THE WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS (WFSA) seeks to ensure universal access to safe anaesthesia and unites hundreds of thousands of anaesthesiologists behind this goal. We deliver our mission through programmes that tackle the key barriers to access to safe anaesthesia around the world.

OUR PROGRAMMES are run in partnership with Member Societies of Anaesthesiology and other organisations that share our objectives. We have official liaison with the World Health Organisation (WHO), and also work with governments, other legislative bodies, surgical organisations, NGOs, hospitals and training centres to advance the important role of anaesthesia within the global health agenda.

OUR IMPACT is felt globally, and with 5 billion people unable to access safe and affordable anaesthesia and surgical care when needed, the work of the WFSA and its Member Societies is more important than ever.

2016 was a momentous year for the WFSA as we continued our work to ensure anaesthesia is recognised alongside surgery within the global health agenda. We also expanded our programme capacity and co-hosted the 16th World Congress of Anaesthesiologists (WCA) in Hong Kong.

The incredible WCA took place over five days with over six thousand delegates from 134 countries in attendance. I was pleased to welcome our 51 scholars from around the world and I hope that they will share what they learned with colleagues in their home countries for the benefit of their patients. I also had the honour of being named WFSA President at the Closing Ceremony of the WCA which was a proud moment for me, and one that marks the beginning of what I hope will be a successful two-year term before President-Elect Jannicke Mellin-Olsen takes the reins.

As we work towards fulfilling the WFSA’s mission in the coming four years, I am excited to see the expansion of the Safe Anaesthesia For Everybody-Today (SAFE-T) Campaign, a great initiative to unite individuals, industry and organisations behind the shared mission of improving access to safe anaesthesia worldwide for the 5 billion currently without access.

I also hope that we will be able to continue expanding our Fellowships programme. While increasing financial pressure is always a challenge for an organisation such as ours, I am confident that fundraising campaigns like Fund a Fellow, along with the immeasurable support of our Member Societies and other partners, will allow us to continue delivering world-class training for young anaesthesiologists from low resource settings.

Finally, I would like to draw attention to the hard work of my predecessor, Dr David Wilkinson and the WFSA Board, Council and Committee members who served from 2012-2016. Their work was invaluable in strengthening the voice of the WFSA and the impact of our programmes. I would also like to thank all of our volunteers, who work extremely hard to impact the success of the WFSA and the advancement of anaesthesia practice globally.

Dr Gonzalo Barreiro, WFSA President
WFSA further strengthened its support for the WHA resolution ‘Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage’ and has become increasingly vocal in promoting the importance of safe anaesthesia.

#KETAMINEISMEDICINE

The #Ketamineismedicine campaign, launched in response to calls from China to restrict ketamine internationally, became the focal point of WFSA advocacy activity in early 2016 as the UN Commission on Narcotic Drugs (CND) considered its response. When performing surgery in many parts of the world, there is no choice: ketamine is often the only anaesthetic available, and the most commonly used. In many poorly resourced hospitals ketamine is the only safe form of anaesthesia.

The WFSA’s Campaign Hub, press efforts, and social media networks highlighted the importance of ketamine and united anaesthesiologists, veterinarians, and other medical professionals behind this message thereby helping to influence the UN CND’s decision to postpone China’s motion.

WFSA STATEMENTS ABOUT DRUGS, LEGISLATION AND WORKFORCE AT 69TH WHA

The WFSA submitted two statements at the 69th World Health Assembly in Geneva. The first statement reaffirmed the WFSA’s support for WHA Resolution A68.15 and called upon the World Health Assembly to highlight the anaesthetic medicines that are essential for safe anaesthesia and surgery, when considering the global shortages of medicines. The second statement focused on human resources for health, emphasising the deficit of approximately 18 million healthcare workers worldwide, largely in lower income countries, and the need for some 2.3 million additional anaesthesiologists, surgeons and obstetricians by 2030.

SAFE-T NETWORK & CONSORTIUM

During the World Congress of Anaesthesiologists (WCA) the WFSA officially launched the Safe Anaesthesia For Everybody – Today (SAFE-T) campaign to unite individuals, industry and organisations behind a shared mission. The “SAFE-T Consortium” is a global collaboration of industry and patient focused organisations, and the “SAFE-T Network” brings individual anaesthesia providers together. The goal of the SAFE-T Network is to raise awareness of the need for safe anaesthesia as an essential element of safe surgery, the lack of provision and the need to take action. We asked anaesthesia providers worldwide to share their support for safe anaesthesia on #WorldAnaesthesiaDay and received incredible support!

As the SAFE-T campaign progresses in 2017 and beyond, the SAFE-T Network and Consortium members will be integral to WFSA advocacy campaigns.

SAFE-T Network supporters at the WCA

G4 ALLIANCE

The WFSA is a member of the Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (G4 Alliance), an advocacy-based organisation dedicated to building political priority for surgical care as part of the global development agenda. In 2016 the G4 Alliance took part in several UN and WHO events to build greater awareness around the importance of surgical and anaesthesia care as part of the global health agenda. Prof Adrian Gelb, WFSA Secretary, was also elected Secretary of the G4.

UNITED FOR OXYGEN

As part of an effort to increase access to oxygen therapy for newborns, children and pregnant women, the WFSA was part of a joint application to the 21st World Health Organization (WHO) Expert Committee on the Selection and Use of Essential Medicines to include an additional listing for oxygen for the management of hypoxemia on the WHO Model List of Essential Medicines (EML) for adults and children.

Anesthesiologists show their support on World Anaesthesia Day
POST-GRAD DIPLOMA

The WFSA funds selected anaesthesiologists to complete a Postgraduate Diploma of Regional Anaesthesia and Analgesia at the University of Montpellier in Dubai, covering regional anaesthesia, analgesia, and post-operative pain management. Dr Rinna Eng, WFSA funded scholar, was particularly successful in the course and was awarded the 2015/2016 Gold Medal for his exceptionally high grades.

SAFE

SAFE (Safer Anaesthesia From Education) is a joint project developed by the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and the WFSA. The 3 day course in either Obstetric or Paediatric Anaesthesia brings regional and international faculty together to deliver refresher training on how to give the safest possible anaesthetic care: with clinical scenarios taught on the course based on conditions causing 80% of maternal, neonatal, and paediatric deaths. The additional 1-day ‘train the trainer’ component of the course supports knowledge retention and sustainability by allowing participants to return to their hospitals and teach others the techniques they learned.

319
SAFE Paediatrics course participants in 2016

546
SAFE Obstetrics course participants in 2016

Not only did I pass the exam, but I also achieved the Gold Medal which is the greatest honor I’ve had in my life. Winning does not just represent my own achievement, it is what prepares me to make a better contribution to my hospital and my patients in Cambodia.

Dr Rinna Eng, anaesthesiologist (Cambodia)

“The practical case scenarios taught on the SAFE course are very important and more interactive than lectures, which makes learning easier. Having done the course I now feel able to manage patients better.”

Anonymous SAFE Obstetrics participant (Kenya)
Since 2008 Baxter International has generously sponsored anaesthesiologists from low resource countries to attend WFSA Regional Congresses. The learning gained and networks created during these events prove invaluable to these future leaders in anaesthesia.

Additionally, the AAGBI, Australan and New Zealand College of Anaesthetists, Australian Society of Anaesthetists, Canadian Anaesthesiologists’ Society, New Zealand Society of Anaesthetists, Asian Australasian Regional Section (AARS), Gradien Health Systems and Penn State University funded scholars to attend the World Congress of Anaesthesiologists in Hong Kong.

62 scholars from 31 countries attended 4 congresses in 2016: Pan Arab, SARANF, ESA & WCA

Baxter International is delighted to support the educational development of young anaesthetists through the WFSA scholarship programme. We hope that these scholars go on to be teachers, leaders, and champions of anaesthesia when they return to their home countries.

Dr Klaus Hoerauf, Global Head Medical Affairs at Baxter International Inc.

I am already using the new knowledge to involve myself more in research, improve patient care and also upgrade the undergraduate and postgraduate training programmes at my University. Many times I thought we were limited in terms of what we can do but realised that focusing on the simple basics of medicine (e.g. hand washing and use of a Lifebox pulse oximeter) improves patient outcomes greatly!

Dr George Kateregga, Anaesthesiologist (Uganda) & WCA Baxter Scholar

Dr Kateregga receives his attendance certificate at the WCA.

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UPDATE IN ANAESTHESIA (UIA)

Update in Anaesthesia is the official CME publication of the WFSA. UIA Volume 31, sponsored by Baxter International, was published in June 2016 and was the most popular publication to date. As with UIA Volume 30, there was a noticeable spike in WFSA web traffic as several thousand people visited the WFSA website within hours of the volume’s release.

ANAESTHESIA TUTORIAL OF THE WEEK (ATOTW)

ATOTW, the WFSA’s web tutorial, aims to support anaesthesia education across the globe. In 2016, 21 tutorials were published in English. Many tutorials were also translated into Spanish, French, Portuguese and Chinese, covering specialty areas including obstetrics, paediatrics, intensive care, neuro-anesthesia, pain and regional anaesthesia.

ATOTW is read by thousands across high, middle and low resource countries making it an invaluable open access resource.

ANAESTHESIA FILM TUTORIALS (YOUTUBE)

Through a partnership with Southampton Hospital, the WFSA offers a series of subtitled educational videos on adult and paediatric anaesthesia on our Virtual Library and YouTube channel. In 2016 these videos were viewed more than 500,000 times and are an excellent resource for anaesthesiologists to refresh themselves in the best practice of basic skills.

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FELLOWSHIPS:
Fellowships form a central part of how the WFSA supports improved safety. In 2016 40 Fellows from 27 different countries undertook fellowships across Africa, Asia, Europe and Latin America.

Dr Pauline Wake was attracted to the WFSA Paediatric Fellowships because paediatric cases produce a large number of the challenges faced by anaesthesia and surgical teams in Papua New Guinea. She hoped to learn more about the subspecialty and become more proficient in the management of paediatric patients in not just anaesthesia, but also in intensive care.

Name: Dr Pauline Wake
Nationality: Papua New Guinean
Fellowship Speciality: Paediatric Anaesthesia
Host Institution: CMC Hospital, Vellore, Tamil Nadu, India

In my hospital in PNG, there is unfortunately no intensive care for paediatric patients. Neonates are sent to the special care nursery for recovery after surgery and many succumb to death due to lack of critical care and ICU support.

Amongst the most important things I learnt during my WFSA fellowship were the principles of managing critically ill neonates. What I learnt has not only given me confidence in managing sick neonates but also the knowledge to teach my trainees important techniques.

I, with the support of colleagues in Papua New Guinea and Australia, am now working on writing a Postgraduate Higher Diploma programme for paediatrics which will be submitted to the University Council. When this programme is set, I can train more anaesthetists in PNG to be paediatric anaesthetists.

Fund A Fellow
Help us train 500 Fellows and reach 1 million patients by 2020.
www.wfsahq.org/get-involved/donate

Dr Wake with colleagues in CMC Hospital
The WFSA would like to thank all of the hospitals involved in our fellowship programme.

40 Fellows from 27 different countries undertook fellowships in 11 countries in hospitals on 4 continents.
Innovation and research are vital to improving safety and standards in anaesthesia care globally. Advances in these areas will create innovative equipment for the future, novel medicines to better treat patients, advanced learning methods for safer anaesthesia, and effective pain management in resource poor settings.

UPDATE ON WORK OF 2015 RESEARCH GRANT Awardees

Dr Mona Sharma

The poor nature of anaesthesia service in Ghana, especially in rural areas, contributed to an increase in maternal mortality and our research indicates that Ghana failed to meet MDG5. To achieve MDG5 the standard of anaesthesia service at the district level needs attention, particularly the number of anaesthesia personnel available, their level of training in anaesthesia, and the provision of drugs and equipment. Dr Dennis Banogtaa Kabiri

I will be going to Singapore in 2017 for training in airway ultrasound as my research will focus on predicating obstetric patients who will have difficult airways. Since a study of this kind has not been done before, I also plan to start doing pilot cases before formally commencing my work. Dr Mona Sharma

Dr Dennis Banogtaa Kabiri

Dr Junsong Gong

Most of my research data on the effects of sevoflurane preconditioning and postconditioning on reperfusion induced arrhythmia, and the underlying mechanisms, has been collected and I will finish the project before June 2017. In the future, I plan to submit an abstract to 24th Annual Meeting of Chinese Society of Anesthesiology as well as publish my findings in an academic paper. Dr Junsong Gong

Dr Emma Stodel*

Dr Neha Singh

Dr John Hyndman

Dr Aruna Wickramasinghe

Dr Paulin Ruhato Banguti

Dr David Peel

INNOVATION AWARDS

WFSA Innovation Awards, sponsored by Baxter Int., are designed to encourage and support innovation in anaesthesiology that has had, or is likely to have, a positive impact on surgical patient outcomes. The six Innovation Award winners were announced in December 2015 and were invited to the World Congress of Anaesthesiologists in Hong Kong to receive their awards and present their work to WCA delegates. WFSA President Dr David W Kinross, Dr Klaus Hoerauf, Head, Global Medical Affairs at Baxter, and Jean-Pol Warbecq, Senior Director, Global Marketing at Baxter presented the winners with their awards at the WCA Opening Ceremony.

OHIO STATE UNIVERSITY AGREED CO-FUNDING FOR 2 RESEARCH FELLOWSHIPS

Ohio State University, Wexner Medical Center agreed to partner with the WFSA to provide two research fellowships. These unique positions are based at the university’s Department of Anesthesiology and are open to anaesthesiologists from low and middle-income countries. The aim of the fellowship programme is to foster the development of research in less affluent countries. The fellows will work on a research project for a period of 12 months, with the final goal of publishing an original paper in an indexed journal.

*Collected award on behalf of herself, Dr Christopher Hudson, and Dr Viren Naik.
LIFEBOX

Lifebox Foundation is a leading NGO making anaesthesia and surgery safer on a global scale. Since 2011, Lifebox has provided more than 15,000 environment appropriate pulse oximeters to hospitals in 100 countries worldwide. Their second technical programme, Clean Cut, is currently piloting in Ethiopia, with the goal of reducing surgical site infection. Through impact evaluation, research and advocacy - including the award-winning documentary The Checklist Effect - Lifebox has made surgical care safer for over 10 million patients worldwide.

Partnership is a critical component of this work. As co-founders, funders and expert volunteers the WFSA and its members play a vital role in delivering Lifebox projects, and in sustaining the life-changing impact that equipment, education and peer support brings to patients worldwide.

The WFSA established official liaison with the International Electrotechnical Commission (IEC) in October 2016. The IEC is the world’s leading organisation for the preparation and publication of international standards for all electrical, electronic and related technologies. The liaison will be managed through the Safety & Quality of Practice Committee.

INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC)

The WFSA and the International Committee for the Red Cross (ICRC) formed a partnership in 2015 to deliver safe anaesthesia for all patients admitted to ICRC facilities worldwide. In 2016, the group finalised the review of ICRC’s anaesthesia guidelines which will be published in 2017. Additionally, the ICRC had a presence at the WCA in Hong Kong, with Dr Eric Vreede, Chair of the Liaison Committee, invited to speak at the Congress.

INTERNATIONAL STANDARDS REVISION APPROVED AND SUBMITTED TO WHO

The International Standards For A Safe Practice of Anaesthesia are intended to provide guidance and assistance to anaesthesia professionals around the world for improving and maintaining the quality and safety of anaesthesia care. The process for undertaking the latest revision was defined at the WFSA’s General Assembly at the World Congress of Anaesthesiologists in August 2016. The WFSA will aim to publish the revised Standards after liaison with the World Health Organization (WHO) in 2017.

POSITION STATEMENT ON OFF LABEL DRUG USE

In 2015 the WFSA was approached by a number of anaesthesiologists requesting advice on the use of “off-label” medicine use as they were concerned that in the event of an adverse outcome following “off-label” medicine use, an anaesthesiologist may be prosecuted or sanctioned in some way. The WFSA position statement, which was developed by the WFSA’s Safety & Quality of Practice and Paediatric Anaesthesia Committees in February 2016, aims to protect anaesthesiologists who justifiably prescribe and administer medicines “off-label”.

SMALL BORE CONNECTORS

Through its liaison with the International Organization for Standardization (ISO) the WFSA Safety & Quality of Practice Committee continued its work on small bore connectors. The objective is a global standard that will reduce the risk of misconnections between medical devices and accessories.
As a Federation, much of what the WFSA does is based on collaborations between our Member Societies. Supporting and connecting our members is at the heart of our Working Together programme.

16TH WORLD CONGRESS OF ANAESTHESIOLOGISTS

In September 2016 anaesthesiologists from around the world gathered in Hong Kong for the World Congress of Anaesthesiologists (WCA). The WCA is the foremost global gathering of anaesthesia providers interested in learning, networking and engaging in open dialogue on important topics in the field of anaesthesia. The event, co-hosted with the Society of Anaesthetists of Hong Kong (SAHK), took place over five days with over 6,000 delegates from 134 countries coming together.

BRINGING TOGETHER OUR MEMBER SOCIETIES

With 123 Member Societies in attendance, along with 51 international scholars who came from every part of the globe, it was the international feel of the WCA that was the Congress’s biggest success. The large turnout at the General Assembly and the breadth and depth of the Scientific Programme was testament to the engagement of anaesthesiologists from across specialties. We simply would not have been able to achieve such success without the engagement, positivity and generosity of the WFSA Member Societies, Board, Council and Committees.

At the General Assembly the new Board and Council were officially elected and the WFSA constitution was revised.

President: Dr Gonzalo Barreiro,
President-Elect: Dr Jannicke Mellin-Olsen,
Secretary: Prof. Adrian Gelb,
Treasurer: Prof. Alan Merry,
Director of Programmes: Dr Wayne Morriss,
Director of Partnerships: Dr Berend Mets,
Board Members 2016 – 2017: Dr Carolina Haylock-Loor, and Dr Bisola Onajin-Obembe. A big thank you to the 2012-2016 WFSA Board, Council and Committee Members who committed their time and effort to WFSA activities.

SAFE-T LAUNCH

The WCA also saw the launch of the Safe Anaesthesia For Everybody – Today “SAFE-T” campaign made up of the SAFE-T Network and Consortium, bringing individuals, organisations and industry together to advance patient safety and the International Standards for a Safe Practice of Anaesthesia. We asked those who took a photograph in our SAFE-T photobooth to give a small donation, which was then generously matched funded by Teleflex.

The SAFE-T Consortium is a global collaboration of industry and patient focused organisations committed to the advancement of patient safety and the International Standards. We would like to thank the 20+ members of the Consortium for their support in 2016.

INTERNATIONAL CONFERENCES

Conferences are a great way to interact as a Federation with colleagues from different Member Societies. In 2017, there will be a number of regional events including: 12th SAARC-AA Congress, 24 - 26th February (Sri Lanka), Euroanaesthesia, 3–5th June (Switzerland), 34th CLASA Congress, 8 - 11th October (Uruguay), and the All Africa Anaesthesia Congress, 20 - 24th November (Nigeria). For more information please visit the WFSA website.
PARTNERSHIPS

The WFSA is supported by an extraordinary network of thousands of volunteers who generously and graciously dedicate their expertise and time to our work year on year. They are at the heart of what we do, and we could not succeed without them.

GLOBAL IMPACT PARTNERS ANNOUNCED
At the Opening Ceremony of the WCA Dr David Wilkinson, WFSA President 2012 – 2016, announced that Masimo and the Laerdal Foundation would be the WFSA’s first Global Impact Partners.

Global Impact Partners work with the WFSA to deliver anaesthesia patient safety programmes in a particular country, or countries, where access to safe anaesthesia is limited. Laerdal will focus on SAFE training in obstetric anaesthesia in Africa and Asia, whilst Masimo will focus on building the capacity of the anaesthesia workforce in Telangana State, India.

INDIVIDUAL DONATIONS
The WFSA is very fortunate to receive donations from generous individuals who recognise the importance of our work. We are enormously appreciative of the support given to our Fund a Fellow and SAFE-T campaigns and look forward to continuing our engagement with you in 2017 and beyond. We would like to thank all of our donors and Dr John Severinghaus, Andrew and Faye Evans Charitable Fund, Dr Adrian Gelb, Dr Suile Chandra, Dr Noel Geseske, Dr Michael Stone and Dr Charles Cote for their significant donations to the Fund a Fellow campaign. To learn more about Fund a Fellow please visit: www.wfsahq.org/get-involved/donate

MEMBER SOCIETIES
The support of our 135 Member Societies is essential to our work. We are honoured to be able to represent this truly global federation and thank each of our members for investing in your colleagues in low resource settings and in the lives of patients worldwide.

The WFSA is extraordinarily grateful to all of our Member Societies, partners, donors and volunteers who supported us in 2016. Their time, money and expertise enables us to continue our mission to improve patient care and access to safe anaesthesia for all.

We are delighted to partner with the WFSA in bringing much-needed help to areas of the world blighted by needless deaths.
Joe Kiani, Founder & CEO of Masimo.
FINANCE

2016 INCOME TOTAL: $1,725,892*

WFSA income is derived from member subscriptions, interest, and donations. In 2016 an additional US$883,274 of income was derived from the World Congress of Anaesthesiologists which shares a portion of any surplus with the WFSA.

2016 EXPENDITURE TOTAL: $1,239,023

The majority of the WFSA’s expenditure is allocated across Education, Publications and other programme grants, as well as support costs such as salaries, legal fees, accountancy, and investment fees. Total Expenditure in 2016 was US$1,239,023* with the deficit – excluding WCA surplus - being covered from reserves (as per the reserves policy and the approved budget).

RETURN ON INVESTMENT:
Conservative estimates of the value of volunteer time utilised by the WFSA mean that the WFSA Council and Committee members contributed over US$1,000,000.00 of professional time in 2016. Additionally, all programmes are delivered by physicians and trainers who provide their time free of charge and are organised by our Council and Committees, made up of highly experienced and renowned anaesthesiologists, on an entirely voluntary basis. These teachers/mentors donated an estimated US$2,000,000.00 in time in 2016.

THE WFSA PROVIDES A RETURN OF OVER $10 FOR EVERY $1 INVESTED IN THE ORGANISATION

However, the WFSA will need to significantly increase the income derived from subscriptions and donations over the period 2017-2020 to continue to respond to the global crisis in surgery and anaesthesia. To find out how you can help please visit www.wfsahq.org/get-involved/donate

*There are non-audited figures. A copy of the audited accounts can be requested from the Secretariat. The value of volunteer time made available to the WFSA is over US$3m per annum, however this is an estimate and is not included in the accounts.

MEMBERSHIP DUES
$436,919

DONATIONS / OTHER
$405,699

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$883,274

2016 INCOME TOTAL: $1,725,892

WFSA income is derived from member subscriptions, interest, and donations. In 2016 an additional US$883,274 of income was derived from the World Congress of Anaesthesiologists which shares a portion of any surplus with the WFSA.

2016 EXPENDITURE TOTAL: $1,239,023

The majority of the WFSA’s expenditure is allocated across Education, Publications and other programme grants, as well as support costs such as salaries, legal fees, accountancy, and investment fees. Total Expenditure in 2016 was US$1,239,023* with the deficit – excluding WCA surplus - being covered from reserves (as per the reserves policy and the approved budget).

RETURN ON INVESTMENT:
Conservative estimates of the value of volunteer time utilised by the WFSA mean that the WFSA Council and Committee members contributed over US$1,000,000.00 of professional time in 2016. Additionally, all programmes are delivered by physicians and trainers who provide their time free of charge and are organised by our Council and Committees, made up of highly experienced and renowned anaesthesiologists, on an entirely voluntary basis. These teachers/mentors donated an estimated US$2,000,000.00 in time in 2016.

THE WFSA PROVIDES A RETURN OF OVER $10 FOR EVERY $1 INVESTED IN THE ORGANISATION

However, the WFSA will need to significantly increase the income derived from subscriptions and donations over the period 2017-2020 to continue to respond to the global crisis in surgery and anaesthesia. To find out how you can help please visit www.wfsahq.org/get-involved/donate

*There are non-audited figures. A copy of the audited accounts can be requested from the Secretariat. The value of volunteer time made available to the WFSA is over US$3m per annum, however this is an estimate and is not included in the accounts.
MEMBERS 2016

ALBANIA: Albanian Society of Anaesthesia and Intensive Care
ALGERIA: Société Algérienne d’Anesthésie
ANGOLA: Associação de Anestesia da República de Angola
ARGENTINA: Federación Argentina de Asociaciones de Anestesia, Analgesia y Reanimación
AUSTRALIA: Australian Society of Anaesthetists
AUSTRIA: Österreichische Gesellschaft für Anästhesiologie, Reanimation und Intensivmedizin
BANGLADESH: Bangladesh Society of Anaesthesiologists
BELARUS: Belarusian Society of Anaesthetists and Experts in Resuscitation
BELGIUM: Society for Anesthesia and Resuscitation of Belgium
BENIN: Société d’Anesthésie-Reanimation du Benin
BOLIVIA: Sociedad Boliviana de Anestesiología, Reanimación y Dolor
BOSNIA & HERZEGOVINA: Udrženje Doktorja Medicine Anesteziologa-Reanimatologa u FBiH
BOTSWANA: Botswana Society of Anaesthetists
BRASIL: Sociedade Brasileira de Anestesiologia
BRUNEI: Society of Anaesthesiologists, Brunei Darussalam
BURKINA FASO: Societe d’Anesthesie Reanimation et Medecine d’Urgence du Burkina (SARMU-B)
CAMBODIA: Cambodia Society of Anaesthetists
CAMEROON: Société Camerounaise d’Anesthesie Reanimation
CANADA: Canadian Anaesthesiologists’ Society
CHILE: Sociedad de Anestesiología de Chile
CHINA: Chinese Society of Anesthesiology
CHINESE TAIPEI TAIWAN: Taiwan Society of Anaesthesiologists
COLOMBIA: Sociedad Colombiana de Anestesiología y Reanimación
CONGO: Société Congolaise d’Anesthésie Réanimation Urgences
COSTA RICA: Asociación de Médicos Anestesiólogos de Costa Rica
CROATIA: Croatian Association of Anaesthesiology and Intensive Care Medicine
CUBA: Sociedad Cubana de Anestesiología y Reanimación
CZECH REPUBLIC: Czech Society of Anaesthesiology and Intensive Care Medicine
DEMOCRATIC REPUBLIC OF CONGO: Anesthesiologie & Intensive Care Society of Democratic Republic of Congo
DENMARK: Danish Society of Anaesthesiology and Intensive Care Medicine
DOMINICAN REPUBLIC: Sociedad Dominicana de Anestesiología
ECUADOR: Sociedad Ecuatoriana de Anestesiología
EGYPT: Egyptian Society of Anaesthesiologists
EL SALVADOR: Asociación de Médicos Anestesiólogos de El Salvador
ESTONIA: Estonian Society of Anaesthesiologists
ETHIOPIA: Ethiopian Society of Anaesthesiologists
FINLAND: Finnish Society of Anaesthesiologists
FRANCE: Société Française d’Anesthésie et de Réanimation
GABON: Société Gabonaise d’Analgésie Anesthésie-Réanimation et Médicine d’Urgence
GEORGIA: Georgian Society of Anesthesiology and Critical Care Medicine
GERMANY: Deutsche Gesellschaft für Anaesthesiologie und Intensivmedizin e.V. (DGAI)
GHANA: Ghana Anaesthetist Society
GREECE: Hellenic Society of Anaesthesiology
GUATEMALA: Asociacion Guatemalteca de Anestesiologia, Reanimacion y Tratamiento del Dolor
GUAYAMA: Guayan Anesthesiology Society
HAITI: Société Haïtienne d’Anesthésie
HONDURAS: Sociedad Hondureña de Anestesiología, Reanimación y Dolor
HONG KONG: Society of Anaesthetists of Hong Kong
HUNGARY: Hungarian Society of Anaesthesiology and Intensive Therapy
ICELAND: Icelandic Society of Anaesthesia and Intensive Care Medicine
INDIA: Indian Society of Anaesthesiologists
INDONESIA: Indonesian Society of Anaesthesiologists and Intensive Therapy
IRAN: Iranian Society of Anaesthesiologists and Critical Care
IRAQ: The Iraqi Association of Anaesthesia And Intensive Care And Pain Medicine
ISRAEL: Israel Society of Anesthesiologists
ITALY: Società Italiana di Anestesia, Analgesia, Rianimazione et Terapia Intensiva
IVORY COAST: Société Ivorienne d’Anesthésie-Réanimation
JAMAICA: Jamaica Anaesthetists’ Association
JAPAN: Japanese Society of Anaesthesiologists
JORDAN: Jordan Society of Anaesthesia and Intensive Care
KENYA: Kenya Society of Anaesthesiologists
KINGDOM OF SAUDI ARABIA: Saudi Anaesthesia Society
KOREA: Korean Society of Anaesthesiologists
KOSOVO: Association of Kosovo Anaesthesiologists
KWATUI: Kuwait Society of Anaesthesiologists
LAO: Lao Society of Anaesthesiologists
LATVIA: Association of Anaesthesiologists-Reanimatologists of Latvia
LEBANON: Lebanese Society of Anaesthesiologists
LIBYA: Libyan Society of Anaesthesia, Intensive Care and Resuscitation
LITHUANIA: Lithuanian Society of Anaesthesiology and Intensive Care
MACEDONIA: Macedonia Society of Anaesthesiologists
MALAYSIA: Malaysian Society of Anaesthesiologists
MALDIVES: Maldives Anaesthesiologists Association
MALI: Société d’Anesthésie, de Réanimation et de Médecine d’Urgence du Mali
MALTA: Association of Anaesthesiologists of Malta
MAURITIUS: Association of Anaesthesiologists of Mauritius
MEXICO: Federacion Mexicana de Colegios de Anestesiología A.C.
MICRONESIA: Micronesia Anesthesia Society
MOLDOVA: Society of Anaesthesia and Reanimatology of the Republic of Moldova
MONGOLIA: Mongolian Society of Anesthesiologists
MONTENEGRO: Montenegro Anaesthesiologists’ Society
MOCCO: Moroccan Society of Anaesthesiology and Intensive Care (SMAR)
MOZAMBIQUE: Associação de Anestesiologistas de Moçambique
MYANMAR: Myanmar Society of Anaesthesiologists (Myanmar Medical Association)
NEPAL: Society of Anaesthesiologists of Nepal
NETHERLANDS: Nederlandse Vereniging voor Anesthesiologie
NEW ZEALAND: New Zealand Society of Anaesthetists
NICARAGUA: Asociación Nicaragüense de Anestesiología y Reanimación
NIGER: Société Nigerienne d’Anesthésie, de Réanimation et de Médecine d’Urgence
NIGERIA: Nigerian Society of Anaesthesiologists
NORWAY: Norsk Anestesiologer og Reanimatører
PACIFIC ISLANDS: Pacific Society of Anaesthesiologists
PAKISTAN: Pakistan Society of Anaesthetists
PALESTINE: Palestinian Society of Anaesthesia & Intensive Care
PANAMA: Sociedad Panameña de Anestesiología
PAPUA NEW GUINEA: Society of Anaesthetists of Papua New Guinea
PARAGUAY: Sociedad Paraguaya de Anestesiología
PERU: Sociedad Peruana de Anestesia, Analgesia y Reanimación
PHILIPPINES: Philippine Society of Anaesthesiologists
POLAND: Polish Society of Anaesthesiology and Intensive Therapy
PORTUGAL: Sociedade Portuguesa de Anestesiologia
REPUBLICA SRPSKA: Association of Anaesthesiologists & Reanimatologists of the Republic of Srpska
ROMANIA: Romanian Society of Anaesthesia and Intensive Care
RUSSIA: Russian Federation of Anaesthesiologists and Reanimatologists
RWANDA: Rwanda Society of Anesthesiologists
SENEGAL: Société Sénégalaise d’Anesthésie-Réanimation et de Médecine d’Urgence
SERBIA: Serbian Association of Anaesthesiologists and Intensivists (SAAI)
SINGAPORE: Singapore Society of Anaesthesiologists
SLOVAK REPUBLIC: Slovak Society of Anaesthesiology and Intensive Medicine
SLOVENIA: Slovenian Society of Anaesthesiology and Intensive Care Medicine (SSAICM)
SOUTH AFRICA: South African Society of Anaesthesiologists
SPAIN: Sociedad Española de Anestesiología, Reanimación y Terapéutica del Dolor
SRI LANKA: College of Anaesthesiologists and Intensivists of Sri Lanka
SUDAN: Sudanese Society of Anaesthesiologists
SWEDEN: Swedish Society for Anaesthesiology and Intensive Care Medicine
SWITZERLAND: Schweizerische Gesellschaft für Anästhesiologie und Reanimation
SYRIA: Syrian Society of Anaesthesiologists
TAIWAN: Taiwanese Society of Anaesthesiologists
TANZANIA: Society of Anaesthesiologists of Tanzania
THAILAND: Royal College of Anaesthetists of Thailand
TRINIDAD AND TOBAGO: The Trinidad & Tobago Anaesthetists Association
TUNISIA: Société Tunisienne d’Anesthésie-Réanimation et de Réanimation
TURKEY: Turkish Anaesthesiology and Reanimation Society
UGANDA: Association of Anaesthesiologists of Uganda (AAU)
UKRAINE: Ukrainian Society of Anaesthesiologists
UNITED ARAB EMIRATES: Society of Anaesthesia, Critical Care and Pain Medicine of United Arab Emirates
UNITED KINGDOM: Association of Anaesthetists of Great Britain and Ireland
UNITED STATES OF AMERICA: American Society of Anaesthesiologists
URUGUAY: Sociedad de Anestesiologia del Uruguay
UZBEKISTAN: Uzbekistan Society of Anaesthesiology and Intensive Care
VENEZUELA: Sociedad Venezolana de Anestesiología
VIETNAM: Vietnam Society of Anaesthesiologists
WEST AFRICA FRANCO: Société d’Anesthésie et de Réanimation d’Afrique Noire Francophone (SARANF)
ZAMBIA: Society of Anaesthetists of Zambia
ZIMBABWE: Zimbabwe Anaesthetic Association

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