



2003 Annual Report



WORLD HEART
FEDERATION®

The World Heart Federation helps
people achieve a longer and better



life through
prevention and
control of heart
disease and
stroke, with a
focus on low and
middle-income
countries.

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MESSAGE FROM THE PRESIDENT AND THE CEO

In 2003, the World Heart Federation substantially expanded its ability to advocate globally for health policies, health systems and societal changes critical to diminishing disease across the world. A strong collective voice for cardiovascular health is central to our mission.

Simultaneously, we have continued to build a more effective organization for the future. We were able to extend our member network, deepen our collaboration with many partners and stakeholders, and develop our educational activities. We streamlined our organization in order to focus more directly on the science and health promotion skills critical to the prevention and control of cardiovascular diseases in low and middle-income countries. Financially, we were able to increase our operating receipts by creating long-term public/private partnerships. Our Board, members and partners are to be congratulated: these developments are the work of many hands joining together.

Member Network

In 2003, we increased our total number of member organizations to 175, extending our reach to 100 countries. New members joined from Bosnia and Herzegovina, Laos, Macau (China), Mauritius, Philippines and United Arab Emirates, as well as associate member organizations from the United Kingdom. The progress of our new continental member, the African Heart Network (AHN), was particularly encouraging. When it was founded, it consisted of three heart foundations. An Executive Secretary was hired and a permanent secretariat established. Thanks to the commitment of the AHN Board and with the help of the heart foundations of Denmark, the Netherlands, the United Kingdom and Heartfile in Pakistan, as well as considerable work by the AHN Secretariat, today we have the seeds of future heart foundations in Cameroon, Egypt, Kenya, Mauritius, Morocco, Mozambique, the Seychelles and Tunisia, as well as a new member in Ghana. Congratulations and many thanks go to all those involved. Effective regional networks of societies and foundations are critical to the success of us all, providing the key vehicle for joint programmes, experience-sharing and capacity-building for our national members.

Partnerships

The World Heart Federation Board firmly believes in the importance of active partnerships for the fulfilment of our mission. No organization can prevent and control cardiovascular disease by itself. In 2003, we were pleased to intensify our partnership with the World Health Organization (WHO) by being invited to represent all nongovernmental organizations (NGOs) in the Noncommunicable Disease Strategy Steering Committee. We reached out to diabetologists and many other stakeholders in a three-year chronic-disease strategy project called *Oxford 2020 Vision*. Our Board is represented on the US Centers for Disease Control (CDC) international strategy project, and we were active participants in the CDC education workshop planning meeting in Ghana. We have worked intensively with the International Obesity TaskForce throughout the year, and signed a memorandum of understanding with the International Union Against Cancer (UICC). We remain committed to the research organization ICHealth.

We are particularly pleased that the World Heart and Stroke Forum has created and intensified partnerships with the International Stroke Society and with the Chinese Society of Cardiology, the latter through the creation of a joint Chinese/World Heart and Stroke Forum Multiple Risk Factor Working Party.

Advocacy

This strengthened member/partner network has enabled us to raise our collective voice more loudly. Our World Heart Day programme, which in 2003 focused on the critical issue of women and heart disease, was celebrated in 96 countries. Colombia, Hong Kong and Philippines shared their success stories with other World Heart Federation members at the 2003 American Heart Association scientific sessions. Many other members have wonderful success stories to share: the photo album on the World Heart Day website (www.worldheartday.org, "Worldwide Activities") speaks louder than words. Our joint press activities enabled us to reach a reading/listening audience of 300 million people in the English language alone. WHO was an active partner in the programme, launching the Monica monograph on World Heart Day and getting our message on to Chinese television.

By the end of 2003, the WHO Framework Convention on Tobacco Control had been signed by 85 nations, plus the European Union, thanks in part to our members' active lobbying of their governments. Our involvement in the drafting

of the WHO global strategy on diet, physical activity and health increased with our participation in joint WHO/NGO and food industry discussions.

The World Heart Federation participates actively in the debate about ways of reducing obesity and diabetes and their impact on cardiovascular disease. This has required cooperation between many different organizations, all with a common goal.

Our Organization

The Foundations' Advisory Board of the World Heart Federation has been instrumental in increasing our involvement in advocacy at an international, regional and national level. The Board is to be particularly congratulated on the success of World Heart Day and the African Twinning Programme.

The Scientific Advisory Board launched a somewhat difficult organizational redesign, the process beginning in January 2003. While much fine work has been undertaken in the last few decades, the work of some councils was clearly more relevant than that of others to our mission and focus on low and middle-income countries. In addition, the existence of World Heart Federation councils where International Societies existed was judged to be redundant. In the coming year, there will be more discussion about just how the Scientific Advisory Board can best fulfil its objectives.

Financial Position

In 2003, our corporate donations increased to 1.3 million Swiss francs, from Sfr. 500,000 in 2002. We are particularly grateful to the Unilever Bestfoods heart health business and to GlaxoSmithKline for their multi-year partnership commitments. We are learning by working closely with these partners on a common agenda to improve global heart health.

Despite the increase in operating receipts, we still fell short of the funds necessary to support all our activities. Thus, we are pleased with our progress, but not yet satisfied with our results. In future years, we intend to grow and diversify our donor base to include governments, trusts and foundations as well as selected major donors. However, governments and foundations remain difficult to penetrate because of their overwhelming focus on infectious diseases. We are investing for the future and we are grateful to our loyal and supportive membership base for contributing so generously. We will continue to strive to deliver good value for those membership fees.

Conclusion

We are committed to working with our members and partners. United, we stand a chance of success. Thanks go to our Board members, members, partners and donors for working together to prevent and control the frightening epidemic of heart disease and stroke in low and middle-income countries. We must draw more and more attention to the fact that 80% of total cardiovascular disease mortality occurs in these countries and that the developing world is faced with a "double burden of disease" owing to the growing burden of epidemics of noncommunicable diseases, in particular cardiovascular diseases, alongside persisting communicable-disease epidemics. Our issues, at least to some degree, are beginning to receive more attention.



Philip Poole-Wilson
President



Janet Voûte
Chief Executive Officer

THE WORLD HEART FEDERATION

The World Heart Federation is a non-governmental organization dedicated to the prevention and control of cardiovascular disease around the world. It is a membership organization that brings together the strength of the medical community (societies of cardiology) with the public health community (heart foundations). By the end of 2003, membership had grown to 175 organizations operating in 100 countries at both national and regional level. The three pillars of activity of the World Heart Federation are education and training, advocacy and the sharing of science and research through meetings, congresses and other media. Together with its members, the World Heart Federation raises awareness of heart disease and stroke, advocates policy change and shares scientific and population health experience to build sustainable capabilities at a regional and national level.

The Global Pandemic of Cardiovascular Disease

The global health agenda continues to be dominated by the notion that communicable diseases need to be prevented and treated before cardiovascular diseases receive attention. The *World Health Report 2003*¹ confirms that, despite the lingering view that cardiovascular diseases are fully under the control of the individual and confined to wealthy people, the reality is quite different. Cardiovascular diseases have not only emerged in all but the very poorest countries, but are already well advanced: this growing burden has real potential to hinder social and economic development, particularly in light of the “double burden of disease” faced by the developing world. The hard facts remain.²

- Heart disease is the world's number one killer. It is responsible for one in every three deaths. It affects both women and men, with no respect for geographical or economic boundaries.
- Worldwide, five of the top 10 risk factors (which are indicators of future health status) are specific to noncommunicable diseases: raised blood pressure, tobacco use, excessive alcohol consumption, cholesterol and obesity or overweight.
- Today, the burden of death and disability in developing countries caused by noncommunicable diseases outweighs that imposed by longstanding communicable diseases.
- Twice as many deaths from cardiovascular disease occur in developing countries as in developed countries.
- More than one-third of these deaths occur in middle-aged adults. Furthermore, a particular cause of concern is the relatively early age of death from cardiovascular disease in developing countries, compared with those in the developed regions. Globally, cardiovascular diseases account for as many deaths in young and middle-aged adults as HIV/AIDS.
- Cost-effective interventions could prevent one-quarter of the deaths associated with heart attacks. There is now abundant evidence for effective national and global action to promote and protect cardiovascular health through population-based measures that focus on the main risk factors shared by all noncommunicable diseases.
- Cardiovascular disease management based on measures of overall risk are more cost effective than those based on single risk factors.

¹ World Health Organization. *World Health Report 2003: Shaping the Future*. Geneva, 2003.

² *World Health Report 2003*. The relevant chapter of the Report can be downloaded from the World Health Organization website: <http://www.who.int/whr/2003/chapter6/en/>.

ACTIVITIES



ADVOCACY

World Heart Day 2003: On Sunday 28th September, the World Heart Federation held its fourth World Heart Day, which this year focused specifically on women and heart health. There is a striking lack of awareness that heart disease is the most common cause of death among women, killing over eight million worldwide each year, and the event was therefore an opportunity to remind women that they need to think about their hearts and take action to look after them.

World Heart Day 2003 was celebrated in 96 countries around the world, which represents a remarkable growth since its inception in 2000, when 63 countries participated. World Heart Day once again caught the imagination of World Heart Federation members as well as the public, and reached vast numbers of people in parts of the world where heart disease and stroke cause the most deaths, namely low and middle-income countries.

Member organizations have continued to devise innovative ways of marking the event. The following are just a few examples which speak for themselves. In Italy, the National Football League endorsed the Day during all major matches on the last weekend of September: at the opening of each match, players and referees wore World Heart Day T-shirts and the official World Heart Day message was read out. In Qatar, all secondary schools devoted one hour to the theme of women and heart disease. Colombia and Costa Rica organized heart fairs, which included sporting events, cholesterol, blood pressure and body mass index measurement, as well as events and material providing information on risk factors and healthy lifestyles. In Nigeria, the Heart Foundation organized a Heart Walk event, even obtaining the participation of the Head of State, President Obasanjo.

World Heart Day is arguably the most successful campaign against cardiovascular disease ever undertaken globally. It has been instrumental in advocacy and in encouraging implementation of preventive measures for cardiovascular disease on a global scale.

WHO Global Strategy on Diet, Physical Activity and Health: The World Heart Federation participated in an extensive stakeholder consultation process initiated by WHO, leading to the formulation of the draft global strategy on diet, physical activity and health, which will be presented to the World Health Assembly in May 2004. This strategy is of fundamental importance in the light of strong scientific evidence that a change in dietary habits and increased physical activity combined with tobacco control can powerfully influence cardiovascular risk factors at a population level. These consultations gave the World Heart Federation the opportunity to draw attention to the extent of the current overweight and obesity epidemic, caused largely by environments in many parts of the world which encourage unhealthy diets and discourage physical activity. The Federation has clearly stated its position that improving diet and increasing physical activity is not achievable by promoting individual awareness alone. Collective action, together with supportive government policies, is essential in order to protect and promote public health.

ACTIVITIES



ADVOCACY

Advocacy on Tobacco Control: 2003 was the culmination of four years of intensive negotiations on the Framework Convention on Tobacco Control (FCTC). The World Heart Federation, alongside other international health organizations, has always advocated strong tobacco control legislation. The final FCTC document, which was unanimously approved by the World Health Assembly on 21 May 2003, is the world's first attempt to use international law to promote public health. Prior to the debate at the World Health Assembly, the President of the World Heart Federation personally encouraged all member organizations to urge their governments to adopt the Framework Convention without any amendments.

By the end of 2003, 85 countries had signed the Framework Convention. By providing information on the signing and ratification process itself, on events and initiatives linked to the process, as well as tools such as model letters and sample members' letters to governments, the World Heart Federation is working with its member organizations towards the entry into force of this ground-breaking instrument.

In addition to activities related to the Framework Convention, the World Heart Federation and the International Union Against Cancer (UICC) used the World No Tobacco Day platform to call on policy-makers and all health professionals to take action for a smoke-free environment.

Newsletters: *Heartbeat*, the World Heart Federation quarterly newsletter with a circulation of 12,000, was redesigned in an electronic format to expand its readership. The main themes covered in *Heartbeat* in 2003 were tobacco (the role of non-governmental organizations in the FCTC, the tobacco pandemic and the dangers associated with passive smoking), public/private partnerships, women and heart disease and diabetes (with a specific focus on diabetes in developing countries).

Media Activity and Press Coverage: The World Heart Federation makes widespread use of the mass media in its advocacy campaigns. In 2003, the issues covered in the organization's press releases included passive smoking, tobacco cessation (jointly with UICC on the occasion of World No Tobacco Day), the launch of the WHO "SuRF Report 1", detailing country risk-factor profiles for chronic disease from 170 Member States, and, of course, women and heart disease. The World Heart Federation also supported the World Health Organization's launch of the MONICA Monograph and Multimedia Sourcebook on World Heart Day, 28 September. This represents the culmination of a major 10-year research project on heart disease, stroke and associated risk factors in 21 countries.

World Heart Day and the theme of women and heart disease generated extensive media coverage, both at international and national level in the countries celebrating the event. High-level officials, notably the First Lady of Pakistan, the European Union Commissioner for Health and Consumer Protection and several Ministers of Health, lent their voice to the World Heart Federation's message.

ACTIVITIES



EDUCATION AND TRAINING

Capacity Development in Africa: In 2003, the World Heart Federation concentrated its capacity-building efforts on Africa, a continent suffering from a double burden of disease, where the average age of death from cardiovascular disease is at least 10 years younger than in more developed countries. To address this situation, the World Heart Federation has been instrumental in setting up a permanent secretariat for the African Heart Network (AHN).

New heart foundations are being created, thanks to AHN and with the help of established heart foundations through a twinning approach. The Tunisian Heart Foundation, supported by Heartfile Pakistan, is in the process of being registered; a new Kenyan Heart Foundation (twinned with Denmark) has been created; representatives of the Moroccan Atherosclerosis Society visited the Netherlands Heart Foundation for an expert meeting on heart health among Moroccans in Morocco and the immigrant population in the Netherlands. In addition, thanks to a recruitment effort on the part of the AHN Board, committed individuals have been identified in Cameroon, Egypt, Mauritius and the Seychelles, whose help will be critical in the creation of new heart foundations.

In December, the World Heart Federation joined forces with the Centers for Disease Control (USA) and many other partners to plan an annual training workshop for participants from West Africa. The purpose of these workshops is to train committed teams for prevention and control of cardiovascular disease.

Heart Foundation Needs Assessment: A qualitative survey was carried out by the World Heart Federation in 2003 to determine the structure, strengths and weaknesses of the member heart foundations, as well as their capacity-building needs. As far as needs are concerned, all foundations expressed a need for training in advocacy, media management, programme management and evaluation as well as fundraising, the latter being identified as the key challenge for all foundations. More information about World Heart Federation activities was also requested, as an important tool to increase media and public interest in cardiovascular disease.

P.D. White Traineeship Programme: As part of its programme of exchanges of best practice and capacity-building, the World Heart Federation provided five P.D. White grants to representatives of heart foundations to visit established heart foundations for training purposes. The founders of the Tunisian Heart Foundation went to Brazil; the director of the Latvian Health Promotion Centre benefited from a week at the National Heart Forum (UK); the Slovenian Heart Association sent its expert advisor to the British Heart Foundation; the CEO of the Singapore Heart Foundation went to Australia; and the Heart and Stroke Foundation of Canada hosted a trainee from Ireland.

Twin Centres Programme: Four young cardiologists received grants from the World Heart Federation contributing towards a year's traineeship in a hospital chosen to meet the specific training needs of the candidate. This programme enables specialists from countries where cardiovascular disease is emerging as an epidemic to improve their knowledge base and develop essential expertise and technical skills which are not available in their home country. This year cardiologists from Bolivia, Lithuania, Nepal and Nigeria benefited from training in Brazil, Italy, Australia and Germany, respectively.

ACTIVITIES



SHARING SCIENCE AND RESEARCH

The World Heart Federation Scientific Councils, composed of experts from around the world, carry out international lectures and training seminars, research and demonstration projects. Some of the council activities include the following:

Council on Epidemiology and Prevention: The 36th International Teaching Seminar was held in Canada in September bringing together 47 fellows and faculty from 23 different countries. This successful annual seminar is key to increasing the pool of people active in epidemiological research and its application to the prevention of cardiovascular disease. A strategy review carried out by the Council in 2003 identified ways in which it can draw on its unique expertise and network of competences in order to play a stronger role in promoting preventive cardiology across the globe, particularly in low and middle-income countries.

Council on Rheumatic Fever and Rheumatic Heart Disease (RF/RHD): This year the RF/RHD Council focused on training and advocacy issues, with support from a model RHD control programme. Specifically, the Council instigated a network of clinicians and public health officials and began developing a RHD control strategy for the Pacific, as disease prevalence is high in this region. In 2003, the Council initiated support for a register-based control programme with a detailed evaluation in the Pacific Island State of Vanuatu, which had no formal control programme previously. So far the programme has resulted in the establishment of a register of RHD patients, the beginning of screening activities, improvement in secondary prophylaxis compliance and the launch of a health promotion campaign.

Congresses: In 2003, the World Heart Federation sponsored and/or participated in multiple Congresses and meetings that make a contribution towards the prevention and control of cardiovascular disease:

- XII World Symposium on Cardiac Pacing and Electrophysiology, Hong Kong, China (February)
- 4th Latin American Congress on Hypertension, Venezuela (February)
- 2nd International Symposium on "PPARs: From Basic Science to Clinical Applications", Italy (March)
- Teaching Workshop on Interventional Arrhythmology, Italy (March)
- 52nd Annual Scientific Sessions, American College of Cardiology (ACC), USA, (March)
- Joint Meeting of the International Society for Holter and Non-Invasive Electro Cardiology, Argentina, (May)
- 12th International Congress on Cardiovascular Pharmacotherapy, Spain, (May)
- New Discoveries in Cardiovascular Disease and Stroke : Bench to Bedside Community, USA, (June)
- 25th Congress of the European Society of Cardiology (ESC), Austria, (August)
- 8th International Workshop on Cardiac Arrhythmia, Italy, (October)
- XIX Interamerican Congress of Cardiology, Canada, (October)
- 76th Scientific Session of the American Heart Association (AHA), USA, (November)
- 8th Asian Pacific Congress on Cardiac Rehabilitation, Hong Kong, China, (December)

PARTNERSHIPS



World Health Organization: The World Heart Federation has continued to work closely with WHO and is WHO's leading non-governmental partner in cardiovascular disease prevention and control.

In May, the World Heart Federation and WHO launched the SuRF (Surveillance of Risk Factors) Report 1, which for the first time captures country risk-factor profiles for chronic diseases from 170 countries. It is the first step in a major ongoing initiative to make these data available on a country-by-country basis. The World Heart Federation represented non-governmental organizations at the WHO Non-communicable Disease Strategy Review, to be presented to the Director General, Dr. Lee, in May 2004.

International Non-Governmental Organizations: In 2003, the World Heart Federation strengthened its collaboration with other international non-governmental organizations active in public health. The International Union Against Cancer (UICC) and the World Heart Federation signed a three-year memorandum of understanding, intended to promote health and prevent cancer and cardiovascular disease, formalize the working relationship between these two global organizations and initiate joint campaigns in the field of nutrition, exercise and tobacco control in low and middle-income countries. The World Heart Federation also joined up with the International Obesity TaskForce to develop a stronger position, notably on issues related to diet, physical activity and the growing obesity epidemic.

World Heart and Stroke Forum: The Forum exists to put cardiovascular disease prevention and control in low and middle-income countries on the global health agenda by raising awareness among major partners and key opinion leaders. In 2003, the Forum continued the development of the international principles of cardiovascular disease prevention, the aim of which is to provide clinical guidance and recommendations to assist countries in the development of national and multidisciplinary professional guidelines. The Forum also began work on a core curriculum of principles and practice of cardiovascular disease prevention, for inclusion in the medical school curriculum of health professionals at both the primary care and specialty care levels.

This year, the Forum created and intensified partnerships with the International Stroke Society and the Chinese Society of Cardiology, the latter through the creation of a joint Chinese/World Heart and Stroke Forum Multiple Risk Factor Working Party.

Industry: The World Heart Federation signed its first two global partnership agreements with the private sector: Unilever Bestfoods heart health business and GlaxoSmithKline.

The World Heart Federation and Unilever Bestfoods are working together to develop awareness and carry a holistic heart health message to the public, in particular by using marketing and the media. In addition, the partnership also covers joint advocacy programmes directed at policy-makers in Eastern Europe. An initial joint campaign of this type took place in Poland in September on the occasion of World Heart Day.

GlaxoSmithKline is helping the World Heart Federation to grow as an organization by supporting infrastructure costs. The partnership also focuses on joint education and training initiatives. One such pilot project is planned for 2004 in the Caribbean island state of Grenada.

ORGANIZATION



WORLD HEART FEDERATION BOARD 2003-2004

Seated (from left to right):

Mario F C MARANHÃO, MD (*Past President*), Laksmiati HANAFIAH (*Vice-President Elect*), Elinor WILSON, PhD, RN (*Vice-President*), Philip POOLE-WILSON, MD (*President*), Valentin FUSTER, MD (*President Elect*), Janet VOÛTE (*Chief Executive Officer*), Edward F HINES Jr. (*Treasurer*), Ayrton BRANDÃO, MD (*Secretary*)

Standing (from left to right):

Bey Mario LOMBANA, MD, (*InterAmerican Society Representative*), Avenilo P AVENTURA, MD (*Asia-Pacific Heart Network Representative*), Shigetake SASAYAMA, MD (*Asia-Pacific Society Representative*), Marilyn HUNN* (*Executive Director, World Heart & Stroke Forum*), John B NAPIER (*Past Vice-President*), José L LÓPEZ-SENDÓN, MD (*Chairman, Scientific Advisory Board*), Maj. Gen. Leslie F H BUSK (*European Heart Network Representative*), Sania NISHTAR, MD (*Chairman, Foundations' Advisory Board*), Srinath REDDY*, MD (*Chairman, Scientific Council on Epidemiology & Prevention*), Andy WIELGOSZ, MD (*Editor, CVD Prevention & Control*)

** Invited*

Board Members not present when photograph was taken:

Francisco FERNANDES-AVILES, MD (*European Society of Cardiology Representative*)
Bartolomé FINIZOLA CELLI, MD (*InterAmerican Heart Foundation Representative*)
Thomas PEARSON, MD, PhD (*Member at Large*)
Sidney C SMITH Jr., MD (*Chairman, World Heart & Stroke Forum*)

ORGANIZATION

WORLD HEART FEDERATION MEMBERS

CONTINENTAL MEMBERS

African Heart Network (AHN)
Asian-Pacific Society of Cardiology (APSC)
Asia Pacific Heart Network (APHN)
European Heart Network (EHN)

European Society of Cardiology (ESC)
Interamerican Heart Foundation (IAHF)
Interamerican Society of Cardiology (IASC)
Pan-African Society of Cardiology (PASCAR)

NATIONAL MEMBERS

Algeria

Algerian Society of Cardiology

Argentina

Argentine Society of Cardiology
Argentine Heart Foundation

Australia

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

Austria

Austrian Society of Cardiology
Austrian Heart Foundation

Bangladesh

Bangladesh Cardiac Society
National Heart Foundation of Bangladesh

Barbados

Heart Foundation of Barbados

Belarus

Belarussian Scientific Society of Cardiologists

Belgium

Belgian Society of Cardiology
Belgian Heart League

Bolivia

Bolivian Society of Cardiology

Bosnia and Herzegovina

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

Brazil

Brazilian Society of Cardiology
Brazilian Heart Foundation (FUNCOR)

Bulgaria

Bulgarian Society of Cardiology

Canada

Canadian Cardiovascular Society
Heart and Stroke Foundation of Canada

Chile

Chilean Society of Cardiology & Cardiovascular Surgery
Chilean Heart Foundation

China

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

Macau Heart Foundation

Taiwan Society of Cardiology
Taiwan Heart Foundation

Colombia

Colombian Society of Cardiology

Croatia

Croatian Cardiac Society

Cuba

Cuban Society of Cardiology

Cyprus

Cyprus Society of Cardiology
Cyprus Heart Foundation

Czech Republic

Czech Society of Cardiology

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

Finland

Finnish Cardiac Society
Finnish Heart Association

France

French Society of Cardiology
French Heart Foundation

Georgia

Georgian Association of Cardiology
Georgian Heart Foundation

Germany

German Cardiac Society
German Heart Foundation

Ghana

Ghanean Heart Foundation

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

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

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

Heart Foundation of the Philippines

Poland

Polish Cardiac Society

Portugal

Portuguese Society of Cardiology

Portuguese Heart Foundation

Puerto Rico

Puerto Rico Society of Cardiology

Romania

Romanian Society of Cardiology

Foundation for Cardiac Assistance (ASCAR)

Russia

Society of Cardiology of Russian Federation

San Marino, Republic of

San Marino Society of Cardiology

Saudi Arabia

Saudi Heart Association

Serbia and Montenegro

Society of Cardiology Serbia and Montenegro

Singapore

Singapore Cardiac Society

Singapore Heart Foundation

Slovakia

Slovak Society of Cardiology
"Heart to Heart" League

Slovenia

Slovenian Society of Cardiology
Slovenian Heart Foundation

South Africa

The South African Heart Association
Heart Foundation of Southern 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 College of Cardiology
American Heart Association

Uruguay

Uruguayan Society of Cardiology

Venezuela

Venezuelan Society of Cardiology
Venezuelan Heart Foundation

Vietnam

Vietnam National Heart Association

ASSOCIATE INDIVIDUAL MEMBERS**Laos**

Vang Chu, MD

Mauritius

Lord Djamil Fareed, Kt

Mozambique

Albertino Damasceno, MD
Beatriz da Conceição da Silveira, MD

Trinidad and Tobago

Theo Poon-King, MD

ASSOCIATE NATIONAL MEMBERS**Philippines**

Foundation for Lay Education on Heart Diseases

United Kingdom

National Heart Forum
National Heart Research Fund

ASSOCIATE INTERNATIONAL MEMBERS

Association of Black Cardiologists
Eastern Mediterranean Network on Heart Health
Heart Friends Around the World
Heartfile
International Chinese Heart Health Network
International Council of Nurses
International Heart Health Society
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
The International Society on Hypertension in Blacks
The Society of Chest Pain Centres and Providers
World Council of Cardiovascular and Pulmonary Rehabilitation

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

As statutory auditors, we have audited the accounting records and the financial statements (statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure and notes) included on pages 15 to 24 of World Heart Federation for the year ended 31 December 2003. We have not audited the comparative financial information as at or for the year ended 31 December 2002.

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 accounting records and financial statements comply with Swiss law and the World Heart Federation's statutes and bylaws.

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

PricewaterhouseCoopers SA


WM Wright Al Bainton

Geneva, 30 March 2004

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS

December 31, 2003

(Expressed in Swiss francs)

	Notes	<u>2003</u>	<u>2002</u>
<u>Assets</u>			
<u>Current assets</u>			
Cash and cash equivalents		12 686	758 648
Accounts receivable and prepaid expenses		446 362	111 332
<i>Total current assets</i>		<u>459 048</u>	<u>869 980</u>
Investments		2 455 221	2 617 419
Escrowed deposits		22 451	22 165
Net fixed assets		77 638	116 663
		<u>3 014 358</u>	<u>3 626 227</u>
<u>Liabilities and Reserve Funds</u>			
<u>Liabilities</u>			
Provisions for approved projects			
Bangladesh EC / WHF		-	53 710
<i>Total provisions for approved projects</i>		<u>-</u>	<u>53 710</u>
Accounts payable and accruals		244 903	142 239
Prepaid membership fees	3	2 904	38 605
<i>Total liabilities</i>		<u>247 807</u>	<u>234 554</u>
<u>Reserve funds</u>			
General reserve fund		1 731 300	2 802 997
Restricted income funds		477 263	-
Epidemiology Fund		557 988	588 676
<i>Total reserve funds</i>		<u>2 766 551</u>	<u>3 391 673</u>
		<u>3 014 358</u>	<u>3 626 227</u>
(See accompanying notes)			

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF RECEIPTS AND OPERATING EXPENDITURE

December 31, 2003

(Expressed in Swiss francs)

	Notes	<u>2003</u>	<u>2002</u>
<u>Operating receipts</u>			
Membership fees			
Current year	2	496 168	485 113
Arrears	3	7 531	11 226
World Congress		-	1 878 592
World Heart Day	4	233 402	444 919
World Heart and Stroke Forum	4	134 676	16 149
Twin Centers and other receipts	4	19 713	138 489
Corporate partnerships - Restricted	4	321 363	-
Corporate partnerships - Unrestricted	4	461 277	-
Education & training programs - Restricted	4	155 900	-
Education & training programs - Unrestricted	4	10 326	-
Bank interest and money market fund income		54 713	41 852
<i>Total operating receipts</i>		<u>1 895 068</u>	<u>3 016 340</u>
<u>Operating expenditure</u>			
Secretariat	5	614 060	757 890
Development	5	601 142	509 109
Meetings	5	37 934	53 871
Activities	6	393 311	414 565
Projects	6	929 603	756 961
<i>Total operating expenditure</i>		<u>2 576 050</u>	<u>2 492 396</u>
<i>(Deficit) / excess of operating receipts over expenditure</i>		<u>(680 982)</u>	<u>523 944</u>
<u>Gains and losses on investments</u>			
Net gain / (loss) on investments	7	86 548	(484 278)
<i>(Deficit) / excess of operating receipts over expenditure</i>		<u>(594 434)</u>	<u>39 666</u>
General reserve funds at the beginning of the year		2 802 997	2 687 996
Transfer of reserve funds and provisions available for expenditure		-	75 335
Restricted income allocated to Restricted income funds		<u>477 263</u>	<u>-</u>
General reserve funds at the end of the year		<u><u>1 731 300</u></u>	<u><u>2 802 997</u></u>

(See accompanying notes)

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 1 CHANGE IN ACCOUNTING POLICY

With effect from 1 January 2003, operating receipts are recorded as income on an accrual basis, according to the date of contract or, if no contract exists, date of invoice. If the World Heart Federation had not changed this accounting policy in the current year, the operating receipts would have been CHF 399,040 lower. Correspondingly, the deficit of operating receipts over expenditure for the year and the General reserve funds at 31 December 2003 would have decreased by the same amount.

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 2 MEMBERSHIP FEES RECEIVED IN THE YEAR ENDED DECEMBER 31, 2003

Country	CHF	Country	CHF
Algeria	546	Serbia and Montenegro	546
Argentina	4 302	Singapore	2 185
Australia	11 747	Slovakia	1 093
Austria	6 830	Slovenia	1 093
Bangladesh	546	South Africa	1 639
Belgium	7 649	Spain	13 659
Bosnia and Herzegovina	546	Sri Lanka	546
Bulgaria	546	Sweden	4 918
Canada	29 613	Switzerland	8 742
Chile	1 366	Syria	546
China :		Thailand	2 185
Hong Kong	2 732	Turkey	2 185
Taiwan	2 732	UK	33 875
Croatia	546	Ukraine	546
Cyprus	546	United Arab Emirates	2 185
Czech Republic	1 913	Uruguay	533
Denmark	7 103	USA	135 322
Ecuador	480	Venezuela	2 185
Finland	5 464	Vietnam	546
France	18 303		
Germany	40 977		<u>487 446</u>
Greece	2 185	Associate National Members	
Iceland	546		
India	3 278	Nat.Heart Research Fund, UK	2 117
Indonesia	1 913		
Ireland	4 371		<u>2 117</u>
Israel	2 732	Continental Societies & International Associate Members	
Italy	27 318		
Jamaica	546	APHN	1 000
Japan	27 318	ESC	1 000
Kenya	533	EHN	1 000
Kuwait	2 732	IASC	1 000
Latvia	546	ICHHN	1 000
Lebanon	546	WCCPR	1 000
Lithuania	518	Heart Friends Around the world	200
Malaysia	1 913	Int'l Council of Nurses	200
Mexico	4 917		
Myanmar	546		<u>6 400</u>
Nepal	546		
Netherlands	12 294	Individual Members	
New Zealand	4 098		
Nicaragua	489		
Nigeria	239	Dr Fareed	100
Norway	5 737	Dr Poon-King	100
Pakistan	1 366	Dr Silveira	5
Panama	417		
Paraguay	516		<u>205</u>
Peru	546		
Philippines	2 460		
Poland	2 185		
Portugal	4 098		
Puerto Rico	604	Membership fees received in 2003	<u><u>496 168</u></u>
Romania	546		
Russia	4 098		
San Marino	541		
Saudi Arabia	5 191		

WORLD HEART FEDERATION, Geneva (Switzerland)

**NOTE 3 ATTRIBUTION TO PREPAID INCOME AND ARREARS OF
MEMBERSHIP FEES RECEIVED IN THE YEAR ENDED DECEMBER 31, 2003**

Prepaid	CHF	Arrears	CHF
Netherlands	2 904	Ecuador	502
		Latvia	546
		Lebanon	546
		San Marino	546
		Saudi Arabia	5 191
		Dr Fareed	100
		Dr Poon-King	100
	<u>2 904</u>		<u>7 531</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 4 DONORS

RECEIVED IN THE YEAR ENDED DECEMBER 31, 2003

	Corporate Partnerships	Education & Training	World Heart & Stroke Forum	World Heart Day	Total
<i>Corporate Donors</i>					
Unilever NV	383 600	155 900			539 500
GlaxoSmithKline	321 363				321 363
Bayer Healthcare AG	77 677			45 857	123 534
AstraZeneca Ltd			85 930	38 625	124 555
Pfizer International Inc.				69 180	69 180
Merck & Co Inc.		3 483		45 728	49 210
Procter & Gamble Pharma				12 920	12 920
Other donors		6 844	48 746	21 093	76 682
<i>Total donors for projects</i>	782 639	166 226	134 676	233 402	1 316 943

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 5 ANALYSIS OF EXPENDITURE

For the years ended December 31, 2003 and 2002

	<u>2003</u>	<u>2002</u>
	CHF	CHF
<u>General and administrative</u>		
Secretariat		
Salaries and social charges	312 388	498 755
Rent and insurance	93 238	77 257
Office equipment leasing	18 796	12 332
Maintenance and repairs	12 354	36 063
Telephone	19 806	11 595
Office supplies and equipment	7 028	23 630
Subscriptions and dues	4 327	1 935
Professional services (Audit/Accounting/Lawyer)	130 954	71 357
Bank charges and miscellaneous	15 169	24 966
	<u>614 060</u>	<u>757 890</u>
Development and Member Communications		
Development	392 641	357 259
Marketing, PR and events	67 261	-
Professional services (IT/Website maintenance)	65 677	78 640
Depreciation of office furniture and equipment	49 909	41 993
Postage	14 979	22 259
Printing	10 675	8 958
	<u>601 142</u>	<u>509 109</u>
Meetings and Member Congresses		
International representation	<u>37 934</u>	<u>53 871</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 6 ANALYSIS OF ACTIVITY AND PROJECT EXPENDITURE

For the years ended December 31, 2003 and 2002

	<u>2003</u>	<u>2002</u>
	CHF	CHF
Activities		
Executive Board/President's expenses	95 824	136 544
Scientific Advisory Board and Councils	123 373	171 498
Foundations' Advisory Board	139 699	68 828
Heartbeat and Prevention & Control	34 415	37 695
<i>Total Activities</i>	<u>393 311</u>	<u>414 565</u>
Projects		
World Heart Day	486 147	440 432
World Heart and Stroke Forum	141 976	155 631
Twin Centers	90 980	85 192
P.D. White	14 027	3 404
Education and Training	26 746	-
Advocacy	169 655	71 044
INGCAT & Tobacco	72	663
Other	-	595
<i>Total Projects</i>	<u>929 603</u>	<u>756 961</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 7 FINANCIAL INCOME AND EXPENSES

For the years ended December 31, 2003 and 2002

	<u>2003</u>	<u>2002</u>
	CHF	CHF
<u>Gains and losses on investments</u>		
Net realized gain / (loss) on portfolio	55 373	(113 752)
Net realized foreign exchange losses	(33 274)	(91 719)
Net realized gain / (loss) on investments	<u>22 098</u>	<u>(205 471)</u>
Net unrealized gain / (loss) on portfolio	51 162	(138 446)
Net unrealized foreign exchange gain / (loss)	13 288	(140 361)
Net unrealized gain / (loss) on investments	<u>64 449</u>	<u>(278 807)</u>
Net gain / (loss) on investments	<u><u>86 548</u></u>	<u><u>(484 278)</u></u>

WORLD HEART FEDERATION, Geneva (Switzerland)

CASH FLOW STATEMENT

For the years ended December 31, 2003 and 2002

(Expressed in Swiss francs)

	<u>2003</u>	<u>2002</u>
	CHF	CHF
<u>Operating activities</u>		
Net (deficit) / excess for the year	(594 434)	39 666
Depreciation and amortisation	49 511	39 218
Interest expense	(10 726)	(14 941)
Unrealised gains on securities and investments	64 449	(278 807)
Release / utilisation of provisions	(84 398)	(166)
<i>Net cash used for operating activities before working capital changes</i>	(575 598)	(215 031)
(Increase) / decrease in prepaid expenses	(1 903)	15 005
Decrease in other current assets	(333 413)	(96 748)
Decrease in investments	108 475	886 606
Decrease in accounts payable	132 706	53 105
(Increase) / decrease in accrued expenses	(65 744)	29 164
<i>Net cash (used for) / provided from operating activities</i>	(735 476)	613 771
<u>Investing activities</u>		
Fixed asset purchases	(10 485)	(54 798)
Fixed asset disposals	-	-
<i>Net cash used for investing activities</i>	(10 485)	(54 798)
<u>Financing activities</u>		
<i>Net cash used for financing activities</i>	-	-
Net (decrease) / increase in cash	(745 961)	558 973
Cash and cash equivalents at beginning of the year	758 648	199 674
<i>Total of the cash and cash equivalents at year end</i>	12 686	758 647



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