



fighting heart disease
and stroke

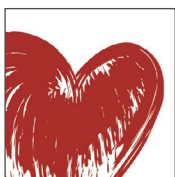
european heart network

Annual Report **2014**



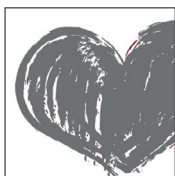
TABLE OF CONTENTS

Director's Message.....	2
Main Achievements in 2014.....	3
Annual Meeting.....	4
Politics and Policies in the EU	5
MEP Heart Group.....	6
2014 Valentine's Day Twitter Campaign	6
European Elections.....	6
Chronic Diseases	7
Nutrition, Physical Activity and Childhood Obesity.....	7
Greek Presidency Conference on	
'Nutrition and Physical Activity from Childhood to Old Age: Challenges and Opportunities'	7
EU Action Plan on Childhood Obesity	7
Council Conclusions on Nutrition and Physical Activity.....	7
EU Platform for Action on Diet, Physical Activity and Health.....	8
Audiovisual Media Service Directive	8
Food Information to Consumers – Front-of-Pack Nutrition Labelling.....	8
Food Taxes	9
Trade and Health – Transatlantic Trade and Investment Partnership (TTIP).....	9
European Projects.....	10
(EuroHeart II) - Building Action on Heart Disease and Stroke.....	10
EConDA.....	11
Cardiovascular Patients.....	12
EHN Patients' Seminars	12
European Commission's Proposal on Data Protection.....	12
European Medicines Agency	12
Cooperation	13
Smoke Free Partnership	13
European Chronic Disease Alliance	13
European Society of Cardiology	14
European Association for Cardiovascular Prevention and Rehabilitation	14
World Heart Federation	14
Public Health Organisations	14
Statements and Publications	15
Cardiovascular Risk Assessment.....	15
Sustainable Development Goals and the Future of Cardiovascular Health:	
A Statement from the Global Cardiovascular Disease Taskforce	15
Statement by the European Heart Network (EHN) made at the 64 th session	
of the WHO Regional Committee for Europe, Copenhagen, 15-18 September 2014	
on the European Food and Nutrition Action Plan 2015-2020.....	15
EHN statement on the study 'Food taxes and their impact on	
competitiveness in the agri-food sector'.....	16
EHN response to the European Commission consultation on its Green Paper on mHealth.....	16
EHN response to the EU consultation on investment protection	
and ISDS (Investor-State Dispute Settlement)	16
EHN Statement on the hybrid colour-coded front of pack nutrition labelling system	16
Conferences and Meetings	17
EHN Governance	18
Membership	18
General Assembly	18
Board	18
Staff.....	18
EHN Board Members	19
EHN Member Organisations in 2014.....	19
Finances.....	20



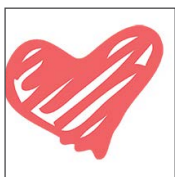
EUROPEAN HEART NETWORK

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



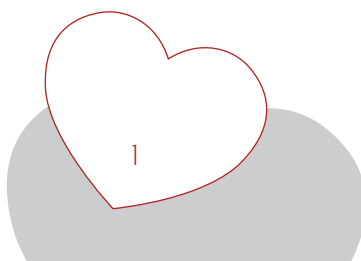
OUR MISSION

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.



DIRECTOR'S MESSAGE

In 2014, we witnessed changes in the EU institutions with elections to the European Parliament and a new European Commission. It is too early to say how this will impact on the mission and work of the European Heart Network (EHN), but we have taken note that the 2015 work programme for the EU is very "slender". While doing less quantity-wise does not necessarily equate to doing less quality-wise, we are concerned that legislative projects that have the potential to support our efforts to prevent avoidable death and disease from cardiovascular diseases (CVD), the leading cause of death in Europe, may not be presented in 2015.



Susanne Løgstrup, Director

We welcomed the strong political support for Europe-wide intervention to control and prevent chronic diseases and to halt the increase in the number of overweight and obese children in 2014. We now look forward to decisive follow-up – we must go beyond promises and recommendations. Much needs to be done in the Member States but also at an EU level. EU intervention can enhance Member State initiatives and is needed to maintain a credible internal market with a high level of health protection. An obvious example is agreeing a harmonised upper limit of trans fatty acids in foods marketed in the EU. With one simple regulatory intervention, we can achieve one standard across the EU resulting in lower intakes of trans fatty acids among all population groups in all EU countries. We would go beyond the elusive average, which masks important differences, and reach out to all people in Europe. It would be a shame to miss an opportunity to strike out against cardiovascular diseases and to reduce inequalities in health out of fear of red tape.

The evidence is there for trans fatty acids and for other nutrients, as well as tobacco use, and of their role in cardiovascular diseases. From the EuroHeart II project, led by the EHN and completed in 2014, we also have evidence for the magnitude of CVD prevention we can expect from decisive action.

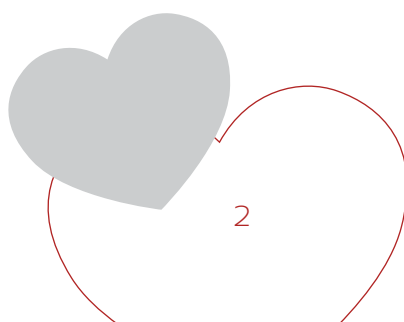
Almost 30% of deaths from coronary heart disease (CHD), the single most common cause of deaths in the EU, can be prevented with modest decreases in saturated fat, salt, smoking and physical inactivity. With 681 000 people dying from CHD every year in the EU that equates to 200 000 deaths averted.

With one simple regulatory intervention, we can achieve one standard across the EU resulting in lower intakes of trans fatty acids among all population groups in all EU countries. We would go beyond the elusive average, which masks important differences, and reach out to all people in Europe.

In addition to population-based prevention, efforts are needed for those already ill or at high risk of heart disease or stroke. Members of the EHN fund cardiovascular research, information and advice to all, and patient support. A study published in 2014, CardioScape, shows that heart foundations are some of the biggest funders of cardiovascular research in the EU with one of our members alone accounting for 14% of total funding in cardiovascular research – including EU funding.

EHN co-funded the publication of new research in the framework of EuroHeart II. This research produced insight into prevention opportunities but also into barriers to effective and cost-effective interventions. EHN will continue to bring evidence to EU policymakers and to persuade them to use the evidence in their respective policy areas – from health and food to taxes and trade.

The continuing difficult economic situation in Europe unfortunately led to EHN losing two members in 2014. We hope they will join us again when finances are better. However, EHN was joined by a young organisation, the Croatian Heart House Foundation, from the newest EU Member State. We extend a warm welcome to the foundation.



MAIN ACHIEVEMENTS IN 2014

This report gives a detailed account of the work of the EHN in 2014.

Below is a quick overview of developments that are fully or partly results of EHN's activities.

TO SUPPORT OUR MEMBERS

AND FACILITATE EXCHANGE OF KNOWLEDGE:

- We organised a successful Annual Workshop together with the Romanian Heart Foundation
- We organised a webinar on digital fundraising
- We organised a meeting for our patients' organisations

TO CONTINUE TO CREATE AWARENESS OF CARDIOVASCULAR DISEASES:

- We published two research papers in the context of EuroHeart II
- We re-constituted the MEP Heart Group – it now has 40 supporters
- We reached more than 400 000 people with our Valentine's Day Twitter campaign on heart health
- We led the work on achieving a consensus among experts on the best methods for measuring the cost effectiveness of interventions to prevent, screen and treat chronic diseases (including coronary heart disease)
- We published a revised paper on Cardiovascular Risk Assessment

RECOGNITION OF EHN'S ADDED VALUE WAS SHOWN BY:

- Invitation for EHN to speak at the first-ever EU Summit on Chronic Diseases
- Invitation for EHN's Director to speak at the Greek Presidency's high-level Conference on 'Nutrition and Physical Activity from childhood to old age: challenges and opportunities'
- Invitation for EHN's Director to be one of the two health representatives on the European Commission's TTIP Advisory Board, created in January 2014
- Invitation for EHN's Director to be on the JA-CHRODIS Advisory Board

OUR WORK IN COOPERATION WITH BOTH EUROPEAN AND INTERNATIONAL ORGANISATIONS PRODUCED TANGIBLE OUTPUTS:

- *Sustainable Development Goals and the Future of Cardiovascular Health: A Statement from the Global Cardiovascular Disease Taskforce*, which was widely published by the organisations to which the authors are affiliated
- ECDA (European Chronic Disease Alliance) Manifesto, which called for a comprehensive EU framework on chronic diseases by the end of 2017

OUR SUSTAINED ADVOCACY ACTIVITIES WERE REFLECTED IN:

- The Council Conclusions on Nutrition and Physical Activity – they included a call for the European Commission to establish nutrient profiles for the Claims Regulation
- The EU Action Plan on Childhood Obesity, which includes policies suggested by the EHN in its project on Children and Obesity and Associated Avoidable Chronic Diseases (CHOB)
- An increased awareness of the risks to life-saving research raised by the European Parliament's report on the European Commission's proposal on Data Protection

ANNUAL MEETING

In 2014, the European Heart Network's Annual Workshop was hosted by the Romanian Heart Foundation. It took place in Bucharest, Romania, on 21-23 May. The Workshop was attended by 42 delegates from 23 EHN member organisations. The President of the European Society of Cardiology (ESC) and the CEO of the World Heart Federation (WHF) both spoke at the Workshop.

Professor Fausto Pinto, ESC, delivered the keynote address in which he spoke about the role of the ESC in promoting good clinical practice. Johanna Ralston, CEO of the WHF, spoke about the global goal to reduce mortality from chronic diseases by 25% by 2025 (25x25) as well as the accompanying WHO targets on tobacco use, salt intake, obesity, physical activity, blood pressure and alcohol.

An exceptional feature of our 2014 Annual Workshop was a session on tobacco control in the Romanian Parliament which had been organised in cooperation with the European Network for Smoking Prevention.

The programme had a spotlight on strategy: how best to organise ourselves to achieve our common goal to reduce avoidable death and disease from cardiovascular diseases, in particular heart disease and stroke. An essential part is, of course, communication and how to reach people with the right message at the right time. Therefore, a session was dedicated to the art of communication.

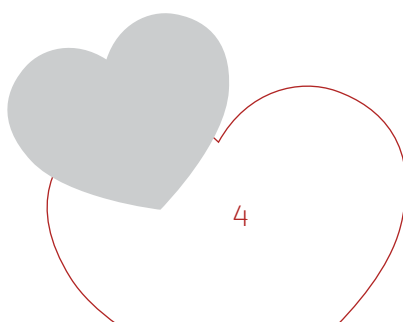
Many EHN members fund research; in fact they are among the biggest funders of cardiovascular research in Europe. This session demonstrated the importance of communication on research and how it can help treat and prevent cardiovascular diseases and improve life for patients.

Many EHN members fund research; in fact they are among the biggest funders of cardiovascular research in Europe. Communication on research and how it can help treat and prevent cardiovascular diseases and improve life for patients is essential.

Member contributions to the Annual Workshop came from the British Heart Foundation, the Danish Heart Foundation, the Dutch Heart Foundation, the Finnish Heart Association, the Romanian Heart Foundation, the Slovenian Heart Foundation, the Swedish Heart Lung Foundation and the Swiss Heart Foundation.

EHN welcomed Professor Stefan Söderberg from the University of Umeå, who made a much-appreciated contribution to the session on new and innovative research. We also welcomed heart patients, both as participants and speakers.

At the General Assembly, the EHN welcomed a new member, the Croatian Heart House Foundation.



POLITICS AND POLICIES IN THE EU

In 2014 the European Union's political landscape changed. In May, elections to the European Parliament (EP) took place. Many new faces joined the EP, and many 'old' faces came back. The two largest political groups before the elections, the European People's Party (EPP) and the Socialists and Democrats (S&D), remained the two largest groups after the elections. But other political groups traded places.

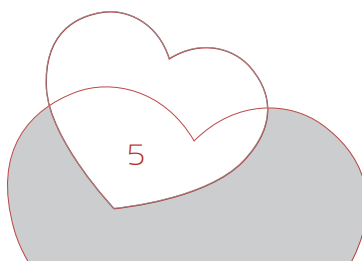


Vytenis Andriukaitis,
Health and Food Safety
Commissioner

In November, a new European Commission was appointed. It presented a new structure where seven Vice-Presidents will head up so-called project teams. The EU got a new Health and Food Safety Commissioner: Mr Vytenis Andriukaitis from Lithuania. EHN welcomed his vision of the three 'P's', namely promotion, protection and prevention.

EHN met with Mr Andriukaitis, together with colleagues from the European Chronic Disease Alliance (ECDA), in December 2014.

Mr Andriukaitis' vision of the three 'P's' – promotion, protection and prevention.



MEP HEART GROUP

The MEP Heart Group has existed since 2007 when it was created to help support the European Heart Health Charter and the European Parliament's resolution on action to tackle cardiovascular diseases (CVD).

The main objective of the group is to promote measures that will help reduce the burden of CVD in the EU and raise awareness of the disease among target audiences.

The MEP Heart Group provides MEPs who have an interest in cardiovascular health with an opportunity to generate dialogue and outreach and to link activities at EU and Member State level.

2014 VALENTINE'S DAY TWITTER CAMPAIGN

For the third year in a row, the MEP Heart Group invited Members of the European Parliament (MEPs) to join its 2014 MEP Heart Group Valentine's Day Twitter Campaign.

The awareness-raising initiative was far reaching: it is estimated that more than 420 000 people were reached by heart-health promotion messages on Valentine's Day.

A total of 32 MEPs from 15 EU Member States and all major European Political Groups supported the initiative. Among the MEPs who tweeted was Martin Schulz, President of the European Parliament. Tonio Borg, (then) Health Commissioner, also tweeted. Tweets were also published by the European Commission's Directorate General for Health and Consumers (DG SANTE).

EUROPEAN ELECTIONS

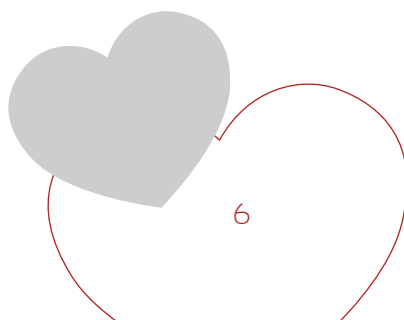
Changes in the EP gave us an opportunity to reintroduce the MEP Heart Group and its objectives to MEPs. At the end of 2014, the MEP Heart Group had attracted 33 supporters. It had two new co-chairs: Ms Mairead McGuinness from Ireland (EPP) and Ms Karin Kadenbach from Austria (S&D).



Goodbye and thank you to
Linda McAvan, S&D, UK and Antonia Parvanova, ALDE, Bulgaria



Hello and welcome to
Mairead McGuinness, EPP, Ireland and Karin Kadenbach, S&D, Austria



CHRONIC DISEASES

In Europe, chronic diseases, including cardiovascular diseases, account for 86% of all deaths. They also account for 77% of the total disease burden (measured in DALYs) and 60% of this disease burden is due to common risk factors, such as tobacco, poor diet, alcohol, environmental factors and lack of physical activity. Chronic diseases are estimated to cost the EU economy 700 billion euros annually.

Responding to the challenge, the European Commission, DG SANTE, organised the first ever EU Summit on Chronic Diseases, in April.

The summit brought together key policymakers, stakeholders and interest groups who together explored ways to address chronic diseases effectively in the EU.

EHN was invited to speak in a session on 'Investing in health – economic and social aspects of chronic disease prevention and management' at which Simon Gillespie, President of EHN and Chief Executive of the British Heart Foundation, spoke on 'Innovative, integrated health policies to disease management strategies in response to chronic diseases – the patient's needs'.

NUTRITION, PHYSICAL ACTIVITY AND CHILDHOOD OBESITY

GREEK PRESIDENCY CONFERENCE ON 'NUTRITION AND PHYSICAL ACTIVITY FROM CHILDHOOD TO OLD AGE: CHALLENGES AND OPPORTUNITIES'

In the first semester of 2014, Greece held the Presidency of the Council of the EU. Nutrition and physical activity was one of the three main focuses of the Greek Presidency.

Susanne Løgstrup, Director of the EHN, spoke at the high-level conference on 'Nutrition and Physical Activity from childhood to old age: challenges and opportunities' organised in Athens in the context of the Greek Presidency. She presented 'The evidence behind policy and action', drawing on many of the findings from the EuroHeart II project.

EU ACTION PLAN ON CHILDHOOD OBESITY

The EU Action Plan on Childhood Obesity was adopted in February 2014. Its overarching goal is to contribute to halting the rise in overweight and obesity in children and young people (0-18 years) by 2020. The Action Plan calls on Member States to step up action in a wide range of areas to reach its goal. Stakeholders other than Member States – health and consumer NGOs and the food and catering industry – are invited to contribute to the implementation of the Action Plan, notably through their commitments to the European Platform for Action on Diet, Physical Activity and Health. EHN submitted a commitment in June to the Platform. EHN will collect information from its members about what they do to support families to

make healthy food choices and engage in regular physical activity. It is intended that the information could help EU Member States implement their operational objectives in action area 5 where the main priority is "to inform and educate parents with children on their daily food and health choices".

COUNCIL CONCLUSIONS ON NUTRITION AND PHYSICAL ACTIVITY

On 20 June 2014, the EPSCO Council adopted Conclusions on Nutrition and Physical Activity.

The Council Conclusions affirm EU Member States' concern about the epidemic proportion of overweight and obesity and, particularly, the high levels in children and adolescents.

Among other things, the Conclusions call upon the European Commission to establish nutrient profiles as foreseen by Article 4.1 of Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods (Claims Regulation).

EHN contributed actively to initial efforts to establish the nutrient profiles. EHN recalls that they should have been established in January 2009 and that they are intended to allow nutrition and health claims only on products that meet the nutrition criteria – the healthier, or better, the healthiest options.

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, which are willing to commit to tackling current trends in diet and physical activity. The Platform, of which EHN is a founding member, was launched in 2005.

In 2014, the Platform met four times, one of which was a joint meeting with the High Level Group (HLG) on Nutrition and Physical Activity. The joint meeting had a focus on the EU Action Plan on Childhood Obesity. It was attended by Tonio Borg, the then Commissioner for Health.



EU Platform on Diet, Physical Activity and Health

AUDIOVISUAL MEDIA SERVICE DIRECTIVE

The 3rd workshop on audiovisual commercial communications to children regarding foods high in fat, salt and sugar (HFSS) was part of a series of workshops focusing on Article 9.2 of the Audiovisual Media Service Directive (AVMSD). It confirmed that several initiatives, both regulatory and self-regulatory, are implemented across EU Member States. It also confirmed that across the EU varying models are used by the EU Member States. For example, while most approaches include nutrient profiles to identify and exclude HFSS foods from being advertised to children, some do not and some countries have no code at all in response to Article 9.2.

Following the workshop, EHN wrote to Directorate General, Communications Networks, Content and Technology (DG CONNECT) to express our concerns about the voluntary approach set out in Article 9.2. EHN believes that it fails on two fronts: to reduce as much as possible the advertising of HFSS foods to children, and to contribute to the proper functioning of the internal market.

EHN suggests that the AVMSD should be revised to adopt a mandatory approach to HFSS commercial communication to children. It should include both content and scheduling rules and an EU-wide nutrient profiling. The objective should be to reduce significantly the impact of HFSS product advertising on younger and older children.

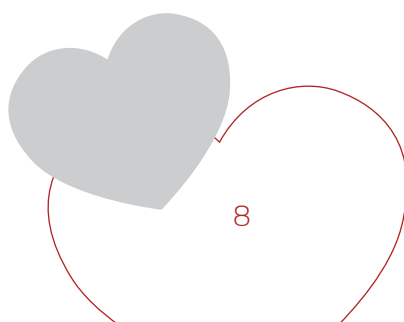
FOOD INFORMATION TO CONSUMERS – FRONT-OF-PACK NUTRITION LABELLING

The Regulation on Food Information to Consumers (Regulation (EU) No 1169/2011), which was adopted in 2011, had to be applied from 13 December 2014 with the mandatory nutrition declaration not applicable until 13 December 2016.

In the meantime, the regulation provides for the voluntary use of additional forms of expression.

The UK recommended the voluntary use of its thoroughly tested hybrid colour-coded front-of-pack system (also known as 'traffic lights'). EHN published a statement in support of the UK system and shared it with the EU Commission President and the permanent representations of the EU Member States. Towards the end of its mandate, the former Commission decided to open infringement proceedings against the UK.

Simplified front-of-pack nutritional labelling schemes are highly recommended as ways of helping consumers select healthier food options. EHN also argued that voluntary national nutrition labelling schemes are unlikely to hinder the free movement of goods and the functioning of the EU Internal Market.



FOOD TAXES

Economic instruments can play an important role in promoting healthier eating. These are tools that the Vienna Declaration, adopted by the 2013 WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases, recommended that countries use.

A study *Food taxes and their impact on competitiveness in the agri-food sector* commissioned by the Directorate General Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) was published in July 2014.

The study concludes that ‘food taxes achieve a reduction in the consumption of the taxed products and, in some cases, product reformulation aimed at reducing the sugar, salt and fat levels of the product’. From the perspective of prevention of cardiovascular diseases, as well as other chronic diseases and obesity, these are desirable outcomes. Although stating that food taxes are regressive, the study points out that ‘the actual income impact is predicted to be very low and there is some evidence that food taxes will benefit the low income population the most in terms of improving nutrition and hence be progressive from a health perspective’.

EHN concludes that the study *Food taxes and their impact on competitiveness in the agri-food sector* should be welcomed by any country that has introduced or considers introducing food-related taxes.

TRADE AND HEALTH – TRANSATLANTIC TRADE AND INVESTMENT PARTNERSHIP (TTIP)

In 2013, EU Member States gave the European Commission a mandate to negotiate a trade and investment agreement with the United States, the Transatlantic Trade and Investment Partnership (TTIP).

At the heart of international trade is the belief that it will have a positive economic benefit and that, theoretically, with greater prosperity comes greater health. Nonetheless, several public interest groups have raised concerns that TTIP could potentially have a negative impact on the enactment of regulatory measures that aim to protect consumers, the environment and public health.

The EC created a TTIP Advisory Board in January 2014 and put more texts on its website to respond to demands for more openness. The EHN Director was invited to be a member of this Advisory Board on which she holds one of the two seats reserved for health interests.

For EHN, the decision to engage with TTIP was sparked by the proposed inclusion of ISDS (investor-to-state dispute settlement) in TTIP. Two governments, Australia and Uruguay, have been sued by Philip Morris International before arbitration tribunals under ISDS. The cases, which involve measures that Australia and Uruguay have taken with respect to the packaging and labelling of tobacco products to protect health, are still on-going. While we expect that the arbitrators will rule in favour of Australia and Uruguay, these countries will nonetheless have to foot a steep bill for defending their positions. We are also concerned that the risk of being sued could lead governments in other countries to refrain from adopting similar measures or to postpone the decision to do so – despite the fact that such measures are recommended in international health law, such as the Framework Convention on Tobacco Control (FCTC) and its protocols.

Two governments, Australia and Uruguay, have been sued by Philip Morris International before arbitration tribunals under ISDS for enacting measures with respect to the packaging and labelling of tobacco products – despite the fact that such measures are recommended in international health law, namely the Framework Convention on Tobacco Control (FCTC) and its protocols.

EUROPEAN PROJECTS

EUROPEAN HEART HEALTH STRATEGY II (EUROHEART II) - BUILDING ACTION ON HEART DISEASE AND STROKE

The EuroHeart II project (European Heart Health strategy II), which is co-funded by the Health Programme of the EU, came to an end on 28 February 2014. In the last year of the project, three research papers were published.

The Work Package 5 report, *Identifying the most effective and cost effective public health nutrition policy options for CVD prevention*, showed that population-wide policy actions to promote a healthy diet potentially offer large benefits in terms of reducing the CVD burden. The evidence suggests that the largest effects could be achieved by 'upstream' comprehensive, multi-level interventions, (for instance, targeted at decreasing salt and trans fats, or increasing fruit and vegetable consumption). Mandatory approaches generally appear more powerful than voluntary approaches for tobacco control, alcohol control and dietary reductions in salt or trans fats.

In the report, *CHD mortality projection to 2020, comparing different policy scenarios*, the likely future trends in coronary heart disease (CHD) mortality in a range of European populations and the potential impact of cost-effective, population-wide policy interventions on future trends in the burden of disease were assessed. The report, the result of Work Package 6, demonstrated that small and eminently feasible population reductions in cardiovascular risk factors – such as, cigarette smoking, dietary salt, saturated fat and physical inactivity – could substantially decrease future coronary heart disease deaths in Europe, thus consolidating the earlier gains. However, the analysis also showed that the problem of CHD could worsen as a result of growing incidence of high blood pressure, raised cholesterol, obesity and diabetes. If these adverse trends continue, future prevention goals might become very challenging.

Policy interventions to reduce smoking (by 15%), decrease intake of salt (by 30%) and saturated fat (by 3%) while increasing physical activity (by 15%) could reduce CHD mortality by almost 30%.

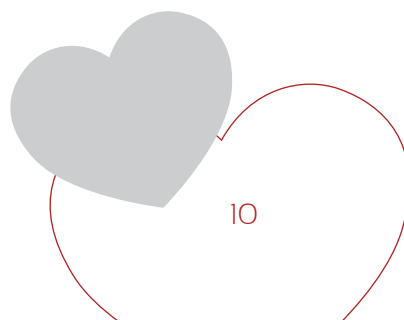
Work Package 9 undertook to evaluate the impact of guidelines on the prevention of cardiovascular disease in diabetic patients. Investigators carried out online surveys, the results of which were published in the report *Evaluation of diabetes guidelines for cardiac patients*. While around 90% of all doctors had a copy of the guidelines at their practice, numerous barriers prevented them from using them: there are too many guidelines; they require too much homework to keep up to date; and their content is not necessarily adapted to daily clinical practice. Investigators in Work Package 9 were also involved in the review of the ESC-EASD Guidelines and have been able to feed the project findings directly into the review to enhance implementation.

The main findings from the EuroHeart II project can be summarised by the following policy recommendations:

- The project recommends investing in data collection systems in order to monitor trends in CVD risk factors, mortality rates and incidence;
- Policymakers are encouraged to adopt legislative measures to improve dietary standards and reduce smoking, while at the same time promoting greater physical activity; and
- The project underlines the need for scientific and professional bodies to draw up effective strategies for implementing professional guidelines and overcoming barriers.



All reports from the EuroHeart II project can be downloaded from the EHN website via the following link: <http://www.ehnheart.org/projects/euroheart-ii/euroheart-ii-publications.html>



EConDA

The aim of the EConDA project (Economics of Chronic Diseases) is to aid EU Member States to develop, select and implement cost-effective policies to improve chronic disease prevention especially for populations with the highest rates of premature deaths from chronic diseases. EConDA, thus, seeks to help reduce health inequalities. EConDA is a multi-annual project running from 15 April 2013 until 14 October 2015. EConDA has eight associate partners and 10 collaborating partners.

EHN is the leader for Work Package 4. The specific aim of this work package is to find consensus on methodology for measuring cost effectiveness. In December 2013, EHN organised a meeting of experts from the EConDA partner organisations, including the World Health Organization (WHO) Regional Office for Europe and the Organisation of Economic Co-operation and Development (OECD).

Work package 4 has produced three papers:

- A literature review of the cost-effectiveness studies for each of the four diseases;
- A qualitative study complementing the literature review; and
- A report of the consensus meeting.



Consensus was achieved about the methods that should be used for EConDA modelling:

- Different ICERs should be used: life-years gained; DALYs; QALYs; number of cases, direct costs and indirect costs;
- A societal perspective should be taken where possible and this should be country specific;
- There should be no standardised CE cut-off points, as comparing CE is problematic. However, it was agreed that comparing cost per QALY could be useful;
- Cost per QALY should be used for country comparisons, though there was agreement that parameters should be country specific – e.g. the discount rate, currency, utility measures, way of calculating the societal perspective; and
- Use of a discrete-event simulation model should be used.

The EConDA project receives co-funding from the European Union in the framework of the Health Programme.

More information can be found via this link <http://www.econdaproject.eu/index.php>



CARDIOVASCULAR PATIENTS

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

In 2014, EHN and its members started efforts to benchmark national practices according to the first article of the Charter for European Cardiovascular Disease Patients. Main focuses were emergency skills and rehabilitation. The EHN patients' group contributed to the EHN response to the European Commission's consultation on mHealth. A further impetus was given to research-related dossiers, such as the European Commission's proposal for a Data Protection regulation and invitation to participate in project proposals under the Horizon2020 framework.

EHN PATIENTS' SEMINARS

Building on the success of the previous seminars organised in the framework of the EU co-funded project, EuroHeart II, EHN organised a meeting for its patients' group in October 2014 in Brussels. This meeting served to update EHN patients' organisations on specific developments, to share experience and to review topics raised by the group members.

Topics covered mHealth with presentations from the European Commission (EC) DG CONNECT and European Public Health Alliance. A report of an EC consultation on mHealth – to which EHN responded – is due in 2015.

Mike and Tricia Lines from Solihull Heart Support Group, UK, shared their experience of running a patients' group with the seminar participants. Mike, himself a heart patient, gave an overview of the activities organised by the support group that he and Tricia lead, and spoke about the support they receive from the British Heart Foundation.

The Spanish Heart Foundation spoke about the Cardio-Alliance, a project gathering chronic diseases patients' associations in Spain. It highlighted the challenges that patients' associations are facing across Europe.

EUROPEAN COMMISSION'S PROPOSAL ON DATA PROTECTION

Since the European Commission published its proposal for a General Data Protection Regulation in 2012, EHN has worked with an alliance of research associations, led by the WellcomeTrust UK, to inform MEPs about the importance of data for research and the necessity for researchers to access patients' data.

In 2014, EHN stepped up its campaign when it and several of its members contacted MEPs before the plenary vote in March 2014. Nevertheless, the European Parliament (EP) adopted a report, which introduced stricter rules for using pseudonymised data. Following the adoption of the EP report, EHN together with the WellcomeTrust alliance approached justice and health ministers asking for the EU Council of Ministers to adopt provisions that would not impede life-saving research.

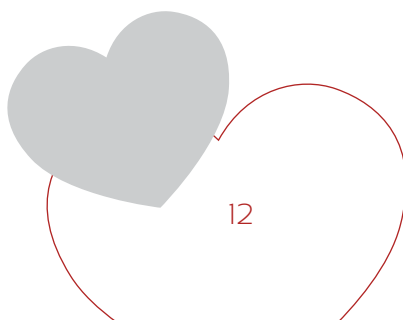
EHN also addressed a list of questions to the EP for the hearings of the new Commissioners-designate, asking for their commitment to safeguard access to data for research.

At the end of the year, EHN joined the online campaign led by research associations, the European Data and Health Research Alliance.

EUROPEAN MEDICINES AGENCY

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

In 2014, EHN participated in several PCWP meetings together with a representative from the German Heart Foundation. EHN also attended a stakeholders' forum on pharmacovigilance.



COOPERATION

SMOKE FREE PARTNERSHIP

The Smoke Free Partnership (SFP) is a foundation that works in a strategic, independent and flexible partnership with EHN, Cancer Research UK, and Action on Smoking and Health UK.

In early 2014, SFP had a strong focus on the revision of the Tobacco Products Directive (TPD) by continuing to express strong support for its timely adoption and providing policymakers with information as required. Following the adoption of the TPD in April 2014, SFP began engaging national policymakers on the implementation of the TPD. At the Sixth European Conference on Tobacco or Health, SFP outlined the work it had done on the TPD revision as well as critical success factors. EHN participated actively in bringing about the successful adoption of the TPD.

SFP also worked on Article 6 (price and tax measures) of the Framework Convention of Tobacco Control (FCTC). To that end, SFP attended the WHO FCTC's Sixth Conference of the Parties (COP) in October at which guidelines on Article 6 were adopted. These guidelines are a key resource for a future review of EU tobacco tax legislation.

Finally, SFP launched the Smoke Free Partnership Coalition, a specialised network bringing together more than 25 tobacco control organisations across Europe under the same umbrella. The SFP Coalition will accelerate work to promote tobacco control and smoking prevention policies at national and EU level with the overall goal of full implementation of the FCTC in Europe.



More information about SFP can be found at:
www.smokefreepartnership.eu

EUROPEAN CHRONIC DISEASE ALLIANCE

The European Chronic Disease Alliance (ECDA) was established as an informal group in 2010. EHN is a founding member. Today, ECDA has 11 member organisations working on cardiovascular diseases, cancer, diabetes, respiratory, kidney and liver diseases as well as allergy and clinical immunology.

During the EU Summit on Chronic Diseases that took place in Brussels on 3-4 April, ECDA launched its call for a comprehensive European strategy and action plan on chronic diseases encompassing disease prevention and health promotion, screening and early diagnosis, research cooperation and coordination, data collection and e-health. ECDA's Chairman spoke during the opening session of the summit.

Shortly after his being confirmed as Commissioner for Health and Food Safety, ECDA met with Vytenis Andriukaitis and had a frank and open dialogue about the EU's role in preventing and controlling chronic diseases.

In late November, the Alliance published its EU Advocacy Manifesto.

EUROPEAN CHRONIC DISEASE ALLIANCE EU ADVOCACY MANIFESTO (EXCERPT)

Further to the policy and legal framework that has emerged from the UN Political declaration on the Prevention and Control of NCDs adopted in September 2011 and the related European Parliament's Resolution of 15 September 2011, the EU has a fundamental duty to establish a strategy and create a European Framework for Chronic Diseases to address them in a holistic manner.

The Advocacy Manifesto has nine recommendations including:

- Adopt the targets set out in the WHO Global Non-Communicable Disease Monitoring Framework;
- Implement measures aimed at effective population-wide reductions in smoking, alcohol use, salt, saturated and trans fats and sugar intake and to promote physical activity;
- Focus on early diagnosis and prompt treatment;
- Set up EU registries for incidence, prevalence and health outcomes;
- Address persisting health inequalities; and
- Identify gaps in research.

More information about the ECDA can be found at:
<http://www.alliancechronicdiseases.org/>



EUROPEAN SOCIETY OF CARDIOLOGY

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

EHN and ESC join forces to ensure that prevention of and research into cardiovascular diseases remain a priority in EU policies and programmes.

EUROPEAN ASSOCIATION FOR CARDIOVASCULAR PREVENTION AND REHABILITATION

The European Association for Cardiovascular Prevention and Rehabilitation (EACPR) aims to be a co-ordinating stronghold within the ESC for all activities in the field of preventive cardiology and rehabilitation.

The Director and the Policy Officer of the EHN are members of the EACPR. The EHN Director is a member of its Cardiovascular Prevention Implementation Committee and is a consultant to the Prevention, Epidemiology & Population Science Section

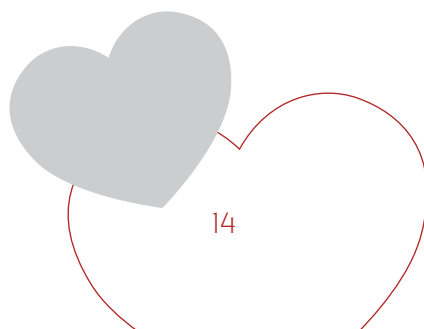
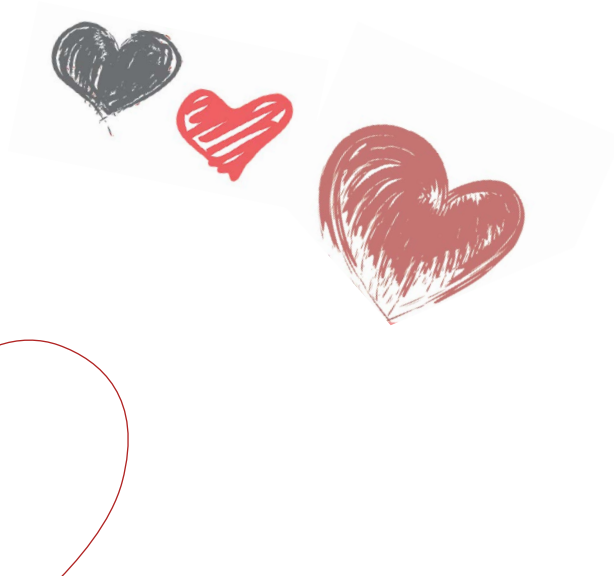
WORLD HEART FEDERATION

Through its membership of the World Heart Federation (WHF), EHN participates in international efforts to advance the cause of cardiovascular health promotion worldwide. In 2014 EHN was represented on the Executive Board of the WHF by Dan Gaita, (then) President of the Romanian Heart Foundation.

PUBLIC HEALTH ORGANISATIONS

EHN is an active member of the European Public Health Alliance (EPHA), which unites a variety of organisations throughout Europe that cover a broad spectrum of health issues.

On tobacco issues, in addition to its membership of the Smoke Free Partnership, EHN acts in close liaison with the Association of European Cancer Leagues (ECL) and the European Network for Smoking Prevention (ENSP), as well as with a number of national tobacco control organisations and experts.



STATEMENTS AND PUBLICATIONS

CARDIOVASCULAR RISK ASSESSMENT

First published in January 2012, EHN reviewed its paper on Cardiovascular Risk Assessment, in December 2014 following the findings of a new study.

SUSTAINABLE DEVELOPMENT GOALS AND THE FUTURE OF CARDIOVASCULAR HEALTH: A STATEMENT FROM THE GLOBAL CARDIOVASCULAR DISEASE TASKFORCE

In the run up to World Heart Day on 29 September 2014, the Global Cardiovascular Disease Taskforce published its call for governments to ensure a strong focus on health, chronic diseases, and the other areas critical to the global prevention and control of cardiovascular diseases, including stroke, in the post-2015 Sustainable Development Goals.

In the face of the effective MDG-driven campaigns against infectious disease, NCDs (Non-Communicable Diseases) have received too little political attention and too few resources since 2000. Considering the magnitude of the global CVD burden, we must ensure collectively that cardiovascular health becomes a focal point of the future development agenda, for the good of all society.

The Global Cardiovascular Disease Taskforce, September 2014

The Global Cardiovascular Disease Taskforce comprises:

African Heart Network; American College of Cardiology; American Heart Association; Asia Pacific Heart Network; Asian Pacific Society of Cardiology; European Society of Cardiology; InterAmerican Heart Foundation; InterAmerican Society of Cardiology; PanAfrican Society of Cardiology; World Heart Federation; and EHN.



STATEMENT BY THE EUROPEAN HEART NETWORK (EHN) MADE AT THE 64TH SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE, COPENHAGEN, 15-18 SEPTEMBER 2014 ON THE EUROPEAN FOOD AND NUTRITION ACTION PLAN 2015-2020

In its Statement, EHN calls on European Ministers of Health:

- To endorse the WHO Regional Office for Europe's proposed **European Food and Nutrition Action Plan 2015-2020**.
- To adopt, in autumn 2015, a **monitoring framework** comprising relevant indicators from WHO global monitoring frameworks and specific European Food and Nutrition Action Plan 2015-2020 indicators.

The Action Plan was adopted unanimously.

EHN STATEMENT ON THE STUDY *FOOD TAXES AND THEIR IMPACT ON COMPETITIVENESS IN THE AGRI-FOOD SECTOR*

Following publication of a study in July, *Food taxes and their impact on competitiveness in the agri-food sector*, commissioned by DG GROW, EHN took note of its conclusions:

- There is evidence that food taxes reduce consumption of the taxed products and may benefit low-income people more
- There is little evidence that food taxes have a major impact on net profitability
- There is no good evidence that food taxes lead to increased cross-border shopping
- There is no good evidence that food taxes lead to loss of employment

EHN RESPONSE TO THE EUROPEAN COMMISSION CONSULTATION ON ITS GREEN PAPER ON mHEALTH

EHN submitted its response to the Commission consultation in July 2014.

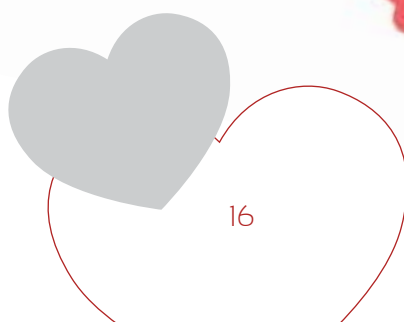
EHN RESPONSE TO THE EU CONSULTATION ON INVESTMENT PROTECTION AND ISDS (INVESTOR-STATE DISPUTE SETTLEMENT)

EHN submitted its response to the Commission consultation in July 2014.

EHN STATEMENT ON THE HYBRID COLOUR-CODED FRONT OF PACK NUTRITION LABELLING SYSTEM

Further to concerns raised about the UK hybrid colour-coded front of pack nutrition labelling system (also known as 'traffic lights'), notably by Italy, EHN published a statement in support of the UK system in February 2014.

All papers are available on EHN's website
<http://www.ehnheart.org/publications/publications.html>
<http://www.ehnheart.org/media/news.html>



CONFERENCES AND MEETINGS

During 2014, 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

Rome Cardiology Forum: Update on lifestyle and cardiovascular prevention – the dimension of the problem – Rome, Italy, 29 January; conference organised by the European Society of Cardiology

FEBRUARY

Hellenic Presidency Conference: Nutrition and Physical Activity from childhood to old age: challenges and opportunities – The evidence behind policy and action – Athens, Greece, 25-26 February; conference organised by the Greek Presidency of the European Union

MARCH

Health in Europe - making it fairer: Equity in addressing chronic diseases – Brussels, Belgium, 18 March; conference organised by the European Commission (DG SANTE)

APRIL

The 2014 EU Summit on Chronic Diseases – Addressing the medical, social and economic burden of chronic diseases in the EU: Innovative, integrated health policies to disease management strategies in response to chronic diseases – the patient's needs – Brussels, Belgium, 3-4 April; conference organised by the European Commission (DG SANTE)

The future of research on child obesity: Policy-based evidence – what are the gaps? – Brussels, Belgium, 11 April; conference organised by IASO (now World Obesity)

MAY

EuroPrevent 2014 – Benelux track: Smoking prevention: obstacles and possibilities – Amsterdam, The Netherlands, 9 May; organised by the European Association for Cardiovascular Rehabilitation and Prevention

EHN Annual Workshop and General Assembly – Bucharest, Romania, 21-23 May

The Dutch Heart Foundation and the EHN co-organised a session 'The Heart-Lung interaction in Preventive Cardiology' during EuroPrevent 2014. Throughout the congress, the Dutch Heart Foundation asked health professionals attending the congress to sign a statement calling for plain packaging of tobacco products as part of a strategy for a smoke-free society.



The statement was signed by more than 2 000 health professionals. In July, it was handed over to the newly elected Dutch members of European Parliament by the Dutch Heart Foundation.

SEPTEMBER

European Society of Cardiology 2014 Annual Congress – Barcelona, Spain, 1 September; organised by the European Society of Cardiology

Building Healthy Global Food Systems A New imperative for Public Health: Legally applicable approaches on a global basis – Oxford, UK, 8-9 September; organised by the World Public Health Nutrition Association

Protecting and valuing children as consumers – European perspectives: Children's right to a healthy diet: a multi-sectoral challenge – Brussels, Belgium, 15 September; organised by Eurochild and the Economic and Social Research Council (ESCR)

OCTOBER

EHN's Patients' Seminar – 22-23 October, Brussels, Belgium

NOVEMBER

EHN meeting of heart foundations in Central and Eastern European countries – London, UK, 26 November

EHN GOVERNANCE

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

<http://www.ehnheart.org/about-us/governance.html>

MEMBERSHIP

In 2014, EHN had member organisations from 24 countries in Europe.

GENERAL ASSEMBLY

The General Assembly is comprised of all the member organisations of the EHN.

The principal role of the General Assembly is to set broad policy guidelines. Its other responsibilities include:

- Electing the Board and its President;
- Approving the admission of new member organisations; 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 2014, EHN's Board consisted of seven members: Matija Cevc, Slovenian Heart Foundation; Simon Gillespie, British Heart Foundation; Floris Italianer, Dutch Heart Foundation; Staffan Josephson, Swedish Heart Lung Foundation (who retired in November 2014); Therese Junker, Swiss Heart Foundation; András Nagy, Hungarian Heart Foundation; Kristina Sparreljung (co-opted onto the Board in November 2014); and Martin Vestweber, German Heart Foundation.

Upon Staffan Josephson's retirement, Simon Gillespie took over as President pending election by the General Assembly in May 2015.

The role of the Board is to provide policy, political and procedural direction on behalf of the members of the EHN and to supervise the finances. The Board has three special positions: President, Vice President and Treasurer.

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

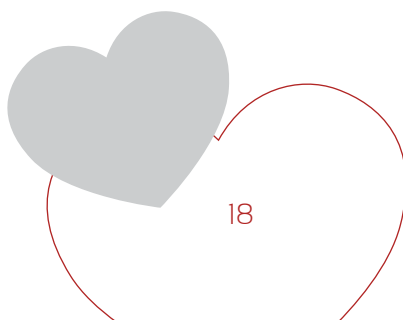


EHN's Board in 2014 - from left to right: Martin Vestweber, Simon Gillespie, Staffan Josephson, Floris Italianer, Matija Cevc, András Nagy and Therese Junker

STAFF

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

The EHN Brussels office has a team of five people who 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 organises and co-ordinates pan-European projects with its members and other partners.



EHN BOARD MEMBERS**Matija Cevc**

Slovenian Heart Foundation

Simon Gillespie, President (from November 2014)

British Heart Foundation

Floris Italianer

Dutch Heart Foundation

**Staffan Josephson, Board Member
and President (until November 2014)**

Swedish Heart Lung Foundation

Therese Junker, Treasurer

Swiss Heart Foundation

András Nagy, Vice-President

Hungarian Heart Foundation

Kristina Sparreljung (from November 2014)

Swedish Heart Lung Foundation

Martin Vestweber

German Heart Foundation

EHN MEMBER ORGANISATIONS IN 2014

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 Heart Foundation
Iceland	Icelandic Heart Association
Ireland	Irish Heart Foundation
Italy	Italian Association against Thrombosis and Cardiovascular Diseases (ALT)
	Italian Heart Foundation
	Italian Heart and Circulation Foundation
	Italian Society for Cardiovascular Prevention (SIPREC)
Lithuania	Lithuanian Heart Association
Netherlands	Dutch Heart Foundation
	Heart and Vessel Group*
Portugal	Portuguese Heart Foundation
Romania	Romanian Heart Foundation
Serbia	Serbian Heart Foundation
Slovakia	Heart to Heart League
Slovenia	Slovenian Heart Foundation
Spain	Spanish Heart Foundation
Sweden	Swedish Heart and Lung Association*
	Swedish Heart Lung Foundation
Switzerland	Swiss Heart Foundation*
Turkey	Turkish Heart Foundation
United Kingdom	British Heart Foundation
	Northern Ireland Chest, Heart and Stroke*

* These member organisations are either dedicated patients' organisations or organisations in which work for and with patients make up an important part of their activities

FINANCES

AUDITORS' REPORT TO THE BOARD OF THE EUROPEAN HEART NETWORK FOR THE YEAR ENDED DECEMBER 31, 2014

We have agreed the financial statements on pages 21 to 26, which have been prepared on the basis of the accounting policies set out on page 26, to the records maintained by the European Heart Network.

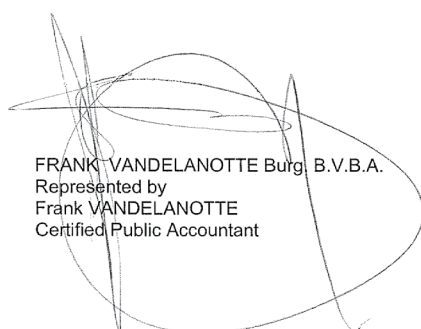
RESPECTIVE RESPONSIBILITIES OF THE BOARD AND AUDITORS

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

OPINION

We certify that we have obtained all the information and explanations required by us as auditors and that the attached income and expenditure account for the year ended DECEMBER 31, 2014 and the balance sheet at that date are in agreement with the records maintained by the European Heart Network.

Kortrijk, 24/03/2015



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

Accounts for the Year Ended December 31, 2014

Approved by the General Assembly on May 21, 2015

INCOME (€)

I. Member subscriptions

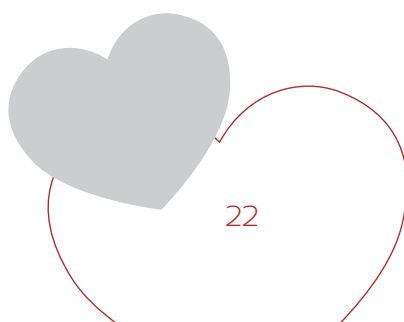
	2014	2013
Belgian Heart League	4.217,00	4.368,00
Bosnia Herzegovina, Foundation of Health and Heart	1.054,00	1.097,00
British Heart Foundation	171.317,00	177.362,00
Cyprus Heart Foundation		1.097,00
Danish Heart Foundation	43.972,00	38.489,00
Dutch Heart Foundation	113.294,00	104.203,00
Faroese Heart Foundation	1.054,00	1.097,00
Finnish Heart Association	14.488,00	13.606,00
German Heart Foundation	20.401,00	22.067,00
Hellenic Heart Foundation	2.109,00	2.187,00
Hungarian National Heart Foundation	1.054,00	1.097,00
Icelandic Heart Association	4.217,00	4.368,00
Irish Heart Foundation	12.168,00	14.697,00
Italian Association against Thrombosis and Cardiovascular Diseases (ALT)	4.217,00	4.368,00
Italian Heart Foundation	1.054,00	1.097,00
Italian Heart and Circulation Foundation	1.054,00	2.187,00
Italian Society for Cardiovascular Prevention	2.109,00	1.097,00
Lithuanian Heart Association	1.054,00	1.097,00
Netherlands, Heart and Vessel Group	5.911,00	6.661,00
Northern Ireland Chest, Heart & Stroke	6.792,00	8.920,00
Portuguese Heart Foundation	2.109,00	4.368,00
Romanian Heart Foundation	4.217,00	2.187,00
Serbian Heart Foundation	1.054,00	1.097,00
Slovak Heart to Heart League	1.054,00	1.097,00
Slovenian Heart Foundation	4.217,00	4.368,00
Spanish Heart Foundation	4.217,00	4.670,00
Swedish Heart and Lung Association	6.602,00	6.083,00
Swedish Heart Lung Foundation	70.126,00	60.039,00
Swiss Heart Foundation	17.778,00	15.166,00
Turkish Heart Foundation	1.054,00	4.368,00
UK Health Forum	1.000,00	2.187,00
Sub Total	524.964,00	516.792,00

2. Special contributions

	2014	2013
British Heart Foundation	38.082,00	20.000,00
Dutch Heart Foundation	27.695,00	10.000,00
Other Income		2.122,82
EuroHeart II - EU Support	28.472,69	58.269,84
Correction EuroHeart Project	-2.013,66	
EConDA - EU support	3.420,10	8.030,62
Chronic Disease Alliance	608,37	
Sub Total	96.264,50	98.423,28

3. Investment income

	2014	2013
Investment Income	9.120,66	8.628,22
Total Income	630.349,16	623.843,50



EXPENDITURE (€)

	2014	2013
Personnel cost	365.195,60	311.114,03
Office expenses	17.771,34	15.489,72
Property expenses/insurance	42.623,21	38.489,77
Travel, subsistence and conferences	10.430,46	11.451,39
Office equipment and computer hardware	4.647,58	9.161,22
Communication	9.190,55	4.089,28
Professional fees	4.157,86	3.850,82
Audit fees	2.081,20	2.032,80
Membership fees	2.739,02	2.623,92
Bank charges	494,41	200,93
Annual Workshop	13.365,00	15.473,46
Taxes	2.423,06	1.914,13
Total regular expenditure	475.119,29	415.891,47
Seminars, research, publications and advocacy	17.251,12	3.898,09
EuroHeart II Project	45.881,20	90.762,99
CEEC Support	3.191,71	3.091,72
MEP Heart Group	10.158,73	7.761,70
Smokefree Partnership	25.000,00	25.000,00
European Chronic Disease Alliance	3.610,84	4.456,74
EConDA	5.044,25	12.508,75
EHIN Evaluation	15.000,00	
Total project expenditure	125.137,85	147.479,99
Total Expenditure	600.257,14	563.371,46

Reserve	25.000,00	20.800,00
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Total Income	630.349,16	623.843,50
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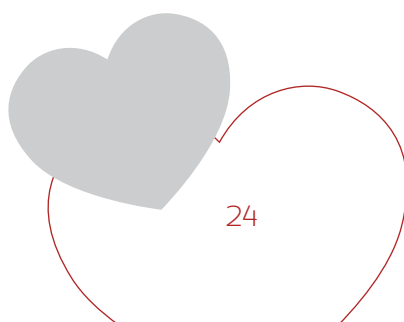
Surplus/Deficit	5.092,02	39.672,04
Retained Result Beginning of Period	412.836,04	373.164,00
Retained Result End of Period	417.928,06	412.836,04

BALANCE SHEET AS AT DECEMBER 31, 2014 (€)

	2014	2013
Fixed Assets	3.958,59	5.204,79
Current Assets		
Debtors and prepayments	50.895,06	20.654,22
Cash at bank	1.304.237,95	1.133.498,91
	1.359.091,60	1.159.357,92
Creditors		
Reserve	525.000,00	500.000,00
Accrued costs and expenses	79.416,54	115.827,88
Prepaid income	336.747,00	130.694,00
	941.163,54	746.521,88
Net current assets (liabilities)	417.928,06	412.836,04

EUROHEART II PROJECT (€)

	2014	2013
Project expenses	45.881,20	90.762,99
Personnel cost	38.168,47	80.477,71
Staff travel and subsistence	2.589,84	702,30
Subcontracting costs		
Patient Seminar (subsistence & meeting room)		2.887,41
Printing costs	4.737,20	1.275,00
Accounting fees	385,69	1.188,83
Other costs		
Patient Seminar (travel)		4.231,74
Project income	28.472,69	58.269,84
EuroHeart II Project	-17.408,51	-32.493,15



TOBTAXY (€)

	2014	2013
Project expenses		
Personnel costs		
Travel		
Subsistence		
Subcontracting		
Project income		719,22
TobTaxy		719,22

EConDA (€)

	2014	2013
Project expenses	5.044,25	12.508,75
Personnel costs	4.674,18	11.567,16
Travel	340,15	563,00
Subsistence	29,92	378,59
Project income	3.420,00	8.030,62
EConDA	-1.624,25	-4.478,13

NOTES ON THE ACCOUNTS FOR THE YEAR ENDED DECEMBER 31, 2014

I. PRINCIPAL ACCOUNTING POLICIES

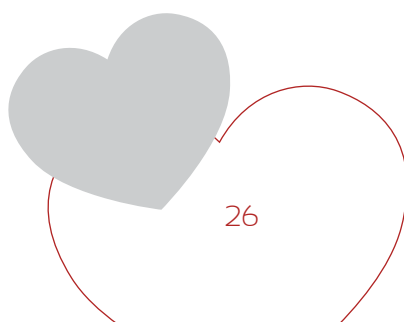
The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the organisation's accounts:

Accounting basis

The accounts have been prepared under the historical cost convention.

2. STAFF COSTS (€)

	2014	2013
Salaries	287.432,00	281.319,86
Group insurance	32.859,69	32.268,03
Social security employers	72.517,47	70.759,99
Accrued vacation pay	1.006,19	4.510,98
Insurance personnel	3.185,79	3.494,22
Meal vouchers	5.554,21	5.667,11
Other personnel charges	386,88	660,03
Social office	5.096,02	4.478,68
Personnel costs to recover	-42.842,65	-92.044,87
	365.195,60	311.114,03





fighting heart disease
and stroke
european heart network

www.ehnheart.org

European Heart Network

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