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http://www.worldheart.org
MESSAGE FROM THE PRESIDENT

Dear Members, Partners and Friends,

The year 2009 was a year of change for the World Heart Federation. We have seized numerous opportuni-
ties and, together with our members, have further grown our activities. We have also laid the foundation
for the future of the organization through the development of a new five-year strategic plan.

In terms of our on-going activities, our flagship awareness campaigns continued to grow. Work with Heart
was the theme for World Heart Day 2009, focusing on healthy workplaces. The campaign slogan and
image were chosen further to a cross-regional survey of our members, this was the first time our members
have been involved in such a way. Social media platforms were also used, for the first time, to grow the
reach of World Heart Day even further. A viral video was launched and posted on the newly created Face-
book group and You Tube channel, which resulted in nearly 7,000 views. A Twitter account was opened to
help spread the messages even further and many of our member organizations re-tweeted the video link
and World Heart Day news. The World Economic Forum also provided visibility through their Twitter site,
which has over 1 million followers.

The Go Red for Women campaign, aimed at raising awareness in women that cardiovascular disease was
their number one risk, continued its steady growth trajectory as member organizations took up the campa-
ign and carried out activities around the world. In order to address cardiovascular health issues facing
women the World Heart Federation is holding the 3rd International Conference on Women, Heart Disease
and Stroke during the next World Congress of Cardiology Scientific Sessions being held in Beijing, China
from 16–19 June 2010. The programme will focus specifically on and highlight the need for more clinical
research, as well as discussing prevention, diagnosis and intervention strategies and heart-health promo-
tion for women.

In the advocacy arena, the alliance between the World Heart Federation and its sister federations, the
International Diabetes Federation and the International Union Against Cancer made considerable headway
towards raising the profile of the need to include non-communicable diseases into the global health and
development agenda. Tobacco control continued to be a priority area of focus for the World Heart Fede-
ratio and we were proud to accept the Co-Chair of the Global Smokefree Partnership for a two-year
period. In the area of diet and physical activity, our recipe book, Eat for Goals! published with the European
Football Associations (UEFA) is now available in Dutch, English, French, German, Polish and Spanish, in
approximately 20 countries.

The World Heart Federation applied research projects continued to provide tangible outcomes. These pro-
jects are carried out with member and partner organizations with the aim of developing case studies and
best practices that can be adapted and replicated in similar settings. Such projects include, China Bridging
The Children’s Project: through a network of partners and members shares global best practice, tools and resources on the promotion of healthy diet and physical activity in youngsters. Rheumatic Heart Disease Project in the South Pacific: which since 2006, has resulted in over 400 healthcare professionals (doctors, nurses and midwives) being trained in disease identification, management and reporting and over 12,000 schoolchildren being screened. The Grenada Heart Project investigates the effect of the environment and genetics on an individual’s risk of developing cardiovascular disease, a population-based survey has been completed with over 2,800 participants and data from the randomized survey is currently under analysis. It is anticipated that the survey results will lead to strengthening community efforts to address the health burden of cardiovascular disease. The World Heart Federation also continued its support of the Spanish National Centre for Cardiovascular Research (CNIC) polypill initiative: FOCUS.

In our activities to share science and build capacity, we worked closely with our Chinese colleagues from the Chinese Medical Association and the Chinese Society of Cardiology to develop the scientific programme of the World Congress of Cardiology to be held in Beijing in June 2010. In addition, we also held joint sessions at the Asia Pacific Congress of Cardiology, in Kyoto, Japan in May. In conjunction with the congress, the Asia Pacific Heart Network held a capacity building workshop during which it launched the Asia Pacific Heart Health Charter. Later in the year, we were pleased to be able to support the Pan African Society of Cardiology Congress in Abuja, Nigeria. The conference provided the opportunity for organizations such as the African Heart Network and the International Forum for Hypertension Control and Prevention in Africa to gather in Abuja in a very successful African Heart Health Jamboree.

Our two journals, Nature Reviews Cardiology and CVD Prevention and Control continue to provide cardiologists and all those involved in cardiovascular health with articles, reviews and information in the field of cardiology.

After two challenging years from a financial point of view and considering the fact that 2009 was still a difficult year for the global economy, we were pleased to be able to close the 2009 financial year practically at break even. A fundraising strategy and long-term income targets have been adopted coupled with the implementation of cost-management processes, thus setting the stage for renewed financial growth in 2010.
Our vision for the future

The new strategy of the World Heart Federation will be launched during the World Congress of Cardiology Scientific Sessions in Beijing in June 2010.

Our vision for the future is for people all over the world to have a longer and better life through the prevention and control of heart disease and stroke and in order to achieve this we have given ourselves the mission to unite our members and lead the global fight against heart disease and stroke, with a focus on low- and middle-income countries.

We have defined the following six key strategic objectives which will guide the World Heart Federation over the next five years:

- raise the priority of cardiovascular health on the global agenda
- improve care of heart disease and stroke
- heart healthy diet and physical activity for all
- improve recognition and control of high blood pressure
- advance a tobacco free world
- eliminate rheumatic fever and minimize the burden of rheumatic heart disease

We were delighted by our members’ positive response to the new strategy as well as the enthusiasm expressed to work with us in its implementation.

Meanwhile, the global burden of cardiovascular disease is continuing to rise and we need to act now, together to curb this trend. We look forward to continued and strengthened collaboration with our members and partners.
ACTIVITIES

SHARING SCIENCE AND BUILDING CAPACITY

World Congress of Cardiology Scientific Sessions 2010

The Chinese Medical Association and the Chinese Society of Cardiology played an active role in the planning towards the World Congress of Cardiology (WCC) Scientific Sessions 2010 which is forecasted to be the largest ever medical meeting to take place in China.

Scientific programme
The WCC Scientific Sessions 2010 will comprise of more than 250 global sessions with major emphasis on the prevention and treatment of coronary artery disease, management of patients with heart failure, treatment of hypertension and other major risk factors for cardiovascular disease as well as sessions on recent medical trials under the “best of recent clinical trials” category together with evidence-based guideline discussions. Congenital heart disease, stroke, hypertension and tobacco, which are of specific relevance to the Asia-Pacific region, will feature strongly in the programme.

The first International Conference on Women, Heart Disease and Stroke to be ever held in Asia will be integrated within our scientific programme. The programme will focus on the relatively little known fact that globally each year over 8.6 million women die of heart disease and stroke. World Heart Federation runs the “Go Red for Women” campaign in many countries around the world – one of which is China. The importance of this women’s programme will be reflected throughout the WCC Scientific Sessions 2010.

Abstract-based programme
More than 2,700 abstracts were submitted and of those accepted over 500 will be presented orally and over 1,600 in poster format.

Key milestones:
29 & 30 June 2009:
Scientific Session Selection Meeting in Beijing at which our Scientific Programme Committee and our Scientific Programme Advisors selected 190 scientific sessions out of the 500 sessions submitted after the Call for Sessions.
1 July 2009:
Industry site visit in Beijing at the newly refurbished China National Convention Centre. Over 40 industry contacts, representing over 30 companies, many of them of international standing, sent their most senior congress personnel. The first outline of the scientific programme was presented. Feedback from industry on the venue and services on offer was very positive.
July 2009:
The Preliminary Programme for WCC 2010 Beijing was launched and distributed at events worldwide,
where World Heart Federation was represented.

December 2009:
Industry support for the congress meant that by December over 50% of the target was reached, representing over 45 exhibition booths, 2,487 square meters and a commitment to 25 industry satellite session activities.

Throughout 2009 the World Heart Federation exhibited at, or participated in the official scientific programmes of many other congresses. Among them were the:

- World Congress on Tobacco or Health, Mumbai, India
- American College of Cardiology Scientific Sessions, Orlando, USA
- Asia Pacific Congress of Cardiology, Kyoto, Japan
- Annual Meeting of the British Cardiovascular Society, London, UK
- European Society of Cardiology Congress, Barcelona, Spain
- Transcatheter Cardiovascular Therapeutics, San Francisco, USA
- Great Wall International Congress of Cardiology, Beijing, China
- American Heart Association Scientific Sessions, Orlando, USA

“Holding the Congress in countries where the disease burden is high helps the World Heart Federation to advance its mission. It also emphasizes the complementary nature of science and public outreach and strives to spread the message that through individual, community and patient care interventions, the growing epidemic of CVD in developing countries can be prevented”.

Capacity building
The World Heart Federation continued to support the continental societies of cardiology and heart networks of the Americas, Asia Pacific region and Africa, helping them in their congresses as well as in building capacity of their members.

“Working to build the capacity of our members so that they can be stronger in the fight against heart disease and stroke, and help people live longer, better, heart-healthy lives.”

It notably worked closely with the Asia Pacific Heart Network and the Asia Pacific Society of Cardiology to launch the Asia Pacific Heart Health Charter for public consultation in May 2009. The charter is a blueprint to help each country develop its own national action plan to counter the coming cardiovascular catastrophe and is also an excellent example of the transfer of best practice between member organizations as the Asia Pacific Charter was largely inspired by the European Heart Health Charter spearheaded by the European Heart Network and the European Society of Cardiology.
Support was provided to the Pan African Society of Cardiology, the African Heart Network and the International Forum for Hypertension Control and Prevention in Africa to gather in Abuja in a very successful African Heart Health jamboree on the occasion of the second All Africa Conference on Cardiovascular Disease, Diabetes and Hypertension. All those involved in cardiovascular health in the continent were able to learn, exchange ideas and best practice.

“Working to build the capacity of our members so that they can be stronger in the fight against heart disease and stroke, and help people live longer, better, heart-healthy lives.”

**Twin centres programme**

The Twin Centres’ Programme is designed to enhance the quality and capacity of cardiology in less advantaged countries or regions, through a fellowship programme. Fellows are physicians or cardiologists who receive postgraduate training in a specified area of cardiology and the programme allows young cardiologists and cardiovascular scientists to undergo training in the best centres of the world. Recipients of the awards must agree to return to their country of origin to assist in the development of cardiology in that region.

Cardiologists and cardiovascular scientists from Cameroon, Bangladesh and Sierra Leone published articles in Heartbeat during 2009 which explained their experiences on their return to their home countries. Dr Dzudie who trained in France at the Lyon I Claude Bernard University returned to Douala General Hospital in Cameroon as a clinician; implementing his training and improving the standard of healthcare in cardiology. He is participating in a multicentre study of heart failure in Africa (THESUS) to help develop an effective strategy for early detection, treatment and prevention of the disease on the continent. He also supports a local preventive programme to combat rheumatic heart disease alongside the Cameroon Cardiac Society and the government of Cameroon.

“I won the prestigious and coveted prize of Medical Doctor of the Year…I remain indebted and grateful to the World Heart Federation for sponsoring my cardiology training in South Africa, through their Twin Fellows Programme. The knowledge that I acquired enabled me to practice non-invasive cardiology in my country, which significantly increased my chances of winning this award.” Dr James B.W. Russell

**World Heart Federation Journals**

**CVD Prevention and Control**

The reach of the journal was given a boost when our member organization, the Asian Pacific Society of Cardiology (APSC), committed to providing content from their region for each issue. Professor Akira Matsumori (Kyoto, Japan) was appointed as Section Editor-in-Chief and an editorial board was created for this purpose.
Online access is provided to the APSC section for all its members as well as discounted rates on the print publication.

The first issue with this new arrangement is scheduled to be available at the World Congress of Cardiology Scientific Sessions in June 2010. There was a particular focus on encouraging the publication of both original and review articles in 2009 and although the traditional subscription model remained static the APSC membership greatly increased the print circulation. There was a 57% increase in 2009 as compared to 2008 in the number of institutes downloading content from the journal through the online portal Science Direct. More than 5,600 institutes have access to CVD Prevention and Control as part of their Science Direct license and in 2009 a total 1,543 institutes downloaded articles, on a global level, with full text downloads standing at nearly 13,000 articles.

The journal is also included in HINARI, a program developed by the World Health Organization and its partners to improve access to scientific information for health sector institutions in developing countries by providing medical journals either for free or at a very low cost. Approximately 5,000 institutions benefit from HINARI, in over 100 countries.

Objectives for 2010 include: appointing a new Editor-in-Chief as well as a new main Editorial Board as their terms have been completed; increasing: the number and quality of article submissions, journal subscriptions and online usage and downloads.

Nature Reviews Cardiology

The 2008 impact factor for our Nature Reviews Cardiology journal was 5.972. According to the ISI Journal Citation Reports, we are currently the No.1 monthly review journal in the field of cardiac & cardiovascular systems, and have the 5th highest impact factor of all journals in that category. The 2009 impact factor is due out mid 2010. Prior to April 2009, we published under the name Nature Clinical Practice Cardiovascular Medicine. Given that Nature Clinical Practice Cardiovascular Medicine and Nature Reviews Cardiology are the same journal, ISI allows Nature Reviews Cardiology to use Nature Clinical Practice Cardiovascular Medicine’s 2008, 2009 and 2010 impact factors. In 2011 and 2012 the journals’ two impact factors will be averaged to give a «unified» impact factor.

Nature Reviews Cardiology publishes Editorials and Research Highlights written by the editorial team, as well as News & Views, Reviews, and Perspectives articles written by international clinicians and researchers. Most of the articles are commissioned by the editorial team, as opposed to being speculative submissions. Counsel is provided by an international Advisory Board to ensure comprehensive coverage of topical issues. Reviews and Perspectives articles are subject to rigorous review by peer-reviewers and in-house editors.

“Sharing science, research and knowledge to help avoid the 17.1 million deaths that occur from cardiovascular disease each year”
AWARENESS

World Heart Day

“Work with Heart” was the slogan for World Heart Day 2009, which focused on the theme of workplace wellness. Most of us spend over half our waking hours working making workplaces the ideal setting to encourage heart-healthy behaviours. The campaign aimed to encourage people to adopt healthy habits in the workplace including building in some form of physical activity, eating healthily and avoiding tobacco use. Compelling arguments and research findings indicate that investing in health enhances employees’ resilience, productivity, performance and competitiveness, while reducing associated costs of absenteeism and lost productivity. There are also clear health benefits, both short and long term, for individuals, their families and communities.

The campaign slogan and image were chosen further to a cross-regional survey of our members, this was the first time our members have been involved in such a way. A viral video was launched as a way of reaching out to new audiences using social media sites it was also seen as a fun and entertaining way to call on people to “Work with Heart”.

Members were encouraged to disseminate the video link to their members, employees, friends and families and post it on their websites. They were also invited to adapt the video and use it to reach the online community as part of their activities. It was also posted on the World Heart Federation You tube channel and the newly set up Facebook group. A Twitter account was opened to help spread the messages even further and many of our member organizations re-tweeted the video link and World Heart Day news. The World Economic Forum also provided visibility through their Twitter site, which has over 1 million followers.

A comprehensive post-campaign evaluation was performed in 2009 via an online survey which generated 93 responses. Even though this indicated that 81 countries (based on self reporting) were involved, we know the actual figure went way beyond this. As we could not account for those countries where activities occurred but were not reported back to us.

The highest overall activity was in Europe and South-Eastern Asia and there was also a 38% increase in member participation in 2009 compared to 2008. There was excellent use of the key image and campaign branding (83.5%) and 92% of respondents committed to WHD activities in 2011. The total global media reach for activities generated centrally by the World Heart Federation was 318 million but if combined with our member activities the real impact would be remarkably higher.

Workplace wellness was chosen as the 2-year theme for World Heart Day in order to allow those running campaigns to build momentum for their activities as well as giving them the opportunity to more accurately monitor the impact. World Heart Day 2010 will be held on 26 September.
Highlights from global World Heart Day activities

- Members from Belgium, China, India, Iran, Mexico and UK provided best practice case studies on workplace cardiovascular disease (CVD) prevention. These were featured in the final press release and a special issue of the Heart Best newsletter.
- Japan: during a championship football game some 10,000 people heard the appeal from a Kyoto Sanga football player to learn about and make lifestyle changes to reduce their risk of heart disease.
- Cameroon: a Heart Week was organized by the Cameroon Heart Foundation and The Ministry of Public Health, the Faculty of Medicine of the University of Buea, the Cameroon Cardiology Society, and the Cameroon Occupational Health Association all participated.
- Kosovo 2009: the National Institute of Public Health of Kosovo in collaboration with the World Health Organization Office in Kosovo celebrated World Heart Day nationally.
- Ghana: A 10-km walk with about 1,200 participants from schools, private companies, the police, fire and military services and government departments. A public address van provided World Heart Day messages, and two brass-bands accompanied the walkers.
- Colombia: the Vice Minister of Health was in attendance for the celebrations and activities included athletics competitions for cardiovascular disease patients.

Implementation of social media tools in 2009 extended the reach of World Heart Day even further and involved new audiences”.

Go Red for Women

The Go Red for Women international campaign, continued to build on the American Heart Association’s successes in the USA. The World Heart Federation began to roll out the Go Red for Women international campaign in 2006. In 2007 the number of countries involved stood at 30 and the present day figure is 47. This 57% increase in the number of countries shows the commitment to the cause of our member heart foundations and societies of cardiology and highlights the issue as one of global concern. Our members used the toolkits and resources developed by the World Heart Federation to increase awareness in the general public, healthcare professionals and media, as well as to lobby decision-makers in their countries and advocate for policy change.

After three years of intense advocacy and research efforts to raise the profile of heart disease and stroke among women on the regional and global health agenda, 2009 finally saw efforts brought to fruition. Our member organizations in Europe, the European Society of Cardiology and the European Heart Network worked together to identify knowledge gaps in clinical research in women. This resulted in the publication “Red Alert on Women’s Hearts” launched on 5 November 2009.
On 24 November 2009, the World Health Organization published “Women and health: today’s evidence tomorrow’s agenda”, which highlights that half of all deaths among adult women aged 20–59 years are caused by chronic non-communicable diseases, the most important of which are heart disease and stroke. Dr Margaret Chan, Director General of the World Health Organization, emphasized “Cardiovascular disease is not a male disease anymore, it is now almost everywhere the main older female killer”. The report calls for urgent action both within the health sector and beyond to improve the health and lives of girls and women around the world.

It is not only women who do not know their risk of heart disease and stroke, it is also healthcare professionals. Indeed, shortage of crucial clinical trial information on women leads to inappropriate diagnosis and treatment. Studies have shown that they are less likely to be prescribed aspirin in prevention of a second heart attack, less likely to receive sophisticated pacemaker models, less likely to be recommended for potentially life-saving cardiac surgery. Women are under-diagnosed. In order to address this problem, the World Heart Federation is holding the 3rd International Conference on Women, Heart Disease and Stroke during the next World Congress of Cardiology Scientific Sessions being held in Beijing, China from 16–19 June 2010. The programme will focus specifically on cardiovascular health issues facing women and highlight the need for more clinical research, as well as discussing prevention, diagnosis and intervention strategies, and heart-health promotion for women.

Following from the conference, a plan of action will be developed targeting healthcare professionals in China and beyond. It is through the coordinated efforts of our members and partner organizations that the message finally seems to be getting through. However it is also the reason why now, more than ever, we must keep the momentum going. Being associated with Go Red for Women as we go forward gives our supporters not only the chance of gaining greater visibility but the opportunity to actually contribute towards change in policy, awareness and global health agendas.

To date, our efforts have focused on developing the campaign around the world in an increasing number of countries, equipping our members with the necessary tools and information to roll out their local campaigns and ensuring all the key messages are consistently communicated to women across the globe. Moving forward, we aim to bring greater visibility to worldwide activities and position Go Red for Women as a truly international campaign, thus educating and empowering more and more women to look after their hearts.
3rd International Conference on Women, Heart Disease and Stroke: Beijing, China

The fact that the conference is taking place in China is significant as close to 700 million girls and women live in China and, like everywhere else in the world, cardiovascular disease is the leading cause of death in the country. The risk factors leading to the disease are also rising dramatically:

- 18.8% of women above 18 are overweight or obese
- 36.8% of women aged between 35–74 years old are active less than 30 minutes per day
- Smoking rates among women are still fairly low and so there is a real window of opportunity to intervene now in order to prevent a rise in tobacco consumption, notably among teenage girls, such as we are currently seeing in Europe

“One step closer to preventing heart disease and stroke in women”.

Children and Youth

In June 2009, the World Heart Federation organized a workshop for members to share knowledge and best practice on activities promoting healthy diet and physical activity among children. Held in Geneva and organized jointly with the International Obesity Task Force, the two-day event brought members from Africa, Asia, Europe and the Middle East together with funding organizations and experts from the World Health Organization and Matrix, the public health consultancy running the Oxford Health Alliance Community Interventions in Health programme. The aim being to discuss what does and does not work in different settings, and to identify common challenges. Following the workshop the World Heart Federation began working with members and partners, involved with it, to develop an online resource for organizations working to improve children’s diet and activity in low- and middle-income settings. The workshop and its outcomes are conducted with funding from Medtronic and as part of the World Heart Federation partnership with the Union of Football Associations (UEFA).

The Eat For Goals! book which was launched in 2008 by the Union of European Football Associations (UEFA) and the World Heart Federation, with the support of the European Commission – is now available in Dutch, English, French, German, Polish and Spanish, in approximately 20 countries. Its key message is that a healthy lifestyle is also based on healthy food, and is conveyed by 13 internationally renowned male and female football players.

“Sharing best practice and providing toolkits to improve children’s heart health through improved diet and physical activity”.

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2009 | Annual Report
ADVOCACY

CVD on the global health agenda

In the advocacy arena, 2009 saw the birth of an alliance between the World Heart Federation and its sister organizations, the International Diabetes Federation and the International Union Against Cancer. The three federations, representing over 730 member organizations in 170 countries, joined together to call for the inclusion of non-communicable diseases (NCDs) in the global health and development agenda. A first joint call for action was issued at a panel discussion held in conjunction with the World Health Assembly in May 2009. The event was attended by over 100 ambassadors, ministers and representatives to the Assembly. Further joint advocacy work was carried out on the occasion of the United Nations Economic and Social Council High Level Segment meeting held in Geneva in July. Then, in the lead up to the Commonwealth Heads of Government meeting in Port of Spain in November, the three federations as well as a number of member organizations lobbied governments on the need to include NCDs in the Millennium Development Review Summit to be held in September 2010 as well as to call for a United Nations Special Session on NCDs. This led to the Commonwealth Heads of Government issuing a landmark statement on NCDs, thus committing fifty-four countries, representing a third of the world’s population to work towards including NCDs in the global development agenda.

“Lobbying efforts by our member organizations helped to secure a landmark statement from Commonwealth leaders on non-communicable diseases, which acknowledged the magnitude of disease burden and underlined the Commonwealth’s commitment to advocate for better recognition of this issue on the global health agenda”.

Tobacco

The World Heart Federation anchored tobacco control as one of its top strategic priorities and strengthened its support for the battle against the tobacco epidemic. It observed negotiations of the Third Intergovernmental Negotiating Body of the Protocol on Illicit Trade and worked within the Framework Convention Alliance and on the steering group of the Global Smokefree Partnership (GSP) to support global campaigns. To raise global awareness of the impact of tobacco on heart health, it organized two sessions on tobacco and the heart at the World Conference on Tobacco or Health in Mumbai, and issued a press release for World No Tobacco Day to highlight the link between tobacco and heart disease. To underline the importance of tobacco cessation and prevention of exposure to secondhand smoke for cardiology patients the World Heart Federation endorsed a symposium on tobacco in the International Congress of Cardiology on the Internet and worked with the GSP and other partners in tobacco control to strengthen the scientific content on tobacco at the World Congress of Cardiology and to make it a good platform for support of tobacco control.
**Key facts**

- Tobacco kills up to half of its users.
- The annual death toll of more than five million could rise to more than eight million by 2030 unless urgent action is taken to control the tobacco epidemic.
- More than 80% of the world’s one billion smokers live in low- and middle-income countries.
- Total consumption of tobacco products is increasing globally, though it is decreasing in some high-income and upper middle-income countries.


“**Tobacco is among the world’s most important risk factors for cardiovascular disease and while many people know that tobacco use causes lung cancer and other respiratory diseases, fewer people know that it causes cardiovascular disease.”**

**APPLIED RESEARCH**

**Rheumatic Heart Disease Control: South Pacific**

The rheumatic heart disease (RHD) project is helping Ministries of Health in Fiji and Tonga establish comprehensive control programmes. It also provides links between clinicians and health officials who champion RHD control in 18 of the 20 Pacific Island States, keeping alive a vital network for sharing information, tools and experience. Efforts to advocate for increased resource allocation to RHD control are also strengthened by joining forces through the programme.

Since 2006, over 400 healthcare professionals (doctors, nurses and midwives) have been trained in disease identification, management and reporting and over 12,000 schoolchildren have been screened. Of these, well over 400 were identified as having RHD. Many had not been diagnosed previously and would otherwise not have started the penicillin prophylaxis that prevents progression of valve damage. After research showed that initial screening by auscultation missed up to half of all cases, the project started to screen solely by echocardiography and found approximately double the prevalence it had identified earlier (about 7% of school-age children, instead of 3.3%). Thanks to the project, Ministries of Health in both countries now keep disease registers that follow over 2,000 cases of RHD.

Programme funding, provided by the State of Geneva Solidarity Fund, ended in 2009 and the Ministry of Health in Fiji took over the financing of key elements. The project technical team, based at Menzies School of Health Research in Darwin, was downsized to adapt to the funding shortfall but sustained its activity with funding from local and regional sources. They also provided technical support to five neighbouring countries who are using the online tools made available through RHDnet (www.world-heart-federation.org/rhd) for local disease control.
In 2010, the World Heart Federation hopes to secure funding not only to ensure the sustainability of the programme in Fiji and Tonga, which has helped to make a difference to the lives of so many young children, to date. But by maintaining this work through a regional centre of excellence for the South Pacific, in response to the growing demand for technical help from other Pacific Island States.

**Rheumatic Heart Disease Control: Africa**

With support from the World Heart Federation and other donors, the Pan African Society of Cardiology (PASCAR) developed a continental network of researchers and clinicians who are committed to stronger RHD control. Coming from over 10 countries and working under the leadership of a team from the University of Cape Town, South Africa, this network has developed an approach to RHD control adapted to African realities. Called the ASAP approach (for Awareness, Surveillance, Advocacy, Prevention), it is being piloted in a township in Cape Town as its members plan how to implement a broader rollout to other countries; the World Heart Federation continued to explore opportunities for funding that effort in 2009 and will continue to do so in 2010. Over the years, the team in South Africa has also updated the national guidelines on RHD control.

**RHD control in Fiji and Tonga**

- 400 healthcare professionals including doctors, nurses and midwives have been trained
- 12,000 schoolchildren have been screened
- 400 of the 12,000 schoolchildren screened were identified as having RHD
- Echocardiography replaced auscultation for screening and dramatically improved detection rates
- Ministries of Health in both countries now keep disease registers that follow over 2,000 cases of RHD

“Securing vital funding so that more children can be screened is a key priority for 2010”

**Grenada Heart Project**

The objective of the project is to investigate the effect of the environment and genetics on an individual’s risk of developing cardiovascular disease. A population-based survey using a modified WHO STEP wise approach to Surveillance (STEPS) questionnaire and specific laboratory tests were used to assess risk factors in a randomised sample of Grenadians.

The survey was completed with over 2,800 participants by Grenada professionals under the direction of Dr Valentin Fuster at Mount Sinai School of Medicine. In order to raise awareness and provide education opportunities for non-survey participants, over 2,000 residents participated in community health fairs.
Data from the randomized survey is currently under analysis. The outcomes from the survey will be presented in Grenada to government officials, physicians, allied health professionals, the St. George’s University Medical School faculty and the public. It is anticipated that the survey results will lead to strengthening community efforts to address the health burden of cardiovascular disease. The next phase of the project involves developing a partnership with the government and the public to raise awareness and change behaviours that lead to development of hypertension, diabetes and obesity.

“Investigating the effects of the environment and genetics on an individual’s risk of developing cardiovascular disease”.

The polypill FOCUS project

The World Heart Federation continued its support of the Spanish National Centre for Cardiovascular Research (CNIC) polypill initiative: FOCUS.

The main hypotheses of the FOCUS project are: 1) Poor accessibility to medical care and lack of affordability to treatment preclude adequate cardiovascular prevention not only in middle- and low-income countries, but also in the lowest economic segments of rich countries. In addition, treatment complexity determines inappropriate prescription and lack of medication adherence. Elevated depressive symptoms, low social support and higher anxiety reduce the level of adherence to post myocardial infarction prescribed drugs and are related to higher levels of blood pressure and worse lipid profile. 2) Strategies that simplify treatment regimes but still provide the required interventions will improve patients' management and adherence.

Two separate, complementary, studies are being conducted: Study #1: “Factors determining inadequate treatment in patients with established cardiovascular disease (secondary cardiovascular prevention)”, a descriptive non-interventional study. Study # 2: “Effect of a Fixed-Dose Combination Drug including Acetylsalicylic Acid (ASA), a Statin and an Angiotensin Converting Enzyme Inhibitor (ACEI) on treatment adherence and control of risk factors” a controlled randomized trial.

The project will be carried out in selected countries in Europe and South America in order to include different clinical sectors, healthcare settings and population segments.

“Implementing strategies to improve patient treatment regimes”.
**Bridging the Gap (BRIG) Project: China**

The aim of the BRIG project is to improve the quality of care of coronary heart disease (CHD) patients, nationwide in China. There are three project phases, the first phase which focused on identifying the existing problems in the practice of treatment and healthcare of CHD patients in different hospitals and regions of China, has been completed and the data collected served as a baseline of quality of care of CHD patients. In total, 3,223 acute coronary syndrome (ACS) inpatients and 2,803 CHD outpatients were enrolled.

Phase 2 which will focus on identifying the major barriers in implementation of evidence-based clinical practice in routine clinical care for CHD patients, which includes recommended lifestyle modifications and medications under the current guideline of secondary prevention of CHD, is now underway. The search for funding of phase 3 which will focus on developing programmes to improve quality of care of CHD in both inpatients and outpatients based on results of phase 1 and phase 2 has been initiated.

To date there have been seven scientific publications generated from the BRIG project and in 2009 it received the accolade of being awarded one of the best 15 CVD research projects in China.

“In 2009 the BRIG project it received the accolade of being awarded one of the best 15 CVD research projects in China”.

**PARTNERSHIPS**

Partnership is the modus operandi of the World Heart Federation. It is through partnerships that the federation will multiply its reach and can hope to achieve its mission. The member organizations are at the center of all World Heart Federation activities and communicating and engaging with them has continued to be a priority.

The year 2009 saw the birth of a new partnership between the World Heart Federation, the International Diabetes Federation and the Union for International Cancer control (UICC). Representing 730 member organizations from over 170 countries, this new alliance has proved a powerful and effective voice in raising awareness of the need to address non-communicable diseases in developing countries.

The World Heart Federation is the World Health Organization's NGO partner for cardiovascular health. Involvement with WHO intensified in 2009 as the World Heart Federation has been invited to sit on the International Advisory Council of the newly created WHO partnership platform for NCDs, NCDnet. In addition, the World Heart Federation plays an active role in NCDnet's Advocacy and Communications Working Group and has been involved in a number of expert and technical consultations held by WHO.
The successful partnership with the World Economic Forum continued throughout the year within the framework of the Forum’s initiative on Workplace Wellness and its Global Agenda Council on the Healthy Next Generation.

**Working with the business community**

Through its partnerships with selected businesses the World Heart Federation is able to further its mission of improving cardiovascular health, reaching a far greater audience as well as developing and communicating new research and insights.

With Daiichi Sankyo and Eli Lilly and Company the World Heart Federation has developed patient education materials for cardiac patients and their families – helping patients at a difficult time to change to a healthier lifestyle and keep to their medical regimes. The materials are currently being rolled out internationally. Medtronic – through the company and the foundation - supported World Heart Day, our programmes promoting healthy lifestyles for children and via an international employee sports challenge, rheumatic heart disease prevention.

Pfizer continued to support the Grenada Heart Project, World Heart Day and worked with the World Heart Federation on a pilot smoking cessation activity in Pfizer workplaces in Europe.

With Sanofi-Aventis and other organizations the World Heart Federation launched “AF Aware” an initiative to gain greater recognition of atrial fibrillation as a major international public health concern.

In 2009 the World Heart Federation renewed its partnership with Unilever. The focus remains on the importance of well-balanced nutrition and the reduction of saturated fat consumption, but with the addition of working together on the “Heart Age” online tool, which can help people understand and manage their cardiovascular risk. Since the global launch over 1.5 million people have taken the test: www.worldheart.org/heartage.

*“Working in partnership to fulfill the World Heart Federation’s vision for people all over the world to have a longer and better life through the prevention and control of heart disease and stroke.”*
ORGANIZATION

World Heart Federation Board 2009

President
Pekka PUSKA, MD, PhD

Vice-President
Lyn ROBERTS, AM, PhD

President Elect & Chairman of Scientific Advisory Board
Sidney C SMITH Jr., MD

Past President
Shahryar A SHEIKH, MD

Past Vice-President
Trevor HASSELL, GCM, MBBS, FRCP, FACC

Secretary
Akira MATSUMORI, MD, PhD

Treasurer
Craig T. BEAM

Chief Executive Officer
Helen ALDERSON

Chairman, Foundations’ Advisory Board
Srinath REDDY, MD, DM, MSc

Editor-in-Chief, Nature Journal
Valentin FUSTER, MD, PhD

Editor-in-Chief, CVD Prevention & Control Journal
Andy WIELGOSZ, MSc, MD, PhD

Continental Representatives:
Asia-Pacific
Cheng-wen CHIANG, M
W.S. SANTHARAJ, MD

Europe
Peter HOLLINS
William WIJNS, MD

Africa
Kingsley K. AKINROYE, MD
Albert AMOAH, MD

Inter-America
Wistremundo DONES, MD
Eduardo MORALES BRICENO
World Heart Federation Members

Continental Members 2009

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

National Members 2009

Algeria
Algerian Society of Cardiology
Argentina
Argentine Heart Foundation
Argentine Society of Cardiology
Australia
National Heart Foundation of Australia
The Cardiac Society of Australia & New Zealand
Austria
Austrian Heart Foundation
Austrian Society of Cardiology
Bangladesh
National Heart Foundation of Bangladesh
Bangladesh Cardiac Society
Barbados
Heart & Stroke Foundation of Barbados
Belarus
Belarusian Scientific Society of Cardiologists
Belgium
Belgian Heart League
Belgian Society of Cardiology
Bolivia
Bolivian Society of Cardiology
Bosnia and Herzegovina
Foundation of Health and Heart
Association of Cardiologists of Bosnia and Herzegovina
Brazil
Brazilian Heart Foundation (FUNCOR)
Brazilian Society of Cardiology
Bulgaria
Bulgarian Society of Cardiology
Cameroon
Cameroon Heart Foundation
Canada
Heart and Stroke Foundation of Canada
Canadian Cardiovascular Society
Chile
Chilean Heart Foundation
Chilean Society of Cardiology & Cardiovascular Surgery
China
Chinese Society of Cardiology
Macau Heart Foundation
Macau Association of Cardiology
The Hong Kong Heart Foundation
Hong Kong College of Cardiology
Taiwan Society of Cardiology
Taiwan Heart Foundation
Colombia
Colombian Society of Cardiology
Congo
A Heart for Life
Croatia
Croatian Cardiac Society
Cuba
Cuban Society of Cardiology
Cyprus
Cyprus Heart Foundation
Cyprus Society of Cardiology
Czech Republic
Healthy Nutrition Forum
Czech Society of Cardiology
Denmark
Danish Heart Foundation
Danish Society of Cardiology
Dominican Republic
Dominican Heart Foundation
Dominican Society of Cardiology
Ecuador
Ecuadorian Foundation of Cardiology
Ecuadorian Society of Cardiology
Egypt
Egyptian Society of Cardiology
El Salvador
Society of Cardiology of El Salvador
Estonia
Estonian Heart Association
Finland
Finnish Heart Association
Finnish Cardiac Society
France
French Society of Cardiology

Georgia
Georgian Heart Foundation
Georgian Association of Cardiology

Germany
German Heart Foundation
German Cardiac Society

Ghana
Ghana Heart Foundation
Ghana Society of Hypertension and Cardiology

Greece
Hellenic Heart Foundation
Hellenic Cardiological Society

Guatemala
Guatemala Association of Cardiology

Honduras
Honduras Society of Cardiology

Hungary
Hungarian National Heart Foundation
Hungarian Society of Cardiology

Iceland
Icelandic Heart Association

India
All India Heart Foundation
Cardiological Society of India

Indonesia
Heart Foundation of Indonesia
Indonesian Heart Association

Iran
Iranian Heart Foundation
Iranian Heart Association

Iraq
Iraqi Cardio-Thoracic Society

Ireland
Irish Heart Foundation
Irish Cardiac Society

Israel
Israel Heart Society

Italy
Italian Heart Foundation
Italian Federation of Cardiology

Jamaica
The Heart Foundation of Jamaica

Japan
Japan Heart Foundation
Japanese Circulation Society

Kazakhstan
Association of Cardiologists of Kazakhstan

Kenya
Kenya Heart National Foundation
Kenya Cardiac Society

Korea
The Korean Society of Circulation

Kuwait
Kuwait Heart Foundation

Kyrgyzstan
Scientific Society of Cardiologists of the Kyrgyz Republic

Latvia
Latvian Society of Cardiology

Lebanon
Lebanese Society of Cardiology and Cardiac Surgery

Libya
Libyan society of Cardiology

Lithuania
Lithuanian Heart Association
Lithuanian Society of Cardiology

Macedonia
Macedonian Society of Cardiology

Malaysia
The Heart Foundation of Malaysia
National Heart Association of Malaysia

Malta
Malta Heart Foundation

Mauritius
Mauritius Heart Foundation

Mexico
Mexican Society of Cardiology

Moldova
Moldavian Society of Cardiology

Myanmar
Cardiac Society of Myanmar Medical Association

Nepal
Nepal Heart Foundation
Cardiac Society of Nepal

Netherlands
Netherlands Heart Foundation
The Netherlands Society of Cardiology

New Zealand
The Cardiac Society of Australia & New Zealand
The National Heart Foundation of New Zealand
Nicaragua
Nicaraguan Society of Cardiology
Nigeria
Nigerian Heart Foundation
Nigerian Cardiac Society
Norway
Norwegian Council on CVD
Norwegian Society of Cardiology
Pakistan
Pakistan Heart Foundation
Pakistan Cardiac Society
Panama
Cardiological Foundation of Panama
Society of Cardiology of Panama
Papua New Guinea
National Heart Foundation of Papua New Guinea
Paraguay
Paraguayan Heart Foundation
Paraguayan Society of Cardiology
Peru
Peruvian Society of Cardiology
Philippines
Heart Foundation of the Philippines
Philippine Heart Association
Poland
Polish Cardiac Society
Portugal
Portuguese Heart Foundation
Portuguese Society of Cardiology
Puerto Rico
Puerto Rican Society of Cardiology
Romania
Foundation for Cardiac Assistance (ASCAR)
Romanian Society of Cardiology
Russian Federation
Society of Cardiology of the Russian Federation
San Marino
San Marino Society of Cardiology
Saudi Arabia
Saudi Heart Association
Serbia
Serbian Heart Foundation
Cardiology Society of Serbia
Seychelles
Seychelles Heart and Stroke Foundation
Singapore
Singapore Heart Foundation
Singapore Cardiac Society
Slovakia
Slovak League Heart to Heart
Slovak Society of Cardiology
Slovenia
Slovenian Heart Foundation
Slovenian Society of Cardiology
South Africa
Heart and Stroke Foundation South Africa
The South African Heart Association
Spain
Spanish Heart Foundation
Spanish Society of Cardiology
Sri Lanka
Sri Lanka Heart Association
Sweden
Swedish Heart-Lung Foundation
Swedish Society of Cardiology
Switzerland
Swiss Heart Foundation
Swiss Society of Cardiology
Syria
Syrian Cardiovascular Association
Thailand
The Heart Foundation of Thailand
The Heart Association of Thailand
Turkey
Turkish Heart Foundation
Turkish Society of Cardiology
Ukraine
Ukrainian Society of Cardiology
United Arab Emirates
Emirates Cardiac Society
United Kingdom
British Heart Foundation
British Cardiac Society
United States of America
American Heart Association
American College of Cardiology
Uruguay
Uruguayan Society of Cardiology
Venezuela
Venezuelan Heart Foundation
Venezuelan Society of Cardiology
Vietnam
Vietnam National Heart Association
Associate International Members 2009

Aide au Développement de la Santé (Help for the Development of Health)
Arrhythmia Alliance
Association of Black Cardiologists
Association of Thoracic and Cardiovascular Surgeons of Asia
Children’s HeartLink
Cœur pour Tous (Heart for All)
Fundacion Araucaria
Heart Friends around the World
Heartfile
International Academy of Cardiovascular Sciences
International Council of Nurses
International Forum for Hypertension Control and Cardiovascular Diseases Prevention in Africa
International Self-Monitoring Association of Oral Anticoagulated Patients (ISMAAP)
International Society for Heart Research
International Society for Holter & Non-Invasive Electrocardiology
International Society of Cardiomyopathy and Heart Failure
International Society of Cardiovascular Disease Epidemiology and Prevention
International Society of Cardiovascular Pharmacotherapy
International Society of Cardiovascular Ultrasound
Preventive Cardiovascular Nurses Association (PCNA)
ProCOR/Lown Cardiovascular Research Foundation
The International Society on Hypertension in Blacks
The Society of Chest Pain Centres and Providers
World Heart Failure Society
World Stroke Organization

Associate Individual Members 2009

Afghanistan
Azzizullah Amir, MD

Bhutan
Tashi Wangdi, MD

Laos
Vang Chu, MD

Mozambique
Albertino Damasceno, MD

Trinidad and Tobago
Theo Poon-King, MD

Zimbabwe
Jephat Chifamba, MD

Associate National Members 2009

Bangladesh
Heart Care Foundation Comilla

India
Academy of Cardiology at Mumbai
Cardio Vascular Society of India
Public Health Foundation of India

Indonesia
Indonesian Cardiocerebrovascular Society

Malaysia
Sarawak Heart Foundation

Norway
Norwegian Heart and Lung Patient Organization

Philippines
Foundation for Lay Education on Heart Diseases

United Kingdom
Heart Research UK
Report of the auditors

Report of the auditors on the financial statements

As auditors, we have audited the financial statements of the World Heart Federation on pages 24 to 40, which comprise the statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure, cash flow statement, statement of changes in reserve funds and notes, for the year ended 31 December 2009. As permitted by Swiss GAAP FER 21, the information in the performance report is not required to be subject to audit.

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

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

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

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

Opinion
In our opinion, the financial statements for the year ended 31 December 2009 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with Swiss GAAP FER 21 and comply with Swiss law and the World Heart Federation’s bylaws.

PricewaterhouseCoopers SA

William M. Wight  Marc Secretan
Audit expert      Audit expert
Auditor in charge

Geneva, 9 July 2010
WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS

for the year ended 31 December

<table>
<thead>
<tr>
<th>Notes</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
</tr>
</tbody>
</table>

### Assets

#### Current assets

- Cash and cash equivalents  
  - 2009: 949,870  
  - 2008: 572,283
- Accounts receivable and prepaid expenses  
  - 2009: 1,854,324  
  - 2008: 943,461
- Accounts receivable members and donors  
  - 2009: 533,872  
  - 2008: 99,389

**Total current assets**

- 2009: 3,338,066  
- 2008: 1,615,133

#### Non current assets

- Investments  
  - 2009: 1,844,253  
  - 2008: 1,615,118
- Escrowed deposits  
  - 2009: 611,102  
  - 2008: 60,903
- Net fixed assets  
  - 2009: 123,209  
  - 2008: 183,332

**Total non current assets**

- 2009: 2,028,564  
- 2008: 1,859,353

**Total assets**

- 2009: 5,366,630  
- 2008: 3,474,486

### Liabilities and Reserve Funds

#### Liabilities

- Cash and cash equivalents  
  - 2009: 625,115  
  - 2008: 186,834
- Accounts payable and accruals  
  - 2009: 466,040  
  - 2008: 796,863
- WCC 2010 deferred excess  
  - 2009: 1,491,778  
  - 2008: -
- Loan  
  - 2009: 310,119  
  - 2008: -

**Total liabilities**

- 2009: 2,893,052  
- 2008: 983,697

#### Reserve funds

- General Reserve Fund  
  - 2009: 1,881,148  
  - 2008: 1,910,304
- Restricted Income Funds  
  - 2009: 592,430  
  - 2008: 580,485

**Total reserve funds**

- 2009: 2,473,578  
- 2008: 2,490,789

**Total liabilities and reserve funds**

- 2009: 5,366,630  
- 2008: 3,474,486
WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF RECEIPTS AND OPERATING EXPENDITURE

for the year ended 31 December

<table>
<thead>
<tr>
<th>Notes</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td><strong>Operating receipts</strong></td>
<td></td>
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</tr>
<tr>
<td>Membership fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year</td>
<td>2</td>
<td>560'206</td>
</tr>
<tr>
<td>Arrears</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Congresses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Congress of Cardiology 2008</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Corporate partnerships</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1</td>
<td>1'222'920</td>
</tr>
<tr>
<td>Restricted</td>
<td>4</td>
<td>489'568</td>
</tr>
<tr>
<td>Corporates</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>4</td>
<td>20'326</td>
</tr>
<tr>
<td>Restricted</td>
<td>4</td>
<td>275'587</td>
</tr>
<tr>
<td>Friends</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
<td>4</td>
<td>150'000</td>
</tr>
<tr>
<td>Foundations</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Restricted</td>
<td>4</td>
<td>285'652</td>
</tr>
<tr>
<td>Organizations</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>4</td>
<td>404'920</td>
</tr>
<tr>
<td>Restricted</td>
<td>4</td>
<td>125'350</td>
</tr>
<tr>
<td>Governments</td>
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<td></td>
</tr>
<tr>
<td>Restricted</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Other donors</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>4</td>
<td>31'621</td>
</tr>
<tr>
<td>Restricted</td>
<td>4</td>
<td>3'424</td>
</tr>
<tr>
<td>Bank interest and money market fund income</td>
<td>4</td>
<td>43'784</td>
</tr>
<tr>
<td><strong>Total operating receipts</strong></td>
<td></td>
<td>3'613'358</td>
</tr>
</tbody>
</table>

| **Operating expenditure** |      |      |
| Secretariat | 5    | 1'060'764 | 1'309'388 |
| Development and Member Communications | 5    | 1'017'251 | 1'183'609 |
| Meetings and Member Congresses | 5    | 54'705   | 955'388  |
| Activities | 6    | 431'559  | 744'325  |
| Projects | 6    | 1'282'515 | 2'365'954 |
| **Total operating expenditure** |      | 3'846'794 | 6'558'664 |

**(Shortage) / excess of operating receipts over expenditure**

( 233'436 )  ( 1'327'199 )

| **Gains and losses on investments** |      |      |
| Net (loss) / gain on investments | 7    | 216'225  | ( 621'333 ) |
| **(Shortage) / excess of operating receipts over expenditure** |      |      |
| ( 17'211 )  ( 1'948'532 ) |

General reserve fund at the beginning of the year

1'910'304

Restricted income allocated to Restricted Income funds

( 1'329'581 )  ( 1'180'229 )

Restricted income withdrawn from Restricted Income funds

1'317'636  1'803'867

General reserve fund at the end of the year

1'881'148  1'910'304
WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF CHANGES IN RESERVE FUNDS

For the year ended 31 December

<table>
<thead>
<tr>
<th></th>
<th>Opening balance 2009</th>
<th>2009 result</th>
<th>Transfer of funds (internal)</th>
<th>Allocations to restricted income funds</th>
<th>Withdrawals from restricted income funds</th>
<th>Closing balance 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>General reserve fund</td>
<td>1'910'304</td>
<td>(17'211)</td>
<td>-</td>
<td>(1'329'581)</td>
<td>1'317'636</td>
<td>1'881'148</td>
</tr>
<tr>
<td>Restricted Income funds</td>
<td>580'485</td>
<td>-</td>
<td>-</td>
<td>1'329'581</td>
<td>(1'317'636)</td>
<td>592'430</td>
</tr>
<tr>
<td>Total reserve funds</td>
<td>2'490'789</td>
<td>(17'211)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2'473'578</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Opening balance 2008</th>
<th>2008 result</th>
<th>Transfer of funds (internal)</th>
<th>Allocations to restricted income funds</th>
<th>Withdrawals from restricted income funds</th>
<th>Closing balance 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>General reserve fund</td>
<td>3'235'198</td>
<td>(1'948'532)</td>
<td>-</td>
<td>(1'180'229)</td>
<td>1'803'867</td>
<td>1'910'304</td>
</tr>
<tr>
<td>Restricted Income funds</td>
<td>1'204'123</td>
<td>-</td>
<td>-</td>
<td>1'180'229</td>
<td>(1'803'867)</td>
<td>580'485</td>
</tr>
<tr>
<td>Total reserve funds</td>
<td>4'439'321</td>
<td>(1'948'532)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2'490'789</td>
</tr>
</tbody>
</table>
### WORLD HEART FEDERATION, Geneva (Switzerland)

**CASH FLOW STATEMENT**

For the year ended 31 December

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
</tr>
</tbody>
</table>

#### Cash flows from operating activities

- **(Shortage) / Excess of operating receipts over expenditure**
  - (17'211)
  - 1'948'532
- **Depreciation and amortisation**
  - 94'831
  - 116'073

**Cash flow from operating activities before changes in working capital**

- **77'620**
  - (1'832'459)

#### in working capital

- **(Increase) / Decrease in account receivable and prepaid expenses**
  - (910'863)
  - 307'985
- **(Increase) / Decrease in account receivable membership fees and donors**
  - (434'483)
  - 10'013
- **Increase / (Decrease) in accounts payable and accruals**
  - (330'823)
  - 152'059
- **Increase / (Decrease) in deferred gain WCC 2010**
  - 1'491'778
  - 1'095

**Net cash generated from operating activities**

- (106'771)
  - (1'687'641)

#### Cash flows used for investing activities

- **(Increase) / Decrease in investments and deposits**
  - (229'334)
  - 510'967
- **(Increase) / Decrease in fixed asset purchases**
  - (34'708)
  - 53'398
- **Increase / (Decrease) in loan**
  - 310'119
  - -

**Net cash used for investing activities**

- 46'077
  - 457'569

#### Net increase / (decrease) in cash and cash equivalents

- (60'694)
  - (1'230'072)

**Cash and cash equivalents at beginning of the year**

- 385'449
  - 1'615'521

**Total of cash and cash equivalents at 31 December**

- 324'755
  - 385'449
1a Introduction
The financial statements of the World Heart Federation ("the Federation") have been prepared in accordance with the Swiss Accounting and Reporting Recommendations FER/ARR ("Swiss GAAP") and in conformity with Swiss law.

1b Basis of presentation
The financial statements are prepared under the historical cost convention and on an accrual basis. These financial statements give a true and fair view of the financial position and the results of the Federation.

Operating receipts are recorded as income on an accrual basis, according to the date of contract, or, if no contract exists, date of invoice.

Revenues and expenses are classified based on the existence or absence of donor-imposed restrictions. Restricted income received is allocated to the Restricted Income reserve, while expenses incurred on restricted projects are withdrawn from the Restricted Income reserve.

1c Foreign currency translation
The Federation's accounting records are maintained in Swiss francs. Monetary assets and liabilities denominated in currencies other than the Swiss franc are recorded on the basis of exchange rates ruling at the balance sheet date. Income and expenditure in currencies other than the Swiss franc are recorded on the basis of exchange rates at the transaction date.

1d Accounts receivable
Amounts recorded as accounts receivable represent amounts invoiced or earned contractually at each balance sheet date but not yet received. A provision for bad debt of accounts receivable is established when there is evidence that the Federation will not be able to collect all amounts due.

1e Investments
Investments consist of equity and debt securities that are traded by the Federation's authorized custodians in liquid markets. Investments are shown in the financial statements at market value at each balance sheet date.

1f Fixed assets
Fixed assets are stated at acquisition cost less depreciation. Depreciation is calculated and charged using the straight-line method to allocate their cost to their residual values over their estimated useful lives, which range from 3-5 years.

1g Deferred income
Deferred income represents membership fees that were invoiced before the balance sheet date, in respect to a future year, which are recognized in the Statement of Receipts and Operating Expenditure in the following year.

1h Leasing
Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases and are charged to the statement of receipts and operating expenditure on a straight-line basis over the period of the lease. A lease over an asset where the Federation has substantially all the risks and rewards of ownership is classified as a finance lease. This finance lease is capitalized at the lease's commencement at the lower of the fair value of the asset and the present value of the minimum lease commitment. Each lease payment is allocated between the liability and finance charges so as to achieve a constant rate on the finance balance outstanding. The asset acquired under finance lease is depreciated over the shorter of the useful life of the asset and the lease term.
### NOTE 2 - MEMBERSHIP FEES RECOGNISED IN THE YEAR ENDED 31 DECEMBER 2009 - PAGE 1

<table>
<thead>
<tr>
<th>Country</th>
<th>CHF</th>
<th>Country</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
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<td>Hungary</td>
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<td>Indonesia</td>
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<td>Kenya</td>
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<tr>
<td>Lebanon</td>
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<td>Lithuania</td>
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<td>Macedonia</td>
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<td>Malaysia</td>
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<td>Mauritius</td>
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<tr>
<td>Mexico</td>
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</tbody>
</table>

**Membership fees to be received**  
**page 1**  
**Total membership fees recognised in 2009, page 1**
<table>
<thead>
<tr>
<th>Associate National / International Members</th>
<th>Continental Societies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio Vascular Society of India 562</td>
<td>APHN 1'000</td>
</tr>
<tr>
<td>Children's HeartLink 200</td>
<td>APSC 1'000</td>
</tr>
<tr>
<td>Foundation for Lay Education on Heart Diseases 562</td>
<td>EHN 1'000</td>
</tr>
<tr>
<td>Fundacio Araucaria 1'000</td>
<td>ESC 1'000</td>
</tr>
<tr>
<td>Heart Care Foundation, Comilla 562</td>
<td>IAHF 1'000</td>
</tr>
<tr>
<td>Heart Friends around the World 200</td>
<td>IASC 1'000</td>
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<tr>
<td>Heart Research UK 4'361</td>
<td></td>
</tr>
<tr>
<td>Indonesian Cardiocerebrovascular Society 562</td>
<td></td>
</tr>
<tr>
<td>International Council of Nurses 200</td>
<td>Tashi Wangdi 100</td>
</tr>
<tr>
<td>International Self-Monitoring Association of Oral Anticoagulated Patients 1'000</td>
<td></td>
</tr>
<tr>
<td>International Society for Holter &amp; Non Invasive Electrocardiology 1'000</td>
<td></td>
</tr>
<tr>
<td>International Society of Cardiomyopathy &amp; Heart Failure 200</td>
<td>Membership fees to be received page 2 6'362</td>
</tr>
<tr>
<td>International Society of Cardiovascular Ultrasound 1'000</td>
<td>Membership fees recognised in 2009 29'588</td>
</tr>
<tr>
<td>International Society of Cardiovascular Pharmacotherapy 1'000</td>
<td>Total membership fees recognised in 2009 560'206</td>
</tr>
<tr>
<td>Norwegian Heart &amp; Lung Patient Organization 717</td>
<td></td>
</tr>
<tr>
<td>Preventive Cardio Nurses Association 1'000</td>
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</tr>
<tr>
<td>ProCOR / Lown Cardiovascular Research Foundation 1'000</td>
<td></td>
</tr>
<tr>
<td>The Society of Chest Pain Centers &amp; Providers 1'000</td>
<td></td>
</tr>
<tr>
<td>World Heart Failure Society 1'000</td>
<td></td>
</tr>
<tr>
<td>World Stroke Organization</td>
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<td></td>
<td>17'126</td>
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</table>
### NOTE 3 - ATTRIBUTION TO PREPAID INCOME AND ARREARS OF MEMBERSHIP FEES RECEIVED IN THE YEAR ENDED 31 DECEMBER 2009

<table>
<thead>
<tr>
<th>Prepaid</th>
<th>CHF</th>
<th>Arrears</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>InterAmerican Society of Cardiology</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Iraq Cardio-Thoracic Society</td>
<td>450</td>
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<tr>
<td></td>
<td></td>
<td>Irish Cardiac Society</td>
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<td></td>
<td></td>
<td>Nicaraguan Society of Cardiology</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Tashi Wangdi</td>
<td>200</td>
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<tr>
<td></td>
<td></td>
<td>Cardiology Society of Serbia</td>
<td>562</td>
</tr>
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</table>

Total prepaid: **108**

Total arrears: **7'985**
## WORLD HEART FEDERATION, Geneva (Switzerland)

### NOTE 4 - DONATIONS RECEIVED IN THE YEAR ENDED 31 DECEMBER 2009

<table>
<thead>
<tr>
<th>Donors</th>
<th>Unrestricted</th>
<th>Restricted</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Corp. Partners / Unrestricted</td>
<td>Total unrestricted</td>
</tr>
<tr>
<td>Corporate partnerships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eli Lilly</td>
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<td>227'216</td>
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<tr>
<td>Elizabeth Arden</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pfizer</td>
<td>54'175</td>
<td>54'175</td>
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<tr>
<td>sanofi-aventis</td>
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<td>37'975</td>
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<tr>
<td>Unilever</td>
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<td><strong>Sub-total</strong></td>
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<td>1'222'920</td>
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<tr>
<td>Corporate donors</td>
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<tr>
<td>AstraZeneca</td>
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<td>-</td>
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<tr>
<td>Bayer</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medtronic</td>
<td>20'326</td>
<td>20'326</td>
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<tr>
<td>Novartis</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Omron</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>20'326</td>
<td>20'326</td>
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<tr>
<td>Friends</td>
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<td></td>
</tr>
<tr>
<td>Dona Bertarelli Spaeth &quot;Ladycat&quot;</td>
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<td>-</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Foundations</td>
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<td></td>
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<tr>
<td>Pfizer Foundation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Medtronic Foundation</td>
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<td>-</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>-</td>
<td>-</td>
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<td>Organizations</td>
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<td>UEFA</td>
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<tr>
<td><strong>Sub-total</strong></td>
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<td>404'920</td>
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<tr>
<td>Other donors</td>
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<tr>
<td>Other</td>
<td>31'621</td>
<td>31'621</td>
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<tr>
<td><strong>Sub-total</strong></td>
<td>31'621</td>
<td>31'621</td>
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<tr>
<td><strong>Total</strong></td>
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2009 Annual Report
WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 5 - ANALYSIS OF EXPENDITURE

For the year ended 31 December

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td><strong>General and administrative</strong></td>
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<td></td>
</tr>
<tr>
<td>Salaries and social charges</td>
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<td>669'421</td>
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<tr>
<td>Rent and insurance</td>
<td>269'311</td>
<td>293'685</td>
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<tr>
<td>Office equipment leasing</td>
<td>28'500</td>
<td>33'379</td>
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<tr>
<td>Maintenance and repairs</td>
<td>29'491</td>
<td>21'116</td>
</tr>
<tr>
<td>Telephone</td>
<td>27'778</td>
<td>34'911</td>
</tr>
<tr>
<td>Office supplies and equipment</td>
<td>6'053</td>
<td>10'459</td>
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<tr>
<td>Subscriptions and dues</td>
<td>4'895</td>
<td>3'935</td>
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<tr>
<td>Professional services (Audit/Accounting/Lawyer)</td>
<td>165'570</td>
<td>171'754</td>
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<td>Bank charges and miscellaneous</td>
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<td><strong>Total</strong></td>
<td>1'060'764</td>
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**Development and Member Communications**

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</thead>
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<tr>
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<td>CHF</td>
</tr>
<tr>
<td>Development</td>
<td>517'775</td>
<td>654'605</td>
</tr>
<tr>
<td>Marketing, PR and events</td>
<td>184'535</td>
<td>134'426</td>
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<tr>
<td>Professional services (IT/Website maintenance)</td>
<td>214'316</td>
<td>265'326</td>
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<tr>
<td>Depreciation of office furniture and equipment</td>
<td>94'831</td>
<td>116'073</td>
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<tr>
<td>Postage</td>
<td>4'518</td>
<td>9'453</td>
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<td>Printing</td>
<td>1'276</td>
<td>3'726</td>
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<td><strong>Total</strong></td>
<td>1'017'251</td>
<td>1'183'609</td>
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**Meetings and Member Congresses**

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<th>2008</th>
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</thead>
<tbody>
<tr>
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<td>CHF</td>
</tr>
<tr>
<td>International representation</td>
<td>30'930</td>
<td>78'386</td>
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<tr>
<td>Congress management</td>
<td>23'775</td>
<td>319'785</td>
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<tr>
<td>World Congress of Cardiology 2008</td>
<td>-</td>
<td>557'217</td>
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<tr>
<td><strong>Total</strong></td>
<td>54'705</td>
<td>955'388</td>
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</table>
### Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Board/President's expenses</td>
<td>138'659</td>
<td>157'261</td>
</tr>
<tr>
<td>Scientific Advisory Board and Councils</td>
<td>160'214</td>
<td>257'141</td>
</tr>
<tr>
<td>Foundations' Advisory Board</td>
<td>118'062</td>
<td>180'953</td>
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<tr>
<td>Journals</td>
<td>14'624</td>
<td>148'970</td>
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<tr>
<td><strong>Total Activities</strong></td>
<td>431'559</td>
<td>744'325</td>
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</table>

### Projects

<table>
<thead>
<tr>
<th>Project</th>
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<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Heart Day</td>
<td>220'681</td>
<td>309'026</td>
</tr>
<tr>
<td>Go Red for Women</td>
<td>185'657</td>
<td>183'154</td>
</tr>
<tr>
<td>Grenada Heart Project</td>
<td>210'021</td>
<td>219'105</td>
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<tr>
<td>Youth Advocacy</td>
<td>-</td>
<td>251'791</td>
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<td>Sesame Colombia</td>
<td>4'109</td>
<td>502'322</td>
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<td>Rheumatic Fever / RHD South Pacific</td>
<td>118'444</td>
<td>425'470</td>
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<tr>
<td>Childhood Obesity</td>
<td>117'647</td>
<td>93'013</td>
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<tr>
<td>Healthy Lifestyle</td>
<td>18'076</td>
<td>-</td>
</tr>
<tr>
<td>Twin Centres</td>
<td>18'737</td>
<td>110'275</td>
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<td>Advocacy</td>
<td>277'882</td>
<td>248'195</td>
</tr>
<tr>
<td>Tobacco control</td>
<td>111'261</td>
<td>23'603</td>
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<tr>
<td><strong>Total Projects</strong></td>
<td>1'282'515</td>
<td>2'365'954</td>
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**WORLD HEART FEDERATION, Geneva (Switzerland)**

**NOTE 7 - FINANCIAL INCOME AND EXPENSES**

For the year ended 31 December

<table>
<thead>
<tr>
<th></th>
<th>2009 CHF</th>
<th>2008 CHF</th>
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</thead>
<tbody>
<tr>
<td><strong>Gains and losses on investments</strong></td>
<td></td>
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</tr>
<tr>
<td>Net realized (loss) / gain on portfolio</td>
<td>-79'071</td>
<td>-5'679</td>
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<tr>
<td>Net realized foreign exchange (loss) / gain</td>
<td>63'689</td>
<td>129'656</td>
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<tr>
<td><strong>Net realized (loss) / gain on investments</strong></td>
<td>-15'381</td>
<td>-135'335</td>
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<tr>
<td>Net unrealized (loss) / gain on portfolio</td>
<td>254'207</td>
<td>324'917</td>
</tr>
<tr>
<td>Net unrealized foreign exchange (loss) / gain</td>
<td>-22'600</td>
<td>-161'081</td>
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<tr>
<td><strong>Net unrealized loss on investments</strong></td>
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<td>485'998</td>
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<tr>
<td>Net (loss) / gain on investments</td>
<td>216'225</td>
<td>621'333</td>
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</table>
NOTE 8 - TOTAL SALARIES AND SOCIAL CHARGES

For the year ended 31 December

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<th>2008</th>
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<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
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<tr>
<td>Total salaries and social charges incurred in the year</td>
<td>2'289'375</td>
<td>2'131'654</td>
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</table>
The Federation is grateful to have received the following goods and services at no charge:

<table>
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<tr>
<th>Donations in kind</th>
<th>2009</th>
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<tbody>
<tr>
<td><strong>American Heart Association</strong></td>
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<td>Booth</td>
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<td></td>
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<tr>
<td><strong>British Cardiovascular Society</strong></td>
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<td>Booth</td>
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<td></td>
</tr>
<tr>
<td><strong>World Conference on Tobacco or Health</strong></td>
<td>4'926</td>
<td>0</td>
</tr>
<tr>
<td>Booth</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Asia Pacific Congress of Cardiology</strong></td>
<td>9'119</td>
<td>0</td>
</tr>
<tr>
<td>Booth</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transcatheter Cardiovascular Therapeutics</strong></td>
<td>1'017</td>
<td>0</td>
</tr>
<tr>
<td>Booth</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Great Wall International Congress of Cardiology</strong></td>
<td>7'540</td>
<td>0</td>
</tr>
<tr>
<td>Booth</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total donations in kind</strong></td>
<td>28'987</td>
<td>3'064</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donations in services</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohn &amp; Wolfe Public Relations, Geneva</strong></td>
<td>0</td>
<td>154'660</td>
</tr>
<tr>
<td>Marketing and communications activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weber Shandwick Worldwide</strong></td>
<td>0</td>
<td>38'210</td>
</tr>
<tr>
<td>Communications strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total donations in services</strong></td>
<td>0</td>
<td>192'870</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total amount of goods in kind and services received</strong></td>
<td>28'987</td>
<td>195'934</td>
</tr>
</tbody>
</table>
At 31 December the Federation had the following future aggregate minimum lease payments under non-cancellable operating leases for office equipment and office rent, which are not required to be reflected in the balance sheet:

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHF</td>
<td>CHF</td>
<td></td>
</tr>
<tr>
<td>Payments to be made within one year</td>
<td>309'708</td>
<td>294'911</td>
</tr>
<tr>
<td>Payments to be made after more than one year</td>
<td>401'841</td>
<td>685'149</td>
</tr>
<tr>
<td></td>
<td>711'549</td>
<td>980'060</td>
</tr>
</tbody>
</table>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 10 - LEASING COMMITMENTS

For the year ended 31 December
### NOTE 11 - FIXED ASSETS

For the year ended 31 December

<table>
<thead>
<tr>
<th></th>
<th>Computer Equipment</th>
<th>Furniture</th>
<th>Fixtures and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td>Fixed assets at cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening balance at 1 January 2008</td>
<td>297'239</td>
<td>163'341</td>
<td>151'375</td>
<td>611'955</td>
</tr>
<tr>
<td>Additions</td>
<td>20'571</td>
<td>32'827</td>
<td>0</td>
<td>53'398</td>
</tr>
<tr>
<td>Closing balance at 31 December 2008</td>
<td>317'810</td>
<td>196'168</td>
<td>151'375</td>
<td>665'353</td>
</tr>
</tbody>
</table>

Accumulated depreciation

<table>
<thead>
<tr>
<th></th>
<th>Computer Equipment</th>
<th>Furniture</th>
<th>Fixtures and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td>Opening balance at 1 January 2008</td>
<td>(200'152)</td>
<td>(77'055)</td>
<td>(88'741)</td>
<td>(365'948)</td>
</tr>
<tr>
<td>Current year depreciation</td>
<td>(49'688)</td>
<td>(28'080)</td>
<td>(38'305)</td>
<td>(116'073)</td>
</tr>
<tr>
<td>Closing balance at 31 December 2008</td>
<td>(249'840)</td>
<td>(105'135)</td>
<td>(127'046)</td>
<td>(482'021)</td>
</tr>
</tbody>
</table>

Fixed assets - Net book amount

<table>
<thead>
<tr>
<th></th>
<th>Computer Equipment</th>
<th>Furniture</th>
<th>Fixtures and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td>Opening balance at 1 January 2009</td>
<td>317'810</td>
<td>196'168</td>
<td>151'375</td>
<td>665'353</td>
</tr>
<tr>
<td>Additions</td>
<td>7'789</td>
<td>26'919</td>
<td>0</td>
<td>34'708</td>
</tr>
<tr>
<td>Closing balance at 31 December 2009</td>
<td>325'599</td>
<td>223'087</td>
<td>151'375</td>
<td>700'061</td>
</tr>
</tbody>
</table>

Accumulated depreciation

<table>
<thead>
<tr>
<th></th>
<th>Computer Equipment</th>
<th>Furniture</th>
<th>Fixtures and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance at 1 January 2009</td>
<td>(249'840)</td>
<td>(105'135)</td>
<td>(127'046)</td>
<td>(482'021)</td>
</tr>
<tr>
<td>Current year depreciation</td>
<td>(42'873)</td>
<td>(32'125)</td>
<td>(19'833)</td>
<td>(94'831)</td>
</tr>
<tr>
<td>Closing balance at 31 December 2009</td>
<td>(292'713)</td>
<td>(137'260)</td>
<td>(146'879)</td>
<td>(576'852)</td>
</tr>
</tbody>
</table>

Fixed assets - Net book amount

<table>
<thead>
<tr>
<th></th>
<th>ComputerEquipment</th>
<th>Furniture</th>
<th>Fixtures and fittings</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
<td>CHF</td>
</tr>
<tr>
<td>Opening balance at 1 January 2009</td>
<td>328'866</td>
<td>85'827</td>
<td>4'496</td>
<td>123'209</td>
</tr>
</tbody>
</table>
WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 12 - EXPLANATORY NOTE ON IMPACT OF 2010 WORLD CONGRESS OF CARDIOLOGY ON RECEIPTS AND EXPENDITURES

For the year ended 31 December 2009

<table>
<thead>
<tr>
<th></th>
<th>WHF CHF</th>
<th>WCC 2010 CHF</th>
<th>Pro-forma total CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating receipts</td>
<td>3'613'358</td>
<td>3'209'055</td>
<td>6'822'413</td>
</tr>
<tr>
<td>Salaries and social charges</td>
<td>( 1'658'384 )</td>
<td>( 630'991 )</td>
<td>( 2'289'375 )</td>
</tr>
<tr>
<td>Other operating expenditure</td>
<td>( 2'188'410 )</td>
<td>( 1'086'286 )</td>
<td>( 3'274'696 )</td>
</tr>
<tr>
<td>Gain on investments</td>
<td>216'225</td>
<td>216'225</td>
<td></td>
</tr>
</tbody>
</table>

(Shortage) / excess of operating receipts over expenditure as per statement of Receipts and Operating Expenditure

( 17'211 )

WCC 2010 deferred excess as per balance sheet

1'491'778

Pro-forma total

1'474'567
WORLD HEART FEDERATION STAFF
based at international headquarters, Geneva, Switzerland, as at May 2009

Helen Alderson, Chief Executive Officer
Sabrina Adolf, Project Manager, Congress Division
Enzo Bondioni, Director of Finance & Administration
Sara Bowen, Website Manager
Alan Cole, Corporate Relations Manager, Congress Division
Susan Davenport, Science Programme Coordinator
Cynthia Gaechner, Scientific Programme Assistant
Alice Grainger Gasser, Applied Research Manager
Cynthia Haro, Membership and Campaigns Coordinator
Léna Hässig, Administrative Assistant, Congress Division
Marilyn Hunn, Director Science Operations
Charanjit Jagait, PhD, Communications Manager
Graham Minton, Director Corporate Relations
Adrian Ott, Director Congress Division
Olgica Rijavec, Administrative Assistant
MaryRose Rudaz, Administrative Assistant, HR & Finance
Lauriane Zonco, Advocacy Coordinator

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Fax : (+41 22) 807 03 39
www.worldheart.org