2005 Annual report

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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.

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Message from the President and CEO

The year 2005 can be described as a year of tangible growth and development for the World Heart Federation. We have made real progress in each of our four strategic pillars of activity: awareness-building, advocacy, demonstration projects and the sharing of science. Year on year, we continue to hold ourselves to a higher standard of performance, and this year is no exception. There is so much work to be done to prevent and control heart disease and stroke, particularly in low and middle income countries. The active engagement of our member and partner organizations is an essential element of our success. Our Board members and supporters deserve a particular word of thanks for their generous gifts of time, energy and action.

Since September 2000, when we first launched World Heart Day, we have worked **to increase awareness** among the global population of cardiovascular disease as the leading cause of death worldwide. We have sought to build up health literacy about risk factors and the very real opportunity that individuals and communities have to prevent heart disease and stroke. Our World Heart Day programme is successful because our member organizations work so hard to get our message across. Grassroots actions have a multiplier effect. The programme has grown dramatically and today involves members in 100 countries, reaching over 400 million people through the media. Our efforts have been recognized again in 2005 with a *Third Sector* public relations excellence award. Also in 2005, we launched a partnership with the American Heart Association to develop their Go Red For Women programme internationally. This initiative will enable us to reach women around the globe. The majority of women today are unaware of their cardiovascular risk: there is much we can do to change that.

Advocacy for policy change that can benefit population health and patient care is a major focus for our Board, staff and membership. This year, we spoke out about why we firmly believe that heart disease, stroke and other chronic diseases must be included in the United Nations Millennium Development Goal process and programmes. Low and middle income countries face a dramatic escalation in risk factors which we must begin to address now and not later. We have started this advocacy process with an editorial in the *Lancet*. Much more will follow. We continue to work with policy-makers to promote the Framework Convention on Tobacco Control and to implement the World Health Organization's Global Strategy on Diet, Physical Activity and Health. Progress is tangible, particularly in the area of tobacco control. A total of 116 countries had ratified the Framework Convention by the end of 2005. We join with our colleagues in celebrating new smoke-free legislation in Ireland, Norway, New Zealand and the Philippines, and hopefully in many more countries and cities to come.

In addition to building awareness and advocating for policy change, we have launched a number of high-potential **country demonstration projects**, together with ministries of health and our member organizations. We have signed a global memorandum of understanding with Sesame Workshop and have agreed to pilot an early childhood education programme in Colombia. We believe it is critical to reach out to children, so that they can learn to make healthy choices and add healthy years to their lives. We have also completed the pilot phase of our Grenada Heart Project on the three-island Caribbean State of Grenada. The pilot study revealed an increasing prevalence of hypertension and diabetes, two risk factors that will require changes in the health system and community-based interventions if they are to be controlled. These two demonstration projects add breadth and depth to our in-country programmes, alongside ongoing work in Rheumatic Fever/Rheumatic Heart Disease in the Pacific Islands and the "Bridging the Gap" guideline implementation programme in China. Our vision is that these projects will be replicable in other low and middle income countries and thus provide good examples for members to imitate and improve upon.

Our last pillar, **sharing science and building capacity**, is critical to achieving our mission. We share science through congresses, such as the International Conference on Preventive Cardiology, held jointly with our Council on Epidemiology and Prevention in Foz do Iguaçu, Brazil, as well as the Second International Conference on Women, Heart Disease and Stroke, held in Orlando, Florida, United States of America, and the World Congress of Cardiology currently in preparation in Barcelona, Spain, for September 2006. Our journals, *Prevention and Control* and the newly added *Nature Journal*, reach out to our membership and beyond, addressing issues in community health and patient care respectively. Capacity-building meetings have been

held at regular intervals with our heart networks in Latin America, the Asia Pacific region and Africa. These form the cornerstone of our efforts to strengthen heart foundations in low and middle income countries.

Fortunately, all our pillars of activity have proven attractive to a wide range of donors and supporters, including corporate partners, foundations and major individual donors. As a result, we are closing the **2005 financial year** on a very positive note. A large part of the funds received in 2005 will be spent developing our activities in 2006 and beyond.

Our work in partnership with the World Health Organization, the United Nations and the World Economic Forum continues to be essential to effective programme implementation. The Global Alliance for the Prevention of Obesity and Related Chronic olving the International Obesity Taskforce, the International Diabetes Federation and others, is critical to our efforts to improve diet and increase physical activity in many places around the globe.

Thanks go to all the members and many other stakeholders of the World Heart Federation for helping to make this year so encouraging, and enabling us to take another large step forward in our efforts to implement our mission.

Valentin Fuster
President

Janet Voûte
Chief Executive Officer

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). Its 186 member organizations operate in over 100 countries at both national and regional level. Together with its members, the World Heart Federation carries out its mission through a four-pronged approach: it raises awareness of the burden of cardiovascular disease and its risk factors among the general public, healthcare professionals and policy-makers; it advocates for measures to address the rising global burden of cardiovascular disease, particularly in low and middle income countries; it carries out demonstration projects in specific low-resource settings, which can then be replicated; it shares science and builds capacity, notably through congress activities, the work of the organization's Scientific Advisory Board and Councils, as well as the regional networks of member organizations.

The global burden of cardiovascular disease

With approximately 17 million deaths per annum worldwide, cardiovascular disease is currently the leading cause of death in every region of the globe except for the lowest-income countries, and even there, it is on the rise. Thus, 80% of cardiovascular deaths and 87% of related disabilities occur in low and middle income countries.

Cardiovascular disease strikes younger working-age people in these countries at higher rates than in developed countries, clearly affecting their economic growth. Mortality from cardiovascular disease among working-age people in India, South Africa and Brazil was found to be one-and-a-half to two times as high as that of the United States of America[1].

Children are increasingly threatened through the combined impacts of tobacco and obesity. In the Indian component of the Global Youth Tobacco Survey (2000–04), 25% of students aged 13–15 years reported that they had ever used tobacco, and current use was reported at 17%[2]. In China, one fifth of children aged 7–17 years in big cities are overweight or obese[3].

Cardiovascular disease in women has been ignored for too long. Yet it causes 8.6 million female deaths annually[4] and is the number-one killer of women worldwide, killing more women each year than all types of cancers, HIV/AIDS, malaria and tuberculosis combined.

Yet, despite the overwhelming evidence, cardiovascular disease and other chronic diseases are being ignored by policy-makers and donor agencies. They are not included – or even mentioned – in the United Nations' Millennium Development Goals (MDGs).

The overwhelming evidence of the rising burden of cardiovascular disease and other chronic diseases alongside infectious disease in low and middle income countries needs to be addressed. In a message of support for the 2005 World Health Organization report *Preventing chronic diseases: a vital investment*, President Olusegun Obasanjo of Nigeria states: "We cannot afford to say 'we must tackle the other diseases first — HIV/AIDS, malaria, tuberculosis — then we will deal with chronic diseases'. If we wait even 10 years we will find that the problem is even larger and more expensive to address."

The causes of cardiovascular disease are known. Cost-effective preventive measures can be taken at policy, national and community levels to deal with risk factors in order to reduce cardiovascular death and disability by more than 50%. The World Heart Federation and its member organizations are committed to and engaged in action to prevent and control cardiovascular disease around the world.

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[1] Mayor, Susan. Cardiovascular disease threatens developing countries. British Medical Journal, 2004, 328:1032. DOI 10.1136/bmj.328.7447.1032-b (review of Leeder S et al. A race against time: the challenge of cardiovascular disease in developing economies. New York, NY, Trustees of Columbia University, 2004).

[2] Reddy KS et al. Responding to the threat of chronic disease in India. Lancet, published online 5 October 2005, DOI: 10.1016/SO140-6736(05)67343-6.

[3] Wang Let al. Preventing chronic disease in China. Lancet, published online 5 October 2005, DOI: 10.1016/SO140-6736(05)67344-8.

[4] World Health Report 2004: Changing history. Geneva, World Health Organization, 2004.

[5] World Health Organization. Preventing chronic diseases: a vital investment. HO global report. Geneva, World Health Organization 2005.

Activities

Awareness

The World Heart Federation builds public awareness about the cardiovascular disease epidemic and disseminates information relevant to its prevention and control.

World Heart Day

For the past six years, World Heart Day has been extremely successful in reaching the public at large in many countries throughout the world, with the aim of raising awareness and promoting preventive measures to reduce the incidence of cardiovascular disease in the global population. This year was no exception. On Sunday, 25 September, World Heart Day was celebrated in over 100 countries on all continents. This year's theme, "Healthy Weight, Healthy Shape", focused specifically on waist circumference as a very important measure of cardiovascular risk, evidenced by recent scientific data. This was an opportunity to educate the public on matters such as energy balance, weight control, healthy eating and the need for physical activity at all ages.

The World Heart Federation was proud to have former United States President Bill Clinton lend his voice to reinforce the need to instil healthy habits in children at the earliest age possible. The continued involvement of the Union of European Football Associations (UEFA), as well as the support this year of world number-one tennis champion, Roger Federer, bolstered the special attention given to the importance of regular physical activity and sport.

Heart foundations and societies of cardiology around the world marked the event in numerous creative ways. The following are just a few examples. The Singapore Heart Foundation held a two-day heart fair attracting over 60 000 participants, with health screening, aerobics classes, health quizzes, exhibits, school performances, nutritional counselling, food sampling, etc. In Cameroon, free weight and blood pressure checks were carried out in 10 community hospitals under the patronage of the Minister of Public Health. In addition, the first ever Cameroon Hypertension and Diabetes Fair was organized in Yaoundé. In Argentina, an extensive information campaign was carried out. Cooking classes and heart-healthy food tasting featured among the activities. In Turkey, "Dance for your Heart", a street dance event, had people from the age of 4 to 80 dancing together to the beat of pop and tango.

Many partner organizations participated in the World Heart Day campaign. The International Council of Nurses distributed the material to all national nurses' associations around the world. Cooperation with the United Nations was reinforced. In addition to the World Health Organization (WHO) and UNESCO, which pursued their involvement both at regional and national levels, World Heart Day was co-sponsored by "Sport 2005", the United Nations International Year of Sport and Physical Education.

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Go Red For Women

Cardiovascular disease is the number-one killer of women worldwide, yet women are dangerously uninformed about their level of risk. For this reason, on the occasion of the Second International Conference on Women, Heart Disease and Stroke, in Orlando, Florida, United States of America in February 2005, the World Heart Federation announced that it will be taking the Go Red For Women campaign to the global level in 2006. The extremely successful Go Red For Women campaign was created by the American Heart Association to empower women with the knowledge and tools they need to take charge of their heart health, as well as increasing the attention given to heart disease and stroke among the medical community. Thanks to the global roll-out of this campaign, member organizations of the World Heart Federation will be able to benefit from the tools and lessons learned from the American Heart Association programme, while adapting them to their own national environment.

The year 2005 saw the build-up to the global launch of Go Red For Women. The World Heart Federation created a variety of materials which it distributed to its member organizations. Red dress pins, tape measures, educational leaflets and a CD-ROM of presentations given during the International Conference were sent out to all 186 heart foundations, societies of cardiology and associate member groups. By the end of the year, member organizations from 25 countries representing all continents had committed themselves to the Go Red For Women campaign, to be launched in February 2006.

Communications

World Heart Federation press activities focused to a great extent on the organization's awareness campaigns, World Heart Day and Go Red For Women, although congress activities, joint initiatives with the United Nations and corporate partnerships were also highlighted. Particular attention was devoted to calling for the expansion of the health-related Millennium Development Goals to encompass chronic disease, including cardiovascular disease. The World Heart Federation held a press conference on this topic at the European Society of Cardiology Congress in Stockholm in September 2005, just one week before the 2005 World Summit, where Heads of State and Government met at the United Nations for the first comprehensive review of the Goals.

The World Heart Federation and its international public relations consultancy, Cohn & Wolfe, were proud to receive a *Third Sector* Excellence Award for the 2004 World Heart Day campaign. *Third Sector* is the UK's leading magazine in the charity and not-for-profit world, and the Excellence Awards are dedicated to celebrating the success and achievements of this sector. The awards recognize excellence in areas ranging from business strategies to marketing, individual and group performance, and cover activities from fundraising to campaigns, finance and human resources. World Heart Day 2004 won the award for the "Best International Campaign", which most effectively reached target audiences and raised awareness in many countries.

The World Heart Federation pursued its efforts to improve and intensify its communications with its members and partners. A new "members only" section was created on the website as a means of providing exclusive information, announcements, training modules and marketing tools for the member network. *HeartBeat*, the organization's quarterly newsletter, continued to keep members abreast of developments and new initiatives in the field of cardiovascular disease prevention around the world.

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Advocacy

The World Heart Federation advocates globally for greater investment in cardiovascular disease prevention and policies to reduce major lifestyle risk factors: tobacco use, unhealthy diets and physical inactivity. Priority has been given to programmes that focus on children and the community.

Global health agenda

The World Heart Federation focused much of its advocacy efforts in 2005 on the need to expand the global health agenda to address the rising burden of cardiovascular disease in low and middle income countries and its impact on the poor. Chronic diseases in developing countries, including cardiovascular disease, are largely ignored and have been excluded from the Millennium Development Goals (MDG).

Dr Valentin Fuster, President of the World Heart Federation, personally held discussions with many of the chairpersons of the United Nations committees working on the Goals, advocating the need to address cardiovascular disease among the Goals related to poverty reduction.

In an editorial published in the *Lancet*[6], the World Heart Federation stated its commitment to joining the MDG process at both international and national levels, in order to contribute to the effort to achieve better health and reduce poverty by the target date of 2015. Four compelling arguments for including cardiovascular disease and other chronic diseases in the MDG process were put forward. First: the most recent global burden-of-disease data clearly reveal the predominance of cardiovascular disease and other chronic diseases. Second: cardiovascular disease strikes younger working-age people in these countries, at higher rates, clearly impacting economic growth while increasingly threatening children through the combined impacts of tobacco and overweight. Third: health systems cannot be built vertically, disease by disease. Health personnel can add strength to weak systems by incorporating cardiovascular disease and other chronic diseases. And fourth: there are cost-effective policy, programme and treatment initiatives for cardiovascular disease and other chronic diseases that could have a major positive impact on poverty and general health.

Tobacco control

On 27 February 2005, the WHO Framework Convention on Tobacco Control (FCTC) entered into force after 40 countries had signed. The Convention sets international standards for tobacco price and tax increases, tobacco advertising and sponsorship, labelling, illicit trade and second-hand smoke, among many other issues. It still remains open for ratification, acceptance or approval by countries that have signed the Convention, and for accession by those that have not signed. By the end of 2005, a total of 168 signatories and 116 Contracting Parties had acceded to the Convention.

The World Heart Federation is a fervent supporter of the Framework Convention and encourages its member organizations to be involved in its implementation, notably by lobbying for ratification and the enactment of national legislation in accordance with its provisions. In 2005, the World Heart Federation specifically appealed to member organizations to lobby their governments to ratify the Convention, thus entitling them to attend the first Conference of the Parties, convened in February 2006. This Conference reviewed national reports, provided further guidance on proper implementation of the Convention, initiated negotiations on protocols to the Convention and promoted the mobilization of financial resources.

World No Tobacco Day 2005 was held on 31 May under the banner "Health Professionals: a Role to Play", emphasizing the role of health professionals in tobacco control and the need for their active contribution to the reduction of tobacco consumption. Indeed, health professionals are trusted sources of

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information and advice, and are themselves role models in matters related to health. They are in contact with a high percentage of the population and can be instrumental in helping people change their behaviour. On this occasion, the World Heart Federation made available the WHO World No Tobacco Day 2005 materials to its members through its web site and at its congress booth, and suggested specific activities to be carried out in-country to mark World No Tobacco Day.

Healthy diet and physical activity

Following the approval by the World Health Assembly of the WHO Global Strategy on Diet, Physical Activity and Health, the World Heart Federation joined the International Association for the Study of Obesity, with its International Obesity Taskforce, the International Diabetes Federation, the International Union of Nutritional Sciences and the International Pediatric Association, in creating the Global Alliance for the Prevention of Obesity and Related Chronic Disease. The members of the Alliance signed a joint statement of intent inviting the support of their national member organizations to work together to enforce the Global Strategy at national level in order to tackle the rising burden of obesity and related chronic diseases.

The Alliance began work immediately on the first ever global action plan dedicated to the prevention of obesity, with its amplified risks for diabetes, heart disease and other chronic diseases and with special emphasis placed on the prevention of childhood obesity, particularly where it affects those in deprived and disadvantaged communities and countries. The plan provides for the creation of national councils in a number of key countries where Alliance members have a strong member network. These councils will develop national action programmes to support the WHO Global Strategy and will serve as best-practice prevention models for the prevention of childhood obesity as an essential first step towards preventing chronic diseases. These programmes will be replicated in similar settings. Brazil, Canada, Hong Kong, Malaysia, Singapore and Thailand were identified as the key countries, and national councils are now being created in each of these countries.

Obesity was once again on the agenda of the annual meeting of the World Economic Forum, held in Davos in January 2005. For the second year running, the World Heart Federation was invited to participate. Chief Executive Officer Janet Voûte was asked to speak in sessions focusing on the role and responsibilities of both industry and governments in the effort to change individual behaviour patterns as a way to counteract the huge cost to society and the economy of the rising global burden of obesity.

The importance of physical activity within the broad agenda of chronic disease prevention and health was given prominence in 2005 in other forums. The United Nations General Assembly declared 2005 to be the International Year of Sport and Physical Education. With this initiative, the international community undertook to promote sport and physical education further as a tool for health, education, social and cultural development. The World Heart Federation was one of the partner organizations of "Sport 2005".

This year's theme for WHO's "Move for Health" day was "supportive environments", highlighting the link between physical-activity-friendly environments and the individual's level of engagement in sport and exercise. The World Heart Federation worked through its member organization network to increase the involvement of nongovernmental organizations in the event.

[6] Fuster V, Voûte J. MDGs: chronic diseases are not on the agenda. Lancet, 2005, 366(9496):1578-82.

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Demonstration projects

The World Heart Federation aims to reduce cardiovascular disease risk factors measurably, using resource-appropriate demonstration projects implemented at both population and high-risk-individual levels. Priority has been given to programmes that focus on children and the community.

Colombia Model Youth Programme

An exciting new development this year was the signing of a Memorandum of Understanding with Sesame Workshop, opening the door to working with the highly successful children's television education programme "Sesame Street" on its international "Healthy Habits for Life" initiative, a comprehensive effort to help young children and their parents live healthier lives. The first project to be developed under the partnership will begin in Colombia in 2006.

The Colombia Model Youth programme also enables youth leaders from Latin America to participate in the first Global Youth Meeting for Health, organized by the Indian association Hriday-Shan, in Delhi, India in 2006. This meeting will bring together youth leaders from around the world for a six-day workshop which aims to sensitize them to health promotion issues and provide them with a platform to debate these issues internationally and then back in their own countries.

Grenada Heart Project

This five-year project, carried out jointly by the World Heart Federation, Ministry of Health of Grenada and University of Rochester Medical Center, United States of America, has completed its first year. The project presents a historic opportunity to intervene in a community at a pre-coronary-disease stage of the epidemiological transition. It aims to develop and implement an opportunistic primary prevention programme and an economically sustainable secondary prevention programme for persons at risk, based on the knowledge gained from community and risk factor assessments of the population. The strategies and outcomes will have applications for other developing countries.

Grenada in the West Indies is a tri-island state comprising the islands of Carriacou, Petit Martinique and Grenada itself. In 2005, project activities focused on: setting up the appropriate structure, procedures, tools and coordination processes; qualitative assessments of the situation on the islands of Petit Martinique and Carriacou; and a pilot survey on the small island of Petit Martinique.

The qualitative assessments on Petit Martinique and Carriacou enabled the team to identify beliefs, practices and attitudes held by the population around topics of relevance to heart disease, its risks and prevention. Key dimensions of exploration included concepts related to health and limits to good health, heart health, health locus of control and spirituality, blood pressure and hypertension, cholesterol, diabetes, exercise, diet, smoking, weight and body image, stress, impact of migration, medical care and health systems, as well as attitudes towards the study.

These assessments were followed by an in-depth survey of 226 adults on the island of Petit Martinique, during which, in addition to a questionnaire, each participant was screened for blood pressure, blood lipids, cholesterol levels, height and weight and calculation of body mass index. Individual counselling was given based on the test results, and referrals were made to the existing medical system when necessary. Although the analysis of the results of the survey had not been completed by the end of the year, indications seem to confirm that both Petit Martinique and Carriacou are in the early stages of epidemiological transition, with rheumatic heart disease, stroke, hypertension and diabetes forming the major chronic disease burdens. It is speculated that the strikingly low blood cholesterol levels, the fish/fruit/vegetable-rich diet and the level of physical activity have so far prevented a progression to a full coronary disease epidemic.

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South Pacific Rheumatic Fever/Rheumatic Heart Disease Secondary Prevention Programme

Rheumatic fever and rheumatic heart disease (RF/RHD) are the most common cardiovascular diseases in children and young adults and remain a major public health problem in developing countries. This three-year project, carried out in partnership with the Ministries of Health of Fiji and Samoa and the University of Melbourne, Australia, aims to define a regional comprehensive model for secondary prevention of RF/RHD in the South Pacific, which has the highest incidence of RF in the world.

The project comprises three core components: the establishment of demonstration projects in Fiji and Samoa with a view to these becoming long-term national RHD control programmes; the training of key public health practitioners and clinicians from other South Pacific Island countries; and the development of global training and health promotional materials which can be used in other regions.

By the end of the year, a computerized database able to generate relevant epidemiological reports and manage cases had been designed, tested and adapted to suit the specific needs of Fiji and Samoa. It is now in use in both countries. A mobile echocardiogram machine had been purchased for each country in order to improve diagnosis and follow-up of suspected RHD patients in both clinics and schools.

A curriculum, manual and guidelines have been drafted for both the Fiji and the Samoa projects in preparation for local training workshops due to take place during 2006. In addition, international RF/RHD materials have been collated and a curriculum is being drafted for a regional South Pacific training workshop, to be held in Fiji in 2006.

Keep your Heart Healthy, Ekaterinburg, Russian Federation

In March 2005, the social marketing demonstration project carried out in the city of Ekaterinburg came to an end. This project, carried out in partnership with the city's Public Healthcare Administration and the Russian Society of Cardiology, aimed to use social marketing tools to increase awareness and change attitudes regarding cardiovascular disease and its risk factors, as well as to increase the involvement of health professionals in counselling patients on lifestyle and prevention. While the detailed analysis of the endline survey is still ongoing, the results should enable all partners to build on the methodology, lessons learned and successes of this initial campaign, with the hope of replicating it elsewhere in similar settings.

Bridging the Gap, China

The "Bridging the Gap" project, launched in September 2005, aims to bridge the gap between secondary-prevention coronary heart disease guidelines and clinical practice in China and to improve the quality of care in patients with acute coronary syndrome. The project focuses on the utilization of therapies (pharmaceutical and nonpharmaceutical) recommended by guidelines for patients hospitalized with acute coronary syndrome in member hospitals of the China National Healthy Heart Programme. The World Heart Federation is involved in this project, alongside the Chinese Society of Cardiology, Project Hope and the George Institute for International Health, Australia.

The project protocol specifically seeks to identify common problems and barriers to the implementation of guidelines for secondary prevention in routine cardiology clinical practice in China. It looks at evaluating the effectiveness and sustainability of quality of care for patients with acute coronary syndrome in targeted hospitals. It also looks at evaluating the long-term effectiveness of this programme on the quality of care and cardiovascular outcomes for discharged patients, as well as the interventional strategies initiated by community doctors and hospitals.

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Sharing science and building capacity

The World Heart Federation shares science and assists in capacity-building for cardiovascular disease prevention at a global level with member networks, societies and foundations, and in developing a broad-based consensus on key strategies and tools.

Congresses

In 2005, the World Heart Federation was involved in organizing two international congresses, the Second International Conference on Women, Heart Disease and Stroke, held in February in Orlando, Florida, United States of America, and the Sixth International Conference on Preventive Cardiology, which took place in May in Foz do Iguaçu, Brazil.

The Second International Conference on Women, Heart Disease and Stroke, attended by 600 participants, mostly women, from 48 countries, was cosponsored by the American Heart Association, the United States Centers for Disease Control (CDC), the American College of Cardiology, the National Heart, Lung and Blood Institute (NHLBI), the Heart and Stroke Foundation of Canada and the World Heart Federation. In plenary and concurrent oral and poster sessions, participants explored the disturbing trends which have the greatest impact on the progression of cardiovascular disease and discussed behavioural, pharmacological and public-policy approaches to the prevention, treatment and management of heart disease and stroke. Policy perspectives with international applications were also discussed.

The Sixth International Conference on Preventive Cardiology was jointly organized by the World Heart Federation and its Scientific Council on Epidemiology and Prevention, with the involvement of the Interamerican Society of Cardiology and the InterAmerican Heart Foundation. The theme of the conference, "Protecting the Heart of Global Development", highlighted the importance of protecting cardiovascular health as a resource for human, economic and social development, especially in low and middle income countries, where many productive years of life are lost owing to the increasing burden of cardiovascular disease.

The conference drew over 800 participants from 65 countries and from diverse disciplines and interest groups. A broad coalition of organizations, whose strengths ranged from academic research to advocacy, came together on the common platform provided by the International Conference to shape the agenda for collaborative action to promote global cardiovascular health.

The scientific programme of the conference, which featured early-bird lectures, plenaries, keynote addresses, symposiums and workshops, followed four principal themes: the burden of cardiovascular disease and its risk factors; population-based strategies for prevention; individual approaches to cardiovascular risk reduction; capacity-building for global cardiovascular health promotion.

The conference produced a number of clear messages focused on the rising burden of cardiovascular disease, which now poses a major threat to all regions of the world and destabilizes the development process in low and middle income countries. The evidence base for effective intervention is available, but further investment is now needed to increase capacity and apply knowledge and interventions more widely.

In addition to the two congresses mentioned above, the World Heart Federation was closely involved in the preparation of the forthcoming World Congress of Cardiology, to be held in Barcelona in September 2006. This congress will bring together the XVth World Congress of Cardiology of the World Heart Federation and the 2006 Congress of the European Society of Cardiology, thus combining the strengths of the two organizations and attracting a large number of people from all over the world. The theme highlighted during the congress will be

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"cardiovascular diseases and ageing", specifically examining the gap between recommendations and management in practice of cardiovascular disease in old age. Included in the programme will be a World Heart Federation Science Initiatives track, focusing on issues related to the prevention and control of cardiovascular disease in low and middle income countries.

Journals

The World Heart Federation launched its new quarterly journal, *Prevention and Control* at the Sixth International Conference on Preventive Cardiology in May 2005. The journal, which seeks to provide a forum for dialogue and education on matters relating to the prevention and control of cardiovascular disease worldwide, targets cardiologists, primary care professionals (general practitioners, nurses), patients, the public health community and policy-makers. Approaches that can be applied in settings with limited resources are emphasized and submissions from developing countries are specifically encouraged. At the end of 2005, subscriptions had been received from more than 260 individuals, while over 2 300 institutes with broad geographical representation had licenses to access the journal online.

Towards the end of the year, the World Heart Federation entered into discussions with the Nature Publishing Group to adopt *Nature Clinical Practice Cardiovascular Medicine* as an official publication in 2006. This journal provides the practising clinician with a comprehensive overview of the most up-to-date literature relevant to the diagnosis and management of patients with cardiovascular disease.

Scientific Advisory Board and Councils

The World Heart Federation Scientific Advisory Board supports the organization's mission by ensuring the scientific foundation for its activities and through the work carried out by its three Scientific Councils on Clinical Cardiology, Epidemiology and Prevention, and Rheumatic Fever/Rheumatic Heart Disease (RF/RHD).

In 2005, the Council on Clinical Cardiology concentrated its efforts firstly on the scientific programme of the World Congress of Cardiology, to take place in September 2006, and secondly on the content and attendance of postgraduate training courses for physicians from developing countries, to be held in India and Bolivia in 2006. It also identified the key areas on which it wishes to focus in order to assist primary-care physicians in low and middle income countries – arrhythmia, coronary heart disease, valvular heart disease and interventional cardiology.

In addition to organizing the Sixth International Conference on Preventive Cardiology, the Council on Epidemiology and Prevention held its 38th Ten Day International Teaching Seminar on Cardiovascular Epidemiology and Prevention in Bouficha, Tunisia, in September. This annual seminar brought together 34 fellows and faculty from 20 different countries, with the common aim of increasing the group of people around the world active in epidemiological research and its application to the prevention of cardiovascular disease. Each working day was divided between lectures and group activity, including the preparation of a study protocol. On the final day of the seminar, each group presented its proposed study design, followed by a final summing-up of some of the major issues in epidemiological research. This unique annual seminar offers a well-tested and very successful model to help to meet the critical need for trained professionals in the field of epidemiology, who can then contribute to strengthening their home countries' capacity to set up and deliver effective public health policies.

A major accomplishment of the Council on RF/RHD was the establishment of the South Pacific RF/RHD Secondary Prevention Programme (described under "Demonstration projects" above). The programme's approach was discussed at length during the First Pan-African RHD Control Workshop, convened in Drakensberg, South Africa by the Pan-African Society of Cardiology. The meeting resulted in the Drakensberg

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Declaration on the Control of RF and RHD in Africa, which recognized the very heavy burden of this disease on the African continent and committed the signatories to developing, implementing and evaluating a common, continent-wide programme concentrating on four areas of activity: awareness, surveillance, advocacy and prevention. On an international level, the Council on RF/RHD initiated the establishment of the World Heart Federation Global Centre of Excellence in RHD Control. The aim of the Centre is to serve as a global clearinghouse for RHD educational and health promotional materials and to support the activities of the Council as the leading authority in global RHD control.

Training and capacity-building

Specific World Heart Federation training and capacity-building initiatives included the development of a global curriculum on preventive cardiology, the Twin Centres fellowship programme and workshops for heart foundations.

The World Heart Federation's efforts to develop a global curriculum on preventive cardiology continued in 2005. The curriculum, targeted at medical students, aims to bring together core knowledge and skills pertaining to the prevention of cardiovascular disease. The year 2005 saw the convening of an international curriculum education and training committee, comprising nine members with worldwide geographical representation, who worked on finalizing the curriculum content. The purpose of the Twin Centres fellowship programme is to enhance the quality and capacity of cardiology centres in less advantaged countries or regions. This is achieved through the development of formal structural links between them and leading centres or institutions that have already established high-quality programmes, encompassing outstanding preventive care, clinical cardiology, research and training. Cardiologists from Georgia, Nigeria and Zambia received grants from the World Heart Federation in 2005 to undertake a year's traineeship in centres in Spain, South Africa and Germany, respectively.

The World Heart Federation placed specific emphasis this year on developing the capacity of heart foundations in fields such as strategic planning, programme management, fundraising and media relations, in order to help heart foundations acquire the skills they need to function as efficient civil-society organizations. The World Heart Federation was involved in running three workshops during the year: in Brazil for members of the InterAmerican Heart Foundation, in India for the Asia Pacific Heart Network and in Cameroon for the African Heart Network.

The membership of the African Heart Network continued to grow with "Un Coeur pour la Vie", the heart foundation from Congo Brazzaville, joining the network alongside member organizations from Benin, Cameroon, Ghana, Kenya, Mozambique, Nigeria, South Africa, Sudan and Tunisia. A very informative newsletter was born in 2005, providing a much needed tool for communication between member organizations. During the African Heart Network's annual meeting, held in Yaoundé, Cameroon, in December, members were able to share experiences and best practice in a number of fields, notably community-based projects and those aimed at raising awareness of RF/RHD.

The Asia-Pacific Heart Network likewise went from strength to strength. At its annual meeting, held in Mumbai, India, in December, the Asia-Pacific Heart Network carried out a strategy review and fixed its priorities for the years to come. These include: capacity-building among its membership; fundraising, involving the hiring of a fundraising consultant based in the Philippines; communication with its members and the creation of a newsletter.

Partnerships

Photo UNHCR

The World Heart Federation works in partnership with numerous organizations that share a commitment to health promotion and to preventing and controlling cardiovascular disease.

United Nations

The close collaboration with the World Health Organization (WHO) continued in 2005, notably in the publication and dissemination of a number of reports. The World Heart Federation participated in the WHO report *Preventing chronic disease: a vital investment*, launched in October 2005, demonstrating the full extent of the global burden of cardiovascular disease and other chronic diseases. The Federation and its member societies strongly supported the report's call for increased and urgent action for the prevention and control of chronic diseases and the new goal set by WHO to reduce the worldwide death rate from chronic disease by 2% per year over the next 10 years, in order to prevent as many as 36 million premature deaths by 2015.

The World Heart Federation's partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO) continued, focusing on World Heart Day. UNESCO distributed the World Heart Day materials to its 170 offices worldwide and supplied leaflets to 7 300 schools in the Associated Schools Project network.

Finally, the World Heart Federation was one of the partner organizations in "Sport 2005", the United Nations International Year of Sport and Physical Education.

Nongovernmental organizations

The World Heart Federation works very closely with other international nongovernmental organizations active in public health. One of the most important initiatives in 2005, as mentioned in the chapter on "Advocacy", was the launch of the Global Alliance for the Prevention of Obesity and Related Chronic Disease, with the International Association for the Study of Obesity, the International Obesity Taskforce, the International Diabetes Federation, the International Union of Nutritional Sciences and the International Pediatric Association. The Alliance's goal is to transform the WHO Global Strategy on Diet, Physical Activity and Health into practical in-country obesity prevention programmes, specifically aimed at the prevention of childhood obesity.

Exciting new partnerships were created with Sesame Workshop as well as the Indian organization Hriday-Shan, focusing on educating children on healthy lifestyles and promoting health awareness among young people (see Colombia Model Youth Programme under "Demonstration Projects" above).

Industry/World Economic Forum

The World Heart Federation continues to work with a select group of industry partners committed to the cause of global cardiovascular health. The partnership with Bayer Healthcare begun in 2004 aims to aid the World Heart Federation in its mission to educate the public and healthcare professionals on the risks of cardiovascular disease and to assist in implementing treatment guidelines. GlaxoSmithKline has continued to be a valuable partner, helping the World Heart Federation to advocate for the inclusion of cardiovascular disease on the global health agenda. In addition, along with Pfizer, GlaxoSmithKline has renewed its support for the Grenada Heart Project (see "Demonstration Projects" above). A successful new partnership was launched in 2005 with the sanofi-aventis group, highlighting the need for research and awareness related to risk factors for cardiovascular disease, such as abdominal obesity and metabolic syndrome. Finally, the partnership with Unilever Bestfoods, now in its third year, maintained its focus on raising awareness of lifestyle risk factors among the general public.

A new partnership with the World Economic Forum, focused on workplace wellness, was launched in November 2005, with backing from the food and beverage, sports, pharmaceutical and communications industries. The World Heart Federation is involved in an advisory capacity in the programme, which seeks to increase corporate commitment to improving the health, wellness and physical fitness of employees.

Organization

World Heart Federation Board 2005-2006

Front row (from left to right):
Shahryar Sheikh, MD (President Elect 2005-06)
Sania Nishtar, MD (Chairman Foundations' Advisory Board 2003-06)
Valentin Fuster, MD, PhD (President 2005-06)
Marco Martinez-Rios, MD (Representative of InterAmerican Society of Cardiology)
Albert Amoah, MD (Representative of Pan-African Society of Cardiology)
Janet Voûte (Chief Executive Officer)
Laksmiati Hanafiah (Vice-President 2005-06)

Second row (from left to right):
Edgardo Escobar*, MD (Chairman Clinical Cardiology Council)
Ayrton Brandão, MD (Secretary 2003-06)
Sidney Smith, MD (Chairman Scientific Advisory Board 2005-08)
Philip Poole-Wilson, MD (Past President 2005-06)
Shigetake Sasayama, MD (Representative of Asia-Pacific Society of Cardiology)
Oladipo Akinkugbe, MD (Representative of African Heart Network)
Srinath Reddy*, MD (Chairman Epidemiology & Prevention Council)

Third row (from left to right):
Edward F. Hines, Jr. (Treasurer 2003-06)
Jonathan Carapetis*, MD (Chairman Rheumatic Fever/Rheumatic Heart Disease Council)
Marilyn Hunn* (Director of Science Operations)
Andy Wielgosz, MD (Editor, Prevention and Control Journal)
Thomas Pearson, MD, PhD (Member at Large)
Boudewijn de Blij (Vice-President Elect 2005-06)

Board members not present when photograph was taken:
Ruth Collins-Nakai, MD (Representative of InterAmerican Society of Cardiology)
Peter Hollins (Representative of European Heart Network)
Cumaraswamy Sivathasan, MD (Representative of Asia-Pacific Society of Cardiology)
Sergio Timerman, MD, PhD (Representative of InterAmerican Heart Foundation)
William Wijns, MD, FESC (Representative of European Heart Network)
Elinor Wilson, PhD, RN (Past Vice-President 2005-06)

* Invited

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 and Stroke Foundation of Barbados

Belarus
Belarussian Scientific Society of Cardiologists

Beligium
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, Ltd.
Macau Association of Cardiology
Macau Heart Foundation
Taiwan Society of Cardiology
Taiwan Heart Foundation

Colombia
Colombian Society of Cardiology

Congo - Brazzaville
A Heart for Life

Croatia
Croatian Cardiac Society

Cuba
Cuban Society of Cardiology

Cyrus
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

El Salvador
Society of Cardiology of El Salvador

Estonia
Estonian Heart Association

Finland
Finnish Cardiac Society
Finnish Heart Association

France
French Society of Cardiology

Georgia
Georgian Association of Cardiology
Georgian Heart Foundation

Germany
German Cardiac Society
German Heart Foundation

Ghana
Ghana Society of Hypertension and Cardiology
Ghana Heart Foundation

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

Moldova
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, Inc.
Heart Foundation of the Philippines

Poland
Polish Cardiac Society

Portugal
Portuguese Society of Cardiology
Portuguese Heart Foundation

Puerto Rico
Puerto Rican Society of Cardiology

Romania
Romanian Society of Cardiology
Foundation for Cardiac Assistance (ASCAR)

Russian Federation
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

Slovak Republic
Slovak Society of Cardiology
Slovak League for Prevention and Treatment of Cardiovascular Diseases

Slovenia
Slovenian Society of Cardiology
Slovenian Heart Foundation

South Africa
The South African Heart Association
Heart Foundation of 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

Mauritus
Lord Djamil Fareed, Kt

Mozambique
Albertino Damasceno, MD
Beatriz da Conceição da Silveira, MD

Trinidad and Tobago
Theo Poon-King, MD

Zimbabwe
Jephat Chifamba, 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
Heart Research UK

ASSOCIATE INTERNATIONAL MEMBERS

Association of Black Cardiologists, Inc.
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 and Cardiovascular Surgery
ProCOR/Lown Cardiovascular Research Foundation
The International Society on Hypertension in Blacks
The Society of Chest Pain Centres and Providers
World Council for Cardiovascular and Pulmonary Rehabilitation

Report of the auditors to the General Assembly

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

As auditors, we have audited the accounting records and the financial statements on pages 20 to 32 (statement of receipts and operating expenditure, statement of assets, liabilities and reserve funds, cash flow statement, statement of changes in reserve funds and notes) of the World Heart Federation for the year ended 31 December 2005.

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 the World Heart Federation's bylaws.

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

PricewaterhouseCoopers SA

WM Wright A Bainton

Geneva, 18 April 2006

Statement of receipts and operating expenditure

For the year ended December 31

	Notes	2005 CHF	2004 CHF
Operating receipts			
Membership fees			
Current year	2 8	514'624	499'145
Arrears	3	10'357	34'304
Corporate partnerships	4		
Unrestricted		1'474'183	1'346'395
Restricted		450'107	
Corporates	4		
Unrestricted		113'309	12'000
Restricted		147'157	425'010
Friends	4		
Unrestricted		768'000	70'980
Restricted		546'300	–
Foundations	4		
Restricted		423'580	404'988
Other donors	4		
Unrestricted		99'016	2'235
Other receipts		1'564	14'528
Bank interest and money market fund income		47'844	48'427
Total operating receipts		**4'596'041**	**2'858'012**
Operating expenditure			
Secretariat	5	582'680	573'120
Development and Member Communications	5	610'448	612'417
Meetings	5	250'800	149'418
Activities	5	507'587	334'585
Projects	5	1'354'520	1'050'133
Total operating expenditure		**3'306'035**	**2'719'674**
Excess of operating receipts over expenditure		1'290'006	138'338
Gains and losses on investments			
Net gain / (loss) on investments	7	116'453	(42'212)
Excess of operating receipts over expenditure		1'406'459	96'126
General reserve funds at the beginning of the year		1'896'826	1'731'300
Restricted income allocated to Restricted Income Funds		(1'567'144)	(499'760)
Restricted income withdrawn from Restricted Income Funds		826'659	569'159
General reserve funds at the end of the year		2'562'800	1'896'826

(See accompanying notes)

Statement of Assets, Liabilities and Reserve Funds

As at December 31

	Notes	2005 CHF	2004 CHF
Assets			
Current assets			
Cash and cash equivalents		724'364	37'921
Accounts receivable and prepaid expenses	1 d)	603'598	1'070'629
Total current assets		**1'327'962**	**1'108'550**
Investments	1 e)	2'870'505	2'082'932
Escrowed deposits		22'539	22'498
Net fixed assets	1 f), 10	50'336	55'905
		4'271'342	**3'269'885**
Liabilities and Reserve Funds			
Liabilities			
Accounts payable and accruals		81'615	133'897
Deferred income	1 g)	–	300'196
Prepaid membership fees	3	8'396	11'195
Total liabilities		**90'011**	**445'288**
Reserve funds			
General Reserve Fund		2'562'800	1'896'826
Epidemiology Fund		470'183	519'907
Restricted Income Funds		1'148'348	407'863
Total reserve funds		**4'181'331**	**2'824'596**
		4'271'342	**3'269'884**

(See accompanying notes)

Cash flow statement

For the year ended December 31

	2005 CHF	2004 CHF
Cash flows generated from operating activities		
Net excess for the year	1'406'459	96'126
Depreciation and amortisation	26'073	57'291
Interest expense accrued	1'902	11'836
Unrealised (gains) / losses on securities and investments	(118'651)	(4'237)
Release / utilisation of provisions	-	(38'081)
Net cash generated from operating activities before changes in working capital	1'315'783	122'936
(Increase) / Decrease in prepaid expenses	(11'946)	5'212
(Increase) / Decrease in other current assets	487'374	(453'377)
(Increase) / Decrease in investments	(720'590)	364'691
Increase / (Decrease) in accounts payable	(48'285)	(141'503)
Increase / (Decrease) in deferred income	(300'196)	124'046
Increase / (Decrease) in accrued expenses	(15'192)	38'787
Net cash generated from operating activities	706'948	60'793
Cash flows used for investing activities		
Fixed asset purchases	(20'505)	(35'558)
Net increase in cash	**686'443**	**25'235**
Cash and cash equivalents at beginning of the year	37'921	12'686
Total of cash and cash equivalents at December 31	724'364	37'921

(See accompanying notes)

Statement of changes in reserve funds

For the year ended December 31, 2005

	Opening balance CHF	Current year result CHF	Allocations to restricted income funds CHF	Withdrawals from restricted income funds CHF	Closing balance CHF
General Reserve Fund	1’896’826	1’406’459	826’659	(1’567’144)	2’562’800
Epidemiology Fund	519’907			(49’724)	470’183
Total Restricted Income Funds	407’863		1’567’144	(826’659)	1’148’348
	2’824’596	**1’406’459**	**2’393’803**	**(2’443’527)**	**4’181’331**

(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.

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 sheetdate 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.

Note 2 - Membership fees recognised in the year ended December 31, 2005

Country	CHF
Argentina	4'426
Australia	11'747
Austria	6'830
Bangladesh	546
Barbados	546
Belgium	7'649
Bosnia and Herzegovina	546
Brazil	10'927
Bulgaria	546
Canada	29'612
China:	
People's Republic of China	3'989
Hong Kong	2'732
Taiwan	2'732
Croatia	546
Cyprus	546
Czech Republic	1'913
Denmark	7'103
Dominican Republic	546
Estonia	546
Finland	5'464
Georgia	553
Germany	40'977
Greece	2'185
Guatemala	546
Honduras	546
Hungary	1'366
Iceland	546
India	3'278
Indonesia	1'913
Iran	2'185
Ireland	2'179
Israel	2'732
Italy	27'318
Jamaica	499
Japan	54'636
Kenya	260
Kuwait	2'732
Latvia	546
Lebanon	546
Lithuania	546
Malaysia	1'913
Mauritius	546
Myanmar	546
Nepal	546
Netherlands	12'294
New Zealand	4'072
Norway	5'738
Pakistan	1'366
Peru	546
Philippines	1'230
Poland	2'185
Portugal	4'098
Romania	546
Russia	4'098
Saudi Arabia	5'191
Singapore	2'185
Slovenia	1'093
South Africa	3'278
Spain	13'659
Sri Lanka	546
Sweden	4'918
Switzerland	8'742
Syria	546
Thailand	2'185
Turkey	2'185
United Kingdom	33'875
Uruguay	533
United States of America	136'483
Venezuela	2'185
	502'909
Associate National / International Members	
Children's HeartLink	453
Heart Friends	200
International Council of Nurses	200
International Heart Health Society	519
National Heart Res. Fund UK	4'234
Academy Of Cardiology, India	546
Found. For Lay Education / Philippines	546
	6'698
Continental Societies	
AHN	987
APHN	1'030
ESC	1'000
EHN	1'000
IASC	1'000
	5'017
Membership fees recognised in 2005	**514'624**

Note 3 - Attribution to prepaid income and arrears of membership fees received in the year ended December 31, 2005

Prepaid	CHF
Children's HeartLink	32
Iceland	546
Netherlands	2'572
Sweden	5'246
	8'396

Arrears	CHF
Bosnia Herzegovina	273
Croatia	546
Heart Friends around the World	200
Honduras	804
International Council of Nurses	200
Philippines	1'230
Poland	2'185
Sweden	4'919
	10'357

Note 4 - Donations received in the year ended December 31, 2005

Donors	Unrestricted			Restricted								
	Corp. Partners / Unrestricted CHF	World Heart Day CHF	Total Unrestricted CHF	Go Red For Women CHF	Grenada Heart Project CHF	RF/RHD South Pacific CHF	Plaza Sesamo Colombia CHF	Twin Centres CHF	Ekaterinburg Russia CHF	Others restricted CHF	Total restricted CHF	Grand Total CHF
Corporate partnership												
Bayer Healthcare	24'400		24'400									24'400
GlaxoSmithKline	323'975		323'975		193'240					32'225	225'465	549'440
sanofi-aventis	739'258		739'258	193'712							193'712	932'970
Unilever	386'550		386'550						30'930		30'930	417'480
Sub-total	**1'474'183**	**–**	**1'474'183**	**193'712**	**193'240**	**–**	**–**	**–**	**30'930**	**32'225**	**450'107**	**1'924'290**
Corporates												
AstraZeneca		36'030	36'030									36'030
Novartis		311	311							12'465	12'465	12'776
Pfizer		64'490	64'490		117'250						117'250	181'740
Procter & Gamble Pharma		12'478	12'478									12'478
Prous Science								17'442			17'442	17'442
Sub-total	**–**	**113'309**	**113'309**	**–**	**117'250**	**–**	**–**	**17'442**	**–**	**12'465**	**147'157**	**260'466**
Friends												
Major donor	768'000		768'000				546'300				546'300	1'314'300
Sub-total	**768'000**	**–**	**768'000**	**–**	**–**	**–**	**546'300**	**–**	**–**	**–**	**546'300**	**1'314'300**
Foundations												
Pfizer Foundation					116'120						116'120	116'120
Vodafone Foundation						307'460					307'460	307'460
Sub-total	**–**	**–**	**–**	**–**	**116'120**	**307'460**	**–**	**–**	**–**	**–**	**423'580**	**423'580**
Other donors												
UEFA		92'802	92'802									92'802
Other	1'214	5'000	6'214									6'214
Sub-total	1'214	97'802	99'016	–	–	–	–	–	–	–	–	**99'016**
Total	**2'243'397**	**211'111**	**2'454'508**	**193'712**	**426'610**	**307'460**	**546'300**	**17'442**	**30'930**	**44'690**	**1'567'144**	**4'021'652**

Note 5 - Analysis of expenditure

For the years ended December 31

General and administrative	2005 CHF	2004 CHF
Secretariat		
Salaries and social charges	246'576	249'706
Rent and insurance	102'126	99'552
Office equipment leasing	24'390	26'676
Maintenance and repairs	16'135	23'358
Telephone	22'646	24'286
Office supplies and equipment	8'236	16'897
Subscriptions and dues	4'931	2'634
Professional services (Audit/Accounting/Lawyer)	131'253	99'596
Bank charges and miscellaneous	26'387	30'415
	582'680	**573'120**
Development and Member Communications		
Development	367'900	419'596
Marketing, PR and events	58'718	28'254
Professional services (IT/Website maintenance)	120'417	80'276
Depreciation of office furniture and equipment	26'073	57'291
Postage	24'346	18'984
Printing	12'994	8'017
	610'448	**612'417**
Meetings and Member Congresses		
International representation	58'291	69'264
Congress management	192'509	80'154
	250'800	**149'418**

Note 6 - Analysis of activity and project expenditure

For the years ended December 31

	2005 CHF	2004 CHF
Activities		
Executive Board/President's expenses	137'591	158'594
Scientific Advisory Board and Councils	172'495	46'791
Foundations' Advisory Board	172'470	108'946
Heartbeat and Prevention & Control	25'031	20'254
Total Activities	**507'587**	**334'585**
Projects		
World Heart Day	374'994	430'298
World Heart and Stroke Forum	–	79'654
Go Red for Women	78'704	–
Grenada	265'306	–
Rheumatic Fever / Rheumatic Heart Disease	240'479	–
Twin Centres	122'389	96'105
P.D. White	5'040	7'922
Education and Training	–	143'051
Advocacy	189'564	156'181
INGCAT and Tobacco	664	6'555
Russia	31'199	130'367
Demonstration Projects	46'181	–
Total Projects	**1'354'520**	**1'050'133**

Note 7 - Financial income and expenses

For the years ended December 31

Gains and losses on investments

	2005 CHF	2004 CHF
Net realized gain on portfolio	10'964	8'456
Net realized foreign exchange loss	(13'162)	(46'431)
Net realized loss on investments	**(2'198)**	**(37'975)**
Net unrealized gain on portfolio	101'663	24'162
Net unrealized foreign exchange gain / (loss)	16'988	(28'398)
Net unrealized gain / (loss) on investments	118'651	(4'237)
Net gain / (loss) on investments	**116'453**	**(42'212)**

Note 8 - Donation in kind

For the years ended December 31

The Federation is grateful to have received the following goods and services at no charge:	2005 CHF	2004 CHF
American College of Cardiology		
Booth	3'200	3'200
American Heart Association		
Booth	3'200	3'200
European Society of Cardiology		
Booth	9'400	9'400
Meeting room	2'800	2'800
Other Congresses		
Booth	3'200	16'600
sanofi-aventis		
Tape measures	5'244	–
Total amount of goods and services received in kind	**27'044**	**35'200**

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:	2005 CHF	2004 CHF
Payments to be made within one year	15'546	17'892
Payments to be made after more than one year	30'352	45'898
	45'898	**63'790**

Note 10 - Fixed assets

For the year ended December 31, 2005

	Computer Equipment CHF	Furniture CHF	Fixtures and fittings CHF	Total CHF
Fixed assets - Opening net book amount	12'811	27'184	15'909	55'905
Fixed assets at cost				
Opening balance at January 1, 2005	145'811	59'134	37'265	242'210
Additions	14'988	5'517	–	20'505
Closing balance at December 31, 2005	160'799	64'651	37'265	262'715
Accumulated depreciation				
Opening balance at January 1, 2005	(133'000)	(31'949)	(21'355)	(186'305)
Current year depreciation	(6'162)	(12'459)	(7'454)	(26'075)
Closing balance at December 31, 2005	(139'162)	(44'408)	(28'809)	(212'379)
Fixed assets - Net book amount	**21'637**	**20'243**	**8'456**	**50'336**

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

Left to right:
Danielle Grizeau-Clemens (Science Information Officer), Susan Davenport, (Science Programme Coordinator) Carola Adler (Membership Coordinator/World Heart Day Manager), Adrian Ott (Congress Coodinator), Janet Voûte (Chief Executive Officer), Helen Alderson (Director of Development), Sara Bowen (Website Manager), Enzo Bondioni (Development and Education Officer), MaryRose Rudaz (Personal Assistant to CEO)

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

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