

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.





PRESIDENT'S LETTER

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-Flect 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

16.9 million

lives were lost from conditions needing surgical care in 2010. This is over 4x the number of people who died from HIV/AIDS, TB and Malaria combined.

\$12.3 trillion

USD will be lost from the economies of low and middle income countries by 2030 without urgent investment in anaesthesia and surgery.

94% of the population

in low and middle income countries are without access to surgery and anaesthesia, compared with 14.9% of the population in high-income countries.

ADVOCACY

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.

Strengthening emergency
and essential surgical care
and anaesthesia as a component
of universal health coverage

Resolution A68.15, May 2015.



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.

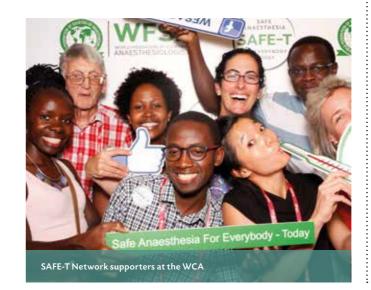
The second statement focused on human resources for health, emphasising the deficit of approximately 18 million healthcare workers worldwide, largely in lower income countries, and the need for some 2.3 million additional anaesthesiologists, surgeons and obstetricians by 2030.



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.







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.





POST-GRAD DIPLOMA

The WFSA funds selected anaesthesiologists to complete a Postgraduate Diploma of Regional Anesthesia 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.



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)



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.

"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)



SCHOLARSHIPS

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, Australian and New Zealand College of Anaesthetists, Australian Society of Anaesthetists, Canadian Anesthesiologists' 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 anaesthesiologists 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!

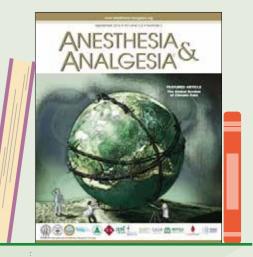
Dr George Kateregga, Anaesthesiologist (Uganda) & WCA Baxter Scholar



PUBLICATIONS







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 speciality areas including obstetrics, paediatrics, intensive care, neuroanaesthesia, pain and regional anaesthesia. ATOTW is read by thousands across high, middle and low resource countries making it an invaluable open access resource.

ANESTHESIA & ANALGESIA

Through a partnership between the WFSA and the International Anesthesia Research Society (IARS), the Global Health Section of Anesthesia & Analgesia (A&A) was formed in 2014. In 2016 Anesthesia & Analgesia continued to publish articles with a focus on global anaesthesia, health and development. Articles published in the Global Health Section are now available free to download on our website.

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.



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

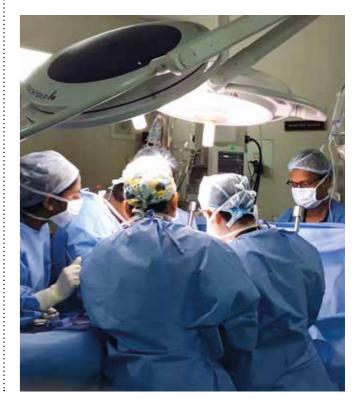
In my hospital in PNG, there is unfortunately no intensive care for paediatric patients.

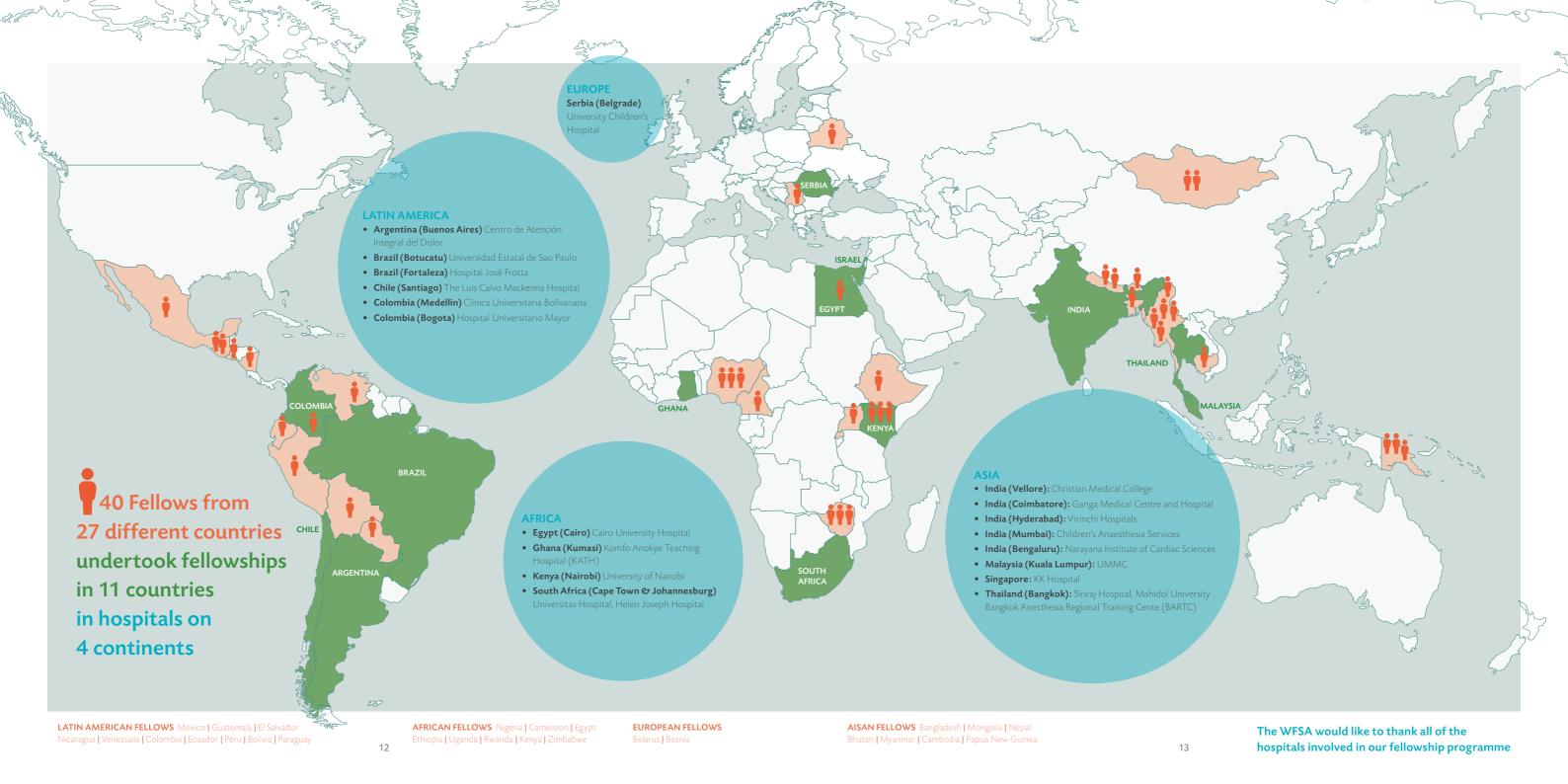
Neonates are sent to the special care nursery for recovery after surgery and many succumb to death due to lack of critical care and ICU support.

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.







INNOVATION AND RESEARCH

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

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

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

[4] 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









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 Wilkinson, 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.









15





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

SAFETY OF QUALITY

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.





WFSA ESTABLISHED OFFICIAL LIAISON WITH INTERNATIONAL ELECTROTECHNICAL COMMISSION

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) PARTNERSHIP UPDATE

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

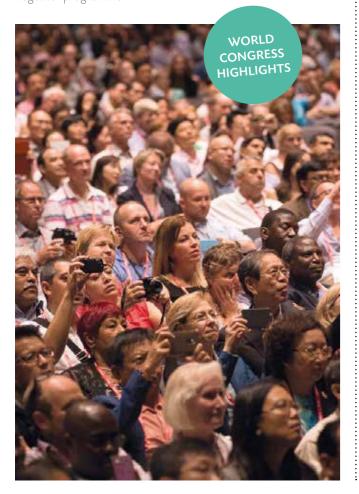
In 2015 the WFSA was approached by a number of anaesthesiologists requesting advice on the use of "off-label" medicine use as they were concerned that in the event of an adverse outcome following "off-label" medicine use, an anaesthesiologist may be prosecuted or sanctioned in some way. The WFSA position 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.

WORKING TOGETHER

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

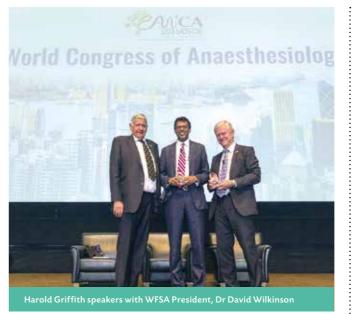
In September 2016 anaesthesiologists from around the world gathered in Hong Kong for the World Congress of Anaesthesiologists (WCA). The WCA is the foremost global gathering of anaesthesia providers interested in learning, networking and engaging in open dialogue on important topics in the field of anaesthesia. 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.



HAROLD GRIFFITH KEYNOTE LECTURES

The Harold Griffith Keynote Lectures given by Dr Atul Gawande and Mr Tore Laerdal were another highlight of the WCA. Both speakers focused on their personal histories and how these shaped their understanding of anaesthesia in a modern, global context.

Tore Laerdal, Executive Director of the Laerdal Foundation, founder and leader of Laerdal Global Health, and Chairman of Laerdal Medical, gave a fascinating history of the company, including how his father saved him from a drowning as a 2-year-old, and how this inspired him to use his skills as a toy maker to develop life sized dolls for children, and later full sized manikins to help train healthcare workers and the general public in lifesaving techniques.

Dr Atul Gawande, surgeon and bestselling author, discussed his father's upbringing in a village in rural India, where much of his family still lives. He also highlighted the huge need and the economic argument for closing the gaps in access to anaesthesia and surgery globally.

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 match 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 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.

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 Susilo Chandra, Dr Noel Giesecke, 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.



VOLUNTEERS

20

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.















Support from these organisations has enabled the WFSA to expand our vital education and training programmes around the world. We thank these partners for their continued financial support and dedication to safe anaesthesia and global health.





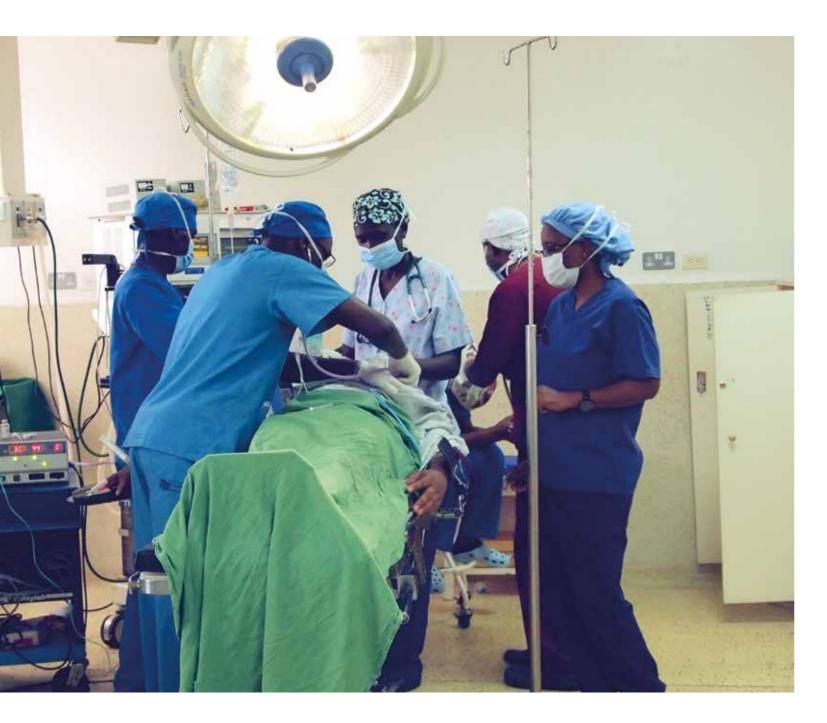














2016 INCOME TOTAL: \$1,725,892*

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.

\$883,274

MEMBERSHIP DUES

\$436,919

donations / other

\$405,699

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).

\$605,202

\$000 STA

\$368,759

OTHER MGT

\$265,063

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

*These 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 Republica de Angola

ARGENTINA: Federación Argentina de Asociaciones de Anestesia, Analgesia y Reanimación

AUSTRALIA: Australian Society of Anaesthetists

AUSTRIA: Österreichische Gesellschaft für Anasthesiologe, Reanimation und Intensivmedizin

BANGLADESH: Bangladesh Society of Anaesthesiologists

BELARUS: Belarusian Society of Anaethetists and Experts in Resuscitation

BELGIUM: Society for Anesthesia and Resuscitation of Belgium

BENIN: Societé d'Anesthesie-Reanimation du Benin

BOLIVIA: Sociedad Boliviana de Anestesiología, Reanimación y Dolor

BOSNIA & HERZEGOVINA: Udruzenje Doktora Medicine Anesteziologa-Reanimatologa u FBiH

BOTSWANA: Botswana Society of Anaesthetists

BRAZIL: Sociedade Brasileira de Anestesiologia BRUNEI: Society of Anaesthesiologsts, Brunei Darussalam

BULGARIA: Bulgarian Society of Anaesthesiologists

BURKINA FASO: Societe d'Anesthesie Reanimation et Medecine d'Urgence du Burkina (SARMU-B)

CAMBODIA: Cambodia Society of Anaesthetists CAMEROON: Societé 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: Anaesthesiology ℰ Intensive Care Society of Democratic

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 Médecine 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: Asosiación Guatemalteca de Anetesiologia, Reanimación y Tratamiento del Dolor

GUYANA: Guyana Anesthesiologist Society

HAITI: Société Haitienne d'Anesthésiologie

HONDURAS: Sociedad Hondureňa de Ánestesiología, Reanimacíon y Dolor

HONG KONG: Society of Anaesthetists of Hong Kong

HUNGARY: Hungarian Society of Anaesthesiology and Intensive Therapy

ICELAND: Icelandic Society of Anaesthesiology and Intensive Care Medicine

INDIA: Indian Society of Anaesthesiologists

INDONESIA: Indonesian Society of Anesthesiologists and Intensive Therapy

IRAN: Iranian Society of Anesthesiologists and Critical Care

IRAQ: The Iraqi Association of Anesthesia And Intensive Care And Pain Medicine

ISRAEL: Israel Society of Anesthesiologists

ITALY: Società Italiana di Anestesia, Analgesia, Rianimazione e Terapia Intensiva

IVORY COAST: Société Ivoirienne d'Anesthésie-Réanimation

JAMAICA: Jamaica Anaesthetists' Association JAPAN: Japanese Society of Anesthesiologists

JORDAN: Jordan Society of Anaesthesia and Intensive Care

KENYA: Kenya Society of Anaesthesiologists

KINGDOM OF SAUDI ARABIA: Saudi Anaesthesia Society

KOREA: Korean Society of Anesthesiologists

KOSOVO: Association of Kosovar Anaesthesiologists

KUWAIT: Kuwait Society of Anaesthesiologists

LAO: Lao Society of Anesthesiologists

LATVIA: Association of Anaesthesiologists-Reanimatologists of Latvia

LEBANON: Lebanese Society of Anesthesiologists

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 Médicine d'Urgence du Mali

MALTA: Association of Anaesthesiologists of Malta

MAURITIUS: Association of Anaesthesiologists of Mauritius

MEXICO: Federacion Mexicana de Colegios de Anestesiologia 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 MOROCCO: Maroccan Society of Anesthesiology 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: Associación Nicaragüense de Anestesiología y Reanimación

NIGER: Societe Nigerienne d'Anesthesie, de Reanimation et de Medecine d'Urgence

NIGERIA: Nigerian Society of Anaesthetists

NORWAY: Norsk Anestesiologisk Forening PACIFIC ISLANDS: Pacific Society of Anaesthetists

PAKISTAN: Pakistan Society of Anaesthesiologists

PALESTINE: Palestinean Society of Anaesthesia & Intensive Care

PANAMA: Sociedad Panameña de Anestesiología

PAPUA NEW GUINEA: Society of Anaesthetists of Papua New Guinea PARAGUAY: Sociedad Parguaya 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 Anetesiologia

REPUBLIKA 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: Societé Sénégalaise d'Anesthésie-Réanimation et de Médicine 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 Anesthesiologists

TANZANIA: Society of Anaesthesiologists of Tanzania

THAILAND: Royal College of Anesthesiologists of Thailand

TRINIDAD AND TOBAGO: The Trinidad & Tobago Anaesthetists Association

TUNISIA: Societé Tunisienne d'Anesthésie et de Réanimation TURKEY: Turkish Anaesthesiology and Reanimation Society

UGANDA: Association of Anaesthesiologists of Uganda (AAU) UKRAINE: Ukranian 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 Anesthesiologists

URUGUAY: Sociedad de Anestesiología 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

www.wfsahq.org Email: admin@wfsahq.org





