



World Heart Federation © Lois Greenfield

2007 | Annual Report



The World Heart Federation helps people achieve a longer and better life through prevention and control of heart disease and stroke, with a focus on low- and middle-income countries.

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Wellness”, which advocated for businesses to join the fight against cardiovascular disease and the other chronic diseases at work sites around the world.

Demonstration projects

Our demonstration projects registered tangible progress. In Colombia, our project with Sesame Workshop to educate pre-school children about “Healthy Habits for Life” entered a new phase of planning for community outreach. At the same time, the project continued to produce educational and entertaining films about the benefits of physical activity and healthy diets for Plaza Sésamo, the popular television series for Spanish-speaking children throughout the Americas. Local partners were critical to the project’s success and included the Colombian Society of Cardiology and the Colombian Society of Pediatrics, among others. The project was featured in the David Grubin film *The Mysterious Human Heart*, which aired on public television in the United States. At its annual mee-

ting, the Clinton Global Initiative featured the World Heart Federation’s commitment to scale up the project.

Our youth advocacy efforts in Colombia and the rest of Latin America led to a strong declaration of support for smoke-free youths at a major anti-tobacco conference in Rio de Janeiro, as well as some creative work on the Internet site, YouTube.

Our collaboration with the Spanish National Centre for Cardiovascular Research on the polypill, a fixed dose combination of ACE inhibitor, statin and aspirin therapies for use in the secondary prevention of myocardial infarctions, has moved into the clinical trial phase of testing patient adherence hypotheses. A meeting was hosted at Mount Sinai School of Medicine to bring together those scientists involved in the development of various polypills and to stimulate information exchange and collaboration. The World Heart Federation will continue to champion the scientific debate and advocacy efforts.

It was an important year for the Grenada Heart Project with the Mount Sinai School

of Medicine joining as the university partner. Time was well invested in further developing the protocol to gather additional key data on population risk factors.

Under the guidance of the Menzies School of Health Research, the rheumatic heart disease control programme in the South Pacific progressed according to plan. It finished rolling out nationally in Fiji, and is now well under way in Samoa. It was particularly gratifying to see the project replicated elsewhere. Most notably, medical communities in Africa adapted it into a



Shahryar Sheikh
President

A handwritten signature in black ink that reads "Shahryar Sheikh". The signature is written in a cursive style and is positioned below the printed name and title.



Janet Voûte
Chief Executive Officer

A handwritten signature in black ink that reads "Janet Voûte". The signature is written in a cursive style and is positioned below the printed name and title.

model for a pan-African approach to the control of rheumatic heart disease. Our Bridging the Gap project in China focused on identifying major barriers to the implementation of evidence-based

“We would like to call on everyone to work collaboratively...”

clinical practice in routine care for coronary heart disease patients.

Science

The restructuring of the Scientific Advisory Board was completed. Representatives of the continental societies for Asia, Africa and the Americas became formal members for the first time, thus enhancing communications and collaboration among the regions and with the World Heart Federation. In addition, joint sessions and planning meetings were held at the continental congresses in Nairobi and Taipei. The revised policies and procedures defined clear terms of office, election processes and man-

dates, paving the way for an even more effective scientific organization. Our Scientific Advisory Board members spent substantial time and energy with their Argentine and other colleagues to develop the scientific programme for the World Congress of Cardiology, which will be held 18-21 May 2008 in Buenos Aires. Supported by a new scientific programme management tool, the Scientific Programme Committee helped to launch a new era in congress management with the World Heart Federation in the lead. Our journals, *Nature Clinical Practice Cardiovascular Medicine* and *CVD Prevention and Control*, continued to reach broader audiences. Writers' workshops were held to assist aspiring authors from low- and middle-income countries.

Conclusion

The World Heart Federation is proud of its growth trajectory and the development path of all its initiatives, be they demonstration projects or awareness campaigns, advocacy efforts or the World Congress of Cardiology. This growth and development is the result

of a close collaboration with members, partners and supporters. However, in the end, only measurable impact and tangible outcomes matter. With cardiovascular disease accounting for nearly one in three deaths across the globe, and with 80% of the disease burden in low- and middle-income countries, we have a very long way to go before we can be satisfied with our impact. We would like to call on everyone to work collaboratively, be it via joint leadership efforts by the American College of Cardiology, American Heart Association, European Society of Cardiology and the World Heart Federation, or at the continental and national levels. We wish to encourage creative collaboration, for the burden of cardiovascular disease is too great for any one of us to tackle alone.



The World Heart Federation

The World Heart Federation and its member organizations are actively working towards reducing cardiovascular death and disability to help individuals live longer, healthier lives.

The World Heart Federation is an international nongovernmental organization based in Geneva, Switzerland, and dedicated to the prevention and control of cardiovascular disease worldwide. A membership organization that brings together the medical community (societies of cardiology) and the public health community (heart foundations), its 196 member organizations operate in more than 100 countries at both the national and regional levels. Together with its members, the World Heart Federation carries out its mission by raising awareness of the burden of cardiovascular disease and its risk factors among the general public, health-care professionals and

policy-makers; advocating for measures to address the rising global burden of cardiovascular disease, particularly in low- and middle-income countries; carrying out demonstration projects in specific low-resource settings, which can then be replicated; sharing science;

and building capacity, notably through its biennial congresses, Scientific Advisory Board and Councils, Foundations' Advisory Board and the continental networks of member organizations.

Cardiovascular disease worldwide

Cardiovascular disease affects all socio-economic classes and both men and women. The highest proportion of cardiovascular deaths and related disabilities occurs in low- and middle-income countries, where mortality occurs at higher rates in working age populations.

The number of deaths due to cardiovascular disease is expected to continue rising in coming years, notably as more and more children are



threatened by the combined impacts of tobacco, obesity and physical inactivity. For example, in Latin America obesity has undergone a fast increase and is now the main nutritional disease in the region¹. Concurrently, cardiovascular disease has become the first cause of death in every country of the region².

Heart disease and stroke cause 8.6 million female deaths annually³. Indeed, cardiovascular disease is the number one killer of women worldwide. Women's health is often focused on maternal and child care and not on the prevention of cardiovascular disease. Furthermore,

women have been underrepresented in clinical trial designs and enrolments. As a consequence, cardiovascular disease remains underdiagnosed and undertreated in women. At the same time, women are hugely unaware of their risk. In Singapore, for example, only 8% of women aged 21–64 years are aware that cardiovascular disease is a leading cause of mortality in women⁴.

Working with its member organizations and partners in the health and business communities, the World Heart Federation is doing its utmost to ensure a coordinated, focused and evidence-based response.

Cardiovascular disease (CVD) is the leading cause of mortality worldwide. It accounts for 17.5 million deaths annually⁵.

1. Uauy et al., 2001, cited in *Obesity trends and determinants factors in Latin America*, J.Kain, F.Vio, C.Albala, 2003.
2. Ibid.
3. World Health Organization estimate for cardiovascular mortality in women.

4. Singapore Heart Foundation, Go Red for Women Survey 2006.
5. World Health Organization estimate for cardiovascular mortality worldwide.



Activities

Awareness

Awareness-building is one of the World Heart Federation's core activities. By informing people and policy-makers about cardiovascular disease and its prevention, it seeks to encourage worldwide action.

World Heart Day

World Heart Day 2007 was an enormous success both in terms of participation and enthusiasm for heightening awareness of ways to prevent and control cardiovascular disease. It took place on Sunday, 30 September. The day's theme – "Team Up for Healthy Hearts!" – was chosen because teaming up provides children and adults a successful vehicle for controlling their weight and developing such heart-healthy habits as taking regular exercise and not smoking. World Heart Day spokespersons included Liverpool football captain Steven Gerrard, Australian cricket fast bowler Brett Lee and ex-Liverpool and ex-FC Lyon football manager Gérard Houllier.

Teaming-up events took place in more than 100 countries. In Paraguay, an outdoor stage was the scene for a play written and performed by nurses and addressing how the family environment can affect a child's cardiovascular health. In China, World Heart Day activities included free health screenings,

a Nordic walking demonstration and a heart-health schoolroom exhibition. In Mozambique's capital, Maputo, various activity stations were set up along a four-kilometre path where participants could test their heart-health knowledge and have their blood pressure and body mass index checked. In Estonia, a special World Heart Day bus toured for six days to distribute information on heart health. In Geneva, the World Heart Federation invited the United Nations press corps to receive free heart-health check-ups on the Bus Santé mobile epidemiological observatory of the University Hospital of Geneva. World Heart Day 2008 will be held on Sunday, 28 September, with the theme, "Know Your Risk."

Go Red for Women

Although many women do not know it, cardiovascular disease is their number one killer. Indeed, heart disease and stroke kills some 8.6 million women

annually. The World Heart Federation continued working with its members to develop the Go Red for Women campaign. The international campaign, which builds on the American Heart Association's successes in the United States, aims to

.....
"Heart disease and stroke kills some 8.6 million women annually."

raise awareness that women are at risk of cardiovascular disease and to encourage them to care for themselves and their families through healthy eating, regular exercise and quitting smoking. The campaign also encourages women to check their blood pressure, blood cholesterol, waist circumference and weight, and to regularly monitor these.

Several workshops were held with members to exchange experiences and to benchmark current practices. More than 30 member heart foundations and societies ran the campaign in places as diverse as Chile,



World Heart Day in China



Sweden, South Africa, Singapore, Indonesia, Australia and Jamaica. A full toolkit was made available to members. The toolkit included the campaign slogan "This is not a red dress. It's a red alert!". It also included artwork, ad and web banners and sections dedicated to fundraising and sponsorship. Activities carried out by members included dedicated web sites, national monuments illuminated in red, organized walks, fashion shows, beauty breakfasts and lunches, and golf tournaments. Celebrities joined some of the national campaigns. Bain & Company donated strategic advice and *Newsweek* graciously ran a Go Red for Women ad in its European and Asian editions. The international Go Red for Women campaign is poised to increase its reach in 2008 through the member organizations of the World Heart Federation.

Children and youth

Since the unhealthy lifestyles that lead to cardiovascular

disease often begin in childhood and adolescence, prevention must begin there. The World Heart Federation works to raise awareness of the importance of healthy nutrition, regular physical activity and saying no to tobacco. The partnership with Sesame Workshop and our work with youth groups in Latin America around tobacco control (see page 14) are examples of the ways in which children can be sensitized and adolescents can be engaged and made active in this area. On numerous occasions, the World Heart Federation was able to raise awareness of the need to adopt healthy lifestyles at an early age. One such occasion was the annual meeting of the Clinton Global Initiative, where the World Heart Federation and Sesame Workshop jointly committed to scale up the existing programme in Colombia. Another was the McGill Health Challenge Think Tank in Montreal, where our work in this field was profiled.

Colombia Sesame Workshop

In Bogotá, Colombia, World Heart Day was celebrated at a public library with an event for children. The celebration was organized by Sesame Workshop's *Plaza Sésamo*, which uses the popular television show to encourage Spanish-speaking



children in the Americas to adopt such healthy heart habits as physical activity and healthy eating. There were special appearances by the Muppet characters Lola and Elmo, live-action films that were produced in Colombia for airing on *Plaza Sésamo* and a jump rope contest.



Meeting on Workplace Wellness, Dalian, China

Advocacy Cardiovascular disease on the health agenda

Cardiovascular disease and the other chronic diseases remain unmentioned in the United Nation's Millennium Development Goals. As a consequence, the response to the diseases was inadequate. The World Heart Federation advocated for recognition of the importance of the diseases on the global health agenda. In particular, it recommended that Millennium Development Goal 6 be modified to address not only "HIV/AIDS, malaria and other

diseases" but also "chronic diseases such as cardiovascular disease, diabetes mellitus, and cancer, using an integrated approach".

In the American Heart Association journal *Circulation* and at the European Cardiology Congress in Vienna, World Heart Federation Past President Valentin Fuster lamented the low priority given to cardiovascular disease and the other chronic diseases and the continuing failure to take into account the epidemiological transition that is taking place in most developing countries. Foundations' Ad-

visory Board Chairman Srinath Reddy and Chief Executive Officer Janet Voûte struck a similar note in *The Lancet*, where they were among the authors of papers that highlighted the need for a sustained worldwide effort to prevent and control the diseases.

Wellness in the work- place

The "Working Towards Wellness" initiative entered its active phase. The partnership between the World Health Organization and the World Economic Forum, with the active

Web site



The World Heart Federation improved its web site, remodelling the architecture to give it a cleaner look and to make it easier to navigate and providing more and better information.

A new section dedicated to cardiovascular health

was added. In the enhanced "members only" section, members could access a new toolkit for Go Red for Women, along with the existing toolkit for World Heart Day. In addition, they could learn about fellow members' news and activities and benefit from other World Heart Federation materials.

“The response to chronic diseases remains inadequate.”

support and involvement of the World Heart Federation, aims to enlist corporations in the fight against cardiovascular disease and other chronic diseases. In Dalian, China, the two partners, industry and the World Heart Federation discussed prevention, multi-stakeholder approaches, cost-effectiveness and monitoring and evaluation. The meeting led to the publication of a joint report that was to be launched at the World Economic Forum’s annual meeting in Davos, Switzerland, in January 2008.

Tobacco

The World Heart Federation consolidated its position in the fight against tobacco. In particular, it intensified its presence within the Global Smokefree Partnership, which promotes effective smoke-free policies with an emphasis on full implementation of Article 8 of the World Health Organization Framework Convention on Tobacco Control. The Global Smokefree Partnership achieved great success

at the second meeting of the convention’s parties, namely the adoption of guidelines that governments can apply to protect their people from second-hand tobacco smoke. With an eye toward improving its members’ ability to fight one of the main risk factors for cardiovascular disease, the World Heart Federation was helping the Global Smokefree Partnership to produce a smoke-free policy toolkit.

Diet, physical activity and health

The World Heart Federation urged the World Health Organization Executive Board to adopt an action plan for the prevention and control of chronic diseases. The World Heart Federation was also represented at the 57th session of the World Health Organization’s Regional Committee for Europe. The meeting in Belgrade followed the Istanbul Conference on counteracting obesity and highlighted the need to continue to decrease marketing pressure on children.

Lobbying the Commonwealth of Nations

World Heart Federation President Shahryar Sheikh and Vice-President Trevor Hassell wrote to the Commonwealth of Nations heads of government at their meeting in Uganda. They urged the 53 member countries to acknowledge and take action against the threat of cardiovascular disease and the other chronic diseases. They asked them to consider the Caribbean Community’s “Port-of-Spain Declaration” about the gravity



of the diseases and their determinants and to use it as a model for the entire Commonwealth.

Latin American youths against tobacco

The World Heart Federation underwrote the travel expenses of five youths from Argentina, Colombia, Mexico and Uruguay to attend the First SRNT Latin America and 2nd Iberoamerican Conference on Tobacco Control in Rio de Janeiro, Brazil, an event coordinated by the InterAmerican Heart



Foundation. The youths exchanged information and ideas, made formal presentations and participated in the drafting of an anti-smoking manifesto entitled, "Declaration of Latin American and Caribbean Youths in Favour of Tobacco-Free Lives". They returned to their home countries better prepared to engage in the fight against tobacco and its harmful effects.

Demonstration projects

Colombia Model Youth Project

Relatively few Colombian children and youths receive targeted messages about the importance of preventing cardiovascular disease, even though heart attacks and strokes are their country's leading cause of death.

.....
"...aiming to slow the progression of CVD throughout the world..."

The Colombia Model

Youth Project aims to redress this imbalance. In partnership with the non-profit educational organization Sesame Workshop, the project promotes healthy lifestyles by producing educational and engaging material, in Colombia, for *Plaza Sesámo* the award-winning television series for Spanish-speaking children in the Americas. Locally-produced live-action films featuring Colombian children and families practicing healthy habits were incorporated into the series, and new films were produced for the 2008 season – including original animations pro-

duced by Colombian children. The project also developed print materials for parents and caregivers to use, to help reinforce the project's healthy messages. A separate component of the project gave Colombian youths a chance to join efforts

to change policies and practices that promote unhealthy lifestyles. Leaders of Colombian youth groups worked with counterparts from Argentina, Chile, Mexico and Uruguay to develop new prevention activities, linking them to regional youth networks and mentoring other youth leaders committed to tobacco control advocacy.

Grenada Heart Project

The islands comprising the Caribbean country of Grenada have experienced a rise in the risk factors for cardiovascular disease. Aiming to slow the progression towards a full-



Screening in Samoa for rheumatic heart disease

blown epidemic, the Grenada Heart Project protocol employs a population-based assessment of risk factors to provide the basis for development of community-based prevention programmes. Preliminary results of the survey on the island of Carriacou indicate the presence of hypertension, diabetes, obesity and overweight as primary risk factors; an assessment of the main island of Grenada is planned for 2008. The Mount Sinai School of Medicine in the United States and the Grenadian

Ministry of Health are the World Heart Federation's partners in this project.

Rheumatic heart disease control: South Pacific and Africa

Although rheumatic heart disease is nearly eliminated in wealthy countries, it remains common in low-income countries. Some of the highest prevalence has been documented in the South Pacific and Africa. The World Heart Federation supports rheumatic heart disease control demonstration

projects in both regions, making project materials available globally through RHDnet, its unique online resource.

The project in the South Pacific works with the Menzies School of Health Research in Australia and the ministries of health of Fiji and Samoa to develop a register-based approach to the secondary prevention of rheumatic heart disease. Demonstration sites in both countries followed a total of nearly 1,600 cases through central registers, screened 1,300 school children and trained more

than 200 local health workers. In Fiji, the training of health workers reached even into the isolated northern and western sections of the country. In Samoa, where the project began just before the start of the year, data were compiled and improved secondary prophylaxis services were provided nationwide. The project's staff worked with the World Health Organization to organize a second Pacific workshop on rheumatic heart disease control. The workshop aimed to extend the regional network

Addressing childhood obesity



President Elect Pekka Puska and Chief Operating Officer Helen Alderson represented the World Heart Federation

at the McGill Health Challenge Think Tank. The meeting explored childhood obesity and changes that could be made to local and global food chains to provide children with healthier diets. The complexity of the problem and the failure to

distil it into simple and clear messages for effective action were frequently cited. Dr Puska stressed that priority should be placed on effective policies and that the World Health Organization should exercise more leadership at the global level.



Teaching local health workers

that was developed at the first workshop to the 10 other Pacific Island states.

The Pan African Society of Cardiology's rheumatic heart disease control project uses an approach called ASAP, which stands for Awarenessraising, Surveillance, Advocacy and Prevention. In South Africa, the high prevalence of rheumatic heart disease was documented in a pilot survey with an echocardiogram donated by the World Heart Federation. After the concept and progress of demonstration sites in Egypt, Ethiopia, Ghana and South Africa was shared with other countries at the regional rheumatic heart disease workshop in Nairobi (see Scientific Council on Rheumatic Heart Disease), sites in Rwanda and Mozambique joined the project network.

Polypill

The World Heart Federation continues its collaboration with the Spanish National Centre for Cardiovascular Research on the polypill, a fixed dose com-

ination of an ACE inhibitor, a statin and aspirin. This collaboration aims to develop an affordable medication for use in secondary prevention in post-myocardial infarction patients. The Spanish National Centre for Cardiovascular Research is currently conducting clinical trials. A meeting was convened under the chairmanship of World Heart Federation Past President Valentin Fuster for the purpose of bringing together scientists and corporate representatives who are also involved in various initiatives to develop a polypill. The meeting stimulated the sharing of information and provided a forum to debate such issues as accessibility and pricing.

China: Bridging the Gap project

The World Heart Federation continued its collaboration with the Beijing Institute of Heart, Lung and Blood Vessel Diseases, the Chinese Society of Cardiology and the China National Healthy Heart Programme to help bridge the

gap between secondary prevention guidelines and clinical practice. Phase I was completed and Phase II begun. Phase I involved the collection and validation of data to identify the application of guidelines in the treatment of post-myocardial infarction patients, both inpatient and outpatient. Phase II seeks to analyze the data and summarize barriers to the implementation of evidence-based clinical practice in routine clinical care for coronary heart disease patients. Phase III will develop intervention strategies based on the problems and barriers identified in phases I and II.

“We work with partners to reverse the epidemic of CVD.”

Sharing science and building capacity

The World Heart Federation shares science and helps to build capacity for the prevention and management of cardiovascular disease at the global level through its member networks, congresses and workshops. At the same time, it works with its partners to develop consensus on key strategies for reversing the epidemic of cardiovascular disease.

Scientific Advisory Board and Councils

The Scientific Advisory Board under Chairman Sidney Smith ensured that sound medical and scientific knowledge underlies the World Heart Federation’s efforts to reduce the impact of heart disease and stroke. In addition, it published new policies and procedures to enhance the science programme of the World Heart Federation.

The Clinical Cardiology Council focused on developing a strategic plan for the development of postgraduate training pro-

grammes and scientific statements. It met at the American College of Cardiology’s annual scientific session and at the American Heart Association’s annual meeting.

The Council on Epidemiology and Prevention was being restructured. The process is expected to be completed in 2008.

The Rheumatic Fever/Rheumatic Heart Disease Council continued to develop projects in the Pacific and Africa to demonstrate best practices in the prevention of rheumatic heart disease (see page 14). It supported the 2nd Pan African Society of Cardiology Workshop on the Prevention of Rheumatic Fever and Rheumatic Heart Disease in Nairobi. Among other accomplishments, the workshop produced a three-year action plan for the implementation of the Pan African Society of Cardiology’s rheumatic heart disease control programme, which is called ASAP.

The World Heart Federation’s Expert Panel on Women and

World Heart Federation Journals

Prevention and Control held successful writers’ workshops in Canada and Taiwan. Aspiring authors learned how to prepare manuscripts and how manuscripts are processed. The World Heart Federation’s Board voted to change the journal’s name to *CVD Prevention and Control*. *Nature Clinical Practice Cardiovascular Medicine* had an “impact factor” of 2.723, which ranked it in the top third of cardiology journals. Its “immediacy factor” of 1.745 made it



the top-scoring cardiology review journal. Average web site visits was more than 20,000 in 2006.



Heart Disease worked alongside the Go Red for Women campaign. It is expected to publish its evaluation of the American Heart Association's guidelines for cardiovascular disease prevention in women. The Scientific Advisory Board sponsored the scientific meetings of two continental members – the Pan African Society of Cardiology and the Asian Pacific Society of Cardiology. The Pan African Society of Cardiology's First All Africa Conference on Heart Disease, Diabetes and Stroke was held in Nairobi. There were more than 150 delegates. The scientific sessions focused on the emerging epidemic of cardiovascular disease in Africa, the early detection and treatment of hypertension, cardiac surgery and the prevention and treatment of rheumatic heart disease, valvular and paediatric heart disease, heart failure, stroke, diabetes and the metabolic syndrome. The Asian Pacific Society of Cardiology's 16th Asian Pacific Congress of Cardiology was held in Taipei

and featured the first convocation of fellows of the College of the Asian Pacific Society of Cardiology and joint sessions with the World Heart Federation on secondary prevention of cardiovascular disease and tobacco control. There were more than 2,000 delegates. The many sessions and live demonstrations covered such topics as diastolic heart failure, thoracic surgery, stem cell therapy, viral myocarditis, drug-eluting stents, cardiovascular pharmacology and imaging, congenital and valvular heart disease, aortic surgery, atrial fibrillation and metabolic risk factors.

Training and capacity building: Foundations' workshop and Twin Centres Programme The World Heart Federation participated in training workshops of the African Heart Network, the Asia Pacific Heart Network and the European Heart Network. The Twin Centres Programme is designed to enhance the quality and capacity of cardiology in less-advantaged countries

or regions. Young cardiologists and cardiovascular scientists from Bangladesh, Cameroon and Nigeria received grants to train at world-class centres of cardiology in France, South Africa and the United Kingdom.

Congresses

With fellow organizers the Argentine Society of Cardiology and the Argentine Federation of Cardiology, the World Heart Federation continued active preparations for the World Congress of Cardiology that will take place 18-21 May 2008 in Buenos Aires.

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

- » Annual meeting of the German Cardiac Society
- » European Society of Cardiology Congress
- » International Great Wall Congress of Cardiology
- » American Heart Association Scientific Sessions
- » 16th Asian Pacific Congress of Cardiology

- » American College of Cardiology Scientific Sessions
- » Annual meeting of the British Cardiovascular Society
- » 1st All Africa Conference on Heart Disease, Diabetes and Stroke



"...the emerging epidemic
of cardiovascular disease
in Africa..."



Partnerships



Inventive tools against cardiovascular disease

With inputs from the World Heart Federation, the World Health Organization produced an advocacy toolkit to intensify the fight against cardiovascular disease and other chronic diseases. The toolkit was based on the *Preventing Chronic Disease: a vital investment* publication of 2005. Considering it an invaluable resource, the World Heart Federation engaged its members to disseminate it in low- and middle-income countries.

United Nations

With urging from the World Heart Federation, the World Health Organization's Executive Board asked the World Health Assembly to call for an action plan to advance the global strategy for the prevention of cardiovascular disease and the other chronic diseases. The World Health Assembly responded by asking the World Health Organization Secretariat to present such a plan to the next World Health Assembly in 2008.

Nongovernmental organizations

The Global Alliance for the Prevention of Obesity and Related Chronic Disease, of which the World Heart Federation is a founding member, was a strategic partner in the convening of the second McGill Health Challenge Think Tank. Delegates discussed the improvement of local and global food chains to address the epidemic of child-

hood obesity. The Alliance was also represented at a meeting of the United Nations Standing Committee on Nutrition, where a joint working group statement on marketing to children was agreed.

The World Heart Federation participated in an Oxford Health Alliance project to identify grand challenges in chronic noncommunicable diseases. The result was the publication in *Nature* of 20 policy and research priorities for such conditions as diabetes, stroke and heart disease. The journal concluded that these diseases must receive more attention and that inaction is costing millions of premature deaths.

Engaging the business community

The World Heart Federation worked with selected businesses to further its mission of improving cardiovascular health. The partnerships enabled a much broader

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"Dona Bertarelli Spaeth and
her catamaran Ladycat
support Go Red for Women"

promotion of the World Heart Federation's messages and the development and diffusion of new research.

The partnership with Unilever focused on communicating about well-balanced nutrition, while the partnership with Elizabeth Arden focused on the Go Red For Women campaign for women's health. Glaxo-SmithKline continued to support the World Heart Federation's development with a specific emphasis on science and advocacy. Pfizer and sanofi-aventis supported research – Pfizer by investing in the World Heart Federation's Grenada Heart Project and sanofi-aventis in the area of cardiometabolic risk through the annual Shape of the Nations survey.

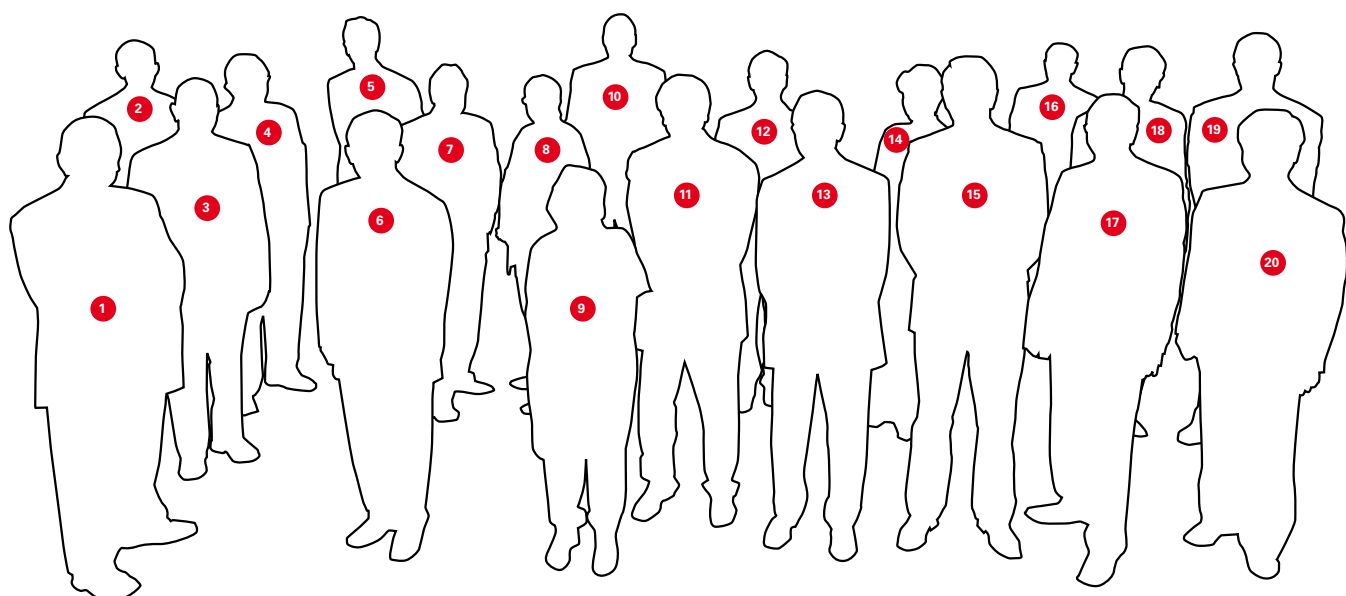
The World Heart Federation was actively involved in the World Health Organization's and the World Economic Forum's "Working Towards Wellness" initiative, which aims to stimulate corporate commitment in the fight against cardiovascular and other chronic diseases.



Organization | World Heart Federation Board 2007-2008



Key | World Heart Federation Board 2007–2008



1 Marco Martinez-Rios, MD
(Representative of InterAmerican Society of Cardiology)

2 Trevor Hassell, GCM, MBBS, FRCP, FACC (Vice President 2007–2008)

3 Albert Amoah, MD (Representative of Pan African Society of Cardiology)

4 Robert de Souza (Representative of African Heart Network)

5 Boudewijn de Blij (Vice-President elect 2005–2006)

6 Michael Lim, MD (Representative of Asian-Pacific Society of Cardiology)

7 Craig Beam (Treasurer 2007–2010)

8 Lyn Roberts, MD (Vice-President Elect 2007–2008)

9 Sivaramakrishna Padmavati, MD (Representative of Asia Pacific Heart Network)

10 Peter Hollins (Representative of European Heart Network)

11 Valentin Fuster, MD, PhD (Past President 2007–2008)

12 Sidney C. Smith Jr., MD (Chairman Scientific Advisory Board 2005–2008)

13 Shahryar A. Sheikh, MD (President 2007–2008)

14 Janet Voûte (Chief Executive Officer)

15 Pekka Puska (President Elect 2007–2008)

16 Horacio Faella*, MD (President, World Congress of Cardiology 2008)

17 Srinath Reddy, MD (Chairman Foundations' Advisory Board 2007–2010)

18 William Wijns, MD, PhD, FESC (Representative of European Society of Cardiology)

19 Andy Wielgosz, MD (Editor, Prevention & Control Journal)

20 Akira Matsumori, MD (Secretary 2007–2010)

Board Member not present at time of photograph:

Laksmiati (Mia) Hanafiah (Past Vice-President 2007–2008)

Rafael Shuchleib (Representative of Inter-American Heart Foundation)

* Invited

Organization | World Heart Federation Members

Continental Members

African Heart Network (AHN)

Asian Pacific Society of Cardiology (APSC)

Asia Pacific Heart Network (APHN)

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

Algeria
Algerian Society of Cardiology

Argentina
Argentine Heart Foundation
Argentine Society of Cardiology

Australia
The Cardiac Society of Australia & New Zealand
National Heart Foundation of Australia

Austria
Austrian Heart Foundation
Austrian Society of Cardiology

Bangladesh
Bangladesh Cardiac Society
National Heart Foundation of Bangladesh

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
Association of Cardiologists of Bosnia and Herzegovina
Foundation of Health and Heart

Brazil
Brazilian Heart Foundation (FUNCOR)
Brazilian Society of Cardiology

Bulgaria
Bulgarian Society of Cardiology

Canada
Canadian Cardiovascular Society
Heart and Stroke Foundation of Canada

Chile
Chilean Heart Foundation
Chilean Society of Cardiology & Cardiovascular Surgery

China
Chinese Society of Cardiology
Hong Kong College of Cardiology
The Hong Kong Heart Foundation

Macau Association of Cardiology
Macau Heart Foundation
Taiwan Heart Foundation
Taiwan Society of Cardiology

Colombia
Colombian Society of Cardiology

Congo - Brazzaville
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
Healthy Nutrition Forum

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 Cardiac Society
Finnish Heart Association

France

French Society of Cardiology

Georgia

Georgian Association
of Cardiology
Georgian Heart Foundation

Germany

German Cardiac Society
German Heart Foundation

Ghana

Ghana Heart Foundation
Ghana Society of Hyper-
tension and Cardiology

Greece

Hellenic Cardiological Society
Hellenic Heart Foundation

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 Association

Iraq

Iraqi Cardio-Thoracic Society

Ireland

Irish Cardiac Society
Irish Heart Foundation

Israel

Israel Heart Society

Italy

Italian Federation
of Cardiology
Italian Heart Foundation

Jamaica

The Heart Foundation
of Jamaica

Japan

Japanese Circulation Society
Japan Heart Foundation

Jordan

Jordan Cardiac Society

Kazakhstan

Association of Cardiologists
of Kazakhstan

Kenya

Kenya Cardiac Society
Kenyan-Heart National
Foundation

Korea, Republic of

The Korean Society
of Cardiology

Kuwait

Kuwait Heart Foundation

Kyrgyzstan

Scientific Society of
Cardiologists of the
Kyrgyz Republic

Latvia

Latvian Society of Cardiology

Lebanon

Lebanese Society of Cardio-
logy and Cardiac Surgery

Libya

Libyan Cardiac Society

Lithuania

Lithuanian Heart Association
Lithuanian Society
of Cardiology

Macedonia

Macedonian Society
of Cardiology

Malaysia

The Heart Foundation
of Malaysia
National Heart Association
of Malaysia

Mauritius

The Heart Foundation

Mexico

Mexican Society of Cardiology

Moldova

Moldavian Society
of Cardiology

Morocco

Moroccan Society of Cardiology

Myanmar

Cardiac Society of Myanmar
Medical Association

Nepal

Cardiac Society of Nepal
Nepal Heart Foundation

Netherlands

Netherlands Heart Foundation
The Netherlands Society
of Cardiology

New Zealand

The Cardiac Society
of Australia & New Zealand
The National Heart Foundation
of New Zealand

Nicaragua

Nicaraguan Society
of Cardiology

Nigeria

Nigerian Cardiac Society
Nigerian Heart Foundation

Norway

Norwegian Council
on Cardiovascular Diseases
Norwegian Society
of Cardiology

Pakistan

Pakistan Cardiac Society
Pakistan Heart Foundation

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

Organization | World Heart Federation Members

Portugal

Portuguese Heart Foundation
Portuguese Society of Cardiology

Puerto Rico

Puerto Rican Society of Cardiology

Romania

Foundation for Cardiac Assistance (ASCAR)

Romanian Society of Cardiology

Russian Federation

Society of Cardiology of the Russian Federation

San Marino, Republic of

San Marino Society of Cardiology

Saudi Arabia

Saudi Heart Association

Serbia

Serbian Heart Foundation
Society of Cardiology of Serbia and Montenegro

Seychelles

Seychelles Heart and Stroke Foundation

Singapore

Singapore Cardiac Society
Singapore Heart Foundation

Slovak Republic

Slovak League Heart to Heart
Slovak Society of Cardiology

Slovenia

Slovenian Heart Foundation
Slovenian Society of Cardiology

South Africa

Heart and Stroke Foundation South Africa
The South African Heart Association

Spain

Spanish Heart Foundation
Spanish Society of Cardiology

Sri Lanka

Sri Lanka Heart Association

Sweden

Swedish Heart Lung Foundation
Swedish Society of Cardiology

Switzerland

Swiss Heart Foundation
Swiss Society of Cardiology

Syria

Syrian Cardiovascular Association

Thailand

The Heart Association of Thailand

The Heart Foundation of Thailand

Turkey

Turkish Heart Foundation
Turkish Society of Cardiology

Ukraine

Ukrainian Society of Cardiology

United Arab Emirates

Emirates Cardiac Society

United Kingdom

British Cardiovascular Society
British Heart Foundation

United States Of America

American College of Cardiology
American Heart Association

Uruguay

Uruguayan Society of Cardiology

Venezuela

Venezuelan Heart Foundation
Venezuelan Society of Cardiology

Vietnam

Vietnam National Heart Association

Associate Individual Members

Bhutan

Tashi Wangdi, MD

Laos

Vang Chu, MD

Mozambique

Albertino Damasceno, MD

Trinidad and Tobago

Theo Poon-King, MD

Zimbabwe

Jephath Chifamba, MD

Associate National Members

Bangladesh

Heart Care Foundation Comilla

India

Academy of Cardiology
at Mumbai

Cardiovascular Society of India

Indonesia

Indonesian Cardiocerebro-
vascular Society

Norway

Norwegian Heart and Lung
Patient Organization

Philippines

Foundation for Lay Education
on Heart Diseases

United Kingdom

Heart Research UK
National Heart Forum

Associate International Members

Association of Black
Cardiologists

Association of Thoracic
and Cardiovascular Surgeons
of Asia

Children's HeartLink

Eastern Mediterranean
Network on Heart Health

Heart Friends Around
the World

Heartfile

International Chinese Heart
Health Network

International Council
of Nurses

International Forum
for Hypertension Control
and Cardiovascular Disease
Prevention in Africa

International Heart Health
Society

International Self-Monitoring
Association of Oral Anticoagu-
lated Patients

International Society for Heart
Research

International Society
for Holter & Non-Invasive
Electrocardiology

International Society of Car-
diomyopathy and Heart Failure

International Society
of Cardiovascular Pharmaco-
therapy

International Society
of Cardiovascular Ultrasound

The International Society
on Hypertension in Blacks

International Stroke Society

Latin Society of Paediatric
Cardiology and Cardiovascular
Surgery

ProCOR/Lown Cardiovascular
Research Foundation

The Society of Chest Pain
Centres and Providers

World Heart Failure Society

Report of the auditors to the General Assembly



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Switzerland
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Fax +41 58 792 91 10
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Report of the auditors
to the General Assembly of
the World Heart Federation
Geneva

As auditors, we have audited the accounting records and the financial statements on pages 29 to 42 (statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure, cash flow statement and notes) of the World Heart Federation for the year ended 31 December 2007.

These financial statements are the responsibility of the Board. Our responsibility is to express an opinion on these financial statements based on our audit. We confirm that we meet the legal requirements concerning professional qualification and independence.

Our audit was conducted in accordance with Swiss Auditing Standards, which require that an audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement. We have examined, on a test basis, evidence supporting the amounts and disclosures in the financial statements. We have also assessed the accounting principles used, significant estimates made and the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements give a true and fair view of the financial position, the results of operations and the cash flow in accordance with the Swiss GAAP FER and comply with Swiss law and the World Heart Federation's bylaws.

We recommend that the financial statements submitted to you be approved.

PricewaterhouseCoopers SA

William M. Wright
Auditor in charge

Marie-Claude Guertin

Geneva, 30 April 2008

Enclosure:

- Financial statements (statement of assets, liabilities and reserve funds, statement of receipts and operating expenditure, cash flow statement and notes)

Statement of assets, liabilities and reserve funds

| As at December 31

	Notes	2007 CHF	2006 CHF
Assets			
Current assets			
Cash and cash equivalents		469'611	1'990'929
Accounts receivable and prepaid expenses	1 d)	1'251'446	1'811'417
Accounts receivable membership fees		89'376	-
Short-term investments		1'633'570	-
Total current assets		3'444'003	3'802'346
Non-current assets			
Investments	1 e)	2'126'429	1'884'643
Escrowed deposits		60'559	22'581
Net fixed assets	1 f), 11	246'007	201'804
Total non-current assets		2'432'995	2'109'028
Total assets		5'876'998	5'911'374
Liabilities and Reserve Funds			
Liabilities			
Cash and cash equivalents		487'660	-
Accounts payable and accruals		948'922	291'376
Deferred income	3	1'095	16'614
Total current liabilities		1'437'677	307'990
Non-current finance lease liability		-	69'958
Total liabilities		1'437'677	377'948
Reserve funds			
General Reserve Fund		3'235'198	3'897'423
Epidemiology Fund		-	470'183
Restricted Income Funds		1'204'123	1'165'821
Total reserve funds		4'439'321	5'533'427
Total liabilities and reserve funds		5'876'998	5'911'374

Statement of receipts and operating expenditure

| For the year ended December 31

	Notes	2007 CHF	2006 CHF
Operating receipts			
Membership fees			
Current year	2 8	641'111	512'365
Arrears	3	38'127	24'409
Congresses			
World Congress of Cardiology 2006		554'611	2'174'575
Corporate partnerships			
	4		
Unrestricted		1'352'160	1'656'462
Restricted		385'298	80'370
Corporates			
	4		
Unrestricted		85'690	218'692
Restricted		557'041	285'332
Friends			
	4		
Unrestricted		463'215	658'584
Restricted		807'285	561'016
Foundations			
	4		
Restricted		122'840	481'340
Governments			
Restricted		150'000	150'000
Other donors			
	4		
Unrestricted		331'780	339'776
Restricted	4	170'850	99'595
Other receipts			
		-	1'584
Bank interest and money market fund income			
		109'376	67'463
Total operating receipts		5'769'384	7'311'563

Operating expenditure

Secretariat	5	1'309'308	666'403
Development and Member Communications	5	1'300'990	869'293
Meetings and Member Congresses	5	601'084	1'073'806
Activities	6	645'977	660'696
Projects	6	2'826'476	2'727'915
Total operating expenditure		6'683'835	5'998'113
<i>(Shortage) / excess of operating receipts over expenditure</i>		<i>(914'451)</i>	<i>1'313'450</i>

Gains and losses on investments

Net gain on investments	7	77'436	38'646
(Shortage) / excess of operating receipts over expenditure		(837'015)	1'352'096
General Reserve Fund at the beginning of the year		3'897'423	2'562'800
Restricted Income allocated to Restricted Income Funds		(2'193'314)	(1'657'653)
Epidemiology Fund allocated to General Reserve Fund		213'091	-
Restricted income withdrawn from Restricted Income Funds		2'155'013	1'640'180
General Reserve Fund at the end of the year		3'235'198	3'897'423

Cash flow statement

| For the year ended December 31

	2007 CHF	2006 CHF
Cash flow from operating activities		
(Shortage) / Excess of operating receipts over expenditure	(837'015)	1'352'096
Depreciation and amortisation	93'741	59'828
Cash flow from operating activities before changes in working capital	(743'274)	1'411'924
(Increase) / Decrease in account receivable and prepaid expenses	559'971	(1'207'819)
(Increase) / Decrease in account receivable membership fees	(89'376)	-
(Increase) / Decrease in investments and deposit	(1'913'333)	985'820
Increase / (Decrease) in accounts payable and accruals	330'496	279'719
Increase / (Decrease) in deferred income	(15'518)	8'218
Net cash generated from operating activities	(1'871'034)	1'477'862
Cash flow used for investing activities		
Fixed asset purchases	(137'944)	(211'296)
Net cash used for investing activities	(137'944)	(211'296)
Net increase / (decrease) in cash	(2'008'978)	1'266'566
Cash and cash equivalents at beginning of the year	1'990'929	724'364
Total of cash and cash equivalents at December 31	(18'049)	1'990'930

Non-cash transactions

The principal non-cash transaction was the transfer of a restricted reserve fund to liabilities for an amount of CHF 257'092

Statement of changes in Reserve Funds

| For the year ended December 31

	Opening balance 2007	Current year result	Transfer of funds (internal)	Allocations to Restricted Income Funds	Withdrawals from Epidemiology and Restricted Income Funds	Closing balance 2007
General Reserve Fund	3'897'423	(837'015)	213'091	(2'193'314)	2'155'013	3'235'198
Epidemiology Fund	470'183	-	(213'091)	-	(257'092)	-
Restricted Income Funds	1'165'821	-	-	2'193'314	(2'155'013)	1'204'123
Total Reserve Funds	5'533'427	(837'015)	-	-	(257'092)	4'439'321

	Opening balance 2006	Current year result	Transfer of funds (internal)	Allocations to Restricted Income Funds	Withdrawals from Epidemiology and Restricted Income Funds	Closing balance 2006
General Reserve Fund	2'562'800	1'352'096	-	(1'657'653)	1'640'180	3'897'423
Epidemiology Fund	470'183	-	-	-	-	470'183
Restricted Income Funds	1'148'348	-	-	1'657'653	(1'640'180)	1'165'821
Total Reserve Funds	4'181'331	1'352'096	-	-	-	5'533'427

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 doubtful accounts receivable is established when there is evidence that the Federation will not be able to collect all amounts due.

1e | Investments

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

1f | Fixed assets

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

1g | Deferred income

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

1h | Leasing

Leases in which a significant portion of the risks and rewards of ownership are retained by the lessor are classified as operating leases and are charged to the statement of receipts and operating expenditure on a straight-line basis over the period of the lease. A lease over an asset where the Federation has substantially all the risks and rewards of ownership is classified as a finance lease. This finance lease is capitalized at the lease’s commencement at the lower of the fair value of the asset and the present value of the minimum lease commitment. Each lease payment is allocated between the liability and finance charges so as to achieve a constant rate on the finance balance outstanding. The asset acquired under finance lease is depreciated over the shorter of the useful life of the asset and the lease term.

Note 2 | Membership fees recognized

| In the year ended December 31, 2007

Country	CHF
Argentina	4'426
Australia	11'747
Austria	6'830
Bangladesh	546
Barbados	546
Belgium	7'649
Bolivia	546
Bosnia and Herzegovina	546
Brazil	10'914
Bulgaria	546
Canada	29'612
China:	
Hong Kong	2'732
Taiwan	2'732
Macau	273
Cyprus	546
Czech Republic	957
Denmark	7'103
Ecuador	546
El Salvador	546
Estonia	546
Finland	5'464
Germany	40'977
Greece	2'185
Guatemala	546
Hungary	1'366
Iceland	546
India	3'278
Indonesia	1'913
Ireland	2'186
Israel	2'732
Italy	27'318
Jamaica	546
Japan	54'636
Kenya	273
Kuwait	2'732
Latvia	546
Lebanon	546
Lithuania	546
Malaysia	1'913
Mexico	4'917
Nepal	546
Netherlands	12'294
New Zealand	4'072
Norway	5'738
Paraguay	546
Peru	546
Philippines	2'460

Country	CHF
Poland	2'185
Portugal	4'098
Puerto Rico	604
Romania	546
San Marino	546
Slovenia	1'093
South Africa	3'278
Spain	13'659
Sri Lanka	546
Sweden	4'918
Switzerland	8'742
Syria	546
Thailand	2'185
Turkey	2'185
United Arab Emirates	2'185
United Kingdom	33'875
United States of America	136'592
Uruguay	546
Venezuela	2'185
	491'771

Associate National / International Members

Association of Thoracic and Cardiovascular Surgeons of Asia	1'000
Children's HeartLink	218
Heart Friends Around the World	200
International Chinese Heart Health Network	1'000
International Council of Nurses	200
International Self-Monitoring Association of Oral Anticoagulated Patients	1'000
International Society for Holter & Non-Invasive Electrocardiology	546
International Society of Cardiovascular Ultrasound	1'000
The Society of Chest Pain Centers & Providers	1'073
World Heart Failure Society	1'000
Academy of Cardiology at Mumbai	546
Foundation for Lay Education on Heart Diseases	546
Heart Research UK	4'234
Cardiovascular Society of India	546
Indonesian Cardiocerebrovascular Society	546
	13'655

Continental Societies

AHN	1'000
APHN	1'000
APSC	1'000
ESC	1'000
EHN	1'000
IAHF	1'000
IASC	1'000
	7'000

Individual Associate

Lord Djamil Fareed (Mauritius)	100
Dr Damasceno (Mozambique)	100
	200

Membership fees to be received	128'485
Membership fees recognised in 2007	641'111

Note 3 | Attribution to prepaid income and arrears of membership fees received

| In the year ended December 31, 2007

Prepaid	CHF
Canada	788
Ecuador	307
	1'095

Arrears	CHF
Bolivia	121
Bulgaria	546
Czech Republic	957
Ecuador	1'638
El Salvador	546
Georgia	546
Kenya	273
Mexico	4'917
San Marino	546
Syria	546
United Arab Emirates	6'555
Uruguay	533
Venezuela	2'185

Associate National / International Members

International Chinese Heart Health Network	2'000
International Society for Holter & Non-Invasive Electrocardiology	5'400
International Stroke Society	1'000
The Society of Chest Pain Centers & Providers	1'000
Academy of Cardiology at Mumbai	546
Foundation for Lay Education on Heart Diseases	546
Heart Research UK	4'234
Indonesian Cardiocerebrovascular Society	1'092

Continental Societies

AHN	1'000
APHN	1'000

Individual Associate

Lord Djamil Fareed	200
Dr Damasceno	200
	38'127

Note 4 | Donations

Received in the year ended December 31, 2007

	Unrestricted		Restricted										Grand Total	
	Corp. Partners/ Unrestricted	World Heart Day	Go Red For Women	Grenada Heart Project	South Pacific	Youth Model Colombia	Twin Centres	Others restricted	Total restricted	Total				
Donors														
Corporate partnerships														
Elizabeth Arden	-	-	255'529	-	-	-	-	-	-	255'529	-	-	255'529	255'529
GlaxoSmithKline	281'650	-	-	-	-	-	-	-	-	-	-	-	-	281'650
sanofi-aventis	414'050	-	-	-	-	-	-	129'769	129'769	-	-	-	129'769	543'819
Unilever	656'460	-	-	-	-	-	-	-	-	-	-	-	-	656'460
Sub-total	1'352'160	-	255'529	-	-	-	-	129'769	385'298	-	-	-	385'298	1'737'458
Corporates														
Bayer Healthcare	85'690	-	-	-	-	-	-	-	-	-	-	-	-	85'690
Exel	-	20'710	-	-	-	-	-	-	-	20'710	-	-	-	20'710
Kendle	-	39'473	-	-	-	-	-	-	-	39'473	-	-	-	39'473
Novartis	-	83'265	-	-	-	-	-	-	-	83'265	-	-	-	83'265
Pfizer	-	59'250	-	122'530	-	-	-	44'924	226'704	-	-	-	-	226'704
Procter & Gamble Pharma	-	12'269	-	-	-	-	-	-	12'269	-	-	-	-	12'269
Medtronic	-	78'052	-	-	-	-	-	-	78'052	-	-	-	-	78'052
Sunmills	-	-	-	-	-	-	-	80'000	80'000	-	-	-	-	80'000
Spengler	-	-	-	-	-	-	-	16'568	16'568	-	-	-	-	16'568
Sub-total	85'690	293'019	-	122'530	-	-	-	141'492	557'041	-	-	-	557'041	642'731
Friends														
Julio Mario & Beatriz Santo Domingo	463'215	-	-	-	-	657'285	-	-	657'285	-	-	-	-	1'120'500
Dona Bertarelli Spaeth «Ladycat»	-	-	150'000	-	-	-	-	-	150'000	-	-	-	-	150'000
Sub-total	463'215	-	150'000	-	-	657'285	-	-	807'285	-	-	-	807'285	1'270'500
Foundations														
Pfizer Foundation	-	-	-	122'840	-	-	-	-	122'840	-	-	-	-	122'840
Sub-total	-	-	-	122'840	-	-	-	-	122'840	-	-	-	122'840	122'840
Governments														
International Solidarity, State of Geneva	-	-	-	-	150'000	-	-	-	150'000	-	-	-	-	150'000
Sub-total	-	-	-	-	150'000	-	-	-	150'000	-	-	-	150'000	150'000
Other donors														
AHA	-	-	-	-	-	-	-	20'850	-	-	-	-	-	20'850
UEFA	331'360	150'000	-	-	-	-	-	-	150'000	-	-	-	-	481'360
Other	420	-	-	-	-	-	-	-	-	-	-	-	-	420
Sub-total	331'780	150'000	-	-	-	-	-	20'850	-	-	-	-	170'850	502'630
Total	2'232'845	443'019	405'529	245'370	150'000	657'285	20'850	271'261	2'193'314	4'426'159				

Note 5 | Analysis of expenditure

| For the year ended December 31

	2007 CHF	2006 CHF
General and administrative		
Secretariat		
Salaries and social charges	443'401	282'229
Rent and insurance	262'678	121'189
Office equipment leasing	27'851	25'455
Maintenance and repairs	252'987	22'603
Telephone	38'637	26'364
Office supplies and equipment	12'445	15'647
Subscriptions and dues	5'144	2'869
Professional services (Audit/Accounting/Lawyer)	126'939	140'706
Bank charges and miscellaneous	139'226	29'341
	1'309'308	666'403
Development and Member Communications		
Development	563'412	385'603
Marketing, PR and events	126'072	119'678
Professional services (IT/Website maintenance)	489'031	260'005
Depreciation of office furniture and equipment	93'741	59'829
Postage	10'453	32'669
Printing	18'281	11'509
	1'300'990	869'293
Meetings and Member Congresses		
International representation	145'923	59'025
Congress management	455'161	1'014'781
	601'084	1'073'806

Note 6 | Analysis of activity and project expenditure

| For the year ended December 31

	2007 CHF	2006 CHF
Activities		
Board/President's expenses	215'923	153'391
Scientific Advisory Board and Councils	243'413	227'178
Foundations' Advisory Board	146'009	169'780
Newsletter & Journals	40'632	110'347
Total Activities	645'977	660'696

Projects		
World Heart Day	349'295	405'231
Go Red for Women	382'085	342'158
Grenada Heart Project	335'740	370'498
Youth Advocacy Project	153'067	209'737
Plaza Sesamo Colombia	539'384	555'119
Rheumatic Fever / Rheumatic Heart Disease South Pacific	331'035	271'692
Rheumatic Fever / Rheumatic Heart Disease Africa	68'456	-
Twin Centres	95'595	78'634
Advocacy Activities	318'720	343'235
Tobacco Control Activities	18'462	20'108
Demonstration Projects	234'637	131'503
Total Projects	2'826'476	2'727'915

Note 7 | Financial income and expenses

| For the year ended December 31

	2007 CHF	2006 CHF
Gains and losses on investments		
Net realized gain on portfolio	30'046	2'255
Net realized foreign exchange gain / (loss)	56'991	5'952
Net realized gain / (loss) on investments	87'036	8'207
Net unrealized gain on portfolio	65'514	42'957
Net unrealized foreign exchange (loss) / gain	(75'114)	(12'518)
Net unrealized (loss) / gain on investments	(9'600)	30'439
Net gain on investments	77'436	38'646

Note 8 | Total salaries and social charges

| For the year ended December 31

	2007 CHF	2006 CHF
Salaries and social charges		
Total salaries and social charges included in operating expenditure	2'278'252	1'576'566

Note 9 | Donations in kind & services

| For the year ended December 31

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

	2007 CHF	2006 CHF
Donations in kind		
Asian Pacific Society of Cardiology		
Booth	13'995	3'300
American Heart Association		
Booth	2'900	3'500
European Society of Cardiology		
Booth	2'430	-
British Society of Cardiology		
Booth	1'500	-
German Society of Cardiology		
Booth	1'888	-
Kenya Cardiac Society & PASCAR		
Booth	3'000	-
Newsweek		
Go Red for Women International Advertising Campaign	138'533	-
People's Hospital of Peking University / Beijing		
Booth	5'000	-
Total donations in kind	169'246	6'800

Donations in services

Bain & Company		
Go Red for Women growth strategy	521'229	-
Total donations in services	521'229	-
Total amount of goods in kind and services received	690'475	6'800

Note 10 | Leasing commitments

| For the year ended December 31

At December 31 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:

	2007 CHF	2006 CHF
Payments to be made within one year	295'738	44'748
Payments to be made after more than one year	902'953	48'943
	1'198'691	93'69

Note 11 | Fixed assets | For the year ended December 31

	Computer Equipment CHF	Furniture CHF	Fixtures and fittings CHF	Total CHF
Fixed assets - Opening net book amount	21'637	20'243	8'456	50'336
Fixed assets at cost				
Opening balance at January 1, 2006	160'799	64'651	37'265	262'715
Additions	66'225	40'161	104'910	211'296
Closing balance at December 31, 2006	227'024	104'812	142'175	474'011
Accumulated depreciation				
Opening balance at January 1, 2006	(139'162)	(44'408)	(28'809)	(212'379)
Current year depreciation	(22'869)	(14'661)	(22'298)	(59'828)
Closing balance at December 31, 2006	(162'031)	(59'069)	(51'107)	(272'207)
Fixed assets – Net book amount	64'993	45'743	91'068	201'804
Fixed assets at cost				
Opening balance at January 1, 2007	227'024	104'812	142'175	474'011
Additions	70'215	58'529	9'200	137'944
Closing balance at December 31, 2007	297'239	163'341	151'375	611'955
Accumulated depreciation				
Opening balance at January 1, 2007	(162'031)	(59'069)	(51'107)	(272'207)
Current year depreciation	(38'121)	(17'986)	(37'634)	(93'741)
Closing balance at December 31, 2007	(200'152)	(77'055)	(88'741)	(365'948)
Fixed assets – Net book amount	97'087	86'286	62'634	246'007

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