

Annual report **2019**



fighting heart disease
and stroke
european heart network

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European Heart Network

The European Heart Network (EHN) is a Brussels-based alliance of foundations and associations dedicated to fighting heart disease and stroke and supporting patients 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, patient support, and research 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.

Message from the EHN's President and Director

This message was supposed to reflect upon the European Heart Network's (EHN) activities and achievements in 2019, and we do hope that, as you read through this Annual Report, you will get a good idea about these.

However, we are writing it in the midst of the worst health crisis that the world has seen for two generations, so it did not seem right to simply present highlights from the work carried out by the EHN in 2019.

With almost 200,000 people having died from Covid-19, Europe finds itself operating under a whole new set of conditions. Europe was not well prepared for the pandemic and notwithstanding the fact that some of the best health care systems in the world are to be found on this continent, the capacities of health care systems have been sorely tested. The unity of the European Union has also been tested. If hesitant to begin with, cooperation and solidarity has kicked in, and the European Commission is playing a strong role in guiding and supporting the EU member states, and it is using its legal powers to help patients and health care systems.

The Covid-19 pandemic is also challenging EHN members. Early in the pandemic it became clear that people with cardiovascular disease – particularly people with hypertension, and people who had had, or were at risk of having, a heart attack or stroke – were more vulnerable to becoming severely ill with or die from the coronavirus disease. Data from several European countries show that cardiovascular disease is the most common comorbidity in deceased Covid-19 patients. Data from several countries also show that there has been a decrease of up to 50% in the number of people presenting in hospitals and other health care facilities with symptoms of heart attacks or stroke – largely out of fear of Covid-19 and of being a burden to health care professionals.

EHN member organisations are responding to the challenge by providing information to patients and their carers. EHN members have received thousands of questions and responded to them all on their websites where they hosted Q&As, through livestreaming involving cardiologists answering patients' questions, and by responding directly to the countless individual questions and expressions of concern. To find out more about our members' work for cardiovascular patients in the context of Covid-19, go to <http://www.ehnheart.org/covid-19.html>





For Europe, its people and its economy, Covid-19 has been and continues to be a hard blow. Can something positive come out of it? Are there lessons to be learnt?

A question asked by many is: has the time come to reconsider the competence on health care in the EU Treaty? Until now, in all of the treaties on the EU, the organisation and delivery of health services and medical care, as well as the definition of health policy, have remained the sole responsibility of the EU member states.

We think the question should go beyond legal competence and responsibility – though that debate may also be warranted. The EU should consider Covid-19 as a defining moment and demonstrate that it is capable of not only delivering a smooth-functioning internal market, which is so important for companies and businesses, but also of protecting all people who live in the EU. A first step in that direction has been the European Commission’s proposal for a new health programme (2021-2027) – *EU4Health* – with a budget that is more than 20 times higher than that of the current health programme. In addition, policies across the EU’s spectrum must be mobilised to promote health rather than, even if inadvertently, sustain practices that subvert good health. Examples of EU policy areas that can provide effective EU regulation and strategies are air quality, food and nutrition, and tobacco and assimilated products. A lot can be done with the existing health competence in the Treaty of the Functioning of the European Union, where its Article 168 already stipulates that “a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”.

A Europe for Health or a European Health Union, as propositioned from some corners, should be welcomed – all it needs is a strong political will.

One lesson that must be learnt – or re-emphasised – is that prevention is better than cure. The spread of Covid-19 probably could have been better contained. But the point we want to make here is that reducing the incidence and prevalence of cardiovascular disease is necessary. This is true in ordinary times – it is even more true in the non-ordinary times of Covid-19 where a great many of those who presented with the disease and died from it were people who had cardiovascular conditions.

So, we say this to the EU: invest more in addressing the burden of cardiovascular disease. It is an investment that will bring a handsome return both for people and for the economy.



Floris Italianer
EHN President



Susanne Løgstrup
EHN Director

Main achievements in 2019

To support our members, build skills and facilitate exchange of knowledge

The European Heart Network organised:

- a successful **Annual Workshop** together with the Italian Association against Thrombosis and cardiovascular diseases (ALT Onlus) in **Puglia, Italy**
- a seminar for our members' **fundraisers**
- a **capacity-building workshop** for our members' advocates on diet and nutrition
- a seminar for our **patients' organisations**
- a **training day for cardiovascular patients**
- a meeting of the **EHN Research Platform** for our research-funding members

To increase knowledge about cardiovascular disease and the role of EU policy makers in reducing the burden

The European Heart Network:

- published its **Election Manifesto** setting out why incoming members of the European Parliament should pledge to improve cardiovascular health
- sent a letter jointly with our member from Germany to **European Commission President Ursula von der Leyen** asking her to support EU efforts to tackle the burden of cardiovascular disease
- sent an **open letter to the new Health Commissioner Stella Kyriakides** on World Heart Day calling on her to develop a plan for action on cardiovascular disease in the EU
- co-produced a strategic research agenda for cardiovascular disease: **Challenges and Opportunities for Cardiovascular Disease Research** with partners in the SRA-CVD
- published papers on:
 - **Heart Failure and Cardiovascular Diseases**
 - **Electronic cigarettes and cardiovascular disease**
 - **Physical activity policies for cardiovascular health**
- increased its Twitter followers by 11% and its web visitors by 9%



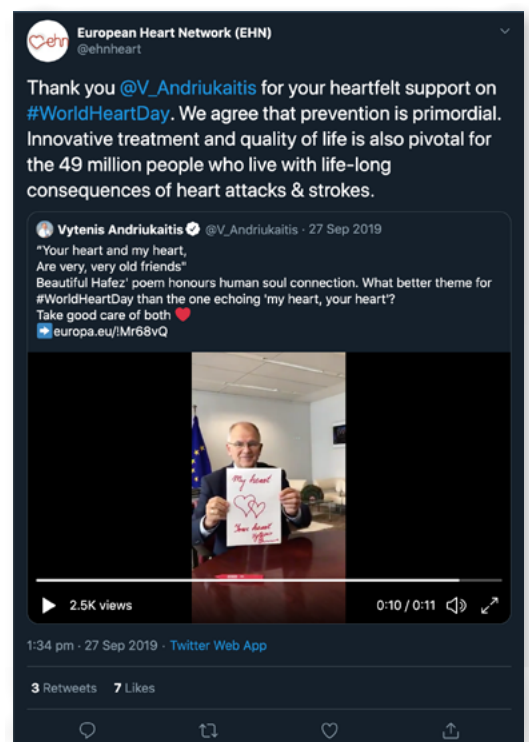
Our work in cooperation with European and International organisations produced tangible outputs

- **Towards an EU Strategic Framework for the Prevention of Non-communicable Diseases (NCDs)** – a plan developed jointly by the European Chronic Disease Alliance (ECDA), the European Public Health Alliance (EHN is a member of both) and the (global) NCD Alliance
- EHN's director presented the recommendations in the plan at a large policy conference, **The future of health - Advancing the UN 2030 Sustainable Development Agenda in Europe**
- ERA-CVD jointly with the EHN and the European Society of Cardiology produced a strategic research agenda for cardiovascular research, **Challenges and Opportunities for Cardiovascular Disease Research**
- EHN's director presented an international workshop, **Is Cardiovascular Disease Slowing Improvements in Life Expectancy?**, jointly organised by the Organisation for Economic Co-operation and Development (OECD) and The King's Fund



Our sustained advocacy activities bore fruit

- **Health Commissioner Vytenis Andriukaitis published a statement and a video** on World Heart Day
- The ENVI committee in the European Parliament included **health and nutritious food in its opinion on CAP** strategic plans
- Cardiovascular disease specifically referenced in the Decision on the **Programme implementing Horizon Europe**
- Commissioner Kyriakides referred to the need for setting of **nutrient profiles** in the context of the health and nutrition claims regulation and **front-of-pack nutrition labelling** during her confirmation hearing
- European Commission Communication on the **European Green Deal** acknowledging the **importance of preserving and promoting health** and the need for a fair, healthy and environmentally-friendly food system



Tweet from Commissioner Andriukaitis on the occasion of World Heart Day. Click on the image to open the tweet in your browser and see the full video.

Annual Workshop

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 organisations and patients' associations across Europe.

In 2019, the European Heart Network's Annual Workshop and General Assembly were hosted by the Italian Association against Thrombosis and cardiovascular diseases (ALT Onlus). It took place in Puglia, Italy, from 21 to 23 May. The workshop was attended by 40 delegates from 19 EHN member organisations from across Europe. In addition, we welcomed eight speakers, including two from the World Health Organization (WHO).

Dr João Breda from the *WHO Regional Office for Europe* joined us on the first day of the Workshop to present outcomes of the UN High-Level meeting on NCDs (non-communicable diseases) and the implications for the WHO European region. He presented the Global Monitoring Framework Scoreboard for Europe, which showed that Europe is on track to achieve only two of the nine global targets for NCDs.

José Luis Castro, *President of the NCD alliance* and CEO of Vital Strategies, spoke about the importance of civil society engagement in achieving the global targets on NCDs and holding politicians accountable.

“A good balance of topics ranging from best practice sharing to a look into the future with genomic testing”



EHN members at the 2019 Annual Workshop in Puglia, Italy



British Heart Foundation (BHF) CPR campaign

Elaborating on Mr Castro’s presentation, our members from Germany and Sweden, *the German Heart Foundation* and *the Swedish Heart Lung Foundation*, spoke about their organisations’ work in cooperation with their national NCD alliances to achieve the UN targets. Founded in 2010 and 2011 respectively, the organisations have grown in membership and gained recognition. In Germany, *the DANK alliance* has succeeded in bringing the burden of NCDs to the attention of the press, which has covered DANK and its efforts on several occasions. In Sweden, two alliance members, *the Cancer Society* and *the Heart Lung Foundation*, together with the government are forming a policy group with relevant government departments and authorities to examine how to work jointly to reach the NCD goal in the ‘Agenda 2030’. They are mapping the situation and identifying gaps, with the goal of establishing a new Public Health Strategy that includes risk factors for NCDs. In addition, EHN’s



British Heart Foundation (BHF): “Boy” television advert

director presented the history and achievements of *the European Chronic Disease Alliance (ECDA)*. It was established in 2010 as an informal alliance, and since its inception has positioned itself as a main actor on NCDs and their common risk factors with policy papers on salt, alcohol, air quality, physical activity and trans fatty acids. ECDA won the European Health Award in 2010.

Melanie Bertram from *WHO Global* followed up elegantly on Dr Breda’s presentation. She set out the economic benefits of tackling NCDs. Ms Bertram reiterated the overall loss if the world does not invest in NCDs: a global economic loss of \$47 trillion from 2010-2030. She also explained that every US dollar invested in the WHO best buy today will provide a return of \$7 on average and lead to a 15% reduction in premature mortality from NCDs.

Two of our member organisations, *the British and the Dutch Heart Foundations*, presented how they *measure the impact that their activities have on reducing prevalence of and preventing premature death from cardiovascular disease, and improving patients’ quality of life.*

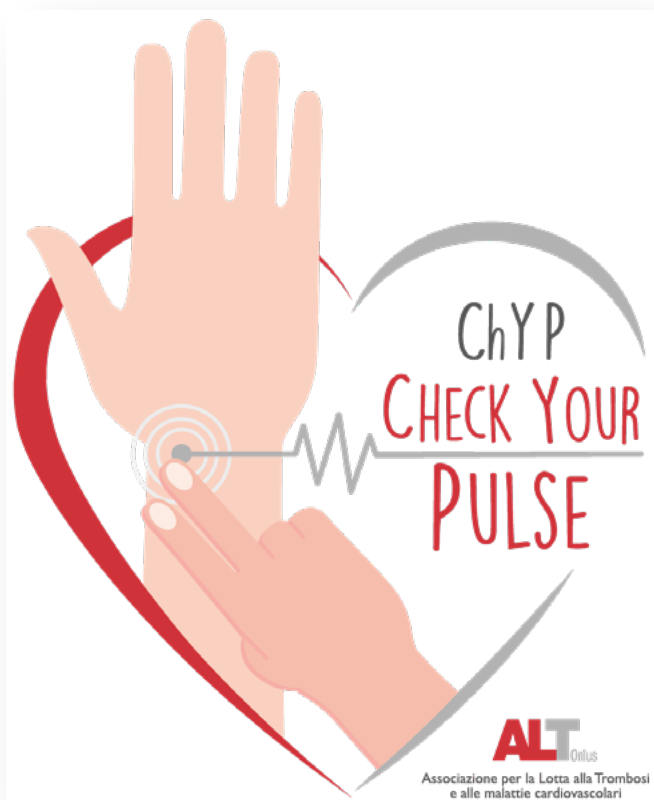
“Always enriched by the Annual Workshop”



Danish Heart Foundation: CPR “Give Life” campaign



Italian Association against Thrombosis and cardiovascular diseases (ALT Onlus): Check Your Pulse campaign

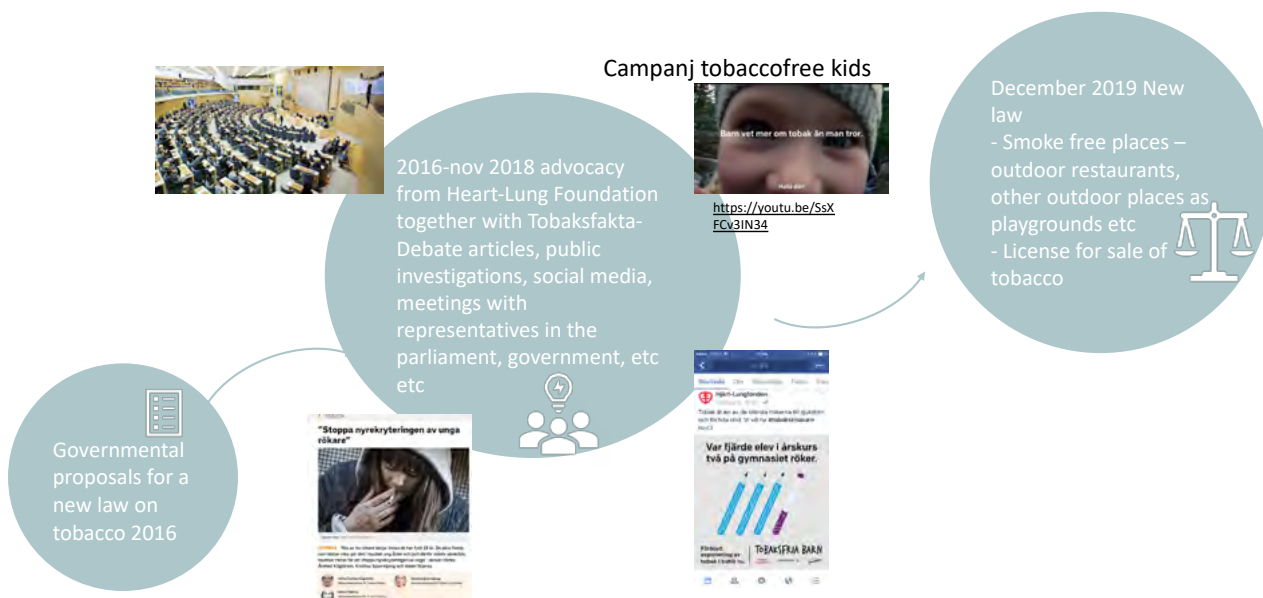


The host of the Annual Workshop, *ALT Onlus*, organised a session with inspiring presentations on atherosclerosis and inflammation, by Paolo Magni and Giovanni de Gaetano respectively, as well as a masterly presentation by Professor Valentin Fuster on the scientific basis of cardiovascular health.

The Workshop also discussed the misperceptions that people have with respect to cardiovascular disease and how we can make sure that people and politicians are aware that *we still have a long way to go before heart disease and stroke are made history.*

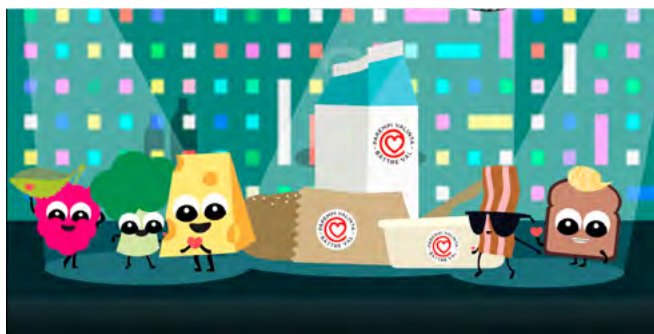
Our final session discussed the promises of *genome testing*. It can identify people who would not otherwise be 'found' within existing screening programmes, e.g. because they are not in the age-group covered by such programmes. It can help personalise prevention interventions and treatments in individuals and thus achieve the best health outcomes. However, some caveats should be noted: most gene tests have not been clinically validated for effectiveness; unusable and unnecessary information leads to unnecessary worry and/or false relief; information is not enough; and for a test to be valuable, the information it gives should be clinically usable.

Swedish Heart-Lung Foundation et al lobbying for a new law on tobacco control

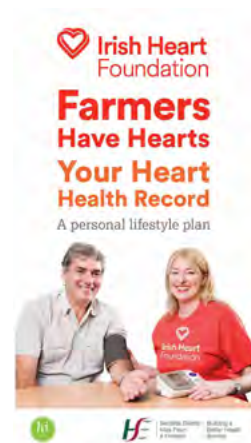
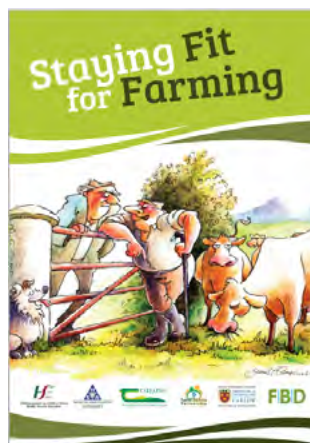


Swedish Heart Lung Foundation: Tobacco Free Kids campaign

Around 95% of the evaluation forms stated that the Workshop’s focus areas would help them improve their work, and 100% agreed that the Workshop was valuable in terms of sharing information, experiences and networking, while 85% agreed that the Workshop met their expectations – completely (25%) and largely (60%).



Finnish Heart Association: Heart Symbol campaign advert



Irish Heart Foundation: Farmers Have Hearts campaign (winner of the EHN Members Challenge at the Annual Workshop 2019)

Cardiovascular Health in Europe

Heart and circulatory diseases (cardiovascular disease), the main forms of which are heart disease and stroke, are the main cause of death in Europe, as well as in the European Union.

In the first months of 2019, EHN published and shared widely its European election Manifesto. We described the devastating impact that cardiovascular disease (CVD) has on EU citizens and the EU economy and we set out a well-defined role for the EU to tackle CVD. We thought we had made a persuasive case for EU action. But newly elected members of the European Parliament (MEPs) and the new European Commission President did not prioritise cardiovascular disease – at least not in the first six months of their term.

Nevertheless, we are optimistic that in the five-year mandate of the MEPs and the European Commission, it will be possible to agree strong EU action on CVD simply because the case is so compelling. To assist EU policy makers we developed, with the European Society of Cardiology, **a Blueprint for action on cardiovascular disease in the EU** giving 21 specific recommendations on prevention, patient support and research.

The imperative for action on CVD is growing. The reductions in CVD death rates that have been achieved over the past 50 years have begun to slow down in recent years. Some EU member states have even experienced an increase in CVD death rates in younger people (people aged under 65). This slowdown in CVD mortality improvements has, since 2010, been contributing to the slowdown in life expectancy improvements. In November, EHN participated in a workshop organised by the Organisation for Economic Co-operation and Development (OECD) and The King's Fund. The workshop was attended by representatives from 19 countries in OECD's Health Care Quality and Outcomes Working Party and addressed by five invited speakers, including EHN's director. It was designed to raise domestic and international awareness of the slowdown in CVD mortality improvements, against the background of slowing improvements in overall mortality, and to initiate national and international dialogue about the potential causes, and the need for effective monitoring of these trends and policies to reverse the slowdown.



Recommendations – Blueprint for action on cardiovascular disease in the EU

- Set nutrient profiles to underpin nutrition and health claims as required by the EC regulation on nutrition and health claims (EC No 1924/2006)
- Adopt rules on simplified front-of-pack nutritional labelling
- Adopt regulations restricting all marketing to children, including digital, of food and drinks high in fat, salt and sugar
- Raise minimum tobacco excise duties to the highest possible level
- Bring excise duties on ‘roll your own’ tobacco up to the same level as manufactured cigarettes
- Strengthen regulation on e-cigarettes
- Encourage the development and approval of EU-funded projects (in particular projects supported by EU Structural Funds) that have a positive impact on active living
- Raise minimum excise duties on alcoholic beverages to the highest possible level
- Introduce mandatory, front-of-pack energy labelling on alcohol
- Introduce mandatory ingredients list on alcoholic beverages
- Revise the ambient air quality directive adopting the WHO Air Quality Guideline values as limit values
- Recognise key areas of CVD research as priorities in the Horizon Europe Programme
- Promote and support the development of harmonised and comprehensive continuous patient registries in CVD, as well as the digital capability to enable the evidence generated within health systems to improve the speed and efficiency of randomised controlled trials
- Establish a structured collaboration between academic clinical trialists, patients, regulators and industry to modernise the International Council of Harmonisation (ICH) Good Clinical Practice (GCP) standards and make them fit for the digital era
- Support research and deployment of digital health technologies in cardiovascular disease prevention and management
- Include a focus on cancer and CVD co-morbidities, and research on the short-term and long-term cardiovascular effects of cancer treatment in Europe’s Beating Cancer Plan and Cancer Mission within Horizon Europe should include a focus on cancer and CVD co-morbidities, and research on the short-term and long-term cardiovascular effects of cancer treatment
- Establish a joint action/network of Member States, supported by experts, to identify the most effective policies and measures for reaching out to and managing individuals at high risk of developing CVD
- Ensure the necessary human and financial resources are available to the European Commission services responsible for the implementation of the Medical Devices Regulation
- Secure a positive outcome for the EU legislative proposal on Health Technology Assessment, covering the assessment of both medicines and medical devices
- Adopt a European definition of cardiac and stroke rehabilitation
- Establish a joint action/network of Member States to identify barriers to uptake of cardiac and stroke rehabilitation and secondary prevention programmes, and how to address them

Policies to advance cardiovascular health in Europe

The year 2019 was defined by the elections to the European Parliament (EP) which took place in May, and the appointment of the new European Commission which took office on 1 December. As such, 2019 could be described as a transition year. While major new policy initiatives, most notably the *New Green Deal* and a plan for *Beating cancer*, were announced by the new Commission, there was less activity on specific policies.

EHN continued to provide input into EU policies (see below regarding the Common Agricultural Policy, and section 7 of this report for the EU research framework). EHN also took the opportunity of the transition year to review and update some of its papers. Below we present two papers on e-cigarettes and physical activity. In section 6, we present papers on digital health and heart failure.

Electronic cigarettes

The role and impact of electronic cigarettes continues to provoke a major public health debate in Europe and beyond.

In 2019 EHN published a paper ***Electronic cigarettes and cardiovascular disease***. The paper presented recent evidence of the effects of e-cigarette use on the cardiovascular system. It also presented information on trends in use of e-cigarettes, as well as marketing and regulation.

Findings: With respect to the short-term impact of e-cigarette use on the cardiovascular system, the evidence is mixed. Short-term e-cigarette use is likely less harmful to the cardiovascular system than smoking conventional cigarettes.

However, long-term effects on the cardiovascular system are unknown. The lack of evidence for long-term effects, however, cannot be interpreted as not having an effect.

Based on the evidence that is currently available, it can be concluded that e-cigarette use is of real cardiovascular health concern.

E-cigarettes are promoted as risk-reducing products compared to combustible tobacco cigarettes, and there is conclusive evidence that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes. There is also substantial evidence that completely switching from regular use of combustible tobacco cigarettes to e-cigarettes results in reduced short-term adverse health outcomes in several organ systems.

Combustible tobacco cigarettes are arguably the most dangerous products that can be bought legally, and while e-cigarettes lack tar, one of the most toxic and extensively studied components of cigarettes, they do produce toxic substances, mainly flavours, not found in cigarettes. These substances are much less well understood.



While a key benefit of e-cigarettes for both individuals and for public health would be to aid smoking cessation among people who smoke conventional cigarettes, there is not sufficient evidence that e-cigarettes are effective as a smoking cessation aid.

Dual users of e-cigarettes and combustible tobacco cigarettes will not reduce their health risks. They may even increase it. A majority of users of e-cigarettes (up to 90%) continue to smoke combustible tobacco cigarettes.

People, and in particular young people who have never smoked, are increasingly taking up e-cigarette use. This is also the case for those who previously quit smoking. Both groups are at substantial risk of (re-) starting smoking. Certain flavours in e-cigarettes are specifically attractive to children and young people.

Interpretation of the evidence of level of risk of e-cigarettes is complicated by extensive conflicts of interest. Around 95% of papers that did not involve

conflicts of interest found potentially harmful effects of e-cigarettes, whereas industry-related conflict of interest was strongly associated with papers that found no harm.

Conclusions: When evaluating the pros and cons of e-cigarettes, it is important to consider their impact on the whole population, not only on the smokers, who are a minority. From a public health point of view, these products may have an unfavourable net effect, especially because of rising uptake by people who were never smokers.

Considering the very high burden of cardiovascular disease in Europe, the mere possibility that e-cigarette use increases the risk of cardiovascular disease is a cause for concern.

All in all, there is every reason to be extremely cautious about e-cigarettes.

Recommendations

- There is a need for longitudinal studies to elucidate long-term effects of e-cigarette use on the cardiovascular system and whether e-cigarette use is less hazardous to cardiovascular health than conventional cigarette smoking in the longer term.
- Medical journals should refrain from publishing studies that are partly or fully funded by entities that have an industry-related conflict of interest.
- Health professionals should inform patients and the public of the risks related to e-cigarette use.
- Flavours should be prohibited. This should certainly be the case for those flavours that may not be safe and those that are likely to attract children and young people.
- The same buying restrictions and age limits should be set for e-cigarettes as for conventional cigarettes.
- Restrictions on marketing, including advertising, labelling and packaging of e-cigarettes should be the same as for conventional cigarettes.
- The use of e-cigarettes in public places should be prohibited. Given the fact that second-hand exposure has some impact on bystanders' health, that use of e-cigarettes may make it more complicated to enforce smoke-free legislation, and that use of e-cigarettes may change the norm in terms of use of conventional cigarettes in public places, e-cigarette use in public places should be prohibited.
- Tax measures should be used as appropriate: applying a special excise duty or tax on e-cigarettes has the dual benefit of discouraging use – especially for young people – and raising income for governments. EHN recommends taxing e-cigarettes at a rate high enough to discourage uptake.

Physical activity

In 2019, EHN published a paper on **Physical activity policies for cardiovascular health**. The paper presents a review of the role of physical activity in preventing and treating cardiovascular disease across Europe. It provides a concise summary of the most recent systematic reviews, meta-analyses and scientific and policy summary statements.



Findings: The report shows that physical inactivity increases the risk of cardiovascular disease (CVD) by more than 20%. Yet, in Europe, it is estimated that 25% of women and 22% of men are physically inactive.

The report shows that engaging in physical activity is beneficial for healthy people and for people who live with cardiovascular disease. It demonstrates the under-use of policy measures to promote physical activity at a population-level to prevent cardiovascular disease. The recommendation is for regular activity of at least 150 minutes a week of moderate-intensity or 75 minutes a week of vigorous-intensity physical activity or an equivalent combination.

It further demonstrates the effectiveness of physical activity in patients, highlighting the need for flexible, individualised and ‘menu-based’ programmes, tailored to the circumstances and needs of individual patients as part of cardiovascular rehabilitation.

Conclusions: The paper concludes that physical activity is an effective way to protect your heart. It is never too late to start, and any exercise is better than none – though more is better. Policy makers at EU, national, regional, and local level play an important role in improving uptake of regular physical activity.

They can be inspired by the recommendations and case studies in the report.

Common Agriculture Policy (CAP)

In cooperation with the European Public Health Alliance (EPHA), EHN has reinforced its lobbying activities on the ongoing negotiations on the CAP. In 2019, the main discussions took place in the Environment, Public Health and Food Safety (ENVI) and the Agriculture and Rural Development (AGRI) Committees of the European Parliament (EP). Following an analysis of amendments tabled, EHN wrote to all ENVI MEPs to give its voting recommendations. Subsequently, EHN contacted all AGRI MEPs with voting recommendations.

EHN prepared a digestible list of policy recommendations on the future CAP: **Make the EU Common Agriculture Policy work for cardiovascular health.**

During the process of negotiations in different EP Committees, EHN became a member of the CAP-NGO coalition to align its efforts. The CAP NGO coalition brings together environmental and health NGOs and advocates for a greener and healthier CAP. In 2019, EHN participated in seven meetings of this coalition.



Cardiovascular Patients

Our member organisations work with patients and their families, the public, the wider scientific community, politicians, and other stakeholders to improve care and quality of life for CVD patients. They provide direct information and support to help patients manage their health. They enable patients and their carers to share experiences with their peers. They connect patients with the research community to ensure that innovation is relevant to patients' needs. Together with patients, our patient organisations advocate for better public policies and programmes to tackle the major heart and circulatory health care challenges.

As the independent European CVD patient organisation, EHN provides a forum for its member organisations and the patients they represent. EHN works and its members work to elevate patients' voices, inform EU policies affecting people living with cardiovascular disease and improve health and care across Europe. The EHN patient organisations' group meets once a year. This annual meeting is complemented by regular exchanges, updates and cooperation, taking place throughout the year.

Below are some examples of our members' activities for and with patients.

EHN Member Activities

Italian Heart Foundation

Italian Heart Foundation for Cardio-cerebrovascular diseases



This awareness project is aimed at informing the general public as well as patients about the importance of CVD prevention, through

lifestyle adjustments and treatment adherence. The leaflet was distributed during the 2018 and 2019 FederAnziani/Senior Italia national annual meetings, which host around 5 000 participants each year.

Italian Society for Cardiovascular Prevention (SIPREC)

Influenza (flu) is a preventable trigger of cardiovascular events, particularly in patients with coronary heart disease (CHD) or diabetes. However, in Italy, few people with cardiovascular disease and diabetes are vaccinated against flu.

SIPREC's joint initiative with the Italian Society of Hygiene, Preventive Medicine and Public Health and the Italian Society of Internal Medicine, raises awareness on the positive cost-benefit ratio of flu vaccination in CHD and diabetes.



Spanish Heart Foundation

Ciencia Cardiovascular is a quarterly publication of the Spanish Heart Foundation dedicated to

cardiovascular health and written by specialists in layperson's language. It aims to inform (or increase awareness among) patients and the wider public about cardiovascular pathology, prevention and treatment.



Swedish Heart and Lung Association

Sedd i vården (Acknowledged in Health Care)

This long-term campaign of the Swedish Heart and Lung Association raises awareness of the benefits of person-centred health care for both patients and for the health care system.



German Heart Foundation

The German Heart Foundation celebrated its 40-year jubilee

In 2019, the German Heart Foundation held a ceremony to look back over the past 40 years and how the foundation became well established in Germany as a serious health care organisation. It is an important contact for politicians and media representatives – and above all for the patients themselves. Federal Minister of Health Jens Spahn praised the foundation for “its significant contribution to a healthier Germany” and for “constantly improving the care of people with heart disease in Germany and thus improving their quality of life”.



Strengthening patients' engagement in policy and research

The year 2019 took EHN's work with and for cardiovascular patients to another level. EHN patient organisations reached out to their constituencies and put together a group of people living with cardiovascular disease willing to leverage their voices and expertise, and advocate for better care, treatment and innovation. The group met for the first time in October for an interactive training day dedicated to EU advocacy and patients' engagement with the European Medicines Agency (EMA). Subsequently, their expertise was brought to bear on a research and policy project in which EHN became involved at the end of 2019, and an EMA scientific advice process.

The training day was coupled with the EHN's annual Patients Seminar bringing together member patients organisations and the second meeting of the EHN Research Platform. Close interactions have contributed towards ensuring that scientific innovation and treatments capture patients' real needs and improve patient outcomes, including quality of life.

European Medicines Agency

In 2019, EHN was reconfirmed as a member of the European Medicines Agency's (EMA) *Patients' and Consumers' Working Party (PCWP)* for the term 2019 – 2022. The PCWP is a platform where European patient groups meet to discuss key issues of relevance to patients, as well as providing the EMA with recommendations, and the patient perspective on all relevant issues.

EHN's interaction with the EMA developed considerably in 2019 with an active engagement in all meetings organised by the PCWP.

EHN was appointed as PCWP's observer to the EMA Health Care Professionals Working Party (HCPWP), the platform where healthcare professionals exchange

information and provide recommendations to the EMA and its Human Scientific Committees on medicines for human use.

EHN spoke at EMA's meeting for interested parties on lessons learnt regarding communication on Sartans with N-nitrosamines impurities. After this meeting, EHN was nominated by the EMA to speak at the international joint meeting of WHO-UNICEF-UNFPA with manufacturers and suppliers to bring in patients' experiences and recommendations on managing N-nitrosamines impurities.

Heart Failure – an increasing health burden

Within cardiovascular disease, heart failure is a condition that is common but neither widely known nor simple. The main causes of heart failure are coronary heart disease and high blood pressure.

In April 2019, EHN published a paper on heart failure to raise awareness of the societal and economic burden of heart failure in Europe.

Heart failure brings about dramatic changes in people's lives. Normal activities such as taking the stairs, engaging in domestic chores such as cleaning, walking to the shops, or even putting on clothes become more and more difficult, the worse the condition becomes. Patients become increasingly isolated, unable to pursue hobbies or maintain social contacts. Additionally, for people of working age, these symptoms and disabilities can also affect their ability to maintain employment, as well as productivity.

As far as quality of life is concerned, people with heart failure have a lower quality of life than people with most forms of cancer.

In developed countries, the prevalence is estimated at 1-2% of the population; this means that more than 10 million people in the EU28 could be affected. The prevalence of heart failure is set to increase, due to

an ageing population and occurrence of co-morbidity factors. It has been estimated that costs related to heart failure in the EU28 are around €29 billion a year.

Early diagnosis is key, as is early initiation of appropriate treatment to relieve symptoms, prevent additional organ damage and improve prognosis.

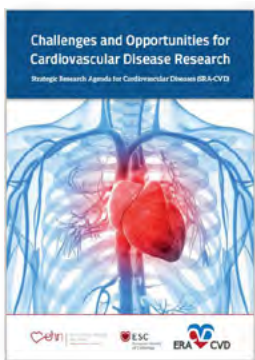
Research

EHN Research Platform

Established in 2018, EHN's Research Platform met for the second time in October 2019. The Platform, which brings together EHN's research-funding organisations, also held a joint meeting with EHN's patient organisations' group, notably to discuss how to achieve *meaningful involvement of cardiovascular patients in research*. The members of the Research Platform reviewed EU projects that EHN is involved in, in particular BigData@Heart, and the research EHN commissioned on *evidence for effectiveness of digital tools in prevention and management of cardiovascular disease*, to inform the EU's digital agenda and advocate for CVD priorities to be included in Horizon Europe 2021-2027.

Strategic CVD research agenda

In April 2019, EHN, jointly with stakeholders in the ERA-CVD, published a *Strategic Research Agenda for CVD* (SRA-CVD). EHN communicated widely about the SRA-CVD and promoted the online public consultation of stakeholders that aims to prioritise the 15 research domains that had been identified in the Agenda.



The strategic research agenda for CVD forms EHN's backbone for advocacy on Horizon Europe. Specifically, in 2019, EHN held meetings with senior European Commission officials and members of the European Parliament to present SRA-CVD key findings and what

matters most to cardiovascular patients for Horizon Europe.

EHN research-funding member organisations invest almost €200 million in CVD research annually.

Horizon Europe

In April 2019, the European Commission, the European Parliament, and the European Council agreed on the key parts of the legislative proposals for Horizon Europe. Cardiovascular disease is specifically referenced in the *Decision on the Specific Programme implementing Horizon Europe*.

EHN and its members participated with written contributions to the European Commission's online consultation process on Horizon Europe, and in the *European Research and Innovation Days 2019*. EHN had regular exchanges with senior Commission officials and Members of the European Parliament, to ensure increased investment in cardiovascular research. Our efforts bore fruit in December 2019 when the European Commission published its orientations document for Horizon Europe. The orientations document is the solid foundation for the first Strategic Plan and the first Work Programmes for the first four years of Horizon Europe. References to and targets on cardiovascular disease are included in the strategy to tackle non-communicable diseases.

EHN will continue to push for key areas of CVD research to be included as priorities in the Horizon Europe Programme.

European grants and projects



BigData@Heart was launched in 2017. It is a five-year project funded by the Innovative Medicines Initiative (IMI 2), a public-private initiative between the European Union and the European umbrella association of pharmaceutical companies (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.

In 2019, as part of EHN's joint meeting between members representing CVD patient organisations and research-funding foundations, Dr Stefan Koudstaal from University Medical Center Utrecht presented progress made within the BigData@Heart project (tangible and non-tangible research outputs) and discussed with participants what is to be expected in the future and how discoveries may impact patients' diagnosis and treatment.

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



Working with the EU 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.

After the elections to the European Parliament in May 2019, EHN set out to re-establish the MEP Heart Group together with its members and its partner, the European Society of Cardiology.

We were delighted to welcome Maria da Graça Carvalho, Portuguese MEP (EPP), and Brando Benifei, Italian MEP (S&D), as new co-chairs of the MEP Heart Group.



Maria da Graça Carvalho
MEP



Brando Benifei
MEP

At the end of 2019, the Group had already gained 40 MEP supporters.

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.

The European Heart Network and the European Society of Cardiology jointly run the secretariat of the MEP Heart Group.

For more information: <http://www.mepheartgroup.eu/>

EU Health Policy Platform

The EU Health Policy Platform is an online forum for exchange between the European Commission and the community of EU health stakeholders. The online platform facilitates online discussions and frequent webinars. Online exchanges and collaborations lead up to the Platform's Annual Meeting.

In 2019, EHN participated in various activities of the Platform throughout the year. Notably, EHN contributed to the thematic network on *Improving Organ Donation and Transplantation in the EU*, co-signed the network's joint statement on *A Shared Vision for Improving Organ Donation and Transplantation in the EU*, and attended the Platform's annual meeting in Brussels in October.

Cooperation

World Health Organization (WHO) – Regional office for Europe

Throughout the year and in different constellations, EHN enjoyed engaging and cooperating with the WHO Regional office for Europe on a host of topics on which both organisations work.

Topics included screening, noncommunicable diseases, salt and marketing of unhealthy food to infants and children, physical activity and tobacco control. For a full list of meetings, see section 12 of this report.

WHO representatives also spoke at EHN's Annual Workshop (see above, section 3).

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 disease remain a priority in EU policies and programmes.

In 2019, the two organisations worked closely together to develop a blueprint for action on cardiovascular disease in the European Union.

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, and 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 section on Population Science and Public Health.

In 2019, EHN's director participated in EAPC's annual congress and meetings organised by the Cardiovascular Prevention Implementation Committee and the section on Population Science and Public Health during the congress.

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 2019, EHN's Treasurer, Kristina Sparreljung, Secretary General of the Swedish Heart Lung Foundation, was a member of the WHF Board.

EHN's Director is a member of the WHF's Advocacy Committee. In 2019, the work of the Committee included surveying finance ministry views on the importance, strengths and limitations of tobacco tax revenue and its uses.

European Chronic Disease Alliance

The European Chronic Disease Alliance (ECDA) is a coalition of 11 European health organisations (EHN being one of them) sharing the same interests in combating preventable chronic diseases through European policies that impact health. ECDA represents millions of chronic disease patients and over 200 000 health professionals.

In 2019, ECDA focused on engaging with the new European Parliament legislature following the elections, and advocacy towards the new European

Commission 2019-2024 to put chronic disease prevention and health higher on the EU policy agenda.

- ECDA issued briefings to incoming MEPs to introduce the organisation, and highlight the importance of chronic disease prevention from an individual, societal and economic perspective, as well as EU policy gaps to date. EHN drafted the nutrition-related chapter in this brief.
- ECDA sent an open letter to the incoming European Commission President Von der Leyen in July, outlining the necessity of addressing chronic diseases as a whole and dedicating proper attention to improving public health in Europe.
- ECDA proposed a set of questions for European Parliament hearings of the new Commissioners. MEPs raised questions on disease prevention during the hearing of the Health Commissioner, and a written question on the reintegration into work of people with chronic diseases was submitted to the Commissioner responsible for jobs.
- A guide on chronic disease prevention was shared with the incoming Health Commissioner. Again, EHN was responsible for the preparation of the nutrition-related chapter.

ECDA published a report in May 2019 in collaboration with EPHA and with the support of the global NCD Alliance, calling for an EU framework for the prevention of chronic diseases.

ECDA met with representatives of the Finnish and German EU Council Presidencies, asking them to put action against major disease risk factors on their agendas. EHN actively participated in these meetings.

ECDA representatives (including EHN) met with Anne Bucher, the new Director General of DG SANTE, and policy officers from her directorate to discuss chronic disease prevention. Upon request of Ms Bucher, ECDA produced a project proposal on the economics of

prevention to inform the shaping of Horizon Europe, the next EU framework programme for research and innovation, given that the health strand is now co-managed by DG SANTE.

ECDA provided input and disease-specific expertise to the CHRODIS Plus Joint Action network, including a toolkit for adaptation of the workplace and policy recommendations for health promotion and disease prevention in the workplace. EHN, with the help of the British Heart Foundation, prepared the chapter on recommendations for work reintegration of people who suffer from cardiovascular diseases.

More information about ECDA can be found at: www.alliancechronicdiseases.org

Smoke Free Partnership

The Smoke Free Partnership (SFP) is a large European coalition of more than 45 partner organisations working on EU policy analysis and advocacy to mobilise decision makers to make tobacco control a political priority. SFP's main partners are the Belgian Foundation Against Cancer, Cancer Research UK, the Dutch Cancer Society, the Norwegian Cancer Society, and the European Heart Network. The Belgian Foundation Against Cancer is SFP's Associate Partner. The EHN Director Susanne Løgstrup was President of SFP from 2016 to 2018. She continues as a member of the Board.

In April 2019, along with some of its main partner organisations including EHN, SFP attended the WHO European High-level Conference on Non-communicable Diseases (NCDs) in Ashgabat, Turkmenistan, "*Time to deliver – meeting NCD targets to achieve Sustainable Development Goals in Europe*". Participant Member State officials, experts and advocates highlighted their commitment to meeting the 2030 Sustainable Development Goals (SDGs) target 3.4 on reducing by one-third premature mortality from NCDs, through prevention and treatment.



SFP Annual Coalition meeting, November 2019

In June 2019, the WHO Regional Office for Europe jointly organised a high-level event on Tobacco and Lung Health on *World No Tobacco Day*, together with SFP and several other civil society organisations. The session acknowledged past achievements in tobacco control policy and advocacy, as well as the need for strengthened smoke-free policies, national plain-packaging and advertising restrictions. During the session, SFP also disseminated its set of guidelines for political priorities for the 2019-2024 EU political mandate, focusing on specific areas crucial for the improvement of public health, such as tax, illicit tobacco trade, advertising, development, research and tobacco industry interference.

Following the eighth session of the Conference of the Parties (COP8) to the WHO Framework Convention on Tobacco Control (WHO FCTC), in 2019 SFP produced a follow-up advocacy briefing for Coalition members. It assessed the impact of COP8 on tobacco control strategies and priorities, and focused on COP8 decisions, and the multi-sectoral Global Strategy to Accelerate Tobacco Control.

In September 2019, SFP took part in the European Research and Innovation Days. The organisation continued highlighting the importance of policy-focused tobacco control research and its role in reducing the burden and the number of deaths caused by tobacco. SFP also underlined the importance of tobacco control research for prevention as part of the upcoming Horizon Europe programme. In the same month, SFP presented a poster during the EU Health



SFP Annual Coalition meeting, November 2019

Programme High Level Conference in Brussels. The poster showcased the work it has achieved with its partners and within the framework of the European Commission's EU Health Programme.

In November 2019, SFP organised its annual Coalition meeting, which focused on policy priorities and updates from SFP and its partners with specific focus on tobacco tax, tobacco industry interference, research and other topics of relevance to the Coalition members' national status quo. On 15 November, directly after its Coalition meeting, SFP hosted the *Tobacco Tax for a Healthier Europe* policy conference, with contributions by experts, researchers, tobacco control advocates, European Commission representatives and policy makers on a national level. It included presentations and discussions around the benefits and limitations of tobacco taxation as well as tobacco industry interference and taxation myths. During the conference, SFP also launched its first advocacy video [Tobacco Tax for a Healthier Europe](#). The video highlighted the role of tobacco taxation for public health and curbing NCDs such as cardiovascular disease, cancer, and respiratory issues.

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

Public Health Organisations

EHN is an active member of EPHA, which unites a range of organisations throughout Europe that cover a broad spectrum of health issues.

Publications, statements, and responses at a glance

In 2019, EHN published the following:

Papers

- Electronic cigarettes and cardiovascular disease
- Physical Activity Policies for Cardiovascular Health
- Heart Failure and Cardiovascular Diseases

Statements

EHN published statements on:

Make the EU Common Agriculture Policy work for cardiovascular health

- EHN prepared a digestible list of policy recommendations on the future CAP

The EU Platform for action on diet, physical activity and health

- EHN together with six other health and consumer organisations decided to leave the Platform. In a joint public statement, we informed all stakeholders that we did not consider that the continued participation of our organisations in the Platform was a productive use of our resources. We did, however, strongly emphasise the importance of continued structured dialogue with organisations representing the voices of consumers, public health and medical associations in any discussions on future EU actions on the obesity and NCD crisis facing Europe.

World Heart Day

- EHN sent an open letter to the incoming Health Commissioner, Stella Kyriakides, jointly with the ESC calling on her to develop a plan for action on cardiovascular disease in the EU.

EU Farm to Fork strategy

- EHN together with EPHA and the European Public Health Association (EUPHA) sent a joint letter to European Commission Vice-President, Frans Timmermans, welcoming the commitment by the European Commission to launch a Farm to Fork strategy addressing the key role of food consumption in transitioning the food system towards better outcomes for people, the planet and the economy, and ensuring its contribution to the European Green Deal.

Responses

EHN responded to the open public consultation on Horizon Europe.

All papers, statements and responses are available on the EHN's website <http://www.ehnheart.org/publications-and-papers/publications.html>

Articles

- EHN, together with EPHA, wrote an EU model chapter showing how to ensure trade-public health coherence: <https://epha.org/eu-model-chapter-shows-how-to-ensure-trade-public-health-coherence/>
- EHN, together with EPHA, wrote an op-ed article in EurActiv 'Only a nutrition sensitive CAP can deliver on climate and health': <https://www.euractiv.com/section/agriculture-food/opinion/only-a-nutrition-sensitive-cap-can-deliver-on-climate-and-health/>

Conferences and meetings

During 2019, EHN organised and participated in several conferences and meetings on topics relevant to promoting cardiovascular health and preventing cardiovascular diseases. They included:

February

- *WHO European Technical Consultation on Screening* – Copenhagen, Denmark, 26-27 February

April

- *EuroPrevent* - Lisbon, Portugal, 10-12 April
- *HeartMan Final Consortium meeting and Conference* – Brussels, Belgium, 23-24 April
- *WHO European High-level Conference on Noncommunicable Diseases: Time to deliver - meeting NCD targets to achieve Sustainable Development Goals in Europe* – Ashgabat Turkmenistan, 9-10 April. EHN presented its members' activities in a session dedicated to cardiovascular disease

May

- *Joint meeting of EMA Working Parties with Patients and Consumers (PCWP) and Healthcare Professionals (HCPWP)*, 3 May, online meeting
- *WHO Europe meeting on Salt Action Network* – Berne, Switzerland, 8 May. EHN Swiss member, the Swiss Heart Foundation, participated on behalf of EHN in the session dedicated to stakeholders' activities. The Swiss Heart Foundation gave an overview of EHN members' activities in the field of salt reduction
- *WHO Europe meeting on reducing marketing pressure on children* – Berne, Switzerland, 8 May
- *EHN Fundraisers seminar* – Puglia, Italy, 21 May
- *EHN Annual Workshop* – Puglia, Italy, 21-23 May



WHO European High-level Conference on Noncommunicable Diseases, Ashgabat, Turkmenistan, 9-10 April

June

- *WHO Europe: 10th Meeting of the European Union physical activity focal point network* – Brussels, Belgium, 18 and 19 June. Two of the members of EHN's expert group on physical activity, Ilkka Vuori and Lars Bo Anderson, spoke on cardiovascular disease and the impact of physical activity on primary and secondary prevention of CVD
- *Joint meeting of EMA Working Parties with Patients and Consumers (PCWP) and Healthcare Professionals (HCPWP)*, 26 June, online meeting
- *EPHA Annual General Assembly* - Brussels, Belgium, 26 June

July

- *The future of health - Advancing the UN 2030 Sustainable Development Agenda in Europe* – Brussels, Belgium, 11 and 12 July. EHN spoke in a parallel session on prevention of NCDs
- *WHO Europe: Launch of report Commercial foods for infants and young children in the WHO European Region* – Brussels, Belgium, 15 July. EHN participated in the panel debate on Nutrition in Early Life

September

- *BigData@Heart annual meeting* – Paris, France, 3 September
- *The European Research and Innovation Days* – Brussels, Belgium, 24-26 September
- *EMA Patients and Consumers Working Party (PCWP) meeting*, Amsterdam, 24 September
- *Joint meeting of EMA Working Parties with Patients and Consumers (PCWP) and Healthcare Professionals (HCPWP)*, Amsterdam 25 September
- *EU high-level Health Programme Conference* – Brussels, Belgium, 30 September

October

- *EHN Capacity Building Seminar on Nutrition and Advocacy* – Brussels, Belgium, 16-17 October
- *EHN Patients seminar and training* – Brussels, Belgium, 29-30 October
- *EHN Research Platform for Research-Funding Members meeting* – Brussels, Belgium, 30-31 October

November

- *Sartans with N-nitrosamine impurities, Lessons Learnt Exercise*, EMA Interested Parties Meeting, Amsterdam, 4 November
- *Joint Workshop of The King's Fund and the Organisation for Economic Cooperation and Development: Understanding recent trends in cardiovascular disease mortality in high-income countries* – Paris, France, 6 November
- *SFP Coalition meeting* – Brussels, Belgium, 14-15 November
- *Regulatory Science to 2025 Post-Public Consultation Human Stakeholders Workshop*, EMA, Amsterdam, 18-19 November
- *WHO Europe Workshop on Law and tobacco control in Europe: Legal issues on domestic, EU and international levels* – Copenhagen, Denmark, 26-27 November

December

- *WHO UNICEF UNFPA meeting: Joint UNICEF, UNFPA & WHO meeting with manufacturers & suppliers of in vitro diagnostics, vaccines & immunisation devices, finished pharmaceutical products, active pharmaceutical ingredients, contraceptive devices & vector control products* – Copenhagen, Denmark, 4 December.

EHN Governance

Information about EHN and its structure, governance and finances is publicly available on its website.

Membership

In 2019, EHN had member organisations from 24 countries in Europe.

General Assembly

The General Assembly is comprised of 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
- approving budgets and annual accounts

Board

EHN is governed by a Board that can comprise no fewer than three members and no more than eight. In 2019, EHN's Board consisted of Tuija Brax, Finnish Heart Association; Tim Collins (from May 2019), Irish Heart Foundation; Dan Gaita, Romanian Heart Foundation; Simon Gillespie, British 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.

The Board met four times in 2019. Its role is to develop and monitor implementation of EHN's strategy, provide policy and procedural direction, and supervise the finances. The Board has three key positions: President, Vice President and Treasurer.



EHN Board and EHN Director, left to right: Simon Gillespie; Tuija Brax (Vice President); Martin Vestweber; Paola Santalucia; Kristina Sparreljung (Treasurer) Susanne Løgstrup (Director); Floris Italianer (President); Tim Collins (elected by the General Assembly in May 2019).



EHN Staff, left to right: Joëlle De Beys; Marilena Vrana; Michelle Mildiner, Marleen Kestens, and sitting, Susanne Lågstrup

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. EHN recruited a new Manager Patients and Research in February 2019.

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.

EHN Board Members

Tuija Brax

Finnish Heart Association

Tim Collins (from May 2019)

Irish Heart Foundation

Dan Gaita

Romanian Heart Foundation

Simon Gillespie, President (until May 2019)

British Heart Foundation

Floris Italianer, Vice President (President from June 2019)

Dutch Heart Foundation

Paola Santalucia

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 2019

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 Onlus)

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

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 patient organisations or organisations in which working 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, 2019

We have reviewed the financial statements on pages 31 to 36, which have been prepared on the basis of the accounting policies set out on page 36, 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, 2019 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 04/06/2020



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, 2019

Approved by the General Assembly on 4 June 2020

Income

1. Member subscriptions	2019 (Euro)	2018 (Euro)
Belgian Heart League	4.519,00	4.519,00
Bosnia Herzegovina, Foundation of Health and Heart	1.130,00	1.130,00
British Heart Foundation	183.567,00	183.567,00
Croatian Heart House Foundation	1.130,00	1.130,00
Danish Heart Foundation	49.586,00	50.564,00
Dutch Heart Foundation	107.000,00	128.257,00
Faroese Heart Foundation	1.130,00	1.130,00
Finnish Heart Association	15.160,00	13.410,00
German Heart Foundation	29.937,00	29.747,00
Hellenic Heart Foundation	1.130,00	1.130,00
Hungarian National Heart Foundation	1.130,00	1.130,00
Icelandic Heart Association	4.519,00	4.519,00
Irish Heart Foundation	19.000,00	14.031,00
Italian Association against Thrombosis and Cardiovascular Diseases (ALT)	2.259,00	2.259,00
Italian Heart Foundation	1.130,00	1.130,00
Italian Society for Cardiovascular Prevention	1.130,00	1.130,00
Lithuanian Heart Association	1.130,00	1.130,00
Netherlands, Heart and Vessel Group	5.240,00	5.485,00
Northern Ireland Chest, Heart & Stroke	8.325,00	9.451,00
Portuguese Heart Foundation	4.519,00	2.259,00
Romanian Heart Foundation	1.130,00	1.130,00
Serbian Heart Foundation	565,00	1.130,00
Slovak Heart to Heart League		1.130,00
Slovenian Heart Foundation	4.519,00	2.259,00
Spanish Heart Foundation	4.519,00	4.519,00
Swedish Heart and Lung Association	7.516,00	4.825,00
Swedish Heart Lung Foundation	79.673,00	75.496,00
Swiss Heart Foundation	15.748,00	14.971,00
Turkish Heart Foundation	2.259,00	2.259,00
Sub total	558.600,00	564.827,00

Income

2. Special contributions	2019 (Euro)	2018 (Euro)
HeartMan Project	19.797,13	14.008,91
BigData@Heart Project	5.258,24	12.467,75
EU operating grant	366.280,24	354.173,86
Sub total	391.335,61	380.650,52

3. Investment income	2019 (Euro)	2018 (Euro)
Investment Income	408,17	692,05

TOTAL INCOME	950.343,78	946.169,57
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Expenditures

	2019 (Euro)	2018 (Euro)
Personnel (excl. specific projects)	423.065,38	397.862,49
Office	14.841,97	14.584,16
Property (incl. insurance)	44.552,14	43.355,20
Travel, subsistence, meetings and conferences (incl. Board)	36.396,68	20.303,72
Office equipment, computers, IT support	18.440,06	6.137,01
Depreciation (office equipment/computers)	2.666,71	2.279,30
Professional fees	16.897,24	9.975,25
Membership fees	3.397,43	3.281,22
Bank charges	320,08	565,04
Taxes	2.436,36	2.143,85
Total regular expenditures	563.014,05	500.487,24
Smoke Free Partnership	25.000,00	25.000,00
European Chronic Disease Alliance	3.300,00	3.401,00
Annual Workshop	30.024,20	31.360,30
Patients Group seminar	2.734,92	2.954,68
Capacity-building seminar	5.689,26	5.453,32
Fundraisers seminar	4.365,00	2.349,38
Research platform	1.654,46	1.044,36
MEP Heart group	29,04	884,15
World No Tobacco Day		1.010,43
Consultancy support	20.424,80	24.099,94
Communication	21.386,28	39.707,27
HeartMan	15.837,71	11.207,13
BigData@Heart	4.206,65	9.974,20
Physical Activity Paper	21.000,00	
Prevention Guidelines Task Force	290,86	
Training Patients	7.575,49	
E-/m Health Paper	50.031,91	
Expert Meetings / teleconferences	4.004,86	
Project fund	3.080,99	100.000,00
Total operational and project expenditures	220.636,43	258.446,16
TOTAL EXPENDITURES	783.650,48	758.933,40
TOTAL INCOME	950.343,78	946.169,57
Surplus	166.693,30	187.236,17
Retained result beginning of period	563.325,63	376.089,46
RETAINED RESULT END OF PERIOD	730.018,93	563.325,63

Balance sheet as at December 31, 2019

	2019 (Euro)	2018 (Euro)
Fixed Assets	3.658,19	3.350,48
Current Assets		
Debtors and prepayments	19.270,40	19.101,81
Cash at bank	1.561.600,81	1.364.759,83
	1.584.529,40	1.387.212,12
Current Liabilities and Provisions		
Reserve	550.000,00	550.000,00
Accrued costs and expenses	180.938,47	159.386,49
Prepaid income	123.572,00	114.500,00
	854.510,47	823.886,49
Net current assets (liabilities)	730.018,93	563.325,63

HeartMan

	2019 (Euro)	2018 (Euro)
Project expenses	19.797,13	14.008,91
Personnel cost	9.234,21	9.192,42
Staff travel and subsistence	6.603,50	2.014,71
Other costs	3.959,42	2.801,78
Project income	19.797,13	14.008,91

BigData@Heart

	2019 (Euro)	2018 (Euro)
Project expenses	5.258,24	12.467,75
Personnel cost	4.064,15	8.870,69
Staff travel and subsistence	142,50	1.103,51
Other costs	1.051,59	2.493,55
Project income	5.258,24	12.467,75

Operating Grant

	2019 (Euro)	2018 (Euro)
Total expenses	610.467,06	590.288,00
Direct Personnel cost	414.823,81	398.441,00
General administrative expenditure	80.205,97	75.666,00
Operational expenditure	115.437,28	116.181,00
Income generated & financial contributions	244.186,82	236.115,00
EU contribution requested	366.280,24	354.173,00

Notes on the accounts for the year ended December 31, 2019

1. Staff costs

	2019 (Euro)	2018 (Euro)
Salaries	304.047,89	295.980,03
Group insurance	34.782,24	33.802,60
Social security employers	71.282,77	68.197,36
Accrued vacation pay	9.282,96	-196,00
Insurance personnel	3.055,23	2.868,17
Meal vouchers	7.655,71	7.382,52
Other personnel charges	479,25	507,44
Social office	5.777,69	6.080,30
Recruitment fee		1.303,18
Personnel costs to recover	-13.298,36	-18.063,11
	423.065,38	397.862,49

2. 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.



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