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MESSAGE FROM THE PRESIDENT

Dear Members, Partners and Friends,

The year 2010 was a year of development, collaboration and growth for the World Heart Federation. We worked closely with our colleagues from the Chinese Medical Association and the Chinese Society of Cardiology to develop the scientific programme for the World Congress of Cardiology (WCC), held in Beijing in June 2010. An outstanding achievement of the WCC Beijing was its ability to secure a smoke-free congress in a country that has one of the largest smoking populations in the world.

In the advocacy arena, the World Heart Federation used its unique position to provide the heart advocacy movement with an overarching drive that brought together science, advocacy and evidence-based policy. Through collaboration with the NCD Alliance, of which the World Heart Federation is a founding member, we were able to secure a United Nations High-Level Meeting on Non-Communicable Diseases to be held in September 2011.

Throughout the year the World Heart Federation has worked to consolidate and anchor the cardiovascular health community's role in global tobacco control. This has been accomplished as result of its involvement in global partnerships including the Framework Convention Alliance (FCA) and Global Smokefree Partnership (GSP). Preparations for the UN High-Level Meeting proved to be an excellent platform for this collaboration, within tobacco control, to flourish.

Through the "I Work with Heart" campaign, World Heart Day 2010 served as a platform to engage the corporate sector and provide toolkits on how to establish workplace-wellness initiatives. World Heart Day 2010 grew 120 per cent from 2009 with new sectors such as corporations, governments and educational institutions getting involved.

Through its *Kids on the Move* project and *Eat for Goals!* cook book, the World Heart Federation is working to promote healthy diets and physical activity among children in low-resource settings. By means of its Healthy Stadia network, the World Heart Federation was able to work with the NGO Streetfootballworld to develop a toolkit for collaboration with UEFA to promote healthy lifestyles through schools, stadia and football teams in Poland and Ukraine. Work on developing smoke-free policy for Euro 2012 was also instigated so that the first tobacco-free European Football Championship can be held.

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. Furthermore, the World Heart Federation applied research projects have consistently provided tangible outcomes. These projects 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 the China Bridging the Gap (BRIG) and polypill FOCUS initiative projects.

Although 2010 has in many ways been a year of successes for the World Heart Federation, 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.

Professor Pekka Puska, MD, PhD
President, 2009–2010

World Heart Federation strategic priorities

- Raise the priority of cardiovascular health on the global health agenda
- Improve care of heart disease and stroke
- Promote heart-healthy diets and physical activity for all
- Improve recognition and control of high blood pressure globally
- Advance a tobacco-free world
- Eliminate rheumatic fever and minimize the burden of rheumatic heart disease

ACTIVITIES

SHARING SCIENCE AND BUILDING CAPACITY

World Congress of Cardiology 2010

The World Congress of Cardiology (WCC), a biennial event and our platform for sharing science, took place in Beijing, China from 16–19 June 2010 and was organized jointly by the World Heart Federation, the Chinese Society of Cardiology (CSC) and the Chinese Medical Association (CMA). It is THE international stage for leading developments in science and public outreach in the field of cardiovascular health and tackles issues on a global scale through addressing increasing demands for new strategies in the prevention, control, diagnosis and treatment of cardiovascular disease (CVD). The 2010 congress brought together member organizations, healthcare professionals, scientists, public health experts, policy makers and the media to unite in the fight against CVD.

Despite the economic downturn, the WCC was a great success. It was attended by 10,200 participants and delegates from more than 100 countries with the top countries being China, Germany and the United States.

A total 2,741 abstracts were submitted of which 53 per cent were accepted for poster presentations (1,605) and 18 per cent for oral sessions (502). The scientific programme presented global sessions on clinical cardiology, prevention, diagnosis, treatment and heart-health promotion as well as the newly introduced areas of dyslipidemia and metabolic disorders. Topics with specific relevance to the Asia-Pacific region were the focus of main sessions and debates including congenital heart disease, hypertension and tobacco. The congress also featured the 3rd International Conference on Women, Heart Disease and Stroke, and the topic of CVD in women was integrated throughout. Sessions were devoted to understanding how assessment of risk for CVD differs in women and to addressing the magnitude of underdiagnosis and undertreatment.

Dubai 2012

Preparations are progressing well for the WCC 2012 taking place in Dubai from 18–21 April. This is the first time in its 62-year history that the congress will be held in the Gulf region and together with addressing the global burden of disease it will highlight region-specific issues. As 25 per cent of all deaths in the region are heart disease or stroke related, and this rate is set to rise, sessions will be dedicated to how these alarming trends can be reversed. Supporting media activities will ensure the messages are adapted for the general public so that they can take better charge of their heart health. We look forward to WCC 2012 Dubai and to the networking and medical improvements that will result from sharing the best of science from around the globe and within the Gulf and Middle East.

World Congress of Cardiology key statistics

- 85 exhibitors, 16 of which were World Heart Federation member societies
- 154 scientific sessions
- 478 faculty members in attendance
- 1,605 posters presented
- 77 oral abstract sessions (7 papers/session)
- 33 satellite symposia and workshops
- Accredited by the European Board of Accreditation (EBAC) for 18 hours of continuing medical education (CME) credit hours.

<http://www.world-heart-federation.org/congress-and-events/world-congress-of-cardiology-scientific-sessions-2010/>

“One of the greatest accomplishments of the Beijing World Congress of Cardiology was securing a smoke-free congress in a country which has one of the largest smoking populations in the world.”

Capacity Building

The World Heart Federation helps build capacity for the prevention and management of cardiovascular disease (CVD) at the global level through its member networks, congresses and workshops. In 2010 financial contributions were made to the African Heart Network (AHN), the Pan African Society of Cardiology (PASCAR), the European Heart Network (EHN) and the InterAmerican Heart Network (IAHN) to foster regional capacity building and growth.

In conjunction with its World Congress of Cardiology in Beijing, the World Heart Federation hosted a capacity building workshop for members. During the workshop, the 50 members in attendance were able to interact with board members and high-level speakers to discuss the creation of national action plans for CVD, the implementation of clinical guidelines as well as current national policy issues.

Throughout the year the World Heart Federation facilitated member attendance at key high-level political meetings including the World Health Organization (WHO) Regional Meetings in the South East Asia Region, the Western Pacific Region and the Region of the Americas. A statement advocating for increased attention to the burden of CVD and NCDs in the region was given and networking connections were made allowing a foundation for future advocacy and collaboration with WHO at the regional level to be established.

“Building capacity at the local and regional levels to strengthen the global fight against heart disease and stroke.”

World Heart Federation Journals

CVD Prevention and Control

One of the objectives for 2010 was to appoint a new Editor-in-Chief for our journal *CVD Prevention and Control* (CVDPC). A number of applications for the position were received and Andy Wielgosz's successor should be in place by January 2011. Another objective was to appoint a new main Editorial Board; a meeting was held in Beijing during the summer of 2010, which provided an excellent opportunity for the new Asia Pacific Society of Cardiology (APSC) editorial team to meet. Similar arrangements are now being made for the 2011 APSC congress in Kuala Lumpur.

Subscriptions

Sub. Type	2007	2008	2009	Nov.2010
Institutional, print	3	1	5	4
Institutional, e-only	26	27	28	27
Personal	5	0	3	3
Member/Delegate	416	0	0	130

As we would expect, following affiliation with the APSC, the proportion of articles submitted from Asia increased. In 2009 only 43 per cent of the published papers were from Asia but in 2010 this increased to 68 per cent. The editorial and production times (online and print) decreased considerably in 2010 and articles are now available online in less than 6 weeks after acceptance. Between January and September there were 1,249 institutes that downloaded full-text articles from ScienceDirect. The total number of article requests in that period was 7,201 with an average of 800 per month. Personal/Member access via www.precon-journal.com was also very high in 2010, with an average of over 600 page-views per month.

Geographical Distribution of Papers

Region	2007	2008	2009	2010
Asia	7	30	43	68
Europe	20	26	14	9
N.America	33	22	14	9
Mid/South America	20	11	7	4
Mid.East	20	7	22	5
Africa/Australasia	0	4	0	5

Nature Reviews Cardiology

Nature Reviews Cardiology is an official publication of the World Heart Federation that prior to 2009 was published under the name *Nature Clinical Practice Cardiovascular Medicine*. According to the ISI Journal Citation Reports, we have the 6th highest impact factor of all journals in the field of cardiac & cardiovascular systems, which was 5.902 in 2009, and have remained the No.1 monthly review journal in that category. 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. However, in 2011 and 2012 the journals' two impact factors will be averaged to give a "unified" impact factor.

In June, *Nature Reviews Cardiology* hosted a session titled "Promotion of cardiovascular health through early detection of signs and risk factors for cardiovascular disease" at the 2010 World Congress of Cardiology in Beijing. The session was chaired by Valentin Fuster (who, at the time, was Editor-in-Chief of *Nature Reviews Cardiology*) and Pekka Puska (President of the World Heart Federation and member of the *Nature Reviews Cardiology* Advisory Board), and included talks by Iftikhar Kullo (Mayo Clinic College of Medicine, Rochester, USA), Sumeet Chugh (Cedars-Sinai Medical Center, University of California, Los Angeles, USA), Valentin Fuster (Mount Sinai Medical Center, New York, USA), Peter Liu (Toronto General Hospital, Toronto, Canada), and Ashok Shah (Hopital Cardiologique du Haut Leveque, Bordeaux, France). Accompanying Review articles were published in the June 2010 issue of *Nature Reviews Cardiology*, and a copy of this issue was provided to session attendees. Additionally, a web focus containing these five Reviews as well as other relevant content from Nature Publishing Group journals was published online (<http://www.nature.com/nrcardio/focus/cvd>).

In keeping with Nature Publishing Group policy, editorial management of *Nature Reviews Cardiology* and all of the clinical Nature Reviews journals was brought entirely in-house at the end of June. Although we no longer have an external Editor-in-Chief, we continued to have an international Advisory Board to advise on important issues in cardiology that should be addressed in the journal. After providing invaluable guidance as Editor-in-Chief during the launch and early years of *Nature Reviews Cardiology*, Valentin Fuster stepped down from this position and joined our Advisory Board at the end of June. We are very pleased that Dr Fuster will continue to champion the journal within the cardiology community through his new role as an Advisory Board member.

A new "Year in Review" section will appear in print in our February 2011 print issue (and online before then). The articles in this section will be written in the style of our News & Views articles and will highlight the top 3–5 papers from set fields published in 2010. We have commissioned six such articles from well-known authorities in the fields of acute coronary syndromes, atherosclerosis, atrial fibrillation, heart failure, hypertension and valvular disease.

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

AWARENESS

World Heart Day

"I Work with Heart" was the slogan for World Heart Day 2010, carrying on the two year workplace wellness theme established in 2009. In addition to encouraging employees to take responsibility for their heart health, the 2010 campaign had a particular focus on engaging with and providing material to the corporate sector. This included the provision of an Employer's

Resource Guide, which not only provided tips on how companies could set up workplace-wellness initiatives but also highlighted best-case examples of successful schemes.

The 2010 campaign marked the 10th anniversary of World Heart Day and in celebration of the great achievements in CVD science, medicine and policy over the past decade, a “State of the Heart – Cardiovascular Disease Report” was produced in partnership with the World Health Organization and the World Economic Forum. Although the publication acknowledged successes, it also called for definition of the challenges still ahead of us in the fight against the world’s number one killer.

A post-campaign evaluation showed multi-sectoral involvement and that World Heart Day 2010 grew by 120 per cent compared to 2009, with a total 350 reported activities taking place worldwide in over 85 countries (based on self-reporting, the actual number was much greater). The largest increase in participation was seen among non-members with 286 activities reported, an increase of 211 per cent compared to 2009. Member participation stayed stable overall in 2010 (64 members) when compared to 2009 (68 members), however there were increases in activity seen in specific regions such as South-Eastern Asia: 18 per cent, in Eastern Mediterranean: 13 per cent and in the Americas: 8 per cent. The 2010 campaign also saw increases in the number of activities hosted by specific sectors. In 2009, the highest level of non-member activity was seen in hospitals and clinics however, in 2010 significant increases in participation were observed in corporates/companies: 483 per cent; governments: 263 per cent; and schools/universities: 250 per cent.

As in 2009 the use of the key image and branding was very high, almost 80 per cent of respondents confirmed that they used the World Heart Day key image, allowing for campaign consistency and a global brand identity. The highest level of media coverage in 2010 was in newspapers and magazines, mainly in the local/regional press, followed by television and radio. Media activity was driven through the headline “One Third of Surveyed Workers Believe That Their Workplace Hinders Their Ability to Lead a Healthy Lifestyle” and focused on the results of a consumer survey of 4,000 employees across five job sectors in India, Mexico, Poland and Portugal.

The evaluation results also showed the growing impact of social media (Facebook, Twitter, etc.) on World Heart Day campaigns with usage increasing from 16.3 per cent in 2009 to 30.7 per cent in 2010. Global media activities driven from the World Heart Federation headquarters generated 431 original articles with an audience reach of 101 million, hence combined with national/regional-level efforts the media impact of World Heart Day was huge. A total 96.6 per cent of respondents advised that they planned on running World Heart Day activities in 2011, showing promise for future campaigns

The theme for World Heart Day 2011 will be “One World, One Home, One Heart” and will be held on 29 September, which remains the official date for all future World Heart Day celebrations. The theme will place emphasis on improving heart health in the world, in the home at a national, local and individual level and with those closest to you (heart). With World Heart Day taking place 10 days after the UN High-Level Meeting on Non-Communicable Diseases, it will be used as an

opportunity to bridge the gap between our lobbying and awareness efforts and communicate to the general public how the summit outcomes will impact them and their heart health.

Highlights from members' activities

Foundation Health and Heart Bosnia & Herzegovina: organized screenings for workers and promoted workplace wellness programmes amongst employers. A swim meet was also organized called Swimming with Heart

Heart Foundation of Indonesia: approximately 10,000 participants took part in the Jakarta Red Run 10 K held on Sunday 3 October. Other activities also included health screenings for cholesterol and glucose levels, blood pressure, and BMI.

Nigerian Heart Foundation organized a heart walk and a road show with music and dancers. Free health screenings were organized for the staff of the Nigerian Union of Road Transport Workers (NURTW) and market men and women.

National Heart Foundation of Bangladesh organized a walk through the city of Dhaka as well as a discussion with the Bangladesh Garment Manufacturers and Exporters Association (BGMEA) was organized to raise awareness about the preventive measures of heart disease amongst manufacturing workers and a subcommittee has been formed to foster further collaboration.

The Heart Foundation of Jamaica participated in interviews held on two of the leading radio stations to spread the World Heart Day messaging. A fundraising event was also held which included a tent for a radio broadcast and an information booth with health screening.

www.worldheartday.org

“World Heart Day 2010 served as a platform to engage the corporate sector and provide toolkits on how to establish workplace-wellness initiatives.”

Go Red for Women

The International Go Red for Women (GRFW) campaign is the World Heart Federation's response to the alarming reality that most people are unaware cardiovascular disease (CVD) is the number one killer of women worldwide. The campaign works to empower women with the knowledge and tools to protect their heart health. Since the World Heart Federation took this American Heart Association campaign global, the number of members running it in their country has continually increased with the number in 2010 standing at more than 40.

Together with its members, the World Heart Federation developed a very successful campaign in 2010, producing tools and organizing activities to fulfill the GRFW objectives: encourage women to

take better care of their heart health, prompt policy-makers and governments to include CVD in women on health agendas and increase the attention of medical professionals on CVD in women.

World Heart Federation members worked to reach a wide audience in their country by carrying out diverse activities ranging from walks and sports events to health checkups to fundraising events, fashion shows, conferences and general distribution of educational material. To support the members' campaigns, the World Heart Federation revamped its website to feature the latest information on women and CVD, encouraging women to take action and protect their heart. The members' toolkit, designed to provide information, tips and material to develop their national campaign, was revamped and new sections such as a resources page were created to better fulfill our members' needs.

In 2010, the World Heart Federation aimed at increasing recognition of the burden of CVD in women at the political level, through advocacy at the European Parliament, as well as among cardiologists, healthcare professionals and the media. The 3rd International Conference on Women, Heart disease and Stroke held during the World Heart Federation's World Congress of Cardiology 2010 in Beijing served as an excellent opportunity to raise the issue of CVD in women. With more than 10 sessions dedicated to women and heart disease, the specificities of CVD prevention and treatment in women were widely discussed.

Thus far, the International Go Red for Women campaign has been successful in increasing awareness. Only 3 per cent of the Australian population was aware of the CVD threat in 2004, but after implementation of the Go Red for Women campaign this number had risen to 25 per cent in 2007. In the USA, 30 per cent of women recognized heart disease and stroke as their leading cause of death in 1997; now more than 50 per cent know their risks. Going forward, the World Heart Federation will continue supporting its members by providing enhanced material and support, along with working to give the campaign greater visibility as a truly international movement.

Fighting heart disease and saving women's lives starts with knowing the risks however, only a small number of women know that CVD is their number one killer:

- 8% in Singapore (2008)
- 10% in Colombia (2011)
- 20% in Argentina (2007)
- 26% in New Zealand (2008)
- 40% in Norway and Sweden (2009)
- 53% in Finland (2005)

<http://www.worldheart.org/grfw>

"Thanks to the coordinated efforts of the World Heart Federation and its members, more people know that CVD is the number one killer of women than ever before, putting us one step closer to reducing the burden of CVD in women."

Children and Youth

The World Heart Federation *Kids on the Move* project aims to increase the impact of member activities that promote healthy diets and physical activity among children. In July 2010, *Kids on the Move* organized a workshop that brought together members with ongoing advocacy or settings-based programmes with experts from the World Health Organization, the International Union Against Cancer (UICC), Manchester United Foundation, Community Interventions for Health and the Dell Center for Advancement of Healthy Living. Conclusions of the workshop were presented at a meeting held during the International Union of Health Promotion and Education (IUHPE) World Conference. Since the meeting, the development of an online toolkit has continued by email and phone, coordinated by World Heart Federation member HRIDAY. Participating projects from Nigeria, Poland, South Africa, Iran, Kenya, Mexico and China have submitted proposals for small grants to run projects that strengthen the impact of their existing activities and permit them to pilot the online toolkit. The project and its outcomes are conducted with funding from the Medtronic Foundation as a part of the World Heart Federation partnership with the Union of European Football Associations (UEFA).

By the end of 2010 *Eat for Goals!*, UEFA and World Heart Federation cookbook that uses footballers to promote healthy cooking and eating among children, was available around Europe in seven languages. *Eat for Goals!* received greater visibility when the World Heart Federation engaged in a new partnership with Muuvit, which for the past 10 years has implemented a very successful programme promoting physical activity in Finnish schools and is now piloting its approach in Germany and Switzerland (Zurich). Muuvit began to incorporate *Eat for Goals!* recipes and themes into its online “adventure” that is the basis for activities in the classroom and held a project launch on 17 November in Berlin.

Healthy Stadia

The Healthy Stadia network links stadia committed to promoting health within their communities. In 2010, the network expanded to include new partners in France, Belgium, Georgia and the Netherlands as well as a host of new UK stadia. Working with the NGO Streetfootballworld, Healthy Stadia began to develop a toolkit for collaboration with UEFA to promote healthy lifestyle through schools, stadia and football teams in Poland and Ukraine. Healthy Stadia also collaborated with UEFA, the World Health Organization and the World Heart Federation to plan smoke-free policy for the Euro2012, to ensure the first officially smoke-free European Football Championship.

<http://www.world-heart-federation.org/what-we-do/awareness/children-youth/>

“Sharing best practice and providing toolkits to promote healthy diet and physical activity among children in low-resource settings.”

ADVOCACY

CVD on the global health agenda

2010 has been a pivotal year in the World Heart Federation's global advocacy efforts. A landmark decision by the United Nations (UN) in May of 2010 to hold a High-Level Meeting (HLM) on Non-communicable Diseases (NCDs), inclusion of cardiovascular disease (CVD) in major international, regional and national meetings, summits, and conferences, as well as recognition of the links between poverty and CVD, have ensured that we are setting a clear path to the achievement of our strategic priorities.

After the World Heart Federation and its sister federations: the International Diabetes Federation, the Union for International Cancer Control and the International Union Against Tuberculosis and Lung Disease joined forces under the umbrella of the NCD Alliance, the NCD civil society movement has only continued to grow. On 13 May 2010, after successful advocacy on the part of the World Heart Federation and the NCD Alliance, the UN voted unanimously for the passage of resolution 64/265, "Prevention and control of non-communicable diseases" calling for Heads of State to address NCDs in a HLM to be convened in September 2011. This resolution serves as a major political statement that has the potential to make CVD and NCDs a priority among international leaders and secure multisectoral commitment for their prevention and control.

The World Heart Federation has been working with its members, the wider global CVD community and the NCD Alliance to ensure a successful outcome to the Summit in September 2011. By strategically aligning with groups representing other leading NCDs, the power of the CVD community has been strengthened and together we were mobilized to carry joint messages at the country and global levels. Key to this work has been securing the participation of civil society. World Heart Federation members have been actively involved in Summit preparations by attending relevant high level forums and meetings, building national capacity through the creation of national and regional NCD Alliances, and working with governments to develop a frameworks of action. Through coordinated efforts, the World Heart Federation has been successful in shaping the outcome of the Modalities Resolution negotiations held in December, which defined the length and process of the Summit. As we move forward, our members will continue to provide leadership and are working on an Advocacy Workshop for the CVD community to be held prior to the HLM.

In anticipation of the Summit and building on our six strategic priorities, the World Heart Federation has worked with members to identify key cardiovascular disease priorities to advocate for at the international level. The priorities included in the Cardiovascular Disease Outcomes Document will contribute to the long-term global advocacy strategy of the organization and provide our members a leadership role in the advocacy process. As the World Heart Federation works to raise the profile of CVD and NCDs, this document will form the basis of global advocacy teleconferences organized to inform and educate on CVD progress. The Outcomes Document is expected to be submitted for final member review in early 2011.

As the Summit approaches, the World Heart Federation has taken the lead on developing a global CVD advocacy strategy to ensure that the outcomes of the HLM are followed up on and achieved

and momentum is maintained. Social media strategies have been developed to reach new audiences and an additional section of our website that is dedicated to the global health agenda has been created to foster the sharing of knowledge. As the owner of the World Congress of Cardiology, World Heart Day communication platforms, and the International Go Red for Women Campaign, the World Heart Federation is in a unique position to drive and follow up on the progress of actions initiated as an outcome of the Summit. The scientific expertise of the cardiology community has been bridged with that of the public health, policy and advocacy communities, creating a sense of unity in ensuring that health promotion and disease prevention policies are evidence based and scientifically sound. Additionally, it allowed for discussion around the need to address the chronicity of infectious disease and those endemic diseases (rheumatic heart disease) of the poorest populations.

Following the publication of the WHO Action Plan for the Global Strategy for the Prevention and Control of NCDs, the World Heart Federation will play a key role as a member of the WHO Global Non-Communicable Disease Network (NCDnet) International Advisory Council. It also works closely to coordinate activities to raise awareness of CVD and will continue to ensure effective collaboration moving forward.

<http://www.world-heart-federation.org/what-we-do/advocacy/global-health-agenda/>

“The unique position of the World Heart Federation has been successful in providing the heart advocacy movement with an overarching drive that brings together science, advocacy and evidence-based policy.”

Global tobacco control

The World Heart Federation worked throughout the year to consolidate and anchor the cardiovascular health community's role in global tobacco control. Through its involvement in global partnerships including the Framework Convention Alliance (FCA) and Global Smokefree Partnership (GSP), the World Heart Federation collaborated with leading actors in global tobacco control. At its World Congress of Cardiology (WCC) in Beijing, it worked with over 15 tobacco control organizations to make WCC Beijing a strong platform for tobacco control. This led to a significant increase in the tobacco control content of the congress, drawing in top tobacco control experts and providing them with good exposure through media activities and parallel events organized with local advocacy groups.

The World Heart Federation represented the global cardiovascular health community at key tobacco control fora over the year. At the Fourth Conference of the Parties (COP) of the Framework Convention on Tobacco Control (FCTC) held in Punta del Este, it led a sizeable delegation of its members and partners and joined partners in the NCD Alliance to make an intervention urging the COP to support inclusion of full and rapid implementation of the FCTC as a key objective for the UN High-level Meeting on Non-Communicable Diseases (NCDs) the following year. It also held a meeting with members and partners attending the COP to consult on future

directions that the heart health community should take to enhance its support for global tobacco control advocacy.

During WCC Beijing, the World Heart Federation launched a new GSP project, **Warning: Secondhand Smoke is Hazardous to your Heart**. The resource, available online and as a DVD, includes a paper on secondhand smoke produced with the United States Centers for Disease Control and Prevention (CDC), and a companion film featuring cardiologist champions of smoke-free policy. A Spanish version of the film was launched at the South American Cardiology Society Congress in Uruguay (CardioSur), reinforcing the congress's strong emphasis on tobacco control in the run-up to the Conference of the Parties to the Framework Convention on Tobacco Control (FCTC) held shortly thereafter in Uruguay. Spanish cardiologists used the film and paper to support enforcement of their new, strong smoke-free legislation, and other members and partners showed or distributed the film in cardiology and tobacco-control events around the world.

<http://www.world-heart-federation.org/what-we-do/advocacy/tobacco-control/>

“Although many are aware of the lung health dangers of tobacco, few associate it with cardiovascular disease. As tobacco is one of the most important risk factors for CVD, the World Heart Federation is working with members to increase awareness of the threat that tobacco poses to cardiovascular health.”

APPLIED RESEARCH

The polypill FOCUS project

In 2010 the World Heart Federation continued its support of the Spanish National Centre for Cardiovascular Research (CNIC) polypill initiative: FOCUS. The overall objective of the project is to improve the efficacy of secondary cardiovascular prevention by increasing availability and affordability of medication in low-income environments while at the same time reducing the lack of adherence to treatment.

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. The investigators

consider that all these factors should be studied in a variety of countries, cultural settings and health systems in order to establish to what extent they are responsible for poor risk factor control. 2) Strategies that simplify treatment regimes but still provide the required interventions will improve patients' management and adherence. The investigators consider that a Fixed Dose Combination (FDC) including three components with well demonstrated efficacy will improve secondary prevention in coronary patients by reducing complexity of treatment and lack of adherence.

Two separate, complementary, phases are proposed: Phase #1: "Factors determining inadequate treatment in patients with established cardiovascular disease (secondary cardiovascular prevention)", a descriptive non-interventional study. Phase #2: "Effect of a FDC Drug including Acetyl- salicylic 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.

A manuscript on the study design and objectives is currently being submitted to a cardiovascular journal.

"Implementing strategies to improve patient treatment regimes."

Bridging the Gap (BRIG) Project: China

The BRIG project is a demonstration project of the World Heart Federation conducted in China with the aim of improving the quality of care of coronary heart disease (CHD) patients nationwide. There are three project phases, the first phase established a baseline for quality of care and identified problems in treatment of coronary heart disease at different levels of care and in different regions.

Phase two of the project identified the major barriers to implementing evidence-based clinical practice. It examined routine clinical care for coronary heart disease patients, including recommending lifestyle modifications and use of medication. These were compared to current guidelines of secondary prevention of coronary heart disease.

Phase three (currently underway) will seek solutions to close the gap between guidelines and practice in the care of coronary heart disease patients. The main questions for phase three will revolve around determining the amount of knowledge of secondary prevention strategies for CHD held by cardiology nurses in China. Specific intervention strategies will be designed based on the problems and barriers identified in the first two phases of the project. This final phase of the project will test the ability of a short, specific training course on current scientific knowledge for CHD secondary prevention and a specifically designed tool with simplified expression of key CHD secondary prevention messages to aid cardiology nurses in providing patient education. The feasibility and impact of these strategies will be evaluated. As a final result, the project will provide evidence-based proposals for improvement of quality of care of CHD in China.

“Identifying the barriers between secondary prevention guidelines and clinical practice in patients with coronary heart disease.”

PARTNERSHIPS

The World Heart Federation multiplies its reach through effective partnerships and our strength lies in our member organizations, who are at the centre of all our activities. Communicating and engaging with them has continued to be a priority, specifically in the preparation work for the United Nations High-Level Meeting on Non-Communicable Diseases (NCDs). Their national level advocacy efforts helped to reach global objectives driven by the World Heart Federation. Aligning strategies ensured that we spoke with a united voice and this had an even bigger impact when combined with our NCD Alliance activities.

Working with the business community

Corporate partnerships provide the World Heart Federation with essential funding so that we can achieve our strategic objectives and fulfill our mission to “Unite our members and lead the global fight against heart disease and stroke”

The Atrial Fibrillation (AF) AWARE campaign entered its second year and continued to have a great reach to patients and healthcare professionals thanks to funding from sanofi-aventis. We also created a pack that was distributed to members during the World Congress of Cardiology 2010 in Beijing and an AF AWARE members workshop was organized in Slovenia. The Report “How AWARE are you” was launched in November 2010.

Our partnership with Unilever ensured that the Heart Age tool, which allows individuals to understand and manage their cardiovascular risk, was fully developed, disseminated and promoted. The tool is available through the World Heart Federation and Unilever websites and was also used during the WCC 2010 in Beijing. This partnership allows us to educate people on the importance of a healthy diet and reducing their saturated fat intake.

In 2010, the World Heart Federation signed a 3year partnership with Bayer. In China, this partnership supports the Bridging the Gap (BRIG) project, which aims to improve the quality of care of coronary heart disease (CHD) patients. It is a collaborative project between the World Heart Federation, the Beijing Institute of Heart, Lung & Blood Vessel Diseases-Beijing Anzhen Hospital, the Chinese Society of Cardiology and the China National Health Heart Programme. To foster the sharing of knowledge, an e-newsletter was developed to allow quick dissemination of information on cardiovascular disease prevention and treatment options to all its members and journalists.

Medtronic, Pfizer, Novartis plus our three major corporate sponsors Bayer, sanofi-aventis and Unilever all supported World Heart Day.

“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 2010

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Vice-President

Lyn ROBERTS, AM, PhD

President Elect & Chairman of Scientific Advisory Board

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Valentin FUSTER, MD, PhD

Editor-in-Chief, CVD Prevention & Control Journal

Andy WIELGOSZ, MSc, MD, PhD

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Asia-Pacific

Cheng-Wen CHIANG, MD

W.S. SANTHARAJ, MD

Europe

Peter HOLLINS

William WIJNS, MD

Africa

Kingsley K. AKINROYE, MD

Oluwole ADEBO, MD

Inter-America

Wistremundo DONES, MD

Eduardo MORALES BRICENO, MD

World Heart Federation Members Continental Members 2010

African Heart Network (AHN)
Asia Pacific Heart Network (APHN)
Asia 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 2010

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

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

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

Mongolia

Mongolian Heart Association

Mozambique

Heart Association of Mozambique

Myanmar

Cardiac Society of Myanmar Medical Association

Nepal

Nepal Heart Foundation

Cardiac Society of Nepal

Netherlands

Netherlands Heart Foundation

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

Rwanda

Rwanda Heart Foundation

San Marino

San Marino Society of Cardiology

Saudi Arabia

Saudi Heart Association

Senegal

Senegalese Society of Cardiology

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

Sudan

Sudan Heart Institute

Sweden

Swedish Heart-Lung Foundation

Switzerland

Swiss Heart Foundation

Swiss Society of Cardiology

Syria

Syrian Cardiovascular Association

Thailand

The Heart Foundation of Thailand

The Heart Association of Thailand

Tunisia

Tunisian Heart Foundation

Turkey

Turkish Heart Foundation

Turkish Society of Cardiology

Uganda

Uganda Heart Research Foundation

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

Zambia

Zambia Heart and Stroke Foundation

Associate International Members 2010

Aide au Développement de la Santé (Help for the Development of Health)
Arrhythmia Alliance
Association of Thoracic and Cardiovascular Surgeons of Asia
Children's HeartLink
Cœurs pour Tous (Hearts 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 Society of Chest Pain Centers
World Heart Failure Society
World Stroke Organization

Associate Individual Members 2010

Afghanistan

Azzizullah Amir, MD

Bhutan

Tashi Wangdi, MD

Laos

Vang Chu, MD

Seychelles

Pascal Bovet, MD

Trinidad and Tobago

Theo Poon-King, MD

Zimbabwe

Jephath Chifamba, MD

Associate National Members 2010

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
to the General Assembly of the
World Heart Federation
Geneva

Report of the auditors on the financial statements

As auditors, we have audited the financial statements of the World Heart Federation on pages 23 to 39, 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 2010. 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 2010 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. Wright
Audit expert
Auditor in charge

Marc Secretan
Audit expert

Geneva, 17 May 2011

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PricewaterhouseCoopers SA fait partie d'un réseau global de sociétés juridiquement autonomes, indépendantes les unes des autres.

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS

for the year ended 31 December

(Expressed in Swiss francs)

	Notes	<u>2010</u>	<u>2009</u>
Assets			
<u>Current assets</u>			
Cash and cash equivalents		1'097'043	949'870
Accounts receivable		-	812'884
Prepaid expenses		532'350	1'041'440
Accounts receivable members and donors	1 d)	552'845	533'872
<i>Total current assets</i>		2'182'238	3'338'066
<u>Non current assets</u>			
Investments	1 e)	1'535'758	1'844'253
Escrowed deposits		61'267	61'102
Net fixed assets	1 f), 11	109'421	123'209
<i>Total non current assets</i>		1'706'446	2'028'564
Total assets		3'888'684	5'366'630
Liabilities and Reserve Funds			
<u>Liabilities</u>			
Cash and cash equivalents		679'395	625'115
Accounts payable and accruals		1'018'107	466'040
WCC 2012 deferred excess	12	23'950	-
WCC 2010 deferred excess		-	1'491'778
Loan		-	310'119
<i>Total liabilities</i>		1'721'452	2'893'052
<u>Reserve funds</u>			
General reserve fund		1'661'921	1'881'148
Restricted income funds		505'311	592'430
<i>Total reserve funds</i>		2'167'232	2'473'578
Total liabilities and reserve funds		3'888'684	5'366'630

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF RECEIPTS AND OPERATING EXPENDITURE

for the year ended 31 December

(Expressed in Swiss francs)

	Notes	<u>2010</u>	<u>2009</u>
<u>Operating receipts</u>			
Membership fees			
Current year	2	539,458	560,206
Arrears	3	-131,449	-
Congresses			
World Congress of Cardiology 2010		868,247	-
Corporate partnerships	4		
Unrestricted		1,208,964	1,222,920
Restricted		-	489,568
Corporates	4		
Unrestricted		181,820	20,326
Restricted		27,238	275,587
Friends	4		
Unrestricted		-	-
Restricted		17,867	150,000
Foundations	4		
Restricted		523,583	285,652
Organizations	4		
Unrestricted		354,255	404,920
Restricted		211,782	125,350
European Commission	4		
Restricted		21,684	-
Other donors	4		
Unrestricted		5,627	31,621
Restricted	4	-	3,424
Bank interest and money market fund income		37,871	43,783
<i>Total operating receipts</i>		<u><u>3,866,947</u></u>	<u><u>3,613,358</u></u>
<u>Operating expenditure</u>			
Secretariat	5	941,736	1,060,764
Development and Member Communications	5	849,527	1,017,251
Meetings and Member Congresses	5	229,900	54,705
Activities	6	417,985	431,559
Projects	6	1,418,274	1,282,515
<i>Total operating expenditure</i>		<u><u>3,857,422</u></u>	<u><u>3,846,794</u></u>
<i>(Shortage) / excess of operating receipts over expenditure</i>		9,525	(233,436)
<u>Gains and losses on investments</u>			
Net (loss) / gain on investments	7	(<u>315,873</u>)	<u>216,225</u>
<i>(Shortage) / excess of operating receipts over expenditure</i>		(306,346)	(17,211)
General reserve fund at the beginning of the year		1,881,148	1,910,304
Restricted income allocated to Restricted Income funds		(802,154)	(1,329,581)
EPI Fund allocated to general reserve		-	-
Restricted income withdrawn from Restricted Income funds		<u>889,272</u>	<u>1,317,636</u>
General reserve fund at the end of the year		<u><u>1,661,921</u></u>	<u><u>1,881,148</u></u>

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF CHANGES IN RESERVE FUNDS

For the year ended 31 December

	Opening balance 2010	2010 result	Allocations to restricted income funds	Withdrawals from restricted income funds	Closing balance 2010
General reserve fund	1'881'148	(306'346)	(802'154)	889'273	1'661'921
Restricted income funds	592'430	-	802'154	(889'273)	505'311
Total reserve funds	2'473'578	(306'346)	-	-	2'167'232

	Opening balance 2009	2009 result	Allocations to restricted income funds	Withdrawals from restricted income funds	Closing balance 2009
General reserve fund	1'910'304	(17'211)	(1'329'581)	1'317'636	1'881'148
Restricted Income funds	580'485	-	1'329'581	(1'317'636)	592'430
Total reserve funds	2'490'789	(17'211)	-	-	2'473'578

WORLD HEART FEDERATION, Geneva (Switzerland)

CASH FLOW STATEMENT

For the year ended 31 December

	<u>2010</u>	<u>2009</u>
	CHF	CHF
<u>Cash flows from operating activities</u>		
(Shortage) / Excess of operating receipts over expenditure	(306,346)	(17,211)
Depreciation and amortisation	71,252	94,831
<i>Cash flow from operating activities before changes in working capital</i>	(235,094)	77,620
 (Increase) / Decrease in account receivable and prepaid expenses	1,321,974	(910,863)
(Increase) / Decrease in account receivable membership fees and donors	(18,973)	(434,483)
Increase / (Decrease) in accounts payable and accruals	552,067	(330,823)
Increase / (Decrease) in deferred gain WCC 2010	(1,467,828)	1,491,778
<i>Net cash generated from operating activities</i>	152,147	(106,771)
 <u>Cash flows used for investing activities</u>		
(Increase) / Decrease in investments and deposits	308,330	(229,334)
(Increase) / Decrease in fixed asset purchases	(57,465)	(34,708)
Increase / (Decrease) in loan	(310,119)	310,119
<i>Net cash used for investing activities</i>	(59,254)	46,077
 Net increase / (decrease) in cash and cash equivalents	92,893	(60,694)
Cash and cash equivalents at beginning of the year	324,755	385,449
<i>Total of cash and cash equivalents at 31 December</i>	417,647	324,755

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1a Introduction

The financial statements of the World Heart Federation ("the Federation") have been prepared in accordance with the Swiss Accounting and Reporting Recommendations FER/ARR ("Swiss GAAP") and in conformity with Swiss law.

1b Basis of presentation

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

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

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

1c Foreign currency translation

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

1d Accounts receivable

Amounts recorded as accounts receivable represent amounts invoiced or earned contractually at each balance sheet date but not yet received. 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.

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 2 - MEMBERSHIP FEES RECOGNISED IN THE YEAR ENDED 31 DECEMBER 2010 - PAGE 1

Country	CHF	Country	CHF
Argentina	4,559	Nicaragua	450
Australia	12,099	Norway	2,955
Austria	7,035	Pakistan	1,407
Bangladesh	450	Papua New Guinea	450
Barbados	562	Paraguay	450
Belgium	7,878	Peru	450
Bolivia	450	Philippines	1,267
Bosnia and Herzegovina	546	Poland	2,251
Brazil	11,255	Portugal	4,221
Bulgaria	562	Romania	562
Canada	15,474	San Marino	562
Chile	1,407	Saudi Arabia	5,347
China:		Serbia	1,124
China	4,109	Singapore	2,251
Hong Kong	2,814	Slovakia	1,126
Macao	281	Slovenia	1,126
Taiwan	2,814	South Africa	2,688
Colombia	1,407	Spain	14,069
Cyprus	562	Sri Lanka	450
Czech Republic	985	Sweden	5,066
Denmark	7,316	Thailand	2,251
Dominican Republic	450	Turkey	2,251
El Salvador	450	United Arab Emirates	2,251
Finland	5,628	United Kingdom	34,891
Georgia	450	United States of America	140,690
Germany	21,103	Uruguay	562
Ghana	1,562	Venezuela	2,251
Greece	2,251		<u>397,790</u>
Hungary	1,407		
Iceland	562		
India	1,688		
Indonesia	1,970	Membership fees to be received	
Iraq	450		
Iran	1,126	page1	<u>99,946</u>
Ireland	2,252		
Israel	2,814	Total membership fees to be recognised	<u>497,736</u>
Italy	14,069	in 2010, page 1	
Jamaica	450		
Kenya	562		
Latvia	562		
Libyan	562		
Lithuania	562		
Macedonia	450		
Malaysia	1,970		
Malta	562		
Mauritius	562		
Nepal	450		
Netherlands	12,662		
New Zealand	4,220		

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 2 - MEMBERSHIP FEES RECOGNISED IN THE YEAR ENDED 31 DECEMBER 2010 - PAGE 2

Associate National / International Members		Continental Societies	
	CHF		CHF
Academy of Cardiology at Mumbai	562	AHN	1,000
ADS - Aide au développement	1,000	APHN	-
Arrhythmia Alliance	-	APSC	1,000
Cardio Vascular Society of India	562	EHN	1,000
Children's HeartLink	200	ESC	1,000
Foundation for Lay Education	562	IAHF	-
Fundacion Araucaria	1,000	IASC	893
Heart Care Foundation, Comilla	562	PASCAR	-
Heart Friends around the World	200		<u>4,893</u>
Heart Research UK	4,361		
Indonesian Cardiocerebrovascular Society	562	Individual member	
International Academy of Cardiovascular	-	Received	<u>-</u>
International Forum Hypertension Africa	200		<u>-</u>
International Society for Holter & Non Invasive Electrocardiology	1,000	Swiss Member	
International Society of Cardiomyopathy & Heart Failure	200	Hearts for All	1,000
International Society of Cardiovascular Ultrasound	-	International Council of Nurses	200
International Society of CVD Epidemiology and Prevention	1,000	ISMAAP	1,000
International Society of Cardiovascular Pharmacotherapy	1,000	Swiss Heart Foundation	4,502
Norwegian Heart & Lung Patient Organization	717	Swiss Society of Cardiology	<u>4,502</u>
Preventive Cardiovascular Nurses Association	1,000		<u>11,204</u>
ProCOR / Lown Cardiovascular Research Foundation	1,000	Membership fees to be received page 2	<u>6,600</u>
Public Health Foundation	844	Membership fees recognised in 2010	<u>41,722</u>
Sarawak Heart Foundation	493	Total membership fees recognised in 2010	<u>539,458</u>
The Society of Chest Pain Centers & Providers	1,000		
World Heart Failure Society	<u>1,000</u>		
	<u>19,025</u>		

WORLD HEART FEDERATION, Geneva (Switzerland)

**NOTE 3 - ATTRIBUTION TO PREPAID INCOME AND ARREARS OF
MEMBERSHIP FEES RECEIVED IN THE YEAR ENDED 31 DECEMBER 2010**

Prepaid	CHF	Arrears	CHF
InterAmerican Society of Cardiology	108	Academy of Cardiology at Mumbai	562
		African Heart Network	1,000
		Bangladesh Cardiac Society	450
		Bolivian Society of Cardiology	900
		Bulgarian Society of Cardiology	562
		Chilean Society of Cardiology	1,407
		Chinese Society of Cardiology	4,109
		Colombian Society of Cardiology	1,756
		Heart & Stroke Foundation of SA	1,688
		International Forum Hypertension Africa	131
Total prepaid	<u>108</u>	Iranian Heart Association	1,125
		Kenya Cardiac Society	819
		Kuwait Heart Foundation	2,814
		Macau Association of Cardiology	281
		Medtronic International Trading	925
		Nigerian Heart Foundation	450
		Pakistan Cardiac Society	2,814
		San Marino Society of Cardiology	562
		Slovak Society of Cardiology	1,126
		Society of Cardiology of Russian Federation	16,636
		Venezuelan Society of Cardiology	2,251
		Total arrears	<u>42,368</u>

NOTE 4 - DONATIONS
RECEIVED IN THE YEAR ENDED 31 DECEMBER 2010

Donors	Unrestricted	Total unrestricted	Restricted							Total restricted	Grand Total	
			Corp. Partners / Unrestricted	Children	RF/RHD South Pacific	RF/RHD Africa	Capacity Building	Polypill (Focus)	Healthy Stadia			Others restricted
Corporate partnerships												
Bayer	279,027	279,027	-	-	-	-	-	-	-	279,027		
sanofi	366,650	366,650	-	-	-	-	-	-	-	366,650		
Unilever	563,287	563,287	-	-	-	-	-	-	-	563,287		
Sub-total	1,208,964	1,208,964	-	-	-	-	-	-	-	1,208,964		
Corporate donors												
Medtronic	93,285	93,285	-	-	-	-	-	-	-	93,285		
Novartis	29,240	29,240	-	-	-	-	-	-	-	29,240		
Omron	-	-	-	-	-	27,238	-	-	-	27,238		
Pfizer	59,296	59,296	-	-	-	-	-	-	-	59,296		
Sub-total	181,820	181,820	-	-	-	27,238	-	-	-	209,058		
Friends of WHF Trust												
The Minneapolis Foundation	-	-	-	17,867	-	-	-	-	-	17,867		
Sub-total	-	-	-	17,867	-	-	-	-	-	17,867		
Foundations												
Else Kröner-Fresenius-Stiftung	-	-	-	-	338,583	-	-	-	-	338,583		
Medtronic Foundation	-	-	90,000	-	-	-	-	-	95,000	185,000		
Sub-total	-	-	90,000	-	338,583	-	-	-	95,000	523,583		
Organizations												
Canola Council of Canada	21,370	21,370	-	-	-	-	-	-	-	21,370		
UEFA	332,885	332,885	65,510	-	-	-	-	146,272	-	544,667		
Sub-total	354,255	354,255	65,510	-	-	-	-	146,272	-	566,037		
European Commission												
European Commission	-	-	-	-	-	-	21,684	-	-	21,684		
Sub-total	-	-	-	-	-	-	21,684	-	-	21,684		
Other donors												
Other	5,627	5,627	-	-	-	-	-	-	-	5,627		
Sub-total	5,627	5,627	-	-	-	-	-	-	-	5,627		
Total/	1,750,666	1,750,666	155,510	17,867	338,583	27,238	21,684	146,272	95,000	2,552,820		

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 5 - ANALYSIS OF EXPENDITURE

For the year ended 31 December

	<u>2010</u>	<u>2009</u>
	CHF	CHF
<u>General and administrative</u>		
Secretariat		
Salaries and social charges	347,023	442,854
Rent and insurance	248,069	269,311
Office equipment leasing	27,837	28,500
Maintenance and repairs	31,177	29,491
Telephone	28,768	27,778
Office supplies and equipment	6,688	6,053
Subscriptions and dues	1,566	4,895
Professional services (Audit/Accounting/Lawyer)	214,553	165,570
Bank charges and miscellaneous	36,055	86,312
	<u>941,736</u>	<u>1,060,764</u>
Development and Member Communications		
Development	355,092	517,775
Marketing, PR and events	181,581	184,535
Professional services (IT/Website maintenance)	234,357	214,316
Depreciation of office furniture and equipment	71,252	94,831
Postage	3,660	4,518
Printing	3,585	1,276

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NOTE 6 - ANALYSIS OF ACTIVITY AND PROJECT EXPENDITURE

For the year ended 31 December

	<u>2010</u>	<u>2009</u>
	CHF	CHF
Activities		
Executive Board/President's expenses	108,462	138,659
Scientific Advisory Board and Councils	-	160,214
Foundation's Advisory Board	-	118,062
Scientific and Policy Initiative Committee (SPIC)	145,107	-
Network Capacity Building	164,416	-
Journals	-	14,624
<i>Total Activities</i>	<u>417,985</u>	<u>431,559</u>
Projects		
World Heart Day	220,196	220,681
Go Red for Women	195,226	185,657
Grenada Heart Project	-	210,021
Sesame Colombia	-	4,109
Polypill project	22,523	-
RHD South Pacific	41,286	118,444
RHD Africa	247,866	-
Childhood Obesity	160,655	117,647
Healthy Lifestyle	28,788	18,076
AF Aware	123,603	-
Healthy Stadia	70,771	-
Twin Centres	-	18,737
Advocacy	214,384	277,882
Tobacco control	92,976	111,261
<i>Total Projects</i>	<u>1,418,274</u>	<u>1,282,515</u>

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NOTE 7 - FINANCIAL INCOME AND EXPENSES

For the year ended 31 December

	<u>2010</u> CHF	<u>2009</u> CHF
<u>Gains and losses on investments</u>		
Net realized (loss) / gain on portfolio	-	(79,071)
Net realized foreign exchange (loss) / gain	(314,125)	63,689
Net realized (loss) / gain on investments	(314,125)	(15,381)
Net unrealized (loss) / gain on portfolio	60,189	254,207
Net unrealized foreign exchange (loss) / gain	(61,936)	(22,600)
Net unrealized loss on investments	(1,748)	231,607
Net (loss) / gain on investments	(315,873)	216,225

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 8 - TOTAL SALARIES AND SOCIAL CHARGES

For the year ended 31 December

	<u>2010</u> CHF	<u>2009</u> CHF
<u>Salaries and social charges</u>		
Total salaries and social charges incurred in the year	<u>2,260,034</u>	<u>2,289,375</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 9 - DONATIONS IN KIND & SERVICES

For the year ended 31 December

The Federation is grateful to have received the following goods and services at no charge:

	<u>2010</u> CHF	<u>2009</u> CHF
<u>Donations in kind</u>		
<u>American Heart Association</u>		
Booth	2,889	3,140
<u>British Cardiovascular Society</u>		
Booth	0	3,245
<u>World Congress on Tobacco or Health</u>		
Booth	0	4,926
<u>Asia Pacific Congress of Cardiology</u>		
Booth	0	9,119
<u>Transcatheter Cardiovascular Therapeutics</u>		
Booth	0	1,017
<u>Great Wall International Congress of Cardiology</u>		
Booth	0	7,540
<u>Total donations in kind</u>	<u>2,889</u>	<u>28,987</u>
<u>Donations in services</u>		
<u>Weber Shandwick Worldwide</u>		
Strategy communications , PR campaign's activites	43,415	0
<u>Total donations in services</u>	<u>43,415</u>	<u>0</u>
Total amount of goods in kind and services received	46,304	28,987

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 10 - LEASING COMMITMENTS

For the year ended 31 December

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:

	<u>2010</u> CHF	<u>2009</u> CHF
Payments to be made within one year	312,655	309,708
Payments to be made after more than one year	<u>113,990</u>	<u>401,841</u>
	<u>426,645</u>	<u>711,549</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 11 - FIXED ASSETS

For the year ended 31 December

	Computer Equipment CHF	Furniture CHF	Fixtures and fittings CHF	Total CHF
Fixed assets at cost				
Opening balance at 1 January 2009	317,810	196,168	151,375	665,353
Additions	7,789	26,919	0	34,708
Closing balance at 31 December 2009	325,599	223,087	151,375	700,061
Accumulated depreciation				
Opening balance at 1 January 2009	(249,840)	(105,135)	(127,046)	(482,021)
Current year depreciation	(42,873)	(32,125)	(19,833)	(94,831)
Closing balance at 31 December 2009	(292,713)	(137,260)	(146,879)	(576,852)
Fixed assets - Net book amount	32,886	85,827	4,496	123,209
Fixed assets at cost				
Opening balance at 1 January 2010	325,599	223,087	151,375	700,061
Additions	53,681	3,782	0	57,463
Closing balance at 31 December 2010	379,280	226,869	151,375	757,524
Accumulated depreciation				
Opening balance at 1 January 2010	(292,713)	(137,260)	(146,879)	(576,852)
Current year depreciation	(36,977)	(32,435)	(1,840)	(71,252)
Closing balance at 31 December 2010	(329,690)	(169,695)	(148,719)	(648,104)
Fixed assets - Net book amount	49,590	57,174	2,656	109,420

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NOTE 12 - EXPLANATORY NOTE ON THE 2012 AND 2010 WORLD CONGRESSES OF CARDIOLOGY

For the year ended 31 December 2010

The World Congress of Cardiology (WCC) is organized by the association every two years and the excess/(shortage) is recognised upon completion of the project. The operating receipts, salaries and social charges and other operating expenditure are those incurred from the start of each congress.

	WCC 2012	WCC 2010
	<u>CHF</u>	<u>CHF</u>
Operating receipts	484,477	7,581,995
Salaries and social charges	(355,015)	(1,041,031)
Other operating expenditure	(105,512)	(5,672,717)
<i>Transfer of the WCC 2010 excess into the WHF 2010 statement of Receipts and Operating Expenditure following close of the congress</i>		<u><u>868,247</u></u>
<i>WCC 2012 excess of receipts over expenditure to 31 December 2010, deferred as per Statement of Assets, Liabilities and Reserves funds</i>	<u><u>23,950</u></u>	

WORLD HEART FEDERATION STAFF

based at international headquarters, Geneva, Switzerland, as at April 2010

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
Amy Collins, Intern, Advocacy
Susan Davenport, Science Programme Coordinator
Cynthia Gaechner, Scientific Programme Assistant
Alice Grainger Gasser, Manager of Demonstration Projects
Cynthia Haro, Membership and Campaigns Coordinator
Léna Hässig, Administrative Assistant, Congress Division
Marilyn Hunn, Director Science Operations
Charanjit Jagait, PhD, Director of Communications
Heidi Lake, Administrative Assistant
Graham Minton, Director, Corporate Relations
MaryRose Rudaz, Administrative Assistant, HR & Finance
Kathryn Taubert, PhD, Senior Science Officer
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