Operating receipts</b>			
Membership fees			
Current year	2	499'145	496'167
Arrears	3	34'304	7'531
World Heart Day	4	391'218	233'402
World Heart and Stroke Forum		-	134'676
Other receipts		14'528	19'713
Corporate partnerships - Restricted		-	321'363
Corporate partnerships - Unrestricted	4	1'346'395	461'277
Education & training programs - Restricted	4	499'760	155'900
Education & training programs - Unrestricted	4	-	10'326
Additional donations	4	24'235	-
Bank interest and money market fund income		48'427	54'713
<b>Total operating receipts</b>		<b>2'858'012</b>	<b>1'895'067</b>
<b>Operating expenditure</b>			
Secretariat	5	573'120	614'060
Development & Member Communications	5	612'417	601'142
Meetings	5	149'418	37'934
Activities	6	334'585	393'311
Projects	6	1'050'133	929'603
<b>Total operating expenditure</b>		<b>2'719'674</b>	<b>2'576'049</b>
<i>Excess / (deficit) of operating receipts over expenditure</i>		138'338	(680'982)
<b>Gains and losses on investments</b>			
Net (loss) / gain on investments	7	(42'212)	86'548
<i>Excess / (deficit) of operating receipts over expenditure</i>		96'126	(594'434)
General reserve funds at the beginning of the year		1'731'300	2'802'997
Restricted income allocated to Restricted Income Funds		(499'760)	(477'263)
Restricted income withdrawn from Restricted Income Funds		569'159	-
General Reserve Funds at the end of the year		1'896'826	1'731'300

(See accompanying notes)

# Cash flow statement

For the year ended December 31

	2004 (CHF)	2003 (CHF)
<b>Cash flows generated (used) from operating activities</b>		
Net excess / (deficit) for the year	96'126	(594'434)
Depreciation and amortisation	57'291	49'511
Interest expense accrued	11'836	(10'726)
Unrealised gains / (losses) on securities and investments	(4'237)	64'449
Release / utilisation of provisions	(38'081)	(84'398)
	<hr/>	<hr/>
<b>Net cash generated / (used) from operating activities before changes in working capital</b>	122'936	(575'598)
(Increase) / decrease in prepaid expenses	5'212	(1'903)
Increase in other current assets	(453'377)	(757'655)
Decrease in investments	364'691	108'475
(Increase) / decrease in accounts payable	(141'503)	132'706
(Increase) / decrease in deferred income	124'046	424'243
(Increase) / decrease in accrued expenses	38'787	65'744
	<hr/>	<hr/>
<b>Net cash generated / (used) from operating activities</b>	60'793	(735'476)
<b>Cash flows used for investing activities</b>		
Fixed asset purchases	(35'558)	(10'485)
	<hr/>	<hr/>
<b>Net increase / (decrease) in cash</b>	<b>25'235</b>	<b>(745'961)</b>
	<hr/>	<hr/>
Cash and cash equivalents at beginning of the year	12'686	758'648
	<hr/>	<hr/>
<b>Total of cash and cash equivalents at December 31</b>	<b>37'921</b>	<b>12'686</b>
	<hr/>	<hr/>

(See accompanying notes)

# Statement of changes in reserve funds

For the year ended December 31, 2004

	Opening balance	Current year result	Allocations to capital funds	Reductions from capital funds	Closing balance
	CHF	CHF	CHF	CHF	CHF
General Reserve Fund	1 731 300	96 126	569 159	( 499 760)	1 896 826
Epidemiology Fund	557 988			( 38 081)	519 907
<b>Restricted income funds</b>					
National Australia Bank (Asia Pacific)			11 519	( 11 519)	
Wellcome Trust (10 day seminar)			22 658	( 22 658)	
GSK Grenada Project			65 200	( 65 200)	
PROUS (Twin Center Fellowships)			18 053	( 18 053)	
GSK Infrastructure	321 363			( 321 362)	
Unilever (Russian Social Marketing)	155 900			( 130 367)	25 533
Vodafone Foundation (RF/RHD in Pacific)			382 330		382 330
<b>Total restricted income funds</b>	477 263		499 760	( 569 159)	407 863
	<b>2 766 551</b>	<b>96 126</b>	<b>1 068 919</b>	<b>(1 107 000)</b>	<b>2 824 596</b>

(See accompanying notes)

# Note 1 - Summary of significant accounting policies

## 1a Introduction

The financial statements of World Heart Federation ("the Federation") have been prepared in accordance with the Swiss Accounting and Reporting Recommendations FER/ARR ("Swiss GAAP") and in conformity with Swiss law.

In adopting Swiss GAAP on January 1, 2004, comparative figures in the Statement of Assets, Liabilities and Reserve Funds have been adjusted where necessary to conform with changes in presentation in the current year. No such adjustments were necessary in the Statement of Receipts and Operating Expenditure.

## 1b Basis of presentation

The financial statements are prepared under the historical cost convention and on an accrual basis. These financial statements give a true and fair view of the financial position and the results of the Federation.

Operating receipts are recorded as income on an accrual basis, according to the date of contract, or, if no contract exists, date of invoice.

Revenues and expenses are classified based on the existence or absence of donor-imposed restrictions. Restricted income received is allocated to the Restricted Income reserve, while expenses incurred on restricted projects are withdrawn from the Restricted Income reserve.

## 1c Foreign currency translation

The Federation's accounting records are maintained in Swiss francs. Monetary assets and liabilities denominated in currencies other than the Swiss franc are recorded on the basis of exchange rates ruling at the balance sheet date. Income and expenditure in currencies other than the Swiss franc are recorded on the basis of exchange rates at the transaction date.

## 1d Accounts receivable

Amounts recorded as accounts receivable represent amounts invoiced or earned contractually at each balance sheet date but not yet received.

No allowance has been made for uncollectible amounts, as management believes that all receivables balances at each balance sheet date are fully collectible.

## 1e Investments

Investments consist of equity and debt securities that are traded by the Federation's authorised custodians in liquid markets. Investments are shown in the financial statements at market value at each balance sheet date.

## 1f Fixed assets

Fixed assets are stated at acquisition cost less depreciation. Depreciation is calculated and charged using the straight-line method to allocate their cost to their residual values over their estimated useful lives, which range from 3-5 years.

## 1g Deferred income

Deferred income represents membership fees that were invoiced before the balance sheet date, which are recognised in the Statement of Receipts and Operating Expenditure in the following year.

## 1h Derivative financial instruments

The Federation uses derivative financial instruments as part of its foreign currency risk management strategy.

These are solely forward foreign currency exchange contracts and are used to manage exposure to foreign currency risk on anticipated cash flows in currencies other than the Swiss franc. Such contracts are only entered into under appropriate approvals and the Federation has a principle of not entering into speculative derivative financial instruments.

## Note 2 - Membership fees recognised in the year ended December 31, 2004

	<b>CHF</b>		<b>CHF</b>
Argentina	4'452	Peru	546
Australia	11'747	Philippines (Foundation)	1'230
Austria	6'830	Portugal	4'098
Bangladesh	546	Romania	546
Barbados	546	Russia	4'098
Belgium	7'649	San Marino	541
Bolivia	546	Saudi Arabia	5'191
Bosnia and Herzegovina (Foundation)	273	Serbia and Montenegro	546
Brazil	6'472	Singapore	2'185
Bulgaria	546	Slovakia	1'093
Canada	14'807	Slovenia	1'093
Chile	1'366	South Africa	3'278
China:		Spain	13'659
People's Republic of China	3'989	Sri Lanka	546
Hong Kong	2'732	Switzerland	8'742
Macau	273	Syria	546
Taiwan	2'732	Thailand	2'185
Colombia	1'366	Turkey	2'185
Cyprus	546	United Kingdom	33'875
Czech Republic	1'914	Uruguay	546
Denmark	7'103	United States of America	136'520
El Salvador	546	Venezuela	2'185
Finland	5'464		<hr/>
France	18'283		480'682
Germany	40'977		
Greece	2'185	<b>Associate National / International Members</b>	
Guatemala	546	IAHF	997
Hungary	1'366	Heartfile	1'000
Iceland	546	International Heart Health Society	1'000
India	3'278	National Heart Forum UK	4'234
Indonesia	1'913	National Heart Res. Fund UK	4'234
Iran	2'185	Academy Of Cardiology, India	546
Ireland	4'358	Found. For Lay Education / Philippines	546
Israel	2'732		<hr/>
Italy	27'345		12'557
Jamaica	507		
Japan	27'318	<b>Continental Societies</b>	
Kenya	539	AHN	905
Kuwait	2'732	APHN	1'000
Latvia	546	APSC	1'000
Lebanon	546	ESC	1'000
Lithuania	546	EHN	1'000
Malaysia	1'913	IASC	1'000
Mauritius	546		<hr/>
Mexico	4'917		5'905
Myanmar	546		
Netherlands	12'295	<b>Membership fees recognised in 2004</b>	<b>499'145</b>
New Zealand	4'098		<hr/> <hr/>
Nicaragua	479		
Nigeria	1'913		
Norway	5'738		
Pakistan	1'366		
Paraguay	546		



## Note 3 - Attribution to prepaid income and arrears of membership fees received in the year ended December 31, 2004

<b>Prepaid</b>	<b>CHF</b>	<b>Arrears</b>	<b>CHF</b>
Czech Republic (Society)	956	APSC	2'020
Iceland	546	Barbados	1'092
International Heart Health Society	519	Bolivia	841
Ireland (Foundation)	2'179	Brazil	6'472
Netherlands	2'897	Chile	1'366
Russia	4'098	China	9'117
		Colombia	1'301
		El Salvador	2'714
		Guatemala	851
		Hungary	1'366
		Iran	4'370
		Nigeria	1'564
		Philippines	1'230
	<hr/>		<hr/>
	<b>11'195</b>		<b>34'304</b>
	<hr/> <hr/>		<hr/> <hr/>

## Note 4 - Donations received in the year ended December 31, 2004

Donors	Corporate Partnerships	Education & Training	World Heart Day	Additional donations	Total
AstraZeneca			38'520		38'520
Bayer	577'400				577'400
GlaxoSmithKline	320'408	65'200			385'608
Holmes Place				12'000	12'000
National Australia Bank		11'519			11'519
Novartis			199'967		199'967
Novo Nordisk			15'510		15'510
Pfizer			63'750		63'750
Procter & Gamble Pharma			12'491		12'491
Prous Science		18'053			18'053
UEFA			60'980		60'980
Unilever	448'588				448'588
Vodafone Foundation		382'330			382'330
Wellcome Trust		22'658			22'658
Other donors				12'859	12'859
<b>Total</b>	<b>1'346'395</b>	<b>499'760</b>	<b>391'218</b>	<b>24'859</b>	<b>2'262'232</b>

## Note 5 - Analysis of expenditure

For the years ended December 31

	2004 (CHF)	2003 (CHF)
<b>General and administrative</b>		
<b>Secretariat</b>		
Salaries and social charges	249'706	312'388
Rent and insurance	99'552	93'238
Office equipment leasing	26'676	18'796
Maintenance and repairs	23'358	12'354
Telephone	24'286	19'806
Office supplies and equipment	16'897	7'028
Subscriptions and dues	2'634	4'327
Professional services (Audit/Accounting/Lawyer)	99'596	130'954
Bank charges and miscellaneous	30'415	15'169
	<u>573'120</u>	<u>614'060</u>
<b>Development and Member Communications</b>		
Development	419'596	392'641
Marketing, PR and events	28'254	67'261
Professional services (IT/Website maintenance)	80'276	65'677
Depreciation of office furniture and equipment	57'291	49'909
Postage	18'984	14'979
Printing	8'017	10'675
	<u>612'417</u>	<u>601'142</u>
<b>Meetings and Member Congresses</b>		
International representation	69'264	37'934
Congress Management	80'154	-
	<u>149'418</u>	<u>37'934</u>

## Note 6 - Analysis of activity and project expenditure

For the years ended December 31

	2004 (CHF)	2003 (CHF)
<b>Activities</b>		
Executive Board/President's expenses	158'594	95'824
Scientific Advisory Board and Councils	46'791	123'373
Foundations' Advisory Board	108'946	139'699
Heartbeat and Prevention & Control	20'254	34'415
<b>Total Activities</b>	<b>334'585</b>	<b>393'311</b>
<b>Projects</b>		
World Heart Day	430'298	486'147
World Heart and Stroke Forum	79'654	141'976
Twin Centers	96'105	90'980
P.D. White	7'922	14'027
Education and Training	143'051	26'746
Advocacy	156'181	169'655
INGCAT & Tobacco	6'555	72
Russia	130'367	-
<b>Total Projects</b>	<b>1'050'133</b>	<b>929'603</b>

## Note 7 - Financial income and expenses

For the years ended December 31

	2004 (CHF)	2003 (CHF)
<b>Gains and losses on investments</b>		
Net realized gain on portfolio	8'456	55'373
Net realized foreign exchange loss	(46'431)	(33'274)
<b>Net realized (loss) / gain on investments</b>	<b>(37'975)</b>	<b>22'098</b>
Net unrealized gain on portfolio	24'162	51'162
Net unrealized foreign exchange (loss) / gain	(28'398)	13'288
Net unrealized (loss) / gain on investments	(4'237)	64'449
<b>Net (loss) / gain on investments</b>	<b>(42'212)</b>	<b>86'548</b>

## Note 8 - Donations in kind

For the years ended December 31

The Federation is grateful to have received the following services at no charge:	2004 (CHF)	2003 (CHF)
American College of Cardiology		
Booth	3'200	3'100
Meeting room	-	2'500
American Heart Association		
Booth	3'200	3'100
European Society of Cardiology		
Booth	9'400	9'100
Meeting room	2'800	-
World Congress of Cardiac Rehabilitation		
Booth	16'600	-
<b>Total amount of services received in kind</b>	<b><u>35'200</u></b>	<b><u>17'800</u></b>

## Note 9 - Leasing commitments

For the years ended December 31

At December 31, the Federation had the following future aggregate minimum lease payments under non-cancellable operating leases for office equipment, which are not required to be reflected in the balance sheet:

Payments to be made within one year

Payments to be made after more than one year

2004 (CHF)

17'892

45'898

63'790

2003 (CHF)

14'448

37'022

51'470

## Note 10 - Derivative financial instruments

For the year ended December 31, 2004

At December 31, 2004, the Federation held the following derivative financial instruments :

### Forward foreign currency exchange contracts

Contract to sell USD 53,891 for EUR 40,247 on March 17, 2005

Contract notional amount

Value of USD 53,891 at December 31, 2004

CHF

61'112

62'101

### Negative replacement value (unrealised loss)

(989)

Contract to sell EUR 1,200,000 for CHF 1,827,240 on December 30, 2005

Contract notional amount

Value of EUR 1,200,000 at December 31, 2004

1'827'240

1'851'600

### Negative replacement value (unrealised loss)

(24 360)

The negative replacement value shows the loss that these contracts could generate at the expiration date, on the basis of the market value at December 31, 2004.



## Note 11 - Fixed assets

For the year ended December 31, 2004

	<b>Computer Equipment CHF</b>	<b>Furniture CHF</b>	<b>Fixtures and fittings CHF</b>	<b>Total CHF</b>
Fixed assets - Opening net book amount	30 684	31 182	15 773	77 638
<b>Fixed assets at cost</b>				
Opening balance at January 1, 2004	124 419	51 919	30 314	206 652
Additions	<u>21 393</u>	<u>7 215</u>	<u>6 951</u>	<u>35 558</u>
Closing balance at December 31, 2004	145 811	59 134	37 265	242 210
<b>Accumulated depreciation</b>				
Opening balance at January 1, 2004	(93 735)	(20 737)	(14 541)	(129 013)
Current year depreciation	<u>(39 265)</u>	<u>(11 212)</u>	<u>(6 814)</u>	<u>(57 291)</u>
Closing balance at December 31, 2004	(133 000)	(31 949)	(21 355)	(186 305)
<b>Fixed assets - Net book amount</b>	<u><u>12 811</u></u>	<u><u>27 184</u></u>	<u><u>15 909</u></u>	<u><u>55 905</u></u>



## World Heart Federation staff based at international headquarters, Geneva, Switzerland

Standing (left to right) :

Helen Alderson (Director of Development), Carola Adler (Membership Coordinator/World Heart Day Manager), MaryRose Rudaz (Personal Assistant to CEO), Adrian Ott (Congress Coordinator), Sara Bowen (Website Manager)

Seated (left to right) :

Danielle Grizeau-Clemens (Science Information Officer), Janet Voûte (Chief Executive Officer), Enzo Bondioni (Development and Education Officer)

Not present when the photograph was taken:  
Marilyn Hunn (Director of Science Operations)



**World Heart Federation**

5, avenue du Mail  
CH-1205 Geneva  
Switzerland

Tel: +41 22 807 03 20  
Fax: +41 22 807 03 39  
[admin@worldheart.org](mailto:admin@worldheart.org)  
[www.worldheart.org](http://www.worldheart.org)  
[www.worldheartday.com](http://www.worldheartday.com)