WCC review: AHN members contributed significantly as speakers, chairpersons. The program was very tight not allowing for effective networking and limited the time available for AHN meetings. This needs to be addressed.

Timing: There was insufficient time for AHN business meetings. AHN meetings are to be scheduled in a way to allow for a full day's debate and discussion. AHN meetings must take priority. the stipend approach to continue.

Funding: Funding for delegates: refunds are to be made only to delegates who actually attend. The non-payment of stipends at Melbourne by WHF was most disappointing and must be addressed for the future. AHN is to explore making own arrangements. in terms of fundraising the situation is now desperate. Subvention from WHF is reducing and is now CHP 10k. AHN is lobbying the amount to be increased. New sources of finding must be secured for AHN.

Discussion on whether fees should be increased. AHN has a joint fee arrangement with WHF who are also reviewing the fee policy.

Funds may be raised for projects and from publishing papers: suggested projects include Essential meds( Pascal to draft protocols and AHN to fund); multi drug therapy; the Hearts for Children campaign; hypertension proposal (Fastone, Basden and Joseph agreed to work on a draft proposal); hosting a conference.

Membership Engagement: still poor. Presence of Prof Sulafa Ali from Sudan was most welcome and greetings were sent to Dr Saad Subahi. Contact has been made with Egypt, Algeria and Morocco. A membership map and survey of activities would be useful. suggestions to develop the website and set up a Facebook page.
**AHN Future plans**: wider engagement of Africa in WHF activities are required e.g Go Red for Women, *Hearts for Children*. AHN is to make proposals to WHF on how this may be addressed. Could AHN contact AHA direct for support? check with WHF. we need to knock on every door for support.

There is funding for hypertension work in Africa via NIH to train community health workers and the media in order to raise awareness of NCDs. Other funders for *Hypertension* projects include the World Hypertension League, Russia, NIH. Fogarty Meetings may be useful contacts.

**Salt reduction**: funding to train nurses and upscale the project from South Africa to other countries. Reformulate the Salt Project (*Vash*). AHN could join and co-host a high level Salt Summit, May/June 2015 to hold in Kenya, invite Mc Gregor and other notables and stakeholders. it would cost about $100k for 50 delegates.

**RHD**: meeting to review the targets within the NCD global plan. (*Joseph to draft outline proposal*)

**Admin issues**: Follow up on agreed action points: return to monthly EXCO meetings 3pm on Tuesdays; Ex. sec to send through dates and minutes; drive through the Africa wide Forum on NCDs and prioritise fund raising.