

Annual report
2016

25
years



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 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.

Message from the President and the Director

The face of the world changed dramatically in 2016: the United Kingdom decided to leave the European Union (EU); and the United States elected Donald Trump as its new President - a President who has expressed his support for Brexit and his doubts about the value of the EU.

We do not yet know whether these events will have any impact on cardiovascular health in Europe. But these major changes certainly will pre-occupy the European Commission and likely leave it with little

appetite to be more ambitious on activities aimed at improving health in general in the EU, including internal market regulations that can help improve the quality of food for example.

The good news is that a report on the state of cardiovascular health and diseases that the European Heart Network (EHN) published early in 2017 shows a continuing fall in death rates across Europe – even in countries in Central and Eastern Europe that had suffered considerable increases until the beginning



fighting heart disease and stroke

1992 12 MEMBERS
9 COUNTRIES → **2017** 30 MEMBERS
25 COUNTRIES

PUTTING HEART HEALTH ON THE EUROPEAN POLICY AGENDA

Advocating for cardiovascular health with European policymakers has been at the heart of our work for 25 years and we have achieved so much together. How many more hearts can we save?



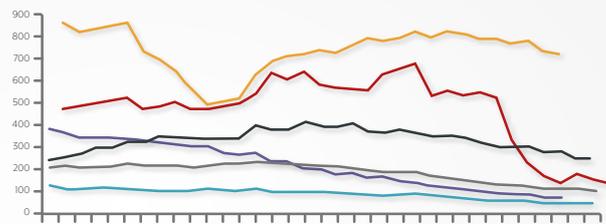
2004

- Council conclusions on promoting heart health with EHN in the planning committee

2007

- European Heart Health Charter launched in the European Parliament with Health Commissioner Kyriacou
- European Parliament Resolution on action to tackle cardiovascular disease (July)

NUMBER OF DEATHS FROM HEART DISEASE AND STROKE HAS DECREASED IN NEARLY ALL EUROPEAN COUNTRIES



Age - standardised death rates of women / 100,000

- KAZAKHSTAN
- PORTUGAL
- DENMARK
- GERMANY
- ROMANIA
- UKRAINE

PUBLISHED 47 REPORTS

- 11 on food and nutrition
- 4 on tobacco
- 5 on physical activity
- 5 on cardiovascular disease statistics
- 2 on stress and psychosocial factors
- 6 on patient support and health outcomes

PROMOTING POLICIES THAT SAVE LIVES



STRONG EUROPEAN TOBACCO CONTROL MEASURES

- 2001/2004 Tobacco Products Directive EHN paper 1998
- 2003 Tobacco Advertising Ban EHN paper 1998
- 2010 Tobacco Excise Duties joint paper by public health organisations, including EHN 2006



MANDATORY NUTRITION LABELLING

- 2011 Food Information to Consumers EHN papers 2003, 2007 and 2008



MORE FRUIT AND VEGETABLES IN SCHOOLS

- 2009 School Fruit Scheme EHN paper 2005



CHILD EXPOSURE TO UNHEALTHY FOODS HIGH ON THE EUROPEAN AGENDA

- 2007 Audio Visual Media Services EHN paper 2005



NO HEART - HEALTH CLAIMS WITHOUT EVIDENCE

- 2008 Nutrition and Health Claims EHN paper 2001



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of the 21st century. On the other hand, over the past 25 years, the number of cardiovascular disease (CVD) cases has increased in Europe. According to the latest data, more than 85 million people in Europe were living with CVD and almost 49 million of them were in the EU. The annual cost of CVD to the EU economy stands at EUR 210 billion.

We think there is a real case for the EU to establish a clear role in addressing the stark inequalities in CVD: death rates from heart disease* in men are nine times higher in Lithuania than in France; and from stroke, they are almost seven times higher in women in Bulgaria than in France. And whilst we believe that the main objective for an EU CVD initiative is to create more fairness for Europe's citizens, we think that the EU may prefer to consider it as an initiative to ensure that it has a healthy workforce to deliver on its economic growth agenda.

In 2016, we were most disappointed by the European Parliament and how many of its Members neglected the unique opportunity to address childhood obesity. We are still awaiting the final outcome of the European Parliament's report on the Audiovisual Media Services Directive (AVMSD). But so far, we have observed little interest from the two co-rapporteurs in grasping the opportunity offered by the review of this Directive to establish mandatory rules to protect children from exposure to marketing of unhealthy food. This, despite the evidence that consistently shows that reducing exposure is a vital element in a strategy to combat childhood obesity.

What is clear is that a concerted and multi-faceted approach to reducing the personal, societal and

economic impacts of CVD is necessary and overdue. Once again, in the EHN's Annual Report, we must note that whilst there is widespread agreement that tackling heart disease and stroke is important, there is no clarity on how to do it and insufficient focused leadership at international level. We have known the adverse impact of poor diet, tobacco use, and lack of physical activity on CVD for years. We are beginning to recognise the detrimental effects of poor environment and air pollution on CVD risks and prognosis. Our call, as in previous years, is for decision-makers to recognise and address the interdependencies between biomedical, social, environmental and economic factors in CVD risk and impact; yet few policy makers – other than health policy makers – pay attention to the recommendations from the World Health Organization (WHO) on these issues.

None of this shall deter EHN and its members – from countries both inside and outside the EU – from battling to make CVD a thing of the past. We have done well on decreasing death rates; we must do more to decrease the numbers of people falling victim to heart disease and stroke. We invite politicians, opinion formers and decision makers across Europe to join us.



Simon Gillespie
EHN President



Susanne Løgstrup
EHN Director

* deaths per 100 000

Main achievements in 2016



To support our members and facilitate knowledge exchange

We organised:

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



To increase knowledge about cardiovascular diseases and influence EU policy making and legislation

We:

- contributed to the sixth edition of the **Joint European Guidelines on cardiovascular disease prevention in clinical practice**
- published an updated version of our paper on **trans fats** and a paper on **e-cigarettes**
- engaged more extensively with **Twitter** and now have more than 1 400 followers



Recognition of EHN was shown by

- The invitation from the **Dutch Presidency** of the EU to our Director to speak at its high-level conference on **Food Product Improvement: make the healthy choice easy**
- The **WHO/Europe** invitation to our Director to speak at its high-level workshop on **Better Food for Better Health** in the European Parliament
- The **ECDA and NCDA** invitation to our Director to speak at its conference on **The European Response to Chronic Diseases – the Role of Civil Society**
- The **World Heart Federation** invitation to our Director to speak in three sessions during the **World Congress on Cardiology & Cardiovascular Health**



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

- The **Mexico Declaration Improving Circulatory Health for All People** adopted in June in conjunction with the World Congress on Cardiology & Cardiovascular Health
- The European Chronic Disease Alliance (**ECDA**), a coalition of 11 European health organisations, along with several other organisations sent **an open letter** to **Commissioners Frans Timmermans, Vytenis Andriukaitis and Jyrki Katainen**, expressing concerns about the Commission's commitment to act with resolve on **chronic diseases**
- Together with nine other organisations we organised a conference in the European Parliament **What about our kids? Improve the AVMSD** with a view to protecting children from marketing of **HFSS Food**, in the context of the review of **Audiovisual Media Services Directive**



Our sustained advocacy activities bore fruit

- The **European Parliament** adopted a **resolution on trans fats**
- The **European Commission** began its impact assessment procedure on a regulation on **mandatory limits for industrial trans fats (TFA) content**

Annual Meeting



EHN Annual Workshop 2016

The European Heart Network's Annual Workshop and General Assembly were hosted by the British Heart Foundation. They took place in Edinburgh, United Kingdom, from 25-27 May 2016. The workshop was attended by 44 delegates from 22 EHN member organisations, three invited speakers, and friends and colleagues from the American Heart Association. Among the invited speakers, we were pleased to welcome Xavier Prats Monné, Director General of the European Commission's Directorate General for Health and Food Safety (DG SANTE).

The Annual Workshop is the main vehicle for knowledge sharing and capacity building for EHN members. It provides an unparalleled occasion for networking with colleagues from large and small heart and stroke foundations across Europe.

Whilst mortality rates from cardiovascular diseases have decreased significantly over the past three decades, more than 85 million people are living with these diseases in Europe. EHN members invest in research and programmes that can help patients and their families have a decent quality of life and, we expect, look forward to better treatment.

Cardiovascular diseases are often referred to as a lifestyle disease that can be prevented. However, many people die suddenly because of their genetic mix rather than any lifestyle choices. Six EHN member organisations spoke about their work on communicating the sudden devastation caused by heart disease to ensure that people understand the importance of supporting life-saving research and engaging with it.



Harry van der Zaag (Dutch Heart Foundation) presents the Europe of Lifesavers project

One area that is under-researched is heart failure. Yet the need in this area is great, as it is estimated that 15 million people are living with heart failure in Europe. It is one of the cardiovascular conditions whose prevalence continues to rise.

At our 2016 Annual Workshop the British, Danish, Romanian and Swiss Heart Foundations presented their activities in support of people living with heart failure. EHN is a partner in a Horizon 2020 project that aims to develop a personal health system to help congestive heart failure patients manage their disease (see page 11).

The assembled EHN members also heard from the German Heart Foundation and the Finnish Heart Association about how they work to support patients and about the rich learnings from the meeting of EHN members' patients group.

The British, Danish, Romanian and Swiss Heart Foundations presented their activities in support of people living with heart failure.

Cardiovascular diseases remain the first cause of death in Europe, accounting for more than 3.9 million deaths, which is equivalent to 45% of all deaths. It is, therefore, still important to engage in primordial prevention, advocating for changes that will help healthy people to continue to live healthily as long as possible without becoming a cardiovascular patient. To that end, the 2016 Annual Workshop invited Xavier Prats Monné, Director General of DG SANTE to speak about **Better policies for better health: EU's added value.**



Xavier Prats Monné, Director General DG SANTE

At the same time, the highly-connected world presents certain challenges where trade agreements and the EU's treaty provisions may limit the policy space for governments that decide to implement

innovative measures to combat smoking and improve food and the food environment. EHN's Director discussed such challenges.

The Director of Communications of the World Heart Federation presented the opportunities that the annual World Heart Day offers for creating awareness of the burden of cardiovascular diseases across low-, middle- and high-income countries. Looking forward to the 2017 World Heart Day, it is important to mobilise people across the world to ask that reliable and simple surveillance and systems for monitoring the burden and treatment of CVD are in place.



Portuguese Heart Foundation World Heart Day activities

From global to local, the Director of the British Heart Foundation Scotland took the participants through the journey of lobbying to achieve regulation in Scotland on smoking in cars where children are present.

The EHN members were treated to a visit to the Scottish Parliament where they were welcomed by parliamentarians, underlining the strong link between health and politics.



EHN members visit the Scottish Parliament

4 Cardiovascular patients

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

Knowledge sharing

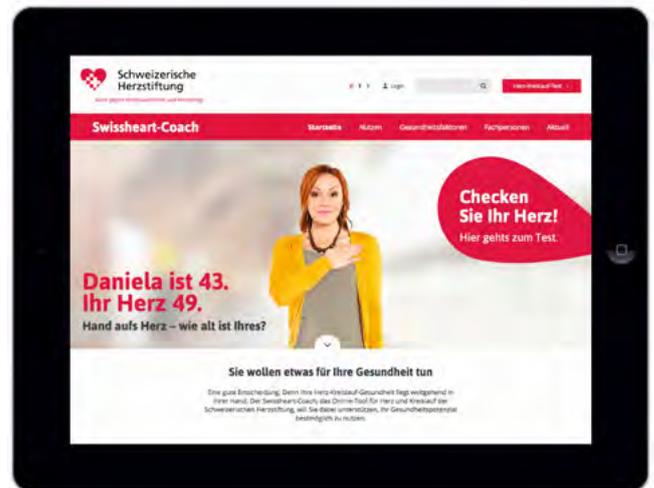
In April, together with the German Heart Foundation, we co-organised a seminar for our patients' group. Participants analysed the way they work as patient organisations. Perceptive of the needs of cardiovascular patients, the EHN patients' group had an in-depth discussion about how best to support patients. Several EHN patients' organisations offer services to patients, notably call-in services where patients and their families can ask questions about their condition and treatment options. The British Heart Foundation is running five pilot projects on integrated care. Community prevention, care and support are a priority for many EHN patients' organisations. Another priority is end-of-life care.



German Heart Foundation hosts the EHN Patients' Group Seminar

EHN patients' organisations also often represent the patient's voice. They address inadequacies in the health care system and facilitate dialogue with health care professionals. Increasingly, our patients' organisations, which are often also research funders, work to ensure that patients are involved in designing research protocols to ensure that the outcome is useful for patients.

EHN member activities



Swiss Heart Foundation "How old is your heart" campaign

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 mainly on patient information leaflets and on the European Public Assessment Reports. PCWP meetings enable patients' views on different issues relating to medicines and medication to be considered by the EMA.

5 European projects



HeartMan

The HeartMan project was launched in January 2016. The European consortium brings together nine partners: Jožef Stefan Institute (Slovenia) – lead partner, Sapienza University (Italy), Ghent University (Belgium), National Research Council (Italy), ATOS Spain SA, SenLab (Slovenia), KU Leuven (Belgium), MEGA Electronics Ltd (Finland), and EHN.

The HeartMan project will develop a personal health system to help congestive heart failure (CHF) patients manage their disease. CHF patients have to take numerous medications, monitor their weight, exercise appropriately, watch what they eat and drink, and make other changes to their lifestyle. The HeartMan system will provide advice on disease management adapted to each patient, and it will do so in a friendly and supportive manner. It will be a user-friendly mobile application that connects to various health devices, such as a wristband for unobtrusive monitoring of vital signs, a wireless blood-pressure monitor and weighing scales. It will also connect to a computer cloud, where patient data will be stored under strict security and accessible only to authorised physicians.

To make sure the HeartMan system will truly be designed for patients, patients will be involved from the very beginning through human-centred design: the project will research their problems and expectations, observe them in their everyday life, and

involve them in developing the actual prototypes. When the HeartMan system is ready to be used, we will test it in two trials in Belgium and Italy involving 120 patients.

EHN's main role in the HeartMan project is to disseminate information about the project and its outputs. EHN is also called upon to validate certain protocols and to comment on draft reports.



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

6 Politics, policies and cardiovascular health in Europe

It is often claimed that the EU has no competence in health. It is true that Member States are solely responsible for the definition of their health policy and for the organisation and delivery of health services and medical care in their respective countries – this is all clearly stated in the Treaty on the Functioning of the European Union, Article 168(7).

However, not having a competence on the delivery of health services and medical care does not mean that the EU has no responsibility for health. On the contrary, Article 168(1) says that a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Currently the European Commission has little appetite for proposing measures that can have significant impact on cardiovascular diseases – and, indeed, chronic diseases. It is, therefore, natural that Member States decide to move ahead with measures that have been shown to have an impact on risk factors, such as smoking and unhealthy eating behaviour. The problem is that such measures can be seen as restrictions on the free movement of goods, and as hindering the smooth functioning of the internal market.

Firstly, we recommend that the European Commission takes a more proactive stance and propose measures that can benefit the more than 500 million people who live in the EU. Where it chooses not to act, for example, on simplified front-of-pack nutrition labelling, it should leave Member States to get on with it without interference.

The EU should also recognise that where it sets standards, the wider Europe, and potentially the

world, will often follow. We believe that the EU can and should be a leader in cardiovascular health protection and promotion for the benefit of all Europeans.

Trans fats

Harmonising regulation on industrially produced trans fats (TFAs) is an obvious matter for the EU. EHN campaigned intensively in 2015 for an EU regulation on TFAs, and in 2016 we welcomed some progress. The European Parliament adopted a Resolution, which called on the European Commission to establish an EU legal limit on industrial TFAs as soon as possible. Key words are ‘as soon as possible’. The European Commission had made moves in that direction by publishing an Inception Impact Assessment (IIA), just a few weeks before the Parliament’s Resolution. The risk is that impact assessments tend to be extensive and take a lot of time.

EHN’s comments to the IIA can be found [here](#):

Considering that trans fats are widely recognised as the most harmful type of dietary fat and that their detrimental effect on heart disease is no longer disputed, EHN worries about the time involved in assessing the impact and calls on the European Commission to engage in a relatively basic impact assessment.

For more information on trans fats and heart disease read our paper [here](#).

Nutrient profiles as a condition for making health and nutrition claims

In 2006, the EU regulation on nutrition and health claims made on foods (Claims regulation) was adopted.

The objective of the Claims regulation is to ensure that any claim made on a food's labelling, presentation or advertising in the EU is clear, accurate and based on scientific evidence. This objective, we believe, has been met and many unsubstantiated claims are no longer found on food and drink products.

The Claims regulation also obliged the European Commission to establish nutrient profiles that food and drink products must meet in order to be able to make a claim. This condition was included to '...avoid a situation where nutrition or health claims mask the overall nutritional status of a food product, which could mislead consumers when trying to make healthy choices in the context of a balanced diet...'. It was included as a measure to combat the EU's high levels of obesity and chronic diseases. Although the European Commission was under an obligation to establish these nutrient profiles by 19 January 2009, they have still not been set.

Instead, the European Commission has decided to submit the nutrient profiles to a REFIT evaluation to assess if they are 'fit for purpose'. This is a lengthy process, which was kicked off by a Roadmap exercise in October 2015. To that end, a survey was launched in December 2016.

EHN wonders about the relevance of some of the questions in the survey questionnaire; but we are keen to contribute to any exercise that can help establish the nutrient profiles. We believe these profiles are key to the EU's food reformulation agenda, which is an essential part of a food policy aiming to promote a healthy and sustainable food environment.

EHN's responses to the questions can be found [here](#).

Marketing of food high in fat, salt and sugar to children in the Audiovisual Media Services Directive

In May 2006, the European Commission adopted a proposal to amend the Audiovisual Media Services Directive (AVMSD).

EHN welcomed the proposal to limit children's exposure to advertising of food high in fat, salt and sugars (HFSS food), but we do not think that the proposal is adequate, especially because it relies on a self-regulatory approach. Several studies demonstrate that self-regulation does not have the same reach as statutory regulation: not all companies sign up to it; voluntary pledges are not enforceable; and there are no penalties for failure to comply. Moreover, there is an inherent conflict of interest for companies that are asked to stop marketing to children voluntarily when their primary responsibility is towards their shareholders to increase their profits.

EHN's recommendation is for the AVMSD to restrict effectively the exposure of children to commercial communications for HFSS food. To do so, the Directive needs to contain a prohibition of such commercial communications on television during all hours where children watch television, ideally between 06.00 and 23.00.



Dutch Heart Foundation campaign for a ban on licensed characters on unhealthy foods

To advocate for our recommendation, we reached out to a great number of Members of the European Parliament (MEPs), offering them overwhelming evidence that food promotion influences children's food consumption. In cooperation with nine other health organisations, we organised a meeting in the European Parliament on 1 December 2016. The meeting was hosted and chaired by Daciana Octavia

Sârbu, MEP, S&D group, shadow rapporteur in the ENVI Committee. The programme featured the WHO Regional Office for Europe, the Director of Division on Noncommunicable Diseases and the Programme Manager Nutrition, Physical Activity and Obesity, DG SANTE as well as academics, health professionals and health care payers.

EHN recommends that the AVMSD contains a prohibition of commercial communications for HFSS food on television during all hours where children watch television, ideally between 06.00 and 23.00.



“What about our kids?” event in the European Parliament to improve the Audiovisual Media Services Directive

Protection of animals used in research

All animal studies have to be carried out in compliance with EU legislation. The EU’s most recent Directive on the protection of animals used in research was adopted in 2010, and took full effect on 1 January 2013. The Directive seeks to improve the welfare of animals used in scientific research, as well as to firmly anchor the principle of the ‘Three Rs’ – to Replace, Reduce and Refine the use of animals – in EU legislation.

Following a European Citizens’ Initiative (ECI) petition ‘Stop Vivisection’, with more than 1.17 million certified signatures asking for a paradigm shift in the way research is conducted, the European Commission organised a scientific conference in Brussels to engage the scientific community and relevant stakeholders in a debate on how to exploit cutting-edge advances in biomedical and other research to develop alternatives to animal testing at the end of 2016.

Based on the communication from this conference, it seems likely that the European Commission will focus on pushing forward the development of non-animal approaches by means of further funding, rather than proceeding to amend the current legislation at this stage.

Scientists use animals to learn more about health problems that affect both humans and animals, and to assure the safety of new drugs and medical treatments. Some diseases can only be studied in a living organism and it is not always possible or ethical to use humans. The research community is constantly developing new techniques to help reduce the number of animals needed for use in medical research. Scientists carry out as much of their research as possible on human volunteers, cells, or computer models for example.

EHN joined forces with more than 200 health and research organisations in issuing a statement in support of the current Directive. EHN considers that changes to current legislation on the use of animals in research are not necessary at the present time.

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



Research at Northern Ireland Chest Heart and Stroke

Working with European Institutions

MEP Heart Group

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

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

The MEP Heart Group is co-chaired by Mairead McGuinness, Irish MEP, EPP, Vice-President of the European Parliament, and Karin Kadenbach, Austrian MEP, S&D.



Mairead McGuinness
MEP, EPP



Karin Kadenbach
MEP, S&D

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

2016 Valentine's Day #loveyourheart Twitter Campaign

For the fifth year in a row, the MEP Heart Group invited Members of the European Parliament (MEPs) to join its 2016 MEP Heart Group Valentine's Day Twitter Campaign which ran from 10 to 15 February 2016.

The two co-chairs of the MEP Heart Group, Mairead McGuinness MEP and Karin Kadenbach MEP, asked the supporters of the MEP Heart Group to share their "how is your heart" story via their personal websites, Facebook and twitter accounts and to encourage the EU to adopt heart-healthy legislation and put cardiovascular health high on the EU policy agenda.

Mairead McGuinness MEP said: "We all know someone who has been affected by heart disease. We do not know how many people live with cardiovascular disease. This year on Valentine's Day, we are asking everyone to share their "heart" stories as a reminder to us all of the need to act to reduce deaths."

Karin Kadenbach MEP said: "We want to show who the people behind the numbers are. Policy makers can do a lot to combat cardiovascular disease, such as banning trans fats in food, and fostering green urban planning to reduce pollution and promote physical activity. CVD needs to be given the appropriate attention on the policy agenda."

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

EU platform for action on diet, physical activity and health

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

Platform objectives

In 2016, Platform members agreed to revise its functioning. EHN welcomes the methodology for the functioning of the Platform as a step in the right direction, and which will help evaluate its impact.



1. Platform objectives

1.1 The Platform will support Member States in reducing the avoidable health and economic burden of unhealthy lifestyle and related chronic diseases.

The commitments of the members will support Member States in:

- i. reducing the dietary intake of salt, saturated fat, trans fat and added sugars*;
- ii. increasing the intake of fruit and vegetables*;
- iii. reducing the exposure to and impact on children of marketing of foods high in salt, saturated fat, trans fat and added sugars*;
- iv. increasing physical activity and reducing sedentary behaviour*;
- v. increasing the rate of exclusive breastfeeding for an adequate period according to national recommendations, such as in the first six months, with continued breastfeeding thereafter followed by an introduction of adequate complementary foods free from excess of salt and added sugars*;
- vi. reducing diet and physical activity related inequalities between Member States, age, sex and socio-economic groups*.

The High Level Group may issue additional framework information relevant for the implementation of the objectives above.

For example, the EU Framework for National Initiatives on Selected Nutrients (and its annexes) provides important guidance directly relevant to point i above.

1.2 The commitments will be directly related to the members' core missions and aim at being followed by as many stakeholders in as many Member States as possible.

2. Assessment and monitoring

2.1 The WHO, Joint Research Centre and DG SANTE will jointly provide their assessment on whether commitments are sufficiently relevant to the objectives above. The aim will be to cover all commitments but the assessment will start for new commitments. It will be based on the commitment application as sent to the Advisory Committee (but will be independent from the work of this committee). Members can review their proposals once they receive the assessment.

(Irrespective of the assessment, members will always be able to go through with the commitment. The reporting will, however, make clear the distinction between those that are considered sufficiently relevant and those that are not.)

2.2 In addition to point 2.1 above, the monitoring will continue to be done and improved on the basis of the existing instruments (commitment database, working groups, contractor).

* based/building on targets agreed to in the WHO context and contributing to the Action Plan on Childhood Obesity.



Dutch EU Presidency

To add further impetus to the reformulation or improvement of food across the EU, the Dutch Presidency of the EU organised a high-level, multi-stakeholder conference on *Food Product*

Improvement: make the healthy choice easy. The conference assembled Member State representatives, representatives from the WHO Regional Office for Europe (WHO/Europe), Commission officials and Platform members.

The conference was opened by the Dutch ministers of health and agriculture. The ‘setting the scene’ session included presentations from the European Commissioner for Health & Food Safety, the Deputy Director General, DG Internal Market, Industry, Entrepreneurship and SMEs, and the Director of the Division of Noncommunicable Diseases in the WHO/Europe. EHN’s Director also spoke in this session.

The Dutch Presidency’s focus on food product improvement culminated in Council Conclusions which were adopted in June 2016. Prior to these, a Roadmap for Action had been adopted at the Conference. EHN was consulted on the text for the Roadmap. Not all our comments were taken into account but we felt that the text sufficiently covered our points for us to endorse it.



Edith Schippers, Minister of Health, Welfare and Sport hosts the “Food Product improvement: make the healthy choice easy” conference organised by the Dutch Presidency of the EU



World Health Organization

REGIONAL OFFICE FOR Europe

World Health Organization (WHO) – Regional office for Europe

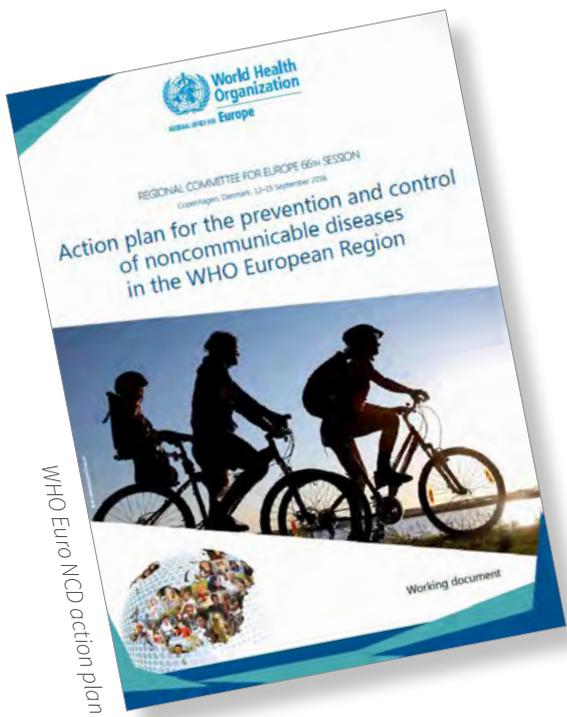
Throughout the year and in different constellations, EHN has engaged and cooperated with WHO/Europe.

Promoting cardiovascular health and preventing chronic diseases

Twelve months of intensive work and consultations – in which EHN partook actively – culminated in the adoption of the 2016-2025 *Action plan for the prevention and control of noncommunicable diseases in the WHO European region*.

EHN welcomed that the plan highlighted that cardiovascular disease remains the leading cause of premature mortality in the European Region. EHN supported the plan’s specific calls for action to:

- adopt strong measures that reduce the overall impact on children and adults of all forms of **marketing** (including online) of foods high in energy, saturated fats, trans fats, free sugars and/or salt, and consider and implement a range of **economic tools** that could discourage the consumption of such foods and improve the affordability and availability of a healthy diet, including, where appropriate, **taxes on sugar-sweetened beverages;**
- bring about mainstream product improvement and reformulation supported by improvement in **interpretative front-of-pack labelling;**



- develop, extend and evaluate **salt-reduction strategies** to continue progress across food product categories and market segments;
- ensure that **physical activity interventions** take into consideration the specific needs and opportunities of different groups throughout their lives;
- support the regional implementation of World Health Assembly resolution WHA68.8 on health and the environment, addressing the health impact of **air pollution**;
- strengthen the capacity of primary health care to prevent, assess and manage cardio-metabolic risk, including clinical guidelines, capacity building, monitoring and evaluation, and patient-centred approaches;
- increase coverage and quality of **cardio-metabolic management** following assessment so that those found to have a total CVD risk above threshold receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes;

- improve the quality and coverage of secondary prevention and **rehabilitation following heart attacks and strokes**;
- promote **early recognition of the symptoms and signs of a heart attack or stroke** in men and women and timely delivery of care along a critical pathway (the ‘chain of survival’ or ‘chain of recovery’).

EHN welcomed that the action plan highlighted that cardiovascular disease (CVD) remains the leading cause of premature mortality in the European Region.

Workshop in the European Parliament

We were also delighted to be invited to speak at the workshop in the European Parliament on *Better Food for Better Health*, organised by WHO/Europe with the support of the Dutch Presidency. The workshop was co-hosted by Mairead McGuinness, Vice-President of the European Parliament and co-chair of the MEP Heart Group, MEP (EPP) and Biljana Borzan MEP (S&D).

The WHO Workshop was an initiative that aimed at presenting the latest unbiased scientific evidence for better food and diet legislation. WHO wanted to contribute to the current debate on nutrition and food, as well as some specific initiatives addressing sugars, trans fats, salt or alcohol.



WHO Euro Workshop on “Better Food for Better Health”

Co-operation

European Chronic Disease Alliance (ECDA)

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

ECDA is actively following and responding to policy developments in the EU – and beyond – that have an impact on chronic diseases. In 2016, it was involved in several important meetings.

The European Commission invited ECDA to present its views at the conference *Towards better prevention and management of chronic diseases*, organised in Brussels on 21 April 2016. ECDA's Chairman, Professor Johan de Sutter, spoke on *Preventing Chronic Diseases – opportunities for patients and citizens*.

In December 2016, together with the Global NCD Alliance, ECDA organised a meeting in Brussels to strengthen civil society engagement in the prevention and control of noncommunicable diseases (NCDs) in the WHO European region. This meeting was endorsed by WHO/Europe, who also participated in it.

EHN's Director spoke in a session on *Addressing common risk factors for NCDs in Europe*.

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



European Society of Cardiology

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

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

European Association of Preventive Cardiology

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

The Director of EHN is a member of the EAPC. She is also a member of its Cardiovascular Prevention Implementation Committee and is a consultant to the Prevention, Epidemiology & Population Science Section.

World Heart Federation

Through its membership of the World Heart Federation (WHF), EHN participates in international work to advance the cause of cardiovascular health promotion worldwide. In 2016, EHN Board member Floris Italianer, Chief Executive of the Dutch Heart Foundation, was elected member of the WHF Board.

In 2016, WHF organised the World Congress of Cardiology & Cardiovascular health. The Congress united cardiovascular disease specialists with other disciplines to network, share knowledge and build innovative solutions for patients and populations.

At the Congress, leading global organisations signed the Mexico Declaration, a historic circulatory health declaration that constitutes a firm commitment to tackle cardiovascular disease. The Mexico Declaration can be found [here](#).

Smoke Free Partnership (SFP)

The Smoke Free Partnership (SFP) is a strategic, independent and flexible partnership between EHN, Cancer Research UK, Action on Smoking and Health UK, and the Dutch Cancer Society. SFP manages the SFP Coalition, a network of over 30 tobacco control advocacy organisations across the EU and neighbouring countries.



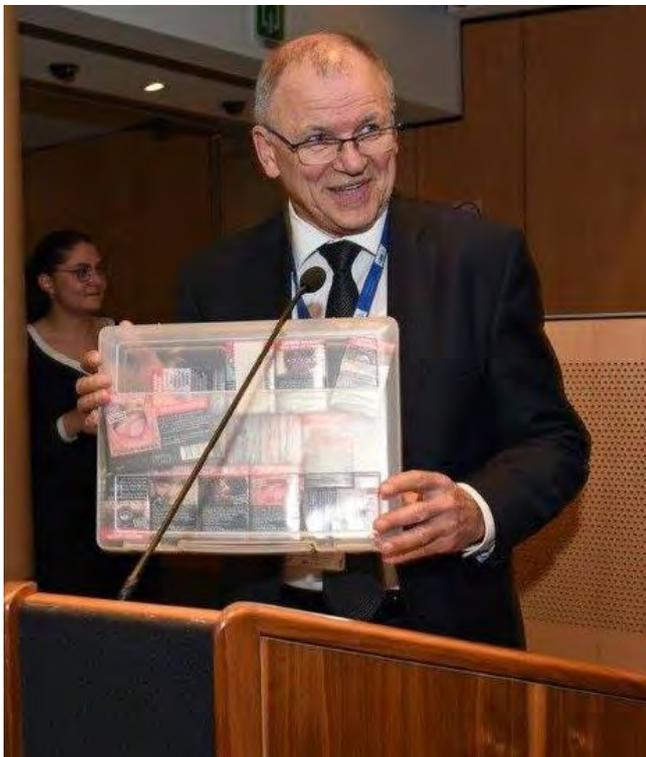
SFP had a successful 2016. It organised a high-level conference in the European Parliament to increase awareness of tobacco industry lobbying practices and how to effectively combat them. It resulted in

the European Parliament calling on the EU not to renew a controversial anti-illicit trade agreement with the tobacco industry. Shortly after, the European Commission ratified the International Protocol to Eliminate Illicit Trade in Tobacco Products and announced that it would not renew the agreement with the tobacco industry.

SFP organised a capacity building workshop focusing on tobacco taxation and illicit trade. The workshop presented the current status of the Tobacco Tax Directive at the regional level, the possible directions for its revision, and provided an overview for participants on the tools available to governments to combat illicit trade, which undermines public health and tax revenues across the region.

Since January 2016, EHN Director Susanne Løgstrup is President of the SFP.

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



Health & Food Safety Commissioner Vytenis Andriukaitis attends “World No Tobacco Day” event organised by the Smoke Free Partnership

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 partnership with SFP – EHN also liaises with the Association of European Cancer Leagues (ECL) and the European Network for Smoking Prevention (ENSP), as well as with a number of national tobacco control organisations and experts.

Publications, statements and responses at a glance

Publications

In 2016, EHN published or co-published three papers:

European Guidelines on cardiovascular disease prevention in clinical practice

As a member of the task force that reviews the *European Guidelines on cardiovascular disease prevention in clinical practice*, EHN contributed to the publication and dissemination of the guidelines. These guidelines aim to support healthcare professionals' communication with individuals about their cardiovascular risk and the benefits of a healthy lifestyle and early modification of their risk.

In May 2016, the sixth edition of the *European Guidelines on cardiovascular disease prevention in clinical practice* was released.

The guidelines also provide tools for healthcare professionals to promote population-based strategies and integrate these into national or regional prevention frameworks and to translate these into locally delivered healthcare services, in line with the recommendations of the WHO.

Electronic cigarettes and cardiovascular diseases – a European Heart Network paper

In November 2016, EHN published its paper on e-cigarettes.

EHN concluded:

It is reasonable to assume that if existing smokers switched completely from conventional cigarettes to e-cigarettes, there would be a lower disease burden caused by nicotine addiction. To obtain the maximum

health benefit, smokers need to quit completely both tobacco and nicotine use.

Long-term effects of using e-cigarettes are not known. More research is needed, as data from controlled trials looking at hard end-points such as the occurrence of chronic pulmonary disease, lung cancer, major adverse cardiac events or death, are currently not available.

Concerns about the quality of many studies and conflict of interest of researchers must be taken seriously.

A cautious approach is, therefore, warranted. E-cigarettes are not harmless and, pending more evidence, the precautionary principle would dictate that it is desirable to limit use and uptake, in particular among children and young people. It would be regrettable if e-cigarettes achieved popularity as high as that of conventional cigarettes only for evidence to show that the harm of long-term use is potentially much higher than suspected today. All the more so, since in many European countries smoking is declining and has been declining over the past decades without the use of e-cigarettes.

To complement the measures in the Tobacco Products Directive, EHN recommends that EU Member States:

1. consider restricting use of e-cigarettes in public places;
2. prohibit access for children and young people;
3. restrict marketing;
4. use tax measures as appropriate.

European countries that are not members of the European Union are encouraged to adopt the measures included in the Tobacco Products Directive complemented by the measures listed under 1. to 4.

***Trans fatty acids and heart disease
– a European Heart Network paper***

EHN updated its paper on trans fats to include research on the impact of the 2003 Danish regulation that introduced a regulatory limit on industrially produced TFAs (IPTFAs).

Statements

EHN published the following statements:

Action plan for the prevention and control of noncommunicable diseases in the WHO European Region

European Commission’s opinion on the European Ombudsman’s recommendation on the Framework Convention on Tobacco Control (FCTC) Article 5.3

The statements are available [here](#) on EHN’s website.

Responses

EHN responded to the following consultations:

WHO interim report of the Commission on Ending Childhood Obesity

European Commission inception impact assessment on the establishment of a multilateral court for investment dispute resolution

European Commission inception impact assessment on the initiative to limit industrial trans fats intakes in the EU

The responses are available [here](#) on EHN’s website.

Conferences and meetings

During 2016, 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

- *Kick-off meeting of the HeartMan Project, a Horizon 2020-funded project aiming to develop a personal health system to help congestive heart failure (CHF) patients manage their disease – Ljubljana, Slovenia, 19-20 January*

February

- *2nd meeting of the JA-CHRODIS Advisory Board and General Assembly – Madrid, Spain, 3-4 February*
- *Dutch EU Presidency conference on food product improvement: make the healthy choice easy – Amsterdam, The Netherlands, 22-23 February*

April

- *Trans fatty acid reduction in foodstuffs – Make it happen in the EU! Seminar at the Permanent Representation of Hungary to the EU – Brussels, Belgium, 4 April*
- *EHN Patients' Seminar – Frankfurt, Germany, 27-28 April*

May

- *EHN Annual Workshop and General Assembly – Edinburgh, United Kingdom, 25-27 May*

June

- *World Congress of Cardiology & Cardiovascular Health – Mexico City, Mexico, 4-7 June*

October

- *EHN member workshop: Audiovisual Media Services Directive and Food Reformulation – Brussels, Belgium, 27 October*

December

- *High Level Forum for a Better Functioning Food Supply Chain, representing the European Public Health Alliance (EPHA) – Brussels, Belgium, 15 December*

EHN governance

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

Membership

In 2016, EHN had member organisations from 25 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; 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 2016, EHN's Board consisted of Matija Cevc, Slovenian Heart Foundation; Dan Gaita, Romanian Heart Foundation; Simon Gillespie, British Heart Foundation; Kim Høgh, Danish Heart Foundation (from May 2016); Floris Italianer, Dutch Heart Foundation; Kristina Sparreljung, Swedish Heart Lung Foundation and Martin Vestweber, German Heart Foundation.



EHN Board Members and EHN Director, left to right: Kim Høgh, Danish Heart Foundation; Martin Vestweber, German Heart Foundation; Dan Gaita, Romanian Heart Foundation; Susanne Løgstrup, EHN; Simon Gillespie, British Heart Foundation; Kristina Sparreljung, Swedish Heart Lung Foundation; Matija Cevc, Slovenian Heart Foundation; and Floris Italianer, Dutch Heart Foundation

The Board met four times in 2016. Its role is to monitor the implementation of EHN's strategic plan and provide policy and procedural direction, and to supervise the finances as well as to review EHN's risk register. The Board has three special positions: President, Vice President and Treasurer.

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

Staff

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

EHN has a team of five people based in Brussels to co-ordinate EHN's work. The Brussels team acts as the central point for communication externally and internally. The team facilitates EHN's advocacy work with the institutions of the EU, steers research and publications work, organises an Annual Workshop, as well as seminars, meetings and webinars for members.



EHN Staff, left to right: Marleen Kestens; Jane Capon; Susanne Løgstrup; Sofia Marchã; and Joëlle De Beys

EHN staff members

Susanne Løgstrup

Director

Marleen Kestens

Network Coordinator and Public Affairs Manager

Jelena Malinina

Policy Officer for Patients and Research

Jane Capon

PA to the Director and Secretary

Joëlle De Beys

Financial and Administrative Assistant

Contact details can be found [here](#).

EHN Board members

Matija Cevc

Slovenian Heart Foundation

Dan Gaita

Romanian Heart Foundation

Simon Gillespie, President

British Heart Foundation

Kim Høgh (from May 2016)

Danish Heart Foundation

Floris Italianer, Vice President

Dutch Heart Foundation

Kristina Sparreljung, Treasurer

Swedish Heart Lung Foundation

Martin Vestweber

German Heart Foundation

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

EHN Member organisations

Austria

Austrian Heart Foundation

Belgium

Belgian Heart League

Bosnia and Herzegovina

Foundation of Health and Heart

Croatia

Croatian Heart House Foundation

Denmark

Danish Heart Foundation*

Faroe Islands

Faroese Heart Foundation

Finland

Finnish Heart Association*

Germany

German Heart Foundation*

Greece

Hellenic Heart Foundation

Hungary

Hungarian National Heart Foundation

Iceland

Icelandic Heart Association

Ireland

Irish Heart Foundation

Italy

Italian Association against Thrombosis and Cardiovascular Diseases (ALT)

Italian Heart Foundation

Italian Society for Cardiovascular Prevention (SIPREC)

Lithuania

Lithuanian Heart Association

Netherlands

Dutch Heart Foundation

Heart and Vessel Group*

Portugal

Portuguese Heart Foundation

Romania

Romanian Heart Foundation

Serbia

Serbian Heart Foundation

Slovakia

Heart to Heart League

Slovenia

Slovenian Heart Foundation

Spain

Spanish Heart Foundation

Sweden

Swedish Heart and Lung Association*

Swedish Heart Lung Foundation

Switzerland

Swiss Heart Foundation*

Turkey

Turkish Heart Foundation

United Kingdom

British Heart Foundation

Northern Ireland

Chest Heart and Stroke*

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

Accounts

Auditors' report to the board of the European Heart Network for the year ended December 31, 2016

We have agreed the financial statements on pages 28 to 33, which have been prepared on the basis of the accounting policies set out on page 33, 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, 2016 and the balance sheet at that date are in agreement with the records maintained by the European Heart Network.

Kortrijk 30/3/2017



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

European Heart Network accounts for the year ended December 31, 2016

Approved by the General Assembly on 01/06/2017

Income

1. Member subscriptions	2016 (Euro)	2015 (Euro)
Austrian Heart Foundation	2.193,00	2.130,00
Belgian Heart League	4.387,00	4.259,00
Bosnia Herzegovina, Foundation of Health and Heart	1.097,00	1.065,00
British Heart Foundation	178.221,00	173.030,00
Croatian Heart House Foundation	1.097,00	1.065,00
Danish Heart Foundation	45.557,00	45.017,00
Dutch Heart Foundation	111.340,00	103.962,00
Faroese Heart Foundation	1.097,00	1.065,00
Finnish Heart Association	14.761,00	16.120,00
German Heart Foundation	27.379,00	24.079,00
Hellenic Heart Foundation	2.193,00	2.130,00
Hungarian National Heart Foundation	1.097,00	1.065,00
Icelandic Heart Association	4.387,00	2.130,00
Irish Heart Foundation	11.758,00	16.073,00
Italian Association against Thrombosis and Cardiovascular Diseases (ALT)	2.193,00	2.130,00
Italian Heart Foundation	1.097,00	1.065,00
Italian Heart and Circulation Foundation		1.065,00
Italian Society for Cardiovascular Prevention	1.097,00	1.065,00
Lithuanian Heart Association	1.097,00	2.130,00
Netherlands, Heart and Vessel Group	5.561,00	6.041,00
Northern Ireland Chest, Heart & Stroke	9.698,00	8.904,00
Portuguese Heart Foundation	2.193,00	4.259,00
Romanian Heart Foundation	2.193,00	2.130,00
Serbian Heart Foundation	1.097,00	1.065,00
Slovak Heart to Heart League	1.097,00	1.065,00
Slovenian Heart Foundation	2.193,00	4.259,00
Spanish Heart Foundation	4.387,00	4.259,00
Swedish Heart and Lung Association	7.891,00	5.172,00
Swedish Heart Lung Foundation	78.026,00	76.239,00
Swiss Heart Foundation	19.795,00	16.232,00
Turkish Heart Foundation	2.193,00	2.130,00
Sub total	548.372,00	532.400,00

Income

2. Special contributions	2016 (Euro)	2015 (Euro)
British Heart Foundation	39.617,00	38.463,00
Other Income	250,00	250,00
EConDA- EU support		4.787,30
HeartMan Project	11.484,88	
Sub total	51.351,88	43.500,30

3. Investment income	2016 (Euro)	2015 (Euro)
Investment Income	2.579,23	5.632,92

TOTAL INCOME	602.303,11	581.533,22
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Expenditures

	2016 (Euro)	2015 (Euro)
Personnel cost	357.924,04	397.848,56
Office expenses	12.044,28	13.043,68
Property expenses/insurance	43.714,98	41.121,98
Travel, subsistence and conferences	14.005,99	12.358,27
Office equipment and computer hardware	3.299,19	8.896,09
Communication	3.560,78	3.709,90
Professional fees	4.743,20	4.658,50
Audit fees	2.014,00	2.100,00
Membership fees	3.369,96	2.898,83
Bank charges	707,53	329,65
Annual Workshop	14.300,37	13.074,00
Taxes	2.004,23	1.701,76
Total regular expenditures	461.688,55	501.741,22
CVD Statistics	62.033,73	
Seminars, research and training	18.154,98	13.955,09
New Nutrition Paper	16.135,25	
Smoke Free Partnership	15.000,00	25.000,00
HeartMan Project	9.187,90	
Patients Group Meeting	5.191,05	
European Chronic Disease Alliance	3.300,00	3.458,20
MEP Heart Group	29,04	1.782,99
EConDA		7.456,87
CEEC Support		-936,31
Total project expenditures	129.031,95	50.716,84
TOTAL EXPENDITURES	590.720,50	552.458,06
Reserve		25.000,00
TOTAL INCOME	602.303,11	581.533,22
Surplus/deficit	11.582,61	4.075,16
Retained result beginning of period	422.003,22	417.928,06
RETAINED RESULT END OF PERIOD	433.585,83	422.003,22

Balance sheet as at December 31, 2016

	2016 (Euro)	2015 (Euro)
Fixed Assets	6.130,35	742,92
Current Assets		
Debtors and prepayments	22.568,37	22.665,53
Cash at bank	1.101.717,48	1.010.810,35
	1.130.416,20	1.034.218,80
Current Liabilities and Provisions		
Reserve	550.000,00	550.000,00
Accrued costs and expenses	91.388,37	57.860,58
Prepaid income	55.442,00	4.355,00
	696.830,37	612.215,58
Net current assets (liabilities)	433.585,83	422.003,22

HeartMan

	2016 (Euro)	2015 (Euro)
Project expenses	11.484,88	
Personnel cost	7.846,33	
Staff Travel and subsistence	1.341,57	
Subcontracting costs		
Other costs	2.296,98	
Project income	11.484,88	
HeartMan		

EConDA

	2016 (Euro)	2015 (Euro)
Project expenses		7.456,87
Personnel cost		7.456,87
Travel		
Subsistence		
Project income		4.787,30
EConDA		-2.669,57

Notes on the accounts for the year ended December 31, 2016

1. Principal accounting policies.

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

Accounting basis

The accounts have been prepared under the historical cost convention.

2. Staff costs

	2016 (Euro)	2015 (Euro)
Salaries	255.479,97	292.014,44
Group insurance	31.736,75	33.275,58
Social security employers	60.385,63	73.775,40
Accrued vacation pay	1.316,99	-7.763,44
Insurance personnel	3.213,93	3.194,67
Meal vouchers	4.872,83	5.484,86
Other personnel charges	4.276,80	392,08
Social office	4.487,47	4.931,84
Personnel costs to recover	-7.846,33	-7.456,87
	357.924,04	397.848,56



fighting heart disease
and stroke
european heart network

European Heart Network

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