



2008 | Annual Report

Facts about heart disease and stroke (cardiovascular diseases):

- ▶ Claim 17.2 million lives each year
- ▶ Leading cause of global deaths: 30% of deaths worldwide (1 in 3)
- ▶ 80% of deaths occur in low- and middle-income countries
- ▶ Projected to rise proportionately more in low- and middle-income countries. In these settings, it primarily affects people of working age, thus badly affecting the economy
- ▶ 80% of premature deaths could be avoided by controlling the main risk factors: tobacco use, unhealthy diet and physical inactivity

Reversing the alarming trends

The World Heart Federation works with its 195 member organisations, representing both cardiology societies and foundations from over 100 countries, to help 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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Cover photo: World Heart Day, Singapore



Message from the President

Dear Members, Partners and Friends,



Shahryar Sheikh
President

In 2008, the four pillars of activities (sharing of science, awareness, advocacy and applied research) continued to guide the strategic orientation of the World Heart Federation's mission. However, after seven years of consecutive growth the Federation took stock of its achievements and launched a

strategic review process, involving a wide range of stakeholders to define its future priorities. This will help ensure sustainability and continued success. I would like to thank our members, partners, Board, Foundations' Advisory Board, Scientific Advisory Board and staff for their contributions to this vital process. It is your invaluable support that makes us the leading global nongovernmental organization for the prevention and control of cardiovascular disease.

Sharing of science

A key achievement in 2008 was the World Congress of Cardiology held in Buenos Aires, Argentina, from 18–21 May. Over 17,000 participants from more than 100 countries were in attendance. Over 2,000 abstracts were submitted and, by assisting cardiovascular specialists in countries with developing economies, where 80% of mortalities from cardiovascular disease (CVD) occur, the congress presented the perfect opportunity for the World Heart Federation to meet all the objectives outlined in its mission statement.

There has been a 7.5 increase in the number of institutional licences to our *CVD Prevention and Control* journal, with 3,873 institutes worldwide authorised to access the journal online. Article downloads are also on the increase and a Writers' Workshop was held in conjunction with the World Congress of Cardiology to

assist aspiring authors from low- and middle-income countries. *Nature Clinical Practice Cardiovascular Medicine* was rebranded in 2008 to make it not only more relevant to its current audience of practicing doctors, researchers and academics, but also to extend its reach to those working beyond the cardiology field; as part of this process it was renamed *Nature Reviews Cardiology*.

Awareness and advocacy

"*Know Your Risk*" was the theme for World Heart Day 2008 and, thanks to the support of our member organizations, it was celebrated in over 100 countries attracting the attention of millions of people worldwide. Through the campaign messaging, individuals were encouraged to visit their healthcare professional for a comprehensive heart-health check to identify their personal risk and take appropriate action, where necessary. The media reach was exceptional with a total circulation/listenership of more than one billion and over 950 articles and broadcast features generated. The Go Red for Women campaign, aimed at raising awareness in women that CVD is their number one killer, is fast growing in momentum with a 46% increase in member country participation compared to 2007; the number of countries either running a campaign or that have expressed an interest in doing so has risen from 30 to 44. The *Eat for Goals!* project with the Union of European Football Associations (UEFA) also came to fruition in September 2008, with the launch of a children's cookbook, which features some of Europe's top footballers and encourages children to eat more healthily and help tackle the continent's obesity problem.

In the advocacy arena, the World Heart Federation continued its call for inclusion of CVD and other chronic diseases on the global health agenda and, specifically, in the Millennium Development Goals. It was also closely involved in the consultation process leading to the World Health Organization's Action Plan for the Global Strategy for the Prevention and Control of Non-

communicable Diseases, adopted at the 61st World Health Assembly in May 2008. The year was also a success in terms of our tobacco advocacy efforts with the World Heart Federation now recognised as an active and important player in the field.

Applied research

The World Heart Federation's demonstration projects have now been renamed "Applied Research" projects and aim to develop models for resource-appropriate intervention that can measurably reduce CVD risk. The projects involve either primary or secondary prevention and focus on children, the community, and the workplace. The regional youth network developed through the Colombia Model Youth project received the World No Tobacco Day award for 2008. It supports youth activities in Colombia, Argentina and Uruguay, which includes educating the community on the dangers of tobacco use and lobbying for smoke-free legislation. The Grenada Heart Project, which aims to create and implement strategies to prevent and slow the progression of CVD in the Grenadian population before a full-blown epidemic occurs, is conducting a survey to gather key data on population risk factors and to date over 3,000 Grenadians have participated. The results will help to define the primary and secondary prevention needs.

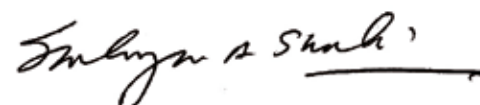
The rheumatic heart disease (RHD) control projects in the South Pacific and Africa have resulted in more than 15,000 children in Fiji, Tonga and Samoa being screened for heart valve damage associated with RHD. And in Cape Town, South Africa, over 900 children have been screened. Thanks to these efforts hundreds of children have been identified in the early stages of disease and started on long-term medication which will help to minimise disease progression. The Kingdom of Tonga is working to set up a comprehensive nationwide programme based on the project model, and received ProCor's 2008 Louise Lown Heart Hero award for the initiative.

In collaboration with the Spanish National Centre for Cardiovascular Research (CNIC), the World Heart Federation continues its support for the development of a polypill. The global objective being to make a fixed

dose combination pill for secondary CVD prevention available throughout the world at a social price, in order to improve accessibility to treatment in developing countries, while also improving adherence to medication. Preliminary results from our Bridging the Gap Project in China, which identifies the major barriers between secondary prevention guidelines and clinical practice in patients with coronary heart disease, indicate that approximately one-third of patients received treatment that complied with current guidelines.

Continuing the fight against cardiovascular disease

The rapid rise of CVD represents one of the major health challenges to global development in the coming century. This growing challenge threatens economic and social development as well as the lives and health of millions of people. We now have the knowledge and experience on how best to prevent such diseases and the immense opportunities of global action to control them. We must continue our collaborative efforts to abate the growing burden of disease and work towards reversing these alarming trends.



Activities

Sharing science and building capacity

The World Heart Federation shares science and helps to build capacity for the prevention and management of cardiovascular disease at the global level through its member networks, congresses and workshops. At the same time, it works with its partners to develop consensus on key strategies for reversing the epidemic of cardiovascular disease.



World Congress of Cardiology, Argentina

World Congress of Cardiology

In 2008, the World Congress of Cardiology, which took place in Buenos Aires, Argentina from 18–21 May, was a key highlight for the World Heart Federation. It was attended by 17,015 participants from over 100 countries, and exceeded all expectations. It was organized jointly by the World Heart Federation, the Argentine Society of Cardiology and the Argentine Federation of Cardiology. A total of 2,037 abstracts were submitted of which 68% were accepted for poster presentations (1,389) and 20% for oral sessions (413). Graciela Ocaña, the Argentinean Health Care Minister, officially opened the congress on behalf of the President of Argentina, Cristina Fernández de Kirchner; the Lord Mayor of the city, Mauricio Macri, was also in attendance.

The World Congress of Cardiology was accredited by the European Board of Accreditation (EBAC) for 18 continuing medical education (CME) credit hours. A total of 1,565 CME certificates were issued through an online procedure made available after the congress to all the delegates who attended.

The next World Congress of Cardiology will take place in Beijing, China, from 16–19 June 2010. It will be

co-hosted by the Chinese Society of Cardiology (CSC) and the Chinese Medical Association (CMA). The scientific programme will present global sessions on clinical cardiology, prevention, diagnosis, treatment and heart-health promotion. Alongside the newly introduced topic areas, notably dyslipidemia and metabolic disorders, main sessions and debates will be held, focusing amongst others on congenital heart disease, hypertension and tobacco, these topics being of specific relevance to the Asia-Pacific region. The 3rd International Conference on Women, Heart Disease and Stroke will also be incorporated within the scientific programme and this theme will be fully reflected throughout.

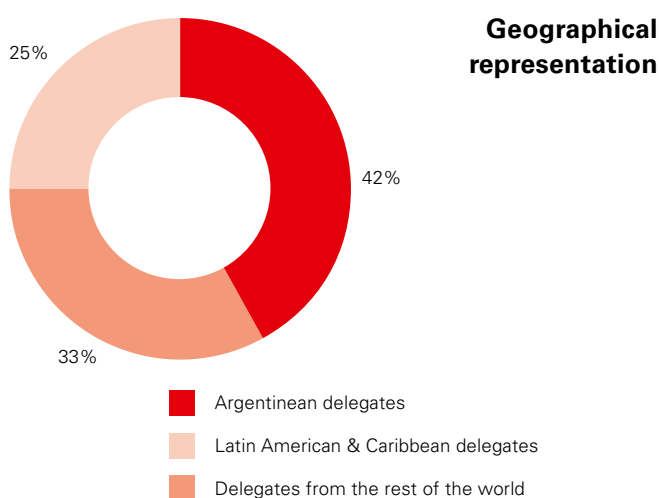
“Over 17,000 participants from more than 100 countries attended the World Congress of Cardiology”

World Congress of Cardiology: Key statistics

- ▶ **135** exhibitors: **106** companies; **26** member societies and foundations as well as affiliated or other not-for-profit organizations
- ▶ **143** Scientific sessions
- ▶ **21** Special featured joint sessions
- ▶ **11** South American Congress of Cardiology Sessions
- ▶ **1,389** posters presented
- ▶ **60** Oral abstract sessions (7 papers/session)
- ▶ **25** Satellite symposia & Workshops

Breakdown

Argentinean delegates	5524
Latin American & Caribbean delegates	4385
Delegates from the rest of the world	3348
Press	364
Faculty	823
Exhibitors	2419
Accompanying persons	152
Total number of attendees	17015



Training and capacity building

The Twin Centres' Programme is designed to enhance the quality and capacity of cardiology in less advantaged countries or regions, through a fellowship programme. Fellows are physicians or cardiologists who receive postgraduate training in a specified area of cardiology and the programme allows young cardiologists and cardiovascular scientists to undergo training in the best centres of the world.

Recipients of the awards must agree to return to their country of origin to assist in the development of cardiology in that region. Cardiologists and cardiovascular scientists from Bosnia & Herzegovina, Greece, Nigeria and Tanzania received grants in 2008 to train at world-class centres of cardiology in the United States, India and South Africa respectively.

World Heart Federation journals

CVD Prevention and Control: this journal presents topics that address the epidemiology and interventions that effectively control and prevent CVD in developing economies. Currently, 3,873 institutes worldwide are licensed to access the journal online (3,606 in 2007: an increase of 7.5%). The geographical distribution shows that the journal is accessed by an increasingly non-European readership. The article downloads have also increased, rising from 109 articles on average per month in 2005 to 180 articles in 2008.

The journal continued its sponsorship of writers' workshops, in 2008. The purpose of the workshop is to assist in the development of a new generation of scientific writers, particularly in developing countries. The workshop was held in conjunction with the World Congress of Cardiology in Buenos Aires.

Nature Clinical Practice Cardiovascular Medicine: this journal was rebranded in 2008 and is now called *Nature Reviews Cardiology*. The journal will continue to publish a mix of news, opinion, and review articles to keep clinical readers up-to-date with the latest advances in cardiology. But it will no longer publish original research, since none of the existing life science Nature Reviews journals, nor any of the other new clinical Nature Reviews journals, will be doing so. The journal will continue to publish articles written by internationally renowned clinical academics and researchers and targeted towards readers in the medical sciences, from postgraduate level upwards.

Awareness

Awareness building is one of the World Heart Federation's core activities. By informing people and policy-makers about cardiovascular disease and its prevention, it seeks to encourage world-wide action.



World Heart Day, Bangladesh

World Heart Day

"Know Your Risk" was the theme for World Heart Day 2008 and, thanks to the support of our member organizations, it was celebrated in over 100 countries. A particular emphasis was placed on high blood pressure, the most significant risk factor for stroke and an important one for heart disease. It affects more than a billion people worldwide and normally goes undetected, as it has no obvious symptoms. Our members organized activities and events, including mass public screenings where people could have their blood pressure, cholesterol and glucose levels, together with waist-to-hip ratio, waist circumference and body mass index measured, helping them to identify their risk for heart disease and stroke and take appropriate action, where necessary.

Coverage of World Heart Day 2008, had a circulation/listenership of more than one billion (1'053'508'108) and generated over 950 articles and broadcast features.

In Ghana a press launch was organized at the Ministry of Health Press Conference Centre and an "Awareness Walk", including risk factor screening points, took place. There were presentations on cardiovascular diseases at churches and the highlight was a month-

long CVD quiz competition for senior secondary schools. This activity was filmed and later serialized as a TV programme. Activities in Peru included health screenings, speeches to the public and a 5 km walk. Interviews were aired on the television, radio and published in newspapers. More than 1,500 people participated in the activities held in Athens, (Greece) which included a 10 km walk, free cardiovascular risk screening, presentations by doctors, and a concert. The Olympic team gave out T-shirts and flyers and cardiologists provided information on CVD prevention. In India, the Minister for Finance, Planning and Power, Delhi Government, flagged off an organized walkathon and children from a nearby orphanage also participated and skipped rope throughout the course of the walkathon. In Geneva, the World Heart Federation took the Bus Santé, a mobile testing unit from the University Hospital of Geneva, into the United Nations building to give heart-health checks to their employees. Director General, Mr Sergei Ordzhonikidze, inaugurated the event and also took a test alongside the United Nations press corps.

World Heart Day 2009 will be held on 27 September, with the theme "Work with Heart". The campaign aims to encourage people to adopt healthy habits in the workplace including building in some form of physical activity, eating healthily and avoiding tobacco.



Red Dress, Italy

Go Red for Women

The Go Red for Women international campaign continued to build on the American Heart Association's (AHA) successes in the USA. The AHA generously provided the World Heart Federation with the rights to roll this campaign out internationally through its membership. And the number of members running this campaign, which is aimed at raising awareness in women that CVD is their number one killer, grew from 30 in 2007 to 44 countries in 2008. Colombia, Hungary, Iceland and New Zealand are among the new countries in 2008.

CVD is on the increase in women, in fact nearly half of the global 17.2 million deaths are attributed to them. There is also a distinct lack of data on the subject hence an urgent need to build awareness. Therefore, the World Heart Federation launched a toolkit on International Women's Day (8 March 2008) to help healthcare providers highlight this burden and advocate for change. The "Healthcare Providers Advocacy Toolkit" takes the form of a PowerPoint and contains World Health Organization (WHO) global and regional data on CVD. It was made available to our member organizations so that they could use it as a basis for presentations aimed at the general public, healthcare professionals, press and policymakers. The information can be used in whole or adapted according to country and audience needs.

In May 2008, a Go Red for Women session was held during the Members' Workshop, which took place during the World Congress of Cardiology in Buenos Aires, Argentina. It gave members the opportunity to

exchange experiences and to benchmark current practices. Two scientific sessions were also held in 2008, one in March during the Japanese Circulation Society Congress in Kyoto, Japan, and the other entitled "Go Red For Women: Going Global"; was presented during the World Congress of Cardiology in May, to highlight the urgent need for research in women as they are under-treated and under-represented in clinical trials. In 2009, along with growing the international campaign, it will focus on collecting global data on women's awareness of their risk of heart disease and stroke to identify information gaps.

Children and youth

Healthy habits are set young. This is why the World Heart Federation is putting a spotlight on healthy lifestyles in childhood as a means of preventing CVD later on in life. The World Heart Federation works to promote the importance of regular physical activity, healthy nutrition and saying no to tobacco. Our work with pre-schoolers in Colombia in partnership with

Eat for Goals!



In September, the Union of European Football Associations (UEFA) and the World Heart Federation, with the support of the European Commission, launched a children's cookery book, *Eat for Goals!* Through the book the message that a healthy lifestyle is also based on healthy food is conveyed by children's role models, a multicultural group of 13 internationally renowned male and female football players, who share what they love to eat and give recipes for their favourite dishes.

Sesame Workshop as well as fostering youth advocacy for tobacco control (see pages 11 and 12) are examples of effective interventions in this area.

This year, the World Heart Federation scaled up its activities in the area of nutrition and physical activity. Indeed, obesity, a significant risk factor to cardiovascular health, is rising dangerously throughout the world. The situation is particularly preoccupying in children, with 155 million of them around the globe who are overweight or obese, representing one

in every 10 children. Among those 155 million, 30–45 million are classified as obese. In every region, that number is on the rise due to an increase in unhealthy dietary patterns and a decrease in physical activity. In 2008, the World Heart Federation collected information on programmes run by its member organizations that have been successful in encouraging children of different age groups to exercise, engage in sport and eat healthily. This initiative will allow activities to be benchmarked and best practices shared on a global level.

Advocacy

The World Heart Federation plays a major role in prompting governments to implement policies for cardiovascular disease prevention and control. Including cardiovascular disease on the global health agenda is a key priority.

Cardiovascular disease on the global health agenda

The World Heart Federation has been advocating for the inclusion of cardiovascular and other chronic diseases in the UN Millennium Development Goals, and for better recognition on the global health agenda. In 2008, Dr Valentin Fuster, Past President of the World Heart Federation, was invited to join the global fight against poverty led by Jeffrey Sachs, Professor of Sustainable Development at Columbia University, Director of the Earth Institute and special economic adviser to United Nations Secretary-General Ban Ki-moon. Professor Sachs has successfully advised many governments in Latin America, Eastern Europe, Asia, and Africa on many aspects of economic development and is widely known for his work on poverty reduction, debt cancellation and disease control. He is currently engaged in the Millennium Villages and Millennium Cities projects which aim to provide models for helping African communities lift themselves out of extreme poverty. Within this context, Dr Fuster will play a leadership role in tackling the problem of chronic diseases, which have an enormous impact on poverty levels. Not only will this raise awareness but it will contribute significantly to the World Heart Federation's efforts in lobbying for the inclusion of CVD, together with the other chronic diseases, in the UN Millennium Development Goals.



Youth smoke-free advocacy

Tobacco

The year 2008 marked one where the World Heart Federation was recognised as an active and important player in the tobacco control advocacy field. Along with its regular commitment to the Global Smokefree Partnership activities for the implementation of the Article 8 of the WHO Framework Convention on Tobacco Control (FCTC), the World Heart Federation participated in many meetings and consultations in the field of tobacco control, such as the Tobacco Control Funders Forum in March in Edinburgh, the Intergovernmental

Applied Research

Applied Research projects are part of the World Heart Federation's efforts to achieve measurable impact on cardiovascular disease risk levels in low- and middle-income countries. They are specifically geared towards demonstrating best practice in cardiovascular disease prevention and control and span several continents.



Mobile clinic, Cape Town, South Africa

Colombia Healthy Habits for Life

Aiming to help establish a foundation for healthy habits that last a lifetime, the project uses the popular children's television show Plaza Sésamo to communicate with pre-school children about healthy diet and physical activity. Implemented in collaboration with Sesame Workshop and Colombian partners in the fields of education (Colsubsidio) and health (CardioInfantil), it has produced film segments in Colombia, featuring Colombian children and settings. These have been integrated into the Plaza Sesamo show and broadcast to millions of homes around Latin America. Picking up on the themes and characters featured in the film segments, the project's educational outreach component has produced multimedia educational materials specially adapted to Colombian realities, and trained some 150 teachers/caretakers in their use. The intervention will be launched in 2009 in a variety of pre-school, community and child-care centres reaching some 6,000 pre-school children in and around Bogotá. The educational intervention will be launched in 2009 and a study, designed in collaboration with the Mt. Sinai School of Medicine, will measure its impact not only on the children involved, but also on their caretakers/teachers and parents. The project is funded by Co-

lombian philanthropists Julio Maria and Beatriz Santo Domingo.

Rheumatic heart disease control: South Pacific and Africa

The second World Heart Federation and World Health Organization Rheumatic Heart Disease (RHD) workshop for Pacific Island Countries was held in Fiji in February 2008; 18 Pacific island countries have now attended these workshops.

At the end of the third project year more than 15,000 children in Fiji, Tonga and Samoa had been screened for heart valve damage associated with RHD. Hundreds of children had been identified in early stages of disease and started on long-term medication to help minimise disease progression. Over 300 Fijian and Samoan healthcare professionals have received training in early identification and management of rheumatic fever and RHD. Ongoing research in Fiji and Tonga will help determine the most cost-effective and sustainable model for screening of RHD.

Australian-based project staff continued to provide programme and technical support to four other Pacific countries that use project tools and/or training materials for RHD control. The Kingdom of Tonga is working to set up a comprehensive nationwide programme based on the project model, and received ProCor's 2008 Louise Lown Heart Hero award for the initiative. The Pacific project is collecting data on RHD prevalence in the region and advocating for more resources to improve control of the disease.

Training and programme tools tested through the Pacific project are available for general use through the World Heart Federation's online resource centre, *RHDnet*. Practitioners around the world use the website resources and a discussion forum which



Rheumatic fever screening study, Fiji

was launched early in the year. The forum facilitates discussion on practical challenges and best practice around RHD control. The Brazilian National Institute of Cardiology has translated one of the project databases into Portuguese, and the Brazilian Heart Foundation is translating the training curriculum into Portuguese.

In Cape Town, South Africa, over 900 children were screened through the ASAP (Awareness, Surveillance, Advocacy and Prevention) approach developed through the Pan African Society of Cardiology. The programme was further enhanced with the 1-year secondment of a fulltime cardiologist. Collaboration between South Africa and the Pacific was strengthened through exchange visits and by South African staff attending the regional workshop in the Pacific.

Grenada Heart Project

The goal of the Grenada Heart Project is to investigate the effect of the environment and genetics on an individual's risk of developing CVD. The research question posed by the project is "will a developing country entering urbanisation assume the same health risks, such as CVD, hypertension and heart disease as seen in developed countries."

The project survey methodology includes a modified WHO STEPwise approach to Surveillance (STEPS) questionnaire and specific laboratory tests to assess risk factors in a randomised sample of Grenadians. In addition to the randomised study, health fairs were

conducted for the general population. The survey began in parishes throughout the island of Grenada. Previous surveys on Carriacou and Petit Martinique formed the basis for current study protocol. Over 3,000 Grenadians have participated to date.

The major outcome for this project will be the development and implementation of a solid database and, most importantly, both a primordial and primary prevention programme and an economically sustainable secondary prevention programme, based on the identified risk factors present in a defined population. The long-term goal of this study is to create and implement strategies to prevent and slow the progression of CVD in the Grenadian population before a full-blown epidemic occurs.

Latin America: youth advocacy

Colombian youth worked with the Colombian Society of Cardiology, the Secretary of Health in Bogota, journalists and other allies to mobilize public support for the new smoking ban that went into effect in De-

Colombia Model Youth Project



The regional youth network, developed through the World Heart Federation Colombia Model Youth project and coordinated by the InterAmerican Heart Foundation received the World No Tobacco Day award for 2008. It supports youth activities in Colombia, Argentina and Uruguay, linked up to a broader network in neighbouring countries.

cember 2008. Choco Joven, a partner youth organization working in one of the poorest departments in Colombia, worked with local officials and community organizations to support the new ban, obtaining Ministry of Culture support to continue these in 2009 after the three-year project funding ended. In Argentina youth worked within the new ALIAR (Alianza Libre de Humo Argentina) coalition to support smoke-free legislation in seven provinces; the World Heart Federation joined Tobacco Free Kids, the American Cancer Society and the Framework Convention Alliance in a statement supporting their work to urge a veto of legislation that would weaken Buenos Aires's smoking ban. In Uruguay youth working within CIET (Centro de Investigación para la Epidemia del Tabaquismo) developed counter-publicity projects; *Respira Uruguay*, the interactive science exhibit that the youth helped design travelled to Durban for the Conference of the Parties of the Framework Convention on Tobacco Control, and it was invited to continue exhibiting in South Africa.

The Polypill FOCUS project

In collaboration with the Spanish National Centre for Cardiovascular Research (CNIC), the World Heart Federation continued its support for the development of the polypill. The CNIC's FOCUS project seeks to improve equitable access and adherence to secondary prevention therapy with a fixed-dose combination pill. The global objective of the FOCUS consortium is to make a fixed-dose combination pill for secondary cardiovascular disease prevention available throughout the world at a social price, in order to improve accessibility to treatment in developing countries, while also improving adherence to medication.

China: Bridging the Gap Project

The World Heart Federation continued its collaboration with the Beijing Institute of Heart, Lung and Blood Vessel Diseases, the Chinese Society of Cardiology and the China National Healthy Heart Programme in the "Bridging the Gap" project. The project identifies the major barriers between secondary prevention guidelines and clinical practice in patients with coronary heart disease (CHD).

In 2007–2008, a representative sample of high-risk CHD patients was drawn nationwide from both secondary and tertiary hospitals in China. They included patients with a history of acute coronary syndrome (ACS) seen in outpatient clinics and first and recurrent ACS patients admitted to hospitals. The utility rates of secondary prevention strategies were examined by chart review or a face-to-face survey. A total of 6,126 high-risk CHD patients were recruited. Preliminary results indicated that approximately one-third of patients received treatment that complied with current guidelines. Further analysis is on-going and will define the barriers to the implementation of an evidence-based clinical practice in routine clinical care for CHD patients.

Partnerships

The World Heart Federation believes collaborative work will help scale up efforts to raise awareness and prevent cardiovascular diseases. In this spirit, it has developed partnerships with organizations whose scope of activities is relevant to the Federation's mission, or which can help achieve it.



*Dona Bertarelli Spaeth and her catamaran support Go Red for Women.
© Ladycat 2009/C. Schmid*

United Nations

The World Heart Federation continued to work closely with the WHO to increase attention to the rising burden of CVD and other chronic diseases and was closely involved in the consultation process leading to the WHO Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, adopted at the 61st World Health Assembly in May 2008. The World Heart Federation also actively participated in a number of meetings on tobacco control as well as in consultations on the development of WHO recommendations on the marketing of foods and non-alcoholic beverages to children (see pages 9 and 10).

Nongovernmental organizations

In February, the World Heart Federation participated in the Oxford Health Alliance summit held in Sydney, Australia which culminated in the Sydney Resolution, a global call to action which aims to inspire corporations, governments, financial institutions, donor agencies and others to build a healthy future; the resolution was subsequently endorsed. Involvement continued in the Global Alliance for the Prevention of Obesity and Related Chronic Disease focusing notably on the issue of the marketing of food and non-alcoholic beverages to children.

Successful partnerships in the area of sport and physical activity were pursued and intensified during the year. The World Heart Federation and UEFA launched

a children's cookery book, endorsed by the European Commission. As well as the recipes, the book provides valuable food tips, information on food types as well as the relationship between a balanced, healthy diet and performance. Dona Bertarelli Spaeth and her catamaran "Ladycat" continued their active support of the Go Red for Women campaign, helping to raise awareness for women's risk of CVD.

Working with the business community

Through its partnerships with selected businesses the World Heart Federation is able to further its mission of improving cardiovascular health, giving it a far greater audience reach as well as the ability to develop and communicate new research.

The partnership with Unilever allows the World Heart Federation to highlight the importance of well-balanced nutrition and the reduction of saturated fat consumption. Elizabeth Arden supports the Go Red For Women campaign focusing on women's heart health. Pfizer and sanofi-aventis support research, Pfizer by supporting the Grenada Heart Project and sanofi-aventis in the area of cardiometabolic risk and atrial fibrillation. GlaxoSmithKline meanwhile has invested in the science and advocacy activities of the World Heart Federation. Medtronic supported World Heart Day as well as activities around the promotion of healthy lifestyles for children.

The World Heart Federation intensified its collaboration with the World Economic Forum as, in addition to its involvement in the forum's "Working Towards Wellness" initiative, Pekka Puska, President-Elect of the World Heart Federation was invited to Chair the Forum's Global Agenda Council on Chronic Disease and Malnutrition.

Organization



From left to right, standing: Srinath Reddy, Susanne Volqvartz*, Akira Matsumori, William Wijns, Anil Kumar, Peter Hollins, Laksmiati Hanafiah, Tsui-Lieh Hsu, Sidney C Smith Jr, Lyn Roberts, Robert de Souza, Craig Beam
From left to right, seated: Jeya Wilson, Trevor Hassell, Shahryar A Sheikh, Pekka Puska
Board members not present at time of photo: Oscar Alvarado, Albert Amoah, Valentin Fuster, Rafael Shuchleib, Andy Wielgosz
*invited

World Heart Federation Board 2008

Shahryar A. Sheikh, MD (President)
Trevor Hassell, GCM, MBBS, FRCP, FACC
(Vice-President)
Pekka Puska, MD, PhD (President Elect)
Lyn Roberts, AM, PhD (Vice-President Elect)
Valentin Fuster, MD, PhD (Past-President)
Laksmiati (Mia) Hanafiah, (Past Vice-President)
Akira Matsumori, MD (Secretary)
Craig T. Beam, (Treasurer)
Srinath Reddy, MD (Chairman Foundations' Advisory Board)
Sidney C. Smith Jr., MD (Chairman Scientific Advisory Board)
Andy Wielgosz, MD (Editor, CVD Prevention & Control Journal)
Jeya Wilson, PhD (Chief Executive Officer)

Continental Representatives

Tsui-Lieh Hsu, MD (Asia-Pacific)
Anil Kumar, MD (Asia-Pacific)
Peter Hollins, (Europe)
William Wijns, MD, FESC (Europe)
Albert Amoah, MD (Africa)
Robert de Souza, (Africa)
Oscar Alvarado, MD (Inter-America)
Rafael Shuchleib, MD (Inter-America)

General Assembly, Buenos Aires, Argentina

The World Heart Federation held its Tenth General Assembly on 18 May 2008 in Buenos Aires, Argentina, where President Shahryar Sheikh reported on the activities over the past two years. He underlined that this period had been a time of strategic growth for the organization. The four pillars of activities (awareness, advocacy, applied research and the sharing of science) continued to guide the strategic orientation of the organization's mission. However, after seven years of consecutive growth and taking into account the changing environment as well as the continued increase in the CVD burden, the World Heart Federation launched a strategic review process with a particular focus on the relationship with its members. Dr Sheikh thanked Janet Voûte, the departing CEO, for having provided the organization with the strategic direction that had brought it to its leading international position in the fight against CVD.

Further to the election process, Sidney C. Smith Jr, M.D. Professor of Medicine and Director of the Center for Cardiovascular Science and Medicine at the

University of North Carolina, and Susanne Volqvartz, CEO of the Danish Heart Foundation were appointed President Elect and Vice-President Elect respectively of the World Heart Federation, to take up their roles from January 2010.

Dr Pekka Puska, President Elect, was then invited to present his vision for the World Heart Federation. He underlined that global health was very much in transition, with chronic disease having become the leading public health problem globally, accounting for 60 % of deaths, half of which are due to CVD and many of which are premature. These developments have much to do with lifestyle changes and economic transitions that have taken place in recent decades. Dr Puska said that he was looking forward to working with the members to effectively address the rising burden of CVD. He emphasised the importance of building on the organization's competitive advantage, notably in the advocacy arena. Global advocacy work will continue to be central to the mission of the World Heart Federation.

World Heart Federation Members

Continental members

African Heart Network (AHN)

Asia Pacific Heart Network (APHN)

Asian Pacific Society of Cardiology (APSC)

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 Heart Foundation

Argentine Society of Cardiology

Australia

The Cardiac Society of Australia & New Zealand

National Heart Foundation of Australia

Austria

Austrian Heart Foundation

Austrian Society of Cardiology

Bangladesh

Bangladesh Cardiac Society

National Heart Foundation of Bangladesh

Barbados

Heart & Stroke Foundation of Barbados

Belarus

Belarusian Scientific Society of Cardiologists

Belgium

Belgian Heart League

Belgian Society of Cardiology

Bolivia

Bolivian Society of Cardiology

Bosnia and Herzegovina

Association of Cardiologists of Bosnia and Herzegovina

Foundation of Health and Heart

Brazil

Brazilian Heart Foundation (FUNCOR)

Brazilian Society of Cardiology

Bulgaria

Bulgarian Society of Cardiology

Cameroon

Cameroon Heart Foundation

Canada

Canadian Cardiovascular Society

Heart and Stroke Foundation of Canada

Chile

Chilean Heart Foundation

Chilean Society of Cardiology & Cardiovascular Surgery

China

Chinese Society of Cardiology

Hong Kong College of Cardiology

The Hong Kong Heart Foundation

Macau Association of Cardiology

Macau Heart Foundation

Taiwan Heart Foundation

Taiwan Society of Cardiology

Colombia

Colombian Society of Cardiology

Congo

A Heart for Life

Croatia

Croatian Cardiac Society

Cuba

Cuban Society of Cardiology

Cyprus

Cyprus Heart Foundation

Cyprus Society of Cardiology

Czech Republic

Czech Society of Cardiology

Healthy Nutrition Forum

Denmark

Danish Heart Foundation

Danish Society of Cardiology

Dominican Republic

Dominican Heart Foundation

Dominican Society of Cardiology

Ecuador

Ecuadorian Foundation of Cardiology

Ecuadorian Society 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 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 National Heart Foundation
Hungarian Society of Cardiology

Iceland

Icelandic Heart Association

India

All India Heart Foundation
Cardiological Society of India

Indonesia

Heart Foundation of Indonesia
Indonesian Heart Association

Iran

Iranian Heart Association
Iranian Heart Foundation

Iraq

Iraqi Cardio-Thoracic Society

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

Kazakhstan

Association of Cardiologists of Kazakhstan

Kenya

Kenya Cardiac Society
Kenyan-Heart National Foundation

Korea, Republic of

The Korean Society of Cardiology

Kuwait

Kuwait Heart Foundation

Kyrgyzstan

Scientific Society of Cardiologists of the Kyrgyz Republic

Latvia

Latvian Society of Cardiology

Lebanon

Lebanese Society of Cardiology and Cardiac Surgery

Libya

Libyan Cardiac Society

Lithuania

Lithuanian Heart Association
Lithuanian Society of Cardiology

Macedonia

Macedonian Society of Cardiology

Malaysia

The Heart Foundation of Malaysia
National Heart Association of Malaysia

Mauritius

The Heart Foundation

Mexico

Mexican Society of Cardiology

Moldova

Moldavian Society of Cardiology

Myanmar

Cardiac Society of Myanmar Medical Association

Nepal

Cardiac Society of Nepal
Nepal Heart Foundation

Netherlands

Netherlands Heart Foundation
The Netherlands Society of Cardiology

New Zealand

The 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 Council on Cardiovascular Diseases
Norwegian Society of Cardiology

Pakistan

Pakistan Cardiac Society
Pakistan Heart Foundation

Panama

Cardiological Foundation of Panama
Society of Cardiology of Panama

Papua New Guinea

National Heart Foundation of Papua New Guinea

Paraguay

Paraguayan Heart Foundation
Paraguayan Society of Cardiology

Peru

Peruvian Society of Cardiology

Philippines

Heart Foundation of the Philippines
Philippine Heart Association

Poland

Polish Cardiac Society

Portugal

Portuguese Heart Foundation
Portuguese Society of Cardiology

Puerto Rico

Puerto Rican Society of Cardiology

Romania

Foundation for Cardiac Assistance (ASCAR)
Romanian Society of Cardiology

Russian Federation

Society of Cardiology of the Russian Federation

San Marino, Republic of

San Marino Society of Cardiology

Saudi Arabia

Saudi Heart Association

Serbia

Serbian Heart Foundation
Cardiology Society of Serbia

Seychelles

Seychelles Heart and Stroke Foundation

Singapore

Singapore Cardiac Society
Singapore Heart Foundation

Slovak Republic

Slovak League Heart to Heart
Slovak Society of Cardiology

Slovenia

Slovenian Heart Foundation
Slovenian Society of Cardiology

South Africa

Heart and Stroke Foundation South Africa
The South African Heart Association

Spain

Spanish Heart Foundation
Spanish Society of Cardiology

Sri Lanka

Sri Lanka Heart Association

Sweden

Swedish Heart-Lung Foundation
Swedish Society of Cardiology

Switzerland

Swiss Heart Foundation
Swiss Society of Cardiology

Syria

Syrian Cardiovascular Association

Thailand

The Heart Association of Thailand
The Heart Foundation of Thailand

Turkey

Turkish Heart Foundation
Turkish Society of Cardiology

Ukraine

Ukrainian Society of Cardiology

United Arab Emirates

Emirates Cardiac Society

United Kingdom

British Cardiovascular Society
British Heart Foundation

United States of America

American College of Cardiology
American Heart Association

Uruguay

Uruguayan Society of Cardiology

Venezuela

Venezuelan Heart Foundation
Venezuelan Society of Cardiology

Vietnam

Vietnam National Heart Association

Associate Individual Members

Bhutan

Tashi Wangdi, MD

Laos

Vang Chu, MD

Mozambique

Albertino Damasceno, MD

Trinidad and Tobago

Theo Poon-King, MD

Zimbabwe

Jephath Chifamba, MD

Associate National Members

Bangladesh

Heart Care Foundation Comilla

India

Academy of Cardiology at Mumbai
Cardiovascular Society of India

Indonesia

Indonesian Cardiocerebrovascular Society

Norway

Norwegian Heart and Lung Patient Organization

Philippines

Foundation for Lay Education on Heart Diseases

United Kingdom

Heart Research UK

Associate International Members

Association of Black Cardiologists

Association of Thoracic and Cardiovascular
Surgeons of Asia

Children's HeartLink

Fundacion Araucaria

Heart Friends Around the World

Heartfile

International Academy of Cardiovascular Sciences

International Council of Nurses

International Forum for Hypertension Control
and Cardiovascular Disease Prevention in Africa

International Self-Monitoring Association of Oral
Anticoagulated Patients

International Society for Heart Research

International Society for Holter & Non-Invasive
Electrocardiology

International Society of Cardiomyopathy and Heart
Failure

International Society of Cardiovascular
Pharmacotherapy

International Society of Cardiovascular Ultrasound

Preventive Cardiovascular Nurses Association

The International Society on Hypertension in Blacks

World Stroke Organization

ProCOR/Lown Cardiovascular Research Foundation

The Society of Chest Pain Centres and Providers

World Heart Failure Society

Report of the Auditors to the General Assembly



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

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Avenue Giuseppe-Motta 50
Case postale 2895
1211 Genève 2
Switzerland
Phone +41 58 792 91 00
Fax +41 58 792 91 10
www.pwc.ch

Report of the auditors on the financial statements

As auditors, we have audited the financial statements of the World Heart Federation on pages 22 to 33, which comprise the statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure, cash flow statement, statement of changes in reserve funds and notes, for the year ended 31 December 2008. As permitted by Swiss GAAP FER 21, the information in the performance report is not required to be subject to audit.

Board's Responsibility

The Board is responsible for the preparation and fair presentation of the financial statements in accordance with the requirements of Swiss law and the World Heart Federation's bylaws. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. The Board is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system.

An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements for the year ended 31 December 2008 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER 21 and comply with Swiss law and the World Heart Federation's bylaws.

PricewaterhouseCoopers SA

William M. Wright
Audit expert
Auditor in charge

Fabienne Mathieu
Audit expert

Geneva, 18 March 2009

Enclosure:

- 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)

Statement of assets, liabilities and reserve funds

| For the year ended 31 December

	Notes	2008 CHF	2007 CHF
Assets			
Current assets			
Cash and cash equivalents		572'283	2'103'181
Accounts receivable and prepaid expenses	1 d)	943'461	1'251'446
Accounts receivable membership fees		99'389	89'376
Total current assets		1'615'133	3'444'003
Non-current assets			
Investments	1 e)	1'615'118	2'126'429
Escrowed deposits		60'903	60'559
Net fixed assets	1 f), 11	183'332	246'007
Total non-current assets		1'859'353	2'432'995
Total assets		3'474'486	5'876'998

Liabilities and Reserve Funds

Liabilities			
Cash and cash equivalents		186'834	487'660
Accounts payable and accruals		796'863	948'922
Deferred income	3	–	1'095
Total liabilities		983'697	1'437'677
Reserve funds			
General Reserve Fund		1'910'304	3'235'198
Restricted Income Funds		580'485	1'204'123
Total reserve funds		2'490'789	4'439'321
Total liabilities and reserve funds		3'474'486	5'876'998

Statement of receipts and operating expenditure

| For the year ended 31 December

	Notes	2008 CHF	2007 CHF
Operating receipts			
Membership fees			
Current year	2	607'104	641'111
Arrears	3	1'454	38'127
Congresses			
World Congress of Cardiology 2006		–	554'611
World Congress of Cardiology 2008		1'243'844	–
Corporate partnerships			
Unrestricted	4	1'562'270	1'352'160
Restricted		346'848	385'298
Corporates			
Unrestricted	4	115'737	85'690
Restricted		179'477	557'041
Friends			
Unrestricted	4	–	463'215
Restricted		150'000	807'285
Foundations			
Restricted	4	247'059	122'840
Organizations			
Unrestricted	4	464'620	–
Restricted		106'845	–
Governments			
Restricted	4	150'000	150'000
Other donors			
Unrestricted	4	1'120	331'780
Restricted	4	–	170'850
Bank interest and money market fund income			
		55'087	109'376
Total operating receipts		5'231'465	5'769'384

Operating expenditure

Secretariat	5	1'309'388	1'309'308
Development and Member Communications	5	1'183'609	1'300'990
Meetings and Member Congresses	5	955'388	601'084
Activities	6	744'325	645'977
Projects	6	2'365'954	2'826'476
Total operating expenditure		6'558'664	6'683'835
<i>(Shortage) / excess of operating receipts over expenditure</i>		<i>(1'327'199)</i>	<i>(914'451)</i>

Gains and losses on investments

Net (loss) / gain on investments	7	(621'333)	77'436
(Shortage) / excess of operating receipts over expenditure		(1'948'532)	(837'015)
General Reserve Fund at the beginning of the year		3'235'198	3'897'423
Restricted Income allocated to Restricted Income Funds		(1'180'229)	(2'193'314)
Epidemiology Fund allocated to General Reserve Fund		–	213'091
Restricted income withdrawn from Restricted Income Funds		1'803'867	2'155'013
General Reserve fund at the end of the year		1'910'304	3'235'198

Cash flow statement

| For the year ended 31 December

	2008	2007
	CHF	CHF
Cash flow from operating activities		
(Shortage) / Excess of operating receipts over expenditure	(1'948'532)	(837'015)
Depreciation and amortisation	116'073	93'741
Cash flow from operating activities before changes in working capital	(1'832'459)	(743'274)
(Increase) / Decrease in accounts receivable and prepaid expenses	307'985	559'971
(Increase) / Decrease in accounts receivable membership fees	(10'013)	(89'376)
Increase / (Decrease) in accounts payable and accruals	(152'059)	330'496
Increase / (Decrease) in deferred income	(1'095)	(15'518)
Net cash generated from operating activities	(1'687'641)	42'299
Cash flow used for investing activities		
(Increase) / Decrease in investments and deposits	510'967	(279'764)
Fixed asset purchases	(53'398)	(137'944)
Net cash used for investing activities	457'569	(417'708)
Net increase / (decrease) in cash and cash equivalents	(1'230'072)	(375'409)
Cash and cash equivalents at beginning of the year	1'615'521	1'990'929
Total of cash and cash equivalents at 31 December	385'449	1'615'521

Note: Compared to the previous year presentation, short-term investments of CHF 1,633,570 at January 1, 2008 have been reclassified as cash and cash equivalents, both in this statement and in the balance sheet. Investments and deposits have also been reclassified from operating to investing activities in this statement. The comparative figures have been re-stated for consistency.

Statement of changes in Reserve Funds

| For the year ended 31 December

	Opening balance 2008	Current year result	Transfer of funds (internal)	Allocations to restricted Income funds	Withdrawals from Epidemiology and restricted income funds	Closing balance 2008
General Reserve Fund	3'235'198	(1'948'532)	–	(1'180'229)	1'803'867	1'910'304
Epidemiology Fund	–	–	–	–	–	–
Restricted Income Funds	1'204'123	–	–	1'180'229	(1'803'867)	580'485
Total Reserve Funds	4'439'321	(1'948'532)	–	–	–	2'490'789

	Opening balance 2007	Current year result	Transfer of funds (internal)	Allocations to restricted income funds	Withdrawals from Epidemiology and restricted income funds	Closing balance 2007
General Reserve Fund	3'897'423	(837'015)	213'091	(2'193'314)	2'155'013	3'235'198
Epidemiology Fund	470'183	–	(213'091)	–	(257'092)	–
Restricted Income Funds	1'165'821	–	–	2'193'314	(2'155'013)	1'204'123
Total Reserve Funds	5'533'427	(837'015)	–	–	(257'092)	4'439'321

Note 1 | Summary of significant accounting policies

1a | Introduction

The financial statements of the 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 sheet date but not yet received. A provision for bad debt of accounts receivable is established when there is evidence that the Federation will not be able to collect all amounts due.

1e | Investments

Investments consist of equity and debt securities that are traded by the Federation's authorized 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, in respect to a future year, which are recognized in the Statement of Receipts and Operating Expenditure in the following year.

1h | Leasing

Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases and are charged to the statement of receipts and operating expenditure on a straight-line basis over the period of the lease. A lease over an asset where the Federation has substantially all the risks and rewards of ownership is classified as a finance lease. This finance lease is capitalized at the lease's commencement at the lower of the fair value of the asset and the present value of the minimum lease commitment. Each lease payment is allocated between the liability and finance charges so as to achieve a constant rate on the finance balance outstanding. The asset acquired under finance lease is depreciated over the shorter of the useful life of the asset and the lease term.

Note 2 | Membership fees recognized

| In the year ended 31 December 2008

Country	CHF
Argentina	4'559
Australia	12'099
Austria	7'035
Bangladesh	450
Barbados	562
Belgium	7'878
Bosnia and Herzegovina	546
Brazil	11'255
Bulgaria	562
Canada	30'500
Chili	1'407
China:	
Hong Kong	2'814
Macau	281
People's Republic of China	4'109
Taiwan	2'814
Colombia	1'058
Cyprus	562
Czech Republic	985
Denmark	7'316
Dominican Republic	450
Ecuador	450
El Salvador	450
Estonia	562
Finland	5'628
Georgia	450
Germany	42'206
Greece	2'251
Guatemala	450
Honduras	450
Hungary	1'407
Iceland	562
India	3'376
Indonesia	1'970
Iran	2'251
Ireland	2'252
Israel	2'814
Italy	14'069
Jamaica	450
Japan	56'275
Kazakhstan	450
Kenya	450
Kuwait	2'814
Latvia	562
Lebanon	562
Lithuania	562
Macedonia	450
Malaysia	1'970
Mauritius	562
Mexico	5'065
Myanmar	450
Nepal	450
Netherlands	6'331
New Zealand	4'220
Nigeria	450
Norway	5'910
Papua New Guinea	450

Country	CHF
Paraguay	450
Peru	450
Philippines	2'534
Poland	2'251
Portugal	4'221
Puerto Rico	1'407
Romania	562
San Marino	562
Singapore	2'251
Slovakia	1'126
Slovenia	1'126
South Africa	3'376
Spain	14'069
Sri Lanka	450
Sweden	5'066
Switzerland	9'004
Thailand	2'251
Turkey	2'251
United Arab Emirates	2'251
United Kingdom	34'891
United States of America	140'690
Uruguay	562
Venezuela	2'251
	501'325

Associate National / International Members

Academy of Cardiology at Mumbai	562
Cardio Vascular Society of India	562
Children's HeartLink	200
Foundation for Lay Education on Heart Diseases	562
Heart Care Foundation, Comilla	562
Heart Friends around the World	200
Heart Research UK	4'361
Indonesian Cardiocerebrovascular Society	562
International Council of Nurses	200
International Self-Monitoring Association of Oral Anticoagulated Patients	1'000
International Society for Holter & Non Invasive Electrocardiology	1'000
International Society of Cardiomyopathy & Heart Failure	200
International Society of Cardiovascular Ultrasound	1'000
International Society of Cardiovascular Pharmacotherapy	1'000
ProCOR / Lown Cardiovascular Research Foundation	1'000
The Society of Chest Pain Centers & Providers	1'000
World Heart Failure Society	1'000
World Stroke Organization	1'000
	15'971

Note 2 | Membership fees recognized

| In the year ended 31 December 2008

Continental Societies

AHN	1'000
APHN	1'000
APSC	1'000
EHN	1'000
ESC	1'000
IAHF	1'000
IASC	1'000
PASCAR	1'000
	8'000

Membership fees to be received	81'808
Membership fees recognised in 2008	607'104

Note 3 | Attribution to prepaid income and arrears of membership fees received

| In the year ended 31 December 2008

Prepaid	CHF
	–
Total prepaid	–

Arrears	CHF
International Members	
International Society for Holter & Non Invasive Electrocardiology	454
Continental Societies	
PASCAR	1'000
Total arrears	1'454

Note 4 | Donations

Received in the year ended 31 December 2008

	Unrestricted		Restricted										Total restricted	Grand Total		
	Corp. Partners / Unrestricted	Total Unrestricted	World Heart Day	Go Red For Women	Grenada Heart Project	RF/RHD South Pacific	Twin Centres	Childhood Obesity	Others restricted	Childhood Obesity	RF/RHD South Pacific	Twin Centres			Childhood Obesity	
Donors																
Corporate partnerships																
Daiichi Sankyo, Ltd and Eli Lilly and Co.	213'780	213'780	-	-	-	-	-	-	-	-	-	-	-	-	-	213'780
Elizabeth Arden	-	-	-	187'308	-	-	-	-	-	-	-	-	-	-	187'308	187'308
GlaxoSmithKline	297'950	297'950	-	-	-	-	-	-	-	-	-	-	-	-	-	297'950
Pfizer	-	-	50'810	-	108'730	-	-	-	-	-	-	-	-	-	159'540	159'540
Sanofi-aventis	404'700	404'700	-	-	-	-	-	-	-	-	-	-	-	-	-	404'700
Unilever	645'840	645'840	-	-	-	-	-	-	-	-	-	-	-	-	-	645'840
Sub-total	1'562'270	1'562'270	50'810	187'308	108'730	-	-	-	-	-	-	-	-	-	346'848	1'909'118
Corporate donors																
Bayer	92'930	92'930	-	-	-	-	-	-	-	-	-	-	-	-	-	92'930
Medtronic	12'807	12'807	67'295	-	-	-	-	-	-	-	-	-	-	-	67'295	80'102
Novartis	-	-	96'698	-	-	-	-	-	-	-	-	-	-	-	96'698	96'698
Spengler	-	-	-	-	-	-	-	-	-	-	-	-	15'484	-	15'484	15'484
Suntrust	10'000	10'000	-	-	-	-	-	-	-	-	-	-	-	-	-	10'000
Sub-total	115'737	115'737	163'993	-	-	-	-	-	-	-	-	-	15'484	-	179'477	295'214
Friends																
Dona Bertarelli Spaeth "Ladycat"	-	-	-	150'000	-	-	-	-	-	-	-	-	-	-	150'000	150'000
Sub-total	-	-	-	150'000	-	-	-	-	-	-	-	-	-	-	150'000	150'000
Foundations																
American Heart Association	-	-	-	-	-	-	60'600	-	-	-	-	-	-	-	60'600	60'600
Pfizer Foundation	-	-	-	-	106'459	-	-	-	-	-	-	-	-	-	106'459	106'459
Medtronic Foundation	-	-	-	-	-	-	-	80'000	-	-	-	-	-	-	80'000	80'000
Sub-total	-	-	-	-	106'459	-	60'600	80'000	-	-	-	-	-	-	247'059	247'059
Organizations																
UEFA	464'620	464'620	-	-	-	-	-	-	106'845	-	-	-	-	-	106'845	571'465
Sub-total	464'620	464'620	-	-	-	-	-	-	106'845	-	-	-	-	-	106'845	571'465
Governments																
International Solidarity, State of Geneva	-	-	-	-	-	150'000	-	-	-	-	-	-	-	-	150'000	150'000
Sub-total	-	-	-	-	-	150'000	-	-	-	-	-	-	-	-	150'000	150'000
Other donors																
Other	1'120	1'120	-	-	-	-	-	-	-	-	-	-	-	-	-	1'120
Sub-total	1'120	1'120	-	-	-	-	-	-	-	-	-	-	-	-	-	1'120
Total	2'143'747	2'143'747	214'803	337'308	215'189	150'000	60'600	80'000	122'329	1'180'229	3'323'976					

Note 5 | Analysis of expenditure

| For the year ended 31 December

	2008	2007
	CHF	CHF
General and administrative		
Secretariat		
Salaries and social charges	669'421	443'401
Rent and insurance	293'685	262'678
Office equipment leasing	33'379	27'851
Maintenance and repairs	21'116	252'987
Telephone	34'911	38'637
Office supplies and equipment	10'459	12'445
Subscriptions and dues	3'935	5'144
Professional services (Audit/Accounting/Lawyer)	171'754	126'939
Bank charges and miscellaneous	70'728	139'226
	1'309'388	1'309'308
Development and Member Communications		
Development	654'605	563'412
Marketing, PR and events	134'426	126'072
Professional services (IT/Website maintenance)	265'326	489'031
Depreciation of office furniture and equipment	116'073	93'741
Postage	9'453	10'453
Printing	3'726	18'281
	1'183'609	1'300'990
Meetings and Member Congresses		
International representation	78'386	145'923
Congress management	319'785	455'161
World Congress of Cardiology 2008	557'217	-
	955'388	601'084

Note 6 | Analysis of activity and project expenditure

| For the year ended 31 December

	2008 CHF	2007 CHF
Activities		
Executive Board/President's expenses	157'261	215'923
Scientific Advisory Board and Councils	257'141	243'413
Foundations' Advisory Board	180'953	146'009
Journals	148'970	40'632
Total Activities	744'325	645'977
Projects		
World Heart Day	309'026	349'295
Go Red for Women	183'154	382'085
Grenada Heart Project	219'105	335'740
Youth Advocacy Project	251'791	153'067
Plaza Sesamo Colombia	502'322	539'384
Rheumatic Fever / Rheumatic Heart Disease South Pacific	425'470	331'035
Rheumatic Fever / Rheumatic Heart Disease Africa	–	68'456
Childhood Obesity	93'013	–
Twin Centres	110'275	95'595
Advocacy Activities	248'195	318'720
Tobacco Control Activities	23'603	18'462
Demonstration Projects	–	234'637
Total Projects	2'365'954	2'826'476

Note 7 | Financial income and expenses

| For the year ended 31 December

	2008 CHF	2007 CHF
Gains and losses on investments		
Net realized (loss) / gain on portfolio	(5'679)	30'046
Net realized foreign exchange (loss) / gain	(129'656)	56'991
Net realized (loss) / gain on investments	(135'335)	87'036
Net unrealized (loss) / gain on portfolio	(324'917)	65'514
Net unrealized foreign exchange loss	(161'081)	(75'114)
Net unrealized loss on investments	(485'998)	(9'600)
Net (loss) / gain on investments	(621'333)	77'436

Note 8 | Total salaries and social charges

| For the year ended 31 December

	2008	2007
	CHF	CHF
Salaries and social charges		
Total salaries and social charges included in operating expenditure	2'131'654	2'278'252

Note 9 | Donations in kind & services

| For the year ended 31 December

The Federation is grateful to have received the following goods and services at no charge:

	2008	2007
	CHF	CHF
Donations in kind		
Asian Pacific Society of Cardiology		
Booth	–	13'995
American Heart Association		
Booth	3'064	2'900
European Society of Cardiology		
Booth	–	2'430
British Society of Cardiology		
Booth	–	1'500
German Society of Cardiology		
Booth	–	1'888
Kenya Cardiac Society & PASCAR		
Booth	–	3'000
Newsweek		
Go Red for Women Intl Advertising Campaign	–	138'533
People's Hospital of Peking University / Beijing		
Booth	–	5'000
Total donations in kind	3'064	169'246

Donations in services

Cohn & Wolfe Public Relations, Geneva		
Marketing and communications activity	154'660	–
Weber Shandwick Worldwide		
Communications strategy	38'210	–
Bain & Company		
Go Red for Women growth strategy	–	521'229
Total donations in services	192'870	521'229
Total amount of goods in kind and services received	195'934	690'475

Note 10 | Leasing commitments

| For the year ended 31 December

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

	2008 CHF	2007 CHF
Payments to be made within one year	294'911	295'738
Payments to be made after more than one year	685'149	902'953
	980'060	1'198'691

Note 11 | Fixed Assets

| For the year ended 31 December

	Computer Equipment CHF	Furniture CHF	Fixtures and fittings CHF	Total CHF
Fixed assets – Opening net book amount	97'087	86'286	62'634	246'007
Fixed assets at cost				
Opening balance at 1 January 2008	297'239	163'341	151'375	611'955
Additions	20'571	32'827	–	53'398
Closing balance at 31 December 2008	317'810	196'168	151'375	665'353
Accumulated depreciation				
Opening balance at 1 January 2008	(200'152)	(77'055)	(88'741)	(365'948)
Current year depreciation	(49'688)	(28'080)	(38'305)	(116'073)
Closing balance at 31 December 2008	(249'840)	(105'135)	(127'046)	(482'021)
Fixed assets – Net book amount	67'970	91'033	24'329	183'332
Fixed assets at cost				
Opening balance at 1 January 2007	227'024	104'812	142'175	474'011
Additions	70'215	58'529	9'200	137'944
Closing balance at 31 December 2007	297'239	163'341	151'375	611'955
Accumulated depreciation				
Opening balance at 1 January 2007	(162'031)	(59'069)	(51'107)	(272'207)
Current year depreciation	(38'121)	(17'986)	(37'634)	(93'741)
Closing balance at 31 December 2007	(200'152)	(77'055)	(88'741)	(365'948)
Fixed assets – Net book amount	97'087	86'286	62'634	246'007

World Heart Federation Staff

| based at international headquarters, Geneva, Switzerland, as at May 2009

- Helen Alderson**, Chief Executive Officer
- Sabrina Adolf**, Project Manager, Congress Division
- Enzo Bondioni**, Director of Finance
- Sara Bowen**, Website Manager
- Alan Cole**, Corporate Relations Manager, Congress Division
- Susan Davenport**, Science Programme Coordinator
- Cynthia Gaechner**, Scientific Programme Assistant
- Alice Grainger Gasser**, Applied Research Manager
- Cynthia Haro**, Membership and Campaigns Coordinator
- Léna Hässig**, Administrative Assistant, Congress Division
- Marilyn Hunn**, Director Science Operations
- Charanjit Jagait, PhD**, Communications Manager
- Graham Minton**, Director Corporate Relations
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