Every European has a right to a life free from avoidable cardiovascular diseases
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**EUROPEAN HEART NETWORK**

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and like-minded non-governmental organisations throughout Europe.

**OUR MISSION**

To play a leading role in the prevention and reduction of cardiovascular diseases, in particular heart disease and stroke, through advocacy, networking, capacity-building and patient support, so that they are no longer a major cause of premature death and disability throughout Europe.

**OUR VISION**

Every European has a right to a life free from avoidable cardiovascular diseases.
Director's Message

The mission of the European Heart Network (EHN) is to play a leading role in the prevention and reduction of cardiovascular diseases (CVD) in Europe. We measure success against mortality rates and trends in CVD. We have reasons to claim success but also to stay alert.

In 2013 in the framework of the EuroHeart II project, we supported the publication of a study investigating trends in coronary heart disease (CHD) mortality among different age groups in the European Union from 1980 to 2009.

The good news is that in almost all countries in the EU death rates from CHD for both men and women have significantly decreased over the past three decades. In many countries, age-standardised mortality rates in 2005-09 were less than half what they were in 1980-84. Moreover, mortality rates in the younger age groups (i.e. under 45 and 45-54) are not plateauing to a greater extent than for older adult age groups despite the worsening risk factors – namely, increasing incidence of overweight individuals and obesity, and a levelling off of rates of hypertension after a period of substantial decline. Overall, the rate of decrease in CHD mortality appears to be either stable or accelerating in the majority of countries and age groups among both sexes.

The bad news is that 15 EU countries showed evidence of a recent plateauing of mortality trends in at least one age group for men, as did 12 countries for women. Furthermore, in Greece and Lithuania CHD mortality rates have begun to increase significantly in recent years in younger age groups.

While better quality data would provide a clearer picture, it does seem that worsening risk factors have had an impact on mortality over the past three decades.

In those countries that have experienced increases in CHD mortality rates, the evidence suggests that overall rates of major CHD risk factors are relatively high by European standards. In Greece, where CHD mortality has increased steadily from a very low incidence in the 1980s, rates of diabetes and hypertension are low by European standards. Conversely, in 2009, Greece had the highest percentage of smokers in the EU (42% of adults overall), and the figure for those aged 25-54 (54-57%) was more than double that for those aged 55 years and over (23%). The most recent available data show that adult obesity in Greece is among the most prevalent in Europe. Among children, data from 2010 showed that 40% of Greek children aged 10-12 years were overweight or obese, the highest rate in the EU. For Lithuania there is evidence of an increase in smoking among young people, at least until 2002, and of increasing diabetes occurrence among adults.

The authors of the study conclude that it remains vitally important for the whole EU to monitor and work towards reducing preventable risk factors for CHD and other chronic conditions to promote well-being and equity across the region.

It remains vitally important for the whole EU to monitor and work towards reducing preventable risk factors for CHD and other chronic conditions to promote well-being and equity across the region.

I would like to add that it is also vitally important that we continue to remind our policy makers that what comes down can go up. For decades, we have witnessed very large declines in CVD mortality rates; more that 30% in both men and women from the mid-80s to around 2000. But the outlook is not necessarily bright – and certainly a lot less so in some countries in the EU. It is therefore crucial to ensure that policies, whether at EU level or national level, do not undermine efforts by heart and stroke organisations to continue the decline in mortality from these diseases. About €100 million are invested in research by EHN member organisations every year. Vast resources are also dedicated to support patients and to inform people about the risks of tobacco use, unhealthy eating and inactive lifestyles.

The political leadership in the EU must recognise that people in the EU deserve a life free from avoidable cardiovascular diseases. Only through a comprehensive strategy and targeted policies and action on this leading cause of death and disability can the EU achieve its aim of promoting the well-being of its peoples – as set out in Article 3 of the Lisbon Treaty.
In 2013, the European Heart Network’s Annual Workshop was hosted by the Turkish Heart Foundation. It took place in Sapanca, Turkey, from 11 to 14 June. The workshop was attended by 40 delegates from 21 EHN member organisations.

International delegates spent three days listening, talking and working together. The programme spanned information on the effective use of media; action on World No Tobacco Day 2013; teaching children a healthy lifestyle through theatre – but also protecting them from advertising that entices them to eat unhealthily; and raising funds for the vital activities of heart and stroke foundations such as research and patient support.

Europe suffers from an excessive burden of cardiovascular diseases. Tackling the problem requires action on many levels.

Members of the EHN strive for excellence – they are life coaches and knowledge partners.

Many contributions were provided by EHN members, but EHN also welcomed several speakers from outside the Network: Professor Bingur Sönmez, Head of Coronary Surgery, Memorial Hospital, Istanbul; Johanna Ralston, CEO of the World Heart Federation; Christian Have, Creative Director, Have Kommunikation; Professor Jan Nilsson, Chairman of the Swedish Heart Lung Foundation Scientific Committee Board; Professor Paul Gately, Carnegie Professor of Exercise and Obesity, Leeds Metropolitan University; Dr Mike Rayner, Director British Heart Foundation’s Health Promotion Research Group Department of public Health, University of Oxford; and Rumlerikkerne: Thomas Milton and Michael Sand.

At the General Assembly, the EHN members adopted a new strategy for 2014-2018 and an accompanying financial plan covering the same period.
EuroHeart II is a three-year pan-European project co-funded by the Health Programme of the European Union. It runs from March 2011 to February 2014. This ambitious project has 30 partners across Europe and a budget of over €1.9 million. EHN is the main partner overseeing the co-ordination and implementation of the project.

The main outcomes of EuroHeart II are:

- Providing up-to-date statistical data and analysis to shape CVD prevention policies;
- Predicting future trends in coronary heart disease and identifying the most relevant and cost-effective prevention policies;
- Encouraging health organisations to play a greater role in shaping policies in support of health-enhancing nutrition and physical activities;
- Reinforcing the importance of CVD patient communities in decision-making;
- Establishing a process for matching CVD prevention guidelines with health outcomes, including for diabetes patients.

Highlights from 2013

Trends in age-specific coronary heart disease mortality in the European Union

In June, research from Work Package 4 of EuroHeart II was published in the European Heart Journal. The study explored trends in age-specific coronary heart disease (CHD) mortality in the EU over three decades (1980–2009). It hypothesised that observed reductions in CHD mortality have occurred largely within older age groups, and that rates in younger groups may be plateauing or increasing as the gains from reduced smoking rates are increasingly cancelled out by increasing rates of obesity and diabetes.

The paper shows that, so far, CHD mortality rates in younger age groups do not seem to have plateaued; but two EU Member States – Greece and Lithuania – have recorded a net increase in age-standardised CHD mortality rates for those less than 45 years of age. The paper concludes that there are substantial and persistent inequalities between EU Member States. It suggests that it remains vitally important for the whole EU to monitor and work towards reducing preventable risk factors for CHD and other chronic conditions to promote well-being and equity across the region.

Over the past three decades, Greece and Lithuania have recorded a net increase in age-standardised CHD mortality rates in people aged under 45.
**Capacity-building in Europe**

To share knowledge on nutrition and physical activity and cardiovascular diseases and to encourage health organisations and professionals to play a larger role in shaping policies, five national meetings took place in 2013. They were held in Ireland, Spain, Belgium, Iceland and Slovenia.

Participants included representatives from government departments, non-governmental organisations and industry, as well as health professionals in the field of nutrition and physical activity. More than 250 people attended the national meetings. Attendees represented organisations whose activities reach thousands of people, ensuring that the imperative to act on diet and physical activity, as well as the policy options reviewed and debated, had a much larger outreach.

More information about EuroHeart II is available at www.ehnheart.org/euroheart-ii/euroheart-ii-conferences.html

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**EConDA**

The aim of the EConDA project (Economics of Chronic Diseases) is to aid EU Member States to develop, select and implement cost-effective policies to improve chronic disease prevention, especially for populations with the highest rates of premature deaths from chronic diseases. EConDA thus seeks to help reduce health inequalities.

EConDA started on 15 April, 2013 and runs until 14 October, 2015. The specific objectives of EConDA are to:

- Seek consensus among relevant experts, policy makers and international organisations on the methodology for measuring cost-effectiveness of interventions to prevent, screen and treat chronic diseases taking into consideration the cost of externalities;
- Develop a demonstration model for integrated approaches to address the cost effectiveness of various interventions for chronic disease prevention, particularly to demonstrate the differential effects of interventions on various population subgroups. The focus will be on CVD, diabetes and respiratory disease, and the main risk factors examined will be obesity and tobacco use.

EConDA has eight associate partners and 10 collaborating partners, including the WHO (World Health Organization Regional Office for Europe) and the OECD (Organisation of Economic Co-operation and Development).

EHN is the leader of Work Package 4. The specific aim of this work package is to find consensus on methodology for measuring cost-effectiveness of interventions via:

- Literature review; expert interviews;
- A consensus meeting on how best to measure the cost effectiveness of integrated approaches to chronic disease prevention.

The EConDA project receives co-funding from the EU in the framework of the Health Programme.

More information can be found at www.econdaproject.eu/index.php
The MEP Heart Group was established six years ago following the European Parliament’s adoption of its resolution on action to tackle cardiovascular disease in July 2007.

It brings together almost 70 members of the European Parliament. In 2013, Linda McAvan, MEP, S&D – UK, co-chaired with Cristian Silviu Buşoi, MEP, ALDE – Romania, until he left the European Parliament to take up a key health position in Romania in July. Linda and the MEP Heart Group were delighted to welcome Antonyia Parvanova, MEP, ALDE, as co-chair in the latter part of 2013.

The main objective of the MEP Heart group is to promote measures that will help reduce the burden of heart disease and stroke in the European Union and raise awareness of the diseases among target audiences through a series of activities. It is a unique meeting point for MEPs, national heart foundations and cardiac societies, and the wider Heart Health Charter community.

In 2013, the MEP Heart Group organised several events. On 19 February, the Heart Group combined forces with MAC (Members Against Cancer) to host a high-level meeting in the European Parliament to discuss the European Commission’s proposal for a revised Tobacco Products Directive. The meeting of the two prominent Parliamentary health groups was chaired by Cristian Silviu Buşoi (MEP Heart Group) and Alojz Peterle (MAC) and speakers included Health Commissioner Tonio Borg.

Love Your Heart 2013, the Valentine’s Day Campaign initiated by the MEP Heart Group had the dual objective of promoting heart health among the EU population and of ensuring that cardiovascular diseases (CVD), the No1 killer in Europe, are given appropriate attention on the EU policy agenda.

Each year CVD, in particular heart disease and stroke, cause over 4 million deaths (47% of all deaths) in Europe and 1.9 million deaths (40% of all deaths) in the EU. Overall they are estimated to cost the EU economy almost €196 billion a year.

The campaign was supported by a wide community encompassing MEPs, advocacy groups, individuals, etc. All in all, it is estimated that more than 127 000 people were reached by heart health promotion messages on Valentine’s Day.

Another major event was the first ever Cardiovascular Health Week, a week of awareness-raising activities around the theme ‘Mind Your Heart - for a Heart Healthy Europe’. It took place on 4-8 November in the European Parliament.
In anticipation of the European Parliament elections in 2014, MEPs were encouraged to include the fight against CVD as a priority in the manifestos of their political groups and to make cardiovascular health a priority for their mandate if elected.

The raising-awareness initiative was far reaching.

Tangible outcomes included:

EU institutions - Information on the Cardiovascular Health Week was included on the websites of MEPs, of the European Commission and of the Lithuanian Presidency of the EU.

Press coverage - Articles were published in two of the main Brussels-based media, EurActiv (675,000 unique visitors on average per month) and the Parliament Magazine (readership of of more than 50,000), as well as several national media sources. Scientific publications also widely covered the initiative, including the European Heart Journal (the second most internationally read journal on cardiovascular medicine).

Social media - Over 80 MEPs took part in the activities run within the framework of the Cardiovascular Health Week. Notable participants included Martin Schulz MEP, then President of the European Parliament (EP); Jerzy Buzek MEP, former EP President; Matthias Groote MEP, then Chair of the EP Committee on the Environment, Public Health and Food Safety; and the Committee’s former Chair, Karl-Heinz Florenz MEP and Miroslav Ouzky MEP. Many actively displayed their engagement on Twitter and Facebook. It is estimated that almost 119,000 people were reached through Twitter alone.

Tonio Borg, the EU Commissioner for Health, said that he is in favour of raising cardiovascular disease higher up the EU political agenda: “We can’t fight cardiovascular diseases only with the academic dimensions or only with members of the academic world or the stakeholders only. We need the support of the citizens themselves. Only with the participation of citizens, would we be able to fight cardiovascular diseases effectively.”

“Until now, the general strategy has been to fight the risk factors in general and not a specific disease, but I do not exclude that if the current trends continue, we could have a strategy just for cardiovascular disease.” Tonio Borg, EU Commissioner for Health.

The MEP Heart Group is supported by the European Heart Network and the European Society of Cardiology, which provide the secretarial services for the Group.

More information about the MEP Heart Group is available on its website: www.mepheartgroup.eu
Cardiovascular Patients

Many members of the EHN support cardiovascular patients. They work to ensure that patients can have a good quality of life, free of avoidable disabilities and able to continue their professional lives where possible.

In 2013, EHN and its members focused on specific sections of the ‘Charter for European Cardiovascular Disease Patients’, which was adopted in 2011. The main areas of focus were emergency skills and rehabilitation. The EHN Paper ‘Cardiac and Stroke Rehabilitation’ was finalised and published on our website. Alongside the development of the rehabilitation paper, EHN made available to its members an online toolkit which we update regularly. Most of the work with patients’ organisations was made possible by the EuroHeart II grant from the European Commission for which EHN is grateful.

Together with its patient group, EHN examined two major pieces of EU regulation that have a great impact on patients: the Clinical Trials Regulation and the Data Protection Regulation.

European Commission’s proposal on Clinical Trials

Following the European Commission’s adoption of a proposal for a Regulation on Clinical Trials in 2012, EHN and its members intensified their activities in 2013. We informed Members of the European Parliament (MEP) of the necessity to amend the Commission’s proposals to reflect better gender balance in clinical trials as well as the need for gender-specific analysis of the trial results. The vote in the Environment, Public Health and Food Safety Committee endorsed our amendments when it adopted Glenis Willmott’s report. This report was adopted in plenary by an overwhelming majority in April 2014.

European Commission’s proposal on Data Protection

In January 2012, the European Commission published its proposal for a General Data Protection Regulation. EHN advised MEPs of the value of facilitating the use of pseudonymised data in research and of the necessity of available personal data in health-related studies and profiling techniques. Nevertheless, the report of the European Parliament introduced stricter rules for using pseudonymised data than those proposed by the European Commission. The Council still has to reach a position, and we hope that the EU Member States will ensure that the new Data Protection Regulation will not hamper scientific and epidemiology research.

Alliance for MRI

EHN is a member of the Alliance for MRI (Magnetic Resonance Imaging), a group set up to promote the exclusion of MRI from the binding limits of the revision of Directive 2004/40 (on the safety of workers dealing with electromagnetic field machines). In 2011, the European Commission published a revised proposal encompassing many of the Alliance’s arguments in favour of the exclusion of MRI from the Directive on Protecting Workers from Electromagnetic Fields. EHN and its members took part in the Alliance’s work throughout 2013, co-operating with MEPs and the Council to find a compromise solution that allows for derogations for MRI.

A new Directive (2013/35/EU) was adopted by the European Parliament and the Council in June 2013. The text excludes MRI use from the Directive, as advocated by the Alliance for MRI. The Member States shall bring into force the laws, regulations and administrative provisions necessary to comply with this Directive by no later than 1 July, 2016.

European Medicines Agency

EHN is an active member of the Patients’ and Consumers’ Working Party (PCWP) of the European Medicines Agency (EMA), the official EU agency responsible for the scientific evaluation for use in the EU of medicines developed by pharmaceutical companies. The objective of the PCWP is to give feedback from consumer and patients’ organisations to EMA, mainly on the patient information leaflet and on the European Public Assessment Reports (EPAR). The PCWP meetings enable patients’ views on different issues relating to medicines and medication to be considered by the EMA.

In 2013, EHN participated in several PCWP meetings together with its member organisation, De Hart & Vaatgroep, in the Netherlands. EHN also attended stakeholders’ forums on risk/benefits communication. In December 2013, the German Heart Foundation took over from De Hart & Vaatgroep and joined EHN at the plenary meeting of the PCWP.
EU health-related policy matters

Reducing children’s exposure to marketing of foods and drinks that are high in fat, salt or sugar: what would be the best nutrient profile model?

In April 2013, EHN published its research on what could be the best nutrient profiling model to reduce children’s exposure to the marketing of foods and drinks that are high in fat, salt or sugar. The research was carried out in the context of the EU Platform for Action on Diet, Physical Activity and Health.

The paper summarises developments in relation to the marketing of unhealthy foods to children and reviews previous studies comparing nutrient profiles. The study was carried out by the British Heart Foundation Health Promotion Research Group (BHF HPRG) at the University of Oxford.

Six models, which might form the basis of a common European definition of an unhealthy food for the purpose of marketing restrictions, were investigated. They were:

- The FSA/Ofcom model used for statutory restrictions in the UK and Ireland;
- The model proposed by the Norwegian Government for a new regulation on the advertising of foods to children;
- The model within the ‘Code of responsible food marketing communication to children’ of the Danish Forum of Responsible Food Marketing Communication;
- Two models developed for labelling purposes:
  - the model used for the Swedish Keyhole labelling scheme;
  - the model developed by the Choices International Foundation;
- The new EU Pledge Nutrition Criteria.

The investigations found that two of the models – the Swedish Keyhole model and the Choices International Foundation model – allow very few foods to be advertised to children. This is because they define what is a ‘healthy’ food rather than an ‘unhealthy’ food. The Norwegian and Danish models appeared to classify some foods in anomalous ways compared with other models – particularly in the meat and dairy categories.

The FSA/Ofcom model and the EU Pledge Nutrition Criteria classify foods in a similar fashion even though they are constructed differently. The FSA/Ofcom model uses a scoring system and is a two-category model. The EU Pledge Nutrition Criteria involves thresholds for food components and nutrients within 20 categories of food. Neither model is particularly strict but each classifies foods in ways which are reasonably consistent with dietary recommendations. It was concluded that both models have room for improvement, in particular it may be thought desirable that they should be stricter.

The paper is available at www.ehnheart.org/publications/publications/publication/705-ehn-research-on-nutrient-profile-model.html

Tobacco Products Directive

In December 2012, the European Commission released its proposal for a Directive on the manufacture, presentation and sale of tobacco and related products. The Commission’s proposal replaced the 2001 Directive in its entirety, although it maintained some of the 2001 Directive’s measures, such as maximum yields for tar, nicotine and carbon monoxide.

The European Commission’s proposal was welcomed by EHN and many other public health organisations. Linda McAvan, the lead rapporteur in the European Parliament, also welcomed the proposal and outlined her ambitious timeline for the legislation to be adopted before the European Parliament elections in May 2014.


The Tobacco Products Directive:

- Mandates pictorial warnings covering 65% of both sides of the pack and to be placed on the top of the pack.
- Requires a minimum package size, which puts an end to certain packages such as those resembling lipstick.
- Bans characterising flavours without exception (with a temporary derogation for menthol, which will be banned in 2020).
- Bans any misleading labelling (such as “natural” or “organic”) and bans information on the label about nicotine, tar or carbon monoxide content.
- Maintains a ban on tobacco for oral use (Snus) in the EU, except for Sweden.
- Introduces regulation of electronic cigarettes.
Sets out tracking and tracing provisions for tobacco products across the entire supply chain with safety features in order to strengthen the fight against illicit trade and falsified products.

The text also stipulates that Member States may decide to:

- Ban cross-border distance sales of tobacco products; and
- Introduce more stringent rules on additives or on packaging of tobacco products (such as plain packaging), subject to certain conditions (such as notification of the Commission).

The Tobacco Products Directive is a major step forward in tobacco control and something of which policy makers can be proud. But it does fall short of EHN’s expectations, especially on the size of the pictorial warnings. The Commission had proposed 75% of both front and back of the package and EHN had called for 80% coverage. EHN would have preferred an EU-wide regulation on plain packaging but welcomes the opportunity for EU Member States to introduce plain packaging at national level and calls upon them to proceed with such regulation.

EHN calls on all EU Member States to introduce regulation on the plain packaging of tobacco products.

EU Forums

EU Health Forum

The EU Health Policy Forum brings together pan-European stakeholder organisations in the health sector at EU level to ensure that the EU’s health strategy is open, transparent and responds to public concerns. It advises the Commission (and EU countries if appropriate) on health matters. EHN has been a member of the Forum since its inception in 2001.

The EU Health Policy Forum met twice in 2013, in April and September. It published a position paper, ‘Investing in Health’. The paper sets out the reaction from the EU Health Policy Forum to the Social Investment Package and Investing in Health Paper.

The EU Health Policy Forum agrees that priority should be placed on investing in people’s health and the acknowledgement of the cost-effectiveness of health promotion and disease prevention measures. More emphasis should be placed on health promotion and disease prevention. This investment should derive from the public sector. It will always remain a public obligation to ensure equal access to a broad, high quality and sufficient healthcare system for the whole population.

Diet, Physical Activity and Health – a European Platform for Action

The EU Platform for Action on Diet, Physical Activity and Health is a forum for European-level organisations, ranging from the food industry to consumer protection NGOs, willing to commit to tackling current trends in diet and physical activity. The Platform, of which EHN is a founding member, was launched in 2005.

Evaluation of the EU Strategy for Europe on Nutrition, Overweight and Obesity related health issues

In 2013, the European Commission undertook an evaluation of the EU Strategy for Europe on Nutrition, Overweight and Obesity related health issues. The outcome of the assessment was presented to the Platform members on 19 June during the joint Platform and High Level Group meeting. The conclusions were that the EU strategy had been reasonably effective considering the constraints that the EU faces. However, the evaluation report highlighted that most of the action taken in Europe has been of a relatively soft nature relying primarily on information provision and education, limited interventions in specific environments, and voluntary actions by the food industry and other private actors. The report added that there are many who argue for more robust measures, in particular stricter regulation and/or fiscal measures, and that there is some evidence to suggest that such measures would be more effective in combating overweight and obesity.
A main difficulty facing the Platform, according to the evaluation, is assessing the relevance, proportionality and impact of the commitments.

To counter the lack of an objective and widely accepted mechanism to judge the merit of commitments, the consortium that carried out the evaluation recommended the commissioning of targeted scientific research and/or evaluative studies. It also recommended pre-screening of commitments by an independent panel.

**EHN commitment**

At the Platform meeting which took place on 19 June, EHN presented its report, “Reducing children’s exposure to marketing of foods and drinks that are high in fat, salt or sugar: what would be the best nutrient profile model?” At the same meeting, the International Association of the Study of Obesity (IASO) presented its analysis of the ability of selected nutrient profile models to restrict children’s exposure to foods high in fat, salt and sugar. The EHN study concluded that the EU Pledge nutrition criteria generally qualified foods within certain food categories in a similar fashion to the UK Ofcom model. The IASO study, which focused on sugar, found that the EU Pledge model was much less strict than the UK Ofcom model, in particular regarding breakfast cereals, as well as most other existing or proposed government-led nutrient profiling schemes.

The subject of nutrient profiles is a highly contentious political issue.

Given the high burden on society of cardiovascular diseases and high levels of overweight and obesity, as well as the abundance of complex, processed foods, standards are needed to guide policy makers that wish to steer people towards healthier options.

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**World Heart Day**

World Heart Day is celebrated every year on 29 September.

In 2013, the theme was the road to a healthy heart. On World Heart Day in 2013, EHN affirmed that this road is smoke free.

**European Commissioner for Health and Consumer Policy, Tonio Borg**

Commissioner Borg on World Heart Day 2013:

“I am committed to ensuring that tobacco products look and taste like tobacco products, so that fewer children and teenagers are attracted to starting to smoke. It is in this spirit that I see the proposal to revise the Directive on Tobacco products.

“I am also keen to help promote healthy diets and physical activity, in particular through the work of the EU Platform for action on Diet, Physical Activity and Health and through co-operation with Member States to reduce salt and saturated fats used in food.”
** Cooperation **

**Smoke Free Partnership (SFP)**

SFP is a strategic, independent and flexible partnership between EHN, Cancer Research UK, and Action on Smoking and Health UK. The European Respiratory Society decided to leave the Partnership in October 2013. Susanne Løgstrup, Director of EHN, has served as SFP Treasurer since 2012.

Throughout 2013, SFP in close collaboration with EHN advocated for a swift adoption of a strong and evidence-based Tobacco Products Directive (TPD). In order to achieve this aim, SFP raised institutional awareness of the public health benefits of strong tobacco control measures, closely monitored and analysed the changing policy landscape, responded quickly to developments and was at the forefront of co-ordinated campaigns in support of a strong TPD. SFP held an exhibition and debate in the European Parliament in April which promoted large pictorial warnings, standardised plain packaging and strong tracking and tracing measures in the tobacco supply chain. Many policy makers from all EU institutions attended this five-day event.

SFP published a ‘Mythbuster’ document dispelling the myths peddled by the tobacco industry. This document was published in nine EU languages.

SFP and its partners produced a leaflet that visualised the importance of 75% warnings placed on top of the cigarette package. The leaflet was distributed to MEPs and used by Health Commissioner Tonio Borg in the debate prior to the final plenary vote in the European Parliament on the TPD.

More information about the SFP can be found at: www.smokefreepartnership.eu/

**European Chronic Disease Alliance**

The European Chronic Disease Alliance (ECDA) was established as an informal group in 2010. It has 11 member organisations working on cardiovascular diseases, cancer, diabetes, respiratory diseases, kidney, disease liver disease and allergy.

In 2013, the Alliance wrote an open letter to José Manuel Barroso, President of the European Commission, in which it condemned the lack of a robust EU response to the immense burden of chronic diseases. The letter also called on the President to deliver a European Union Strategy and Action Plan on Chronic Diseases before the end of his mandate.

Though the ECDA lamented that the leadership of the European Commission paid insufficient attention to Europe’s chronic disease burden, the Alliance noted that Health Commissioner Borg made good on his promise to the ECDA to organise a summit on chronic diseases. The summit took place in early April 2014.

**European Chronic Disease Alliance**

**Vision**

Europe free of preventable chronic diseases

**Mission**

To reverse the alarming rise in chronic diseases by providing leadership and policy recommendations based on contemporary evidence

ECDA adopted its five-year strategy in 2013. It will equip the ECDA to achieve its vision for a Europe free of preventable chronic diseases.

More information about the ECDA can be found at: www.alliancechronicdiseases.org/
**European Society of Cardiology**

EHN co-operates closely with the European Society of Cardiology (ESC). The two organisations are partners in EU co-funded projects such as EuroHeart II, and jointly support the MEP Heart Group.

EHN and ESC join forces to ensure that cardiovascular diseases remain a priority in EU policies and programmes.

**European Association for Cardiovascular Prevention and Rehabilitation**

The European Association for Cardiovascular Prevention and Rehabilitation (EACPR) aims to be a co-ordinating stronghold within the ESC for all activities in the field of preventive cardiology and rehabilitation.

The Director and the Policy Officer of the EHN are members of the EACPR. The EHN Director is also a member of its Cardiovascular Prevention Implementation Committee and is a consultant to the Prevention, Epidemiology & Population Science Section.

**World Heart Federation**

Through its membership of the World Heart Federation (WHF), EHN participates in international work to advance the cause of cardiovascular health promotion worldwide. In 2013 EHN was represented on the Executive Board of the WHF by Hans Stam, then Executive Director of the Dutch Heart Foundation, and Dan Gaita, President of the Romanian Heart Foundation.

**Public Health Organisations**

EHN is an active member of the European Public Health Alliance (EPHA), which unites a variety of organisations throughout Europe that cover a broad spectrum of health issues.

On tobacco issues, in addition to its membership of the Smoke Free Partnership, EHN liaises closely with the Association of European Cancer Leagues (ECL) and the European Network for Smoking Prevention (ENSP), as well as with a number of national tobacco control organisations and experts.
Statements and Publications

Moving from Political Declaration to Action on Reducing the Global Burden of Cardiovascular Diseases

A Statement from the Global Cardiovascular Disease Taskforce marking the two-year anniversary of the UN declaration on non-communicable diseases.

The Global Cardiovascular Disease Taskforce comprises: World Heart Federation (WHF); American College of Cardiology Foundation (ACCF); American Heart Association (AHA); European Society of Cardiology (ESC); and EHN.

Statement to the WHO European Ministerial Conference on Nutrition and Non-Communicable Diseases

Statement by the EHN made jointly with IDF-Europe, IASO, BEUC, the NCD Alliance and WCRF in July 2013.

Reducing Children’s Exposure to Marketing of Foods and Drinks that are High in Fat, Salt or Sugar: What Would Be the Best Nutrient Profile Model?

Paper published by the European Heart Network (EHN) in March 2013 delivering on its 2012/2013 commitment to the EU Platform for Diet, Physical Activity and Health.

Cardiac and Stroke Rehabilitation: A European Heart Network Paper

An EHN paper published in February 2013.

All papers are available on EHN’s website:
www.ehnheart.org/publications/publications.html
www.ehnheart.org/media/news.html

Conferences and meetings

During 2013, EHN organised and participated in a number of conferences and meetings on topics relevant to promoting cardiovascular health and preventing cardiovascular diseases. They included:

February

– The health and economic burden of cardiovascular diseases in Italy and in Europe - Milan, Italy, 6 February 2013; conference organised by the Italian Association against Thrombosis and Cardiovascular Diseases

– The Battle against Tobacco, Cancer and Heart Disease - European Parliament, Brussels, Belgium, 19 February 2013; conference organised jointly by the MEP Heart Group and MAC (MEPs Against Cancer)

March

– Using the law effectively for cancer control in Europe - Oslo, Norway, 6-7 March 2013; conference organised by the McCabe centre for Law and Cancer and the Norwegian Cancer Society

April

– EuroPREvent 2013: Universal approach to Preventive Cardiology - Rome, Italy, 18-20 April 2013

May

– The European Parliament’s Committee on International Trade (INTA) - European Parliament, Brussels, Belgium, 19 February 2013; organised by the INTA Committee’s rapporteur on the Tobacco Products Directive for the Committee’s shadow rapporteurs
June
- EHN Annual Workshop and General Assembly - Sapanca, Turkey, 11-14 June 2013

July
- WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the context of Health 2020 – Vienna, Austria, 4-5 July 2013

August
- ESC Congress 2013 – Amsterdam, the Netherlands, 31 August – 1 September 2013

September
- EPHA’s annual conference: Our health, our economy, our society, our future: a Brave New World – Brussels, Belgium, 4 September 2013

October
- The Transatlantic Trade and Investment Partnership: can it bring benefits to the people? - Brussels, Belgium, 29 October 2013; organised by the Trans Atlantic Consumer Dialogue (TACD)

November
- Mind your Heart – cardiovascular week in the European Parliament, Brussels, Belgium, 4-8 November 2013; organised by the Secretariat of the MEP Heart Group
  o Mind Your Heart: Why Cardiovascular Health Matters; 5 November 2013
  o Towards Equality for European Cardiovascular Patients; 6 November 2013
  o Investing in Health: Better & Safer Treatments for European Cardiovascular patients; 7 November 2013
- EHN meeting of heart foundations in Central and Eastern European countries – Brussels, Belgium, 27 November 2013

December
- Dangerous side effects: The public health impact of investor-state dispute settlement – European Parliament, Brussels, Belgium, 3 December 2013; hosted by Linda McAvan (MEP) and Carl Schlyter (MEP); organised by EPHA, Seattle to Brussels Network and MSF Access Campaign
- North of England EU Health Partnership: advocating for Health in the EU – Brussels, Belgium, 4 December 2013
Information about EHN and its structure, governance and finances is publicly available on its website: www.ehnheart.org/about-us/governance.html

Membership

In 2013, EHN had member organisations from 24 countries in Europe.

General Assembly

The General Assembly is comprised of all the member organisations of the EHN.

The principal role of the General Assembly is to set broad policy guidelines. Its other responsibilities include:

– Electing the Board and its President;
– Approving the admission of new member organisations; and
– Approving budgets and annual accounts.

Board

EHN is governed by a Board that comprises no fewer than three and no more than eight members at any one time. In 2013, EHN’s Board members were Matija Cevc, Slovenian Heart Foundation; Emanuela Folco, Italian Heart Foundation; Simon Gillespie, British Heart Foundation; Floris Italianer, Dutch Heart Foundation; Staffan Josephson, Swedish Heart Lung Foundation; Therese Junker, Swiss Heart Foundation; András Nagy, Hungarian Heart Foundation; Inge Vestbo, Danish Heart Foundation; and Martin Vestweber, German Heart Foundation.

The Board met four times in 2013. Its role is to provide policy, political and procedural direction on behalf of the members of the EHN and to supervise the finances. The Board has three special positions: President, Vice President and Treasurer.

Costs involved in attending the Board meetings are covered by the member organisations of the Board members. Exceptions are made for those who come from member organisations with limited resources, where EHN covers the cost.

Staff

EHN has maintained an office in Brussels since 1992. The Network has functioned as a legally registered, non-profit-making association in Belgium since 1993.

The EHN Brussels office has a team of five people who co-ordinate EHN’s work. The Brussels office acts as the central point for communication between the member organisations, facilitates its advocacy work with the institutions of the European Union, steers the research and publications work, and organises the Annual Workshop, seminars and meetings for members, as well as special European conferences. EHN also organises and co-ordinates pan-European projects with its members and other partners.
EHN Board Members

Matija Cevc
Slovenian Heart Foundation

Emanuela Folco (until June 2013)
Italian Heart Foundation

Simon Gillespie (from March 2013)
British Heart Foundation

Floris Italianer (from July 2013)
Dutch Heart Foundation

Staffan Josephson, President
Swedish Heart Lung Foundation

Therese Junker (Treasurer)
Swiss Heart Foundation

András Nagy, Vice-President
Hungarian Heart Foundation

Inge Vestbo (until December 2013)
Danish Heart Foundation

Martin Vestweber (from July 2013)
German Heart Foundation

Peter Hollins, British Heart Foundation, and Hans Stam, Dutch Heart Foundation, were on the Board of the EHN until they retired in the first half of 2013.

EHN Member Organisations

Belgium
Belgian Heart League

Bosnia and Herzegovina
Foundation of Health and Heart

Cyprus
Cyprus Heart Foundation

Denmark
Danish Heart Foundation*

Faroe Islands
Faroe Heart Foundation

Finland
Finnish Heart Association*

Germany
German Heart Foundation*

Greece
Hellenic Heart Foundation

Hungary
Hungarian Heart Foundation

Iceland
Icelandic Heart Association

Ireland
Irish Heart Foundation

Italy
Italian Association against Thrombosis and Cardiovascular Diseases (ALT)
Italian Heart Foundation
Italian Heart and Circulation Foundation
Italian Society for Cardiovascular Prevention (SIPREC)

Lithuania
Lithuanian Heart Association

Netherlands
Dutch Heart Foundation
Heart and Vessel Group*

Portugal
Portuguese Heart Foundation

Romania
Romanian Heart Foundation

Serbia
Serbian Heart Foundation

Slovakia
Heart to Heart League

Slovenia
Slovenian Heart Foundation

Spain
Spanish Heart Foundation

Sweden
Swedish Heart and Lung Association*
Swedish Heart Lung Foundation

Switzerland
Swiss Heart Foundation*

Turkey
Turkish Heart Foundation

United Kingdom
British Heart Foundation
UK Health Forum
Northern Ireland Chest, Heart and Stroke*

* these members are also patients’ organisations
EHN Member Organisations’ Activities 2013

Belgian Heart League

For the Belgian Heart League, the year 2013 was pivotal in terms of communication and public awareness campaigns implementing new technologies.

These achievements have put us in a position to anticipate future development of healthcare communication and to pursue tirelessly our primary mission to prevent cardiovascular diseases and reduce the burden of cardiovascular mortality in Belgium.

Our ‘Osez Sauver’ [Dare to Save] campaign is aimed at raising public awareness of cardiac arrest and the effectiveness of life-saving skills, including the use of external defibrillators. We also launched the ‘Chevaliers du Coeur’ [Knights of the Heart] campaign in which people who survived or helped others survive cardiac arrest were recognised for their courage and achievement. Their testimony and swift actions (over 200) helped increase public awareness. We hope that these campaigns will help increase the number of training sessions and the number of available external defibrillators in our country.

The 34th ‘Semaine du Cœur’ [Heart Week] highlighted the role played by nutrition and physical activity in protecting the heart and arteries and how small changes in everyday behaviour can produce major positive long-term effects.

The new communication technologies introduced in 2013 will help improve dissemination of information to the general public.

- Our completely new website gives greater space to images, videos and news
- Increased interactivity and instant information thanks to Facebook
- Applications for androids and iPhones
- The passport for your heart: CARDIOPASS
- The geolocalisation of accessible defibrillators in Belgium: REA-APP
- The journal ‘Coeur & Artères’ [Heart & Arteries] distributed electronically to medical professionals

For more information about the Belgian Heart League, visit: http://liguecardioliga.be/

Bosnia and Herzegovina Foundation of Health and Heart

The Foundation of Health and Heart (FHH) was founded in August 1999 and plays a leading role in implementation of programmes for prevention of cardiovascular disease in Bosnia and Herzegovina (Republic of Srpska and Federation of Bosnia and Herzegovina), through cooperation with doctors, population/patients and authorised health institutions, as well as with various partners, and in cooperation with WHO, WHF, ESC, EHN and specialised organisations of the UN.

Our aim is to support a programme of prevention in cardiovascular disease and continuously disseminate knowledge and technology from developed centres with world-recognised partners.

The Foundation of Health and Heart was the first heart foundation in the Balkan Region. We work closely with the National Societies of Cardiology – the Republic of Srpska Society of Cardiology and the Association of Cardiologists Bosnia and Herzegovina.

In 2013, the FHH, in cooperation with health institutions and a network of doctors and patients, organised professional lectures on the ‘Prevention of cardiovascular disease in health institutions for promotion of health and treatment of patients’. In cooperation with faculties, schools, preschool institutions and local communities, the FHH organised lectures of general interest through the ‘The Health’ forum on the following topics:

- The significance of healthy nutrition and increased physical activity
- Action against alcohol, drugs and tobacco abuse
- Prevention of obesity in children and young people
- Women and healthy heart

FHH supported the Republic of Srpska Coronary Prevention Study (ROSCOPS IV) which follows risk factors and treatment of patients with coronary heart disease and implements EUROASPIRE IV (Secondary Prevention) in Bosnia and Herzegovina.
The FHH supported the project, ‘Post-traumatic predictors of cardiovascular disease in young people, in the postwar period’ in cooperation with the Academy of Art and Sciences of Republic of Srpska, Committee for Cardiovascular Pathology.

The FHH, in cooperation with the Ministry of Health Care, introduced the project, ‘Education of Doctors and Population in Prevention of cardiovascular diseases’.

Our network of medical and scientific experts is increasingly active in local and international efforts to engage with the general public and patients’ groups, and implement concrete measures for preventing cardiovascular diseases and improving the cardiovascular and general health of the population.

For more information about the Foundation of Health and Heart, visit: http://zdravljeisrce.org/indexe.html

British Heart Foundation

The British Heart Foundation (BHF) has pioneered research that has transformed the lives of people living with heart and circulatory conditions for over 50 years.

As the UK’s number one heart charity, it’s determined to win the fight against cardiovascular disease (CVD) through its pioneering research, vital prevention and survival activity and by ensuring quality care and support is available for everyone living with CVD.

The BHF’s vision is a world in which people do not die prematurely or suffer from cardiovascular disease.

The BHF has continued to lead the fight against cardiovascular disease in 2013 through investing over £90 million in pioneering research, committing £7.5 million as part of its ‘Mending Broken Hearts Appeal’ to three Centres of Regenerative Medicine that are uniting world-leading scientists to defeat heart failure.

The BHF has remained committed to helping people cut their risk of CVD. The Charity's annual ‘No Smoking Day’ has inspired nearly a million smokers to attempt to quit; its ‘Hearty Lives’ programme has helped over 159,000 people improve their heart health; and its ‘Health at Work Programme’ has more than 8,500 members. Every year, the BHF distributes over 5 million heart health publications and resources to help people improve their cardiovascular health.

The Charity has also continued its fight to improve cardiac arrest survival rates in the UK. Its ‘Heartstart’ training has now been delivered to more than 3.5 million people. Ground-breaking partnerships with the Football Association and ASDA have meant more defibrillators are available in public places and the Charity is continuing to call on the UK government to make CPR a mandatory part of all children’s school education.
Patient voice and engagement have also been at the centre of the BHF’s work. The charity has 300 ‘Heart Support Groups’ helping thousands of patients and their carers live with CVD; and its ‘Heart Matters’ magazine is read by up to a million people. The BHF continues to support over 1 200 healthcare professionals who relentlessly work to fight CVD.

The BHF took the fight against cardiovascular disease to decision-makers across the UK and Europe. The Charity pressed for a range of heart healthy policies to be implemented – from the introduction of larger picture warnings on cigarette packages as part of the Tobacco Products Directive to an opt-out organ donation policy in Wales, which will become law in 2015.

All of this has been made possible by the continued support of the BHF’s supporters and volunteers. With the help of 23,000 volunteers, the BHF’s retail profits have grown by 5% and its annual ‘Bag-athon’ campaign generated £14 million worth of donations. More than 90,000 people have taken part in BHF running, cycling and swimming events to support its life-saving research.

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For more information about the British Heart Foundation, visit: www.bhf.org.uk/ or email gillespiem@bhf.org.uk

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**Cyprus Heart Foundation**

The Cyprus Heart Foundation was established in 1991 as a non-profit organisation at the initiative of the Cyprus Society of Cardiology and the Heart Patients’ Associations.

The main objectives of the Foundation are research, prevention and treatment of heart diseases, and also the well-being of heart patients.

The ‘Heart Week’ is an annual event organised by the Cyprus Heart Foundation and the Cypriot ministry of health. It is supported by Heart Patients’ Associations, Dietetic Organisations and Exercise Physiologists.

The ‘Heart Week 2013’ had the theme ‘Take the road to a healthy heart’ and was launched on World Heart Day, Sunday 29 September. Various activities were carried out to promote the prevention and management of cardiovascular disease. These activities included a press conference, round table discussions, interviews on TV and Radio, lectures for the general public (in particular, soldiers, students and school children), organised walks and the production of leaflets and posters. Special kiosks were also set up during the week to provide information and to carry out blood tests, blood pressure measurements and medical consultations.

Other activities focused on public education and awareness raising on lifestyle modifications to prevent cardiovascular diseases. These included lectures, presentations, and mass media interviews targeted at patients, caregivers, nurses, GPs and patients’ relatives. These provided practical information on lifestyle, drugs, devices and diagnosis.
Around 40,000 copies of the Cyprus Heart Foundation quarterly publication ‘KARDIOLOGIKA NEA’ are distributed free of charge to the general public. In addition, our research project on Atherosclerosis in Cyprus is now entering its second phase. Furthermore, multidisciplinary alliances were created to encourage the optimal implementation of guidelines and of the European Heart Health Charter, while national strategies were established for education, health insurance, and primary care.

A set of implementation tools such as the ‘Heart Score’ and the ‘Health Professional Toolkit’ translate guidelines in a simple, clear and practical way. Both have been adapted to local requirements.

**Danish Heart Foundation**

The Danish Heart Foundation (DHF), a private organisation, was established in 1962. Today the foundation has more than 136,000 members. DHF primarily engages in patient support, research and prevention of cardiovascular disease and has been taking care of heart patients’ interests for over 50 years. The DHF relies largely on donations from individuals and firms, supplemented by funding for specific projects. The organisation provides financial support for a large part of the heart research carried out in Denmark. Every year, the foundation distributes approximately DKK 25 million for research into the treatment and prevention of heart disease.

HRH Crown Princess Mary is patron of the Danish Heart Foundation.

The vision of DHF is a Denmark where no one dies needlessly from heart disease. To accomplish this, the organisation is aiming to reduce the number of first admissions with arteriosclerosis, reduce the number of deaths from cardiovascular disease and increase the quality of life for patients with cardiovascular disease one year after treatment by 25% by 2020.

Since 2011, the DHF has focused on increasing survival rates following cardiac arrest. A nationwide campaign aimed to increase the knowledge of life-saving first aid in the Danish population and to increase the willingness of the public to offer assistance when someone is having a cardiac arrest. For this purpose, DHF developed an educational smartphone app, published videos on how to perform life-saving first aid on YouTube and produced a short TV spot demonstrating the importance of action. All initiatives have been very successful. The TV film alone was seen by almost half of the Danish population. And in 2013 DHF donated DKR 2.6 million to research on cardiac arrest.
Another focus area is heart disease among women. In 2013, DHF established a partnership with a company that produces low-level saturated fat products, and launched a smartphone app that allows ‘walk-in’ donations to DHF. With these contributions, and others, DHF was able to donate DKR 3.9 million to research on heart disease among women.

A new focus area was adopted in 2013 - inequality in health. It is a fact that early school leavers die earlier than people with a higher education. This is partly due to an unhealthy lifestyle. DHF wants to reduce this inequality by focusing on preventing heart diseases within this group. In 2013 a municipal cooperation was established to introduce healthy habits and improve health early in life. This is done through education of nursery/kindergarten personnel, children’s theatre and through introduction of healthy food and involving activities at vocational schools that by experience educate young people with health risk behaviours.

Support to patients and their relatives is another important area for action. DHF offers a wide range of activities for patients with heart disease and their relatives, but also activities to support a healthy lifestyle in general. These include phone counselling, lectures on heart diseases and healthy lifestyles, establishment of patient support groups, rehabilitation programmes and open air activities. Many of these activities are carried out by DHF’s around 1 000 volunteers.

For more information about the Danish Heart Foundation, visit: www.hjerteforeningen.dk/

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**Dutch Heart Foundation**

In 2013 the Dutch Heart Foundation launched a new strategy with four main topics:

**Prevention**

We promote healthy hearts for everyone, starting with children. Obesity and smoking are the two major risks we can help lower, in the fight against cardiovascular disease.

The Dutch Heart Foundation, the Dutch Cancer Society and the Lung Fund founded the Alliance for a Smoke-Free Holland. The Alliance is campaigning for an increase in the tax on tobacco.

Women were made aware that cardiovascular disease is the number one cause of death among woman on “Dress Red Day”, when all women were called upon to wear red.

**A six-minute zone for the Netherlands**

We want to increase the survival rate by 25% for those who suffer cardiac arrest outside of a healthcare setting by establishing a six-minute zone that covers the whole country uniformly. Anyone suffering cardiac arrest should be resuscitated within six minutes. Young people should contribute as well and lessons are given at 50 pilot schools.

**Reducing the incidence of cardiovascular disease: managing our own health and well being**

People with heart disease should have greater opportunities to manage their lives better and to suffer less pain and discomfort. Patients have a voice in how care is organised.

**Scientific research aimed at breakthroughs and impact**

In 2013 we invested € 17, 6 million in scientific research programmes to detect heart disease before it strikes, and to work for better treatments and cures. We are also helping talented scientists through the Dr. E. Dekker Scholarships to conduct research into improved treatments for heart attacks, heart failure and myocardial infarction. In 2013, we awarded seventeen scholarships for new research; an investment of over € 4.6 million. We called on scientists to submit
research proposals for 2014 on cardiovascular disease in women, congenital heart defects in children, and cardiomyopathy.

The Dutch Heart Foundation raised €44 million in 2013. Of this amount, we invested €32.8 million in achieving our goals.

For more information about the Dutch Heart Foundation, visit: www.hartstichting.nl/

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**FAROESE HEART FOUNDATION**

The Faroese Heart Foundation is a small non-profit patient organisation with 400 members. It is primarily engaged in patient support and prevention of CVD.

The year 2013 was a particularly good and active year for the Faroese Heart Foundation.

In spring, the Foundation ran a campaign on the importance of learning cardio-pulmonary resuscitation (CPR) and how to use a defibrillator. It also ran a course in CPR and the use of a defibrillator.

In May 2013, we hosted the biannual Nordic Heart Union Meeting in our capital city Torshavn. This was the first time the meeting was held in the Faroe Islands. The meeting with the other Nordic foundations was an educational and inspirational experience. We have attended the Nordic Heart Union Meeting since 2008.

For many years, the Foundation has carried out preventive work, e.g., by visiting different locations in the Faroe Islands and offering tests to the local people. Every year, we test for BMI, blood pressure, blood sugar and cholesterol. In 2013, approximately 12 000 people have been tested out of a population of about 49 000.

The Foundation arranged two different theme days for our members. One day featured lectures by doctors from Denmark on atherosclerosis, atrial fibrillation and cholesterol treatment. The second theme day offered lectures on how to maintain a good quality of life despite suffering from a cardiovascular disease.

Representatives of the Foundation were present at the annual run/walk for health, where they measured the participants’ blood pressure.

The Foundation’s two support groups were also active. The two support groups are for parents of children born with a congenital heart defect and for patients with ICD.

In 2013 the foundation’s website was upgraded. For more information about the Faroese Heart Foundation, visit: www.hjartafelag.fo/ or email eydnajmj@gmail.com.
The German Heart Foundation (GHF) is Germany’s largest patient organisation in the field of cardiovascular disease with currently over 80,000 members. Established in 1979, it is an independent, non-profit, non-governmental organisation fully financed by membership fees, donations and legacies.

The GHF’s main goal is to inform the general public about lifestyles that promote heart health, latest treatments, drugs, and therapies related to heart diseases. It supports patient-related cardiovascular research projects in collaboration with the German Cardiac Research Foundation (GCRF), founded 25 years ago by the GHF.

The overall aim is to become a link between patients and physicians so that patients are objectively informed about their disease. The main information channel is the quarterly brochure ‘Herz heute’ (Heart Today), which has a circulation of 150,000.

The Foundation’s main information campaign, the “Heart Weeks” in November 2013, focused on heart failure. More than 1,150 events – lectures, seminars and training courses – were organised nationwide in cooperation with hospitals, medical centres, heart specialists in private practice, health insurance funds and other partners. A comprehensive 160-page brochure, ‘The weak heart’ (80,000 copies were printed), was published. The heart diary for patients helped to control weight, blood pressure and pulse. The campaign received excellent media coverage.

In addition to the Heart Weeks, 178 other events on cardiovascular diseases were organised for patients and interested non-professionals.

In 2012, the GHF and the GCRF commissioned an assessment to check the sustainability of research funded between 2000 and 2009 by the two organisations. The results, which were published in 2013, were positive and demonstrated that GHF-funded researchers made a significant contribution to research and also to future research, and had an important impact on the treatment of patients.

Throughout 2013, the GHF lobbied for a strict tobacco products directive, a national legislation on prevention, more willingness to donate organs, non-restricted access to MRI and a national action plan for chronic diseases.

The GHF continued successful projects such as ‘Skipping Hearts’ (which promotes physical exercise among primary school children), ‘Rauchzeichen’ (Smoke signals) (which prevents smoking among adolescents) and ‘Mediterranean Diet’. In the research-promotion sector, the GHF and the GCRF sponsored scholarships, awards and research projects worth a total of almost €2 million in 2013.

For more information about the German Heart Foundation, visit: www.herzstiftung.de/
HELENNIC HEART FOUNDATION

The Hellenic Heart Foundation (HHF) is a non-profit, non-governmental organisation, established in 1991. It is committed to the prevention and reduction of cardiovascular disease through scientific knowledge and the education of Greek doctors as well as the public.

An outline of our activities in 2013:

On 9-11 May 2013, HHF organised the 28th International Meeting on Clinical Cardiology. At this annual meeting, 48 Greek and foreign speakers gave presentations to around 800 cardiologists on the most recent developments in clinical cardiology at 11 round table discussions.

On 13-14 December 2013, in cooperation with the first Cardiology Clinic at Athens University, HHF organised the 16th International Symposium on Atherosclerosis and Related Risk Factors. This symposium was attended by 500 Greek doctors.

HHF participates in the health education programme conducted in schools with the cooperation of the ministry of national education. This annual programme, mainly conducted in public secondary and primary schools, aims to inform young people of the importance of healthy nutrition, the benefits of physical exercise and the risks associated with smoking. During 2013 our scientific consultants gave lectures to 103 schools all over the country.

In October 2013 in the framework of World Heart Day, the HHF organised a programme called ‘Estimation of Cardiovascular Risk’. In this programme, we checked people’s cholesterol, blood pressure levels and heart rhythm free of charge. Based on the results of the measurements, our doctors calculated the 10-year risk of cardiovascular disease of those examined, following the Heart Score Protocol of the European Society of Cardiology. In addition, those examined received advice on cardiovascular health. The number of people examined during 2013 was 2 800. Over the nine years that we have run the programme, a total of 59 500 people have been examined.

HHF’s publications include a popular monthly magazine, ‘In the rhythms of the heart’ which is distributed to 10 000 Greek families, and a scientific magazine, ‘Heart and Vessels’, which is distributed to 7 500 doctors (mainly cardiologists and GPs).

HHF has also supported a research programme, ‘Determinants of childhood obesity based on characteristics of the mother during pregnancy’. The scientific director of this programme is Lambros Syntosis, Professor of Nutrition-Dietetics in Harokopeio University in Athens.

Finally in 2013, the HHF granted five scholarships to young cardiologists. Two of the scholarships were for training in distinguished centres abroad and the other three in Greece.

For more information about the Hellenic Heart Foundation, visit: www.elikar.gr/
ITALIAN ASSOCIATION AGAINST THROMBOSIS AND CARDIOVASCULAR DISEASES (ALT Onlus)

ALT Onlus is a non-profit Italian organisation formally established in 1986. Our mission is to:

- Raise awareness in the general population of effective prevention of cardiovascular diseases (CVD) caused by thrombosis;
- Stimulate in physicians a multidisciplinary approach to CVD caused by thrombosis; and
- Fund scientific basic, clinical and translational research on thrombosis based on a multidisciplinary approach.

In 2013 the second ‘National Day Against Thrombosis’ was held, involving some of the main Italian towns (from Milan to Palermo), 400 children, 15 sponsors, and eight national institutions. The programme of events included a ‘flash mob’ to promote the use of bikes to get around town; a press conference at ‘La Gazzetta dello Sport’ (the best known Italian sports newspaper) with the support of ‘The heart team’ (12 World and Olympic champions in different sports); and games in the Arena of Milan, with 250 children aged 6-10. The events were reported by 16 national newspapers, six TV networks and in 150 articles on the internet. The event also had 2 000 views on Facebook and 300 on YouTube. ALT was a charity partner for ‘Gazzetta’s Cup’, a national football tournament promoted by ‘La Gazzetta dello Sport’, which involved 31 000 children from all over Italy, with the final match at San Siro football stadium in Milan.

The year also saw the launch of ‘I care for you’, the first Italian online forum dedicated to caregivers of patients in antithrombotic therapy.

ALT gave financial support to three research projects:

- ‘Evaluation of thrombotic risk in Italian obese children’, University of Bari;
- ‘Stroke in young people’, multicentre study on stroke in young people; and
- ‘Factor XIII as a predictor of heart failure after myocardial infarction’, University of Ferrara.

Other activities included: ‘The Manifesto of Health’, which offered 10 simple rules for the prevention of CVD developing in children; ‘Sign Against Stroke’, a global campaign to raise awareness on prevention of thromboembolic stroke in atrial fibrillation; the ‘Agenda del cuore’ (Heart diary), day-by-day information and recommendations on lifesaving changes in lifestyle for prevention of CVD; ‘SALTO’, a six-monthly magazine; and the 25th national Golf Tournament 2013 in 30 national golf clubs to encourage physical activity.

For more information about ALT Onlus, visit: www.trombosi.org/
The Lithuanian Heart Association (LHA) is a voluntary and independent non-governmental organisation uniting medical professionals and patients interested in the prevention and treatment of cardiovascular diseases.

LHA objective is to reduce mortality from cardiovascular diseases. It is striving to reach this objective by informing the public on the prevention of cardiovascular diseases and by emphasising crucial risk factors and healthy living. We raise awareness of the first signs of a heart attack and we organise mutual-support clubs for patients suffering from cardiovascular diseases. We also call on the government to provide more support for cardiovascular disease prevention.

Currently, activities of LHA are implemented in Lithuania’s six regions: Vilnius, Kaunas, Panevėžys, Šiauliai, Klaipėda and South-East Lithuania. The Republic Department of Patients with Cardiovascular Disease was established in 2010 at the Lithuanian Heart Association.

In 2013, the Lithuanian Heart Association continued its successful campaigns, ‘Go Red for Women’, ‘World Heart Day’, and ‘Myocardial Infarction Prevention Week’. The ‘Go Red for Women’ campaign aimed to improve women’s knowledge of heart disease and stroke so that they can take action and live longer, healthier lives. The campaign included active media campaigns, a charity concert with celebrities, artists, doctors, politicians, and a Zumba Dancing Marathon in one of the biggest shopping malls of Vilnius.

The ‘World Heart Day’ event was organised at the Town Hall. This included Nordic walking, Tai-Chi, cycling, and lectures on healthy lifestyles. BMI, blood pressure, blood cholesterol and blood sugar measurements were performed during the day, attracting many people.

Myocardial Infarction Prevention Week ‘No Stress’ aimed to raise public awareness on the importance of recognising first heart attack symptoms and the need to immediately call the emergency number 112, or as soon as possible go to the nearest hospital. The campaign emphasised the negative effect of stress and the importance of positive emotions. For this reason, the Lithuanian Heart Association organised free ‘Laugh Your Heart Out’ movie sessions in one of the biggest cinema theatres of Vilnius during the weekend of ‘Myocardial Infarction Prevention Week’.

Also in 2013, the Lithuanian Heart Association launched a new ‘Hypertension Awareness’ campaign. The purpose of the campaign was to emphasise that optimal blood pressure is 120/80 mmHg and that there is no risk if the figures do not exceed 140/90 mmHg. The campaign included all traditional media channels, such as TV, radio, internet, print and outdoor advertisements. A survey was conducted during the campaign to find the public’s knowledge of blood pressure. The survey disclosed that almost a third of the adult population (aged over 18) in Lithuania, which is 750 000 people, do not measure their blood pressure because they think that their health is excellent.

For more information about the Lithuanian Heart Association, visit: www.heart.lt/
Northern Ireland Chest Heart & Stroke (NICHS) supports those affected by cardiovascular and chest illnesses and funds research aimed at preventing these conditions.

In 2013, NICHS has funded the establishment of a pioneering new service to identify families carrying the gene for familial hypercholesterolaemia (FH). This ‘silent killer’ affects one in 500 people. The new screening service will detect the gene and allow future generations of affected families to receive early treatment.

The development of the service will result in an additional 1,000 people with FH being diagnosed and treated over the first four years of the programme. This will prevent at least 170 cardiovascular deaths. In the longer term the prevention of cardiovascular disease through the early identification and treatment of FH in younger people will enable them to have a normal life expectancy.

NICHS also succeeded in strengthening legislation governing the sale of tobacco in Northern Ireland. For the first time, it will be an offence for an adult to buy tobacco for someone who is underage. The legislation also creates a register of retailers. The original version of the new law would have been much less effective, but NICHS worked with a number of Northern Ireland Government Departments to ensure that tougher restrictions and penalties were included.

Another pioneering service promoted by the charity in 2013 was self-management of long-term illnesses. The programme aims to help people with long-term health conditions develop the skills and confidence they need to manage their condition more effectively. It covers areas such as healthy eating, exercise and dealing with difficult emotions.

One participant in the programme said: “My long term condition has controlled my life for 12 years; I feel now that I can control it.” Many others have reported similar improvements.

NICHS will continue to develop innovative and effective ways of tackling chest, heart and stroke illnesses and their effects.

For more information about the NICHS, visit: www.nichs.org.uk/
The Romanian Heart Foundation (RHF) is a private non-profit organisation set up by the Romanian Society of Cardiology (more than 1,000 cardiologist members) in 2010. Romanian Heart Foundation is performing its activities under the patronage of the Romanian government.

The Romanian Heart Foundation has made the prevention of cardiovascular disease a national priority with a focus on a population strategy. The RHF and the Romanian Society of Cardiology are key members of the National Forum for Prevention. This Forum is the medical alliance active in the fight against non-communicable diseases. It is sustained by governmental bodies (mainly the Ministry of Health and the Ministry of Education).

In 2013, the RHF engaged in its core activities. The Romanian Heart Week is the most important activity implemented by the RHF. In 2013, the Heart Week was held in partnership with the Rotary District 2 241, in 25 cities all over the country and in Chisinau-Moldova.

Additionally, ‘Bike for your heart!’ is an annual event organised by the Media Med Publicis in partnership with the RHF to promote physical exercise, exclusively via social-media channels. ‘Heart Ball’ emphasised the importance of preventive measures to reduce cardiovascular mortality, while raising funds for the RHF. The ‘Young Health Programme’ is a commitment to reduce non-communicable diseases among the youth. The ‘I love sports’, programme, supported by AstraZeneca, aimed to inform and teach young people about the key modifiable risk factors for cardiovascular diseases and reduce the risk of these diseases by conducting a health education programme and promoting sports.

EU-CDA - Management of Diabetes in Patients with Cardiovascular Diseases was a course to inform students about the epidemiology of diabetes and cardiovascular disease. It also aimed to promote tools for classification and screening of diabetes and pre-diabetes, and to address the concept of reducing global cardiovascular risk in patients with diabetes and dysglycaemia.

The RHF has conducted a nationwide quantitative study in Romania that showed that though half of the population is aware of the principles of a healthy lifestyle, they often don’t do anything about it. The RHF is responsible for the implementation of EUROASPIRE IV in Romania.

In 2013, Hypertension Champions – a campaign implemented by RHF to raise awareness in the general population on the risks of high blood pressure – measured blood pressure, identified and evaluated the cardiovascular risk in over 2,000 people and distributed over 4,000 leaflets on this topic.

‘Your Heart Agenda’ is an educational tool destined to help the monitoring of healthy habits such as weight watching, fruit and vegetable intake, 30-minutes daily exercise and 6-8 hours of sleep each night. RHF volunteers implemented an extensive information campaign and awareness about cardiovascular disease in OMV Petrom, the biggest company in Romania.

The RHF continued to promote ‘The ACT NOW-SAVE A LIFE’ ESC campaign to reduce mortality from heart attacks and associated complications, by encouraging the public to take adequate measures to save their own lives and those of the people around them.

For more information about the Romanian Heart Foundation, visit: www.romanianheart.ro/
The SHF organised workshops for schools, together with medical students (38 workshops), on such topics as dealing with heart function, risk factors for the development of cardiovascular diseases, and healthy lifestyles. It also carried out ‘Valentine heart’ lessons for a healthy heart for pupils of primary schools on Valentine’s Day, and the project Heart Bimbam, a pilot project in primary schools in Ljubljana.

Open from Monday to Friday, the ‘Doctor’s office by phone’ service answers cardiologist questions free of charge. Now running for four years, the service helps around 1,500 people every year. Similarly, we also offer a ‘Web doctor’s office’ on http://med.over.net. Last year the cardiologist replied to 750 questions.

In 2013 we carried out about 50 courses on basic resuscitation procedures in different places across Slovenia. The SHF uses the symbol of a stylised heart to indicate suitable food products on sale in Slovenia and available in public canteens.

Activities carried out in Slovenia on ‘World Heart Day’ included walks, excursions, lectures, radio and TV programmes, and articles in newspapers. The main event in Ljubljana was organised at the Prešernov trg and an exhibition was held called ‘For the healthy heart’. Across Slovenia, we also promoted the importance of a healthy lifestyle (95 marches and excursions in 2013).

For more information about the Slovenian Heart Foundation, visit: http://zasrce.si/
The Swedish Heart and Lung Association

The Swedish Heart and Lung Association is a non-governmental organisation that unites people with heart and lung diseases. It is politically and religiously independent. It was founded in 1939 and has been governed by its members ever since.

The most important objective is to improve living conditions for people with heart and lung diseases:

- To give members the opportunity to take part in group activities to reduce risk factors such as smoking, unhealthy diet, unhealthy stress and physical inactivity.
- To create public awareness, on issues concerning heart and lung diseases.
- To empower our members as patients.

A survey carried out by the Association on response times for an ambulance to reach the patient showed significant differences across the country. The survey helped focus the media spotlight on emergency healthcare.

The fifth annual round table discussions took place in five Swedish counties. The topic for the discussion in 2013 was ‘Is the heart healthcare sufficient – meet your county politicians for a round table talk’. The discussions, which commonly attracted up to 120 people, received much regional media coverage and politicians were alerted.

The Association was engaged in the adoption of the Tobacco Products Directive. We urged Swedish MEPs to answer questions on how they intended to vote. Our campaign attracted comment on Facebook and in newspaper articles as well as responses from MEPs.

Our research fund granted €290 000 to 13 projects. The fund’s purpose is to support research on new and improved methods of rehabilitation.

The results of a study initiated by The Swedish Heart and Lung Association in 2012, ‘Study of Patient Information after percutaneous Coronary Intervention (SPICI)’, were presented internationally and were published in January 2014 in EurolInvasive. The authors concluded that current preventive practice scarcely meets the challenge posed by the progress in modern invasive cardiology. The Study of Patient Information after percutaneous Coronary Intervention (SPICI) motivates an in-depth revision and adaptation of cardiac rehabilitation programmes in order to improve patient understanding of the disease, and to support greater compliance with a cardio-protective lifestyle.

For more information about the Swedish Heart and Lung Association, visit: www.hjart-lung.se or email Lars.Edborg@hjart-lung.se
Swedish Heart-Lung Foundation

Swedish Heart-Lung Foundation

The Swedish Heart-Lung Foundation raises funds and distributes money to heart, lung and vascular research, and provides information about heart-lung disease. The fund supports research within fields such as heart attack, heart failure, vascular spasm, genetic heart defects, stroke, asthma, chronic obstructive pulmonary disease (COPD) and emphysema.

Hundreds of thousands of Swedes are affected by diseases of the heart, blood vessels and lungs. Moreover, almost half of all deaths in Sweden are due to cardiovascular disease. More research and increased knowledge would allow more lives to be saved. The Swedish Heart-Lung Foundation is aiming to ‘conquer’ the major national diseases of today: heart, lung and vascular diseases.

2013 was a very successful year for the Swedish Heart-Lung Foundation, with new heights reached in fundraising. The Foundation was able to fund research with SEK 210 million (23.5 million euro), compared to SEK 182 million (20.4 million euro) in 2012. The Swedish Heart-Lung Foundation funds around 250 research projects at hospitals and universities in Sweden.

The Foundation ran seven fundraising campaigns in 2013, mainly concerning heart disease (children’s heart disease, women’s heart disease, heart attacks, sudden cardiac arrest and stroke) and one focusing on COPD.

In 2013, we embarked upon a three-year campaign on sudden cardiac arrest. The aim is to double the amount of defibrillators outside of hospitals, mainly targeting businesses, and to enable more people to learn CPR and thus save lives.

With the help of money from the Postcode Lottery, the Swedish Heart Lung Foundation last year started a research project in South Africa aiming at fighting multi-resistant tuberculosis. The research is funded for three years and will hopefully result in new treatments.

In 2013 SCAPIS, Swedish CArdioPulmonary bioImage Study, went live. This is a unique research programme with the aim of building a nationwide, open-access, population-based cohort for the study of CVD and COPD. SCAPIS will recruit and investigate 30 000 men and women aged 50 to 65 years with detailed imaging and functional analyses of the cardiovascular and pulmonary systems. The data will be collected at six universities in Sweden.

The Swedish Heart-Lung Foundation’s communication activities in 2013 included TV ads, printed ads, collection letters, digital marketing and much PR. The visits and likes on the website and in social media are constantly increasing. The Foundation’s magazine was issued quarterly and hundreds of thousands of brochures were distributed, mainly to hospitals. The annual ‘Heart Report’ attracted much attention and shone the spotlight on the importance of fighting heart disease.

For more information about the Swedish Heart-Lung Foundation, visit: www.hjart-lungfonden.se/
The Swiss Heart Foundation (Schweizerische Herzstiftung, Fondation Suisse de Cardiologie, Fondazione Svizzera di Cardiologia), formally established in 1967, is the only nationwide foundation in Switzerland active in promoting research, patient education and public information covering cardiovascular disease and stroke.

The Swiss Heart Foundation is committed to ensuring that:

- Fewer people become ill with heart and vascular diseases or suffer from a stroke;
- People do not remain disabled from cardiovascular disease or die prematurely;
- The quality of life is preserved for those affected.

The Swiss Heart Foundation was able to generate CHF 8.1 million (€6.6 million) in 2013, from donations and inheritances, which allowed targets in the three stated core fields of work to be met.

CHF 2.7 million (€2.2 million) was used to fund cardiological and cerebrovascular research. 44 projects were supported. A brochure including portraits of patients, interviews with researchers and project summaries was produced and the Foundation has logged reports from the benefactors on their activities in this area.

The Education and Prevention Division (CHF 1.4 million; €1.14 million) focused on raising public awareness of the symptoms of heart attack, stroke and cardiac arrest. It gave 1,200 students in 65 school classes CPR training on using the teaching aid MiniAnne.

Another project tackled Switzerland’s policy on salt. We have been working with medical professionals to reach a consensus on reducing the population’s salt consumption to 5g per day, the level recommended by the WHO.

More than half of the 100 available titles, published in three languages by the Foundation, are aimed at patients. These information materials are continuously updated and supplemented by new editions. Another field of activity for the Foundation is setting up and supporting heart groups around Switzerland. There were 138 heart groups operating in 2013, offering training programmes for the long-term aftercare of those affected. The most ambitious project launched in 2013 was Swissheart-Coach, an interactive, web-based risk factor self-management programme. Patients and those concerned about their health can use it to calculate their risk profile and receive advice on how they can make lifestyle changes. A total of CHF 1.5 million (€1.2 million) was invested in measures aimed at patients.

The Swiss Heart Foundation is also carrying out advocacy and lobbying through its alliance with CardioVasc Suisse, which is composed of 22 Swiss medical and patient organisations representing the cardiovascular, stroke and diabetes NGOs. In 2013, activities were focused on tobacco, nutrition and physical activity prevention policies.

For more information about the Swiss Heart Foundation, visit: www.swissheart.ch/
The UK Health Forum (UKHF), a registered charity, is both a UK forum and an international centre for the prevention of non-communicable diseases (NCDs) including coronary heart disease, stroke, cancer, diabetes and dementia. It focuses on up-stream measures targeted at the four shared modifiable risk factors: poor nutrition, physical inactivity, tobacco use and alcohol misuse. UKHF undertakes policy research and advocacy to support action by government, the public sector and commercial operators. As an alliance, the UKHF is uniquely placed to develop and promote consensus-based public policy and to coordinate public health advocacy.

UKHF’s vision is of a society where public policy and effective regulation supports the social, economic and environmental conditions in which everyone has equal access to good health and the opportunity to enjoy a life free from disability or preventable death caused by non-communicable diseases.

- In February 2013, UKHF (then the National Heart Forum) hosted the launch of the Lancet non-communicable diseases and development series 4, in partnership with London School of Hygiene and Tropical Medicine and the NCD Alliance. The series set out clear plans for countrywide implementation of NCD plans in the post-MDG era, towards the unified goal of ‘25 by 25’ – reducing NCD mortality worldwide by 2025. Full details available at: www.thelancet.com/series/non-communicable-diseases

- In April 2013, the National Heart Forum changed its name to UK Health Forum to better reflect its efforts on preventing NCDs.

- In summer 2013, UKHF added dementia to its portfolio as the evidence supports that dementia shares common links and risk factors with other NCDs.

- The UKHF modelling team, with EHN as associate partners, received funding from the European Union in the framework of the Health Programme to model the cost-effectiveness of interventions to prevent, screen and treat major chronic diseases.

- The UKHF built and launched the Voluntary Sector Health and Care portal of England, which promotes co-production at the national level by systematically disseminating and connecting people with information and innovation in delivering health, care and wellbeing objectives. Available at: www.voluntarysectorhealthcare.org.uk/

For more information about the UK Health Forum, visit: www.ukhealthforum.org.uk/

To contact UKHF, visit: http://www.ukhealthforum.org.uk/who-we-are/contact-us
## Accounts for the Year Ended December 31, 2013

**Approved by the General Assembly on 22/5/2014**

### Income

1. Member subscriptions

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<th>Foundation and Association</th>
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### 2. Special contributions

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### 3. Investment income

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## Expenditures

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# Balance Sheet as at December 31, 2013

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<td>Current Assets</td>
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<td>944.141,31</td>
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<tr>
<td>Current Liabilities and Provisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>500.000,00</td>
<td>479.200,00</td>
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<tr>
<td>Accrued costs and expenses</td>
<td>115.827,88</td>
<td>8.765,31</td>
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<tr>
<td>Prepaid income</td>
<td>130.694,00</td>
<td>83.012,00</td>
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<tr>
<td></td>
<td>746.521,88</td>
<td>570.977,31</td>
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<tr>
<td>Net Current Assets (Liabilities)</td>
<td>412.836,04</td>
<td>373.164,00</td>
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</table>
# Euroheart II Project

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Euro)</td>
<td>(Euro)</td>
</tr>
<tr>
<td>Project expenses</td>
<td>90,762,99</td>
<td>112,440,16</td>
</tr>
<tr>
<td>Personnel costs</td>
<td>80,477,71</td>
<td>90,530,42</td>
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<tr>
<td>Staff Travel and subsistence</td>
<td>702,30</td>
<td>4,326,00</td>
</tr>
<tr>
<td><strong>Subcontracting costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steering committee (subsistence)</td>
<td>0,00</td>
<td>540,06</td>
</tr>
<tr>
<td>Patient Seminar (subsistence &amp; meeting room)</td>
<td>2,887,41</td>
<td>3,877,80</td>
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<tr>
<td>EU conference</td>
<td>0,00</td>
<td>1,237,45</td>
</tr>
<tr>
<td>Printing costs</td>
<td>1,275,00</td>
<td>6,943,00</td>
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<tr>
<td>Accounting fees</td>
<td>1,188,83</td>
<td>1,119,25</td>
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<tr>
<td><strong>Other costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steering committee (travel)</td>
<td>0,00</td>
<td>516,82</td>
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<tr>
<td>Patient Seminar (travel)</td>
<td>4,231,74</td>
<td>2,916,09</td>
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<td>Speaker</td>
<td>0,00</td>
<td>433,27</td>
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<td><strong>Project income</strong></td>
<td>58,269,84</td>
<td>72,186,58</td>
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<td>-32,493,15</td>
<td>-40,253,58</td>
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### TOBTAXY

<table>
<thead>
<tr>
<th></th>
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<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Euro)</td>
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<tr>
<td>Project expenses</td>
<td>0,00</td>
<td>8,882,97</td>
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<tr>
<td>Personnel costs</td>
<td></td>
<td>8,362,77</td>
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<tr>
<td>Travel</td>
<td></td>
<td>231,30</td>
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<tr>
<td>Subsistence</td>
<td></td>
<td>288,90</td>
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<tr>
<td>Subcontracting</td>
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<tr>
<td>Project income</td>
<td>719,22</td>
<td>5,702,88</td>
</tr>
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</table>

719,22 -3,180,09

### EConDA

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>(Euro)</td>
<td></td>
</tr>
<tr>
<td>Project expenses</td>
<td>12,508,75</td>
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<tr>
<td>Personnel costs</td>
<td>11,567,16</td>
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<tr>
<td>Travel</td>
<td>563,00</td>
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<tr>
<td>Subsistence</td>
<td>378,59</td>
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<td>Subcontracting</td>
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<tr>
<td>Project income</td>
<td>8,030,62</td>
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</table>

-4,478,13
NOTES ON THE ACCOUNTS FOR THE YEAR ENDED
DECEMBER 31, 2013

1. Principal accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the organisation’s accounts:

ACCOUNTING BASIS

The accounts have been prepared under the historical cost convention.

2. Staff costs

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Euro)</td>
<td>(Euro)</td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>281,319,86</td>
<td>280,731,52</td>
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<tr>
<td>Group insurance</td>
<td>32,268,03</td>
<td>31,612,61</td>
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<tr>
<td>Social security employers</td>
<td>70,759,99</td>
<td>70,890,72</td>
</tr>
<tr>
<td>Accrued vacation pay</td>
<td>4,510,98</td>
<td>-2,214,15</td>
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<tr>
<td>Insurance personnel</td>
<td>3,494,22</td>
<td>3,053,87</td>
</tr>
<tr>
<td>Meal vouchers</td>
<td>5,667,11</td>
<td>6,064,13</td>
</tr>
<tr>
<td>Other personnel charges</td>
<td>660,03</td>
<td>353,39</td>
</tr>
<tr>
<td>Social office</td>
<td>4,478,68</td>
<td>4,926,87</td>
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<tr>
<td>Recruitment fee</td>
<td>0,00</td>
<td>7,958,41</td>
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<tr>
<td>Personnel costs to recover</td>
<td>-92,044,87</td>
<td>-98,893,19</td>
</tr>
<tr>
<td></td>
<td>311,114,03</td>
<td>304,484,18</td>
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</tbody>
</table>
Auditors’ Report to the Board of the European Heart Network for the Year Ended December 31, 2013

We have agreed the financial statements on pages 35 to 41, which have been prepared on the basis of the accounting policies set out on page 41, to the records maintained by the European Heart Network.

Respective responsibilities of the Board and auditors

The Board is responsible for the preparation of the financial statements. It is our responsibility to consider whether the European Heart Network’s balance sheet and income and expenditure account are in accordance with the detailed accounting records and, to consider whether we have received all of the information and explanations which we consider necessary.

Opinion

We certify that we have obtained all the information and explanations required by us as auditors and that the attached income and expenditure account for the year ended December 31, 2013 and the balance sheet at that date are in agreement with the records maintained by the European Heart Network.

Kuurne, 31/03/2014

FRANK VANDELANOTTE Burg. B.V.B.A.
Represented by
Frank VANDELANOTTE
Certified Public Accountant