

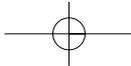
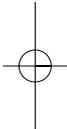
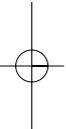
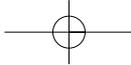
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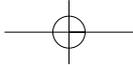
Annual report



World Heart Federation ©Lois Greenfield







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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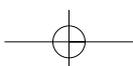
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Message from the President and CEO

In 2006, the World Heart Federation made great progress on many fronts. By working together with our members, and by building partnerships, we enhanced our ability to prevent and control heart disease and stroke, particularly in low- and middle-income countries. Our World Congress of Cardiology highlighted our scientific capability while enabling us to reach broad audiences. In the areas of awareness campaigns and advocacy, we maximized our opportunities to be heard globally by physicians, politicians and the public. Our demonstration projects in Latin America, Asia, the South Pacific and Africa, which are detailed below, were on target to produce tangible results. And, last but not least, financially we grew our operating receipts by 60% over the previous year. All of this made 2006 memorable in the continued growth and development of the World Heart Federation. Sincere thanks go to our Board members, national and continental member organizations, our partners and supporters.

Science

The XVth World Congress of Cardiology held in early September in Barcelona was planned and implemented jointly by the World Heart Federation and the European Society of Cardiology. With 32,544 delegates, we exceeded our expectations while providing a rich, diverse global group of attendees. The European Society of Cardiology scientific programme was expanded to include sessions on specific issues facing countries with developing economies, such as rheumatic heart disease and Chagas disease, as well as health systems and health economics. The urgent need to include cardiovascular disease among the United Nations Millennium Development Goals was addressed at both the opening and closing ceremonies and mentioned in much of the press coverage. Her Majesty Queen Sofia of Spain served as Patron of the congress and helped to underline the importance of our call to action. We elected a new Board of Directors and held developmental workshops for heart foundations and writers about cardiovascular disease.

Awareness and Advocacy

While the issues of heart disease and stroke in low- and middle-income countries are still under-represented on the global health agenda, we began to see a few signs of progress. Notably, the Clinton Global Initiative devoted a two-hour panel discussion to the topic of cardiovascular and

other chronic diseases, as well as selecting two World Heart Federation demonstration projects as Clinton initiatives worthy of the international community's support. Working together with the World Economic Forum, the World Health Organization, multinational corporations and health ministries enabled us to advocate for, structure and begin to implement a global wellness initiative targeting the prevention of chronic disease in employees and their families.

The World Heart Day programme focused on the theme "How young is your heart?" It continued to go from strength to strength with 125 million internet mentions in English, nearly 5 million hits to www.worldheartday.org and 580 million in combined readership. This growth reflects the growing interest in healthy lifestyles and disease prevention. Furthermore, preparations began in earnest for the Go Red for Women international campaign which, unlike World Heart Day, will be an ongoing campaign to raise awareness among women of their risk of heart disease. All of these efforts are steadily increasing media, public and policy-maker attention on the prevention and control of cardiovascular disease, but we all still have a long way to go.

Demonstration Projects

The year will also be remembered as the one during which the World Heart Federation invested substantial amounts of time and attention on tangible demonstration projects that target children, youth and communities as well as patient care and hospital practices:

- We broke new ground with our partnership with **Plaza Sésamo's Healthy Habits for Life** programme, through which children in **Colombia** are learning about healthy diets, physical activity and the importance of their hearts. Films made in Colombia and carrying heart-healthy messages are being aired throughout the Spanish-speaking Americas.
- The World Heart Federation co-sponsored the first **Global Youth Meet on Health**; more than 160 youths from 35 countries gathered in **India** to create an international youth network against chronic and other diseases.
- The **Grenada Heart Project** continued to generate substantial community interest in promoting healthier behaviours.
- Our **Bridging the Gap** project in **China**, addressing

treatment gaps and adherence to guidelines, continued on a strong footing with 63 regional hospitals involved in the programme.

- Our secondary prevention programmes in **rheumatic fever/rheumatic heart disease** in both the **South Pacific islands**, and more recently in **Africa**, were on target to benefit thousands of children. We started an **internet-based Centre of Excellence** for the control of rheumatic fever and rheumatic heart disease.
- Our collaboration with the **Spanish National Centre for Cardiovascular Research** (CNIC) on the **polypill**, a fixed-dose combination of an ace inhibitor, statin and aspirin therapies for use as secondary prevention in post-myocardial-infarction patients, continues on track to deliver a lower cost treatment option to patients in resource-constrained settings by 2010.

Conclusion

We hope you will join us in celebrating this year of tremendous growth and progress for the World Heart Federation and its members and partners. May we all be

proud of our progress and the spirit of collaboration that makes it possible. We look forward to seeing you again at our next World Congress of Cardiology to be held in Buenos Aires, Argentina, from the 18th-21st May 2008.



Valentin Fuster
President




Janet Voûte
Chief Executive Officer



The World Heart Federation



The World Heart Federation is an international nongovernmental organization based in Geneva, Switzerland, dedicated to the prevention and control of cardiovascular disease around the world. It is a growing membership organization that brings together the strength of the medical community (societies of cardiology) with the public health community (heart foundations). Its 195 member organizations operate in more than 100 countries at both the national and regional levels. Together with its members, the World Heart Federation carries out its mission through four pillars of activity: it raises awareness of the burden of cardiovascular disease and its risk factors among the general public, health-care professionals and policy-makers; it advocates for measures to address the rising global burden of cardiovascular disease, particularly in low- and middle-income countries; it carries out demonstration projects in specific low-resource settings, which can then be replicated; it shares science and builds capacity, notably through its biennial congresses, Scientific Advisory Board and Councils and Foundations' Advisory Board, as well as the continental networks of member organizations.

The Global Burden of Cardiovascular Disease

Cardiovascular disease is the leading cause of mortality worldwide, accounting for 17.5 million deaths annually. Eighty per cent of these deaths and 87% of related disabilities occur in low- and middle-income countries, many of which are already struggling against infectious diseases and thus are faced with a double burden of disease. The proportion of deaths due to cardiovascular disease is expected to continue rising in these countries. For example, between 1993 and 2003 in China, the world's most populous country, prevalence increased from 31.4% to 50%.¹

Cardiovascular disease affects all socio-economic classes of society. The 2005 World Health Organization report *Preventing chronic diseases: a vital investment*² highlights that chronic diseases, including cardiovascular disease, inflict an enormous direct and indirect economic burden on the poor and push many people and their families into poverty. The world tends to underestimate these facts. For example, chronic disease deaths

occur at much earlier ages in low- and middle-income countries than in high-income countries, striking more often during the most productive phases of people's lives. As a consequence, children and elders are left without their principal breadwinners. At the same time, the world tends to underestimate the potential of preventive and health promotion measures to alleviate poverty in low- and middle-income countries.

Cardiovascular disease is the number one killer of women worldwide, causing 8.6 million female deaths annually.³ Yet it is underdiagnosed and undertreated in women the world over, and women themselves often do not recognize their own symptoms as some of these differ from men's. Children also are increasingly threatened through the combined impacts of tobacco, obesity and overweight.

Yet, while the causes of cardiovascular disease are known, not enough is being done to mitigate them. Cardiovascular disease and other chronic diseases have not been included among the United Nations Millennium Development Goals for halving world poverty by 2015 and are being ignored by policy-makers, development aid agencies and leading donors.

Much can be done at both the population and patient care levels. Policy-makers can play a major role through the implementation of health promotion policies in the areas of tobacco control, healthy diets and physical activity. Communities can reinforce healthy lifestyle choices. Physicians can pay more attention to prevention and care. Early detection of cardiovascular disease and its attendant risk factors can lead to the kinds of lifestyle and medical interventions that are key to helping patients live longer, healthier lives. Putting these cost-effective measures into place could dramatically reduce cardiovascular death and disability. The World Heart Federation and its member organizations are actively working towards this goal.

¹ Wang Y, Mi J, Shan XY, Wang QJ, GE KY. *Is China facing an obesity epidemic and the consequences? The trends in obesity and chronic disease in China.* Int J Obes. 2007 Jan;31(1): 177-88. E-pub 2006 May 2.

² World Health Organization. *Preventing chronic diseases: a vital investment. WHO global report.* Geneva 2005.

³ World Health Organization. *World health report 2004. Changing history.* Geneva 2004.

Activities



Awareness

The World Heart Federation builds public awareness of cardiovascular disease and disseminates information about its prevention and control to encourage people worldwide to take action and take care of their heart health.

World Heart Day

World Heart Day has been extremely successful in reaching the public at large in many countries throughout the world, with the aim of raising awareness and promoting preventive measures to reduce the incidence of cardiovascular disease in the global population. The year 2006 was no exception. On Sunday, 24 September, World Heart Day was celebrated with high interest and enthusiasm in more than 100 countries on all continents. The year's theme – "How young is your heart?" – focused specifically on physical activity as a means to keep one's heart healthy well into old age. This was an opportunity to educate the public about the benefits of different types of physical activity, such as jogging and field sports, as well as about the benefits of a healthy diet and avoiding tobacco.

The World Heart Federation was proud to have Fabio Cannavaro, captain of the Italian football team that won the 2006 World Cup, join in emphasizing the importance of a healthy diet and regular exercise. The continued involvement of the Union of European Football Associations (UEFA) bolstered the special attention given to the importance of regular physical activity and sport, appealing to a wide range of audiences.

Heart foundations and societies of cardiology around the world marked the event in numerous creative ways. For example, for the several months leading up to World Heart Day, the Association of Cardiologists of the Republic of Kazakhstan (a new World Heart Federation national member) campaigned to increase awareness of the risk factors leading to cardiovascular disease. In particular, it sponsored special activities to raise

awareness among the rural population. It also sponsored medical conferences and risk factor assessments in various regions of the country. Newspapers and television stations responded by presenting various reports about the subject. With the arrival of World Heart Day, it sponsored various public gatherings, including lectures about hypertension and an open house at an outpatients' clinic.

The Heart and Stroke Foundation of Barbados organized a number of events in support of World Heart Day and Barbados Heart and Stroke Week, including a unique essay and poster competition for primary school students. The competition focused on the universal World Heart Day theme "How young is your heart?"

In the Seychelles, the Minister of Health presented 30 "Healthy Heart Award" certificates for sustainable projects to improve community heart health. Among the recognized projects were restaurants that serve healthy food, schools that have taken steps to reduce student obesity and workplaces that have banned smoking and organized exercise classes for their workers.

The Netherlands Heart Foundation organized a walking tour in Veluwe National Park. The 2,000 participants received free apples and cardiovascular risk assessments and were treated to a percussion concert.

Many partner organizations participated in the World Heart Day campaign. The International Council of Nurses distributed campaign material to all national nurses' associations around the world. Cooperation with the United Nations was reinforced. In addition to the World Health Organization and the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations' Sport for Development and Peace programme co-sponsored World Heart Day.

Go Red for Women

Each year, some 8.6 million women die of cardiovascular disease, making it their biggest killer. Indeed, heart disease and

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stroke kill more women each year than all types of cancers, HIV/AIDS, malaria and tuberculosis combined. Studies in various countries demonstrate that most women fail to understand their great vulnerability. In response, the World Heart Federation is taking the *Go Red for Women* campaign international. It developed a long-term strategy – to be rolled out in 2007 – to tackle the epidemic of cardiovascular disease in women at the international level. The strategy addresses the need both to increase awareness and to narrow the gap in scientific knowledge about cardiovascular disease in women. The resounding success of the American Heart Association's *Go Red for Women* campaign in the United States of America demonstrates that women need and want much more in the way of prevention, diagnosis and control of cardiovascular disease. Throughout 2006, members of the World Heart Federation who are active in the international application of *Go Red for Women* saw that interest confirmed in country after country.

At the World Congress of Cardiology in Barcelona, member foundations joined in a workshop organized by the World Heart Federation to exchange experiences and benchmark current best practices. By the end of the year, the number of countries that had committed themselves to participate in the campaign rose to more than 30. *Go Red for Women* activities ranged from on-site monitoring of blood pressure to fashion shows, heart walks and events in shopping malls. In the last quarter of 2006, work was begun to develop a web-based tool kit for members to showcase their activities, as well as to exchange ideas and artwork. The tool kit will be available to members in 2007.

Elizabeth Arden, a global prestige beauty products company, joined as the first international corporate partner for *Go Red for Women*. The programme is supported by Elizabeth Arden spokesperson and Oscar-winning actress Catherine Zeta-Jones.

Children and Youth

Raising awareness among children and their caregivers is particularly important. By adopting healthy habits early in life, children have a greater chance to reduce their risk of a heart attack or stroke in adulthood.

Healthy nutrition, regular physical activity and saying no to tobacco are the key messages that the World Heart Federation seeks to impart in its awareness campaigns targeted at children. For example, the World Heart Federation's partnership with the popular children's television show *Plaza Sésamo* (*Sesame Street*) teaches Spanish-speaking children in Colombia, and their families, about heart-healthy behaviours that they can adopt and profit from throughout their lives. A health educational network that the World Heart Federation began to form in Argentina, Colombia, Mexico and Uruguay will teach Latin American youths about the advantages of adopting healthy lifestyles.

Heart Beat

Beginning with the October/November edition, the World Heart Federation re-launched its quarterly print newsletter *Heart Beat* as a bimonthly electronic newsletter geared at both members and general readers. Members and non-members alike may register to automatically receive the newsletter by visiting the *Heart Beat* web page at <http://www.world-heart-federation.org/publications/heart-beat-e-newsletter/>. Just as under the old format, the new *Heart Beat* keeps readers abreast of the World Heart Federation's efforts to prevent cardiovascular disease, especially in low- and middle-income countries.

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Advocacy

The World Heart Federation advocates internationally for greater investment in the prevention of cardiovascular disease and for policies to reduce its major lifestyle risk factors: tobacco use, unhealthy diets and physical inactivity.

Global Health Agenda

The World Heart Federation's attempts to include chronic disease among the United Nations' Millennium Development Goals were comprehensive and multi-pronged. World Heart Federation President Valentin Fuster continued his advocacy at the United Nations, with leaders of world opinion, such as former United States President Bill Clinton; and through such prestigious publications as the *Financial Times* and *Nature Clinical Practice Cardiovascular Medicine*.

In an editorial in *Nature Clinical Practice Cardiovascular Medicine*, Dr Fuster argued that the failure to include cardiovascular and other chronic diseases in the Millennium Development Goals process has caused those diseases to be "underrecognized and underfunded", even though they account for 60% of all deaths and 6.4 times more deaths than malaria, tuberculosis and HIV/AIDS combined. "This situation must be rectified," Dr Fuster wrote. "In order to truly begin to reduce poverty, infectious and chronic diseases must be addressed together." After the G8 erroneously declared infectious diseases to be "the leading cause of death worldwide," Dr Fuster and Chief Executive Officer Janet Voûte wrote to the *Financial Times*. Their published letter praised the leaders' commitment to infectious diseases but said that "chronic diseases deserve a fairer share" of their attention and that their health policies need "to be more balanced and to reflect more accurately the clear and present threat to human life and well-being".

At the World Congress of Cardiology in Barcelona, Dr Fuster urged the United Nations to "acknowledge the global health

and economic threat of cardiovascular and other chronic diseases". Featured at the annual meeting of the Clinton Global Initiative in New York, the World Heart Federation appealed for help with its demonstration projects to eliminate rheumatic fever and rheumatic heart disease in Africa and to develop a polypill, a combination of three frequently used heart medications, to prevent and control cardiovascular disease in low-resource settings. The Clinton Global Initiative responded by recognizing the projects as worthy of the international community's support.

Another editorial in *Nature Clinical Practice Cardiovascular Medicine* called for governments to develop effective guidelines for the prevention of cardiovascular disease. Dr Fuster, Ms Voûte and lead author Dr Sidney Smith, Chairman of the World Heart Federation's Scientific Advisory Board, recommended that governments take advantage of 10 strategic principles for the development of national clinical guidelines that the World Heart Federation published in 2004. The World Heart Federation continued its partnership with the World Health Organization, with a particular emphasis on reinforcing the work of the Noncommunicable Diseases and Mental Health cluster. During the World Health Assembly, the World Heart Federation organized a reception to push cardiovascular disease onto the global health agenda. Beforehand, the 80 participants discussed the burden of cardiovascular disease and the need for governments to act against the global threat.

Tobacco Control

The World Heart Federation continued to push for full implementation of the Framework Convention on Tobacco Control. The Conference of the Parties, which comprises all countries that have ratified the Convention, met from 6 to 17 February in Geneva. The Parties agreed to begin work on the development of protocols to deal with cross-border advertising

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and smuggling of tobacco.

World No Tobacco Day was held on 31 May with the slogan: "Deadly in any form or disguise". The slogan was meant to highlight the various product differentiations and marketing ploys that the industry uses to hook consumers, and to warn consumers that they should regard all tobacco products as dangerous. The World Heart Federation celebrated World No Tobacco Day and urged members to continue working for the Convention's full implementation.

The Global Smoke-Free Partnership was formed with the goal of promoting effective smoke-free air policies worldwide. The partnership works by helping practitioners and supporters of smoke-free policies to access the evidence against tobacco, to request assistance from a network of experts and to take supportive action. The partnership is coordinated by the American Cancer Society and the Framework Convention Alliance and unites the World Heart Federation, the International Union Against Cancer and other organizations to advocate for and to reinforce anti-tobacco policies.

Healthy Diet and Physical Activity

The World Heart Federation continued to advocate for full implementation of the Global Strategy on Diet, Physical Activity and Health. The World Health Assembly adopted the global strategy in 2004 with the aim of addressing unhealthy diets and physical inactivity – two of the major risk factors for the growing burden of cardiovascular and other chronic diseases. The biennial report to the Health Assembly noted that, while some progress has been made, implementation varied widely between regions and countries. The World Health Organization's Regional Office for Europe developed additional recommendations to strengthen implementation. In Istanbul, the World Heart Federation and its European member, the European Heart Network, supported the signature of the World Health Organization European Charter

on Counteracting Obesity.

The Global Alliance for the Prevention of Obesity and Related Chronic Disease (see Partnerships) coordinated actions in support of the strategy's implementation. The Alliance progressed towards its goal, adopted in 2005, of having at least 25 national coordinating groups by 2010.

Workplace Wellness

The World Heart Federation took active part in the development of the World Economic Forum's "Working Towards Wellness" initiative, joining the Steering Committee and Advisory Board of the organized effort to stimulate greater business engagement in the fight against cardiovascular and other chronic diseases. The initiative seeks to bring together employers, health professionals and policy-makers to control the risk factors that increase employees' vulnerability to chronic diseases.

The World Heart Federation emphasized companies' need to extend their commitment to employee wellness beyond their headquarters to include workers in low- and middle-income countries. It began working with pharmaceutical manufacturer GlaxoSmithKline to develop a creative public-private partnership pilot project to identify feasible and affordable strategies for reducing chronic disease among its employees at two factories in India. The programme will be put into place in 2007.

Activities



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Demonstration projects

The World Heart Federation's demonstration projects aim to develop models for resource-appropriate interventions that can measurably reduce cardiovascular disease risk. The projects encompass both primary and secondary prevention and place a particular emphasis on children, the community and patient care.

Plaza Sésamo: Healthy Habits for Life

In Colombia, the World Heart Federation began a three-year partnership with Sesame Workshop, the nongovernmental organization behind the children's television show *Sesame Street*. Part of Sesame Workshop's *Healthy Habits for Life* initiative, the partnership seeks to harness the popularity of the show's Spanish-language version, *Plaza Sésamo*, to instill in young Spanish-speaking viewers throughout the Americas healthy habits that they can use and benefit from into adulthood. Colombian children participated in the production and design of five live-action films and three animations, which highlighted local culture and habits. The World Heart Federation participated in a workshop in Bogotá at which Colombian specialists in childhood education, nutrition, medicine and child welfare helped to guide the content of the films and animations, as well as of the overall curriculum, which focuses on diet and physical activity. Sesame Workshop and the World Heart Federation also planned to produce vibrant print materials for Colombian children and their caregivers to complement and extend the broadcasts' reach.

Youth Advocacy

With the goal of creating a global health advocacy platform for youths, the World Heart Federation co-sponsored the Global Youth Meet on Health. Held in India, the event was organized by the non-governmental organization HRIDAY-SHAN (Health Related Information Dissemination Amongst Youth – Student Health Action Network) in partnership with the World Heart Federation and other

organizations concerned with global health. More than 100 youth leaders from 35 countries participated in workshops and sessions that covered such issues as tobacco use, unhealthy diets and physical inactivity. The participants launched the *Youth 4 Health* movement and outlined a strategy to guide their actions at the national level.

The World Heart Federation facilitated the attendance of teams organized by its member organizations, covering travel costs of teams from six countries and helping with the expenses of two others. Afterward, the World Heart Federation worked with the teams from Argentina, Colombia, Mexico and Uruguay to build a youth health advocacy platform for Latin America that would be integrated into the global platform.

Grenada Heart Project

In most economically developing countries, rapid lifestyle changes are causing an increase in cardiovascular risk factors. Grenada appears to be in the early stages of this "epidemiological transition". The World Heart Federation's Grenada Heart Project seeks to find ways to slow the Caribbean country's progression towards a full-blown epidemic of cardiovascular disease. The five-year demonstration project began there in 2005. Implemented in collaboration with Grenada's government and the University of Rochester Department of Community and Preventive Medicine, it uses the World Health Organization's STEPwise approach to surveillance of cardiovascular disease risk factors to collect high-quality data. It aims to help communities tailor prevention programmes to their needs and the health ministry to find sustainable measures of secondary prevention. In April and May, project staff conducted a population assessment on the Grenadian island of Carriacou.

Rheumatic Heart Disease Prevention: the South Pacific

Rheumatic heart disease remains the most common cardiovascular disease of children and youths in economically developing countries.

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The South Pacific islands have the world's highest prevalence of the disease. Some countries there spend 10-15% of their total health budgets sending patients abroad for heart surgery.

The World Heart Federation and the Menzies School of Public Health in Australia run a programme to strengthen the control of rheumatic fever and rheumatic heart disease in the region. The programme's two three-year demonstration projects are run with the health ministries of Fiji and Samoa. Completing its second year, the Fiji project has screened 3,300 school children and is following more than 600 cases through a central register. The Samoa project began in December; by year's end more than 200 cases of rheumatic heart disease had been identified from existing records and entered into a central register; a training workshop for health professionals is planned for early 2007.

Materials developed in the programme were shared with health-care professionals from 10 countries at the First Regional Workshop on Rheumatic Fever and Rheumatic Heart Disease in the Pacific Island Countries, organized by the World Heart Federation and the World Health Organization in Fiji. They have been made available online in the World Heart Federation's Centre of Excellence in Rheumatic Heart Disease control (see Sharing Science and Building Capacity).

Rheumatic Heart Disease Prevention: Africa

Africa is the continent estimated to have the largest number of children suffering from rheumatic heart disease, and few of these children have access to the medical care and preventive measures that would enable them to survive and lead normal lives. In sub-Saharan Africa, more than a million children suffer from it, and few get the medical care they need to survive and lead normal lives. Based on an initiative developed in 2005 by the Pan African Society of Cardiology (PASCAR), the World Heart Federation committed to work with its members to implement a rheumatic heart disease control programme in Africa. The approach is called ASAP, drawn from the programme's four pillars: awareness-raising, surveillance, advocacy and prevention. Demonstration project sites in South

Africa, Ghana, Ethiopia and Egypt aim to develop models for comprehensive rheumatic heart disease control at the national level. By year's end, preliminary surveys and awareness-raising campaigns were under way at some of the sites.

Polypill

The World Heart Federation began working with the Spanish National Centre for Cardiovascular Research to develop, produce and deliver a polypill for the prevention of cardiovascular disease in heart attack patients in low-resource settings. The polypill – a fixed-dose combination of ace inhibitor, statin and aspirin therapies – is to be used for the secondary prevention of cardiovascular disease in post-myocardial-infarction (heart attack) patients. During the year, a patent analysis was undertaken, and drug components, combinations and dosages were selected. When it becomes a reality around 2010, it is expected to considerably reduce the cost of treatment while increasing patient compliance.

China: Bridging the Gap

The World Heart Federation is striving to improve the quality of care for coronary heart disease patients in China by working to bridge the gap between secondary prevention guidelines and clinical practice. Launched in 2005, the "Bridging the Gap" project is being carried out in 63 hospitals in every province and autonomous region.

Phase I, which was ongoing, involves the collection and validation of data to identify problems in current practice in the treatment and care of coronary heart disease patients at hospitals of various levels. Phase II, which was expected to begin in 2007, will identify major barriers to the implementation of an evidence-based clinical practice in routine clinical care for coronary heart disease patients. Phase III will involve the development of intervention strategies based on the problems and barriers identified in phases I and II. The project protocol addresses both inpatients and outpatients. Collaborators include the Beijing Institute of Heart, Lung and Blood Vessel Diseases, the Chinese Society of Cardiology and the China National Healthy Heart Programme.

Activities



Sharing science and building capacity

The World Heart Federation shares science and helps to build capacity for the prevention 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.

XVth World Congress of Cardiology in Barcelona

The XVth World Congress of Cardiology, held 2–6 September in Barcelona, beat the record for attendance. It drew 32,544 delegates from more than 100 countries – or some 12,000 more than the second-largest World Congress of Cardiology. The Barcelona congress was a joint venture with the European Society of Cardiology. Attendance at Barcelona was more than 30% higher than the average attendance at all of the annual congresses held by the European Society of Cardiology from 2002 to 2005.

The highlight theme was “Cardiovascular Disease and Ageing.” A total of 3,917 abstracts were accepted, of which 125 were presented orally. The 197 sessions took place in 30 different rooms. Fifty-one companies organized 79 satellite symposia and workshops; 13 of these companies organized them for the first time. In addition, there were abundant professional networking opportunities. The exhibition hall was the largest and most diverse ever. There were 6,120 exhibitors in 26,500 square metres of space.

The scientific programme included sessions on the latest results and concepts in cardiovascular biology, including functional genomics and molecular, cellular and integrative approaches. Clinical sessions explored the incidence of thrombosis in drug-eluting stents, aspirin therapy and heart failure management. There were “Hot Line and Clinical Trial Updates”, which were fora for the real-time presentation of the latest clinical trial data from the congress. The updates included summaries of main findings and

commentaries emphasizing the implications for clinical practice. The World Heart Federation organized 12 scientific initiatives focusing on prevention. The initiatives addressed the following subjects:

- The Global Health Agenda: The Case for Cardiovascular Disease
- Cardiovascular Ageing: When Does It Begin?
- Women and Heart Disease: From Science to Action
- Practical Management of Rheumatic Fever and Rheumatic Heart Disease
- Challenges of Cardiology in Africa
- Economic Argument for Prevention and Management of Cardiovascular Disease in Countries with Developing Economies
- Global Impact of Cardiovascular Diseases
- Heart Health Strategies in Countries with Developing Economies
- Health Systems Challenges: Consequences of Ageing Population
- New Initiatives in Secondary Prevention
- Community Initiatives in the Reduction of the Burden of Cardiovascular Disease
- Chagas Disease

World Heart Federation President Valentin Fuster used the congress to urge governments to correct their failure to include cardiovascular and other chronic diseases on the global health agenda. With Her Majesty Queen Sofia of Spain and European Society of Cardiology President Michal Tendera looking on, he called on the United Nations to update its Millennium Development Goals to include the cardiovascular and other chronic diseases that account for six out of 10 of all deaths. The World Heart Federation and the European Society of Cardiology called for an “urgent” re-evaluation of “the global health agenda, including the United Nations Millennium Development Goals, to embrace cardiovascular and other chronic diseases.”

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Former World Heart Federation President Antoni Bayés de Luna received a special award for his leadership against cardiovascular disease and for creating World Heart Day. The World Heart Federation received a Paul Dudley White grant from the American Heart Association to sponsor abstract presentations by delegates from Argentina, Armenia, Bangladesh, Brazil, Chile, China, Iran, Laos, Mexico, Saudi Arabia, Slovakia and South Africa. The European Board for Accreditation in Cardiology approved the World Congress of Cardiology for 18 hours of continuing medical education. The next World Congress of Cardiology is scheduled to take place 18–21 May 2008 in Buenos Aires, Argentina. The congress's web site is www.worldcardiocongress.org.

Scientific Advisory Board and Councils

The role of the Scientific Advisory Board is to support the World Heart Federation's mission. The Scientific Advisory Board ensures that sound medical and scientific knowledge underlies the World Heart Federation's efforts to reduce the impact of heart disease and stroke. The Board fulfils its responsibility to the World Heart Federation's mission through its Scientific Councils, Expert Panels, Scientific Programme Committee of the World Congress of Cardiology and co-sponsorship of continental member society annual meetings. Each of these groups engages in multidisciplinary efforts that support the implementation of mission-related activities.

The **Clinical Cardiology Council** focused its efforts on postgraduate training courses in four regions of India. The courses were adapted to local requirements necessary to advance patient care and prevention of cardiovascular disease. A second postgraduate training course was held in Bolivia. The council actively participated in the World Congress of Cardiology in Barcelona.

The **Epidemiology and Prevention Council** held its 39th Ten-Day International Teaching Seminar on Cardiovascular Epidemiology and Prevention in Australia. Forty fellows from 26 countries attended the annual seminar, whose declared goal is to increase the number

of people active in epidemiological research and its application to the prevention of cardiovascular disease. The seminar provided the opportunity to discuss emerging science and its application to the development of assessments, goals and strategies for prevention. Daily lectures covered such topics as the principles and major findings of epidemiology and the application of those findings to goals, strategies and assessments of prevention, and key biostatistical concepts and methods used in epidemiological research. Small groups dealt with practical problems of research. The **Rheumatic Fever/Rheumatic Heart Disease Council** oversaw the development of projects in the Pacific and in Africa designed to demonstrate best practice in the prevention of rheumatic heart disease (see Demonstration Projects). Materials developed in the Pacific programme were made available free of charge through the **Centre of Excellence**, which was launched in September to serve as a resource on the control of rheumatic heart disease. The web site at <http://www.world-heart-federation.org/about-us/scientific-advisory-board/rheumatic-heart-disease-network/> contains evidence-based reviews, guidelines, health promotional materials, generic registers, training curricula and PowerPoint presentations and offers the opportunity for clinicians and others involved in programmes to submit materials and ask questions. The Council also carried out research on the problems of penicillin supply that are barriers to the implementation of effective programmes of secondary prevention of rheumatic heart disease.

The World Heart Federation began creating **Expert Panels** on "Women and Heart Disease", "Metabolic Syndrome and Obesity" and "Nutrition" to address specific needs related to those areas. The purpose of the panels is fivefold: to propose proactive statements or actions relevant to the World Heart Federation's mission; to react to emerging scientific position statements; to engage in scientific discussions with key organizations having similar outlooks on prevention and intervention; to recruit scientists with recognized expertise in the three topic areas; and to assure a global perspective through geographic representation.

Activities



Training and Capacity-building: Foundations' Workshop and Twin Centres Programme

The World Heart Federation ran a workshop for its member foundations at the World Congress of Cardiology. Some 45 foundations attended. The workshop focused on building the capacity of foundations in low- and middle-income countries to work with the media. It also focused on launching *Go Red for Women*, as well as on fundraising, benchmarking, networking and exchanging information. With regard to media training, foundations were advised to limit their key messages to a maximum of three and to choose venues for on-camera interviews that best illustrate their work. Fundraisers were advised to build on existing relationships with donors, to make those relationships mutually beneficial and to beware of conflicts of interest. With regard to *Go Red for Women*, foundations were advised to recruit women leaders, to win support from businesswomen and women's groups and to organize special events, such as fashion shows, among other promotional and developmental techniques. Ninety-five per cent of the participants declared themselves satisfied with the training.

Through its Twin Centres Programme, the World Heart Federation provided grants to young physicians from less-advantaged countries to train at leading centres of cardiology. The purpose of the programme is to enhance the quality and capacity of cardiology centres in less-advantaged countries by developing formal structural links between them and leading centres with high quality specializations in preventive care, clinical cardiology, research and training. Cardiologists from Georgia, Nigeria, Sierra Leone and Zambia received grants to train in Austria, India and South Africa.

Journals

The World Heart Federation added *Nature Clinical Practice Cardiovascular Medicine* as its second official journal. *Nature Clinical Practice Cardiovascular Medicine* is a monthly journal

that delivers authoritative and timely interpretations of key developments in the field of cardiovascular medicine, translating the latest findings into clinical practice. Published by the British scientific publisher Nature, the journal offers the World Heart Federation's global network of clinicians access to review articles covering the latest science of patient care. The partnership began with the May edition, whose editorial celebrated "the potential of this collaboration to bring cardiovascular medicine's best information to a global readership". The World Heart Federation and the journal organized an original podcast to mark World Heart Day. The journal's web site is <http://www.nature.com/ncpcardio/index.html>. The World Heart Federation's other official journal, *Prevention and Control*, provides a forum for dialogue and education on matters relating to the prevention and control of cardiovascular disease worldwide, with a focus on low- and middle-income countries. *Prevention and Control* is available to 6,230 institutions in 97 countries through the online resource Science Direct. The journal averages approximately 150 full-text downloads per month. The number of submissions is steadily increasing in volume and quality. The journal's web site is <http://www.preconjournal.com/home>.

During the World Congress of Cardiology, a Writer's Workshop was led by the Editor-in-Chief of *Prevention and Control*, a staff member of the journal's publisher Elsevier and an editorial board member from a low-income country with extensive writing and publishing experience. The workshop focused on organizing and preparing manuscripts for publication and demonstrating how manuscripts are processed through the Elsevier electronic system. The aim and scope of *Prevention and Control* were also introduced and discussed. The workshop was well attended; there were 23 participants representing 20 low- and middle-income countries. Nearly three quarters of the participants found the workshop to be either excellent or very good. Twelve participants from low- and middle-income countries received financial support to enable their participation.

Partnerships



United Nations

The World Heart Federation continued to collaborate closely with the World Health Organization (WHO), in particular with its Chronic Diseases and Health Promotion department, as the leading nongovernmental organization partner on cardiovascular disease.

WHO and UNESCO continued to sponsor World Heart Day. They were joined by the UN Sport for Development and Peace programme. The World Heart Federation supported WHO efforts to build an evidentiary business case for chronic disease prevention and management. It participated in a consultative workshop at WHO headquarters to create a joint action plan to implement the Bangkok Charter for Health Promotion. It also participated in a WHO forum on "Reducing Salt Intake in Populations".

The World Heart Federation participated in the 33rd session of the UN Standing Committee on Nutrition. The session focused on the double burden of malnutrition – that is, of undernourished and underweight people in economically developing regions living side by side with overnourished and overweight or obese people. The World Heart Federation joined the consensus that malnutrition must be tackled at its roots, in all its forms and at all stages of the life course, and that it represents a single integrated agenda.

WHO remained a partner in the World Heart Federation's demonstration project to prevent rheumatic fever and rheumatic heart disease in the South Pacific. The World Heart Federation continued to support WHO's SuRF and STEPwise disease surveillance programmes and to advocate for full implementation of the Framework Convention on Tobacco Control and the Global Strategy on Diet, Physical Activity and Health.

Nongovernmental Organizations

The World Heart Federation continued in the Global Alliance for the Prevention of Obesity and Related Chronic Disease, which encourages coordinated action by nongovernmental organizations in support of the Global Strategy on Diet, Physical

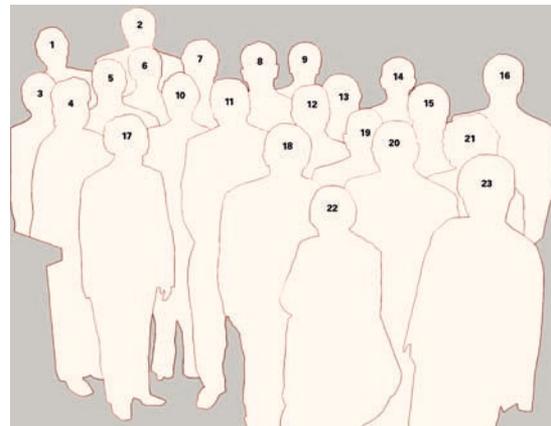
Activity and Health. It joined various other nongovernmental organizations, national health ministries and WHO in helping to establish the Global Alliance for Physical Activity, which the International Union for Health Promotion and Education and the US Centers for Disease Control and Prevention formed to promote physical activity within the broad agenda of noncommunicable disease prevention and health promotion.

The World Heart Federation participated in the Oxford Health Alliance summit. The focus was on preventing cardiovascular and other chronic diseases. The summit saw the launch of the web site <http://www.3four50.com/>. The name refers to the three risk factors (poor diet, lack of exercise and smoking) for the four chronic diseases (cardiovascular disease, some cancers, chronic respiratory disease and diabetes) that, it is estimated, will cause 50% of deaths over the next two decades.

Industry/World Economic Forum

The World Heart Federation worked with select companies that share its goal of furthering global cardiovascular health. Partnerships were renewed with Unilever to raise awareness about heart disease and the importance of healthy nutrition, and with GlaxoSmithKline to support the World Heart Federation's infrastructure growth, including advocacy and scientific capabilities. With Bayer HealthCare, the World Heart Federation was involved in a multi-country survey focusing on compliance issues related to secondary prevention. With sanofi-aventis, it continued its participation in a survey, which examined levels of awareness among the general population, patients and physicians of cardio-metabolic risk factors, including abdominal obesity, as well as of physician practice in screening for these risk factors. It launched a partnership with Elizabeth Arden to further *Go Red for Women*. The World Heart Federation joined the Steering Committee of the World Economic Forum's "Working Towards Wellness" initiative, which encourages companies to reduce their employees' risk of chronic disease.

Organization



The World Heart Federation General Assembly

The World Heart Federation held its ninth General Assembly on 2 September 2006 in Barcelona, Spain. President Valentin Fuster described 2005 and 2006 as years of tangible growth, saying that the World Heart Federation had made real progress in each of its four strategic pillars of activity: awareness-building, advocacy, demonstration projects and the sharing of science. He lamented the United Nations' continuing failure to include the chronic diseases among the Millennium Development Goals. The General Assembly approved the nominations of Pekka Puska to be President-Elect, Lyn Roberts of Australia to be Vice-President-Elect, Akira Matsumori to be Secretary, Craig Beam to be Treasurer and Srinath Reddy to be Chairman of the Foundations Advisory Board. Dr Fuster introduced incoming President Shahryar Sheikh, who announced that his priorities would be to further develop the World Congresses of Cardiology, to grow the membership network and to strengthen relationships with partner organizations and between heart societies and foundations at the national and continental levels.

World Heart Federation Board 2005-2006

1. Jonathan Carapetis*, MD (Chairman Rheumatic Fever/Rheumatic Heart Disease Council)
2. Thomas A. Pearson, MD, PhD (Member at Large)
3. Marco Martinez-Rios, MD (Representative of InterAmerican Society of Cardiology)
4. Elinor Wilson, PhD, RN (Past Vice-President 2005-06)
5. Ayrton Brandão, MD (Secretary 2003-06)
6. Sidney C. Smith Jr., MD (Chairman Scientific Advisory Board 2005-08)

7. Philip Poole-Wilson, MD (Past President 2005-06)
8. Boudewijn de Blij (Vice-President Elect 2005-06)
9. William Wijns, MD, FESC (Representative of European Heart Network)
10. Janet Voûte (Chief Executive Officer)
11. Valentin Fuster, MD, PhD (President 2005-06)
12. Shahryar A. Sheikh, MD (President-Elect 2005-06)
13. Robert de Souza (Representative of African Heart Network)
14. Trevor Hassell, GCM, MBBS, FRCP, FACC (Representative of InterAmerican Heart Foundation)
15. Nestor Vita*, MD (Vice-President World Congress of Cardiology 2008)
16. Andy Wielgosz, MD (Editor, Prevention & Control Journal)
17. Laksmiati Hanafiah (Vice-President 2005-06)
18. Michael Lim, MD (Representative of Asia-Pacific Society of Cardiology)
19. Albert Amoah, MD (Representative of Pan-African Society of Cardiology)
20. Horacio Faella*, MD (President, World Congress of Cardiology 2008)
21. Marilyn Hunn* (Director of Science Operations)
22. Sivaramakrishna Padmavati, MD (Representative of Asia-Pacific Heart Network)
23. Sania Nishtar, MD (Chairperson, Foundations' Advisory Board 2003-06)

Board Member not present at time of photograph: Peter Hollins (Representative of European Heart Network)

* Invited

Organization

World Heart Federation Members

CONTINENTAL MEMBERS

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

NATIONAL MEMBERS

Algeria

Algerian Society of Cardiology

Argentina

Argentine Society of Cardiology
 Argentine Heart Foundation

Australia

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

Austria

Austrian Society of Cardiology
 Austrian Heart Foundation

Bangladesh

Bangladesh Cardiac Society
 National Heart Foundation of Bangladesh

Barbados

Heart & Stroke Foundation of Barbados

Belarus

Belarusian 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

Congo - Brazzaville

A Heart for Life (Foundation)

Croatia

Croatian Cardiac Society

Cuba

Cuban Society of Cardiology

Cyprus

Cyprus Society of Cardiology
 Cyprus Heart Foundation

Czech Republic

Czech Society of Cardiology
 Healthy Nutrition Forum

Denmark

Danish Society of Cardiology
 Danish Heart Foundation

Dominican Republic

Dominican Society of Cardiology
 Dominican Heart Foundation

Ecuador

Ecuadorian Society of Cardiology
 Ecuadorian Foundation of Cardiology

Egypt

Egyptian Society of Cardiology

El Salvador

Society of Cardiology of El Salvador

Estonia

Estonian Heart Association

Finland

Finnish Cardiac Society
 Finnish Heart Association

France

French Society of Cardiology

Georgia

Georgian Association of Cardiology
 Georgian Heart Foundation

Germany

German Cardiac Society
 German Heart Foundation

Ghana

Ghana Society of Hypertension and Cardiology
 Ghana Heart Foundation

Greece

Hellenic Cardiological Society
 Hellenic Heart Foundation

Guatemala

Guatemala Association of Cardiology

Honduras

Honduras Society of Cardiology

Hungary

Hungarian Society of Cardiology
 Hungarian National Heart Foundation

Iceland

Icelandic Heart Association

India

Cardiological Society of India
 All India Heart Foundation

Indonesia

Indonesian Heart Association
 Heart Foundation of Indonesia

Organization

Iran

Iranian Heart Association

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

Jordan

Jordan Cardiac Society

Kazakhstan

Association of Cardiologists of Kazakhstan

Kenya

Kenya Cardiac Society
Kenya Heart Foundation

Korea, Republic of

The Korean Society of Circulation

Kuwait

Kuwait Heart Foundation

Kyrgyzstan

Association of Doctors of Internal Medicine
of Kyrgyz Republic

Latvia

Latvian Society of Cardiology

Lebanon

Lebanese Society of Cardiology and
Cardiac Surgery

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

Papua New Guinea

National Heart Foundation of Papua New Guinea

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 Rican Society of Cardiology

Romania

Romanian Society of Cardiology
Foundation for Cardiac Assistance (ASCAR)

Russian Federation

Society of Cardiology of the Russian Federation

San Marino, Republic of

San Marino Society of Cardiology

Saudi Arabia

Saudi Heart Association

Serbia and Montenegro

Society of Cardiology of Serbia and Montenegro

Seychelles

Seychelles Heart and Stroke Foundation

Organization

Singapore

Singapore Cardiac Society
Singapore Heart Foundation

Slovak Republic

Slovak Society of Cardiology
Slovak League Heart to Heart

Slovenia

Slovenian Society of Cardiology
Slovenian Heart Foundation

South Africa

The South African Heart Association
Heart and Stroke Foundation South Africa

Spain

Spanish Society of Cardiology
Spanish Heart Foundation

Sri Lanka

Sri Lanka Heart Association

Sweden

Swedish Society of Cardiology
Swedish Heart Lung Foundation

Switzerland

Swiss Society of Cardiology
Swiss Heart Foundation

Syria

Syrian Cardiovascular Association

Thailand

The Heart Association of Thailand
The Heart Foundation of Thailand

Turkey

Turkish Society of Cardiology
Turkish Heart Foundation

Ukraine

Ukrainian Society of Cardiology

United Arab Emirates

Emirates Cardiac Society

United Kingdom

British Cardiac Society
British Heart Foundation

United States of America

American Heart Association
American College of Cardiology

Uruguay

Uruguayan Society of Cardiology

Venezuela

Venezuelan Society of Cardiology
Venezuelan Heart Foundation

Vietnam

Vietnam National Heart Association

ASSOCIATE INDIVIDUAL MEMBERS

Bhutan

Tashi Wangdi, MD

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

Zimbabwe

Jephath Chifamba, MD

ASSOCIATE NATIONAL MEMBERS

Bangladesh

Heart Care Foundation Comilla

India

Academy of Cardiology at Mumbai
Indian Society of Coronary Artery Disease

Indonesia

Indonesian Cardiocerebrovascular Society

Philippines

Foundation for Lay Education on Heart Diseases

United Kingdom

National Heart Forum
Heart Research UK

ASSOCIATE INTERNATIONAL MEMBERS

Association of Black Cardiologists
Association of Thoracic and Cardiovascular Surgeons of Asia
Children's HeartLink
Eastern Mediterranean Network on Heart Health
Heart Friends Around the World
Heartfile
International Chinese Heart Health Network
International Council of Nurses
International Forum for Hypertension Control
and Cardiovascular Disease Prevention in Africa
International Heart Health Society
International Self-Monitoring Association
of Oral Anticoagulated Patients
International Society for Heart Research
International Society for Holter
& Non-Invasive Electrocardiology
International Society of Cardiomyopathy and Heart Failure
International Society of Cardiovascular Ultrasound
International Stroke Society
Latin Society of Paediatric Cardiology
and Cardiovascular Surgery
ProCOR/Lown Cardiovascular Research Foundation
The International Society on Hypertension in Blacks
The Society of Chest Pain Centres and Providers
World Council for Cardiovascular and Pulmonary Rehabilitation
World Heart Failure Society

Report of the auditors to the General Assembly



PricewaterhouseCoopers SA
Avenue Giuseppe-Motta 50
Case postale 2895
1211 Genève 2
Phone +41 58 792 91 00
Fax +41 58 792 91 10

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

As auditors, we have audited the accounting records and the financial statements on pages 20 to 32 (statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure, cash flow statement and notes) of the World Heart Federation for the year ended 31 December 2006.

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

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

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

PricewaterhouseCoopers SA

WM Wright
Auditor in charge

A Bainton

Geneva, 22 May 2007

Statement of Assets, Liabilities and Reserve Funds

As at December 31

	Notes	2006 CHF	2005 CHF
Assets			
Current assets			
Cash and cash equivalents	1	1'990'929	724'364
Accounts receivable and prepaid expenses	1 d)	1'811'417	603'598
Total current assets		3'802'346	1'327'962
Investments	1 e)	1'884'643	2'870'505
Escrowed deposits		22'581	22'539
Net fixed assets	1 f), 10	201'804	50'336
		5'911'374	4'271'342
Liabilities and Reserve Funds			
Liabilities			
Accounts payable and accruals		291'376	81'615
Deferred income	1 g)	-	-
Prepaid membership fees	3	16'614	8'396
Total current liabilities		307'990	90'011
Non-current finance lease liability	1 h)	69'958	-
Total liabilities		377'948	90'011
Reserve funds			
General Reserve Fund		3'897'423	2'562'800
Epidemiology Fund		470'183	470'183
Restricted Income Funds		1'165'821	1'148'348
Total reserve funds		5'533'427	4'181'331
		5'911'375	4'271'342
(See accompanying notes)			

Statement of receipts and operating expenditure

For the year ended December 31

	Notes	2006 CHF	2005 CHF
Operating receipts			
Membership fees			
Current year	2 8	512'365	514'624
Arrears	3	24'409	10'357
Congresses			
World Congress of Cardiology		2'174'575	-
Corporate partnerships	4		
Unrestricted		1'656'462	1'474'183
Restricted		80'370	450'107
Corporates	4		
Unrestricted		218'692	113'309
Restricted		285'332	147'157
Friends	4		
Unrestricted		658'584	768'000
Restricted		561'016	546'300
Foundations	4		
Restricted		481'340	423'580
Governments			
Restricted		150'000	-
Other donors	4		
Unrestricted		339'776	99'016
Restricted	4	99'595	-
Other receipts	4	1'584	1'564
Bank interest and money market fund income		67'463	47'844
Total operating receipts		<u>7'311'564</u>	<u>4'596'041</u>
Operating expenditure			
Secretariat	5	666'403	582'680
Development and Member Communications	5	869'293	610'448
Meetings and Member Congresses	5	1'073'806	250'800
Activities	5	660'696	507'587
Projects	5	2'727'915	1'354'520
Total operating expenditure		<u>5'998'113</u>	<u>3'306'035</u>
<i>Excess of operating receipts over expenditure</i>		1'313'450	1'290'006
Gains and losses on investments			
Net gain on investments	7	38'646	116'453
Excess of operating receipts over expenditure		1'352'096	1'406'459
General Reserve Fund at the beginning of the year		2'562'800	1'896'826
Restricted income allocated to restricted Income funds		(1'657'653)	(1'567'144)
Restricted income withdrawn from restricted Income funds		1'640'180	826'659
General Reserve Fund at the end of the year		<u>3'897'423</u>	<u>2'562'800</u>
(See accompanying notes)			

Cash flow statement

For the year ended December 31

	2006 CHF	2005 CHF
Cash flows generated from operating activities		
Excess of operating receipts over expenditure	1'352'096	1'406'459
Depreciation and amortisation	59'828	26'073
Interest expense accrued	(6'577)	1'902
Unrealised (gains) / losses on securities and investments	(30'439)	(118'651)
	<hr/>	<hr/>
Net cash generated from operating activities before changes in working capital	1'374'908	1'315'783
(Increase) / Decrease in prepaid expenses	15'224	(11'946)
(Increase) / Decrease in other current assets	(1'166'803)	487'374
(Increase) / Decrease in investments	1'022'838	(720'590)
Increase / (Decrease) in accounts payable	136'568	(48'285)
Increase / (Decrease) in deferred income	-	(300'196)
Increase / (Decrease) in accrued expenses	95'127	(15'192)
	<hr/>	<hr/>
Net cash generated from operating activities	1'477'862	706'948
Cash flows used for investing activities		
Fixed asset purchases	(211'296)	(20'505)
	<hr/>	<hr/>
Net increase in cash	1'266'566	686'443
Cash and cash equivalents at beginning of the year	724'364	37'921
	<hr/>	<hr/>
Total of cash and cash equivalents at December 31	<u>1'990'930</u>	<u>724'364</u>
(See accompanying notes)		

Statement of changes in reserve funds

For the year ended December 31, 2006

	Opening balance	Current year result	Allocations to restricted income funds	Withdrawals from restricted income funds	Closing balance
	CHF	CHF	CHF	CHF	CHF
General Reserve Fund	2'562'800	1'352'096	1'640'180	(1'657'653)	3'897'423
Epidemiology Fund	470'183				470'183
Total Restricted Income Funds	1'148'348		1'657'653	(1'640'180)	1'165'821
	4'181'331	1'352'096	3'297'833	(3'297'833)	5'533'427

(See accompanying notes)

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

1e Investments

Investments consist of equity and debt securities that are traded by the Federation's 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, 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 December 31, 2006

Country	CHF	Country	CHF
Argentina	4'426	Romania	546
Australia	11'747	Russia	4'098
Austria	6'830	Saudi Arabia	5'191
Bangladesh	546	Singapore	4'370
Barbados	503	Slovenia	1'093
Belgium	7'649	South Africa	3'278
Bosnia and Herzegovina	546	Spain	13'659
Brazil	10'927	Sri Lanka	546
Canada	29'612	Sweden	4'918
Chile	1'366	Switzerland	8'742
China:		Thailand	2'185
People's Republic of China	3'989	Turkey	2'185
Hong Kong	2'732	United Kingdom	33'875
Taiwan	2'732	United States of America	136'592
Colombia	1'366		<hr/>
Croatia	546		504'472
Cyprus	546		
Czech Republic	957	Associate National / International Members	
Denmark	7'103	Children's HeartLink	203
Estonia	546	Heart Friends Around the World	200
Finland	5'464	International Council of Nurses	200
Germany	40'977	Macau Association of Cardiology	273
Greece	2'185		<hr/>
Guatemala	546		876
Hungary	1'366		
Iceland	546	Continental Societies	
India	3'265	APSC	1'000
Indonesia	1'913	ESC	1'000
Ireland	4'372	EHN	1'000
Israel	2'732	IAHF	1'017
Italy	27'318	IASC	1'000
Jamaica	499	ICHHN	1'000
Japan	54'636	ISMAAP	1'000
Kenya	27		<hr/>
Kuwait	2'732		7'017
Latvia	546		
Lebanon	546		
Lithuania	546		
Malaysia	1'913		
Mauritius	546	Membership fees recognized in 2006	512'365
Myanmar	546		<hr/>
Nepal	546		
Netherlands	12'290		
New Zealand	4'072		
Nigeria	2'003		
Norway	5'738		
Peru	546		
Philippines	2'460		
Poland	2'185		
Portugal	4'098		
Puerto Rico	1'366		

Note 4 - Donations received in the year ended December 31, 2006

	Unrestricted				Restricted							Grand Total
	Corp. Partners / Unrestricted	World Heart Day	Total unrestricted	Go Red For Women	Grenada Heart Project	RF/RHD South Pacific	Plaza Sesamo Colombia	Twin Centres	Others restricted	Total restricted		
Donors												
Corporate partnerships												
Bayer HealthCare	317'650		317'650									317'650
GlaxoSmithKline	304'900		304'900									304'900
sanofi-aventis	388'700	11'972	400'672						80'370	80'370		481'042
Unilever	633'240		633'240									633'240
Sub-total	1'644'490	11'972	1'656'462	-	-	-	-	-	80'370	80'370	-	1'736'832
Corporates												
AstraZeneca		37'185	37'185									37'185
Elizabeth Arden		28'079	28'079	120'705							120'705	120'705
Exel		78'960	78'960									78'960
Novartis		61'770	61'770									61'770
Pfizer		12'698	12'698									12'698
Procter & Gamble Pharma					129'910							129'910
Prous Science								18'818				18'818
Spengler									15'899			15'899
Sub-total	-	218'692	218'692	120'705	129'910	-	-	18'818	15'899	285'332	-	504'024
Friends												
Major donor	658'584		658'584				561'016					1'219'600
Sub-total	658'584	-	658'584	-	-	-	561'016	-	-	561'016	-	1'219'600
Foundations												
Fundació Daniel Bravo Andreu												
Pfizer Foundation					131'030							131'030
Vodafone Foundation						287'386						287'386
Sub-total	-	-	-	-	131'030	287'386	-	-	62'924	481'340	-	481'340
Governments												
Int. Solidarity, State of Geneva						150'000						150'000
Sub-total	-	-	-	-	-	150'000	-	-	-	150'000	-	150'000
Other donors												
AHA	206'639		206'639									206'639
UEFA		124'920	124'920									124'920
Other	3'217	5'000	8'217									8'217
Sub-total	209'856	129'920	339'776	-	-	-	-	-	99'595	99'595	-	439'371
Total	2'512'930	360'584	2'873'514	120'705	260'940	437'386	561'016	18'818	258'788	1'657'653	99'595	4'531'166

Note 5 - Analysis of expenditure

For the year ended December 31

General and administrative	2006 CHF	2005 CHF
Secretariat		
Salaries and social charges	282'229	246'576
Rent and insurance	121'189	102'126
Office equipment leasing	25'455	24'390
Maintenance and repairs	22'603	16'135
Telephone	26'364	22'646
Office supplies and equipment	15'647	8'236
Subscriptions and dues	2'869	4'931
Professional services (Audit/Accounting/Lawyer)	140'706	131'253
Bank charges and miscellaneous	29'341	26'387
	666'403	582'680
Development and Member Communications		
Development	385'603	367'900
Marketing, PR and events	119'678	58'718
Professional services (IT/Website maintenance)	260'005	120'417
Depreciation of office furniture and equipment	59'829	26'073
Postage	32'669	24'346
Printing	11'509	12'994
	869'293	610'448
Meetings and Member Congresses		
International representation	59'025	58'291
Congress management	1'014'781	192'509
	1'073'806	250'800

Note 6 - Analysis of activity and project expenditure

For the year ended December 31

Activities	2006 CHF	2005 CHF
Board/President's expenses	153'391	137'591
Scientific Advisory Board and Councils	227'178	172'495
Foundations' Advisory Board	169'780	172'470
Heartbeat and Prevention & Control	110'347	25'031
Total activities	660'696	507'587
Projects		
World Heart Day	405'231	374'994
Go Red for Women	342'158	78'704
Grenada	370'498	265'306
Youth Advocacy	209'737	–
Sesame Colombia	555'119	–
Rheumatic Fever / Rheumatic Heart Disease	271'692	240'479
Twin Centres	78'634	122'389
P.D. White	–	5'040
Advocacy	343'235	189'564
INGCAT and Tobacco	20'108	664
Russia	–	31'199
Demonstration Projects	131'503	46'181
Total projects	2'727'915	1'354'520

Note 7 - Financial income and expenses

For the year ended December 31

	2006 CHF	2005 CHF
Gains and losses on investments		
Net realized gain on portfolio	2'255	10'964
Net realized foreign exchange gain / (loss)	5'952	(13'162)
Net realized gain / (loss) on investments	8'207	(2'198)
Net unrealized gain on portfolio	42'957	101'663
Net unrealized foreign exchange (loss) / gain	(12'518)	16'988
Net unrealized gain on investments	30'439	118'651
Net gain on investments	38'646	116'453

Note 8 - Donations in kind

For the year ended December 31

	2006 CHF	2005 CHF
The Federation is grateful to have received the following goods and services at no charge:		
American College of Cardiology Booth	3'300	3'200
American Heart Association Booth	3'500	3'200
European Society of Cardiology Booth	0	9'400
Meeting room	0	2'800
Other congresses Booth	0	3'200
sanofi-aventis Tape measures	0	5'244
Total amount of goods and services received in kind	6'800	27'044

Note 9 - Leasing commitments

For the year ended December 31

	2006 CHF	2005 CHF
At December 31, the Federation had the following future aggregate minimum lease payments under non-cancellable operating leases for office equipment, which are not required to be reflected in the balance sheet:		
Payments to be made within one year	44'748	107'970
Payments to be made after more than one year	48'943	30'352
	93'691	138'322

Note 10 - Fixed assets

For the year ended December 31, 2006

	Computer Equipment CHF	Furniture CHF	Fixtures and fittings CHF	Total CHF
Fixed assets - opening net book amount	21'637	20'243	8'456	50'336
Fixed assets at cost				
Opening balance at January 1	160'799	64'651	37'265	262'715
Additions	66'225	40'161	104'910	211'296
Closing balance at December 31	<u>227'024</u>	<u>104'812</u>	<u>142'175</u>	<u>474'011</u>
Accumulated depreciation				
Opening balance at January 1	(139'162)	(44'408)	(28'809)	(212'379)
Current year depreciation	(22'869)	(14'661)	(22'298)	(59'828)
Closing balance at December 31	<u>(162'031)</u>	<u>(59'069)</u>	<u>(51'107)</u>	<u>(272'207)</u>
Fixed assets - net book amount	<u>64'993</u>	<u>45'743</u>	<u>91'068</u>	<u>201'804</u>



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

Front row, left to right: Alice Grainger-Gasser (Director of Demonstration Projects), Carola Adler (Membership Coordinator, World Heart Day Manager), MaryRose Rudaz (Personal Assistant to CEO), Sara Bowen (Website Manager), Janet Voûte (Chief Executive Officer), Danièle Letoré-Castle (Director Cause Marketing), Danielle Grizeau-Clemens (Science Information Officer),

Back row, left to right: Adrian Ott (Congress Director), Susan Davenport (Science Programme Coordinator), Helen Alderson (Chief Operating Officer), Marilyn Hunn (Director of Science Operations), Enzo Bondioni (Development and Education Officer), Cynthia Haro (Administrative Assistant Congress Division).