

Annual report **2017**



fighting heart disease
and stroke
european heart network

Table of contents

1. President's and Director's message	4
2. Main achievements in 2017	6
3. Annual meeting	8
Women and cardiovascular disease	9
Stroke	9
4. Politics, policies and cardiovascular health in Europe	10
Trans fatty acids – light at the end of the tunnel?	10
Nutrient profiles as a condition for making health and nutrition claims – resuscitation needed!	11
Simplified front-of-pack nutrition labelling	12
Marketing of food high in fat, salt and sugar to children – the EU is unlikely to heed health body's recommendations	13
Common Agricultural Policy – the time has come for health and nutrition to be an important objective	14
5. Cardiovascular patients	15
Working for better patient outcomes	15
EHN member activities	16
European Medicines Agency	16
6. European projects	17
HeartMan	17
BigData@Heart	18
7. Working with European institutions	19
MEP Heart Group	19
EU Platform for Action on Diet, Physical Activity and Health	20
EU Health Policy Platform	21
8. Co-operation	22
World Health Organization (WHO) – Regional office for Europe	22
European Chronic Disease Alliance (ECDA)	22
European Society of Cardiology	23
European Association of Preventive Cardiology	23
World Heart Federation	23
Smoke Free Partnership (SFP)	24
Public Health Organisations	24
9. Publications, statements and responses at a glance	25
Publications	25
Statements	29
Responses	29
10. Conferences and meetings	30
11. EHN governance	31
Membership	31
General Assembly	31
Board	31
Staff	32
EHN Board members	32
EHN Member organisations in 2017	33
12. Accounts	34

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.

President's and Director's message

In 2017, the European Heart Network (EHN) celebrated its 25th anniversary. Our history is one of growth and impact, increasing our membership from 12 in 1992 to 30 in 2017. We have successfully run several major EU co-funded projects over a period of 16 years – successful because we keep building on them. We have published nearly 50 papers, many of which have fed directly into policy developments. We have moreover worked in partnership with colleagues around the world and have weaved together a solid network that helps prevent cardiovascular diseases and promote cardiovascular health.



An anniversary is a moment of joy, and we decided to share this moment with friends and colleagues. We

had a lovely evening where we were joined by Xavier Prats Monné, Director General of DG SANTE, and Karin Kadenbach, co-chair of the MEP Heart Group, as well as Luminita Hayes, senior advisor, World Health Organization Office at the European Union. Commissioner for Health and Food Safety Vytenis



EHN Board with Xavier Prats-Monné, Director General DG SANTE; Karin Kadenbach MEP & Co-Chair of MEP Heart Group; David Wood, President WHF; Luminita Hayes, Senior Advisor for Health, WHO-Europe; Jean-Luc Eiselé, CEO WHF.

Andriukaitis sent us his warm wishes by video, as did Mairead McGuinness, co-chair of the MEP Heart group. From Brussels, we were joined by colleagues from many of the organisations with which we work.

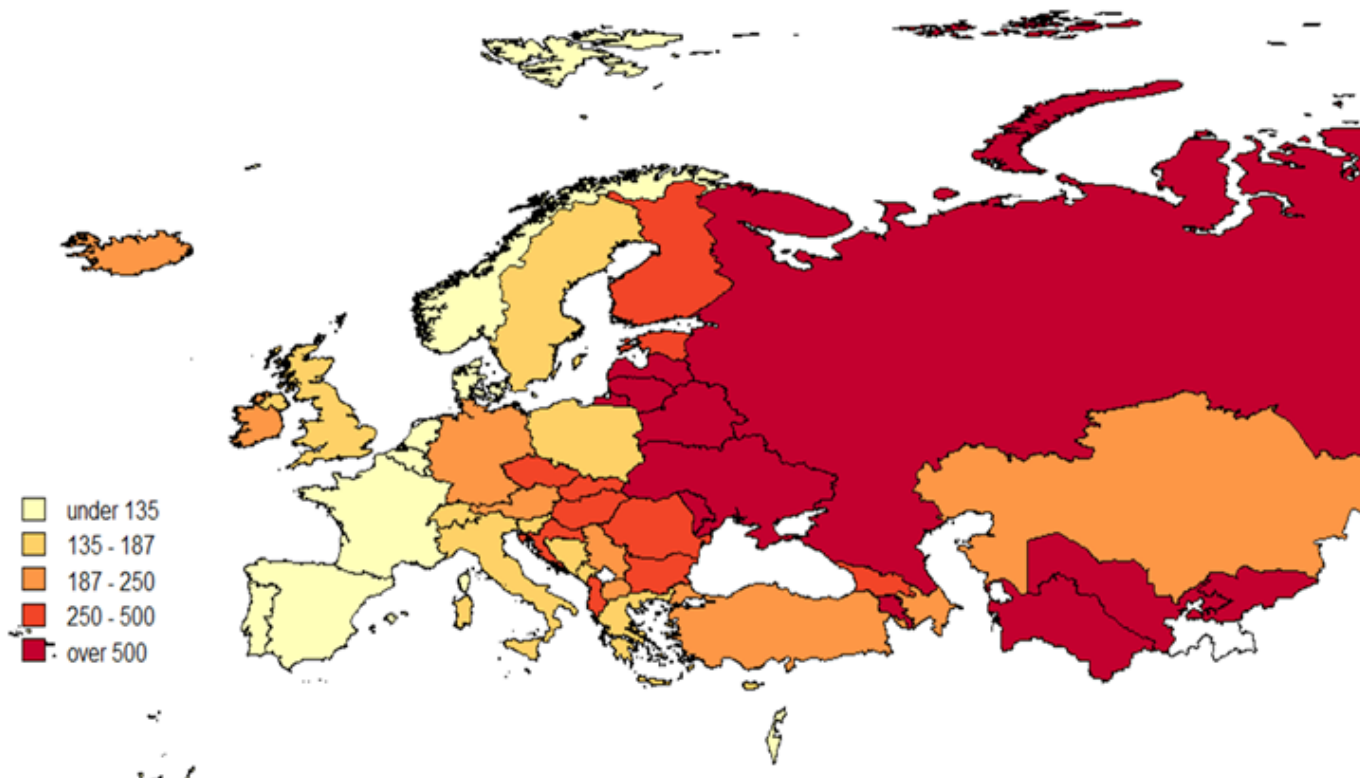
We were also joined by representatives of the World Heart Federation and the European Society of Cardiology who had travelled from abroad to celebrate with us. The World Heart Federation chose the moment to recognise the EHN's outstanding contribution to heart health.

During EHN's 25 years, Europe has witnessed a tremendous decrease in deaths from cardiovascular disease. In some countries, death rates have fallen by more than 50%. Nevertheless, cardiovascular disease (CVD), including notably heart disease and stroke, still remains the primary cause of death in Europe. It accounts for 45% of all deaths, causing over 3.9 million deaths each year in the Member States of the World Health Organization (WHO) European Region. Of these deaths, 1.8 million occur in the EU.

Sadly, the CVD mortality burden across individual European countries is very unequal: the percentage of all deaths due to CVD among men ranges from 23% in



WHF presenting its Recognition of Outstanding Contribution award to the EHN Director (left to right: David Wood, President WHF; Susanne Lægstrup, EHN Director; Simon Gillespie, Chief Executive BHF & President of EHN; Luc Eiselé, CEO WHF.



Age-standardised death rates from IHD, males, latest available year, Europe - [European Cardiovascular Disease Statistics report 2017](#).

France to 60% in Bulgaria, and in women from 25% in Denmark to 70% in Bulgaria.

This inequality is reflected in death rates due to chronic diseases*, with countries such as Denmark, Finland, Germany and the UK having rates below the EU average and Croatia, Hungary, Romania and Slovakia having rates well above the EU average. Still, from 2002 to 2014, most countries in the EU achieved a decline of about 25% in death rates from chronic diseases. This is also the EU average. So maybe the EU and its Member States are on their way to achieving the Sustainable Development Goal 3.4: by 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.

Trends may be looking good but we still think there is a case for the EU to assist in ironing out the stark inequalities in CVD as well as all chronic disease

* <http://ec.europa.eu/eurostat/web/sdi/good-health-and-well-being>

death and disease rates. One way of doing this is to conceive EU-wide policies that promote environments conducive to healthy lifestyles to help stem the development of the risk factors that increase the chance of CVD. Another is, of course, investing in research. The EU's new multiannual financial framework offers an opportunity to allocate funds to research and projects that can help achieve better health outcomes in all EU Member States.



Simon Gillespie
EHN President



Susanne Løgstrup
EHN Director

Main achievements in 2017

This Annual Report gives a detailed account of the work of EHN in 2017. Below is a brief overview of EHN's main achievements.



To support our members and facilitate knowledge exchange

We organised:

- A successful **Annual Workshop** together with the Dutch Heart Foundation in **Noordwijk, The Netherlands**;
- **Capacity-building workshops** for our members on advocacy strategies and on supporting the implementation of recommendations for establishing European food and drink policies that promote cardiovascular health;
- A seminar for our **patient organisations** in cooperation with the Spanish Heart Foundation.



To increase knowledge about cardiovascular disease and influence EU policy-making and legislation

We:

- Published the fifth edition of the report **European Cardiovascular Disease Statistics** and presented it to members of the European Parliament at a meeting organised by the MEP Heart Group;
- Published a comprehensive paper on **Transforming European food and drink policies for cardiovascular health**;
- Published two papers on **air pollution** and **research involving animals**;
- Increased our **Twitter** activity and gained 100 more followers.



Recognition of EHN was shown by

- The invitation to EHN to contribute to the **Maltese EU Presidency** event on **Progress on reformulation/product improvement**;
- The **WHO Euro** invitation to EHN to join and contribute to its **European Meeting of National NCD Directors and Programme Managers**;
- The **World Heart Federation's** recognition of EHN's **outstanding contribution to heart health** in the world; and its invitation to our Director and Board members to speak in sessions during the Second Global Summit on Circulatory Health.



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

- The establishment of the **Global Coalition for Circulatory Health**;
- The **joint statement on employment of people with chronic diseases** led by the European Chronic Disease Alliance (**ECDA**), and endorsed by 34 members of the **EU Health Policy Platform**;
- The publication, together with two other European health and consumer organisations, of a statement on the need for due process when developing **simplified front-of-pack labelling schemes**.



Our sustained advocacy activities bore fruit

- **The European Commission** moved forward with its impact assessment with a view to adopting a regulation on **mandatory limits for industrial trans fatty acid (TFA) content**;
- Meanwhile individual EU Member States pushed ahead with national regulation – **Lithuania, Romania and Slovenia** notified the European Commission of their TFA regulations in 2017.



Our financial capacity was strengthened

- EHN got a significant financial boost when it was awarded a **Framework Partnership Agreement** under the third programme of the Union's action in the field of health – this grant will allow us to better support our members and thus increase our joint efforts in preventing cardiovascular diseases as well as improving conditions for people living with cardiovascular disease in Europe.

Annual meeting

The European Heart Network's 2017 Annual Workshop and General Assembly were hosted by the Dutch Heart Foundation. It took place in Noordwijk, The Netherlands, from 30 May to 2 June, and was attended by 56 delegates from 21 EHN member organisations and friends and colleagues from the African Heart Network, the American Heart Association and the World Heart Federation.

The Annual Workshop is the major event for EHN members where knowledge-sharing and capacity-

building take place in a convivial atmosphere. The Workshop provides an unparalleled occasion for networking with colleagues from large and small heart and stroke foundations across Europe. In 2017, the Workshop also provided the delegates with an opportunity to celebrate together EHN's 25 year anniversary.

The programme spanned topics such as women and CVD, action on stroke, food, nutrition and cardiovascular health, as well as communication.



EHN and its members at the 2017 EHN Annual Workshop in Noordwijk, The Netherlands.

Women and cardiovascular disease

CVD is the main cause of death (responsible for 45% of all deaths) in both men and women in Europe. What appears to be little known is that, in absolute numbers, more women than men die from CVD. The delegates had the opportunity to hear from professor Vera Regitz-Zagrosek, director of the



2017 campaign image, Dutch Heart Foundation

Berlin Institute of Gender in Medicine, on whether women are adequately diagnosed and treated for cardiovascular diseases. The answer was that they are not. This was confirmed by speakers from the Danish and the Spanish Heart Foundation.

EHN member organisations act: they run awareness-raising campaigns to inform women that they are at risk of heart disease and that it is not only a man's disease. They fund research on women and CVD and they provide support targeted specifically at female patients.



2017 campaign image, Danish Heart Foundation



2017 campaign image, Spanish Heart Foundation

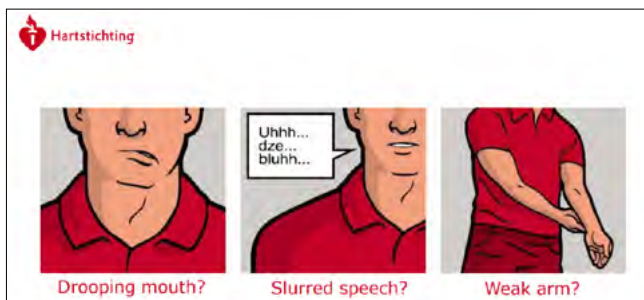
Stroke

Stroke is the second most common single cause of death in Europe, accounting for almost one million deaths each year – while 405 000 men die every year from stroke, for women the number is far higher at around 583 000. Many more people from Central and Eastern Europe die from stroke.

The Italian Association against Thrombosis and cardiovascular diseases (ALT) and the Dutch Heart Foundation presented information on ongoing research on stroke in young people, and acute treatment of stroke.

The Dutch and Turkish Heart Foundations as well as the Finnish Heart Association presented their campaigns on, respectively, how to recognise symptoms for stroke, web-based detection of silent atrial fibrillation episodes

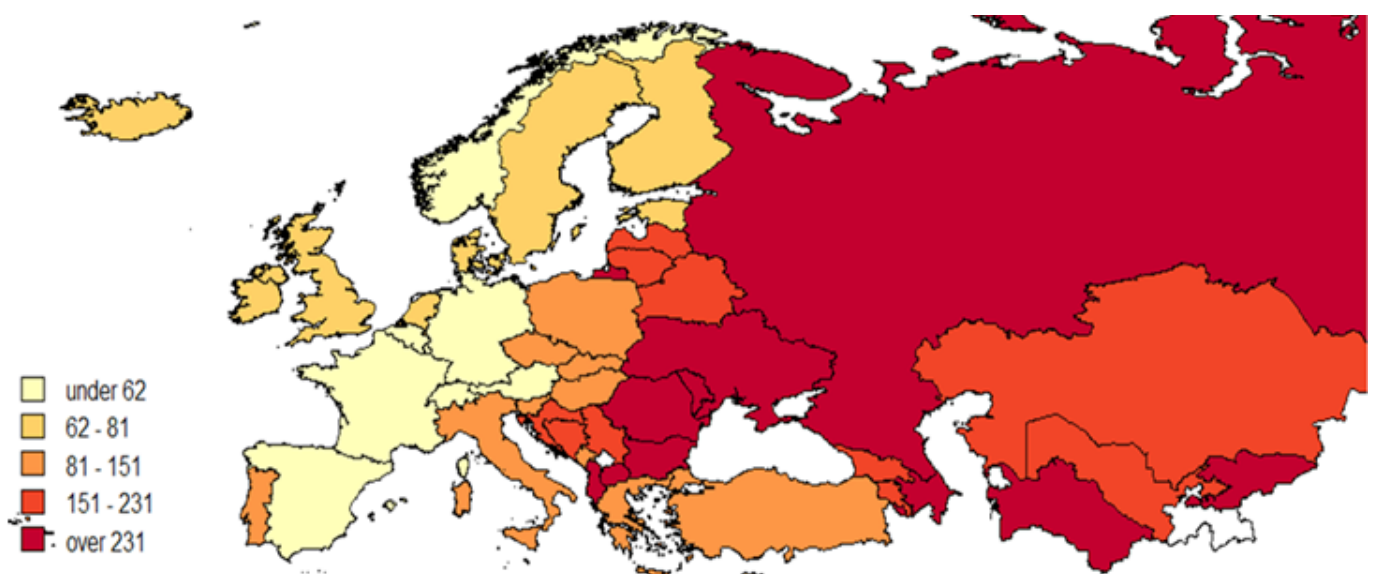
in high-risk patients in a nursing home, and how to take your pulse.



2017 Dutch Heart Foundation campaign image on how to recognise symptoms for stroke.



2017 Finnish Heart Association campaign image on how to take your pulse.



Age-standardised death rates from stroke, females, latest available year, Europe - [European Cardiovascular Disease Statistics report 2017](#).

4 Politics, policies and cardiovascular health in Europe

As witnessed by the EU's Eurobarometer surveys, people throughout the EU consider that health is one of the most important issues facing their countries. In the December 2017 Eurobarometer publication on the *Future of Europe*, a majority (60%) supported more European-level decision-making in dealing with health and social security issues – young people (15-24) were generally more supportive than the older generation (people aged 55 and more). The Eurobarometer survey further indicates that the longer-term trends show the proportion of people who mention *free trade/market economy* continues to decline, and is now at its lowest point since 2009, and a large majority of citizens agree the free-market economy should go with a high level of social protection.

In March 2017, the European Commission published its White Paper on the *Future of Europe* that describes five future scenarios reviewing their impacts on four policies: Single Market and trade; economic and monetary union; Schengen, migration and security; foreign policy and defence; and the EU budget and its capacity to deliver.

Based on the two documents, it would seem that the EC focuses more narrowly on economic matters than European citizens. Perhaps, with the signing by the Council, the European Parliament and the EC of the Proclamation *the European Pillar of Social Rights* we may get the balance right. EHN welcomes the inclusion of the commitment to health in the Proclamation: *Everyone has the right to timely access to affordable, preventive and curative health care of good quality.*

We would like to add: *Everyone has the right to have their health protected and promoted.* EU policies can

have a significant impact on its citizens' health, and its institutions must, therefore, carefully consider how best to preserve and promote it.

EU policies can have a significant impact on its citizens' health. Its institutions must, therefore, carefully consider how to avoid negative, albeit unintended, consequences on health.

Below, we look at several EU policy developments which are important for Europeans' health status.

Trans fatty acids – light at the end of the tunnel?

EHN is running a sustained campaign for an EU harmonised regulation on industrially produced trans fatty acids.

In 2017, the EC proceeded with an impact assessment, with a view to proposing a regulation. This was a welcome move. The impact assessment included an online survey in which EHN was invited to participate. We replied to a large number of questions; but we especially highlighted that it is not appropriate to rely on voluntary measures to virtually eliminate industrially produced trans fatty acids (iTFA) from the food chain in the EU when iTFA are known to increase the risk of heart disease – Europe's biggest health burden.

It is not appropriate to rely on voluntary measures to virtually eliminate industrially produced trans fatty acids (iTFA) from the food chain in the EU when iTFA are known to increase the risk of heart disease – Europe's biggest health burden.

In the EU, four Member States – Austria, Denmark, Hungary and Latvia – have already introduced regulatory measures, and in 2017 Lithuania, Romania and Slovenia notified the EC of their proposed regulations.

EHN hopes that 2018 will be the year when the European Commission finally adopts a regulation strictly limiting levels of industrially produced trans fatty acids. Such a measure will ensure that all citizens get the same level of protection no matter where they live in the EU.



Nutrient profiles as a condition for making health and nutrition claims – resuscitation needed!

For the past nine years, the European Commission has failed to implement a vital pillar of the 2006 EU regulation on nutrition and health claims made on foods (Claims regulation). That pillar is the condition that no product can make a claim unless it meets certain nutrition criteria. Or put in simpler words: foods that are high in fat, sugar and salt, and therefore considered to be undesirable for high consumption, are not allowed to be promoted with claims such as ‘low in fat’ or ‘contains vitamin C’.

What better way of dealing with failure than turning the matter on its head and agreeing with yourself that what you are failing to do is, in any event, no longer relevant. And so it is that Article 4 of the Claims

regulation, which demands that the Commission propose nutrition criteria by 19 January 2009, became a victim of the REFIT programme. An 88-page long questionnaire, more than half of which was dedicated to nutrient profiles (the other part dealt with claims made on plants and their preparations), was used to consult on whether setting nutrient profiles was still fit for purpose. And the outcome of the exercise was that, yes they are.

The objective of the REFIT evaluation was to determine if nutrient profiles, in the context of the Claims regulation, were still fit for purpose – and the answer is yes.

Below are snippets of the analysis carried out by the contractors in charge of the evaluation:

– original objectives of Article 4.21 remain relevant in that they correspond to current needs:

- ▶ Focus on improving nutrition and diets, to address obesity and cardiovascular disease in the EU
- ▶ Prevent/address the potential misleading of consumers
- ▶ Prevent/address potential barriers to the functioning of the internal markets caused by non-harmonised approaches

– the consumption of healthier foods bearing claims is currently not adequately addressed by other harmonised provisions (e.g. the Food Information to Consumers (FIC) regulation)

– none of the commitments under the Platform of Diet, Physical Activity and Health target foods with claims; initiatives under the Platform only very partially cover some of the intended impact of nutrient profiles.

So, another 18 months have gone by and we are back to square one, namely waiting for the EC to

make a proposal. We are not holding our breath with the current Commission, though. Signs are that this contentious file will be passed on to the next Commission. This is notwithstanding that EHN together with BEUC (the European Consumer Organisation) and the European Public Health Alliance (EPHA) and five food and drink companies wrote an open letter to First Vice-President Frans Timmermans, Vice-President Jyrki Katainen, and Commissioners Vytenis Andriukaitis and Elżbieta Bieńkowska calling for a proposal for EU-wide nutrient profiles for nutrition and health claims without further delay.

EHN, BEUC and EPHA together with five food and drink companies wrote an open letter calling for a proposal for EU-wide nutrient profiles for nutrition and health claims without further delay.

Simplified front-of-pack nutrition labelling

According to the 2011 regulation on the provision of food information to consumers (FIC), the European Commission was supposed to have published a report by 13 December 2017 "...on the use of additional forms of expression and presentation, on their effect on the internal market and on the advisability of further harmonisation of those forms of expression and presentation."

This report was not forthcoming. However, other developments related to front-of-pack labelling took place in 2017.

In March, six food and drink companies[†] published their intention to pursue a prominent on-pack nutrition labelling scheme based on colours – they referred to it as the Evolved Nutrition Labelling (ENL) initiative. They announced that they would base it on the UK traffic-light scheme but that they would

evolve this scheme and base the colours on portion-size instead of on per 100g or 100 ml. This proposal allegedly would promote the consumption of smaller portions.

EHN welcomed the fact that the six companies embraced colour-coding. However, we questioned their resolve to base the colours on a per portion size. Basically, evidence to date does not support the premises that the provision of nutrition information on a per portion basis can reduce consumption.

The evidence to date does not support the premises that the provision of nutrition information on a per portion basis can reduce consumption.

We informed the companies that the result of their proposal would lead to fewer reds on food products, since the reds would become amber because of the use of portion size, leading to two possible effects: 1) increase consumption because consumers would no longer have to avoid a red; and 2) act as a brake for companies because the colour amber could be achieved without reformulating.

The year 2017 also witnessed the introduction of a new front-of-pack labelling scheme in France - Nutri-Score. This scheme uses five colours: dark green, light green, yellow, orange and red. The colours are not given per nutrient (e.g. salt, saturated fat, sugar); instead the scheme provides an overall assessment of the nutritional value. It is based on the system developed by the Food Standards Agency in the UK for regulating TV advertisements aimed at children for foods that are high in fat, salt and sugars (HFSS). It works with five food categories: breakfast cereals, fresh ready-to-eat products, canned prepared meals, bread and industrial pastries, and fresh dairy products.

[†] The Coca-Cola Company, Mars, Mondelez, Nestlé, PepsiCo and Unilever

In the absence of a harmonised EU front-of-pack labelling scheme, EHN, BEUC and EPHA published a statement towards the end of the year, calling on EU Member States to adopt national schemes to generate evidence on what works best. We also called on the European Commission to provide a platform to coordinate the evaluation of these efforts, with a view to proposing a common approach in the future.

Given the crucial importance of front-of-pack labelling schemes, BEUC, EHN and EPHA recommended that due process in designing them be put in place. The process should be transparent, inclusive, evidence-based, independent of commercial interests and endorsed by public authorities.

Marketing of food high in fat, salt and sugar to children – the EU is unlikely to heed health body’s recommendations

A recommendation to adopt strong measures that reduce the overall impact on children and adults of all forms of marketing (including online) of foods high in energy, saturated fats, trans fats, free sugars and/or salt, is a central part of the Action Plan for the Prevention and Control of Noncommunicable Diseases (2016-2025) of the WHO Regional Office for Europe (WHO Euro).

This recommendation does not seem to resonate with EU decision makers.

When the European Commission adopted its proposal to amend the Audiovisual Media Services Directive (AVMSD) in May 2016, EHN welcomed a slight improvement in the proposal to limit children’s exposure to advertising of HFSS food compared to the existing directive. We were hopeful that the European Parliament, representing the citizens’ interest, would strengthen provisions dedicated to the protection of children against such advertising. Our expectations were in vain.

On the one hand, the Parliament’s Committee on the Environment, Public Health and Food Safety (ENVI Committee) strengthened the protection by asking Member States to ensure that commercial communications for HFSS food are not included in programmes aimed at children or programmes shown during peak viewing hours by children’s audiences. On the other hand, the ENVI Committee deleted a reference to the WHO Euro nutrient profile model and replaced it with a reference to the food and drink industry model, the EU Pledge. In the end, the lead Committee in the Parliament, the Committee on Culture and Education (CULT Committee), disregarded the ENVI Committee’s report and weakened the Commission’s proposal by referring to children’s programmes only.

EHN published a statement following the vote in the CULT Committee expressing its disappointment, and adding that European Parliamentarians had shown that they are better at delivering supportive words on tackling child obesity than supportive action.

At the end of 2017, the proposal was still locked in trilogue negotiations. We expect that effective action will be up to EU Member States.



EHN report on The marketing of unhealthy food to children in Europe, April 2005

Common Agricultural Policy – the time has come for health and nutrition to be an important objective

In the first part of 2017, the European Commission held an open consultation on modernising and simplifying the Common Agricultural Policy (CAP). EHN was among those who submitted a response to the consultation.

The consultation identified the most important objective for CAP: encouraging the supply of healthy and quality products. More than 41 000 out of 63 000 respondents chose this aim. The second most important objective, just behind, was to ensure a fair standard of living for farmers – EHN agrees.

More generally, societal concerns and expectations on a future CAP were prominent in the answers to the consultation. They are to a certain extent reflected in the European Commission’s Communication *The Future of Food and Farming* that was adopted and published at the end of November. This Communication contains a chapter dedicated to addressing citizens’ concerns regarding sustainable agricultural production, including health, and nutrition.

EHN welcomed the CAP Communication but warned against being too timid with respect to fulfilling its role in achieving the 17 Sustainable Development Goals (SDGs). EHN suggested that a radical change in food consumption and production in Europe is unavoidable and that the CAP must play a central role in creating a healthy food system that enables people to live in a healthful food environment and to adopt and maintain healthful dietary practices.

To achieve the SDGs, the CAP must play a central role in creating a healthy food system that enables people to live in a healthful food environment and to adopt, and maintain, healthful dietary practices.



5 Cardiovascular patients

Many of our members work actively to support people living with cardiovascular disease: they provide information to patients on how to manage and live with their condition, enable patients and their carers to share experiences among peers, raise funds for research, and develop patient tools. They also advocate key influencers and policymakers for better care.

As the independent Europe-wide CVD patient organisation, EHN promotes the exchange of best practices in patient support among its members and underpins their advocacy efforts in shaping current and future health policy and care. Together, the EHN patient organisations share research information, expertise and formulate positions on EU policies that affect patients.

Working for better patient outcomes

In October 2017, EHN organised in Madrid its annual Patient Seminar for its members, hosted by the Spanish Heart Foundation. During the seminar,

participants exchanged views on the key issues impacting patient outcomes, such as early diagnosis of medical CVD risk factors, patient adherence, self-management and empowerment, as well as access to rehabilitation services and secondary prevention. Members also identified additional information and disease-management support opportunities to be pursued throughout the CVD patient's journey.

As we aim to elevate the patient voice, EHN and its members critically examined which strategic collaborations can best help people who are living with CVD. Increasingly, our members are involved in ensuring that patients' insights are reflected in the design of research projects – bringing forward questions patients want answered – as well as in helping translate science for patients.

EHN member activities

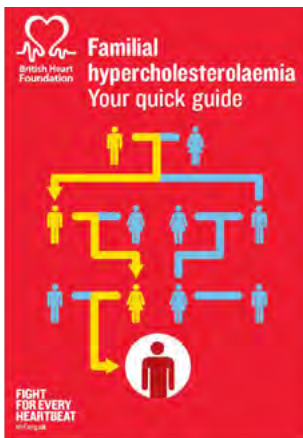
Cascade testing for familial hypercholesterolemia

In 2011-2013, the British Heart Foundation (BHF) co-funded a cascade testing for familial



2017 annual Patient Seminar, Madrid

hypercholesterolemia (FH) with the Welsh government, which was implemented across the whole of Wales and has since been continued. Given the success of the project, the BHF has supported and funded the implementation of wider cascade testing in England and Scotland to increase the identification, diagnosis and optimal management of people with FH and thus reduce risk of premature and avoidable CVD deaths. Since 2014, the BHF has invested over £2 million and reached over 20 million patients. It has funded 27 nurses across 12 sites to deliver cascade testing services. In addition to more than 2200 patients being diagnosed by March 2018, and the funding of the Paediatric FH Registry for the first initial two years, the BHF also commissioned a compelling cost-effectiveness evidence report that served to inform the new 2017 NICE Recommendation on ‘Familial hypercholesterolemia: identification and management’. The system barriers and enablers to



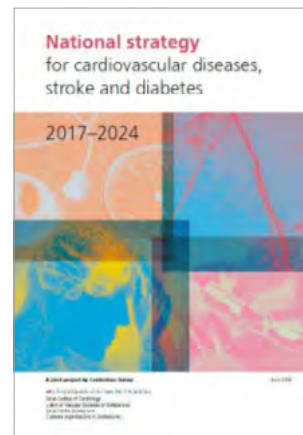
service implementation were captured in a formal evaluation report which, aligned with a BHF convened national steering group, has informed national policy, including a review and redesign of how such services are commissioned.

National strategy for cardiovascular diseases, stroke and diabetes in Switzerland

From 2014 to 2016, the Swiss Heart Foundation together with other national organisations funded and developed the Swiss ‘National strategy for Cardiovascular diseases, stroke and diabetes 2017-2024’, with the vision to ensuring that “fewer people in Switzerland suffer from cardiovascular disease, stroke or diabetes and their consequences (...) [and to ensure the] persons concerned have good quality of life and premature death is less frequent”. In Switzerland, as

in many European countries, cardiovascular diseases are the leading cause of premature death – deaths occurring before 70 years of age. The national strategy is focused on three fields of action, one being patients. The stream of action “Needs-based healthcare (patients and their dependants)” aims to improve

availability and access to integrated treatment teams, support patients in their health literacy and empower them to be part of decision-making; it also aims to promote access to palliative care for those people living with incurable and often multimorbid chronic diseases.



European Medicines Agency

EHN remains 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 of medicinal products. The objective of the PCWP is to exchange information and discuss common issues of interest to both the regulator and patient organisations, as well as providing recommendations and insights to the EMA (and its relevant scientific committees) on all matters of interest. In 2017, in addition to the meetings and topic groups of the PCWP, EHN representatives also attended the Annual Training Day and participated as an expert in a scientific advisory group meeting.



PCWP representatives, 2017.

6 European projects



HeartMan

The HeartMan project aims to develop a personalised health system for those people living with heart failure (HF), which affects an estimated 15 million people across Europe. By acting as a virtual coach, HeartMan will aim to support patients in managing their condition on a day-to-day basis.

In 2017, the consortium partners reported significant advances on the development of the mobile application, wearables and back-end system in the cloud – all following a human-centred design approach. EHN disseminated information about the project among its patient organisations and policy stakeholders. The dissemination included an interview with Horizon 2020 magazine.

Patients at the centre of HeartMan

The HeartMan system is being developed for and by patients. It engaged users (patients and their families) in Italy and Belgium to ensure that the programme de facto supports patients in following and applying medical, nutritional and physical activity advice in everyday life. Continued engagement with patients and their carers resulted in 1) identification of user requirements (such as navigation preferences, desired notifications and functionalities, amount and level of detail of the information provided); 2) creation of the initial conceptual design of the HeartMan system; and 3) adaptation and improvement of the features.

Updates on software and hardware

The researchers, academics and tech companies that are part of the consortium have developed:

- HeartMan's own photoplethysmogram (PPG) sensor, to be included in the wristband (i.e. sensors that allow for an optically obtained volumetric measurement of an organ), as existing PPG sensors could not be used to estimate blood pressure;
- The mobile application that will, together with the wristband, be the key reference for HF patients; and
- Psychological interventions based on cognitive behavioural therapy strategies as well as relaxation and mindfulness exercises (based on biofeedback games), to help patients to be more focused on the present moment (thus reducing feelings of fear and anxiety) and help them better cope with their disease.

Informed medical decision-making

While the system is designed to empower patients to be more independent and confident in managing their disease, it will also enable data-sharing with the physician between consultations. Thereafter, treatment and care recommendations can be adjusted and tailored to the patient as necessary.

For more information <http://heartman-project.eu/content/what-heartman>



BigData@Heart

2017 saw the launch of BigData@Heart, a five-year project funded by the Innovative Medicines Initiative (IMI 2), a public-private initiative between the European Union and the European Federation of Pharmaceutical Industries & Associations (EFPIA). The project aims to improve patient outcomes and reduce the societal burden of acute coronary syndrome (ACS), atrial fibrillation (AF) and heart failure (HF). It is one of the four disease-specific consortia of the IMI Programme Big Data for Better Health Outcomes.

From the start of the project, EHN has actively represented the views of those living with these cardiovascular diseases in all aspects of the project. In particular, we have:

- Contributed to the development of the project's communication plan and materials and presented the project among its patient member organisations;
- Elevated the patient and public voice on relevant ethical and legal issues, such as data protection and privacy, as well as meaningful patient and public involvement in research;

- Linked current EU policy discussions and initiatives that are of direct relevance to the project; and
- Encouraged our patient member organisations to be a part of the new working group for developing a new set of standards for AF, a task led by the International Consortium for Health Outcomes Measurement (ICHOM).

The BigData@Heart project includes 19 partners ranging from leading epidemiologists and big data scientists to SMEs, cardiovascular patient and professional organisations, and pharmaceutical industry representatives.

For more information <http://www.ehnheart.org/projects/imi-bigdata-heart.html>

Working with European institutions

MEP Heart Group

The MEP Heart Group was created in 2007 to promote measures that will help reduce the burden of CVD in the EU and raise awareness of the disease, mainly among members of the European Parliament, but also among other stakeholders.

The MEP Heart Group is co-chaired by Mairead McGuinness, Irish MEP (EPP) and Karin Kadenbach, Austrian MEP (S&D). The European Heart Network and the European Society of Cardiology jointly run the secretariat of the MEP Heart Group.



Mairead McGuinness
MEP, EPP



Karin Kadenbach
MEP, S&D

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 among target audiences through a series of dedicated activities.

<http://www.mepheartgroup.eu/index.php/meetings-activities/item/70-loveyourheart2016-valentine-s-day-twitter-and-facebook-campaign-for-the-promotion-of-heart-health>

Europe's Unequal Burden of Cardiovascular Diseases – the actual facts

At the MEP Heart Group meeting of 28 February 2017, Nick Townsend and José Leal from Oxford University presented the fifth edition of the European Cardiovascular Disease Statistics report (launched on Saint Valentine's Day 2017).

The presentations revealed that although mortality from cardiovascular diseases has decreased, there is an increasing number of people living with these diseases, which puts a tremendous burden on society. CVD now costs the EU economy €210 billion per year, which is more than the entire EU budget. The social inequalities as a result of an increased number of people living with CVD were also highlighted. The meeting concluded that joint EU actions are needed to help Member States address the societal burden of CVD and help people, who live with the disease, to have access to quality treatment so that they can remain active and continue to contribute to the economy. More information is available [via this link](#).



MEP Heart Group meeting, 28 February 2017.

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. EHN is a founding member of the Platform, which was launched in 2005.

In 2017, EHN attended two of the three meetings of the Platform, which were held jointly with the High Level Group on Nutrition and Physical Activity. The June Platform meeting took place during our Annual Workshop, which prevented EHN from participating.

In the first meeting of the year, the Commission brought a message from the High-Level Group on Diet and Physical Activity calling on the Platform to keep in mind the need for younger citizens – the EU’s future workers – to be better protected from aggressive marketing and advertising. The High-Level Group also requested Platform members to provide food information in a user-friendly format to public health authorities to help them with their reformulation monitoring activities; this information should include information on market shares. While this meeting focused on marketing and advertising, it also included information and exchanges on front-of-pack nutrition labelling. Presentations came from academia, the food and drink industry and its trade associations, Member States and BEUC, the European consumer organisation.

The November Platform meeting was dedicated to physical activity. The joint meeting between the Platform and the High-Level Group reviewed a number of food-related initiatives.



Maltese Presidency Meeting on reformulation

The Maltese Presidency, which took place in the first half of 2017, organised a technical meeting for Member States on childhood obesity in the framework of the European Action Plan on Childhood Obesity. On the margins of this meeting, the Presidency and the European Commission held a meeting on progress on reformulation/product improvement. At the meeting, Luxembourg, the Netherlands and Norway gave examples of their work on reformulation/product improvement. One industry association and one company presented their commitments to reformulation and two health organisations, European Association for the Study of Obesity (EASO) and EHN, were invited to comment.

EHN’s Director emphasised that, of all behavioural risk factors, dietary factors make the largest contribution to the risk of cardiovascular mortality and DALYs (disability adjusted life years) due to cardiovascular disease at the population level across Europe. She highlighted that anything achieved at EU level will cover a population of over 500 million people – so a much greater impact than what any one country can achieve and referred to the following policies: strict mandatory rules on when marketing of HFSS food to children and young people can be aired on television (AVMSD); and setting the nutrient profiles in the context of the EU Claims regulation – which will also help to avoid discrimination against national schemes that require products to meet a nutritional profile. She also referenced the evidence to the effect that food and drink companies are more proactive in reformulation in countries that have introduced taxes on food and beverages.

EHN's Director welcomed the Maltese Presidency's initiative to develop a technical report on public procurement of food for health in the school setting. The purpose of the report is to support Member States in translating their national school food standards related to health and nutrition into food procurement specifications. For more information on this report, see <https://ec.europa.eu/jrc/en/publication/public-procurement-food-health-technical-report-school-setting>

EU Health Policy Platform

The EU Health Policy Platform is an online forum for exchange of information between the European Commission and health stakeholders. It was developed from the EU Health Policy Platform, established in 2001 with EHN as a founding member.

It allows for:

- Online general discussions via the Agora Network
- Online discussion on specific themes via the Thematic Networks.

In 2017 the EHN contributed to the EU Health Policy Platform by sharing its publications on European Cardiovascular Disease Statistics 2017 and on Transforming European food and drink policies for cardiovascular health. EHN also contributed to the paper on Boosting the employment of people with chronic diseases in Europe, developed by the European Chronic Disease Alliance (ECDA). The latter was presented and discussed at the November meeting of the EU Health Policy Platform. EHN participated in this meeting, which was the second of its kind. The meeting covered relevant social and health topics, such as the state of health in the EU, the implementation of the Sustainable Development Goals, and the European Pillar of Social Rights.

Co-operation

World Health Organization (WHO) – Regional office for Europe

Throughout the year and in different constellations, EHN has cooperated with the WHO Regional Office for Europe (WHO Euro).



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

WHO European Meeting of National NCD Directors and Programme Managers

On 8 - 9 June 2017, WHO Euro organised a meeting of National NCD Directors and Programme Managers. EHN was invited to speak about the role of NGOs in the prevention of heart attack and stroke. EHN presented its work with the EU institutions, as well as programmes on hypertension carried out by a number of its members: ALT Italy, the British Heart Foundation, the German Heart Foundation, the Heart and Vessel Group, Netherlands, and the Slovenian Heart Foundation.

WHO European Action Network on Reducing Marketing Pressure on Children

The European Marketing Network was established in January 2008 in close cooperation with WHO Euro. Initially, Norway led and facilitated the Network, but in 2016 Portugal took over this responsibility. Currently 30 countries in the WHO European Region participate in the Network. Several organisations and institutions take part in the Network as observers; EHN is one of these.

The Network facilitates cooperation and knowledge sharing between its member countries on reducing marketing of foods high in fat, sugar or salt (HFSS) to children as part of broader efforts to tackle increasing levels of childhood obesity and the high burden of noncommunicable diseases.

EHN's Director participated in the 2017 meeting of the Network that took place in Dublin. The meeting covered issues on inappropriate promotion of foods for infants and young children; provided an update on efforts to reduce marketing pressure on children within the WHO European Region; presented new research on children's reaction to food marketing; and reviewed marketing beyond broadcast including digital, advergames and packaging, e.g. on-pack use of cartoons and the proliferation of 'fun food'.

European Chronic Disease Alliance (ECDA)

EHN is a founding member of the European Chronic Disease Alliance (ECDA), an organisation which brings together 10 organisations working on common risk factors for cardiovascular diseases, cancer, diabetes and respiratory, kidney and liver diseases as well as allergy and clinical immunology.



In September 2017, ECDA published a paper on [the importance of physical activity](#), entitled 'Move it - some is better than none: Stepping up initiatives to increase physical activity in Europe'.

Papers that had been published previously by ECDA were updated to reflect the latest developments and most recent evidence. EHN was in charge of updating the ECDA paper on trans fatty acids.

ECDA's recognition as a reliable partner was reflected in the invitation from the European Commission to take the lead in preparing a Joint Statement on Boosting the employment of people with chronic diseases in Europe. The paper was presented by ECDA's president during the November meeting of the EU Health Policy Platform in Brussels and is published on the website of the EU Health Policy Platform, together with a 'call for action'. A total of 34 organisations endorsed the ECDA paper. More information can be found on the ECDA website [via this link](#).

European Society of Cardiology

EHN co-operates 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.

European Association of Preventive Cardiology

The objective of the European Association of Preventive Cardiology (EAPC) is to promote excellence in research, practice, education and policy in cardiovascular health, as well as primary and secondary prevention.

The Director of EHN is a member of the EAPC. She is also a member of its Cardiovascular Prevention Implementation Committee and is a consultant to the Prevention, Epidemiology and 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. EHN's Vice President, Floris Italianer, Chief Executive of the Dutch Heart Foundation, is a member of the WHF Board.

Second Global Summit on Circulatory Health

In July 2017, WHF organised the Second Global Summit on Circulatory Health. It brought together 117 leaders from 88 organisations. EHN was represented



Second Global Summit on Circulatory Health, July 2017

by its President, Vice President and Director. All EHN representatives were actively involved in the programme, with the President and the Director both speaking in a session on advocacy. This session was moderated by our Vice President who also spoke in the closing plenary session. For more information, see <https://www.world-heart-federation.org/2nd-global-summit-circulatory-health/>

The Summit led to the formation of the Global Coalition for Circulatory Health which was launched at the WHO Global Conference on Noncommunicable Diseases, in Montevideo, Uruguay at the end of 2017. More information can be found at: <https://www.world-heart-federation.org/programmes/global-coalition-circulatory-health/>

Smoke Free Partnership (SFP)

The Smoke Free Partnership (SFP) is a large European coalition of NGOs that works on EU policy analysis and advocacy, mobilising decision-makers to make tobacco control a political priority. EHN's Director has been the President of SFP since 2016.



In 2017, SFP published its Position Paper on the revision of the Tobacco Tax Directive. The Paper outlines SFP's top priorities with regard to the revision of the Directive. SFP also organised two workshops on *Update on the revision of the Tobacco Tax Directive and combating illicit tobacco trade* and *Combating tobacco industry interference: policy and advocacy strategies*.

For World No Tobacco Day 2017, SFP organised a policy debate on *Tobacco: a threat to development*. The debate was hosted and chaired by MEP Linda McAvan. It highlighted the importance of tobacco

control and implementation of the Framework Convention on Tobacco Control (FCTC) for achieving the Sustainable Development Goals in Europe, as well as the role of Europe in the global development agenda.

In addition, SFP organised a conference on tobacco and research – Article 20 of the FCTC, and SFP's Director was invited to speak at a joint ENVI-CONT committees exchange on tracking and tracing of tobacco products.

SFP's submission to the EC consultation on Articles 15 and 16 of the Tobacco Products Directive, which establish standards for tracking and tracing of tobacco products as well as standards for security features, was endorsed by 41 partner organisations.



World No Tobacco Day 2017 in the European Parliament.

More information about SFP can be found at: <http://www.smokefreepartnership.eu/>

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.

Publications, statements and responses at a glance

Publications

In 2017, EHN published four papers.

European Cardiovascular Disease Statistics

On 14 February – Saint Valentine’s Day – EHN published the fifth edition of its European Cardiovascular Disease Statistics. This publication is designed for policy makers, health professionals, medical researchers and anyone else with an interest in cardiovascular diseases. It provides the most recent statistics related to mortality, incidence, prevalence, causes and effects of these diseases.



Summary:

- Each year, cardiovascular disease (CVD) causes 3.9 million deaths in Europe and over 1.8 million deaths in the European Union.
- CVD accounts for 45% of all deaths in Europe and 37% of all deaths in the EU.
- CVD is the main cause of death in men in all but 12 countries of Europe and is the main cause of death in women in all but two countries.
- Death rates from both ischaemic heart disease (IHD) and stroke are generally higher in Central and Eastern Europe than in Northern, Southern and Western Europe.
- CVD mortality is now falling in most European countries, including Central and Eastern European

countries which saw considerable increases until the beginning of the 21st Century.

- In 2015, there were just under 11.3 million new cases of CVD in Europe and 6.1 million new cases of CVD in the EU.
- In 2015, more than 85 million people in Europe were living with CVD and almost 49 million people were living with CVD in the EU.
- Over the past 25 years, the absolute number of CVD cases has increased in Europe and in the EU, with increases in the number of new CVD cases found in most countries.
- However, the age-standardised prevalence rate of CVD has fallen in most European countries, with greater decreases in Northern, Western and Southern European countries compared to those in Central and Eastern Europe.
- Although disability-adjusted life years (DALYs) due to CVD have been falling in most European countries over the last decade, CVD is responsible for the loss of more than 64 million DALYs in Europe (23% of all DALYs lost) and 26 million DALYs in the EU (19%).
- The rates of DALYs lost due to CVD are generally higher in Central and Eastern Europe than in Northern, Southern and Western Europe.
- Hospital discharge rates for CVD as a whole have increased steadily in Europe over the past 25 years. In the EU on average hospital discharge rates for CVD have plateaued since the early 2000s, following increases since 1990.

- Of all behavioural risk factors, dietary factors are the largest contributor to the risk of CVD mortality and CVD DALYs at population level across Europe. High systolic blood pressure makes the largest contribution of all the medical risk factors.
- Over the past three decades, fruit consumption has increased overall across Europe and overall in the EU, while vegetable consumption has increased slightly in Europe as a whole, but has remained relatively stable in the EU.
- Fat consumption and energy consumption in Europe have increased over the last two decades, driven mainly by trends in Eastern Europe. In the EU, consumption of fat and energy has remained relatively stable over the past two decades.
- Smoking remains a key public health issue in Europe. Smoking rates have decreased across much of Europe, although the pace of decline has slowed and rates remain stable or are rising in some countries, particularly among women.
- The highest rates of smoking among men are found in countries of the former Soviet Union, while among women smoking rates are relatively low in former Soviet states compared to those in Northern and Western European countries.
- The prevalence of smoking in the EU is lower than in Europe as a whole among men, but higher than in Europe among women.
- Women are now smoking nearly as much as men in several Northern and Western European countries and girls frequently smoke more than boys.
- Few adults in European countries participate in recommended levels of physical activity, with inactivity more common among women than men.
- Over the past 30 years, average levels of alcohol consumption have decreased very gradually in Europe and in the EU.
- Age-standardised rates of mean total blood cholesterol have decreased over the last 30 years in nearly all European countries.
- Levels of obesity are high across Europe and in the EU in both adults and children, although rates vary substantially between countries.
- The prevalence of diabetes in Europe is high and has increased rapidly over the last ten years, increasing by more than 50% in many countries.
- Overall, CVD is estimated to cost the EU economy €210 billion a year.
- Of the total cost of CVD in the EU, around 53% (€111 billion) is due to health care costs, 26% (€54 billion) to productivity losses and 21% (€45 billion) to the informal care of people with CVD.

Cardiovascular diseases cause 3.9 million deaths in Europe (45% of all deaths), of which over 1.8 million occur in the EU (37% of all deaths). More than 85 million people live with these diseases in Europe, of which 49 million live in the EU.

CVD is estimated to cost the EU economy €210 billion every year. 53%, or €111 billion, is due to direct health care costs; 26%, or €54 billion, to productivity losses; and 21%, or €45 billion, to informal care.

Transforming European food and drink policies for cardiovascular health

On World Heart Day, 29 September 2017, EHN published its new paper on food and nutrition.

Reviews of recent scientific developments, which we commissioned for our paper, showed that, generally



speaking, the evidence on the links between diet and cardiovascular disease has strengthened. The paper proposes population goals for nutrients and foods, and other related conditions and components.

important, as are non-tropical vegetable oils in modest amounts. This everyday dietary pattern also limits consumption of red meat, processed meat products and foods or drinks with low content of vitamins, minerals and dietary fibre and/or a high content of free sugars, saturated/trans fats or salt;

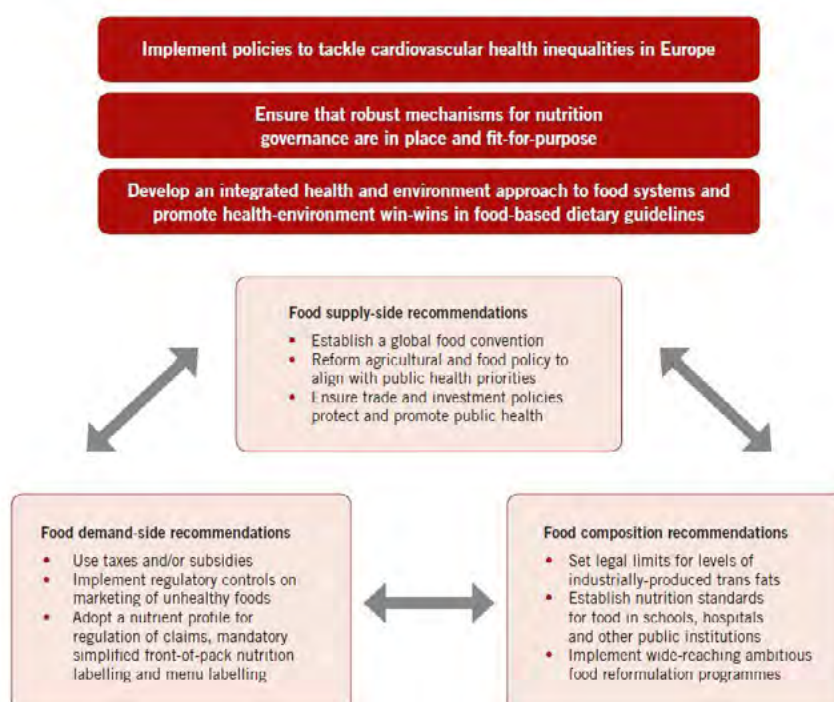
Taken together, the population goals should translate to a cardiovascular health-promoting diet that has a low energy density, which is important for weight maintenance and for the prevention of overweight and obesity. A diverse and balanced diet covers the need for nutrients, and food supplements are rarely needed.

General findings:

- A cardiovascular health-promoting diet means a shift from an animal-based diet to a more plant-based diet. It includes vegetables, fruit and berries in abundance. Whole grain products, nuts and seeds, fish, pulses, low-fat dairy products are also

- Apparent controversies about dietary recommendations often stem from a limited understanding, or misrepresentation, of the science or methodological issues. Careful unpicking of two apparent controversies – relating to salt and saturated fat – reveals that there is still robust evidence for the messages to limit salt consumption and to replace saturated fat with unsaturated fats or fibre-rich complex carbohydrates; and
- There is growing evidence about the importance of nutrition in early life – before and during pregnancy, infancy and early childhood – for later health outcomes.

EHN proposes a comprehensive package of recommendations for food and drink policies for cardiovascular health:



Research involving animals

The aim of this paper is to provide information about current EU developments with respect to the use of animals in medical research.

Scientists use animals to learn more about health problems that affect both humans and animals, and to assure the safety of new drugs and medical treatments. Some diseases can only be studied in a living organism and it is not always possible or ethical to use humans.

The research community is constantly developing new techniques to help reduce the number of animals needed for use in medical research. Scientists carry out as much of their research as possible on human volunteers, cells or computer models.

However, completely replacing all animals in research is not yet possible. There is no alternative method that can reproduce the complicated working of our hearts and circulatory systems.

Air pollution and cardiovascular diseases

The aim of this paper is to provide information about the impact of air pollution on cardiovascular health.

Air pollution is the world's largest single environmental health risk and it is the number one environmental cause of death in Europe.

Heart disease and stroke are the most common reasons for premature death attributable to air pollution, accounting for 80% of cases of premature death in Europe – more than 440 000 people die prematurely because of air pollution.

Air pollution increases risk of:

- Coronary Heart Disease (CHD)
- Heart failure
- Cardiac arrhythmias and out of hospital cardiac arrests
- Stroke
- Thrombosis
- Venous thromboembolism
- Atherosclerosis

The largest benefits are to be expected from measures that reduce emissions. WHO guidelines on air pollution show that by reducing particulate matter (PM₁₀), deaths from all diseases can be cut by 15% worldwide.

The health problems resulting from exposure to air pollution have a considerable economic impact, increasing healthcare costs and reducing productivity through working days lost and premature death.

EHN recommendations:

- Clean air needs to be promoted and incentivised across all policy areas, including in the area of urban planning. It also needs to be part of the framework of a comprehensive EU strategy for the prevention and control of chronic diseases;
- The EU must bring forward robust legislation tackling ambient air concentrations to protect health, cut healthcare costs and save lives; to that end the EU should revise the ambient air quality directive and adopt the WHO Air Quality Guideline values as Limit Values; and
- EU Member States must fulfil their obligations and ensure compliance with EU legislation; they should drastically increase their efforts to achieve better national emission targets, including pricing, investments, and regulatory measures; and perform a health impact assessment for new policy developments, in particular for urban planning.

Statements

EHN published statements on:

- *The Future of Food and Farming*
- *The time is ripe for simplified front-of-pack labelling* – jointly with BEUC and EPHA
- *The PURE study*
- *The Progress Report on the Implementation of the European Food and Nutrition Action Plan 2015-2020* – jointly with seven other organisations
- *Statements on the evolved nutrition labelling scheme*
- *The vote in the Culture Committee on the AVMSD*
- *Current nutrition recommendations*



Responses

EHN responded to the following consultation:

- *The European Commission's study to support the evaluation of Regulation (EC) No 1924/2006 on nutrition and health claims made on food*



All papers, statements and responses are available on the EHN's website.

<http://www.ehnheart.org/publications-and-papers/position-papers-and-statements.html>

<http://www.ehnheart.org/publications-and-papers/responses-to-consultations.html>

Conferences and meetings

During 2017, EHN organised and participated in a number of conferences and meetings on topics relevant to promoting cardiovascular health and preventing cardiovascular diseases. They included:

January

- *HeartMan* Project Consortium meeting – Ghent, Belgium, 24-25 January

July

- *Second Global Summit on Circulatory Health* – Singapore, 12-13 July

February

- *Progress on reformulation/product improvement* – EU Presidency and European Commission meeting – Sliema, Malta, 22 February

September

- *EPHA Annual Conference* – Brussels, Belgium, 7 September

May

- *EHN Annual Workshop and General Assembly* – Noordwijk, The Netherlands, 31 May to 2 June

October

- *EHN Patients' Seminar* – Madrid, Spain, 26-27 October

June

- *HeartMan* – Project Consortium meeting – Kuopio, Finland, 14-16 June
- *Kick-off meeting of the BigData@Heart* Project – Utrecht, the Netherlands, 22-23 June
- *Smoke Free Partnership Coalition meeting* – Brussels, Belgium, 28 June

November

- *BigData@Heart* Project Consortium meeting – Brussels, Belgium, 2 November
- *EHN member Seminar: Nutrition and advocacy* – Brussels, Belgium, 7-8 November

EHN governance

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

Membership

In 2017, EHN had member organisations from 25 countries in Europe.

General Assembly

The General Assembly comprises all the member organisations of 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; and
- 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 2017, EHN's Board consisted of Matija Cevc, Slovenian Heart Foundation; Dan Gaita, Romanian Heart Foundation; Simon Gillespie, British Heart Foundation; Kim Høgh, Danish Heart Foundation; Floris Italianer, Dutch Heart Foundation; Paola Santalucia, Italian Association against Thrombosis and Cardiovascular Diseases; Kristina Sparreljung, Swedish Heart Lung Foundation and Martin Vestweber, German Heart Foundation.



EHN Board and EHN Director, left to right: Martin Vestweber; Kim Høgh; Dan Gaita; Simon Gillespie (President); Susanne Løgstrup (Director); Floris Italianer (Vice President); Matija Cevc; Paola Santalucia.

The Board met four times in 2017. Its role is to monitor implementation of EHN's strategy and annual work programme 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; in such cases 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 co-ordinate 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 participates in pan-European projects.

[Please click here to see the EHN staff.](#)

EHN Board members

Matija Cevc

Slovenian Heart Foundation

Dan Gaita

Romanian Heart Foundation

Simon Gillespie, President

British Heart Foundation

Kim Høgh

Danish Heart Foundation

Floris Italianer, Vice President

Dutch Heart Foundation

Paola Santalucia (from June 2017)

Italian Association against Thrombosis and Cardiovascular Diseases (ALT Onlus)

Kristina Sparreljung, Treasurer

Swedish Heart Lung Foundation

Martin Vestweber

German Heart Foundation

EHN Member organisations in 2017

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 Society for Cardiovascular Prevention (SIPREC)

Lithuania

Lithuanian Heart Association

Netherlands

Dutch Heart Foundation

Harteraad (Heart Council)*

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*

Accounts

Auditors' report to the board of the European Heart Network for the year ended December 31, 2017

We have reviewed the financial statements on pages 35 to 40, which have been prepared on the basis of the accounting policies set out on page 40, to the records maintained by the European Heart Network.

Respective responsibilities of the Board and auditors

The Board and the Company's management are responsible for the preparation of these financial statements. Our responsibility is to issue a report on these financial statements based on our review.

We conducted our review in accordance with the International Standard on Review Engagements 2400. This Standard requires that we plan and perform the review to obtain moderate assurance as to

whether the financial statements are free of material misstatement. A review is limited primarily to inquiries of company personnel and analytical procedures applied to financial data and thus provides less assurance than an audit.

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, 2017 and the balance sheet at that date are in agreement with the records maintained by the European Heart Network.

Based on our review, nothing has come to our attention that causes us to believe that the accompanying financial statements are not presented fairly, in all material respects, in accordance with International Accounting Standards.

Kortrijk 28/05/2018



VANDELANOTTE BEDRIJFSREVISOREN C.V.B.A.
Represented by
Frank VANDELANOTTE
Certified Public Accountant

European Heart Network income and expenditure accounts for the year ended December 31, 2017

Approved by the General Assembly on 31/05/2018

Income

1. Member subscriptions	2017 (Euro)	2016 (Euro)
Austrian Heart Foundation	1.130,00	2.193,00
Belgian Heart League	4.519,00	4.387,00
Bosnia Herzegovina, Foundation of Health and Heart	1.130,00	1.097,00
British Heart Foundation	183.567,00	178.221,00
Croatian Heart House Foundation	1.130,00	1.097,00
Danish Heart Foundation	52.068,00	45.557,00
Dutch Heart Foundation	108.606,00	111.340,00
Faroese Heart Foundation	1.130,00	1.097,00
Finnish Heart Association	17.878,00	14.761,00
German Heart Foundation	28.790,00	27.379,00
Hellenic Heart Foundation	1.130,00	2.193,00
Hungarian National Heart Foundation	1.130,00	1.097,00
Icelandic Heart Association	4.519,00	4.387,00
Irish Heart Foundation	12.601,00	11.758,00
Italian Association against Thrombosis and Cardiovascular Diseases (ALT)	2.259,00	2.193,00
Italian Heart Foundation	1.130,00	1.097,00
Italian Society for Cardiovascular Prevention	1.130,00	1.097,00
Lithuanian Heart Association	1.130,00	1.097,00
Netherlands, Heart and Vessel Group	6.241,00	5.561,00
Northern Ireland Chest, Heart & Stroke	10.813,00	9.698,00
Portuguese Heart Foundation	2.259,00	2.193,00
Romanian Heart Foundation	1.130,00	2.193,00
Serbian Heart Foundation	1.130,00	1.097,00
Slovak Heart to Heart League	1.130,00	1.097,00
Slovenian Heart Foundation	2.259,00	2.193,00
Spanish Heart Foundation	4.519,00	4.387,00
Swedish Heart and Lung Association	5.745,00	7.891,00
Swedish Heart Lung Foundation	85.238,00	78.026,00
Swiss Heart Foundation	17.127,00	19.795,00
Turkish Heart Foundation	2.259,00	2.193,00
Sub total	564.827,00	548.372,00

Income

2. Special contributions	2017 (Euro)	2016 (Euro)
British Heart Foundation	40.805,00	39.617,00
HeartMan Project	12.609,55	11.484,88
BigData@Heart Project	11.729,09	
Other income		250,00
Sub total	65.143,64	51.351,88

3. Investment income	2017 (Euro)	2016 (Euro)
Investment Income	987,22	2.579,23

TOTAL INCOME	630.957,86	602.303,11
---------------------	-------------------	-------------------

Expenditures

	2017 (Euro)	2016 (Euro)
Personnel cost	389.028,45	357.924,04
Office expenses	17.161,09	12.044,28
Property expenses/insurance	43.077,92	43.714,98
Travel, subsistence and conferences	13.199,24	14.005,99
Office equipment and computer hardware	7.712,21	721,66
Depreciation office equipment and computer hardware	1.834,60	2.577,53
Communication	21.863,15	3.560,78
Professional fees	4.550,81	4.743,20
Audit fees	2.184,05	2.014,00
Membership fees	3.374,01	3.369,96
Bank charges	586,92	707,53
Annual Workshop	13.000,00	14.300,37
Taxes	2.376,91	2.004,23
Total regular expenditures	519.949,36	461.688,55
CVD Statistics	64.878,89	62.033,73
New Nutrition Paper	35.059,62	16.135,25
EHN 25 Years	19.851,20	0,00
Smoke Free Partnership	15.000,00	15.000,00
HeartMan Project	10.087,64	9.187,90
Big Data at Heart Project	9.383,27	0,00
Seminars, research and training	6.916,75	18.154,98
Patients Group Meeting	3.398,45	5.191,05
European Chronic Disease Alliance	3.300,01	3.300,00
MEP Heart Group	629,04	29,04
Total project expenditures	168.504,87	129.031,95
TOTAL EXPENDITURES	688.454,23	590.720,50
TOTAL INCOME	630.957,86	602.303,11
Surplus/deficit	-57.496,37	11.582,61
Retained result beginning of period	433.585,83	422.003,22
RETAINED RESULT END OF PERIOD	376.089,46	433.585,83

Balance sheet as at December 31, 2017

	2017 (Euro)	2016 (Euro)
Fixed Assets	4.295,75	6.130,35
Current Assets		
Debtors and prepayments	11.925,06	22.568,37
Cash at bank	1.345.820,73	1.101.717,48
	1.362.041,54	1.130.416,20
Current Liabilities and Provisions		
Reserve	550.000,00	550.000,00
Accrued costs and expenses	135.809,08	91.388,37
Prepaid income	300.143,00	55.442,00
	985.952,08	696.830,37
Net current assets (liabilities)	376.089,46	433.585,83

HeartMan

	2017 (Euro)	2016 (Euro)
Project expenses	12.609,55	11.484,88
Personnel cost	8.781,51	7.846,33
Staff travel and subsistence	1.306,13	1.341,57
Other costs	2.521,91	2.296,98
Project income	12.609,55	11.484,88

BigData@Heart

	2017 (Euro)	2016 (Euro)
Project expenses	11.729,09	0,00
Personnel cost	8.169,97	
Travel	1.213,30	
Subsistence	2.345,82	
Project income	11.729,09	0,00

Notes on the accounts for the year ended December 31, 2017

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

	2017 (Euro)	2016 (Euro)
Salaries	280.659,23	255.479,97
Group insurance	32.712,56	31.736,75
Social security employers	65.576,90	60.385,63
Accrued vacation pay	-955,07	1.316,99
Insurance personnel	2.792,46	3.213,93
Meal vouchers	7.189,27	4.872,83
Other personnel charges	1.889,53	4.276,80
Social office	4.991,47	4.487,47
Recruitment fee	11.123,58	
Personnel costs to recover	-16.951,48	-7.846,33
	389.028,45	357.924,04



The European Heart Network has received co-funding under an operating grant from the European Union's Health Programme (2014-2020). The content of this annual report represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

European Heart Network

Rue Montoyer 31
B-1000 Brussels, Belgium
T: +32 2 512 91 74
F: +32 2 503 35 25
info@ehnheart.org

www.ehnheart.org



fighting heart disease
and stroke
european heart network