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Mission and vision

European Heart Network

The European Heart Network (EHN) is a Brussels-based alliance of foundations and associations dedicated to fighting heart disease and stroke and supporting patients 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, patient support, and research 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
1. Message from the EHN’s President and Director

We look back on 2018 with great pride. The European Heart Network (EHN) had a phenomenal year, which makes us feel confident that we can continue to have significant impact on policies that help to prevent cardiovascular diseases and promote cardiovascular health. This is our ambition, along with supporting our members so that they can become even better at assisting cardiovascular patients in their countries.

Cardiovascular disease (CVD) is the primary cause of death in the continent of Europe, so in this report you will find a wealth of information about how we went about creating an environment in Europe that is conducive to cardiovascular health as well as providing our members with crucial information and facilitating exchange of knowledge and skills between them in 2018.

The European political landscape is changing in 2019. European Union citizens have voted for candidates to become Members of the European Parliament (MEPs). The EU Member States will appoint candidates to form the next European Commission and these candidates will be scrutinised by the newly elected MEPs. Currently, health is not a competence of the EU, but under the new political mandate, MEPs and European Commissioners should appreciate that EU has a duty to protect and promote public health. This duty is clearly included in three articles of the Treaty of the Functioning of the European Union: articles 9, 114, 168.

There are many good reasons for the EU to take this duty seriously, and several ways in which it can do so effectively, contributing to addressing the huge burden placed by CVD – heart disease, stroke and all other circulatory diseases – on European citizens and the economy.

Our Election Manifesto spells out why:

- European citizens care deeply about their health. The depth of this care was demonstrated by the UK’s ‘Leave’ campaign whose messaging around healthcare resonated strongly with voters. It is, therefore, imperative for the new political mandate to stay close to their constituents and deliver on what matters most to them – health being high up on that list.

- It is the EU’s ambition to build a competitive and world-leading economy; this can only be done with a healthy population. The total impact of CVD on the EU economy is a staggering €210 billion per year. CVD costs healthcare systems €111 billion, plus an additional €45 billion in informal care. CVD drains productivity in the EU to the tune of €54 billion per year (just under €23 billion due to illness; and just under €32 billion due to premature death). That is more than double the amount spent by the EU between 2015–2018 on managing migration and tackling security challenges. If the new political mandate does not acknowledge the impact of EU legislation and policies on its citizens’ health, it will compromise the EU’s economy for generations to come.

Our Election Manifesto also identifies the ways we can, and should, change by:

- Supporting the development of a coherent and comprehensive European CVD Plan – it needs to be streamlined with the policies that directly and indirectly impact citizens at large, and the lives of those living with CVD; examples include food product composition, information and promotion, and air quality.
Increasing investment in research – CVD is the leading cause of death and a considerable disability burden in the EU. Despite this fact, funding for CVD research through Horizon 2020 is quite modest, around 1% of the total and significantly less than that allocated for cancer, for example. Horizon Europe must emphasise CVD as a priority area and fund key areas where research needs have been identified.

Closing the feedback loop – the EC must systematically assess (ex-ante) the health impact of EU policies. In addition to the current practice of assessing the economic, social or environmental impacts, developing a world-class methodology to perform systematic health impact assessment of EU legislation, policies and programmes will ensure policy coherence and maximise health outcomes.

CVD is the primary cause of death in Europe accounting for 45% of all deaths, causing over 3.9 million deaths each year in the Member States of the World Health Organization (WHO) European Region. Of these deaths, 1.8 million occur in the EU (37% of all deaths). Millions of people live with CVD – more than 85 million people in Europe, of which almost 49 million in the EU. Moreover, the CVD mortality burden across individual European countries is highly unequal: the percentage of all deaths due to CVD among men ranges from 23% in France to 60% in Bulgaria, and in women from 25% in Denmark to 70% in Bulgaria. This need not be so.

We started this message by saying that it is our ambition to prevent cardiovascular disease and promote cardiovascular health, and to support cardiovascular patients across Europe. It is the EU’s ambition to build a competitive and world-leading economy. If the new political mandate pledges its commitment to improving cardiovascular health and the lives of those living with CVD, these two sets of ambitions can be realised. So we ask politicians across the continent of Europe to join forces with EHN and its members in our quest to reduce avoidable death and disease from heart disease and stroke as well as other circulatory diseases.
2. Main achievements in 2018

Below is a quick overview of EHN’s main achievements.

To support our members and facilitate exchange of knowledge

*We organised:*

- a successful **Annual Workshop** together with the Swiss Heart Foundation in Lucerne, Switzerland
- **capacity-building workshops** to prepare for the 2019 European elections and to share the latest information on front-of-pack labelling, salt initiatives and food taxation
- a seminar for our **patients’ organisations**
- the inaugural meeting of the **EHN Research Platform** for our research-funding members

To increase knowledge about cardiovascular disease and influence EU policy-making and legislation

*The European Heart Network*

- organised a meeting on **Transforming European food and drink policies for cardiovascular health** under the auspices of the **MEP Heart Group** in the **European Parliament** in Brussels
- organised a **Round table on Tobacco Control and Cardiovascular Diseases**, and a **World No Tobacco Day Award Ceremony** in the **European Parliament** in Brussels for World No Tobacco Day
- published a statement on **World Heart Day** calling on the EU to put the promotion of good heart health and the prevention of cardiovascular disease high up on the agenda
- gained **140 new followers on Twitter**

Our Network was strengthened

- EHN received **two new membership applications** and was in contact with several other individuals and organisations that may be interested in joining us in the future.
Recognition of EHN was shown by

- an invitation to speak at the Austrian EU Presidency conference on People’s Food – People’s Health. Towards healthy and sustainable European Food Systems
- an invitation to speak at a workshop organised by the Health Working Group of the ENVI Committee on CVD and lifestyle in the European Parliament
- the NCD Alliance’s invitation to speak at the NCD Café on Shaping the future of diet: REPLACE for Trans Fat-Free 2023 taking place during the 2018 World Congress of Cardiology & Cardiovascular Health
- our Director receiving one of the 2018 WHO World No Tobacco Day Awards

Our work in cooperation with European and International organisations produced tangible outputs

- a joint statement with the World Heart Federation at the 68th session of the WHO Regional Committee for Europe
- together with 11 other European health organisations we published a statement with eight key asks for the EU to do more for its citizens’ health

Our sustained advocacy activities bore fruit

The European Commission adopted

- a regulation to limit industrially produced trans fatty acids to 2 grams per 100 grams of fat
- a regulation on the CAP Strategic Plans with specific objectives dedicated to “Improve the response of EU agriculture to societal demands on food and health, including safe, nutritious and sustainable food, as well as animal welfare.”
3. Annual Meeting

The Annual Workshop is the major event for EHN members where knowledge-sharing and capacity-building take place in a convivial atmosphere. The Workshop provides an unparalleled occasion for networking with colleagues from large and small heart and stroke organisations and patients associations across Europe.

In 2018, the European Heart Network’s Annual Workshop and General Assembly were hosted by the Swiss Heart Foundation. It took place in Lucerne, Switzerland, from 30 May to 1 June. The workshop was attended by 37 delegates from 21 EHN member organisations as well as friends and colleagues from the American Heart Association and the World Heart Federation. We also welcomed guests from potential new member organisations in Norway. Altogether, 50 delegates gathered in Lucerne where we also welcomed from the WHO Regional Office for Europe (WHO Euro) Dr Jill Farrington, who delivered the Keynote speech.

Dr Matthias Wilhelm, from the Department of Cardiology (preventive cardiology and sports medicine) at the University Hospital of Bern, spoke about the Swiss National Strategy on Heart Disease, Stroke and Diabetes (2017–2024), and Professor Thomas F. Luscher, from the Royal Brompton and Harefield Hospital Trust and Imperial College in London and the Center for Molecular Cardiology at the University of Zurich, introduced the delegates to Stents: what does the future hold?

The two-and-a-half-day programme spanned topics such as developing a winning strategy; what is the evidence on population screening for total cardiovascular risk; impact of e-cigarettes on cardiovascular health; air pollution; and cardiac and stroke rehabilitation.

Lively debates between speakers, selected both from within EHN members and academic researchers renowned in their areas, made the Workshop a successful event with 95% of evaluation forms stating that the Workshop’s focus areas would help them improve their work.

“As always, [I got] a lot of ideas to import and share with my organisation”

“In fact, some of our activities and campaigns were born as a result of other initiatives presented in the past by our EHN colleagues [at the Annual Workshop]”

EHN members at the 2018 Annual Workshop in Lucerne, Switzerland
New five-year strategy

At the General Assembly, EHN adopted its new five-year strategy (2019–2023). Our strategy acknowledges that to promote cardiovascular health we need to address the whole population as well as those at risk of, and those already living with CVD – echoing the 2004 Council Conclusions on promoting heart health, the European Heart Health Charter and the 2007 European Parliament Resolution on action to tackle cardiovascular diseases.

EHN is a European organisation and our strategy is European but we will continue to have a strong focus on EU policy. We know that the greatest societal gain will be obtained by achieving a small reduction in risk factors across the population, i.e. shifting the ‘risk curve’ to the left. By effecting changes in policies at an EU-level, we can achieve reduction in risk factors across a population of over 500 million thus reducing the number of people at risk of CVD – and potentially with a greater impact on the populations most affected by CVD.

In Europe, more than 85 million people live with cardiovascular disease (CVD) out of a population of about 835 million. Of these 85 million people, almost 49 million live in the EU; the EU population is close to 510 million people.

For some, heart disease and stroke can cause sudden and unexpected death; for others, death comes after a sometimes lengthy period of ill-health. CVD can have devastating consequences on the lives of individuals. Their ill-health may cause significant pain and suffering, often forcing them out of employment and making them dependent on the health and care systems of their countries.

Cardiovascular disease also poses an economic burden to society – the estimated cost to the EU economy is €210 billion a year. Of this, just under €111 billion is the cost to the healthcare systems. Production losses due to cardiovascular disease mortality and morbidity cost the EU a little over €54 billion, representing 26% of total cost of those diseases, with 58% of this cost due to premature death and 42% due to illness in those of working age. An additional significant cost relates to informal care, which amounts to €45 billion.

For individuals, the impact on quality of life of CVD is huge

For societies, the economic burden of CVD is staggering

For all, there is an urgency in tackling CVD effectively

Manifesto – 2019 European election

EHN considered that 2019 would be a critical opportunity to engage with citizens and get them to vote in favour of a healthier population, a healthier living environment and a healthier economy. This is why, in 2018, we developed a Manifesto calling on 2019 political candidates and parties to pledge their commitment to improving cardiovascular health and the lives of those living with CVD.

We believe that the EU has a role to play. We set out in our Manifesto three points of action:

1. Support the development of a coherent and comprehensive European CVD Plan
2. Support investment in research
3. Close the feedback loop

Building on experiences from other disease areas, notably cancer and rare diseases, the EU could establish an EU Joint Action on CVD. The Joint Action should look into best practices on prevention, care and treatment: digital solutions; cardiac and stroke rehabilitation programmes; methods to re-integrate patients into the labour market – all paying particular attention to ways of decreasing inequalities (socio-economic, gender and/or age) in cardiovascular health.

The EU should allocate sufficient funds from the future Horizon Europe for basic, clinical and translational research into CVD. This research should, among other things, further the understanding, diagnosis and treatment of CVD.

In the spirit of better regulation, funds should also be invested in research into the effectiveness of policy measures that address whole populations to limit the development of risk factors for CVD and other chronic diseases. This should be done by systematically assessing (ex-ante) the health impact of EU policies. In addition to the current practice of assessing the economic, social or environmental impacts, developing a world-class methodology to perform systematic health impact assessments of EU policies and programmes will ensure policy coherence and maximise health outcomes.

Providing Member States with (ex-post) evidence on which policy measures are most impactful will undoubtedly improve the decision making of public health and healthcare systems.

EU should invest in research to promote cardiovascular health and to improve the understanding, diagnosis and treatment of CVD.

This will make a significant difference in the lives of the millions of people living with them, and help build a competitive and world-leading economy – this can only be done with a healthy population.


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1 We define Europe as the 53 member states of the World Health Organization’s European Region (WHO Euro)
2 Elsewhere the population of Europe (excluding several of the countries that are members of WHO Euro) is stated to be about 740 million
5. Policies to promote cardiovascular health in Europe

In 2018, EHN contributed to several policy processes to promote cardiovascular health. Below, we look at several EU policy developments which are important for Europeans’ health status.

Trans fatty acids

For several years, EHN has run a sustained campaign for an EU harmonised regulation on industrially produced trans fatty acids. 2018 was the year when this campaign bore fruit. In October, the European Commission proposed a draft regulation, amending an existing regulation, limiting the content of industrially produced trans fat to 2 grams per 100 grams of fat in all foods intended for the final consumer in the EU. The regulation was adopted on 24 April 2019.

In its submissions to the European Commission’s FOP nutrition labelling, EHN suggested that a FOP scheme could be a combination scheme, i.e. consist of a nutrient-specific scheme such as the traffic light scheme, and an overall assessment of healthiness scheme.

While welcoming the EU regulation on trans fatty acids, EHN regrets that it provides a transition period that runs until 1 April 2021.

Simplified front-of-pack nutrition labelling

In 2018 there was a strong focus on front-of-pack (FOP) labelling. The European Commission convened joint meetings of Member States and stakeholders, the aim of which were to discuss technical aspects related to FOP nutrition labelling, including existing schemes and their usefulness for consumers. In all, three meetings were held in 2018. EHN participated in all of these meetings and submitted its reflections on questions asked by the European Commission with respect to the criteria in the context of FOP nutrition labelling and the FIC regulation.

Concurrently, Codex Alimentarius (Codex) started to develop guidelines on the use of FOP labelling. Setting up an electronic working group in 2017, Codex published two draft discussion papers in 2018. As EHN is not affiliated, it could not be part of the working group, but shared its comments to the second draft discussion paper with a couple of organisations that are affiliated with Codex and which did take account of EHN’s comments in their submissions.

Towards the end of the year, the WHO Euro published a report on What is the evidence on the policy specifications, development processes and effectiveness of existing front-of-pack food labelling policies in the WHO European Region?

EHN welcomes these developments. In 2017 EHN, together with BEUC and EPHA had called on the European Commission to provide a platform to coordinate the evaluation of these efforts, with a view to proposing a common approach in the future. The three organisation also recommended that due process in designing them be put in place; that the process should be transparent, inclusive, evidence-based, independent of commercial interests and endorsed by public authorities.

The EU missed a golden opportunity to protect children from cross-border marketing of food high in fat, salt and sugar (HFSS food)

A recommendation to adopt strong measures that reduce the overall impact on children and adults of all forms of marketing of foods high in energy, saturated fats, trans fats, free sugars and/or salt is a central part of the Action plan for the prevention and control of noncommunicable diseases (2016–2025) of the WHO Euro.

Nevertheless, this did not resonate with the EU policymakers who, in November 2018, adopted a revised Audio Visual Media Services Directive (AVMSD).

AVMSD, which focuses on television, does not include any binding rules on limiting children’s exposure to advertising of food high in fat, salt and sugars (HFSS food). In its Article 9.4, it encourages EU Member States to use co-regulation and foster self-regulation through codes of conduct. Meanwhile, AVMSD only refers to audiovisual commercial communications accompanying or included in children’s programmes. This limited scope is unlikely to lead to an effective reduction of children’s exposure.

While regretting that AVMSD does not include mandatory restrictions for marketing of unhealthy food to children, EHN welcomes the inclusion of a reference to the WHO Regional Office for Europe’s nutrient profile model in one of its recitals. EHN encourages all European countries to ensure that codes of conduct that aim to reduce exposure of children to HFSS food use this tool to identify such food.
EHN encourages all EU Member States, and indeed all European countries, to develop their own high standards to protect their children from ubiquitous marketing and help prevent childhood obesity. They may find guidance in the report published in 2018 by the WHO Regional Office for Europe Evaluating implementation of the WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children. 


Common Agricultural Policy

Following an open consultation in 2017, the European Commission presented its legislative proposal on the common agricultural policy (CAP) beyond 2020 on 1 June 2018.

EHN welcomed the proposal’s recognition that “via its link to food and sometimes also the way food is produced, agricultural policies are linked to health policies”. EHN also welcomed that one of the proposal’s nine specific objectives is dedicated to improving “the response of EU agriculture to societal demands on food and health, including safe, nutritious and sustainable food, as well as animal welfare”.

EHN expressed its concern about the proposal’s ability to deliver this specific objective in a meaningful way and suggested that involvement of stakeholders, including health organisations, at national and EU levels in developing the Strategic Plans, will help ensure that the CAP contributes effectively to health-promoting, sustainable food systems.

Dual Quality Foods

In his 2017 State of the Union Address, the President of the European Commission Jean-Claude Juncker said that he would not accept “that in some parts of Europe, in Central and Eastern Europe, people are sold food of lower quality than in other countries.” He was concerned that people in Central and Eastern European countries got less fish or meat than people in Northern and Western European countries from food products that are branded identically across borders. This is a fair concern – and indeed one that is related to unfair business-to-consumer commercial practices. EHN is concerned whether people in Central and Eastern European countries might get more salt, saturated and trans fats and added sugar from such products than people in Northern and Western European countries. We are not only concerned about fairness but about people being put at risk of heart disease and stroke and about increasing the already existing inequalities in cardiovascular health between the East and the West.

We raised the issue of nutritional quality with several members of the European Parliament, and we were very pleased that the European Parliament’s resolution on dual quality of products in the single market included several references to food quality and health.

It would appear, however, that this particular aspect has not found its way into the European Parliament’s report on the European Commission’s New Deal for Consumers Package.
6. Cardiovascular Patients

Many of our members work actively to support people living with cardiovascular disease: they provide direct patient information on how best to manage CVD and improve quality of life, enable patients and carers to share experiences among their peers, and develop patient tools. They also advocate for better care among key influencers and policymakers.

As the independent Europe-wide CVD patient organisation, EHN promotes the exchange of best practices in patient support among its members as well as underpinning their advocacy efforts in shaping current and future health policy and care. The Group meets once a year, but in addition, regular liaison takes place throughout the year via email and other means.

Together, the EHN patients’ organisations share research information and expertise, and formulate positions on EU policies that affect patients.

Below are some examples of our members’ activities for and with patients.

**British Heart Foundation: Putting patients at the heart of artificial intelligence**

The British Heart Foundation provides secretariat support to the All-Party Parliamentary Group (APPG) on Heart and Circulatory Diseases. For more information: https://www.bhf.org.uk/what-we-do/influencing-change/appg-on-heart-and-circulatory-diseases

**Spanish Heart Foundation: Expert Patient**

The Spanish Heart Foundation and the Spanish Society of Cardiology, together with the MimoCardio project, are joining the initiative to train expert patient schools as part of their continuing concern for the improvement of the treatment and evolution of cardiac patients. For more information: https://fundaciondelcorazon.com/empresas.html and https://escuelapacienteexperto.org/

**Swiss Heart Foundation**

In 2018, the Swiss Heart Foundation launched an awareness campaign on heart failure, in cooperation with the Swiss Working Group on Heart Failure of the Swiss Society of Cardiology.

You can read the article here: https://www.irishtimes.com/news/health/stroke-survivors-protest-outside-hospital-over-broken-equipment-for-saving-lives-1.3679571

**Irish Heart Foundation: Action on Stroke**

In October, Stroke campaigners joined the Irish Heart Foundation to call for immediate action by the Irish Government to save the national thrombectomy service.

Left to right: Secretary of State for Health and Social Care, Matt Hancock MP and Simon Gillespie, CEO, British Heart Foundation, speaking at the launch of the APPG on heart and circulatory diseases’ report on the importance of the patient voice within AI

You can read the article here: https://www.irishtimes.com/news/health/stroke-survivors-protest-outside-hospital-over-broken-equipment-for-saving-lives-1.3679571

Left to right: Secretary of State for Health and Social Care, Matt Hancock MP and Simon Gillespie, CEO, British Heart Foundation, speaking at the launch of the APPG on heart and circulatory diseases’ report on the importance of the patient voice within AI
Working for better patient outcomes

In October, EHN organised its annual Patients Seminar in Brussels for its members. Topics included person-centred care, patient advocacy, cardiovascular rehabilitation, and engagement with regulatory processes and healthcare systems.

Our Swedish member presented the evidence for improved health outcomes and economic gain when person-centred care was implemented. Findings from Sweden included:

- patients with myocardial infarction had 2.7 times greater chance of getting well, compared with traditional care
- patients with chronic heart failure spent 30% less time in hospital
- patients who receive person-centred care tend to develop a higher trust in their own ability and have a better relationship with the healthcare system.

From Ireland, the meeting heard about efforts to create awareness of the deficits in stroke rehabilitation among policymakers by bringing stroke survivors to the Parliament to ask for improved stroke rehabilitation. Our member from Northern Ireland gave a presentation on its physiotherapy-led, community-based course for people who have suffered a stroke. The programme, which has a 50% uptake rate, has demonstrated improvements in both physical performance and mental well-being.

The meeting also discussed cardiac rehabilitation. It reviewed data from the annual audit carried out by the British Association for Cardiac Prevention. It shows that in the UK:

- 51% of patients take up rehabilitation
- Of the total number of patients in rehabilitation, only 30% are women
- If more patients were to take up rehabilitation (say 65%) this would lead to a £30 million saving for the healthcare system
- Rehabilitation can be nurse-led (with proper training) but this is not the case in all EU countries. It depends on the training the nurses receive

In most other countries in Europe, the uptake is much less, e.g. in Sweden the uptake is less than 30%. The meeting also discussed e-learning in cardiac rehabilitation. Digital services are available at anytime and anywhere and can thus overcome some of the constraints of ‘normal’ rehabilitation services by improving access. Whether this leads to improved outcome is yet to be established. An important message with respect to e-rehabilitation is that patients will engage as long as it is made easy for them.

EHN had invited the Latvian cardiovascular patient organisation, ParSirdi. Though not a member of the EHN, we were delighted to welcome ParSirdi’s Director and hear about the work that her organisation is involved in, including its challenges and achievements.

European Medicines Agency

EHN is one of 20 member organisations 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 exchange information and discuss common issues of interest to both the regulator and patient organisations as well provide recommendations and insights to the EMA (and its human scientific committees) on all matters related to medicines.

In addition to attending the regular meetings of the PCWP, EHN ensures that requests for information and input are circulated to members of the EHN patients group.

In 2018, EHN contributed a quote for EMA’s annual report, commented on Package Information Leaflets and European Public Assessment Reports and participated in an online survey on initiatives for electronic EU product information. EHN also contributed to EMA’s 2018–2019 Work Plan for the PCWP and participated in an EMA/EC multi-stakeholder workshop to further improve the implementation of the paediatric regulation.

With respect to the proposal for an EU regulation on Health Technology Assessment (HTA), EHN signed a joint statement together with 13 organisations – all members of the PCWP – calling on EU institutions to ensure meaningful patient involvement in the new HTA regulation.
7. Research

EHN Research Platform
EHN kick-started the implementation of its new strategy’s pillar three on research by holding the inaugural meeting of its Research Platform in November 2018.

CVD research-funding organisations constitute about one third of EHN membership. Together, these invest annually close to €180 million in research for discoveries in heart disease, stroke, diabetes, hypertension, risk factors and early detection. These organisations currently fund almost 1 400 research projects.

Horizon Europe
The EU’s ninth Research Framework Programme – Horizon Europe – swiftly moved through its adoption process.


During discussions in the European Parliament on the issue of Missions, a new concept suggested by the European Commission, EHN suggested a Mission on cardiovascular disease to complement the one on cancer that had been proposed. In the end only one health-related Mission is included in the regulation, namely on cancer. However, cardiovascular disease is included in the decision.

Strategic CVD research agenda
EHN is part of the External Advisory Board of the European Research Area Network on cardiovascular diseases (ERA-CVD) consortium. ERA-CVD has undertaken a large investigation to uncover unmet needs and opportunities for CVD research. The work, which began in 2018, continued in the first half of 2019 and included a public consultation of stakeholders.

The outcome will be a strategic research agenda for CVD, the aim of which is to provide input into the strategic planning for Horizon Europe, and to help other research funders optimise their research investments.

A strategic CVD research agenda necessitates a prioritisation of basic and translational clinical research, allowing for new discoveries that can have a noteworthy impact on the burden of chronic cardiovascular diseases and make a significant difference in the lives of the millions of people living with them.

8. European grants and projects

Following a rigorous evaluation process, which started in 2017, EHN was awarded a Framework Partnership Agreement (FPA) with the EU that allows us to apply for a specific agreement for an operating grant in 2018. EHN was subsequently awarded an operating grant in 2018.

EHN was very pleased to receive this because it allowed us to allocate a substantial part of our members’ financial contributions to funding projects with and for our members. This was our premise for applying for the operating grant.

In 2018, EHN also continued as a partner in two EU-funded projects: HeartMan and BigData@Heart.

HeartMan

The HeartMan project, launched in 2016, aims to develop a personalised health system for people living with heart failure (HF). It has been estimated that 15 million people across Europe are affected. By acting as a virtual coach, HeartMan will aim to support patients in managing their condition on a day-to-day basis.

The HeartMan system has been developed for and by patients. The consortium partners have engaged users (patients and their families) in Italy and Belgium to ensure that the programme de facto supports patients in following and applying medical, nutritional and physical activity advice in everyday life. This engagement resulted in 1) identification of user requirements (such as navigation preferences, desired notifications and functionalities, amount and level of detail of the information provided); 2) creation of the initial conceptual design of the HeartMan system; and 3) adaptation and improvement of the features.

Launched in 2016, the HeartMan project wound up at the end of April 2019. Preliminary results were presented at a conference in Brussels on 24 April, which EHN co-organised with the University of Leuven, one of the consortium members. The main findings were that the HeartMan intervention could have beneficial effects on illness perception and clinical outcomes. No definitive conclusions could be drawn at the time of the conference as the analysis from the Italian trial had not been finalised.

For more information http://heartman-project.eu/content/what-heartman

HeartMan conference, 24 April 2019

BigData@Heart

BigData@Heart was launched in 2017. It is a five-year project funded by the Innovative Medicines Initiative (IMI 2), a public-private initiative between the European Union and the European umbrella association of pharmaceutical companies (EFPIA). The project aims to improve patient outcomes and reduce the societal burden of acute coronary syndrome (ACS), atrial fibrillation (AF) and heart failure (HF). It is one of the four disease-specific consortia of the IMI Programme Big Data for Better Health Outcomes.

For more information http://www.ehnheart.org/projects/imi-bigdata-heart.html

Susanne Løgstrup, HeartMan conference, 24 April 2019
9. Working with the EU Institutions

MEP Heart Group

The MEP Heart Group was created in 2007 to promote measures that will help reduce the burden of CVD in the EU and raise awareness of the disease, mainly among members of the European Parliament, but also among other stakeholders.

The MEP Heart Group is co-chaired by Mairead McGuinness, Irish MEP, EPP, and Karin Kadenbach, Austrian MEP, S&D. The European Heart Network and the European Society of Cardiology jointly run the secretariat of the MEP Heart Group.

The objective of the MEP Heart Group is to promote measures that will help reduce the burden of CVD in the EU and raise awareness of the disease among target audiences through a series of dedicated activities.

On 24 April, the MEP Heart Group convened to discuss Transforming European food and drink policies for cardiovascular health.

Ms Kadenbach (co-chair of the MEP Heart Group) chaired the meeting, which welcomed speakers from WHO Europe as well as from DG SANTE and DG AGRI. Ms Kadenbach’s colleague, Mr Dorfmann, who was rapporteur on the Common Agriculture Policy (CAP) for the ENVI Committee, also spoke along with a representative from the Austrian Council presidency.

WHO Euro highlighted the importance of placing health-promoting diets as a central goal of the food system at different levels: food production and agriculture, food storage and trade, transformation process, as well as at the retail stage.

Mr Dorfmann highlighted that in the current system there were some more problematic products and that we should reflect on whether voluntary coupled subsidies, which do not contribute to healthy food production, should be discontinued.

DG SANTE emphasised opportunities for improving the CAP from a health point of view: CAP should move towards alignment with national nutritional guidelines (less meat, more fruit and vegetables).

DG AGRI said that all products deserve a place on the market, but that policies should help steer production towards healthier products and that the EU should assist this process. The speaker emphasised that more responsibility should be given to Member States.

The Austrian Council Presidency underlined the importance of connecting food and health, and bringing all concerned sectors to the table to consider the co-benefits of addressing food systems, with a view to making them healthy and sustainable.

Ms Kadenbach pointed to a ‘disconnect’ in the food chain between policies on production and distribution, addressing primarily competition and consumer protection concerns, and nutrition and public health policies.
Dietary risks are a major contributor to CVD, responsible for 56% of all the years lost to disability or death from CVD in the European region. In the EU, dietary risks are responsible for 49% of the CVD burden, amounting to around €102 billion a year.


All the members of the MEP Heart Group were also invited to attend the Round table on Tobacco Control and Cardiovascular Diseases, and a World No Tobacco Day Award Ceremony. EHN and the Smoke Free Partnership co-organised the Round table event in the European Parliament in Brussels on 6 June 2018.

EU Health Policy Platform

The EU Health Policy Platform is a forum for exchange between the European Commission and the community of EU health stakeholders. The exchange is partly virtual, facilitated by an online tool; but it also organises a face-to-face annual meeting. In 2018, the face-to-face meeting took place on 12 November 2018. EHN participated throughout 2018. Notably, EHN contributed to the thematic network ‘Stimulating fresh fruit and vegetable consumption for healthier European consumers’, which was one of the ‘thematic networks’ that the Platform supported in 2018.

Austrian EU Presidency

The Austrian Council Presidency, which took place in the second half of 2018, included a discussion of healthy and sustainable food systems under it health priorities. Further to the publication of its paper Transforming European Food Systems for cardiovascular health in 2017, the Director of the EHN was invited to join a group advising the Presidency at a conference to tackle the important question of creating a healthy and sustainable food systems with tangible co-benefits for multiple stakeholders.

EHN participated in the conference organised by the Austrian Council Presidency on 22–23 November 2018 on ‘People’s food – people’s health: Towards healthy and sustainable European Food Systems’. During this conference, EHN’s Director made a presentation at a workshop on ‘Food systems approaches to childhood obesity – from evidence to action’, outlining the policy recommendations included in Transforming European Food Systems for cardiovascular health.
10. Co-operation

**World Health Organization (WHO) – Regional office for Europe**

Throughout the year and in different constellations, EHN enjoyed engaging and cooperating with the WHO Regional office for Europe.

Notably, EHN representatives participated in the 13th meeting of the WHO European Action Network on Reducing Marketing Pressure on Children and the WHO Regional Committee 68th Meeting where EHN presented a joint statement with the World Heart Federation on Health Systems Respond to NCDs.

WHO Euro representatives also spoke at EHN’s Annual Workshop (see above) and participated in our November capacity-building seminar on policies to promote healthy nutrition. At the latter, WHO Euro’s representative spoke on salt and cardiovascular health, and on using price policies for healthier diets in Europe.

**European Society of Cardiology**

EHN co-operates closely with the European Society of Cardiology (ESC). The two organisations jointly support the MEP Heart Group.

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

During the ESC Congress 2018 in Munich, the ESC together with the German Heart Foundation (Deutsche Herzstiftung) offered the public the opportunity to learn more about cardiovascular health.

**European Association of Preventive Cardiology**

The objective of the European Association of Preventive Cardiology (EAPC) is to promote excellence in research, practice, education and policy in cardiovascular health, primary and secondary prevention.

The Director of EHN is a member of the EAPC. She is also a member of its Cardiovascular Prevention Implementation Committee and is a consultant to the Population Science and Public Health 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 2018, EHN’s Vice President, Floris Italianer, Chief Executive of the Dutch Heart Foundation, was a member of the WHF Board.

**Meet and Share Forum**

In December 2018, in conjunction with the World Congress of Cardiology & Cardiovascular Health, WHF convened its first Meet & Share Forum. It presented a unique opportunity for all WHF members to share and discuss ideas around communications, advocacy, fundraising, patient involvement and more. EHN’s Director spoke on a panel about the importance of advocacy.

**European Chronic Disease Alliance (ECDA)**

EHN is a founding member of the European Chronic Disease Alliance (ECDA), an organisation which brings together 10 organisations working on common risk factors for cardiovascular diseases, cancer, diabetes, respiratory, kidney and liver diseases as well as allergy and clinical immunology.

In 2018, ECDA developed a manifesto calling for greater EU investment in chronic disease prevention and management encouraging the Commission to recognise health as an objective in its own right in its 2019–2024 strategy and with specific targets on chronic diseases. The manifesto was launched during an event in the European Parliament in May 2018.

ECDA partnered with the European Public Health Alliance (EPHA) to develop joint policy recommendations to the European Commission and EU Member States in preparation for the UN High-Level Meeting (HLM) on non-communicable diseases, which was held in September 2018. These were introduced to government representatives as well as the Commission during a meeting with the cabinet of the EU Health Commissioner Vytenis Andriukaitis.

MEPs from the employment committee invited ECDA to provide expert input on their report on ‘Pathways for the reintegration of workers recovering from injury and illness into quality employment’. The parliamentary report integrated many of these recommendations and gave sufficient consideration to the situation of people with chronic diseases on the labour market.

In the context of the political debates on the next EU budgets for health and research, ECDA worked with several MEPs to share perspectives on the Commission’s draft proposals and inform the Parliament’s position.
The Smoke Free Partnership (SFP) is a European coalition of more than 40 partner organisations working on EU policy analysis and advocacy to mobilise decision makers to make tobacco control a political priority. SFP’s main partners are the Belgian Foundation Against Cancer, Cancer Research UK, the Dutch Cancer Society, the Norwegian Cancer Society and the European Heart Network. ASH (UK) and La Ligue contre le Cancer are SFP Associate partners. The European Heart Network Director Susanne Løgstrup was President of SFP from 2016 to 2018.

In 2018, SFP developed a briefing for MEPs advocating for a speedy implementation of the delegated and implementing acts of the Tobacco Products Directive on technical standards of the traceability system for tobacco products and security features, so that the Member States can better control and combat illicit trade.

SFP organised a roundtable debate, comprising experts, government officials and advocates, to address current challenges in tobacco taxation and the fight against the illicit tobacco trade. The meeting was organised in conjunction with the Bulgarian Presidency of the EU on the margins of an ECOFIN ministerial meeting in Bucharest.

SFP actively participated in the eighth session of the Conference of the Parties (COP8) to the WHO Framework Convention on Tobacco Control (WHO FCTC), and also in the first session of the Meeting of the Parties (MOP1) to the International Protocol to Eliminate the Illicit Trade in Tobacco Products (ITP). During COP8, parties adopted the first ever Global Strategy to Accelerate Tobacco Control – a roadmap for accelerated progress on tobacco control and towards achievement of Sustainable Development Goal 3a. At MOP1, the main goal was to set in motion a global tracking and tracing system and create international cooperation mechanisms. SFP took the opportunity to raise awareness on tobacco industry tactics to undermine the independence of the tracking and tracing systems.

In December 2018, SFP organised its annual coalition meeting, which focused on the national policy priorities of SFP and its partners, the developments of plain packaging of cigarettes in Belgium, the Netherlands and Turkey, and on illicit tobacco trade.

EHN and SFP jointly co-hosted a roundtable debate on tobacco and cardiovascular disease to mark the World No Tobacco Day. The event, which took place in the European Parliament, focused on the impact of tobacco use on cardiovascular diseases. It was endorsed by the World Heart Federation and the European Network for Smoking and Tobacco Prevention and supported by the European Society of Cardiology.

MEP Cristian Bușoi hosted the event that attracted public officials, MEPs and public health advocates. Speakers at the event called for stronger policy actions against tobacco to prevent cardiovascular disease, including strong smoke-free policies, the implementation of plain packaging and advertising restrictions at national level, and an increase in tobacco excise duty levels to reduce the affordability of tobacco products especially for young people. At this event, Ms Løgstrup received one of the 2018 World No Tobacco Day Awards.

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

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.
11. Publications, statements and responses at a glance

In 2018, EHN published the following:

**Papers**

EHN published an updated paper on *Cardiac and Stroke Rehabilitation*.

**Statements**

EHN published statements on:

- **WHO guidelines on saturated fatty acid and trans fatty acid intake**
  - EHN welcomed the new WHO guidelines, appreciating the clarity of the recommendations and the transparency in relation to the evidence on which these are based.

- **World No Tobacco Day**
  - EHN highlighted that tobacco use and second-hand smoke exposure contribute to around 17% of all heart disease deaths. Tobacco use is the second leading cause of CVD, after high blood pressure. Tobacco cessation is therefore an important measure for primary and secondary prevention as well as a crucial component for cardiac and stroke rehabilitation.

- **World Heart Day**
  - EHN called upon the EU to put the promotion of good heart health and the prevention of cardiovascular disease high on the agenda now and in the future. Health Commissioner Andriukaitis published a statement on World Hear Day and liked our tweet.

- **Joint statement with the World Heart Federation on Agenda Item 5(e) for the 68th session of the WHO Regional Committee for Europe – Health Systems Respond to NCDs**

**Responses**

EHN responded to the following consultations:

- Open public consultation on *the initiative to limit industrial trans fats* intake in the EU
- Public Consultation on the *Multi-annual Financial Framework*
- EU Roadmap for the *evaluation of the EU agricultural promotion policy*
- EU consultation on the *CAP Strategic Plans*

All papers, statements and responses are available on the EHN’s website: [http://www.ehnheart.org/publications-and-papers/publications.html](http://www.ehnheart.org/publications-and-papers/publications.html)
12. Conferences and meetings

During 2018, EHN organised and participated in a number of conferences and meetings on topics relevant to promoting cardiovascular health and preventing cardiovascular diseases. They included:

January
- HeartMan Consortium meeting – Seville, Spain, 22–23 January

April
- BigData@Heart annual meeting – Berlin, Germany, 12–13 April
- EuroPRevent – Ljubljana, Slovenia, 19–20 April
- MEP Heart Group meeting – European Parliament, Brussels, Belgium, 24 April
- High Level Conference on Tobacco Taxation and Illicit Trade – Sofia, Bulgaria, 25–27 April

May
- ERA-CVD Workshop – Rome, 2–3 May
- Multi MEP Group event on EU health manifesto – Brussels, 16 May
- EHN Fundraisers seminar – Lucerne, Switzerland, 30 May
- EHN Annual Workshop – Lucerne, Switzerland, 30 May to 1 June

June
- World No Tobacco Day 2018: Roundtable on Tobacco and Cardiovascular Disease and WNTD Award Ceremony – European Parliament, Brussels, Belgium, 6 June
- HeartMan Consortium meeting – Ljubljana, 13–14 June

September
- 68th session of the WHO Regional Committee for Europe – Rome, Italy, 17–20 September

October
- EHN Patients seminar – Brussels, Belgium, 24–25 October

November
- HeartMan Consortium meeting – Rieti, Italy, 8–9 November
- EHN Research Platform for Research-Funding Members meeting – Brussels, Belgium, 13–14 November
- EHN Capacity Building Seminar on Nutrition and Advocacy – Brussels, Belgium, 19–20 November
- Conference on People’s Food – People’s Health, Towards Healthy and Sustainable European Food Systems, in the context of the Austrian Presidency of the EU – Vienna, Austria, 22–23 November

December
- World Heart Federation World Congress of Cardiology and Cardiovascular Health: NCD Café session on ‘Shaping the future of diet: REPLACE for Trans Fat-Free 2023’ – Dubai, United Arab Emirates, 6 December
- World Heart Federation Meet and Share Forum – Dubai, UAE, 6–7 December
- SFP Coalition meeting – Brussels, Belgium, 12 December

- EPHA Annual General Assembly – Brussels, Belgium, 28 June
13. EHN Governance

Information about EHN and its structure, governance and finances is publicly available on its website here: http://www.ehnheart.org/about-us/governance.html

Membership

In 2018, EHN had member organisations from 24 countries in Europe.

General Assembly

The General Assembly is comprised of all the member organisations of 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
- approving budgets and annual accounts

Board

EHN is governed by a Board that can comprise no fewer than three members and no more than eight. In 2018, EHN’s Board consisted of Matija Cevc, Slovenian Heart Foundation (until May 2018); Dan Gaita, Romanian Heart Foundation; Simon Gillespie, British Heart Foundation; Kim Høgh, Danish Heart Foundation (until March 2018); Floris Italianer, Dutch Heart Foundation; Tuija Brax, Finnish Heart Association (from May 2018); Paola Santalucia, Italian association against thrombosis and cardiovascular diseases; Kristina Sparreljung, Swedish Heart Lung Foundation; and Martin Vestweber, German Heart Foundation.

The Board met four times in 2018. Its role is to monitor implementation of EHN’s strategic plan and provide policy and procedural direction, and to supervise the finances. The Board has three key positions: President, Vice President and Treasurer.

Staff

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

The EHN Brussels office has a team of five people to coordinate EHN’s work, although for around five months in 2018, it operated with four staff members.

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 participates in pan-European projects.
**EHN Board Members**

Matija Cevc (until May 2018)  
Slovenian Heart Foundation

Dan Gaita  
Romanian Heart Foundation

Simon Gillespie, President  
British Heart Foundation

Kim Høgh (until March 2018)  
Danish Heart Foundation

Floris Italianer, Vice President  
Dutch Heart Foundation

Tuija Brax (from May 2018)  
Finnish Heart Association

Paola Santalucia  
Italian Association Against Thrombosis and Cardiovascular Diseases (AL T Onlus) – Italy

Kristina Sparreljung, Treasurer  
Swedish Heart Lung Foundation

Martin Vestweber  
German Heart Foundation

**EHN member organisations in 2018**

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<th>Country</th>
<th>Member name</th>
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<tr>
<td>Belgium</td>
<td>Belgian Heart League*</td>
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<td>Bosnia and Herzegovina</td>
<td>Foundation of Health and Heart</td>
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<td>Croatia</td>
<td>Croatian Heart House Foundation</td>
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<td>Denmark</td>
<td>Danish Heart Foundation*</td>
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<td>Faroe Islands</td>
<td>Faroese Heart Foundation</td>
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<td>Finland</td>
<td>Finnish Heart Association*</td>
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<td>Germany</td>
<td>German Heart Foundation*</td>
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<td>Greece</td>
<td>Hellenic Heart Foundation</td>
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<td>Hungary</td>
<td>Hungarian National Heart Foundation</td>
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<td>Iceland</td>
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<td>Ireland</td>
<td>Irish Heart Foundation*</td>
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<td>Italy</td>
<td>Italian Association against Thrombosis and Cardiovascular Diseases (ALT)</td>
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<td>Italian Heart Foundation</td>
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<td>Italian Society for Cardiovascular Prevention (SIPREC)</td>
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<td>Lithuania</td>
<td>Lithuanian Heart Association</td>
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<th>Country</th>
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<td>Netherlands</td>
<td>Dutch Heart Foundation</td>
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<td>Harteraad (Heart Council)*</td>
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<td>Portugal</td>
<td>Portuguese Heart Foundation*</td>
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<td>Romania</td>
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<td>Serbia</td>
<td>Serbian Heart Foundation</td>
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<td>Slovakia</td>
<td>Heart to Heart League</td>
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<td>Slovenia</td>
<td>Slovenian Heart Foundation*</td>
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<td>Spain</td>
<td>Spanish Heart Foundation</td>
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<td>Sweden</td>
<td>Swedish Heart and Lung Association*</td>
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<td>Swedish Heart Lung Foundation</td>
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<td>Switzerland</td>
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<td>Turkey</td>
<td>Turkish Heart Foundation</td>
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<td>United Kingdom</td>
<td>British Heart Foundation*</td>
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<td></td>
<td>Northern Ireland Chest, Heart and Stroke*</td>
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* these member organisations are either dedicated patient organisations or organisations in which work for and with patients makes up an important part of their activities
14. Members’ reports on key activities in 2018

**ALT Onlus (Italian Association against Thrombosis and Cardiovascular Diseases)**

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

- Raise awareness among 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 April 2018, ALT launched the 7th Annual National Thrombosis Day dedicated to Pulmonary Embolism. The campaign was on social media and there were interviews in the press. This allowed the organisation to reach 81,210 people. ALT published four online videos on Pulmonary Embolism on the YouTube “MI CURO DI TE” Channel, which received 22,956 views.

From September to December, ALT was on social networks supporting World Heart Day, World Thrombosis Day, World Stroke Day, World Diabetes Day and Global Atrial Fibrillation Awareness Week, addressing the issues related to thrombosis and cardiovascular diseases.

ALT created a ‘Heart Diary’ with daily recommendations on lifesaving changes for the prevention of CVD, and published two editions of the magazine SALTO, dedicated to ‘Arteries and Thrombosis’ and ‘The rhythm of the heart, Arrhythmia and Thrombosis’.

Monthly newsletters are sent out to 5,232 subscribers. Nine press releases were uploaded on the ALT website, helping to achieve the publication of 239 articles.

ALT created ChYP – Check Your Pulse, a project that involves the younger generations in a campaign to prevent stroke from atrial fibrillation by checking pulse with two fingers on the wrist, to save lives and improve quality of life. Two commercials in English and Italian, with the patronage of Pubblicità Progresso, promoted the message on TV, radio and social networks. ALT also led assemblies at elementary and middle schools, teaching the ‘ChYP’ gesture and many other topics regarding blood, heart and the circulatory system.

ALT gave financial support to a young researcher working in an interdisciplinary project aimed at identifying the causes of idiopathic venous thrombosis and pulmonary embolism in young people.

ALT gives patronage to numerous Italian courses and scientific congresses, and it also works within the Cardio Cerebrovascular Alliance created by the ministry of health.

For more information: [www.trombosi.org](http://www.trombosi.org)

**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 the implementation of programmes for prevention of cardiovascular disease in Bosnia and Herzegovina (Republic of Srpska and Federation of Bosnia and Herzegovina).

The aims of the Foundation are to support a programme of prevention of cardiovascular disease and to continuously disseminate knowledge and technology from developed centres with world recognised partners.

In 2018, in cooperation with faculties, schools, pre-school institutions and local communities, the Foundation organised general interest lectures 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; and
- Women and healthy heart.

The Foundation of Health and Heart has a leading role in carrying out a programme for the prevention of cardiovascular disease in Bosnia-Herzegovina through cooperation with doctors, patients, authorised health institutions and partners, and in cooperation with WHO, WHF, ESC, EHN and specialised organisations of the UN.

It has been preparing activities with its regional partners and the UN University for Peace, European Center for Peace and Development (ECPD) on the launch of the programme, ‘Education of doctors and people for improvement of cardiovascular health’.

The FHH participated in the 10th Jubilee of the ECPD International Summer School at the Herceg Novi, Mediterranean Center, Igalo on 18–22 June. The School is intended for primary health care doctors and specialists (cardiologists, endocrinologists, internists, pediatricians, etc.).

The main topic of the Summer School was Prevention, Detection and Management of Cardiovascular Disease. The five-day programme focused on the latest research on technological advances and case study reviews, as well as discussions on the guidelines and latest treatment options regarding the prevention, early detection and management of cardiovascular diseases. The FHH also took part in the initiative, ‘Prevention of Cardiovascular Disease’. It suggested organising a Joint Cooperation during the period 2019–2023, entitled Joint Venture Partners with Joint Ventures Programmes.
**British Heart Foundation**

Founded in 1961, the British Heart Foundation (BHF) is a medical research charity, funding research into all forms of heart and circulatory disease. Powered entirely by charitable donations, it is the largest non-commercial funder of heart and circulatory research in Europe, and one of the largest in the world. The BHF awards around £100m of new research every year to support professionals in their careers (from PhD studentships to BHF Professors); it funds projects in discovery, translational and clinical science as well as funding research infrastructure.

BHF’s vision is a world free from the fear of heart and circulatory diseases. It raises money to fund research to save and improve lives and support people affected by these diseases.

Additionally, it has pioneered life-saving research and played a pivotal role in more than halving death rates from heart and circulatory diseases in the UK. But there are increasing indications that progress has stalled. It is more important than ever that new ground is broken for better ways of diagnosing disease, creating more effective treatments and discovering new cures.

BHF also launched The Big Beat Challenge, a single £30m research award to attract multi-disciplinary, multi-sited projects to accelerate a breakthrough. To this end, it joined forces with the German Centre for Cardiovascular Research (DZHK) to create a new award encouraging international collaboration to tackle globally important challenges. The Foundation also took a leading role in convening a new Global Cardiovascular Research Funders Forum to streamline and speed up the research process to get better results for patients faster.

Furthermore, BHF enjoyed success from years of campaigning on key UK policy issues, including organ donation, air pollution and CPR lessons in schools. It worked tirelessly to ensure cardiovascular disease featured prominently in the National Health Service’s new Strategy.

BHF remains the largest charity retailer in the UK, creating social hubs at the heart of every community, while its eBay and online sales have now passed the £10m mark. Its supporters continue to go above and beyond to raise vital funds for research, but the big ambitions of the BHF to ‘beat heartbreak forever’ can only be achieved by building on its current income.

For more information: [www.bhf.org.uk](http://www.bhf.org.uk)

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**Dutch Heart Foundation**

The Dutch Heart Foundation was founded on 29 January 1964. In 2018, it had a budget of €53.3 million. It is funded through voluntary gifts from the Dutch public.

The Dutch Heart Foundation aims to reduce the expected increase in the cardiovascular disease burden by 50% by 2030. Its strategy has two components: early recognition and treatment of cardiovascular risk and disease, and maximising engagement of the Dutch public. It invests in research, public campaigns on early recognition of both acute symptoms and risk factors, patient education, public affairs and innovations in public health and health care.

Furthermore, the Dutch Heart Foundation prepared programmes to detect and address people with raised blood pressure and raised cholesterol levels. It invested €20 million in excellent research programmes on both a national and international level, leading to a breakthrough in the treatment of heart muscle disease by unravelling genetic deviations.

It would like to further raise the survival rate of out-of-hospital cardiac arrests. Over the last three years, together with partners, it has made available 17 799 public AEDs in neighbourhoods and recruited over 200 000 volunteers to be called upon within six minutes after a cardiac arrest.

It has experienced growing support for its smoke-free generation alliance, currently bringing together over 140 societal organisations. Over 700 sports clubs have achieved smoke-free outdoor sport fields. At the same time, it has been successful in convincing its strategic partners to become smoke-free employers and to terminate any direct or indirect connections with the tobacco industry. All of this was endorsed with the signing of the ‘Preventieakkoord Tabak’ (prevention agreement on tobacco) of the government and more than 70 social parties.

Another highlight was the creation of the Dutch Cardiovascular Alliance, an intensive cooperation between researchers, doctors and financiers to accelerate bringing research results to (clinical) practice.

For more information: [www.hartstichting.nl](http://www.hartstichting.nl)
German Heart Foundation

As Germany’s leading non-profit patient organisation in the field of cardiovascular diseases, the German Heart Foundation (Deutsche Herzstiftung) has been committed for 40 years to fighting cardiovascular diseases in Germany.

One highlight in 2018 was certainly to see that more and more people are convinced of the GHF’s importance: the number of its supporting members increased to more than 100,000.

A GHF key objective is the financial support of clinical and basic research in cardiovascular diseases (funding, scholarships, awards) with the support of the German Cardiac Research Foundation (Deutsche Stiftung für Herzforschung (DSHF)), founded by the German Heart Foundation in 1988. In 2018, research projects amounting to €2.5 million were funded.

Every year in February, the GHF publishes the German Heart Report (Deutscher Herzbericht) which stands in Germany as the most important and most comprehensive analysis in the field of cardiovascular diseases.

In spring 2018, the GHF launched a comprehensive campaign for GUCH patients. It organised several information days with lectures and combined them with conferences for professionals throughout Germany. The organisation invited a famous TV sports presenter to be an ambassador and produced information material (own website, brochures, flyers and videos). Video clips and more information can be found on its website – www.emah-check.de

In June, the GHF launched the first federal heart week in Saxony-Anhalt, the federal state with the highest CVD mortality rate. The campaign was dedicated to informing the public about heart infarction symptoms and how to react in emergency cases.

During the ESC Congress in August 2018 in Munich, the ESC together with the GHF offered the public the opportunity to learn more about cardiovascular health. The ‘Healthy Hearts for Munich’ event took place in the inner city of Munich and was a huge success.

In November 2018, the foundation successfully launched its yearly Heart Weeks. The 2018 campaign was dedicated to atrial fibrillation. Over 1 100 activities were organised nationwide with the support of more than 4 000 collaborating partners. Comprehensive information material was produced for activities that covered seminars, lectures, health days, chats as well as articles in the local, regional and national press and expert interviews on TV.

For more information: www.herzstiftung.de

Harraad

Harraad (Heartcounsel), is the patient organisation for people with cardiovascular disease in the Netherlands. Harraad connects, strengthens and represents them.

It is Harraad’s aim to improve the quality of life and quality of care for the 1.4 million people with CVD in the Netherlands, based on their experiences.

In 2018, it introduced the Harraad monitor. It asked people with CVD about their main issues concerning life with CVD. They asked the organisation to focus on taking medicine, how to be active and exercise with CVD, and the psychosocial effects of CVD.

Programmes with impact: 2018 marked the start of two three-year programmes. In close cooperation with the Dutch Heart Foundation, Harraad is dedicated to improving heart rehabilitation and encouraging adherence to programmes and advice.

My Heartcounsel: People want relevant and personal information. In 2018, Harraad started ‘My Heartcounsel’. This is a platform where people can indicate their preferences for information and activities. They now receive personalised information on a monthly basis. This platform also allows Harraad to reach out to people on relevant matters such as medicine recalls and other urgent information. Their responses on these issues were then brought to the attention of policymakers, health insurers and pharmacists.

Close to you: Over 4 000 volunteers and experienced experts were active in 2018. They were organised in nine communities regarding their disorder such as congenital heart disease or atrial fibrillation, or in teams that organise activities in close cooperation with hospitals. They reached over 21 000 people in 2018.

For more information: www.harraad.nl
Irish Heart Foundation

The Irish Heart Foundation is the national charity dedicated to eliminating premature death and disability from heart disease and stroke. It achieves this goal through:

- Campaigning and advocacy to change public policy and improve cardiovascular services. Its work has included lobbying on tobacco control measures and a major ongoing campaign to tackle junk food marketing aimed at children. It recently secured a ground breaking amendment to the Data Protection Act banning microtargeting of junk food advertising to children.

- Primary prevention and health promotion to change health behaviours. It carried out health promotion campaigns aimed at changing health behaviours and information campaigns aimed at increasing awareness and understanding of key risks such as hypertension or atrial fibrillation. The organisation is a significant source of health information producing a large range of printed material and maintaining a website – www.irishheart.ie.

- Building a nation of lifesavers through CPR training in schools, communities and workplaces. It is the national CPR training organisation, providing training and accreditation in hospitals and in the community. It runs two large scale training programmes, CPR for Schools (aimed at students aged 12–18) and Hands for Life (aimed at adults in the wider community) which teach CPR, how to use an AED, how to recognise a stroke and how to help someone who is choking. In 2018, it trained over 120 000 people.

- Supporting people living with the effects of stroke and heart disease. As well as organising conferences and providing information to people suffering from the effects of stroke or heart disease, it runs patient support groups throughout Ireland. It currently runs 21 stroke support groups including groups focusing on young working age stroke survivors.

- Its new five-year strategy focuses on a number of strategic priorities including reducing health inequalities and tackling childhood obesity. In the past year it launched an evidence-based schools programme aimed at increasing physical activity among students aged 12–18. It has also been designated as a WHO National Health Literacy Demonstration Project, for an intervention aimed at improving health literacy and healthy behaviour among adolescents. These projects are a key part of its strategy to tackle childhood obesity.

For more information: www.irishheart.ie

Italian Heart Foundation

The Italian Heart Foundation-IHF, founded in 1990, is a legally recognised non-profit organisation. IHF is the Italian full member of the World Heart Federation, and a member of the European Heart Network. Our aims are to:

- Disseminate scientific updates on CVD prevention to facilitate interaction among HCPs, academies, governmental institutions, media and the general population;
- Develop attention towards CVD prevention to protect health;
- Improve the interaction between the scientific and medical communities, the media and public, developing attention, awareness and knowledge;
- Interact with other public/private institutions; and
- Carry out studies and research on CVD prevention.

Our main activities in 2018 were:

World Heart Day: IHF coordinates over 100 educational activities targeting the public throughout Italy to raise awareness on CVD prevention, in collaboration with 100 CV patient associations, scientific societies, health departments and the Italian ministry of health.

‘Cuoriamoci: simple everyday actions to improve our heart health’: national campaign on the importance of lifestyle on improving cardiovascular health. Through a simple test on www.cuoriamoci.it we have analysed the daily lifestyle habits of more than 45 000 people. A further dedicated survey (GFK Eurisko-Cuoriamoci) on food habits highlighted that 42% of the Italian population does not eat the recommended portions of fruit, around 59% for vegetables and 81% for fish.

‘Italian National Alliance on Cardio-Cerebrovascular Diseases’: IHF is part of this network of 44 Italian Scientific Societies/Associations appointed by the Italian minister of health to prepare an information document on cardio-cerebrovascular diseases prevention during the entire life of individuals (CVD primary/secondary prevention).

‘Work with the Heart: Cardiovascular Prevention in the Workplace’ (2015–2018): publication of the campaign’s results in the Italian Journal of Atherosclerosis. In collaboration with the Prevention and Protection Service of the Italian National Research Council (CNR), the Italian Society for the Study of Atherosclerosis (SISA – Lazio branch), and the ministry of labour and social policies. During the campaign, 60% of the ministry’s employees in Rome participated in the screening of their CV risk factors. The study cohort consisted of 547 subjects (25.8% men with a mean age of 53.1 and 74.2% women with a mean age of 51.8). The campaign results confirm that prevention is possible in the workplace through ad hoc campaigns.

For more information: www.fondazionecuore.it
Lithuanian Heart Association

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 was established in 1994 on the initiative of two well-known professors in cardiology – Prof Aleksandras Laucevičius and Prof Rimgaudas Nemickas. LHA has been taking care of heart patients and medical professionals for over 25 years.

LHA primarily engages in informing the public on the prevention of cardiovascular diseases and by emphasising crucial risk factors and the role of healthy living. Additionally, LHA seeks governmental support to improve cardiovascular disease prevention measures in Lithuania, and provides support to patients and medical professionals. The LHA relies largely on donations from individuals and industry, mainly seeking funding for specific projects.

Currently, LHA's activities are implemented in Lithuania's five largest regions: Vilnius, Kaunas, Panevėžys, Šiauliai and Klaipėda. The Department of Patients with Cardiovascular Disease was established in 2010 and organises mutual-support clubs for patients suffering from cardiovascular diseases.

LHA's aim is to reduce mortality from cardiovascular diseases in Lithuania.

In 2018, the LHA continued its successful campaigns relating to ‘World Heart Day’, ‘Go Red for Women’, ‘World Thrombosis Day’, and the ‘I promise’ initiative. The ‘World Heart Day’ event was organised in all five of the largest cities in Lithuania, giving lectures on healthy lifestyles, organising different sporting activities, and measuring and detecting any abnormalities in body mass index, blood pressure, blood cholesterol and blood sugar. ‘World Heart Day’ is a large, well-known event in Lithuania, attracting huge attention from the public and media. The ‘Go Red for Women’ campaign aims to improve women’s knowledge of cardiovascular diseases. The campaign includes active media communication, a charity dinner with celebrities, medical professionals and politicians, and educational public lectures. ‘World Thrombosis Day’ aimed to raise public awareness on the importance of prevention of thromboembolic complications. The campaign ‘I promise’ was aimed at increasing awareness of unhealthy lifestyle habits by introducing small personal changes for longer and healthier living. Additionally, LHA supported educational activities for medical professionals by organising different local conferences and providing grants for participation at international congresses.

For more information: [www.heart.lt/](http://www.heart.lt/)

Northern Ireland Chest Heart and Stroke

Established over 70 years ago, Northern Ireland Chest Heart and Stroke is the local charity providing care and support to people suffering from chest, heart or stroke illnesses (18% of the population). It also delivers a comprehensive prevention programme providing health checks and talks in the workplace and the community. It lobbies government for changes that support a healthy lifestyle and improvements in services, and funds research in local universities and hospitals.

Currently, around 75,000 people are living with cardiovascular illness in Northern Ireland, 17,000 with heart failure and 37,000 people with stroke – 7% of the population.

In 2017/18, over 11,000 people were supported by the charity’s health and wellbeing programmes. Around 1 in 2 was referred to their GP due to high cholesterol or blood pressure.

Over 200 babies are born annually in Northern Ireland with congenital heart disease, around 50 of whom will have heart surgery in the first year of their lives. The charity funded a partnership between the Ulster University and the Royal Victoria Hospital Belfast, the Baby Hearts Study, to look at the environmental and lifestyle risk factors rather than the genetic causes of this disease. The research found that women with diabetes had a four times greater risk. It also found some associations with low education, diet, and pregnancy-related stress.

Over the next five years the aim is to double the number of people using its services. It is about to start a campaign to raise awareness of atrial fibrillation and the fivefold increase in stroke risk that it presents; a new cardiac service pathway which will be developed and rolled out across Northern Ireland; and a new self-management programme for people caring for loved ones with cardiovascular illness.

For more information: [www.nichs.org.uk](http://www.nichs.org.uk)
Romanian Heart Foundation

The Romanian Heart Foundation (RHF) was founded in 2009 by the Romanian Society of Cardiology (RSC).

The RHF’s main objective is to sustain the RSC’s educational programmes, mainly in primary and secondary cardiovascular diseases prevention.

Education in the prevention of cardiovascular diseases is one of the RHF/RSC’s priorities. In this respect, the ‘EVERYTHING FOR YOUR HEART’ programme, dedicated to the general public, was launched in 2014. This programme has two components: primary prevention and secondary prevention. The RHF’s highlights in 2018 were as follows:

I. Primary prevention:

Four sub-programmes on the four main risk factors were developed.

1. Smoking cessation: in 2018 the RHF was actively involved in the ‘2035 first generation without tobacco’, an initiative that continues the successful implementation of the law on banning smoking in public areas (2016); a video-recorded anti-smoking conference was produced, and anti-smoking debates were held on national TV stations as well as active participation in World No Tobacco Day.

2. Hypertension: live public conferences, recorded video conferences, written educational material and an online application on self-diagnosis of hypertension were developed; partnership with the MedCo Company in organising public conferences, and free distribution of electronic blood pressure devices.

3. Lack of exercise: a video-recorded conference on the benefits of physical exercise was produced; an original online application (‘600 km/year: where are you?’) promoting continuous competition in practising sports/physical exercises was developed in cooperation with the Athletic CardioClub; participation of Romanian cardiologists at the World Health and Medical Games (Malta).

4. Hypercholesterolemia: written materials and recorded videos on healthy foods were produced.

II. Secondary prevention:

Video-recorded materials for general public education were produced on the prevention and therapy of heart failure, hypertension, resuscitation, arrhythmias, ischaemic heart disease, and hypercholesterolemia. All educational programmes and materials were promoted by the social media networks and the RSC CardioTV channel (launched in 2016). In 2018, the RHF sustained 50% of the costs of this channel for the first eight months.

For more information: www.romanianheart.ro

Italian Society for Cardiovascular Prevention (SIPREC)

SIPREC is a founder partner and key member of the Italian Alliance for Cardiocerebrovascular Prevention of the Italian ministry of health. The aims for physicians are to: ensure educational activities; draw up recommendations on CVD prevention; carry out observational studies, draft scientific documents and consensus documents; build partnerships with national and foreign scientific associations involved in CVD prevention. The aims for citizens are to: promote activities and develop web-based projects to raise awareness of CVD prevention and the promotion of a healthy lifestyle.

In 2018, its strategy was mainly focused on promoting an integrated and multidisciplinary management of total CVD risk by working across disciplines with:

- Several Italian scientific societies to draft a consensus paper on CVD prevention coordinated by SIPREC;
- Workplace health professionals to encourage an increase in employers’ awareness, to make lifestyle changes and increase adherence to follow-up measures in the workplace;
- Patient associations, particularly with Cittadinanza Attiva (active citizenship) and with the Italian Familial Hypercholesterolemia (FH) Patients Group to promote awareness of FH among the general public, the media and politicians. To improve the diagnosis of FH, it added the Dutch Lipid Clinic Network Score to its website;
- Politicians at local and national level and at European level, by contacting Italian MEPs to facilitate their adhesion to the MEP Heart Group;
- Bakers for a voluntary agreement with the objective of reducing salt by 15%;
- Food industries to reduce the levels of industrial trans fatty acids in foodstuffs;
- Caterers to replace the products in vending machines in schools and public offices with snacks and beverages low in fat, sugar and salt;
- Pharmacist associations to increase the adherence to pharmacological treatment by their clients;
- School teachers to work together on educating students (and their parents) on the principles of healthy eating and, more generally, of leading a healthy lifestyle. Moreover, SIPREC organised first aid courses in high schools;
- Agronomists to develop healthy novel foods; and
- Chefs of the University of Gastronomic Sciences of Pollenzo (Piedmont), to train a new generation of chefs ready to combine good taste with good health.

For more information: www.siprec.it
**Slovenian Heart Foundation**

The Slovenian Heart Foundation is an organisation acting in the public interest in the field of health and research. In December 2012, the Slovenian Heart Foundation established a network of non-governmental organisations in the field of public health, 25x25, which mainly deal with advocacy. Below are our activities in 2018:

- The ‘For the Heart’ magazine. In 2018, we issued five volumes, two of which were double. It is free of charge and sent to members’ home addresses.
- **Printed leaflets and brochures, 2018:** World Heart Day, the Heart Bimbam brochure (the educational brochure was aimed at promoting physical activity among children in the first three grades of elementary school), a brochure ‘Playful and Safe along the Heart Pathways’, a poster / leaflet, ‘Take a Physically Active Break!’.
- ‘For the Heart’ consultations and measurements of risk factors for cardiovascular disease with consultations across Slovenia: In 2018, the foundation provided more than 60 000 measurements of blood pressure, heart rate, saturation, cholesterol, triglycerides, LDL, HDL and blood sugar, ankle-brachial index, pulse wave velocity, waist circumference, body mass index as well as ECG recording. It also provided individual consultations.
- Lectures and workshops, basic resuscitation procedures: Around 120 school workshops were conducted throughout Slovenia, with lectures on healthy lifestyle and prevention of cardiovascular diseases. In addition, it was involved in ‘Heart Pathways’ in Slovenia (nine marked pathways), and around 50 recreational and hiking events were held in 2018.
- Organisation and implementation of activities in the framework of World Heart Day 2018: It organised a central event at Preseren Square, as well as a press conference, numerous lectures, measurements and consultations.
- Promoting a healthy lifestyle via the media and public health campaigns:
  - Two new promotional videos: ‘Three bad habits of healthy people’, including billboard posters around Slovenia, as well as a video raising awareness of screen addiction, ‘Look away from the screens’.
  - A professional meeting open to journalists was held on ‘When I see a food product in the market, am I well-enough informed?’, which produced a big response in the media.
- ‘For the Heart’ consultations and measurements.
- 25x25, which mainly deal with advocacy. Below are our activities in 2018:

For more information: [www.zasrce.si](http://www.zasrce.si)

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**Spanish Heart Foundation**

The Spanish Heart Foundation (SHF) is an institution founded and promoted by the Spanish Society of Cardiology (SSC). Its aim is to promote health and quality of life through the prevention of cardiovascular disease. In this sense, its main tasks are to raise awareness and educate the population on the importance of prevention, and to encourage research in cardiovascular matters. The SHF has more than 10 000 members, including cardiologists, nursing professionals and related health personnel, private entities and private partners.

Cardiovascular disease is the leading cause of death in developed countries and we cannot ignore its impact on our daily lives. The absence until now of a definitive cure implies an obligation for cardiology professionals to focus on prevention. The SHF is thus deeply involved in the organisation of activities, campaigns and programmes designed to communicate the importance of a heart-healthy lifestyle to the general population. In 2018, SHF:

- Continued to strengthen its most significant events: Heart Week and the popular Heart Race during the World Heart Day celebration.
- Encouraged links with its Business Programmes:
  - Food and Health Programme (PASFE): To help consumers identify the healthiest or least unhealthy food options for cardiovascular health, while encouraging the food industry to investigate the marketing of healthier products in terms of their composition.
  - Healthy Business Programme (PECS): Try to raise awareness in the workplace to promote actions by companies in favour of their employees’ cardiovascular health.
  - Programme for ‘CardioResponsible Areas’ (PACS): Emphasises the importance of having ‘cardio-protected spaces’, that is to say, in the event of a cardiorespiratory arrest, it can be attended to.
- Promotion of regular programmes for medical patients (Mimocardio, Patient Forum...): Initiatives for people who have already acquired the disease, with the aim of increasing their quality of life as well as their adherence to treatments.
- Communication Tools:
  - **Salud&Corazón (Health&Heart) Magazine:** Quarterly publication dedicated to cardiovascular health with general advice for a healthy lifestyle.
  - Website [https://fundaciondelcorazon.com](https://fundaciondelcorazon.com): A reference site in Spanish for heart health with more than 11 million annual users, complemented with a monthly newsletter and an intensive social network.

For more information: [www.fundaciondelcorazon.com](http://www.fundaciondelcorazon.com)
**Swedish Heart-Lung Foundation**

The Swedish Heart-Lung Foundation is a charitable fundraising organisation established in 1904. The foundation raises funds and distributes money to heart, lung and vascular research, and provides information about heart-lung disease.

The Swedish Heart-Lung Foundation is aiming to conquer the major diseases of our time: heart, lung and vascular diseases.

The fund supports numerous fields of research connected to myocardial infarction (heart attack), heart failure, vascular spasms, genetic heart defects, stroke, asthma, COPD and emphysema among others. The Swedish Heart-Lung Foundation funds most of the independent heart-lung research in Sweden.

In 2018, the foundation awarded around 351 million SEK in grants to research. That is equivalent to around 21% of the funds applied for. In 2018 the foundation was able to grant 115 research projects.

In 2018, the Swedish Heart-Lung Foundation continued to support the Swedish CardioPulmonary bioImage Study (SCAPIS). The aim of the SCAPIS is to predict and prevent cardiovascular disease (CVD) and COPD. The SCAPIS will provide a nationwide, open-access, population-based cohort for the study of cardiovascular disease (CVD) and chronic obstructive pulmonary disease (COPD). The SCAPIS will recruit and investigate 30,000 men and women aged 50–65 with detailed imaging and functional analyses of the cardiovascular and pulmonary systems. The data is collected at six university hospitals in Sweden (Uppsala, Umeå, Linköping, Malmö/Lund, Gothenburg and Stockholm). Biobanked blood and DNA will be analysed in collaboration with SciLifeLab.

Another primary aim of the SCAPIS is to use advanced imaging technologies of atherosclerosis in the coronary and carotid arteries together with information obtained by proteomics/metabolomics/genomics technologies to improve risk prediction for cardiovascular disease. The clinical implications would be better-targeted, intensive risk factor interventions, which will save both lives and medical costs.

For more information: [www.hjart-lungfonden.se](http://www.hjart-lungfonden.se)

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**Swiss Heart Foundation**

The Swiss Heart Foundation, established in 1967, is active in promoting research, patient education and public information, covering cardiovascular disease and stroke, and ensuring:

- Fewer people suffer cardiovascular diseases or stroke;
- People are not disabled by cardiovascular disease or die prematurely; and
- Quality of life for those affected.

The foundation’s activities are mainly funded by donations and inheritances.

A third of the budget is typically used to fund cardiological and cerebrovascular research. In 2018, 39 projects were supported and a brochure including portraits of patients and interviews with researchers was produced, reporting the activities of the foundation in this area. In addition, the Swiss Heart Foundation awards an annual prize for outstanding scientific research in the field of prevention, diagnosis and/or treatment of cardiovascular diseases and stroke. Last year’s winner was PD Dr Henrik Gensicke, University Hospital Basel, for his work on the registry, ‘ThRombolysis in Ischaemic Stroke Patients – TRISP’.

In 2018, the Education and Prevention Division focused on raising public awareness of the symptoms of stroke and cardiac arrest. Pupils in school classes were given CPR training with the teaching aid MiniAnne. Furthermore, the foundation established a cornerstone for coordinating the multiple first responder networks that are being established across the country.

A new programme was launched in collaboration with the Swiss Society of Cardiology addressing tobacco use in teenagers. In this interactive workshop, school classes are invited to attend a half-day session in a hospital setting with the aim of encouraging pupils not to smoke cigarettes or to try other tobacco products.

The foundation offers around 80 titles, published in three languages, for patients, their relatives and the general population. 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. Their number is steadily increasing; in 2018, 157 heart groups were operational, offering training programmes for the long-term aftercare of heart patients.

For several years the foundation has organised a series of lectures for laypersons that address prevention, diagnosis and treatment options of atrial fibrillation, one of the leading causes of stroke.

For more information: [www.swissheart.ch](http://www.swissheart.ch)
Turkish Heart Foundation

The Turkish Heart Foundation, which was founded on 10 June 1975, has been an official member of the European Heart Network since 1995 and of the World Heart Federation since 2001.

The Turkish Heart Foundation is one of the non-governmental organisations in the country that is raising awareness about Cardiovascular Diseases (CVDs), which cause the most deaths in the world and especially in Turkey.

In addition, the foundation has a medical centre and laboratory working solely on CVD at the Turkish Heart Foundation Center of Istanbul, which focuses on early diagnosis. The foundation performs patient examinations, echo-cardiographs and effort measurements, ECG, blood pressure holter measurements and rhythm holter measurements. At its centre, free care is provided to persons with poor financial status.

In order to emphasise the importance of Heart Week and the importance of sport for health, the Turkish Heart Foundation has put the Tennis Tournament, World Heart Day and many more conferences and educational, awareness-raising and informative events on the country’s agenda, increasing its activities in 2018 and delivering its messages to the public.

Warning messages and statements about heart health were given on TV and in newspapers, and at football matches, while banners with heart protection messages were used. Public conferences were also organised. Around 10 000 people have been reached through studies, excluding TV and newspapers.

The project ‘Children in the City’ was created by the World Heart Federation (WHF) and the European football association, UEFA, in order to increase the physical activity levels of children and young people living in low-income urban neighbourhoods (aged 7–12) and was carried out by the foundation in Turkey.

The foundation is entitled to support from the EU’s ‘Civil Society Dialogue – V Grant Programme between Turkey and the EU’ and the ‘Turkish-Italian Heart Health Network Project’. Starting in April 2019, it will last for 15 months until June 2020. This grant will contribute to reducing the risk of cardiovascular diseases throughout Turkey.

For more information: www.tkv.org.tr.
15. Accounts

Auditors’ report to the board of the European Heart Network for the year ended December 31, 2018

We have reviewed the financial statements on pages 33 to 37, which have been prepared on the basis of the accounting policies set out on page 37, to the records maintained by the European Heart Network.

Respective responsibilities of the Board and auditors

The Board and the Company's management are responsible for the preparation of these financial statements. Our responsibility is to issue a report on these financial statements based on our review.

We conducted our review in accordance with the International Standard on Review Engagements 2400. This Standard requires that we plan and perform the review to obtain moderate assurance as to whether the financial statements are free of material misstatement. A review is limited primarily to inquiries of company personnel and analytical procedures applied to financial data and thus provides less assurance than an audit.

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, 2018 and the balance sheet at that date are in agreement with the records maintained by the European Heart Network.

Based on our review, nothing has come to our attention that causes us to believe that the accompanying financial statements are not presented fairly, in all material respects, in accordance with International Accounting Standards.

Kortrijk, 09/04/2019

[Signature]

VANDelanotte Bedrijfsrevisoren C.V.B.A.
Represented by
Frank VANDelanotte
Certified Public Accountant
## European Heart Network income and expenditure account for the year ended December 31, 2018

### Income

#### 1. Member subscriptions

<table>
<thead>
<tr>
<th>Organization</th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austrian Heart Foundation</td>
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<td>1.130,00</td>
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<tr>
<td>Belgian Heart League</td>
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<td>4.519,00</td>
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<td>Bosnia Herzegovina, Foundation of Health and Heart</td>
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<td>Danish Heart Foundation</td>
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<td>Lithuanian Heart Association</td>
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<td>Netherlands, Heart and Vessel Group</td>
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<td><strong>564,827,00</strong></td>
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### Income

#### 2. Special contributions

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<th>Project</th>
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<th>2017 (Euro)</th>
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#### 3. Investment income

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<tr>
<td>Investment Income</td>
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<td>987,22</td>
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</table>

**TOTAL INCOME** | **946,169,57** | **630,957,86** |
## Expenditures

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<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
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<td>Depreciation (office equipment/computers)</td>
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<tr>
<td>Membership fees</td>
<td>3,281,22</td>
<td>3,374,01</td>
</tr>
<tr>
<td>Bank charges</td>
<td>565,04</td>
<td>586,92</td>
</tr>
<tr>
<td>Taxes</td>
<td>2,143,85</td>
<td>2,376,91</td>
</tr>
<tr>
<td><strong>Total regular expenditures</strong></td>
<td><strong>500,487,24</strong></td>
<td><strong>485,086,21</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVD Statistics</td>
<td>64,878,89</td>
<td></td>
</tr>
<tr>
<td>New Nutrition Paper</td>
<td>35,059,62</td>
<td></td>
</tr>
<tr>
<td>EHN 25 Years</td>
<td>19,851,20</td>
<td></td>
</tr>
<tr>
<td>Smoke Free Partnership</td>
<td>25,000,00</td>
<td>15,000,00</td>
</tr>
<tr>
<td>European Chronic Disease Alliance</td>
<td>3,401,00</td>
<td>3,300,01</td>
</tr>
<tr>
<td>Annual Workshop</td>
<td>31,360,30</td>
<td>13,000,00</td>
</tr>
<tr>
<td>Seminars, research and training</td>
<td>11,801,74</td>
<td>10,315,20</td>
</tr>
<tr>
<td>MEP Heart group</td>
<td>884,15</td>
<td>629,04</td>
</tr>
<tr>
<td>World No Tobacco Day</td>
<td>1,010,43</td>
<td></td>
</tr>
<tr>
<td>Consultancy support</td>
<td>24,099,94</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>39,707,27</td>
<td>21,863,15</td>
</tr>
<tr>
<td>HeartMan</td>
<td>11,207,13</td>
<td>10,087,64</td>
</tr>
<tr>
<td>Big Data at Heart</td>
<td>9,974,20</td>
<td>9,383,27</td>
</tr>
<tr>
<td>Project fund</td>
<td>100,000,00</td>
<td></td>
</tr>
<tr>
<td><strong>Total operational and project expenditures</strong></td>
<td><strong>258,446,16</strong></td>
<td><strong>203,368,02</strong></td>
</tr>
</tbody>
</table>

**TOTAL EXPENDITURES**

<table>
<thead>
<tr>
<th></th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>758,933,40</strong></td>
<td></td>
<td><strong>688,454,23</strong></td>
</tr>
</tbody>
</table>

**TOTAL INCOME**

<table>
<thead>
<tr>
<th></th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>946,169,57</strong></td>
<td></td>
<td><strong>630,957,86</strong></td>
</tr>
</tbody>
</table>

**SURPLUS/DEFICIT**

<table>
<thead>
<tr>
<th></th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>187,236,17</strong></td>
<td></td>
<td><strong>-57,496,37</strong></td>
</tr>
</tbody>
</table>

**RETAINED RESULT BEGINNING OF PERIOD**

<table>
<thead>
<tr>
<th></th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>376,089,46</strong></td>
<td></td>
<td><strong>433,585,83</strong></td>
</tr>
</tbody>
</table>

**RETAINED RESULT END OF PERIOD**

<table>
<thead>
<tr>
<th></th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>563,325,63</strong></td>
<td></td>
<td><strong>376,089,46</strong></td>
</tr>
</tbody>
</table>
## Balance sheet as at December 31, 2018

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Euro)</td>
<td>(Euro)</td>
</tr>
<tr>
<td><strong>Fixed Assets</strong></td>
<td>3,350,48</td>
<td>4,295,75</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors and prepayments</td>
<td>19,101,81</td>
<td>11,925,06</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>1,364,759,83</td>
<td>1,345,820,73</td>
</tr>
<tr>
<td></td>
<td>1,387,212,12</td>
<td>1,362,041,54</td>
</tr>
<tr>
<td><strong>Current Liabilities and Provisions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserve</td>
<td>550,000,00</td>
<td>550,000,00</td>
</tr>
<tr>
<td>Accrued costs and expenses</td>
<td>159,386,49</td>
<td>135,809,08</td>
</tr>
<tr>
<td>Prepaid income</td>
<td>114,500,00</td>
<td>300,143,00</td>
</tr>
<tr>
<td></td>
<td>823,886,49</td>
<td>985,952,08</td>
</tr>
<tr>
<td><strong>Net current assets (liabilities)</strong></td>
<td>563,325,63</td>
<td>376,089,46</td>
</tr>
</tbody>
</table>

## HeartMan

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Euro)</td>
<td>(Euro)</td>
</tr>
<tr>
<td><strong>Project expenses</strong></td>
<td>14,008,91</td>
<td>12,609,55</td>
</tr>
<tr>
<td>Personnel cost</td>
<td>9,192,42</td>
<td>8,781,51</td>
</tr>
<tr>
<td>Staff travel and subsistence</td>
<td>2,014,71</td>
<td>1,306,13</td>
</tr>
<tr>
<td>Other costs</td>
<td>2,801,78</td>
<td>2,521,91</td>
</tr>
<tr>
<td><strong>Project income</strong></td>
<td>14,008,91</td>
<td>12,609,55</td>
</tr>
</tbody>
</table>
EU operating grant 2018

<table>
<thead>
<tr>
<th></th>
<th>2018 (Euro)</th>
<th>2017 (Euro)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total expenses</strong></td>
<td>590.288,00</td>
<td></td>
</tr>
<tr>
<td>Total direct personnel costs</td>
<td>398.441,00</td>
<td></td>
</tr>
<tr>
<td>Total general administrative expenditure</td>
<td>75.666,00</td>
<td></td>
</tr>
<tr>
<td>Total operational expenditure</td>
<td>116.181,00</td>
<td></td>
</tr>
<tr>
<td><strong>Income generated &amp; financial contributions</strong></td>
<td>-236.115,00</td>
<td></td>
</tr>
<tr>
<td><strong>EU contributions</strong></td>
<td>354.174,00</td>
<td></td>
</tr>
</tbody>
</table>

Notes on the accounts for the year ended December 31, 2018

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.
European Heart Network
Rue Montoyer 31
B-1000 Brussels, Belgium
T: +32 2 512 91 74
info@ehnheart.org

www.ehnheart.org

EHN has received co-funding under an operating grant from the European Union’s Health Programme (2014–2020). The content of this report represents the views of EHN only and is its sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.