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MESSAGE FROM THE PRESIDENT

Dear Members, Partners and Friends,

The year 2011 has been monumental for the World Heart Federation. In September, the United Nations (UN) held the first ever High-level Meeting (HLM) on Non-Communicable Diseases (NCDs) where 28 heads of state pledged a commitment to reduce the global disease burden. This meeting was a landmark event, the importance of which was reflected in World Heart Federation activities throughout the year.

Due to the UN HLM, we increased our capacity building around specific goals in 2011 by conducting monthly teleconferences with members, holding workshops, participating in regional meetings and providing direct technical assistance. We also scaled up our advocacy efforts and the cardiovascular disease (CVD) community presence at the HLM was strong with World Heart Federation leadership and members from across the world in attendance.

Taking place just 10 days after the UN HLM, World Heart Day saw unprecedented global engagement and the emotive “One World, One Home, One Heart” theme led to a powerful call to action. There was a 130 per cent increase in the total number of organizations running World Heart Day campaigns in 2011 compared to 2010, and 806 reported activities took place worldwide in at least 108 countries.

Meanwhile, preparations were well underway for the next World Congress of Cardiology occurring in April 2012 in Dubai, United Arab Emirates (UAE). The upcoming congress will provide a platform for CVD experts from around the world to exchange knowledge and for the first time ever will include a special one-day training course on preventative cardiology.

The World Heart Federation journals received a facelift in 2011 as *CVD Prevention and Control* was transformed into our new journal, *Global Heart*. Dr Jagat Narula stepped in as editor of *Global Heart*, which is expected to receive increased readership and attention. The World Heart Federation journal *Nature Reviews Cardiology* continues to disseminate the latest on cardiovascular knowledge and research.

In 2011 the International Go Red for Women campaign expanded as campaigns were initiated in seven new countries, raising awareness of women's risk for CVD in new regions across the world. The World Heart Federation continued to promote healthy diet and physical activity among children in low-resource settings through its *Kids on the Move* and the *Eat for Goals!* children's cook book was translated into additional languages, increasing accessibility of its heart-healthy messages. The World Heart Federation also worked with the World Health Organization, the Union of European Football Associations (UEFA), and Healthy Stadia network to establish a strict tobacco-free policy in tournament stadia, making the upcoming EURO2012 UEFA's first tobacco-free event.

In 2011 the World Heart Federation continued its support for the Spanish National Centre for Cardiovascular Research (CNIC) polypill initiative: FOCUS, **Fixed-dose Combination Drug for Secondary Cardiovascular Prevention** project as well as recruiting hospitals, nurses, and patients across China to participate in the China Bridging the Gap (BRIG) project. We worked towards the goal of minimizing the global burden of rheumatic heart disease by continuing the EndRHD ASAP project. Experts from around the world also gathered in March to finalize a year-long consultation to revise international standards for echocardiographic diagnosis of rheumatic heart disease (RHD), which were submitted for peer-review publication. The guidelines define the minimum requirements needed to diagnose RHD in individuals without a clear history of acute rheumatic fever (ARF), and will have important global and national implications.

Receiving recognition of the global burden of CVD and other non-communicable diseases from the UN and heads of state made 2011 a truly remarkable year for the World Heart Federation. However, the work cannot end here. The burden of disease continues to increase and now, more than ever, a coordinated response from the global CVD community is needed. We look forward to continued collaboration with our members and partners worldwide.

Professor Sidney C Smith, Jr., MD
President, 2011 - 2012

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 Scientific Sessions 2012

The World Heart Federation's World Congress of Cardiology (WCC) is scheduled to take place 18–21 April, 2012. The Congress will be held in Dubai, United Arab Emirates, and is co-hosted by Emirates Cardiac Society and co-sponsored by the Dubai Health Authority, Government of Dubai and Emirates Medical Association.

Scientific programme

WCC 2012 will have almost 200 global sessions with a major emphasis on the prevention and treatment of cardiovascular disease (CVD), including coronary artery disease, valvular heart disease, heart failure, arrhythmias, congenital heart disease, and peripheral vascular disease. Several other sessions will be concerned with rheumatic fever and rheumatic heart disease. Management of cardiovascular risk factors such as hypertension, tobacco, cholesterol, unhealthy diets, obesity and physical inactivity will be the topic of discussion in other sessions. There will also be three "Best of clinical trials" sessions that review the major clinical trials that were released during 2011/early 2012. Special "hands on" workshops on echocardiography and electrocardiography will be a part of the programme, as will a live video broadcast from the Dubai Hospital of a coronary interventional procedure and a transcatheter valve replacement procedure.

Several symposia will be devoted to global advocacy and health promotion, particularly as it relates to implementation of the outcomes of the United Nations (UN) High-level Meeting on

Non-communicable Diseases that took place in September 2011. The importance of this UN meeting will be reflected throughout the WCC Scientific Sessions 2012.

Additionally, for the first time ever, a special one day course in preventive cardiology for medical students and trainees will be held at the Dubai International Convention and Exhibition Centre on the opening day of the Congress.

Abstract-based programme

More than 1,400 abstracts were submitted and of those accepted, over 300 will be presented orally and over 800 in poster format.

Key milestones WCC 2012:

22 & 23 March 2011

Scientific session selection meeting in Dubai: Scientific Programme Committee and our Scientific Programme Topic Group Leaders selected 180 scientific sessions out of the almost 500 sessions submitted after the call for sessions.

24 March 2011

Industry site visit: more than 50 industry contacts, representing over 35 companies, many of them of international standing, sent their most senior congress personnel to the Dubai International Convention and Exhibition Center. The first outline of the scientific programme was presented. Feedback from industry on the venue and services offered was very positive.

May 2011

Preliminary programme launch.

December 2011

Industry support for the congress meant that by December, over 65% of the target was reached. This represented over 60 exhibition booths, 2,500 square metres and a commitment to 27 industry satellite session activities.

<http://www.world-heart-federation.org/congress-and-events/world-congress-of-cardiology-scientific-sessions-2012/>

“The World Congress of Cardiology Scientific Sessions is the forum for all experts in the field as well as commercial, public and non-governmental parties to meet and exchange knowledge on the latest science on cardiovascular disease treatment and prevention.”

Capacity Building

In 2011 the World Heart Federation's work in capacity building took on added significance as we, together with our members, prepared for the United Nations (UN) High-level Meeting (HLM) on Non-communicable Diseases (NCDs) held in September. Through participation in regional meetings, monthly calls with members, and direct technical assistance, we built our capacity around concrete and specific goals.

During monthly teleconferences with members, experts gave presentations on topics such as how: to advocate; identify the right official and secure a meeting; and to make a policy pitch. In addition, World Heart Federation leadership including President Prof. Sidney C. Smith, Jr, MD, Past President Prof. Pekka Puska and former board member Dr Sania Nishtar shared with members key updates on their participation in UN meetings leading up to the HLM on NCDs and offered advice and context for how members could best engage.

Significant direct capacity building was conducted through presentations at workshops and meetings, including the Pan-African Society of Cardiology meeting in Uganda and the Asia-Pacific Heart Network (APHN) and Asia-Pacific Society of Cardiology meetings in Malaysia in the spring. Sessions at these meetings presented concrete actions members could take to both strengthen and implement cardiovascular disease (CVD) policies, together with advice on how they could build national NCD networks. A one-day workshop was also held, ahead of the UN Civil Society Hearing on NCDs, in June in New York. Members from South African Heart and Stroke Foundation, African Heart Network, APHN, National Heart and Stroke Forum, American Heart Association, American College of Cardiology, Danish Heart Foundation and Heart and Stroke Foundation of Barbados, among others, shared best practices and developed action plans for advocacy. Many of these members were also able to speak from the floor at the UN Hearing, thereby increasing awareness among the UN community of the strength, reach and commitment of the global CVD movement.

The next phase of our capacity building will include training opportunities for members to increase their ability not only in clinical aspects of CVD through the World Congress of Cardiology and other vehicles, but also in advocacy, campaigning and additional elements of building effective CVD organizations.

The 2011 United Nations High-level Meeting on NCDs was a monumental event that for the first time ever placed CVD, and NCDs as a whole, on the global agenda. The importance of this meeting cannot be overstated as it has set groundwork for the creation of global targets for the prevention and control of NCDs, of which CVD constitutes the largest burden. This has provided us with an unprecedented opportunity to make significant progress into improving the lives of those suffering from heart disease and stroke as well as avoiding the millions of needless deaths that occur every year.

“Working with our members to build capacity for the global fight against heart disease and stroke.”

World Heart Federation Journals

CVD Prevention and Control / Global Heart

CVD Prevention and Control published its final issue in September 2011 and was replaced by *Global Heart*, the first issue of which was published in the same month (issue 6/4, ahead of a December cover date) under the new editorship of Dr Jagat Narula. In addition to subscriber issues, 200 copies were distributed at the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases in New York, 19-21 September, 2011. Feedback has been immensely positive and this special issue (*2011: A Turning Point for Global Cardiovascular Health*, edited by Valentin Fuster and Bridget Kelly) was very well received by all.

Dr Narula assembled an international team of eminent cardiologists, researchers, epidemiologists, economists and other leaders in public health to assist with *Global Heart* in the roles of Associate Editors, Senior Advisory Editors, Section Editors and Editorial Board Members.

Over the last three years there have been on average over 800 full-text article downloads per month. Elsevier will closely monitor future usage and it is expected that *Global Heart* will attract more users to the online content. The first issue as *Global Heart* was made available free online, and issue two will also be available without charge. The journal was given a new website at www.globalheart-journal.com, which has the functionality to become a more interactive website than the previous user interface for *CVD Prevention and Control*.

Global Heart has moved to a new top-level production site to achieve the highest possible quality for the printed version. Elsevier has committed to making an investment in the re-launched journal to ensure that the highest standards of publishing are met, to do justice to the content.

Some new features of the *Global Heart* online interface include:

- Tabbed layout allows access to: the current issue; past issues; and supplements and Articles in Press
- Ability to browse past issues by decade, year, issue
- Dynamic article previews
- Video player (appears in space next to article outline)
- Reference expands in text with mouse-click
- Search results now separated into text and image results
- Image tab in search results like the tab included with full article, with exception that links allow view of larger image and view image in article
- Preview allows quick view of first few lines of the abstract
- Scopus citations included
- Tabbed layout presents all parts of My Account for easier access
- New “My Reading List” feature

Nature Reviews Cardiology

Nature Reviews Cardiology is an official publication of the World Heart Federation. The 2010 impact factor for the journal is 7.467, a rise from the 2009 impact factor of 5.902. According to the ISI Journal Citation Reports, *Nature Reviews Cardiology* has the 5th highest impact factor of all journals in the field of cardiac & cardiovascular systems, and has remained the No.1 monthly review journal in that category.

In February 2011, *Nature Reviews Cardiology* published six “Year in Review” articles in the fields of atrial fibrillation, acute coronary syndromes, atherosclerosis, heart failure, hypertension, and valvular disease. The articles were commissioned from the following internationally renowned scientific leaders in their fields: Stuart Connolly, Keith Fox, Steven Nissen, Mihai Gheorghide, Suzanne Oparil, and Philippe Pibarot. The “Year in Review” articles were written in the style of our News & Views articles and highlighted the top 3–5 papers published in each field in 2010. Nature Publishing Group also published an eBook that collated the 44 “Year in Review” articles published in all eight clinical Nature Reviews journals.

In the April and May 2011 issues, there was a focus on lipids and cardiovascular disease risk. Given the considerable global impact of dyslipidemia, and the accumulating data on risk prediction and mechanisms of disease that have generated multiple potential targets for treatment, six review articles were commissioned that highlighted the latest advances in risk assessment, biological mechanisms of disease protection, and diagnosis and management of this disorder. Global scientific experts such as John Kastelein, Aroon Hingorini, Steve Humphries, Mohamad Navab, Alan Fogelman, Christie Ballantyne, Daniel Rader, and John Betteridge were involved. A web collection containing all six reviews as well as other relevant content from Nature Publishing Group journals was published online at www.nature.com/nrcardio/focus/lipids-cvd.

In late August 2011, to coincide with the 2011 British Hypertension Society meeting and the 2011 European Society of Cardiology congress, *Nature Reviews Cardiology*, *Nature Reviews Nephrology* and *Nature Reviews Endocrinology* published a joint online collection of 11 Review articles that highlight advances in our understanding of the mechanisms of hypertension and of the assessment, management, and consequences of prehypertension and hypertension, as well as future directions for prevention and treatment. The collection is available at www.nature.com/reviews/collection/hypertension/index.html.

In the October issue of *Nature Reviews Cardiology*, there was a focus on antiplatelet therapies, with contributions from renowned scientific experts such as Deepak Bhatt, Richard Becker, Udaya Tantry, Paul Gurbel, David Cohen, Michael Lincoff, and Gregory Lip.

A web collection containing five Review articles and a Perspectives opinion piece as well as other relevant content from Nature Publishing Group journals was published online at www.nature.com/nrcardio/focus/antiplatelet/index.html.

In late October, to coincide with the 2011 Cardiometabolic Health Congress, *Nature Reviews Cardiology* and *Nature Reviews Endocrinology* published a joint online collection of one Year-in-Review and nine Review articles that provided a state-of-the-art overview of current management strategies to reduce the risk of cardiovascular events in patients with type 2 diabetes mellitus. The collection (available at www.nature.com/reviews/collection/cvdt2dm/index.html) was marketed to key opinion leaders and to all delegates of the Cardiometabolic Health Congress.

<http://www.world-heart-federation.org/publications/journals/>

“Sharing science, research and knowledge to help avoid the 17.3 million deaths that occur from cardiovascular disease each year”

AWARENESS

World Heart Day

The year 2011, was a unique one for World Heart Day (WHD) taking place just 10 days after the United Nations (UN) High-level Meeting (HLM) on Non-communicable Diseases (NCDs). Hence it was used as an opportunity to bridge our activities and sensitize the public as to what the Summit outcomes would mean to them.

The emotive “One World, One Home, One Heart” theme led to a strong call to action and reflected the importance of elevating CVD on the global health agenda as well as emphasizing that each individual is responsible for incorporating heart-healthy behaviours in their home. “One World” allowed for a connection to be made between the UN HLM and WHD and provided a platform for communications that addressed our policy, advocacy and scientific objectives. “One Home” connected WHD to families and facilitated truly global engagement, resonating with everyone, no matter where they lived. A member’s toolkit was developed that resulted in consistent WHD campaigns across the globe, calling for individuals everywhere to take responsibility for their own heart health and that of their

families. "One Heart" brought the focus back, as always, to improving heart health across all nations. A report focused on urbanization and its effect on the heart health of children was developed and an executive summary of the report was shared with a targeted media list of 100 global journalists on WHD. The full report is to be published in early 2012.

A post-campaign evaluation showed dramatic increases in WHD participation in every region, with a 130 per cent increase in the total number of organizations running campaigns in 2011 compared to 2010. A total 806 reported activities took place worldwide in at least 108 countries.

The overall members' participation stayed stable in 2011 (63 members) when compared to 2010 (64 members). However, a 211 per cent increase in activity among non-members was observed with hospitals and clinics remaining the most abundant non-member participants. It is also worth highlighting that there were significant increases in participation observed in the following sectors in 2011 compared to 2010: governments: 203 per cent and schools/universities: 242 per cent. Corporate participation also increased significantly by 160 per cent.

The use of the key image and branding continued to be very good allowing for campaign consistency and a global brand identity. A total 78 per cent of members used the WHD key image and 656 non-members organizations ordered the WHD print material, which corresponds to an increase of 172 per cent compared to 2010.

Media activity was instigated mostly through the development of template materials for member use. A high volume of media engagement was observed, members achieved over 500 pieces of coverage in 30 different countries across television, radio, online publications and print media, thereby raising awareness about CVD, across the globe.

Social media provided another outreach platform: tweets and Facebook communications were regularly posted, spreading heart-healthy messages and encouraging WHD organizers to join our social media network. Between December 2010 and December 2011, the number of fans on the WHD Facebook page increased 150 per cent and the number of World Heart Federation Twitter followers grew by 323 per cent.

WHD 2012 promises to be a success, 93 per cent of respondents advised that they planned on running a campaign again next year. WHD 2012 will take place on 29 September and will be an extension of the 2011 World Heart Day theme of home heart health with a focus on CVD prevention among women and children.

Highlights from members' activities

Portuguese Society of Cardiology

The Portuguese Society of Cardiology facilitated distribution of the Portuguese version of the One World, One Home, One Heart leaflet by all government members, deputies, the High Commissioner of Health, the General Board of Health, Cardiology Departments and the media. The leaflet was also distributed to the participants of a half-marathon – “RTP Meia Maratona de Portugal Vodafone” and of a mini-marathon – “Mini Maratona EDP” that took place in Lisbon on 25th September, where 13,000 people participated.

Polish Cardiac Society

Experts from the Polish Cardiac Society hosted a large-scale event with 10,000 participants at which they encouraged individuals to tackle heart-health risks in their home by giving up smoking, eating more fresh fruit and vegetables, and increasing levels of physical activity.

Zambia Heart and Stroke Foundation

Zambia Heart and Stroke Foundation organized activities in collaboration with key partners such as the Ministry of Health, World Health Organization (WHO), hospitals and health associations. Activities included a heart walk, health screening and presentations on the outcomes of the UN HLM on NCDs by WHO and Ministry of Health representatives. The President of the Zambia Heart and Stroke Foundation presented steps to take within the home to become advocates for heart-healthy living.

Indonesia Heart Foundation

On 25 September 2011, a “Flash Mob” was organized on the main street of Jakarta on “Car-Free Day” with people participating in a “Hip heart” aerobic exercise, led by the youth Healthy Heart Club of Indonesia Heart Foundation.

Colombian Heart Foundation

Over 2,000 persons participated in a public event organized in Cartagena. A total 200 patients in cardiac rehabilitation joined the public in a 5 kilometre run through the city. Heart-healthy messages were delivered to the participants with an emphasis on heart-healthy homes and families. Around 100 healthcare professionals participated in conferences held around the same theme.

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

“The World Heart Day 2011 theme ‘One Home, One World, One Heart’ allowed for a strong call to action to improve heart health at both the global political level through the United Nations High-Level Meeting and at the household level. This resulted in worldwide engagement in the fight against heart disease and stroke.”

Go Red for Women

The international Go Red for Women (GRFW) campaign is a movement built to raise awareness of cardiovascular disease (CVD) as the number one killer of women worldwide. Originally created by the American Heart Association, the World Heart Federation took this campaign global in 2006, and World Heart Federation members from more than 40 countries are now joining efforts to empower women to protect their heart.

In 2011, the World Heart Federation reinforced its role as a global leader through the creation of tools to promote synergy between national GRFW campaigns and encourage the sharing of best practice. A web page was developed that features on-going campaigns and facilitates communication among members. Additionally, a members’ forum and regular surveys allowed members to share their experience and learning’s.

On 8 March, in celebration of International Women’s Day, the World Heart Federation and its members distributed a “viral email” featuring a presentation with key messages around women and their risk for CVD. The translation of the email into five languages (in addition to English) ensured that thousands of women received heart-healthy messages. Around the same time, the World Heart Federation advocated for women’s cardiovascular health at the international level by co-organizing a side event at the United Nations Commission on the Status of Women entitled, “Non-communicable diseases: the neglected dimension of women’s health and development.”

All around the world, World Heart Federation members worked towards strengthening the fight against CVD in women by encouraging women to take better care of their heart, prompting policy-makers and governments to include CVD in women’s health agendas and raising the profile of CVD in women among medical professionals. In 2011, seven new

organizations joined the campaign, spreading the Go Red for Women message to new regions. By working together with our members we encouraged many women to take action to protect their heart in 2011.

Going forward, the World Heart Federation will continue supporting its members with their local activities, and encouraging new countries to join the movement, reinforcing the campaign's position at both the national and international levels.

Running a Go Red for Women campaign is associated with increased awareness of the risk that cardiovascular disease poses for women:

- In 2004, 3% of Australians were aware of the CVD threat. After implementation of a GRFW campaign, 31% are now aware
- In the Netherlands, 24% of women knew about this risk in early 2010. Just a few months after the campaign started, this number raised to 49%
- In 1997, 30% of American women recognized heart disease as their leading cause of death; now, more than 50% know their risks

<http://www.world-heart-federation.org/what-we-do/awareness/go-red-for-women/>

“Working with our members to raise the profile of cardiovascular disease within the women’s health agenda and empowering women to take action to prevent and control their number one killer.”

Children and Youth

Kids on the Move: healthy diet and physical activity in low-resource settings

In 2011, the Kids on the Move project brought together 12 World Heart Federation members who have programmes promoting diet and physical activity among children. Project partners received small grants to enhance aspects of their programmes in this area and worked together to develop an online toolkit for developing activities to promote healthy diet and physical activity in low-resource settings. The toolkit focuses on evaluating results and strengthening advocacy initiatives. As part of the toolkit, in 2011 the project produced a series of four factsheets with supporting PowerPoint presentations, and these were used by

partners in advocacy leading up to the United Nations High-level Meeting on Non-communicable Diseases in September. The project has enhanced work of programmes that reach a total of 500,000 children in urban settings of low- and middle-income countries (China, India, Iran, Kenya, Nigeria, Poland and South Africa).

Football for heart health

World Heart Federation and the Union of European Football Associations (UEFA) teamed up to leverage “football fever” set off by the upcoming 2012 European Football Championship to spread heart-healthy messages. In work with the Healthy Stadia Network, the World Heart Federation developed content for a handbook focused on organizing activities to promote healthy diet, physical activity, smoke-free living and responsible alcohol use. As part of the tournament’s RESPECT your Health campaign coordinated by the non-governmental organization Streetfootballworld, the handbook will be used to train individuals and empower them to become trainers themselves, delivering heart-healthy messages to additional people in their community. To reach more children, World Heart Federation partner Muuvit began to construct an interactive RESPECT your Health web platform in Polish and Ukrainian. Through the RESPECT your Health initiative, the World Heart Federation worked with the World Health Organization, UEFA, and Healthy Stadia network to establish a strict tobacco-free policy in tournament stadia, making the upcoming EURO2012 UEFA’s first tobacco-free event.

The World Heart Federation and UEFA’s *Eat for Goals!* cook book, which uses football players to promote cooking and eating healthy food among children, was translated into Russian and Portuguese in 2011. A Ukrainian version will soon be finalized to make the book available in 10 languages.

<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

In September 2011, 193 governments made strong commitments to address and curtail the non-communicable disease (NCD) burden at the United Nations (UN) High-level Meeting (HLM) on NCDs. NCDs, including cardiovascular disease (CVD), cancer, diabetes and chronic respiratory disease, account for over 36 million deaths each year, nearly half of which are due to CVD alone. Following strong global advocacy on the part of the CVD and NCD community, the UN HLM provided the World Heart Federation with an unprecedented opportunity to place CVD high on the global health and development agendas.

In preparation for September, we scaled up our advocacy efforts to ensure that the CVD voice was strong at every step of the UN and World Health Organization (WHO) processes. At the annual WHO World Health Assembly, the World Heart Federation successfully advocated for Member States to acknowledge the devastating toll of NCDs worldwide and recognize the WHO's role as the leading body to promote global action against NCDs.

There was never a more critical time for the CVD community to come together, as they did, to work with governments and partners towards achieving strong recognition of and action on the NCD burden. Advocacy work of 2011 revealed a great appetite and capacity among members to advocate for policies that promote CVD prevention and control. It was also found that a significant number of members have very important contacts in their countries, contacts they were willing and able to leverage to ensure that the CVD and NCD messages were translated into action. The World Heart Federation put our members at the heart of our global advocacy efforts and undertook activities to ensure that the CVD community was coordinated with calls to action. Following months of consultation with members in 2010 and early 2011, a CVD Outcomes Document was launched which served as the foundation of advocacy asks. As the political process continued, monthly teleconferences provided members with the opportunity to update on regional and national advocacy efforts, as well as provide input into the HLM proceedings.

The Political Declaration endorsed at the UN HLM is a testament to the commitment demonstrated by World Heart Federation members and the significant impact of integrated and strategic approaches to global and national advocacy. As the World Heart Federation

worked with international health experts to set global asks, draft language and build awareness, our members took the CVD issue and made it a priority for their governments by sending letters, meeting with heads of state, health and foreign affairs ministries, utilizing key contacts and building the CVD/NCD case at the national level. By giving a voice to our members, together we called attention to the lack of global resources put forward to address the number one killer worldwide. Advocating for one set of CVD, and subsequently NCD asks, with one united voice resulted in a strong and clearly articulated Political Declaration to address the NCD burden.

Our achievements however, have only made a coordinated global response more critical. As we move towards ensuring that the commitments made in the Political Declaration are undertaken, we will continue to work towards building a stronger and more strategic vision in which the burden of CVD is fully addressed. The next phase of our capacity building for advocacy will be focused on ensuring that the CVD community is part of the dialogue when developing the key asks set out in the Political Declaration. These include the development of:

1. A Global Monitoring Framework with targets and indicators by the end of 2012
2. An effective partnership for multi-sectoral action to address NCDs by 2012
3. National NCD Plans by 2013
4. A comprehensive review by 2014

As we work towards achieving our global advocacy objectives, our communications and awareness campaigns will be harnessed to build strong support and messaging, that continues to build the layers of awareness and action needed at all levels – local, national and regional – for an effective, sustainable and life course approach to reducing the CVD burden.

Through its Go Red for Women campaign, the World Heart Federation has been a strong advocate for a gender based approach to addressing the unique risks women have of developing CVD. Building on this commitment and recognizing the need to integrate CVD and NCDs into existing health programmes and policies, the World Heart Federation joined other leading civil society organizations at a high level side event during the UN HLM, to form a task force on women's health. This task force will look at integrating NCDs (and CVD) into existing women's health systems and dialogue. Other members of the task force include leading civil society organizations in women's health such as Women Deliver and the International Planned Parenthood Federation.

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

“2011 was a remarkable year for advocacy due to the United Nations High-level Meeting on Non-Communicable Diseases where 28 heads of state pledged a commitment to reduce the global disease burden. The cardiovascular disease community was strongly represented at this meeting with both World Heart Federation leadership and members from across the world in attendance.”

Global tobacco control

In 2011, the World Heart Federation made a big impact on tobacco control advocacy through its role in the NCD Alliance, which put implementation of the World Health Organization's Framework Convention for Tobacco Control (FCTC) front and centre in priorities for global non-communicable disease (NCD) control. World Heart Federation helped draft the NCD Alliance briefing paper on the FCTC and supported the prominent placement of the FCTC in broader documents.

Additionally, the World Heart Federation continued to co-chair the Global Smokefree Partnership (GSP), which restructured and recruited a number of World Heart Federation members to join the partnership. Through GSP and in collaboration with the Netherlands Heart Foundation, World Heart Federation supported advocacy efforts to counter the Dutch government's weakening of tobacco control policy, in a letter to the editor of *The Lancet*.

Rolling out on an initiative launched in 2010 at the World Congress of Cardiology in Beijing, the World Heart Federation worked with its regional members to build up tobacco control content in their events. This involved:

- **Presentations at member events:** Officers and CEO's gave presentations on global or regional tobacco control issues at member events in Africa, Asia, Europe and North America. Specific members involved included the Pan African Society of Cardiology, Asia Pacific Society of Cardiology, the European Society of Cardiology and the American Heart Association.
- **Workshops on tobacco control at member events:** a tobacco control workshop was held before the EuroPrevent conference and support was provided for a workshop at the African Heart Network's annual meeting
- **Film and paper:** over 4,000 copies of *Warning: Secondhand Smoke is Hazardous to your Heart* were distributed at member events in Africa, Latin America, North America and Europe.
- **Mapping:** through interviews and surveys of members, cardiologists and tobacco control advocates, the World Heart Federation began the process of determining the unique added value of the cardiovascular disease community to tobacco control advocacy (in progress).

Through its partnership with the Union of European Football Associations (UEFA), the World Heart Federation, World Health Organization and Healthy Stadia Network worked together to help UEFA implement a smoke-free tournament in Poland and Ukraine.

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

“Working with our members to promote strong anti-tobacco policies and increase awareness of tobacco use as a leading risk factor for heart disease and stroke.”

APPLIED RESEARCH

The polypill FOCUS project

In 2011 the World Heart Federation continued its support of the Spanish National Centre for Cardiovascular Research (CNIC) polypill initiative: **Fixed-dose Combination Drug for Secondary Cardiovascular Prevention (FOCUS)**.

The aim of the FOCUS project is to test the fixed-dose combination (“polypill”) concept for cardiovascular prevention in populations of different socioeconomic characteristics. At the same time, FOCUS aims to understand the factors determining inappropriate prescribing for secondary cardiovascular prevention and those for poor patient adherence to treatment. This will allow FOCUS to establish recommendations for the better use of medication in patients with ischaemic heart disease. In addition, after successful completion of the FOCUS project, secondary prevention medication will be available and affordable for a large number of patients in both developed as well as developing countries.

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 in two phases. FOCUS Phase 1 will examine factors potentially related to lack of adequate secondary prevention in 4,000 post-heart attack patients and analyze the relationship between these factors and patient treatment adherence. FOCUS Phase 2 is a randomized trial that will compare adherence to treatment in 1,340 post-heart attack patients either receiving a polypill comprising aspirin (100 mg), ramipril (2.5, 5, or 10 mg), and simvastatin (40 mg) or receiving the same 3 drugs separately.

In 2011 a paper titled “The Fixed-dose Combination Drug for Secondary Cardiovascular Prevention project: Improving equitable access and adherence to secondary cardiovascular prevention with a fixed-dose combination drug: study design and objectives” was written by the investigators and published in the *American Heart Journal*.

<http://www.world-heart-federation.org/what-we-do/applied-research/polypill/>

“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. Phase I 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 II identified the major barriers to implementing evidence-based clinical practice. It examined routine clinical care for CHD patients, including recommending lifestyle modifications and use of medication. These were compared to current guidelines of secondary prevention of CHD.

Phase III is currently underway and seeks solutions to close the gap between guidelines and practice in the care of coronary heart disease patients. The specific objectives of Phase III are to:

- investigate the knowledge level of secondary prevention for CHD among cardiology nurses in hospitals of China;
- assess the capacity of cardiology nurses for patient education;
- test if a short, specific training course on current scientific knowledge for CHD secondary prevention can improve cardiology nurses' understanding of medical orders for secondary prevention which they carry out for hospitalized CHD in patients;
- test if a specifically designed tool with simplified expression of key messages for CHD secondary prevention can help cardiology nurses provide better patient education;
- assess if the improved knowledge of CHD secondary prevention among cardiology nurses and also the specific educational tool can improve the adherence to treatments in high risk CHD patients three months after discharge from hospitals.

Throughout 2011, hospitals, nurses, and patients across China were being recruited to participate in the programme.

<http://www.world-heart-federation.org/what-we-do/applied-research/china-bridging-the-gap/>

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

Rheumatic Heart Disease

Working towards international guidelines for rheumatic heart disease (RHD) diagnosis, experts from around the world gathered in March to finalize a year-long consultation led by Starship Hospital in New Zealand to revise standards for echocardiographic diagnosis of RHD. The meeting was organized by RHD Australia, Australia's national RHD programme based at Menzies School of Health Research in Darwin, and hosted by the Heart Foundation of Thailand and the Heart Association of Thailand, both members of the World Heart Federation. As a result of this meeting, the new World Heart Federation criteria for diagnosis of RHD by echocardiography were submitted for publication in *Nature Reviews: Cardiology*.

Also in March, World Heart Federation worked with conference organizers Partners in Health to ensure that RHD was well-represented in its conference entitled "Tackling the Endemic Non-communicable Diseases of the Bottom Billion." A parallel meeting of RHD champions was held to discuss priorities in RHD prevention and control and the World Heart Federation developed a film clip, *Rheumatic Heart Disease: Forgotten but not Gone* featuring key meeting attendees to showcase the inequalities that are intrinsic to the global RHD burden.

To increase knowledge of RHD within the cardiology community, World Heart Federation worked with member organization Coeurs pour Tous to organize a full-day post-graduate course in RHD prevention and control at the 7th Global Forum on Humanitarian Medicine in Cardiology and Cardiac Surgery held in Geneva in June. 50 people from around the world attended the course. Building on global accessibility to RHD knowledge and science, *RHDnet*, the World Heart Federation's unique online resource on RHD control, added materials in French and Portuguese in 2011. Traffic to the *RHDnet* site (www.world-heart-federation.org/what-we-do/rheumatic-heart-disease-network/) increased by 25 per cent compared to the 2010, and originated from 112 different countries (10 new).

In preparations for the United Nations (UN) High-level Meeting (HLM) on Non-communicable Diseases (NCDs), the World Heart Federation ensured that RHD was highlighted in briefing documents and consultations, specifically those focused on children and NCDs. From the floor of the UN during the meeting in September, African Heart Network President Kingsley Akinroye called for action on RHD. During post-HLM

discussions, the World Heart Federation advocated for penicillin to be included in the World Health Organization targets for increased access to NCD essential medicines. These discussions are currently on going.

Also in 2011, the World Heart Federation formed a new working group on Rheumatic Fever and Rheumatic Heart Disease led by Dr Bongani Mayosi. The group initiated a survey of the availability of benzathine penicillin G and is currently planning additional activities.

Funding for both the meeting on developing criteria for echocardiographic diagnosis of RHD and global communications was provided by the Medtronic Foundation, which led to increased visibility for RHD activities around the world.

EndRHD ASAP

The World Heart Federation EndRHD ASAP project screened 800 children in its demonstration site at Cape Town township. Preliminary estimates indicate that 2 per cent of school children have RHD. These results were shared with the Department of Health and heads of health from all nine provinces in August, when the ASAP Programme convened the first National Rheumatic Fever Week Conference.

In 2011, rheumatic fever was chosen as a sentinel condition for piloting the new web-based public health surveillance system in South Africa. Additionally, the ASAP programme integrated RHD as a key endpoint in the medical school curriculum for 4th and 6th year students, giving 800 students better training on RHD management and control. Over 80 healthcare providers were trained in RHD prevention and control and/or notification and some 40 public school teachers were trained in prevention, identification and control of RHD.

The EndRHD ASAP project demonstration site in Ethiopia was set up by Jimma University and screening was piloted in an urban area. The University of Cape Town ASAP team organized a full-day RHD meeting at the Pan-African Society of Cardiology in Kampala in May, and served as the steering hub of the Global RHD Registry (REMEDY) developed in collaboration with McMaster University.

<http://www.world-heart-federation.org/what-we-do/applied-research/rheumatic-heart-disease/>

“Working with our members towards the goal of eradicating rheumatic fever and minimizing the global burden of rheumatic heart disease.”

PARTNERSHIPS

In 2011, our partners played a meaningful role in furthering outreach to create awareness, identify risk factors, and promote treatment and care options for those affected by cardiovascular disease (CVD), especially in low- and middle- income countries. Our partners also assisted in positioning CVD at the forefront of the global health agenda. The World Heart Federation's partnership portfolio includes corporate, foundation, institutional and non-governmental organization.

Our Partners

The World Heart Federation's partnerships with industry are based on shared values, transparency and mutual respect. In 2011, we encouraged our partners to engage their employees, customers and stakeholders in the global fight against heart disease and stroke. Our partners fulfilled their commitment to social responsibility globally and in their own communities, thereby increasing employee pride and boosting our partners' reputation as socially conscious global citizens.

2011 Partnerships

In 2011, the World Heart Federation continued its alliance with the Union of European Football Associations (UEFA) through the RESPECT your Health platform, promoting the *Eat for Goals!* programme designed to foster healthy diet and physical activity among children. UEFA also supported initiatives to create heart-healthy environments at football match venues. Non-governmental partners Muuvit and European Healthy Stadia Network were involved in the development of these programmes too.

A new Corporate Alliance was created in 2011 with Boehringer Ingelheim. Boehringer Ingelheim supported World Heart Federation work on atrial fibrillation (AF) through an information and advocacy campaign designed to engage members to increase AF awareness among primary care physicians, patients and ultimate policy makers and key opinion leaders.

Along with Boehringer Ingelheim, the World Heart Federation carried forward work with Sanofi around AF through promotion of the Atrial Fibrillation in Primary Care (AFIP) tool in media outreach that covered an audience of more than 605,000 people and outreach to primary-care physicians, particularly in Europe. Continued collaboration with Unilever in

2011 focused on encouraging consumers to make heart-healthy choices in food consumption and raising awareness of heart health through the Heart Age tool.

In 2011 Bayer continued to support the Bridging the Gap (BRIG) project in China, aimed at improving the quality of care of coronary heart disease patients. Bayer also supported the World Heart Federation *CVD News Brief*, which provided up-to-date dissemination of information on cardiovascular disease prevention and treatment options to all World Heart Federation members and journalist contacts. Additionally, Bayer organized a journalist training roundtable in October 2011 in Bitterfeld, Germany that the World Heart Federation participated in. The purpose of the journalist roundtable was to educate journalists on: 1) the global burden of non-communicable diseases, with a focus on cardiovascular disease; 2) the options for both preventing and treating CVD; and 3) how to read and interpret study data. A booklet and podcast from the event are being prepared.

In 2011 AstraZeneca, Pfizer, Medtronic, Omron, Panasonic, Boehringer Ingelheim, Sanofi and Bayer all partnered with the World Heart Federation as Corporate Sponsors on projects and/or as supporters of World Heart Day. Additionally, the Else Kröner-Fresenius-Stiftung supported vital work on rheumatic heart disease (RHD) in Africa, Australasia and Asia, focusing on screening, training for healthcare professionals and data sharing. The Medtronic Foundation supported World Heart Federation in advocacy and promotion of the September 2011 United Nations High-level Meeting on Non-Communicable Diseases. Medtronic Foundation also provided support for the development of standardized criteria for the echocardiographic diagnosis of RHD.

Each partnership is a **4 – WIN PROPOSITION**, benefiting

- The World Heart Federation
- Our members (and the public they serve)
- Our partners
- Our partners' stakeholders

“The World Heart Federation actively seeks partners which support our mission and vision of mission of uniting our members and leading the global fight against heart disease and stroke.”

ORGANIZATION

World Heart Federation Board 2011

President

Sidney C SMITH Jr., MD

Vice-President

Hans STAM, PhD

President Elect

Akira MATSUMORI*, MD, PhD

Vice-President Elect

Deborah CHEN

Past President

Pekka PUSKA, MD, PhD

Past Vice-President

Lyn ROBERTS, AM, PhD

Chair, Scientific and Policy Initiatives Committee

Srinath REDDY, MD, DM, MSc

Secretary

Nooshin BAZARGANI, MD

Treasurer

Pierre PONCET

Chief Executive Officer

Johanna RALSTON

Continental Representatives:

Asia-Pacific

Akira MATSUMORI*, MD, PhD

Tony DUNCAN

Europe

Roberto FERRARI, MD, PhD

Africa

Kingsley K AKINROYE, MD

Oluwole ADEBO, MD

Inter-America

Daniel J PIÑEIRO, MD

Eduardo MORALES BRICENO, MD

* On leave of absence

World Heart Federation Members

Continental Members 2011

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 2011

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
Cameroon Cardiac Society

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

Colombia

Colombian Heart Foundation
Colombian Society of Cardiology

Croatia

Croatian Cardiac Society

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

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

Hong Kong, China

Hong Kong College of Cardiology

The Hong Kong Heart Foundation

Hungary

Hungarian National Heart Foundation

Hungarian Society of Cardiology

Iceland

Icelandic Heart Association

India

All India Heart Foundation

Cardiological Society of India

Indonesia

Indonesia Heart Foundation

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

Jamaica

The Heart Foundation of Jamaica

Japan

Japan Heart Foundation

Japanese Circulation Society

Kazakhstan

Association of Cardiologists of Kazakhstan

Kenya

Kenya Heart Foundation

Kenya Cardiac Society

Korea

The Korean Society of Cardiology

Kuwait

Kuwait Heart Foundation

Kyrgyzstan

Scientific Society of Cardiologists of
Kyrgyzstan

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

Luxemburg

Luxemburg Society of Cardiology

Macau, China

Macau Association 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

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
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
Society of Cardiology of Serbia
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
Taiwan, China
Taiwan Society of Cardiology
Taiwan Heart Foundation
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
United Arab Emirates
Emirates Cardiac Society
United Kingdom
British Heart Foundation
British Cardiovascular 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
Zambia
Zambia Heart and Stroke Foundation

Associate International Members 2011

Arrhythmia Alliance
Children's HeartLink
Fundacion Araucaria
Hearts for All
Heart Friends around the World
Help for the Development of Health
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 (ISHNE)
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
International Society of Adult Congenital Heart Disease
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 2011

Afghanistan

Azzizullah Amir, MD

Bhutan

Tashi Wangdi, MD

Seychelles

Pascal Bovet, MD

Zimbabwe

Jephath Chifamba, MD

Associate National Members 2011

Argentina

Argentine Federation of Cardiology

Bangladesh

EASD-Eminence Associates for Social
Development

Heart Care Foundation Comilla

India

Academy of Cardiology at Mumbai
Cardio Vascular Society of India
HRIDAY – Health Related Information
Dissemination Amongst Youth
Public Health Foundation of India

Indonesia

Indonesian Cardiocerebrovascular Society

Ireland

Croí- The West of Ireland Cardiac Foundation

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 auditor
to the General Assembly of the
World Heart Federation
Geneva

Report of the auditor on the financial statements

As auditor, we have audited the financial statements of World Heart Federation on pages 32 to 47, 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 2011. 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 GAAP FER 21, 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

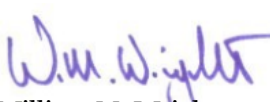
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are 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 2011 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, 21 June 2012

PricewaterhouseCoopers SA, avenue Giuseppe-Motta 50, Case postale, 1211 Genève 2
Telephone: +41 58 792 91 00, Facsimile: +41 58 792 91 10, www.pwc.ch

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF ASSETS, LIABILITIES AND RESERVE FUNDS

for the year ended 31 December

(Expressed in Swiss francs)

	Notes	<u>2011</u>	<u>2010</u>
<u>Assets</u>			
<u>Current assets</u>			
Cash and cash equivalents		1,517,399	1,097,043
Accounts receivable		1,433,633	-
Prepaid expenses		590,986	532,350
Accounts receivable members and donors	1 d)	304,700	552,845
<i>Total current assets</i>		3,846,718	2,182,238
<u>Non current assets</u>			
Investments	1 e)	1,338,610	1,535,758
Escrowed deposits		61,400	61,267
Net fixed assets	1 f), 10	74,216	109,421
<i>Total non current assets</i>		1,474,226	1,706,446
Total assets		5,320,944	3,888,684
 <u>Liabilities and Reserve Funds</u>			
<u>Liabilities</u>			
Cash and cash equivalents		784,696	679,395
Accounts payable and accruals		258,600	1,018,107
WCC 2012 deferred excess	11	2,001,048	23,950
Loan - short term		900,000	-
<i>Total liabilities</i>		3,944,344	1,721,452
<u>Reserve funds</u>			
General Reserve Fund		1,062,603	1,661,921
Restricted Income Funds		313,997	505,311
<i>Total reserve funds</i>		1,376,600	2,167,232
Total liabilities and reserve funds		5,320,944	3,888,684

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF RECEIPTS AND OPERATING EXPENDITURE

for the year ended 31 December

(Expressed in Swiss francs)

<u>Operating receipts</u>	Notes	<u>2011</u>	<u>2010</u>
Membership fees			
Current year	2	476,541	539,458
Arrears written off		-24,481	-131,449
Congresses			
World Congress of Cardiology 2010	11	-	868,247
Corporate partnerships	3		
Unrestricted		1,556,409	1,208,964
Restricted		325,911	-
Corporates	3		
Unrestricted		296,257	181,820
Restricted		255,628	27,238
Friends	3		
Restricted		-	17,867
Foundations	3		
Restricted		503,278	523,583
Organizations	3		
Unrestricted		275,094	354,255
Restricted		60,210	211,782
European Commission	3		
Restricted		-	21,684
Other donors	3		
Unrestricted		7,196	5,627
Restricted	3	25,513	-
Bank interest and money market fund income		34,577	37,871
<i>Total operating receipts</i>		<u>3,792,132</u>	<u>3,866,947</u>
 <u>Operating expenditure</u>			
Secretariat	4	870,325	941,736
Development and Member Communications	4	636,469	849,527
Meetings and Member Congresses	4	58,545	229,900
Activities	5	457,261	417,985
Projects	5	2,384,542	1,418,274
<i>Total operating expenditure</i>		<u>4,407,141</u>	<u>3,857,422</u>
<i>(Shortage) / excess of operating receipts over expenditure</i>		(615,009)	9,525
 <u>Financial income and expenses</u>			
Net financial (loss) / gain	6	(175,623)	(315,873)
<i>(Shortage) / excess of operating receipts over expenditure</i>		(790,632)	(306,346)
General reserve fund at the beginning of the year		1,661,921	1,881,148
Restricted income allocated to Restricted Income funds		(1,170,540)	(802,154)
Restricted income withdrawn from Restricted Income funds		1,361,854	889,273
General reserve fund at the end of the year		<u>1,062,603</u>	<u>1,661,921</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

STATEMENT OF CHANGES IN RESERVE FUNDS

For the year ended 31 December

	Opening balance 2011	2011 result	Allocations to restricted income funds	Withdrawals from restricted income funds	Closing balance 2011
General reserve fund	1,661,921	(790,632)	(1,170,540)	1,361,854	1,062,603
Restricted Income funds	505,311	-	1,170,540	(1,361,854)	313,997
Total reserve funds	2,167,232	(790,632)	-	-	1,376,600

	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

WORLD HEART FEDERATION, Geneva (Switzerland)

CASH FLOW STATEMENT

For the year ended 31 December

	<u>2011</u>	<u>2010</u>
	CHF	CHF
<u>Cash flows from operating activities</u>		
(Shortage) / Excess of operating receipts over expenditure	(790,632)	(306,346)
Depreciation and amortisation	61,155	71,252
<i>Cash flow from operating activities before changes in working capital</i>	(729,477)	(235,094)
(Increase) / Decrease in account receivable and prepaid expenses	(1,492,269)	1,321,974
(Increase) / Decrease in account receivable membership fees and donors	248,145	(18,973)
Increase / (Decrease) in accounts payable and accruals	(759,507)	552,067
Increase / (Decrease) in deferred gain WCC 2012	1,977,098	(1,467,828)
<i>Net cash generated from operating activities</i>	(756,010)	152,147
<u>Cash flows used for investing activities</u>		
(Increase) / Decrease in investments and deposits	197,016	308,330
(Increase) / Decrease in fixed asset purchases	(25,949)	(57,465)
Increase / (Decrease) in loan	-	(310,119)
<i>Net cash used for investing activities</i>	171,067	(59,254)
<u>Cash flows used for financing activities</u>		
Increase in loan - short term	900,000	
<i>Net cash used for financing activities</i>	900,000	-
Net increase / (decrease) in cash and cash equivalents	<u>315,057</u>	<u>92,893</u>
Cash and cash equivalents at beginning of the year	<u>417,647</u>	<u>324,755</u>
<i>Total of cash and cash equivalents at 31 December</i>	<u>732,703</u>	<u>417,647</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

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 2011 - PAGE 1

Country	CHF	Country	CHF
Argentina	4,559	Nigeria	1,200
Australia	12,099	Norway	2,955
Austria	7,035	Pakistan	1,407
Barbados	562	Papua New Guinea	450
Belgium	7,878	Paraguay	450
Bosnia and Herzegovina	546	Peru	450
Brazil	11,255	Poland	2,251
Bulgaria	562	Portugal	4,221
Canada	22,134	Puerto Rica	1,407
Chile	1,407	Romania	562
China:		San Marino	562
Hong Kong	2,814	Saudi Arabia	5,347
Macao	281	Serbia	1,124
Taiwan	2,814	Singapore	2,251
Colombia	1,407	Slovakia	1,311
Cyprus	562	Slovenia	1,126
Czech Republic	985	South Africa	4,376
Denmark	7,316	Spain	14,069
Ecuador	450	Sri Lanka	450
Egyptia	450	Sweden	5,066
El Salvador	450	Thailand	2,251
Finland	5,628	Tunisia	562
Georgia	450	Turkey	2,251
Germany	21,103	United Arab Emirates	2,251
Greece	2,251	United Kingdom	34,891
Hungary	1,407	United States of America	140,690
Iceland	562	Uruguay	562
India	3,376	Zambia	562
Indonesia	1,970		
Iraq	450		
Iran	1,126		
Ireland	4,504		<u>400,295</u>
Israel	2,814		
Italy	4,945		
Jamaica	450	Membership fees to be received	
Kazakhstan	450	page1	<u>33,908</u>
Kenya	562		
Kyrgyzstan	450	Total membership fees to be recognised	
Latvia	562	in 2011, page 1	<u>434,203</u>
Libyan	562		
Lithuania	562		
Macedonia	450		
Malaysia	1,970		
Mauritius	562		
Mexico	5,065		
Mozambique	562		
Netherlands	12,662		
New Zealand	4,220		

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 2 - MEMBERSHIP FEES RECOGNISED IN THE YEAR ENDED 31 DECEMBER 2011 - PAGE 2

Associate National / International Members	CHF	Continental Societies	CHF
Academy of Cardiology at Mumbai	562	AHN	1,000
ADS - Aide au développement	1,000	APSC	1,000
Cardio Vascular Society of India	562	EHN	1,000
Children's HeartLink	200	ESC	1,000
Fundacion Araucaria	1,000	IAHF	1,000
Heart Friends around the World	200	IASC	1,000
Heart Research UK	4,361		<u>6,000</u>
Indonesian Cardiocerebrovascular Society	562	Individual member	
International Society for Holter & Non Invasive Electrocardiology	1,000	Received	109
International Society of Cardiovascular Ultrasound	1,000		<u>109</u>
International Society of CVD Epidemiology and Prevention	1,000	Swiss Member	
International Society of Cardiovascular Pharmacotherapy	1,000	Hearts for All	1,000
Norwegian Heart & Lung Patient Organization	717	International Council of Nurses	200
Preventive Cardiovascular Nurses Association	1,000	ISMAAP	1,000
ProCOR / Lown Cardiovascular Research Foundation	1,000	Swiss Heart Foundation	4,502
Public Health Foundation	844	Swiss Society of Cardiology	4,502
Sarawak Heart Foundation	493		<u>11,204</u>
World Heart Failure Society	1,000	Membership fees to be received page 2	<u>7,524</u>
<u>17,501</u>		Membership fees recognised in 2011	<u>42,338</u>
		Total membership fees recognised in 2011	<u>476,541</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 3 - DONATIONS
RECEIVED IN THE YEAR ENDED 31 DECEMBER 2011

Donors	Unrestricted	Total unrestricted	Children	RF/RHD South Pacific	RF/RHD Africa	Capacity Building	NCD Alliance	Others restricted	Total restricted	Grand Total
	Corp. Partners / Unrestricted									
Corporate partnerships										
Bayer	283,452	283,452	-	-	-	-	-	-	-	283,452
Boehringer Ingelheim	389,310	389,310	-	-	-	-	-	-	-	389,310
Unilever	509,160	509,160	-	-	-	-	-	-	-	509,160
Sanofi	374,487	374,487	-	-	-	-	312,613	13,298	325,911	700,398
Sub-total	1,556,409	1,556,409	-	-	-	-	312,613	13,298	325,911	1,882,320
Corporate donors										
AstraZeneca	122,730	122,730	-	-	-	-	-	-	-	122,730
Medtronic	59,885	59,885	-	-	-	-	-	-	-	59,885
Omron	-	-	-	-	-	24,182	-	-	24,182	24,182
Panasonic Corp.	64,510	64,510	-	-	-	-	-	-	-	64,510
Pfizer	49,132	49,132	-	-	-	-	132,097	99,349	231,446	280,578
Sub-total	296,257	296,257	-	-	-	24,182	132,097	99,349	255,628	551,885
Foundations										
American Heart Association	-	-	-	-	-	-	93,209	-	93,209	93,209
Else Kröner-Frenesius-Stiftung	-	-	-	-	258,980	-	-	-	258,980	258,980
Medtronic Foundation	-	-	-	51,089	-	-	-	100,000	151,089	151,089
Sub-total	-	-	-	51,089	258,980	-	93,209	100,000	503,278	503,278
Organizations										
Canola Council of Canada	31,374	31,374	-	-	-	-	-	-	-	31,374
UEFA	243,720	243,720	60,210	-	-	-	-	-	60,210	303,930
Sub-total	275,094	275,094	60,210	-	-	-	-	-	60,210	335,304
Other donors										
Other	7,196	7,196	-	13,934	1,629	-	-	9,950	25,513	32,709
Sub-total	7,196	7,196	-	13,934	1,629	-	-	9,950	25,513	32,709
Total	2,134,956	2,134,956	60,210	65,023	260,609	24,182	537,919	222,597	1,170,540	3,305,496

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 4 - ANALYSIS OF EXPENDITURE

For the year ended 31 December

	<u>2011</u>	<u>2010</u>
	CHF	CHF
<u>General and administrative</u>		
Secretariat		
Salaries and social charges	306,018	347,023
Rent and insurance	221,064	248,069
Office equipment leasing	32,625	27,837
Maintenance and repairs	30,041	31,177
Telephone	25,349	28,768
Office supplies and equipment	7,104	6,688
CEO office	40,994	-
Subscriptions and dues	3,509	1,566
Professional services (Audit/Accounting/Lawyer)	131,987	214,553
Bank charges and miscellaneous	71,634	36,055
	<u>870,325</u>	<u>941,736</u>
Development and Member Communications		
Development	239,710	355,092
Marketing, PR and events	173,084	181,581
Professional services (IT/Website maintenance)	150,412	234,357
Depreciation of office furniture and equipment	61,155	71,252
Postage	3,834	3,660
Printing	8,274	3,585
	<u>636,469</u>	<u>849,527</u>
Meetings and Member Congresses		
International representation	58,545	41,319
Congress management	-	188,581
	<u>58,545</u>	<u>229,900</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 5 - ANALYSIS OF ACTIVITY AND PROJECT EXPENDITURE

For the year ended 31 December

	<u>2011</u>	<u>2010</u>
	CHF	CHF
Activities		
Executive Board/President's expenses	127,788	108,462
Scientific and Policy Initiative Committee (SPIC)	152,698	145,107
Network Capacity Building	158,802	164,416
Working group activities	132	-
CVD Newsletter (Bayer)	17,841	-
<i>Total Activities</i>	<u>457,261</u>	<u>417,985</u>
Projects		
World Heart Day	275,885	220,196
Go Red for Women	167,265	195,226
Polypill project	19,951	22,523
RHD	58,887	-
RHD South Pacific	46,853	41,286
RHD Africa	160,353	247,866
Childhood Obesity	176,273	160,655
Healthy Lifestyle	-	28,788
AF Aware	394,889	123,603
Healthy Stadia	75,316	70,771
Advocacy	223,381	214,384
NCD Alliance	537,919	-
Un Summit	78,503	-
Brig project	105,808	-
Tobacco control	63,261	92,976
<i>Total Projects</i>	<u>2,384,542</u>	<u>1,418,274</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 6 - FINANCIAL INCOME AND EXPENSES

For the year ended 31 December

	<u>2011</u> CHF	<u>2010</u> CHF
Net realized foreign exchange (loss) / gain	(89,596)	(314,125)
Net realized (loss) / gain	<u>(89,596)</u>	<u>(314,125)</u>
Net unrealized (loss) / gain on investments portfolio	(83,939)	60,189
Net unrealized foreign exchange (loss) / gain	(2,088)	(61,936)
Net unrealized loss	<u>(86,027)</u>	<u>(1,748)</u>
Net financial (loss) / gain	<u><u>(175,623)</u></u>	<u><u>(315,873)</u></u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 7 - TOTAL SALARIES AND SOCIAL CHARGES

For the year ended 31 December

	<u>2011</u> CHF	<u>2010</u> CHF
<u>Salaries and social charges</u>		
Total salaries and social charges incurred in the year	<u>2,314,417</u>	<u>2,260,034</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 8 - 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>2011</u> CHF	<u>2010</u> CHF
<u>Donations in kind</u>		
<u>American Heart Association</u>		
Booth	0	2,889
<u>European Society of Cardiology</u>		
ESC booth	3,933	0
EuroPrevent booth	4,370	
<u>Emirates Cardiac Society</u>		
Booth	5,611	0
<u>Society of Cardiology of the Russian Federation</u>		
Booth	3,520	0
<u>Turkish Society of Cardiology</u>		
Booth	5,745	0
<u>International Diabetes Federation</u>		
Booth	10,597	0
<i><u>Total donations in kind</u></i>	<u>33,776</u>	<u>2,889</u>
<u>Donations in services</u>		
<u>Weber Shandwick Worldwide</u>		
Strategy communications , PR campaign's activities	0	43,415
<i><u>Total donations in services</u></i>	<u>0</u>	<u>43,415</u>
<i>Total amount of goods in kind and services received</i>	<u>33,776</u>	<u>46,304</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 9 - 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>2011</u> CHF	<u>2010</u> CHF
Payments to be made within one year	312,840	312,655
Payments to be made after more than one year	<u>1,176,252</u>	<u>113,990</u>
	<u>1,489,092</u>	<u>426,645</u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 10 - 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 2010	325,599	223,087	151,375	700,061
Additions	53,681	3,783	0	57,464
Closing balance at 31 December 2010	<u>379,280</u>	<u>226,870</u>	<u>151,375</u>	<u>757,525</u>
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	<u>(329,690)</u>	<u>(169,695)</u>	<u>(148,719)</u>	<u>(648,104)</u>
Fixed assets - Net book amount	<u><u>49,590</u></u>	<u><u>57,175</u></u>	<u><u>2,656</u></u>	<u><u>109,421</u></u>
Fixed assets at cost				
Opening balance at 1 January 2011	379,280	226,870	151,375	757,525
Additions	24,870	1,079	0	25,949
Assets totally depreciated	0	0	(142,175)	(142,175)
Closing balance at 31 December 2011	<u>404,150</u>	<u>227,949</u>	<u>9,200</u>	<u>641,299</u>
Accumulated depreciation				
Opening balance at 1 January 2011	(329,690)	(169,695)	(148,719)	(648,104)
Current year depreciation	(31,696)	(27,618)	(1,840)	(61,155)
Assets totally depreciated	0	0	142,175	142,175
Closing balance at 31 December 2011	<u>(361,386)</u>	<u>(197,313)</u>	<u>(8,384)</u>	<u>(567,083)</u>
Fixed assets - Net book amount	<u><u>42,764</u></u>	<u><u>30,636</u></u>	<u><u>816</u></u>	<u><u>74,216</u></u>

WORLD HEART FEDERATION, Geneva (Switzerland)

NOTE 11 - EXPLANATORY NOTE ON THE 2012 AND 2010 WORLD CONGRESSES OF CARDIOLOGY

For the year ended 31 December 2011

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.

	<u>WCC 2012</u> <u>at 31.12.2011</u> CHF	<u>WCC 2010</u> <u>final</u> CHF
Operating receipts	3,876,662	7,581,995
Salaries and social charges	(1,201,125)	(1,041,031)
Other operating expenditure	(674,489)	(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>868,247</u>
<i>WCC 2012 excess of receipts over expenditure to 31 December 2011, deferred as per Statement of Assets, Liabilities and Reserves funds</i>	<u>2,001,048</u>	

WORLD HEART FEDERATION STAFF

based at international headquarters, Geneva, Switzerland, as at August 2011

Executive Office

Johanna Ralston, Chief Executive Officer

Heidi Lake, Personal Assistant to the Chief Executive Officer

MaryRose Rudaz, Administrative Assistant, Human Relations & Finance

Fundraising, Operations and Congress

Enzo Bondioni, Senior Director of Operations and Congress

Sabrina Adolf, Congress Manager

Alan Cole, Corporate Relations Manager

Fabienne de Preux, Account Manager

Emilie Russell, Administrative Assistant

Oscar Ferreira, Assistant Accountant

Scientific activities

Kathryn Taubert, PhD, Chief Science Officer

Susan Davenport, Manager Science Programmes

Alice Grainger Gasser, Manager of Demonstration Projects

Sanni Hiltunen, Assistant, Science Programme

Communications and Advocacy

Charanjit Jagait, PhD, Director of Communications and Advocacy

Léna Hassig, Project Manager

Cynthia Haro, Membership and Campaigns Coordinator

Sara Bowen, Website Manager

Amy Collins, Advocacy and Policy Coordinator

Kelly Worden, Intern, Advocacy and Communications

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