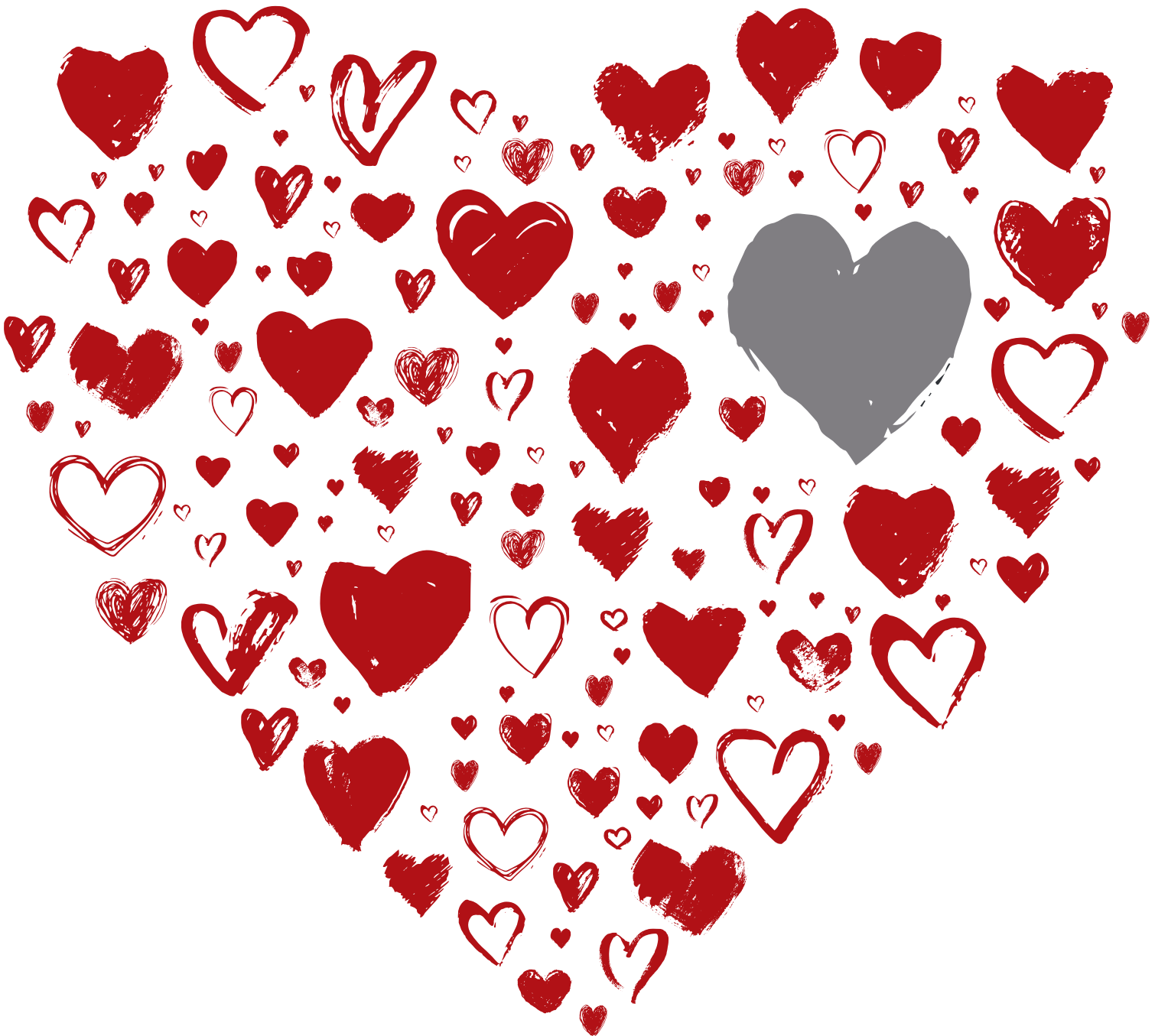




fighting heart disease
and stroke

european heart network

Annual Report **2015**





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European Heart Network

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and like-minded non-governmental organisations throughout Europe.

Our mission

To play a leading role in the prevention and reduction of cardiovascular diseases, in particular heart disease and stroke, through advocacy, networking, capacity-building and patient support, so that they are no longer a major cause of premature death and disability throughout Europe.

Our vision

Every European has a right to a life free from avoidable cardiovascular diseases.





1. Director's message

At the European Heart Network, we care deeply about people in all European countries. We would like everyone to benefit from the same life expectancy and quality of life and, certainly, not suffer from heart disease and stroke, or any other cardiovascular disease, where these can be avoided.

The world is one of turbulence and uncertainty, violence and fear. It is not necessarily a place where the prevention of cardiovascular or other chronic diseases is at the top of governments' minds and agendas. Nevertheless, many countries in Europe have proceeded with interventions, both binding and voluntary, to help their citizens live healthier lives.

Following the adoption of the Tobacco Products Directive, several EU Member States have moved ahead with proposals for plain packaging of tobacco products, namely France, Ireland and the UK. Latvia pushed ahead with setting mandatory upper limits for trans fatty acids, joining Austria, Denmark and Hungary. France moved closer to introducing a colour-coded front-of-pack nutrition labelling system. The UK joined other EU Member States when it announced it would introduce a tax on sugar-sweetened beverages.

Many EU Member States have proceeded with interventions, both binding and voluntary, to help their citizens live healthier lives. The EU should support them. It should not challenge them.

Meanwhile, the European Union is undertaking a laborious exercise that involves questioning past and future legislative measures which have a high level of health protection at the heart of them. Even when the European Commission does seem to agree with a specific piece of regulation such as setting an EU-wide mandatory limit for industrially produced trans fatty acids, it is, unfortunately, likely to take years before it will be adopted, as an arduous impact assessment must be undertaken. Yet all the evidence is there, from proof of cutting deaths from heart disease to reducing healthcare costs. Indeed, much of this is set out in the Commission's own report on the matter, which concludes that setting a mandatory limit would be the most effective measure in terms of public health, consumer protection and compatibility

with the internal market. Is there a cost for the industry? Maybe, but we have seen no evidence of companies going under in the countries where regulation has been introduced.

It is time for the European Commission to step up and deliver its stated aim of promoting the well-being of its people. This is not incompatible with the objectives of growing the economy and creating more jobs. However, a common-sense approach is currently being subjected to time-consuming technical examinations as part of the better regulation approach.

The role of evaluation is critical in identifying an appropriate way forward. With this in mind, the EHN commissioned an independent evaluation of its work in 2015, and its findings included the following:

- *the role of the EHN is key to addressing CVD prevention and reduction in Europe – EHN offers distinct added value with respect to other organisations working on CVD topics at EU level*
- *past performance against specific objectives shows positive results – a large majority of internal and external stakeholders agree on the high quality of the EHN's activities and outputs*
- *EHN is an efficient organisation – it has a higher ratio of budget managed by person than the EU average of other non-governmental health organisations*
- *EHN's reputation is widely recognised – 81% of the external stakeholders surveyed strongly agree that the organisation has a sound reputation*
- *EHN's trustworthiness is very high – this is due to several factors, including the political approach of the EHN Brussels office; the fact that EHN is industry-independent; and the quality of its work, which is based on deep knowledge and solid arguments*

EHN will continue its work and hopes to convince the whole of the European Commission to help us make the healthy option the default option and thus, ultimately, to help us realise our vision.

Every European has a right to a life free from avoidable cardiovascular diseases



Susanne Løgstrup,
Director



2. Main achievements in 2015

This report gives a detailed account of the work of the EHN in 2015. It includes a short overview of EHN's main achievements.

To support our members and facilitate the exchange of knowledge

We organised:

- a successful **Annual Workshop** together with the German Heart Foundation
- **two capacity-building workshops** for our members: on the marketing to children of foods high in fat, salt and sugar; and on food reformulation
- a seminar for our patients' organisations

To create awareness of cardiovascular diseases

- we **published five papers** on topics and policies that can impact cardiovascular health
- we organised a meeting with the **MEP Heart Group** on trans fatty acids
- we reached more than 925 000 people with our **Valentine's Day Twitter campaign** on heart health
- we campaigned for clean air and a reduction in noise pollution on **World Heart Day**, where we met with **Commissioner Andriukaitis** and a representative from **Commissioner Vella's** cabinet to discuss our calls on the European Commission
- we were featured in **three scientific publications** (see page 19; section 8)

Recognition of EHN was demonstrated by:

- the **European Public Health Alliance's (EPHA)** invitation to speak at its **2015 Annual Conference**
- the **European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI)** – Working Group on Health's invitation to speak at its meeting on **Eat for Health**
- the **Standing Committee of European Doctors (CPME)** invitation to speak at its workshop **TTIP and beyond – trade policy and health**
- the invitation from the **WHO Regional Office for Europe (WHO Euro)** for EHN to play an active part in its conference in Saint Petersburg on **Cardiovascular Diseases** and to be part of its expert reference group reviewing the **European NCD Action Plan**

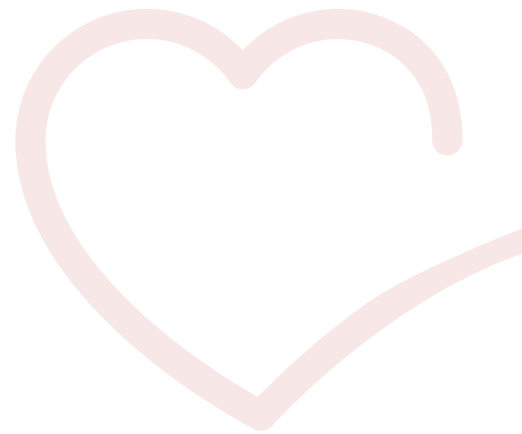
Our work in cooperation with European and International organisations produced tangible outputs

- following the Statement by the **Global Cardiovascular Disease Taskforce** on Sustainable Development Goals and the Future of Cardiovascular Health, published in 2014, the effective advocacy by the **World Heart Federation** (of which EHN is a member) together with the **NCD Alliance** resulted in **Agenda 2030 on Sustainable Development** including a target on non-communicable diseases
- together with the **University of Liverpool's School of Law and Social Justice**, EHN published a briefing paper on **Marketing of HFSS Food to Children**. This served as background for EHN's submission to the European Commission consultation on the **Audiovisual Media Services Directive**

Our sustained advocacy activities bore fruit

- the **European Commission** published its report regarding **trans fats** in foods and in the overall diet of the Union population, which concluded that a legal limit for industrial TFA content would be the most effective measure in terms of public health, consumer protection and compatibility with the internal market





3. Annual Meeting

The European Heart Network's Annual Workshop and General Assembly was hosted by the German Heart Foundation. It took place in Wiesbaden, Germany, from 20–22 May. The workshop was attended by 47 delegates from 23 EHN member organisations.

heart defects, presented her research to the delegates, emphasising that most adult patients need specialised care but have a good quality of life. Several EHN member organisations run programmes in support of children and teenagers born with congenital heart conditions.



In addition to delegates from EHN member organisations, we welcomed three guests from the World Heart Federation (WHF), including its President Elect, Professor David Wood, and its CEO, Johanna Ralston. Mrs Ralston spoke on the Global CVD Forum and on the UN sustainable development agenda where WHF – in cooperation with the NCD Alliance – is working to ensure a target on non-communicable diseases, including cardiovascular diseases.

EHN welcomed Dr Gauden Galea, Director, NCDs and Life-Course, WHO Regional Office for Europe. Dr Galea joined EHN by video directly from the World Health Assembly. He spoke eloquently about several Europe-specific policy developments that are necessary if the global NCD targets are to be achieved by 2025.

Reflecting its growing patient engagement, EHN welcomed patients living with congenital heart defects who shared their experiences with the audience. Dr Tanja Rädle-Hurst, who has dedicated her professional life to improving quality of life for adults living with congenital

heart defects, presented her research to the delegates, emphasising that most adult patients need specialised care but have a good quality of life. Several EHN member organisations run programmes in support of children and teenagers born with congenital heart conditions.

British Heart Foundation
Meet@teenheart
programme



introducing CPR (cardio pulmonary resuscitation) training in schools, and developing apps to help bystanders call an ambulance, give first aid and find and use a defibrillator.



De Hart&Vaatgroep Hartenwijzers Buddy Project

Member contributions to the Annual Workshop came from the British Heart Foundation; the Danish Heart Foundation; the Dutch Heart Foundation; the Finnish Heart Association; the Heart and Vessel Group (The Netherlands); the Irish Heart Foundation; the Italian Society for Cardiovascular Prevention (SIPREC); the Romanian Heart Foundation; the Swedish Heart Lung Foundation; and the Swiss Heart Foundation. From the digital world, Google offered us insights into using digital technology to support heart foundations' work.

So much work is undertaken by the heart and stroke charities which form the European Heart Network. Together we strive to reduce unnecessary deaths from heart diseases and



Swedish Heart Lung Foundation Lifesaving App

stroke, as well as to support the millions of people living with these diseases. All help is cherished. We thank all those who give to EHN member organisations all over Europe. In turn, we help each other, thus multiplying every donation and personal investment.



German Heart Foundation Lifesaving App



British Heart Foundation Lifesaving Campaign



Dutch Heart Foundation sets largest AED training session world record

EHN member organisations run programmes in support of children and teenagers born with congenital heart conditions.



4. Cardiovascular patients

Many members of the EHN support cardiovascular patients. They work to ensure that patients can experience a good quality of life, free of avoidable disabilities, which in turn helps the patients to continue their professional lives wherever this is an option.

Following our Annual Meeting, several EHN members started working together on an app to help improve the survival of people who suffer cardiac arrest. We intend to share this with all our members and to encourage a much wider uptake of CPR training in Europe – we are also aiming to harness support for CPR training through institutional approaches.

Atrial fibrillation

In September, EHN published its recommendations on atrial fibrillation (AF). AF represents a sizeable burden of ill health. The latest figures estimate that approximately 10 million people live with this condition in the EU. With an ageing population and a higher prevalence of AF in the elderly, the number of AF patients is likely to increase in the future, putting further pressure on healthcare systems. On that basis, EHN recommends:

- *the opportunistic screening of patients older than 65 years of age, with pulse-taking and ECG-monitoring, if AF is suspected*
- *implementation of the current guidelines on medication and management*
- *more studies to ascertain the benefits of promising new treatment procedures*
- *effective communication between healthcare professionals and the patient*

European Medicines Agency

EHN is an active member of the Patients' and Consumers' Working Party (PCWP) of the European Medicines Agency (EMA), the official EU agency responsible for the scientific evaluation for use in the European Union of medicines developed by pharmaceutical companies. The objective of the PCWP is to give feedback from consumers' and patients' organisations to the EMA, mainly on patient information leaflets and European Public Assessment Reports (EPAR). The PCWP meetings enable patients' views on different issues relating to medicines and medication to be considered by the EMA.

EHN members support cardiovascular patients, ensuring that they can experience a good quality of life, free of avoidable disabilities.





5. Politics, policies and heart health in the EU

Better regulation

At the end of 2015, the three institutions of the EU: the European Parliament, the Council and the Commission, adopted an *Interinstitutional Agreement on Better Law-Making*. In the Agreement, the three institutions recall the EU's obligation to legislate only where and to the extent it is necessary, applying the principles of subsidiarity and proportionality.

The EU also has a *REFIT* (Regulatory Fitness and Performance) programme. This aims to “cut red tape, remove regulatory burdens, simplify and improve the design and quality of legislation so that the policy objectives are achieved and the benefits of EU legislation are enjoyed at lowest cost and with a minimum of administrative burden, in full respect of the Treaties, particularly subsidiarity and proportionality. Under *REFIT*, the Commission is screening the entire stock of EU legislation on an ongoing and systematic basis to identify burdens, inconsistencies and ineffective measures and identify corrective actions.”

Should we be worried about language such as “efficiency and effectiveness”, “cutting red tape”, and “fit for purpose”? Well, if the EU is truly interested in adopting and maintaining legislation that helps protect its citizens’ health and assists Member States to contain their healthcare costs – and acknowledging that legislation is often necessary to promote and protect health – EHN thinks the answer is yes. Nobody can object to better regulation or even potentially less regulation, but care must be taken not to undermine sensible, health-promoting regulation.

Nobody can object to better regulation or even potentially less regulation, but care must be taken not to undermine sensible, health-promoting regulation.

Roadmap – a not befitting check

An example of where EHN believes a better regulation initiative is not working is the *Roadmap* that the European Commission (EC) published



announcing an evaluation and fitness check of the 2006 Regulation on health and nutrition claims (the Claims regulation). The evaluation focuses on two elements of the Claims regulation, one of which is the requirement for foods that bear claims to meet certain nutrient profiles and aims at assessing whether they are “fit for purpose”. The EC was under an obligation to establish nutrient profiles by 19 January 2009. It has failed to do so, allegedly “due to the complexity of the subsequent discussions in relation to scientific issues and potential economic impacts”. EHN suggests that it is a remarkable approach to proceed with an evaluation of a regulation which has yet to be fully implemented.

We, therefore, question the appropriateness of the proposed evaluation and the fitness check. In an EU where overweight, obesity and chronic diseases place heavy burdens on individual and

Setting nutrient profiles is an essential element of the Claims regulation, and the Roadmap does not present evidence or reasons for questioning the need for establishing these nutrient profiles.

public purses, a requirement that foods which make health and nutrition claims meet nutrient profiles is a proportionate piece of the policy parcel needed to help consumers make healthier choices and prevent costly diseases.

EHN responded to the Roadmap in October. You can find our response [here](#). For more information about the role of nutrient profiles, you can also consult [EHN's paper](#) which was published in December.

Trans fatty acids – best eliminated across the EU

In the 2011 Regulation on Food Information to Consumers (FIC) the EC was asked to submit a report on the presence of trans fats in foods and in the overall diet of the Union population and to accompany its report with a legislative proposal, if appropriate.

For every 2% energy of trans fatty acid consumption, the risk of heart attack or death from heart disease increases by about 25% – or, to put it another way, every extra gramme of trans fatty acids consumed per day will increase the risk of heart attack or heart disease by about 5%.

Heart disease is the single most common cause of death in the EU, and any reduction in its incidence will result in major health gains. In fact, strictly limiting the prevalence of industrially produced trans fatty acids in all foods marketed in the EU could save about 50 000 lives every year. It may also save billions of Euros in cardiovascular-related healthcare costs.

The removal of industrially produced trans fatty acids from the food supply is one of the most straightforward public health interventions. And it can be achieved by replacing trans fatty acids with healthier substitutes without increasing the cost or reducing the quality of foods.

In 2015 EHN campaigned for the EC to release its report, foreseen in the FIC Regulation, and to accompany it with a proposal setting a mandatory upper limit of industrially produced trans fatty acids. EHN argued that such a regulation would contribute to:

- *improving the health of all EU citizens*
- *reducing deaths from heart disease*
- *tackling inequalities in health*
- *saving healthcare costs*

For more information on EHN's position, published in April, please consult our paper [here](#).

In December 2015, the EC published its report regarding trans fats in foods and in the overall diet of the Union population. The report concluded that a legal limit for industrial TFA content would be the most effective measure in terms of public health, consumer protection and compatibility with the internal market. However, the report also stated that *"in accordance with its Better Regulation principles, the Commission intends to rapidly launch a public consultation and carry out a fully-fledged impact assessment. This will allow the Commission to take an informed policy decision in the near future."*

We sincerely hope the 'fully-fledged impact assessment' will be launched rapidly, and suggest that with several EU Member States already having legal limits in place and the US introducing them by 2018, the impact assessment need not take long.



See also the work on trans fatty acids carried out by the MEP Heart Group further on in this report.

Marketing of food high in fat, salt and sugar to children – a case for the EU

Over the past fifteen years, evidence has increasingly shown that the marketing of food high in saturated fats, trans fatty acids, free sugars, or salt (HFSS food) influences children's preferences, purchase requests and consumption patterns. Despite growing childhood overweight and obesity rates and the extensive marketing to children of HFSS food, the European Union has – so far – focused on self-regulatory approaches to the restriction of HFSS food marketing to children. EHN does not believe that this current hands-off policy is working.

EHN welcomes the EC report regarding trans fats in foods and its conclusion that a legal limit for industrial TFA content would be the most effective measure in terms of public health, consumer protection and compatibility with the internal market.

EHN's recommendation is that the Audio Visual Media Services Directive (AVMSD) restricts effectively the exposure of children to audiovisual commercial communications for HFSS food throughout the EU, including a complete prohibition of all audiovisual commercial communications for HFSS food on television between 06.00 and 21.00.

The public consultation on the AVMSD, which took place from 6 July to 30 September, offered the EHN an opportunity to share our recommendation with the EC, as well as the evidence on which we base it. Several of our member organisations also responded to the public consultation. You can find our responses on the [EC's website](#).

Throughout the year, we worked with our members on this topic, sharing information about developments in EU Member States. We also developed a briefing leaflet together with the University of Liverpool's School of Law and Social Justice, which was published in September. The leaflet is available [here](#).

Clean air on World Heart Day – for Europe and for the world

In cooperation with the European Society of Cardiology (ESC) and the European Association for Cardiovascular Prevention and Rehabilitation (EACPR), EHN ran a campaign on *Environment & the Heart* on the occasion of World Heart Day, which takes place on 29 September every year.



We organised a petition calling for a comprehensive EU approach to air and noise pollution. In a short period of time, several thousands signed up to our call and together with MEP Heart Group Co-chair, Mairead McGuinness, MEP, we presented the petition to Commissioner Andriukaitis on World Heart Day. It called upon EU policymakers to promote a healthy environment for a healthy heart by:

- adding air and noise pollution to the modifiable risk factors for CVD within the framework of a comprehensive EU strategy on the prevention and control of CVD
- including clean air and noise reduction in all policy areas
- adopting EU-wide limit values for air quality in line with WHO recommendations, as well as setting ambitious binding emission reduction commitments in the National Emissions Ceilings (NEC) Directive for 2025
- fostering green urban planning in order to reduce pollution and promote physical activity
- promoting clean modes of power generation, including low-emission vehicles and fuels, and renewable combustion-free power sources
- securing EU funding for research on the effects of environmental stressors on the cardiovascular system
- following up on the 1987 Year of the Environment, 1994 Year for Health and Nutrition and 2013 Year of Air, by setting 2018 as the Year for Chronic Diseases, encompassing health inequalities, and social, economic and environmental factors

We organised a petition calling for a comprehensive EU approach to air and noise pollution. In a short period of time, several thousands signed up to our call.




MARKETING OF HFSS FOOD TO CHILDREN

Over the past fifteen years, evidence has increasingly shown that the marketing of food high in saturated fats, trans-fatty acids, free sugars, or salt (HFSS food) influences children's preferences, purchase requests and consumption patterns. Despite growing childhood overweight and obesity rates and the extensive marketing to children of HFSS food, the European Union (EU) has – so far – only encouraged self-regulatory approaches to the restriction of HFSS food marketing to children. This current hands-off policy is not working.



Growing childhood overweight and obesity trends

Around 1 in 3 children in the EU aged 6-9 years old was overweight or obese in 2010. This represents an increase on 2008, when estimates were 1 in 4.¹ If the EU and its Member States fail to act on overweight and obesity in children and young people, this issue threatens to have a highly negative impact on health and quality of life and may overwhelm national healthcare systems in the near future.²

The influence of HFSS food marketing on children's diets

There is strong evidence from independent systematic reviews that HFSS food marketing contributes to childhood overweight and obesity. Research on the extent, nature and effects of food marketing to children shows that food marketing is extensive and that most of this marketing is for HFSS food. It also establishes that marketing influences children's food preferences, purchase requests and consumption patterns, independently of other factors such as snacking or physical inactivity.²

EHN, together with the University of Liverpool's School of Law and Social Justice, produced a leaflet which demonstrated the need for a regulatory approach to limit the exposure of children to HFSS food marketing, also pointing out that doing so would simultaneously limit fragmentation of the internal market.



Left to right: Frans Van de Werf, Chair ESC European Affairs Committee; Mairead McGuinness MEP, Co-Chair MEP Heart Group; Simon Gillespie, BHF Chief Executive and EHN President; Vytenis Andriukaitis, EU Commissioner for Health and Food Safety

TTIP – a healthy trade?

TTIP, the Transatlantic Trade and Investment Partnership, the negotiations for which started in 2013, causes concern among many citizens in the EU. EHN also has some concerns, relating to the potential of TTIP to affect the scope of the EU's and Member States' right to regulate.

We recognise that TTIP does not exist in a vacuum. The EU and its Member States are all members of the WTO (World Trade Organization). In addition, the EU already has a large number of trade agreements in place and several Member States have entered into bilateral investment agreements. Nevertheless, TTIP is presented as a new generation of trade agreements, and one that aims to go *“far beyond the positive effects on bilateral trade, [offering] a unique chance to*

TTIP causes concern among many citizens in the EU. EHN also has some concerns, relating to the potential of TTIP to affect the scope of the EU's and Member States' right to regulate,

give a new momentum to the development and implementation of international regulations and standards (multilateral or otherwise plurilateral).”¹

EHN argues that this unique opportunity to give a new momentum to international trade must be seized on to emphasise that trade agreements are a means to an end – not an end in themselves.

TTIP must explicitly recognise that its goal is to improve people's standards of living and their health and well-being. It is all well and good to strive for international regulations and standards, but these must leave sufficient policy space for governments to define standards in accordance with their own appreciation of what is necessary in the interest of public health.

An element of TTIP that is particularly contentious is the inclusion of a mechanism that allows investors to sue governments directly through arbitration. This mechanism is known as ISDS (investor-to-state dispute settlement). ISDS has been deemed to be greatly flawed and, acknowledging this, the EC carried out a public consultation seeking comments on its proposal for improving it. Following an unprecedented response to the consultation, the EC published

a proposal for a new system in September, the Investment Court System (ICS). The ICS proposal addresses several of the flaws of the ISDS. However, it does not include a requirement that investors have to exhaust domestic remedies before bringing a case before the Investment Court, which EHN finds a considerable weakness in the proposed ICS system.

Cases against Australia and Uruguay for measures they have taken with respect to the packaging and labelling of tobacco products to protect health have been brought against them through private arbitration by Philip Morris International (PMI) using the ISDS mechanism. At the end of last year, Australia won the case that PMI brought against it on the grounds that PMI had no jurisdiction. EHN is pleased that Australia won its case involving its plain packaging legislation. As, however, the case was won on procedural grounds, this does not stop other countries – which are parties to bilateral investment treaties with ISDS – from being sued when they introduce plain packaging measures.

EHN is investing in shaping TTIP and its Director is a member of the [TTIP Advisory Group](#). For more information, you may wish to read [EHN's paper on TTIP and trade](#).

Protect our personal data – but also our research on cardiovascular diseases

In January 2012, the EC published its proposal for a General Data Protection Regulation. EHN subsequently joined an alliance of research organisations – the European Data in Health Research Alliance – to ensure that access to data for health researchers would not be made unduly cumbersome.

Whilst amendments by the European Parliament, adopted in its first reading, would have had a devastating impact on life-saving research, the agreement, which was adopted in trilogue and subsequently endorsed by the European Parliament's Civil Liberties Committee and the Member States just before the end of 2015, represents a good outcome for health research. Prior to the agreement, EHN published a short paper, which you can find [here](#).

EHN welcomes the outcome of the trilogue negotiations and the fact that policymakers listened to the research community in the EU. The agreement strikes an appropriate balance between safeguarding personal data and access to such data for research that has the potential to save lives and alleviate pain.

The agreement strikes an appropriate balance between safeguarding personal data and access to such data for research.

¹ http://trade.ec.europa.eu/doclib/docs/2013/july/tradoc_151622.pdf

EU Tobacco Products Directive – yes it is lawful

In 2014, the EU adopted its new Tobacco Products Directive (TPD). The Directive:

- *mandates pictorial warnings covering 65% of both sides of the pack, as well as on the top of the pack*
- *requires a minimum package size, which puts an end to certain packages such as those resembling lipstick*
- *bans characterising flavours without exception (with a temporary derogation for menthol, which will be banned in 2020)*
- *bans any misleading labelling (such as ‘natural’ or ‘organic’) and bans information on the label about nicotine, tar or carbon monoxide content*
- *maintains a ban on tobacco for oral use in the EU, except for Sweden*
- *introduces regulation of electronic cigarettes*
- *sets out tracking and tracing provisions for tobacco products across the entire supply chain with safety features in order to strengthen the fight against illicit trade and falsified products*

The TPD was subsequently attacked in various jurisdictions by a Member State and several companies, including Philip Morris International and an e-cigarette manufacturer trading under the name Totally Wicked. At the very end of 2015, the Advocate General of the Court of Justice of the European Union (CJEU) delivered her Opinions in these cases. She was adamant that the TPD was lawfully adopted and that the EU legislature did not exceed the considerable latitude given to it in ensuring that tobacco and related products may be placed on the market

The EU legislature has considerable latitude to ensure that tobacco and related products may be placed on the market under uniform conditions throughout the EU.



under uniform conditions throughout the EU without losing sight of the fundamental objective of a high level of health protection. The Advocate General's Opinions were confirmed by the CJEU in May 2016.



6. Working with the EU institutions

MEP Heart Group

The MEP Heart Group has existed since 2007 when it was created to help support the European Heart Health Charter and the European Parliament's resolution on action to tackle cardiovascular diseases (CVD). The main objective of the group is to promote measures that will help reduce the burden of CVD in the EU and raise awareness of the disease amongst target audiences through a series of dedicated activities. The MEP Heart Group is co-chaired by Mairead McGuinness, Irish MEP, EPP, and Karin Kadenbach, Austrian MEP, S&D.



Karin Kadenbach,
MEP, S&D



Mairead McGuinness,
MEP, EPP

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

Below: MEP Heart Group Meeting on Achieving a Trans Fat-Free Europe - 14 April 2015



Meeting on trans fatty acids

Over the years, the MEP Heart Group has organised meetings on a range of topics including measures proposed by the EC on nutrition labelling and tobacco products. In 2015, the MEP Heart Group organised a meeting on *Achieving a Trans Fat-Free Europe*. Supporters of the Group were invited to discuss with the EC and other stakeholders the EU's role in reducing significantly the intake of trans fats across all population groups in the EU.

Following the meeting, the Co-chairs of the MEP Heart Group urged the President of the European Commission to set legal limits for and on the use of industrially produced trans fatty acids in foodstuffs in the EU.

- [MEP Heart Group website](#)
- [MEP Heart Group meeting on Achieving a Trans Fat-Free Europe - 14 April 2015](#)
- [MEP Heart Group Co-Chairs letter to President Juncker](#)



Left to right: Alexandra Nikolakopoulou, Head of Unit, DG SANTE; Karin Kadenbach MEP, Co-Chair MEP Heart Group; Mairead McGuinness MEP, Co-Chair MEP Heart Group; Roberto Bertollini, Director WHO Brussels and Chief Scientist WHO Europe; and Steen Stender, Gentofte University Hospital, Denmark.

2015 Valentine's Day #loveyourheart Twitter campaign

For the fourth year in a row, the MEP Heart Group invited Members of the European Parliament (MEPs) to join its 2015 MEP Heart Group Valentine's Day Twitter Campaign on 12, 13 and 14 February. The awareness-raising initiative was far-reaching: it is estimated that more than 925 000 people were reached by heart-healthy promotion messages on Valentine's Day. In comparison, the 2014 Twitter Campaign reached about 420 000 people.

32 MEPs from 15 EU Member States and all major European Political Groups supported the initiative. Amongst the MEPs who tweeted was Martin Schulz, President of the European Parliament. The Campaign was supported by two Commissioners: Dr Vytenis Andriukaitis, EU Commissioner for Health and Food Safety, and Ms Cecilia Malmström, European Commissioner for Trade. Tweets also came from the European Commission, Directorate General for Health and Food Safety (DG SANTE) and Professor Maria da Graça Carvalho, Member of the Cabinet of Carlos Moedas, and European Commissioner for Research & Innovation.

With individuals spontaneously joining the Campaign, plus 31 organisations and advocacy groups sharing the heart-healthy messages with their Twitter and Facebook communities, and five news media outlets promoting the #loveyourheart2015 initiative, we consider the campaign to have been very successful.

EU platform for action on diet, physical activity and health

The EU platform for action on diet, physical activity and health (the Platform) is a forum for European-level organisations, ranging from the food industry to consumer protection NGOs, willing to commit to tackling current trends in diet and physical activity. The Platform, of which EHN is a founding member, was launched in 2005.



10 years into the Platform's existence, EHN concluded – along with several other not-for-profit members – that it was not possible to demonstrate the Platform's impact on overweight and obesity or so-called related health issues, most notably diet-related chronic diseases. Acknowledging that this was hardly a good position to be in when the Platform was the EC's main tool for addressing the EU's obesity crisis, as well as the heavy burden of diet-related chronic diseases, the Platform marked its 10 year anniversary with reflections on how to improve its functioning. Whilst the commitments that its members must make need to be SMART in principle, they were submitted in a relative vacuum as no agreed framework with specific objectives and targets exists.

Perhaps acknowledging this, The Netherlands' representative to the EU High Level Group on Diet and Physical Activity shared with the Platform its decision to make food product improvement a central part of the health programme of its EU Presidency in the first half of 2016. The Dutch EU Presidency will encourage stronger concerted action on food product composition throughout the EU, realising that an EU focus is necessary in a booming intra-EU trade in food products and an increasingly fragmented internal market. EHN very much welcomed the Dutch Presidency's initiative and held a meeting with its members to discuss how EHN can support it. Concrete plans will be developed in 2016 with this goal in mind.

More than 925 000 people were reached by heart-healthy promotion messages on Valentine's Day 2015.





7. Cooperation

World Health Organization – Regional Office for Europe

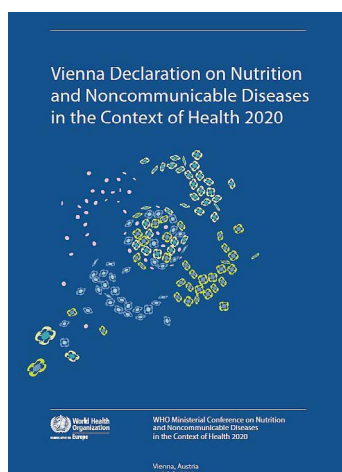
Throughout the year and in different areas, EHN has enjoyed engaging and cooperating with the WHO Regional Office for Europe (WHO Euro).

Overweight and obesity in children

WHO Europe frequently joins meetings of the EU platform for action on diet, physical activity and health (the Platform) to present its latest data and papers. In 2015, WHO Euro published its *Nutrient Profile Model* which is of great relevance to the Platform. EHN welcomed the WHO work.



In 2013, EHN undertook an investigation with a view to assessing the potential for cross-sector agreement on nutritional criteria for food and drinks marketed and advertised to children, as our commitment to the Platform. We invited a representative from WHO Euro along with selected Platform members to discuss our initial analyses. We were delighted to see that a little later the same year, WHO Member States called upon WHO Euro, in the *Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020* to work on nutrient profiles as a tool to help “reduce food marketing pressure to children with regard to foods high in energy, saturated fats, trans fatty acids, free sugars or salt”.



EHN called for European food and drink companies to adopt the WHO Euro nutrient profile model as part of their joint Pledge on advertising to children. EHN also took part in the meeting of the WHO Network on reducing marketing pressure on children where we presented the work we have done over many years on overweight and obesity in children and, more specifically, on advocating for regulatory interventions to reduce HFSS food marketing to children. [Please click here for the WHO Euro Nutrient Profile Model](#)

Promoting cardiovascular health and preventing chronic diseases

We were delighted that Dr Gauden Galea, Director, NCDs and Life-Course, WHO Regional Office for Europe, was able to give us a presentation via video at our Annual Workshop.

It was also a pleasure to participate in and speak at a meeting in the European Parliament on *Eat for Health* organised by the Committee on the Environment, Public Health and Food Safety (ENVI) Working Group on Health together with Dr Roberto Bertollini, Chief Scientist and WHO Representative to the European Union.

As part of its preparation for a new Action Plan on NCDs, WHO Euro organised an *International Conference on Cardiovascular Diseases* in November in Saint Petersburg. EHN’s President and Director were invited to participate and speak at this conference, which addressed many important aspects of cardiovascular disease prevention and treatment with sessions on population-level interventions; acute care; risk assessment; secondary prevention and rehabilitation.

EHN called for European food and drink companies to adopt the WHO Euro nutrient profile model as part of their joint Pledge on advertising to children.

Smoke Free Partnership

The Smoke Free Partnership (SFP) is a strategic, independent and flexible partnership



between the European Heart Network, Cancer Research UK, and Action on Smoking and Health (ASH) UK. In late 2014, SFP formalised the SFP coalition, a network of tobacco control advocacy organisations across the EU. EHN Director Susanne Løgstrup, who has served as SFP Treasurer since 2012, was appointed President of the SFP as of 2016.

In March 2015, SFP was awarded the Luther Terry Outstanding Organization award for Exemplary Leadership in Tobacco Control by the American Cancer Society, in recognition of its leadership and advocacy during the adoption of the Tobacco Products Directive.

SFP relaunched its interactive Smokefree Map, an online tool which details smokefree policies in EU Member States as well as four close European neighbours, at a seminar held in April 2015 and attended by over 50 representatives from EU institutions, national governments, public health organisations and the media.

On World No Tobacco Day 2015, SFP launched a factsheet on the questions surrounding the possible renewal of the agreement between the EU and Philip Morris International to combat illicit trade. In September 2015, SFP organised a capacity-building conference on taxation and illicit trade, which brought together experts, European Commission officials from DG TAXUD, DG SANTE and OLAF, government officials from Ministries of Health and Finance as well as MEPs and SFP Coalition partners.

SFP worked closely with its Partners to address the challenges raised by the Tobacco Products Directive transposition and implementation in EU Member States. By the end of 2015, with extensive support from EHN, SFP finalised and delivered a TPD implementation toolkit which covers important legal and technical aspects of the TPD and aims to support Coalition partners in their national advocacy for the transposition and implementation of the Directive by the 19 May 2016 deadline. More information about SFP can be found [here](#).

European Chronic Disease Alliance

The European Chronic Disease Alliance (ECDA), founded in 2010, comprises 11 member organisations working on cardiovascular diseases, cancer, diabetes, respiratory, kidney and liver diseases, as well as allergy and clinical immunology.

ECDA is actively following and responding to policy developments in the EU – and beyond – that have an impact on chronic diseases. In 2015, it delivered its analysis of and recommendations for interventions in four areas presented in brief papers:

- *Don't pass the salt*
- *Don't bottle out – why the EU needs a comprehensive alcohol strategy*
- *The good, the bad and the ugly – why the EU should eliminate industrially produced trans fats*
- *Particulates Matter: why the EU must do more to tackle air pollution*

ECDA participated in the Global NCD Alliance Forum in Sharjah and is a signatory to the *Sharjah Declaration*, which emphasises the importance of reducing the burden of non-communicable diseases (NCDs) in achieving sustainable development priorities and calls on governments to step up their investment in NCD prevention and control. The *Sharjah Declaration* was adopted shortly after the Agenda 2030 for Sustainable Development, which includes a target on NCDs:

By 2030, [to] reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

More information about the ECDA can be found [here](#).



European Society of Cardiology

EHN cooperates closely with the European Society of Cardiology (ESC). The two organisations jointly support the MEP Heart Group. EHN and ESC join forces to ensure that prevention of and research into cardiovascular diseases remain a priority in EU policies and programmes. In 2015, the two organisations renewed their commitments to cooperation by signing a Memorandum of Understanding.

EHN cooperates closely with the European Society of Cardiology. The two organisations jointly support the MEP Heart Group.

European Association for Cardiovascular Prevention and Rehabilitation

The European Association for Cardiovascular Prevention and Rehabilitation (EACPR) aims to be a coordinating stronghold within the ESC for all activities in the field of preventive cardiology and rehabilitation. The Director of the EHN is a member of the EACPR. She is also a member of its Cardiovascular Prevention Implementation Committee and is a consultant to the Prevention, Epidemiology & Population Science Section.

World Heart Federation

Through its membership of the World Heart Federation (WHF), EHN participates in international work to advance the cause of cardiovascular health promotion worldwide. In 2015, EHN was represented on the WHF Board by Floris Italianer, Board member of the EHN and Chief Executive of the Dutch Heart Foundation.

WHF, which is a partner in the NCD Alliance, was instrumental in having a target on non-communicable diseases included in the Agenda 2030 for Sustainable Development.

Public health organisations

EHN is an active member of the European Public Health Alliance (EPHA), which unites a variety of organisations throughout Europe that cover a broad spectrum of health issues. On tobacco issues, in addition to its involvement with the Smoke Free Partnership, EHN also liaises with the Association of European Cancer Leagues (ECL) and the European Network for Smoking Prevention (ENSP), as well as with a number of national tobacco control organisations and experts.

EConDA

The EConDA project (Economics of Chronic Diseases) came to an end in 2015. The aim of this project was to aid EU member states to develop, select and implement cost-effective policies to improve chronic disease prevention, especially for populations with the highest rates of premature deaths from chronic diseases.



EConDA tested the cost-effectiveness of policies to improve chronic disease prevention and policies to reduce health inequalities due to chronic diseases in eight countries: Bulgaria, Finland, Greece, Lithuania, the Netherlands, Poland, Portugal, and the United Kingdom.

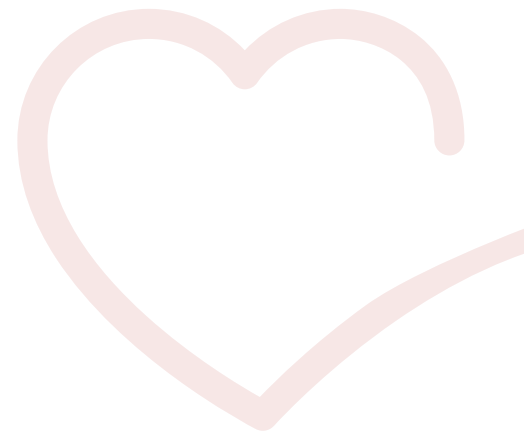
In its final year, EConDA organised five country workshops – in Bulgaria, Lithuania, the Netherlands, Poland and Portugal – all of which were well attended by country stakeholders. A final project conference took place in Brussels on 22 September. The findings of the project were as follows:

- *obesity is predicted to increase across the majority of the EConDA countries and across all levels of education by 2050*
- *increasing obesity will result in increases in chronic diseases over time, with widespread and serious effects on the economy of the health system and wider society*
- *significant health and economic gains can be achieved with small reductions in body mass index (BMI)*
- *multi-component behavioural change interventions implemented annually will substantially reduce obesity-related diseases*

- *maintaining weight loss is particularly beneficial so investment in weight loss maintenance interventions is an important element*
- *by its nature, a sugar sweetened beverage (SSB) tax is more cost-effective than weight loss programmes, however both interventions were found to be cost-effective*
- *introducing a 20% SSB tax will have a significant impact on major chronic diseases, such as CHD and type 2 diabetes*
- *by 2050, smoking prevalence is forecast to decrease across all of the countries that were modelled*
- *data for smoking prevalence by education level were available for Finland, Lithuania, the Netherlands, and the UK only. Prevalence of smoking was projected to decrease across all education groups in these countries. However, the rate of decline was projected to be faster among males and females with tertiary education compared to those with less than tertiary education. For this reason, the gap in smoking prevalence between more and less advantaged groups was predicted to widen year on year until 2050 in the four countries*
- *across all countries the chronic diseases selected – cardiovascular disease, diabetes and COPD – were predicted to rise by 2050*
- *smoking cessation services (SCS) are cost-effective and have an important impact on reducing the future burden of smoking-related diseases*
- *of the interventions tested, SCS are projected to have the largest epidemiological impact on COPD and stroke in absolute terms*
- *SCS are more cost-effective and result in greater gains in quality-adjusted life years when compared to treatment of a single smoking-related disease*
- *important policy measures such as tobacco taxation and bans on smoking in public places are likely to be responsible for the prevailing downward trends in smoking. Retaining these policies is imperative if the predicted trends are to be maintained*

The results illustrate the importance of chronic disease prevention to avoid health system and societal costs. In particular, primary prevention interventions are cost effective when a time horizon of more than 10 years is used. Economic analyses of chronic disease should take a societal perspective to account for costs beyond healthcare. More information can be found via [this link](#).

Results from the EConDA project illustrate the importance of chronic disease prevention to avoid health system and societal costs.



8. Publications, statements and responses at a glance

EHN undertook an ambitious publishing schedule in 2015. This report has referred to many of our papers. A full list can be found below.

Publications

- *TTIP, international trade and cardiovascular health*
- *Trans fatty acids and heart disease*
- *Marketing of HFSS Food to Children*
- *Atrial Fibrillation and Cardiovascular Diseases*
- *EU General Data Protection Regulation – Recommendations from the European Heart Network ahead of the trilogue negotiations*
- *Nutrient profiles and nutrition and health claims*

Statements

EHN published statements on:

- *Evidence on saturated fat and heart disease*
- *WHO's (Office of the European Region) Nutrient Profile Model*
- *The European Commission's report on trans fatty acids*
- *The Advocate General's opinions on the Tobacco Products Directive*

Responses

EHN responded to following consultations:

- *WHO interim report of the Commission on Ending Childhood Obesity*
- *European Commission consultation on the Audiovisual Media Services Report*
- *European Commission Roadmap for the Evaluation of Regulation (EC) No 1924/2006 nutrition and health claims on food with regard to nutrient profiles*

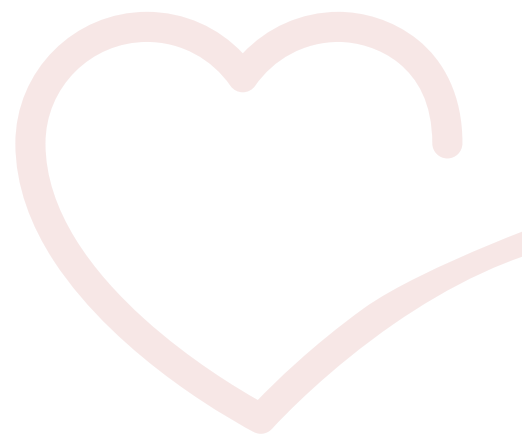
All papers are available [here](#) on EHN's website.

Scientific journals

EHN also featured in three scientific journals in 2015:

- *International Innovation, on promoting effective evidence-based policies for cardiovascular health*
- *Pan European Networks: Science & Technology, on ways in which EU policy could, and should, develop so as to tackle the burden of cardiovascular diseases in Europe*
- *Horizon 2020 Projects Portal, on the burden of cardiovascular disease, the EU's role in its prevention and treatment, and why public health must be safeguarded in TTIP*





9. Conferences and meetings

During 2015, EHN organised and participated in a number of conferences and meetings on topics relevant to promoting cardiovascular health and preventing cardiovascular diseases. They included:

February	<i>1ST JA-CHRODIS Advisory Board meeting – Brussels, Belgium, 18 February; meeting organised by the main partner in the Joint Action on Chronic Diseases co-funded by the European Union</i>
March	<i>EHN member Workshop: Reducing children's exposure to marketing of unhealthy foods to children – Brussels, Belgium, 27 March</i>
May	<i>EuroPREvent 2015 – Addressing Inequalities in Cardiovascular Health – Lisbon, Portugal, 14–16 May</i> <i>EHN Annual Workshop and General Assembly – Wiesbaden, Germany, 20–22 May</i>
June	<i>10th meeting of the WHO European network on reducing marketing pressure on children – Athens, Greece, 15–16 June</i>
August	<i>Global Meeting on Prevention of Cardiovascular Disease to address the shared challenges of "25 by 25" – London, UK, 29 August; meeting organised by the World Heart Federation</i>
September	<i>EConDA – Economics of Chronic Diseases – Brussels, Belgium, 22 September</i>
October	<i>EHN's Patients' Seminar – Brussels, Belgium, 21–22 October</i> <i>CPME – TTIP and beyond – trade policy and health – Brussels, Belgium, 30 October</i>
November	<i>WHO Europe – International Conference on Cardiovascular Diseases – Saint Petersburg, Russian Federation, 19–20 November</i>
December	<i>EHN member Workshop: Food Reformulation in Europe – Brussels, Belgium, 7 December</i>





10. EHN governance

Information about EHN and its structure, governance and finances is publicly available on its [website](#).

Membership

In 2015, EHN was made up of member organisations from 25 countries in Europe.

General Assembly

The General Assembly is comprised of all the member organisations of the EHN. The principal role of the General Assembly is to set broad policy guidelines. Its other responsibilities include:

- *electing the Board and its President*
- *approving the admission of new member organisations*
- *approving budgets and annual accounts*

Board

EHN is governed by a Board that can comprise no fewer than three and no more than eight members. In 2015, EHN's Board consisted of six members. They were Matija Cevc, Slovenian Heart Foundation; Dan Gaita, Romanian Heart Foundation (from May 2015); Simon Gillespie, British Heart Foundation; Floris Italianer, Dutch Heart Foundation; Therese Junker, Swiss Heart Foundation (until May 2015); András Nagy, Hungarian National Heart Foundation (until

May 2015); Kristina Sparreljung, Swedish Heart Lung Foundation (from May 2015); and Martin Vestweber, German Heart Foundation.

The Board met four times in 2015. Its role is to monitor implementation of EHN's strategic plan and provide policy and procedural direction, and to supervise the finances. The Board has three special positions: President, Vice President and Treasurer.

Costs involved in attending the Board meetings are covered by the member organisations of the Board members. Exceptions are made for those who come from member organisations with limited resources, where EHN covers the cost.

Staff

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

The EHN Brussels office has a team of five people to coordinate EHN's work. The Brussels office acts as the central point for communication between the member organisations, facilitates its advocacy work with the institutions of the European Union, steers the research and publications work, and organises the Annual Workshop, seminars and meetings for members, as well as special European conferences. EHN also organises and coordinates pan-European projects with its members and other partners.



EHN Board Members, left to right: Simon Gillespie, British Heart Foundation; Floris Italianer, Dutch Heart Foundation; Therese Junker, Swiss Heart Foundation; Martin Vestweber, German Heart Foundation; Matija Cevc, Slovenian Heart Foundation; and András Nagy, Hungarian National Heart Foundation.

EHN board members

Matija Cevc <i>Slovenian Heart Foundation</i>	Therese Junker, Treasurer (until May 2015) <i>Swiss Heart Foundation</i>
Dan Gaita (from May 2015) <i>Romanian Heart Foundation</i>	András Nagy, Vice-President (until May 2015) <i>Hungarian National Heart Foundation</i>
Simon Gillespie, President <i>British Heart Foundation</i>	Kristina Sparreljung, Treasurer (from May 2015) <i>Swedish Heart Lung Foundation</i>
Floris Italianer, Vice President <i>Dutch Heart Foundation</i>	Martin Vestweber <i>German Heart Foundation</i>

EHN member organisations in 2015

Austria	Austrian Heart Foundation
Belgium	Belgian Heart League
Bosnia and Herzegovina	Foundation of Health and Heart
Croatia	Croatian Heart House Foundation
Denmark	Danish Heart Foundation*
Faroe Islands	Faroese Heart Foundation
Finland	Finnish Heart Association*
Germany	German Heart Foundation*
Greece	Hellenic Heart Foundation
Hungary	Hungarian National Heart Foundation
Iceland	Icelandic Heart Association
Ireland	Irish Heart Foundation
Italy	Italian Association against Thrombosis and Cardiovascular Diseases (ALT)
	Italian Heart Foundation
	Italian Heart and Circulation Foundation
	Italian Society for Cardiovascular Prevention (SIPREC)
Lithuania	Lithuanian Heart Association
Netherlands	Dutch Heart Foundation
	Heart and Vessel Group*
Portugal	Portuguese Heart Foundation
Romania	Romanian Heart Foundation
Serbia	Serbian Heart Foundation
Slovakia	Heart to Heart League
Slovenia	Slovenian Heart Foundation
Spain	Spanish Heart Foundation
Sweden	Swedish Heart and Lung Association*
	Swedish Heart Lung Foundation
Switzerland	Swiss Heart Foundation*
Turkey	Turkish Heart Foundation
United Kingdom	British Heart Foundation
	Northern Ireland Chest, Heart and Stroke*

* these member organisations are either dedicated patients' organisations or organisations where work for and with patients makes up an important part of their activities



11. Accounts

Auditors' report to the board of the European Heart Network for the year ended December 31, 2015

We have agreed the financial statements on pages 24 to 28, which have been prepared on the basis of the accounting policies set out on page 28, to the records maintained by the European Heart Network.

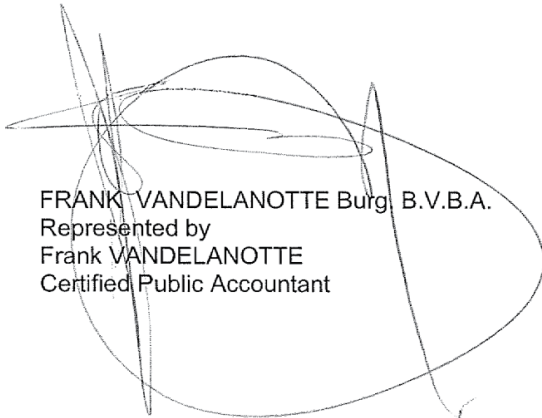
Respective responsibilities of the Board and auditors

The Board is responsible for the preparation of the financial statements. It is our responsibility to consider whether the European Heart Network's balance sheet and income and expenditure account are in accordance with the detailed accounting records and, to consider whether we have received all of the information and explanations which we consider necessary.

Opinion

We certify that we have obtained all the information and explanations required by us as auditors and that the attached income and expenditure account for the year ended DECEMBER 31, 2015 and the balance sheet at that date are in agreement with the records maintained by the European Heart Network.

Kortrijk, 26/05/2016

A large, handwritten signature in black ink, consisting of several overlapping loops and lines, positioned above the printed name and title of the auditor.

FRANK VANDELANOTTE Burg B.V.B.A.
Represented by
Frank VANDELANOTTE
Certified Public Accountant

Accounts for the Year Ended December 31, 2015

Approved by the General Assembly on 26/05/2016

Income (€)

1. Member subscriptions

	2015	2014
Austrian Heart Foundation	2.130,00	
Belgian Heart League	4.259,00	4.217,00
Bosnia Herzegovina, Foundation of Health and Heart	1.065,00	1.054,00
British Heart Foundation	173.030,00	171.317,00
Croatian Heart House Foundation	1.065,00	
Danish Heart Foundation	45.017,00	43.972,00
Dutch Heart Foundation	103.962,00	113.294,00
Faroese Heart Foundation	1.065,00	1.054,00
Finnish Heart Association	16.120,00	14.488,00
German Heart Foundation	24.079,00	20.401,00
Hellenic Heart Foundation	2.130,00	2.109,00
Hungarian National Heart Foundation	1.065,00	1.054,00
Icelandic Heart Association	2.130,00	4.217,00
Irish Heart Foundation	16.073,00	12.168,00
Italian Association against Thrombosis and Cardiovascular Diseases (ALT)	2.130,00	4.217,00
Italian Heart Foundation	1.065,00	1.054,00
Italian Heart and Circulation Foundation	1.065,00	1.054,00
Italian Society for Cardiovascular Prevention	1.065,00	2.109,00
Lithuanian Heart Association	2.130,00	1.054,00
UK Health Forum		1.000,00
Netherlands, Heart and Vessel Group	6.041,00	5.911,00
Northern Ireland Chest, Heart & Stroke	8.904,00	6.792,00
Portuguese Heart Foundation	4.259,00	2.109,00
Romanian Heart Foundation	2.130,00	4.217,00
Serbian Heart Foundation	1.065,00	1.054,00
Slovak Heart to Heart League	1.065,00	1.054,00
Slovenian Heart Foundation	4.259,00	4.217,00
Spanish Heart Foundation	4.259,00	4.217,00
Swedish Heart and Lung Association	5.172,00	6.602,00
Swedish Heart Lung Foundation	76.239,00	70.126,00
Swiss Heart Foundation	16.232,00	17.778,00
Turkish Heart Foundation	2.130,00	1.054,00
SUB TOTAL	532.400,00	524.964,00

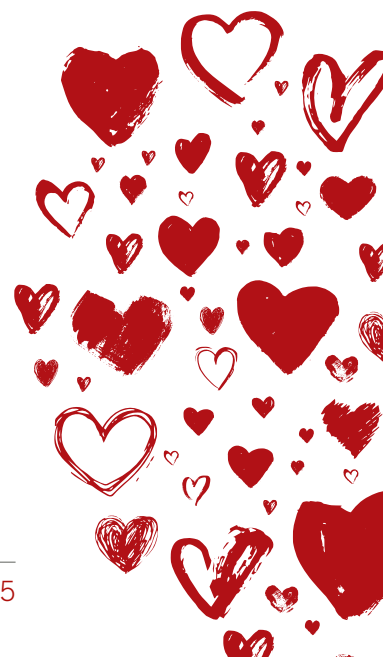
Income (€)

2. Special contributions

	2015	2014
British Heart Foundation	38.463,00	38.082,00
Dutch Heart Foundation		27.695,00
Other Income	250,00	
EuroHeart II – EU Support		28.472,69
Correction EuroHeart Project		-2.013,66
EConDA – EU support	4.787,30	3.420,10
Chronic Disease Alliance		608,37
SUB TOTAL	43.500,30	96.264,50

3. Investment income

	2015	2014
Investment Income	5.632,92	9.120,66
TOTAL INCOME	581.533,22	630.349,16



Expenditure (€)

	2015	2014
Personnel costs	397.848,56	365.195,60
Office expenses	13.043,68	17.771,34
Property expenses/insurance	41.121,98	42.623,21
Travel, subsistence and conferences	12.358,27	10.430,46
Office equipment and computer hardware	8.896,09	4.647,58
Communication	3.709,90	9.190,55
Professional fees	4.658,50	4.157,86
Audit fees	2.100,00	2.081,20
Membership fees	2.898,83	2.739,02
Bank charges	329,65	494,41
Annual Workshop	13.074,00	13.365,00
Taxes	1.701,76	2.423,06
Total regular expenditure	501.741,22	475.119,29
Seminars, research, publications and advocacy	13.955,09	17.251,12
EuroHeart II Project		45.881,20
EConDA	7.456,87	5.044,25
CEEC Support	-936,31	3.191,71
MEP Heart Group	1.782,99	10.158,73
Smokefree Partnership	25.000,00	25.000,00
European Chronic Disease Alliance	3.458,20	3.610,84
EHN Evaluation		15.000,00
Total project expenditure	50.716,84	125.137,85
TOTAL EXPENDITURE	552.458,06	600.257,14
RESERVE	25.000,00	25.000,00
TOTAL INCOME	581.533,22	630.349,16
SURPLUS/DEFICIT	4.075,16	5.092,02
RETAINED RESULT BEGINNING OF PERIOD	417.928,06	412.836,04
RETAINED RESULT END OF PERIOD	422.003,22	417.928,06

Balance sheet as at December 31, 2015

	2015	2014
Fixed Assets	742,92	3.958,59
Current Assets		
Debtors and prepayments	22.665,53	50.895,06
Cash at bank	1.010.810,35	1.304.237,95
	1.034.218,80	1.359.091,60
Current Liabilities and Provisions		
Reserve	550.000,00	525.000,00
Accrued costs and expenses	57.860,58	79.416,54
Prepaid income	4.355,00	336.747,00
	612.215,58	941.163,54
Net current assets (liabilities)	422.003,22	417.928,06

EuroHeart II project

	2015	2014
Project expenses		45.881,20
Personnel costs		38.168,47
Staff Travel and subsistence		2.589,84
Subcontracting costs		
Steering committee (subsistence)		
Patient Seminar (subsistence & meeting room)		
EU conference		
Printing costs		4.737,20
Accounting fees		385,69
Other costs		
Steering committee (travel)		
Patient Seminar (travel)		
Speaker		
Project income		28.472,69
EuroHeart Project		-17.408,51

EConDA

	2015	2014
Project expenses	7.456,87	5.044,25
Personnel costs	7.456,87	4.674,18
Travel		340,15
Subsistence		29,92
Project income	4.787,30	3.420,00
EConDA	-2.669,57	-1.624,25

Notes on the accounts for the year ended December 31, 2015

1. Principal accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the organisation's accounts:

Accounting basis

The accounts have been prepared under the historical cost convention.

2. Staff costs

	2015	2014
Salaries	292.014,44	287.432,00
Group insurance	33.275,58	32.859,69
Social security employers	73.775,40	72.517,47
Accrued vacation pay	-7.763,44	1.006,19
Insurance personnel	3.194,67	3.185,79
Meal vouchers	5.484,86	5.554,21
Other personnel charges	392,08	386,88
Social office	4.931,84	5.096,02
Personnel costs to recover	-7.456,87	-42.842,65
	397.848,56	365.195,60





fighting heart disease
and stroke
european heart network



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