Our **mission** is to foster and expand our network of health care professionals in education, research, development, and clinical investigation to **achieve more effective patient care** worldwide.

Our **vision** is **excellence in the surgical management** of trauma and disorders of the musculoskeletal system.
Letter from the CEO and Vice-Chairman and the President

Dear colleagues and friends,

This has been a year of continued change and development throughout the organization and we would like to update you on some of AO’s recent accomplishments, many of which are elaborated on in this annual report.

In 2016, the AO continued to prioritize the creation of innovation instruments to open pathways to new ideas and create more intellectual property. With almost all funding committed and more than 20 approved projects well underway for the AO Strategy Fund, this year saw the establishment of two new innovation initiatives. Firstly AO Invest which is an investment fund for start-ups wholly funded by the AO. Its inaugural investment in a start-up improving surgical educational standards is closely aligned with the AO’s mission to significantly impact the advancement of patient care. And more recently, the AO Development Incubator, which supports inventors to build and execute project plans towards a proof of concept, constituted its board and its first calls for proposals will happen in March 2017. More detail about the AO’s pathways to innovation can be found on pages 10 and 11.

Transparency is critical to the AO and, in addition to establishing a Code of Ethics and Conduct that will apply to all staff and members of the AO’s network, the AO Foundation Board has decided to issue its own Transparency Policy in order to demonstrate its proactive approach in this matter. According to this policy, the AO will, once a year, publish aggregate remuneration figures for the AOFB, international boards of the clinical divisions and the AO Executive Management. These figures are published on page 43 of this annual report and a report on good practice policies appears on pages 8 and 9.

In 2015, the AO created a Corporate Social Responsibility (CSR) initiative in which the organization aims to take into account in its daily business its impact on society, the environment, and employees. This work gained pace in 2016 and many of the CSR activities that the AO is investing in have reached new levels of maturity and positive impact. For more information on what the AO achieved in CSR during 2016, please refer to pages 6 and 7.

Reducing the cost of governance was a key aspect of the Trustees Meeting Review. And in 2016 the review concluded that in order to ensure that the Trustees Meeting remains sustainable in the future, and to make the organization more agile, it proposed that the number of Trustees be reduced from 160 to 100. This will be voted on by the Assembly of Trustees in July 2017.

A final decision on the future of the AONeuro and AORecon Initiatives (see pages 28 and 29) will also be taken by mid-2017.

Finally, we would like to express our thanks to our volunteer officers and faculty for their cooperation and enormous assistance and support in all activities; our employees for their committed work; our members for their interest; and our partners for their continued dedication.

Sincerely,

Nikolaus Renner
President of the AO Foundation

Rolf Jeker
CEO and Vice-Chairman
AO Foundation highlights of 2016

- **FEBRUARY**
  - AO Approved Solutions website, showcasing AOTK-approved surgical products, launched
  - First Steps in Evidence-Based Medicine eLearning module wins a Gold Award at eHealthcare Leadership Awards

- **MARCH**
  - AO Invest, an investment fund for start-ups, is legally established

- **MAY**
  - ARI awarded Good Laboratory Practice Certification, one of two academic institutes with this certification in Switzerland

- **AUGUST**
  - AO Foundation Board endorses a new Transparency Policy for the AO

- **DECEMBER**
  - The AO Development Incubator, supporting inventors to proof of concept, has its first board meeting
  - Disaster Limb Injuries Project, funded by the AO Strategy Fund, produces a handbook and website
  - AOPEER program for surgeons conducting research projects launches with the support of AOCID and AOEI
Corporate Social Responsibility at the AO

The AO Foundation strives to be a good global citizen. To achieve this, it has created a Corporate Social Responsibility (CSR) initiative taking into consideration its impact on society, the environment, and employees. AO surgeon faculty and board members are able to donate a percentage of their per diems in support of the AO’s CSR activities. In December, the AO launched a web page detailing the full range of CSR activities the AO is engaged in, a few of which are elaborated on below.

SOCIETY PROGRAM

AO Alliance Foundation (AOAF) is where the AO makes its greatest CSR contribution investing annually in the developmental nonprofit organization dedicated to improving fracture care in low- and middle-income countries (LMICs). This year, the AOAF has focused its efforts on five LMICs: Malawi, Ethiopia, Ghana, Myanmar and Nepal. Malawi is the first beneficiary of AOAF’s country initiatives which will carry out a five-year capacity-building project aimed at strengthening fracture care and local capacity for neglected trauma patients. The AOAF is developing plans for improving fracture care education and infrastructure in Ethiopia to lighten the trauma burden of fractures. The AOAF also supports projects that AO surgeons are working on in the developing world. Alongside the country initiatives the AOAF continues to deliver Fracture Care Courses in Africa (16 countries) and Asia (9 countries).

ARGO is a foundation with commercial workshops and residential homes for adults with disabilities in Davos and one of the local charities that the AO supports. Aside from an annual contribution to a special fund for needy people within ARGO’s organization, the AO encourages employees and network members to make direct contributions and also to buy their gifts from ARGO’s online site.

ENVIRONMENT PROGRAM

Carbon compensation is the second biggest AO CSR project. Since 2013, the AO has voluntarily offset parts of its carbon footprint to make events carbon neutral. In 2016, the AO offset the Trustees Meeting and TK System meetings’ carbon emissions through the financial support of clean cooking stoves and water filters in rural Kenya. Now the AO has decided to compensate the majority of carbon emissions for all flights taken by AO surgeons and staff in the course of their work from 2017 forward. To achieve this, the AO has placed a focus on two projects in Malawi (rehabilitation of community boreholes and training local community members to maintain them, and restoring and improving existing health clinic infrastructures) that fit the AO’s vision and mission, have a social impact, and fulfill voluntary carbon market (CDM Gold Standard) requirements.

PEOPLE PROGRAM

Human Resources policies reflect the AO’s commitment to providing a fair workplace for employees. These activities range from no gender bias in salaries, flexible working hours, study support, free language courses, and home office working; to insurance savings, accident insurance, sickness indemnity and pension funds and other beneficial Human Resources policies. In all of these the AO currently meets best practice requirements.
From a handful of visionary surgeons nearly 60 years ago, the AO has grown to become a global network of 220 employees and more than 19,000 surgeons practicing, teaching, researching, and learning worldwide with the ultimate goal of improving patient care. As part of the AO’s voluntary undertaking to attain the highest integrity and ethical standards for the organization, an Ethics and Compliance Committee (ECC) was established in January 2015. One of the key tasks for the ECC has been to elaborate a Code of Ethics and Conduct applicable to all staff and members of the AO network. The Code of Ethics will be submitted for a final vote to the Assembly of Trustees in July 2017.

The AO’s Code of Ethics outlines the policies, procedures, and standards of behavior that apply to the AO Foundation’s employees and officers (non-employees in an official role within the AO Foundation’s). These guidelines also apply to surgeons and health care providers making use of the AO brand. It defines the best standard of practice within the AO’s community, and towards AO’s partners (public authorities, hospitals, research institutes, universities, health care providers, suppliers, industry, etc).

Times are changing, especially in the health care sector and transparency has become a key focus. Not only governmental authorities, but also the industry and patient organizations, as well as the general public, demand transparency. In order to proactively address these needs the AO Foundation Board decided in 2016 to introduce a Transparency Policy for the AO Foundation. According to this Transparency Policy, the AO Foundation will, once a year, publish in an aggregate fashion (in the annual report and on its web pages) the total remunerations of the AOFB, international boards of the clinical divisions, and the AO Executive Management in addition to disclosing all scientific grants to third parties. These figures are available in the Finance section on page 43.
All paths lead to innovation

AO Strategy Fund

The AO Strategy Fund was created to support projects aimed at developing new services and technologies for unmet needs. After three years and three calls for applications, more than 20 approved projects across five focus areas—education, knowledge sharing, outreach and the AO brand, patient care, research—are well underway.

The AOTK System

The AOTK System constantly innovates new operation techniques and technology instruments designed to solve existing clinical problems, under the medical guidance of independent surgeons, in close collaboration with industrial partners. The AOTK comprises 140 surgeons organized into specialized technical commissions, expert groups and task forces—structured around anatomy and surgical techniques—responsible for the concept development, clinical testing and device approval.

Capitalizing on its 60-year history of innovation, the AO has in recent years launched three new initiatives to complement one of the primary innovation arms of the organization—the AOTK System. This strategy is opening up yet more pathways to compelling innovative ideas for the AO. Each innovation instrument has distinct goals and targets, and together they deliver a successful approach to innovation that will echo far into the future.

AO Invest

AO Invest is a new investment fund for start-ups. This fund is wholly owned by the AO Foundation and run by a board of medical and business experts. The scope of investment is start-ups developing innovative technology that makes a significant contribution to advancing patient care in orthopedic and trauma surgery. The fund invests globally in areas such as visualization, simulation, robotics, data management, and digital health.

The AO Development Incubator

The AO Development Incubator (AODI) supports inventors to secure intellectual property, build and execute project plans towards a proof of concept (PoC) and plan the PoC valorization. AODI, which launches in early 2017, will have at least one call a year for new proposals. The area of focus for the first call in March 2017 is ‘improvement in patient care as it applies to orthopedic trauma, spinal conditions, cranio-maxillo-facial surgery and veterinary surgery.’
From carbon to people

Energy efficiency at the AO Center
There has been a 36% reduction in electricity consumption in the AO Center in Davos (CH) since the energy saving initiatives began in 2007.

Heating oil use
There has been a 47% reduction in heating oil use since the energy saving initiatives began in 2007.

Talent management
Staff statistics (in %):
- Education:
  - PhD: 17
  - Master's degree: 28
  - Bachelor's degree: 22
  - Further education: 10
  - Apprenticeship: 23
- Gender:
  - Female: 53.7
  - Male: 46.3

Nationalities of staff in Switzerland
Where they come from (in %):
- Austria: 0.7
- Canada: 1.2
- Finland: 0.9
- France: 0.9
- Germany: 16.8
- Greece: 0.9
- Ireland: 0.9
- Italy: 4.4
- The Netherlands: 1.0
- Spain: 1.9
- Switzerland: 59.8
- United Kingdom: 1.2
- United States: 1.2
- Others: 5.0

Climate protection and sustainable development
The AO Trustees Meeting 2016 offset 650 tons of carbon emissions (tCO2e) and the AOTK System's meetings in 2015 offset 998 tons tCO2e through the financial support of clean cooking stoves and water filters in rural Kenya, saving lives and forests.

Impact in Kenya of the 1,648 tons of carbon emissions offset by the AO Foundation in 2016
- People impacted: 1,100
- Trees saved: 4,650

Place of work
- Davos: 61.3%
- Dubendorf: 25.3%
- USA: 6.7%
- Colombia: 1.1%
- Brazil: 1.1%
- Hong Kong: 4.6%

Years of service
- >20: 7.6%
- 10–20: 18.5%
- 5–10: 18.9%
- 3–5: 15.9%
- 1–3: 22.8%
- <1: 16.2%

Fellows per clinical division
- AOTrauma: 232
- AOSpine: 201
- AOCMF: 49
- AOVET: 13

Number of paying members per Clinical Division
- AOTrauma: 9,447
- AOSpine: 6,306
- AOCMF: 3,132
- AOVET: 18,860

Number of registered users per Clinical Division
- AOTrauma: 90,101
- AOSpine: 32,881
- AOCMF: 21,428
- AOVET: 6,366

Total: 150,776

Educational events and participants
- by clinical division:
  - AOTrauma: 407
  - AOSpine: 186
  - AOCMF: 118
  - AOVET: 79

- by region:
  - Asia Pacific: 193
  - Europe incl South Africa: 274
  - Latin America: 101
  - North America: 79
  - Middle East and Africa: 35
  - International: 4,934

Impact of education and training initiatives in the year 2016
- Operating Room Personnel: 30,129
- Educational events: 806
- Participants: 51,602
- Total: 51,468
AOVET—advancing the practice of veterinary surgery

To become the preeminent educator for orthopedics in animals, AOVET implemented a new strategy for the delivery of its educational courses. The new, three-tier structure reflects the level of financial and logistics support provided by DePuy Synthes: Category 1 = complete; Category 2 = logistics only; Category 3 = none. For the Category 3 courses, two new educational partners have been secured for global courses in 2017 and beyond. To facilitate this new strategy, Eberhard Denk was appointed AOVET’s new Executive Director. In addition, a Community Development department was created, and further support personnel were assigned to Education, as well as the Latin America and Asia Pacific regions.

Education

In 2016, AOVET successfully delivered 40 global educational activities (22 Category 1, 6 Category 2, and 10 Category 3) and two webinars to a total of 2,274 participants, with 284 faculty members. The Education Commission enhanced the quality and content of the course curricula through the introduction of an Advanced and Master course offering. During the year, four Faculty Education Program (FEP) courses were held. This training is now required for all AOVET faculty, to ensure effective delivery of educational content.

Future outlook

- Roll out new curricula for the Principles, Advanced, and Masters courses
- Roll out Category 3 courses in Asia Pacific, Europe, and Latin America with new educational sponsors
- Engage in the AO Foundation’s new soft-tissue initiative

Research and development

As the AO Foundation is committed to the pursuit of best policies and practices in the context of animal welfare as it relates to animal-based research. Accordingly the AOVET Research and Development Commission finalized all of the required documents from institutions seeking certification as a Member Organization of the Association for the Assessment and Accreditation of Laboratory Animal Care International (AAALAC) in 2016. Additionally, the commission developed a global animal welfare approval program for all institutions seeking AO Foundation funding for animal research activities.

Two 2016 AOVET Start-up Grant projects have shown good progress at the mid-term assessment: “Robotic evaluation of canine stifle joint kinematics” (Allen et al) won the 2016 Hohn Johnson Research Award from the Veterinary Orthopedic Society, while “Fetlock joint kinematics in non-fatigued and fatigued horses and the effects of protective leg wear” (Kirker-Head et al) was completed and presented at the 2016 European College of Veterinary Surgeons and the 2016 American College of Veterinary Surgeons Annual Meetings.

Community development

The AOVET community continued to grow to approximately 1,000 members by the end of 2016. New initiatives, including a thorough redesign of the AOVET website, helped to reach a larger audience. Additionally, four new small animal modules in AO Surgery Reference VET were completed.
This year, AOCMF organized more events than ever before, and nearly 50 fellows learnt from surgeons at AOCMF host centers. Research activities for the investigation of antiresorptive agent-induced osteonecrosis of the jaw (ARONJ) brought attention to help change standard operating procedures. While the finalization of a new Management of Facial Trauma course set a new standard in medical education.

**Education**
AOCMF successfully delivered 118 educational events (+11% growth vs 2015) and provided education to 7,133 participants (+39% vs 2015) in 2016. For the first time, three Master’s courses—Orthognathic Surgery, Management of Facial Trauma, and Oncology and Reconstruction—were offered at the Davos Courses. These courses attracted 98 participants and included a practical session using human anatomical specimens. The AOCMF Curriculum Development Education Taskforce finalized the new interactive Management of Facial Trauma course to replace the Principles Course. For a successful rollout, the course was piloted, and a faculty support package was created. The AOCMF International Retreat, a 2016 faculty development highlight, brought 70 key opinion leaders together to discuss AOCMF developments and to set priorities. Almost 100 AOCMF fellowship program applications were received, with numerous fellows assigned to AOCMF host clinics, which also increased in number from 22 to 26.

**Research and development**
Led by Risto Kontio, Chair of Research and Development, AOCMF continued its ARONJ Clinical Priority Program, reaching milestones such as the guide to research book, a webinar with 188 participants from 57 countries, and a conference. In addition to the ongoing ARONJ projects, five new projects commenced. With the AO Research Institute, two ARONJ projects were completed and publications are being prepared. Five new projects have been defined in the area of 3D bioprintable materials, of which two are feasibility studies. AO Clinical Investigation and Documentation (AOCID) was mandated to conduct the medication-related osteonecrosis of the jaw (MRONJ) registry, an international, multicenter, prospective registry, to collect data on the treatment and outcome of 500 MRONJ patients. AOCID’s ongoing double mandible fracture study was pushed forward and a classification validation was conducted. AOCMF Research and Development also contributed to the AO Program for Education and Excellence in Research (AOPEER) project.

**Community development**
The AO’s online presence reached a new level with an updated AOCMF website created in 2016. The launch of CMTR Open, an open access e-journal, attracted surgeons at the EACMFS congress. Fueled by increased activities worldwide, the AOCMF community grew to nearly 3,200 members, an almost 15% increase from 2015.

**Future outlook**
- New AOCMF website that works on mobile devices
- Introduce a learning tool for surgical training on mobile phones
- Create the AOCMF Advanced Manual
AOSpine began implementing its guiding principle, TEAM: Transparency, Egalitarian, Accountable and Meritocratic, into all of its activities in 2016. New Terms of Reference for all boards and commission were established. The increased success of the Global Spine Journal and Global Spine Congress confirmed the community’s vast interest in knowledge exchange. The introduction of new educational concepts, such as the BioSkill Simulator Lab at the AO Davos Courses, and the globalization of research, laid the foundations for future positive impact in education and research.

Education
AOSpine strengthened its status as the global leader in spine surgeon education in 2016. Overall, nearly 190 educational events were delivered. The innovative Bioskills Lab course, with state-of-the-art simulation models, set new standards in practical learning and provided participants with an extraordinary learning experience at the Davos Courses. AOSpine continued to lead the way in online surgeon education by creating a blended learning module on Minimally Invasive Surgery for Spinal Disorders. Online pre-course activities included high-quality videos, a step-by-step guide, and moderated case discussions, to ensure that participants had comparable levels of knowledge and faculty face-to-face time. Finally, the faculty career pathway was aligned with other clinical divisions, offering an opportunity for spine surgeons to develop as faculty members and leaders.

Research
To fulfill the AOSpine International Research Commission’s aim to become the leading knowledge creator in spine surgery, a global research strategy was developed, which integrates AOSpine’s research activities and Knowledge Forums (KFs). The strategy’s first pillar, clinical research, is driven by the pathology-specific KFs in tumor, deformity, trauma, spinal cord injury, and degenerative disease. These flagship working groups are mandated to conduct clinical research, and develop AOSpine classifications, guidelines, and outcome measures. The KFs produced over 50 peer-reviewed publications and 70 presentations in 2016. The second pillar integrates pre-clinical and clinical research to address common, unmet clinical needs involving the AO Research Institute (ARI) and the KFs. The third strategic pillar, research education, develops young surgeons as researchers, to secure future research programs.

Community development
AOSpine’s 2016 community development activities focused on facilitating communication, the exchange of knowledge, and the sharing of best practices through an increased number of education, research, and network activities worldwide. Five international newsletters were published, providing up-to-date information on events, education, and research. A global social media strategy was also developed and rolled out. Further communication initiatives included the Global Spine Congress, the Global Spine Journal, and the AOSpine Membership Program.
Middle East
In 2016, AOSpine Middle East (AOSME), the leading spine community in the region, staged courses in new countries, and higher-level courses were offered. The Masters Level Specimen Course in Dubai adopted a new, blended learning format, giving participants access to online pre-course activities including videos, instructive book chapters, and online case discussions. The region hosted the 2016 Global Spine Congress in Dubai, where Alaa Azmi Ahmad (PS) was elected the first Member Representative.

Europe and Africa
AOSpine Europe (AOSEU) conducted webinars and educational events across 21 countries for 1,600 surgeons, and 1,200 participants attended AOSpine regional symposia. Member numbers in Europe increased by 12%, and by 20% in Germany alone. In July, the new AOSEU Regional Board’s term commenced. The region intensified its cooperation with other scientific societies, and the first Germany-Austria-Switzerland sub-regional event was realized. In Africa, activities were expanded into Botswana and Zambia to improve patient care.

Asia Pacific
AOSpine Asia Pacific (AOSAP) delivered 52 courses to more than 2,700 participants in 2016. Membership increased by 2.8% to 2,299, and the number of Talented Asia Pacific Young Surgeon fellowships rose from 57 to 72. In 2016, 27 country research projects and one regional project were awarded for various pathologies. The Faculty Educational Program (FEP) and Chairperson Educational Program (CEP) developed 32 AOSpine experts to conduct high-quality educational courses and events.

North America
Education remains a cornerstone of AOSpine North America (AOSNA) activities, with nine courses, six webinars, and an oral board review course held in 2016. Research efforts included over 40 publications and 89 abstracts in peer-reviewed publications, as well as clinical guidelines on cervical myelopathy and spinal cord injury. AOSNA hosted its third annual reception at the North American Spine Society meeting, which reinforced the camaraderie of AOSpine members worldwide. Efforts to retain fellows were enhanced by expanding engagement and networking opportunities after training.

Latin America
AOSpine Latin America (AOSLA) delivered 58 educational activities, including anatomical specimen and online courses, to 3,500 participants in 2016. In November, the first set of regional courses was launched in Bogota (CO). It was attended by more than 200 surgeons, and provided an exceptional opportunity to meet and exchange ideas with colleagues from other countries. In research, AOSLA has the highest AOSpine productivity score for the second consecutive year. Elected in 2016 were Jaime Segura as Community Development Officer and Emiliano Vialle as the Spine Centers and Fellowships Officer.
A total of 30,129 health care professionals participated in 407 AOTrauma courses for surgeons in 2016. AOTrauma additionally hosted ten webinars and two webcasts. AOTrauma’s membership reached more than 9,400 members in 2016. During the year, the AOTrauma International Board finalized a global strategy definition process, selecting the following five key strategic priorities for the next three years: being the knowledge leader in musculoskeletal trauma care; focusing strongly on recruiting, developing, and retaining the best faculty worldwide; enhancing awareness and recognition of AOTrauma as the global leader for excellence in musculoskeletal orthopedic trauma care; and expanding and enriching the AOTrauma community of health care professionals with personal and professional development opportunities.

There were a couple of changes in AOTrauma leadership: Tobias Hüttl took over as AOTrauma’s Executive Director from Matthias Dunkel. Kodi Kojima (BR) was elected as Chair-Elect of the AOTrauma International Board.

AOTrauma’s Educational Task Forces continued to develop and update scientific content, and focus was placed on designing hospital-based activities to increase access to education.

Future outlook

Improving through a global strategic plan

Continue to pursue global educational excellence

Success throughout the regional network

Education

AOTrauma’s Education Task Forces (ETF) continued to develop and update scientific content, and actively designed and evaluated various types of hospital-based activities to provide increased access to education for surgeons and Operating Room Personnel (ORP). Of these, a new Intramedullary (IM) Nailing Education Working Group half-day seminar for residents was piloted in hospitals in Brazil, Germany, Belgium, and Singapore. An in-hospital seminar on intraoperative imaging was held in Germany, Switzerland, and the United States. In-hospital Clinical Training Modules (CTMs) for ORP were the most extensively implemented hospital-based education initiative. A completed research study showed improvements in image quality, and related aspects of fracture fixation were displayed following the use of an educational video and poster.


The year 2016 concluded with another edition of the AO Davos Courses, which brought together 282 faculty members and 918 participants from 76 countries. The flexible academic program received excellent feedback and set the bar high for the upcoming years.
Community development

AOTrauma membership grew to 9,447 in 2016, a 2.3% increase from 2015. At the end of 2016, AOTrauma had more than 90,000 registered users. The newly introduced membership plus package was well accepted; around one-third of global members subscribed. With over 12,000 Facebook likes, social media became more important for communication. There were 26 local country chapter projects supported, and collaboration with Insights Orthopedics was expanded to deliver value for members on mobile platforms.

Research

In 2016, AOTrauma launched AO Education and Excellence in Research (AOPEER), a web-based platform that contains reference documents, articles, grant application templates, checklists, eLearning modules, and webinars to help surgeons conduct high-quality clinical research in their fields. With AOPEER, AO members are able to develop the skills they need and gain confidence in order to contribute to evidence-based medicine. The platform was developed by Michael Blauth (AOTrauma), Stephen Kates (AOTrauma), Asdrubal Falavigna (AOSpine), and Risto Kontio (AOCMF).

ORP

Following a successful start to hospital-based education in 2015, ORP produced two additional learning modules: Osteosynthesis with Intramedullary Nail, and Osteosynthesis with Tension Band Wire and External Fixation. In 2016, 27 in-hospital CTMs were organized for 542 participants worldwide. An ORP Faculty Training was also organized to educate participants on running a CTM.

Asia Pacific

In AOTrauma Asia Pacific (AOTAP), 99 events were held in 17 countries for over 10,000 surgeons and ORPs in 2016. Highlights included a second AOTAP Current Concept Course in Seoul (KR) and a third AOTrauma AP Scientific Congress in Chengdu (CN), where over 640 surgeons showcased their work, exchanged knowledge, and became involved with AOTrauma. Seminars were conducted at national conferences including AOA, COA, HKOA, POA, SOA, JSFC, and TOA. At the sixth AOTrauma Day at COA 2016, in Beijing, AOTrauma’s New Approaches and Innovations lectures attracted over 4,000 participants. In 2016, faculty development remained an important pillar: coaching sessions, five FEPs, and one CTP took place. Fourteen regional faculty fellows were trained. CW Oh (KR) was elected AOTAP Regional Board Chair-Elect, and Mandeep Dhillon (IN) was elected as the next AOTAP Research Committee Chairperson. Both terms start on July 1, 2017.

Europe

With 3,500 members, AOTrauma Europe (AOTEU) remained AOTrauma’s largest region in 2016, and held 191 educational events for surgeons and ORPs. Many events showcased new and innovative educational formats such as the Principles of Fracture Management Seminar for underserved countries using a standardized program and a fixed set of regional and local faculty running the event directly in the hospital or training center. Another innovation was the Educational Events online submission tool to collect and analyze educational needs from member countries. Faculty development remained a priority. Five national and three regional FEP events took place, as well as two faculty retreats. Thirty-eight Principles Courses were coached, and 33 coaches were trained in 2016. To strengthen the AOTEU community, 120 fellowships were granted. AOTEU research provided six mini research grants, and a grant-writing course took place in Zurich (CH). Matej Cimerman (SI) was elected Chairperson. His term will commence in July 2017.
Latin America
AOTrauma Latin America (AOTLA) conducted 57 events for over 2,700 participants, one specimen course for 24 participants, and six webinars attracting 1,165 participants from multiple continents in 2016. AOTLA held eleven symposia at national congresses. In 2016, AOTLA significantly increased its faculty database with three FEP courses for 47 participants, and one CTP course for 16 participants. Newly trained regional faculty supported 17 courses, and faculty members attended the fourth specimen faculty course, Fin de Semana AOTrauma Lat, in Miami, USA. AOTLA granted 34 regional fellowships. Additionally, 25 teaching videos were recorded and made accessible on the website, providing exclusive, relevant, and high-quality benefits to the 1,300 member community. Juan Manuel Concha (CO) was elected as the new AOTLA chairperson. His term will start in July 2017.

Middle East
AOTrauma Middle East (AOTME) organized 50 courses, seminars, and symposia in 2016. This year's educational highlights included a number of firsts. An AOTrauma course took place for the first time in the state of Palestine at the An-Najah National University. In Nigeria, the first AOTrauma course was held in collaboration with AOAF. In Dubai, an Approaches to Extremities for Surgeons course with anatomical specimen workshops was held for the first time at the regional courses in Dubai, and in Sudan, the first AOTrauma Symposium took place in more than ten years, bringing together 100 participants. Increasing educational activities in the State of Palestine and Sudan led to the creation of two new country councils.

North America
AOTrauma North America (AOTNA) in 2016 held over 25 live educational events, where over 500 faculty members trained more than 2,000 residents, fellows, and practicing surgeons. Of these, the co-managed Fragility Fractures and Orthogeriatrics course, which has been running for ten years, was expanded upon in 2016 to include the contemporary issues and challenges of multidisciplinary geriatric teams. Six hundred participants attended eleven webinars, and four FEPs were held for over 60 faculty members. AOTNA supported numerous research projects focused on clinical applications and solutions, and the Advanced Clinical Education Program provided grants and educational offerings to 27 trauma fellowship programs. AOTNA participated in the 2016 Orthopaedic Trauma Association (OTA) Annual Meeting, where Professor Stephan Perren, a former Director of the AO Research Institute and a pillar of the AO Foundation, received honorary membership.
AONeuro—advancing the treatment of traumatic brain injury

AONeuro conducted 17 successful educational events with nearly 600 participants in 14 countries in 2016. A newly adapted dry-bone model enhanced practical sessions by enabling EVD placement, to check catheter positioning and posterior fossa compression.

**Education**

In 2016, AONeuro brought education to areas where the rates of traumatic brain injuries (TBI) are high. A neurotrauma course was held on the African continent for the first time in Cape Town (ZA), where experts led delegates through discussions, lectures, and practical exercises. In Changsha (CN), the latest TBI insights were given to over 80 symposium participants. At the International Conference of Recent Advances in Neurotraumatology (ICRAN) in Bogota (CO), 56 participants gathered for a decompressive craniectomy symposium. AONeuro will continue to bring education to countries with the greatest unmet needs through collaboration with neurosocieties.

**Curriculum development**

To improve patient care, a cranial access and reconstruction curriculum is being implemented, and a neurovascular curriculum is being developed.

**New commission**

A new technical commission will focus on developing new technologies to address the global problem of neurological trauma and related pathologies.

Future outlook

Ensure a solid basis for AONeuro and enhance the quality of education offerings

Further develop Master Level offering and AONeuro faculty

Strengthen neurosociety collaboration

AORecon—strengthening impact in joint preservation and replacement

AORecon, in its mission to improve patient care in arthroplasty and joint preservation, developed in 2016 as a global educational institution in the orthopedic world.

**Education**

During the initiative’s third year, five courses on four continents were conducted. Long registration waiting lists in China, India, and Colombia showed a huge need for education in the field of hip and knee arthroplasty. In 2016, events were held for the first time in seven countries. Symposia were held at congresses and meetings including COMOC in South Africa, EFORT, DKOU, and SICOT in Europe, ELCCR and AAOT in South America, and SOA, ASIA, and COA in Asia. All activities were well received and led to requests from surgeons and societies for future events.

**Curriculum development**

AORecon focused mainly on hip and knee topics in 2016, presenting its Principles Course as well as current concepts and controversies in the fields of joint preservation and replacement. With a dedicated session focusing on shoulder disorders at SICOT, AORecon started to address additional anatomical regions.

Increased activities evoked a need for more faculty members. With this, AORecon started developing its network of teaching experts, who were selected and confirmed by the education delegation to ensure quality and educational excellence.

**Future outlook**

Create innovative educational formats and content based on AO educational principles

Foster global AORecon faculty and attract new generation of high potential faculty members

Increase reach of courses
X-in-One: Computer assistance for corrective osteotomies and more

One of the crucial steps during trauma and orthopedic surgery is the precise positioning of the implant within the anatomy. This key task is still predominantly executed manually; hence, the outcome depends largely on the skill and experience of the operator. Markus Windolf, Leader of the Concept Development Focus Area within ARI, identified technical complexity and inefficacy of current surgical navigation as major barriers and reasons for the reluctance of the surgical community in the field. He came up with a simple approach using projections of holes in metal, widely present in conventional X-ray images, to deliver valuable information on the implant position. This concept, called X-in-One, has evolved from an abstract idea to an alternative to freehand positioning for a variety of surgical applications.

ARI is now striving to translate this principle into a medical device supporting the daily clinical routine. In 2016 another system module was realized in collaboration with the Joint Preservation and Osteotomy Expert Group (JPEG). Dr Steffen Schröter, BG Klinik Tübingen in Germany proposed using the X-in-One principle to control anatomical relations in the field of corrective osteotomies. Introducing an intraoperative feedback system makes sense given that the goal of the osteotomy is correction and restoration of healthy anatomical relations. The X-in-One technology consists of two metallic flags attachable to Schanz-pins and an image processing algorithm. The system appears suitable to facilitate surgery and increase precision. Feasibility of the device was proven in ex vivo experiments and bench tests. A clinical feasibility trial, regarded as first step towards clinical application, is currently running at the BG Klinik Tübingen.

Bisphosphonate related osteonecrosis of the jaw

In the images above you see on the left a contact radiograph and on the right a histological image of a section of a tissue section of a BRONJ afflicted left mandibular tooth extraction side (PM4). There is decreased bone density (osteonecrosis and osteoclastic bone degradation), incomplete coverage of the bone surface at the tooth extraction site along with inflammation of gingiva and bone marrow, as well as bluish stained inflammatory cells and bacterial colonies in the canalis mandibularis (empyema). There is peri- and endosteal bone proliferation (open arrow head), which is more radiolucent compared to the mandibular cortex.

Nitrogen-containing bisphosphonates (BPs) are used as a treatment for osteoporosis or cancer. Bisphosphonate-related osteonecrosis of the jaw (BRONJ) is an unexplained necrosis of the mandible, or less frequently maxilla, and is a rare side effect of sustained BP exposure. Although the frequency of BRONJ is low, the vast number of people treated with BPs has led to an increasing number of BRONJ patients.

Within the framework of the AOCMF BRONJ clinical priority program, ARI has been extensively collaborating with AOCMF surgeons under the coordination of Prof Martin Stoddart. With PD Sven Otto (Department of Oral and Maxillofacial Surgery, Ludwig-Maximilians University of Munich, DE), ARI has developed a robust BRONJ large animal model in the minipig. A yearly oncological dose of zoledronate is applied over twelve weekly infusions, followed by a tooth extraction. Using this model, potential preventative strategies were investigated as a primary step towards evidence-based clinical recommendations.
There are a number of disease pathogenesis hypotheses and a standardized, reliable model of BRONJ allows for detailed investigations into the various mechanisms. A clinically proposed preventative strategy after tooth removal is a combination of soft tissue flap and antibiotics. Within the minipig model this reduced the incidence of BRONJ from 100% to 50% and decreased severity. The incidence of BRONJ could be further reduced if there were a pause between the last BP administration and tooth extraction. The additional application of a drug holiday reduced BRONJ incidence to ~10%. Due to the long-term binding of BPs to bone, the pause between last administration and tooth removal suggests an influence on soft tissue healing. Further studies into the use of platelet-rich plasma did not demonstrate any additional benefits. Taken together, the data suggests that BP application potentially delays soft tissue healing after wounding, thus allowing a bacterial infection to take hold, creating an environment for BRONJ to develop.

### Future outlook

- **Adoption of working process for third-party collaboration on off-ramp projects**
- **Provision of innovative clinical solutions with evidence-based development**
- **A focus on dynamic and SMART fracture healing**

With a continued dedication to innovation and evidence creation, the AOTK System effectively contributes to the AO Foundation’s vision for excellence in the surgical management of trauma and disorders of the musculoskeletal system. In order to protect the mission of the AO, the AOTK strives to take advantage of the contractual opportunity to work with external partners for selected concepts in 2017 to ensure more effective patient care worldwide.

### AOTK Innovations magazine

Following the success of the magazine’s revival in 2015 and the positive feedback received, the AOTK System delivered another insightful magazine in 2016 to celebrate the year’s innovations.

The AOTK approved Variable Angle Locking Hand System represents a complete overhaul of the LCP Compact Hand System and offers a solution for fracture fixation, arthrodesis, non-unions, and the reconstruction of small bones and small bone fragments (particularly in adults with osteopenic bone). The system contains instrumentation to aid in fracture reduction, provisional fixation, implant adaptation, and construct creation.

The TPN-ADVANCED Proximal Femoral Nailing System was launched in 2015, boasting an improved anatomical fit, reduced procedural complexity, and comprehensive surgical options. Last year witnessed the release of additional instruments, which aid specifically with fracture reduction, distraction prevention, and screw insertion.
AOSpine TK approved a variety of products in 2016 including Synfix Evolution, a new implant for stand-alone Anterior Lumbar Interbody Fusion, and the Zero-P Natural plate designed to maintain stability and support bone growth in neck spinal fusion procedures. The EXPEDIUM VERSE Pedicle Screw was released in late 2015 and combines the attributes of multiple screw types while also offering intraoperative flexibility in one versatile implant.

The AOTK approved Tibial Tuberosity Advancement (TTA) System is indicated for the treatment of Cranial Cruciate Ligament (CrCL) disease in canines. The TTA System is compatible with both Small and Mini Fragment Systems and available in left and right versions. The screw trajectories are designed to optimize screw purchase within the tibial crest and the incorporation of locking technology proximally permits a fixed-angle device to increase construct strength.

**AOTK-approved solutions**

The AOTK System’s Approved Solutions function was launched through an app and a website. Showcasing surgical products approved by the AOTK System, the new website is modern and intuitive. Users can access comprehensive product information including clinical cases, surgical image galleries, and descriptions of associated instruments. The app, designed for both smartphones and tablets, is freely available in app shops. These advancements further consolidate the AOTK’s branding.

**Expert symposia**

The Asia Pacific Experts’ Symposium in Chengdu, China, took place alongside the AO Trauma Scientific Congress, presenting an opportunity for researchers, surgeons, and members of the AOTK System to share their regional expertise, insights, and surgical experiences. The event followed a comprehensive schedule of parallel lectures and presentations over one and a half days.

The 11th European AOTK Expert’s Symposium was held in Tübingen, Germany, and brought 55 surgeons from 14 countries together. In keeping with the aim of such symposia, participants were provided with an open platform to present their most challenging clinical cases in the areas of distal tibia and femur, augmentation, suprapatellar nailing, and osteosynthesis around the elbow.

**AOTK patient monitoring**

The AOTK continues to strive for better patient care in the area of fracture monitoring. A Basel based workshop involved discussions around concepts like the pressure measuring insole and SMART implants for internal and external fixation. The ability to monitor weight-bearing and load and assess the effects of each upon fracture healing is a primary focus for the AOTK. Development in this area will serve to both progress patient rehabilitation and push the boundaries of product innovation.
AO Clinical Investigation and Documentation (AOCID)

Reorganization
AOCID completed its reorganization under new leadership in 2016, bringing clarity regarding responsibility and financial transparency. “Customer Days” with key clients reflected the institute’s commitment to internal service. A streamlined portfolio enabled the institute to focus on its core mission and quality. Its inspiration remains the same: evidence, not opinion.

Major achievements
• Clinical Research: 79 ongoing clinical studies, 37 articles published in 2016, cumulative h-index to date: 38
• Clinical Research Education: supported the rollout of AOPEER, organized an AOCSC networking event, and held AOSpine mentoring courses in four global sites
• Health Economics: completed the first phase of two clinical education studies

AOPEER
After AOTrauma’s initial rollout of AOPEER, AOCID has assumed responsibility for its maintenance and expansion, with support from the AO Education Institute (AOEI) and the clinical divisions. Medically guided by an international and cross-divisional task force (Stephen Kates, Michael Blauth, Asdrubal Falavigna, and Risto Kontio), AOPEER supports surgeons in their research activities with state-of-the-art education.

Regional AOCSC networking event
The AO Clinical Study Center (AOCSC), which leverages the expertise of its member centers to promote efficient and quality clinical studies, held a networking event in Regensburg, Germany, in 2016. Event participants exchanged know-how and shared the strengths of their centers, paving the way for future collaboration. In 2017, AOCID as the pivot of the group, will focus on collective marketing and on increasing member involvement in clinical studies.

AOSpine mentorship research program
This two-year program strengthens AO regional teams in their capability to perform clinical research. In 2016, training activities were held in Egypt (and included Nigerian participants), UK, China, and Brazil. As part of a hands-on training approach, these sites are now participating in an AOCID multicenter study.

Surgeon education
AOCID embarked on a venture with AOEI to seek innovative ways to appraise surgeon education in improving patient outcomes. Currently, two studies are underway: the AO IMMPACT Study, and the Performance Improvement program study (PI Study) on intraoperative image intensification. The first phase of the AO IMMPACT Study, “Does proficiency based training have any impact on surgeon performance?” is now complete. The Delphi panel (32 surgeons from 18 countries) met and reached consensus on the performance metrics for an intramedullary nailing procedure. The results of validating these metrics will be presented during the 2017 Davos Courses. News from the PI Study: Education interventions improved the quality of diagnostic imaging, fracture reduction, and implant positioning.

Future outlook
Expand the AOPEER program
Establish the AOCSC program as an industry standard
Data mining for health economics
AO Education Institute

Curriculum development
The AO Education Institute (AOEI) continued its collaboration with clinical division task forces, with 20 curriculum projects currently being developed and implemented. AOCMF’s “Management of Facial Trauma” course was finalized. AOSpine delivered and evaluated blended learning events on MIS5 and bioskills, and AOPAIR launched. Several new curricula started, including periprosthetic fractures (AOTrauma and AORecon), external fixation (AOTrauma), small animal fracture management (AOVET), and neurovascular (AONeuro).

Unified programs
All clinical division faculty development programs were aligned through the Faculty Education Program (FEP), and the Chairperson Program (CEP). A Leader Education Program (LEP), which is targeted at experienced faculty members and chairpersons taking on important roles, was also designed and piloted with overwhelmingly positive feedback.

Surgery Reference
Sponsored by the AO Strategy Fund, the Pediatric AO Surgery Reference launched with two anatomical regions (distal humerus and distal forearm), and a section on essential concepts of pediatric fracture care. AOSpine completed its trauma modules. AO Surgery Reference was accessed through 1.7 million devices in 2016.

Future outlook
Build soft-tissue management cross-divisional curriculum
Launch Assessment and Evaluation Framework for all educational activities
Release “Touch Surgery” interactive modules

Disaster Limb Injuries Project
The Disaster Limb Injuries Project, supported by the AO Strategy Fund, culminated in the handbook, Management of Limb Injuries during Disasters and Conflicts. It was launched at the Geneva headquarters of the International Committee of the Red Cross (ICRC). A website has also been created to contain a growing collection of AOEI resources and educational tools. The guide, developed by 30 authors from the ICRC, the World Health Organization’s Emergency Medical Teams Initiative, and the AO, offers practical guidance to international surgical teams who are in situations that hugely differ from their daily practices.

New books

Translated books

AO Education Institute Advisory Committee
Committee members Michael Baumgaertner, Bob Fox, Amitai Ziv and Urs Rueetschi met for the first time in Tel Aviv (IL) in February 2016.
The financial performance continued to be strong despite the challenges posed by increased activity and complex operational demands. Despite strict cost control, the Operating Expenses are 4% above the previous year reflecting additional activities supporting new operational processes, as well as activities resulting in a 2% increase in the Operating Income. Therefore the Operating Result has deteriorated by CHF 3 million, amounting to CHF -26 million compared to 2015.

With CHF 62 million, the Financial Result is a respectable achievement and rewards a consistent and long-term investment strategy with a continued high return on investment. Due to this performance, the Net Result reached a value of CHF 36 million, increasing the Foundation’s Equity to CHF 1,229 million by the end of 2016.

Operating Income includes the income from the Cooperation Agreements with DePuy Synthes of CHF 67.4 million and third party income amounting to CHF 12.7 million (-9% versus previous year).

Operating Expenses, excluding “Unforeseen”, “AO Strategy Fund”, “AO Alliance” contribution and “AOIT Projects”, amounted to CHF 98 million (+2% versus previous year). 69% of the operating expenses were consumed by activities related to “Education” (CHF 41.4 million) and “R&D” (CHF 26.2 million). “R&D” and “AOTK System” spending increased by 4% respectively 8% versus the previous year, further strengthening two of our core competencies. This was partly compensated by further optimization and cost reduction measures in “Community Development” (-1%) and “Global & Regional Boards” (-0%).

The Cooperation Agreements were, with CHF 67.4 million, above budget (+4%) and above the previous year (+4%) due to additional contributions for AONeuro and AORecon. Thanks to a higher Financial Result amounting to CHF 62 million, a Net Result of CHF 106.1 million, reflects a budget underspent by 8% but is above the previous year’s amount due to lower “R&D” expenses, and lower expenses in various operational areas.

Employees
The number of permanent staff increased to 242.7 full-time equivalents (FTEs), an increase of 7.8 FTEs or 3% versus 2015.
Asset Management

The Financial Result of CHF 62 million reflects an actual return of 5.8% on the underlying financial assets amounting to CHF 1,210 million by the end of 2016. The main drivers of this performance were the double-digit returns on the asset classes “Shares Developed” and “Shares Emerging Markets” with a share of 34% of the total assets. The outperformance relative to the benchmark of +4.1% is mainly due to the exposure to Small & Mid Cap Equities in Switzerland. The cumulative performance of the portfolio since January 2008 amounted to 44.7% by December 31, 2016.

Evolution 2009–2016

Driven by positive financial markets, the AO Foundation’s equity increased to a value of CHF 1,229 by the end of December 2016.

Equity evolution 2009–2016

Course activities by region

The total number of courses increased to 806, reflecting a growth of 4% versus 2015. Overall, the number of participants decreased by 3% whereas the number of participant days slightly increased by 1%.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Courses</th>
<th>Number of Participants</th>
<th>Number of Participant Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016 Share Vs. 2015</td>
<td>2016 Share Vs. 2015</td>
<td>2016 Share Vs. 2015</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>193 24%</td>
<td>14,709 26%</td>
<td>29,287 27%</td>
</tr>
<tr>
<td>Europe (incl. South Africa)</td>
<td>274 34%</td>
<td>14,721 29%</td>
<td>32,605 30%</td>
</tr>
<tr>
<td>Latin America</td>
<td>161 20%</td>
<td>9,738 19%</td>
<td>18,553 17%</td>
</tr>
<tr>
<td>Middle East and Africa</td>
<td>64 8%</td>
<td>3,001 6%</td>
<td>7,319 7%</td>
</tr>
<tr>
<td>North America</td>
<td>79 10%</td>
<td>4,439 9%</td>
<td>10,669 10%</td>
</tr>
<tr>
<td>International</td>
<td>35 4%</td>
<td>4,934 10%</td>
<td>11,411 10%</td>
</tr>
<tr>
<td>Total</td>
<td>806 100%</td>
<td>51,602 100%</td>
<td>109,917 100%</td>
</tr>
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</table>

Remunerations per board

The total remunerations summarized for all governance activities of the International Funding Boards were CHF 1,505,735 in 2016 which is 0.4% of the total Operating Expenses of the AO Foundation and its institutions. The table below shows the total remuneration of each individual International Board in absolute amounts and as a % of the total amount of individual Operational Expenses, as well as the absolute amount of the highest stipend within each board in 2016:

<table>
<thead>
<tr>
<th>AO Foundation Board</th>
<th>Total AOFB 10 members</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total Operating Expenses AOFB</td>
<td>0.4%</td>
</tr>
<tr>
<td>Highest Stipend AOFB</td>
<td>125,000</td>
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</table>

<table>
<thead>
<tr>
<th>AOTrauma International Board</th>
<th>Total AOTIB 10 members</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total Operating Expenses AOTIB</td>
<td>1.4%</td>
</tr>
<tr>
<td>Highest Stipend AOTIB</td>
<td>100,000</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AOSpine International Board</th>
<th>Total AOSIB 10 members</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total Operating Expenses AOSpine</td>
<td>2%</td>
</tr>
<tr>
<td>Highest Stipend AOSIB</td>
<td>100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AOCMF International Board</th>
<th>Total AOCMFIB 9 members</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total Operating Expenses AOCMFIB</td>
<td>3.8%</td>
</tr>
<tr>
<td>Highest Stipend AOCMFIB</td>
<td>100,000</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>AOVET International Board</th>
<th>Total AOVETIB 8 members</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of total Operating Expenses AOVETIB</td>
<td>2.3%</td>
</tr>
<tr>
<td>Highest Stipend AOVETIB</td>
<td>30,000</td>
</tr>
</tbody>
</table>

Grand Total 1,505,735

Remuneration of the AO Executive Management

The total annual compensation of eleven members of the AO Executive Management in 2016 was CHF 2,541,035 (not all of them were hired for the full year). The highest individual compensation was CHF 123,500 resulting in a 1/5.1 relative ratio between the highest and the lowest paid individual compensation (permanent employees).

Assignment of scientific and other grants to third party organizations

In 2016, AO Foundation funded research projects with scientific and other grants to a total of CHF 4,339,277 in 80 third party organizations.
AO governance level

A clear separation between governing and executive bodies guarantees optimum organizational governance.

AO executive level

The executive functions of the AO Foundation are directed by the CEO and Vice-Chair of the AO Foundation Board and are divided into three layers (institutes, clinical divisions, and support units) that work closely with each other.
Assembly of Trustees
The Assembly of Trustees is the “AO parliament,” consisting of 181 leading surgeons from around the world comprising: 68 Elected Trustees; 71 Ex-Officio Trustees*; 28 Honorary Members; 4 Founding Members; 10 Past-Presidents. The Assembly of Trustees is responsible for the approval of the scientific and clinical mission of the AO Foundation, important elections and the modification of the AO Foundation Charter and Bylaws. They transmit AO information to national institutions and other AO surgeons and bring feedback regarding the specific needs of their Region.

Since each Trustee serves for a limited number of years, constant renewal of the Board is guaranteed.

* Three Ex-Officio Trustees currently hold two positions each, therefore the total number of Ex-Officio seats equals 74

AO Foundation Board—AOFB
The AO Foundation Board is the governing body of the AO Foundation. It is responsible for its strategies, target setting and supervision of all executing bodies of the AO Foundation.

AO Executive Management—AOEM
The AO Executive Management reports directly to the AO Foundation Board. It includes the CEO and line managers responsible for operational management within their respective areas.

Governing bodies of the AO Foundation