OUR GLOBAL VISION

The International Osteoporosis Foundation (IOF) is the largest and most highly respected global organization dedicated to the fight against osteoporosis and related musculoskeletal diseases. It is a registered not-for-profit, non-governmental organization based in Switzerland.

Mission

IOF’s mission is to promote the maintenance of bone, muscle and joint health as a worldwide priority.

An influential global constituency

IOF is a powerful global alliance of patient societies, research and medical organizations, health-care professionals and international companies. Its reach is truly global with established regional offices in Latin America (Buenos Aires), Middle East and Africa (Dubai), and Asia-Pacific (Singapore). Regional Advisory Councils (RAC) support the efforts of national osteoporosis societies in their geography and determine programming priorities in line with the IOF global strategy. This combined with a Board of Governance that has representation from each of the continents helps IOF lead the global fight against bone, muscle and joint disorders.

IOF’s membership is comprised of three committees:

- Committee of National Societies (CNS) representing 218 societies in 96 locations
- Committee of Scientific Advisors (CSA) comprising 125 members
- Committee of Corporate Advisors (CCA) representing 27 companies
A MESSAGE FROM THE PRESIDENT

As this past year marked IOF’s 15th anniversary as an independent not-for-profit organization, it is an appropriate time to reflect on our many accomplishments.

Since its launch in 1998 IOF, has spearheaded a growing international movement to fight osteoporosis and related musculoskeletal diseases. During this time, the Foundation’s global constituency has grown from 74 to 218 member societies, representing almost 100 nations on all continents. Likewise, IOF’s Committee of Scientific Advisors has increased in number and regional representation.

Parallel to this extraordinary growth, IOF’s capacity for public, policy, and health professional outreach has expanded immensely in all regions of the world. Through the prolific output of its scientific working groups and IOF’s reputation for high-quality meetings and training courses worldwide, IOF has become the leading voice within the bone and muscle field. As well, strategic partnerships with related associations in the field have helped create synergies that advance research, education and international best practice.

With a key focus on regionalization during the past few years, IOF has transformed itself into a truly global organization which represents the bone, muscle and joint community in all regions. In addition to the establishment of a Board which is elected equally from the five world regions, IOF now benefits from Regional Advisory Councils which help direct IOF’s programming in Asia-Pacific, Latin America and Middle East & Africa.

Of IOF’s many programmes in the area of public and policy outreach, World Osteoporosis Day stands out as a highly anticipated annual campaign with immense global impact. As well, IOF’s series of regional reports and audits documenting the burden and status of osteoporosis have become a powerful call to action - raising a warning flag to health policy officials that have long neglected the ‘silent disease’.

On this occasion I would like to thank all members of the IOF global family for their dedication and noble efforts over these past 15 years. Given the increasing burden of musculoskeletal diseases, our work is of critical importance – now more than ever.

John A Kanis
A MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

In 2013, IOF’s global constituency and staff worked towards the goal of minimizing the global burden of osteoporosis and related diseases through several key projects and campaigns. I’d like to look back and highlight just a few.

We scaled up our advocacy efforts through landmark reports which received wide international recognition and have helped catalyze action at the national health policy level. The EU27 report and the Scorecard for Osteoporosis in Europe (SCOPE) were the first reports to compare and describe the epidemiology, burden, and treatment of osteoporosis in 27 member states of the European Union. The Asia-Pacific Regional Audit showed that the ageing of the region’s populations as well as a rapid increase in urbanization and sedentary lifestyles will accelerate the burden of fragility fractures. The reports not only underscore care gaps and future disease burden but also present evidence-based solutions to reduce rising costs, disability and premature deaths.

Three noteworthy events stood out this year. The ESCEO-IOF joint meeting in Rome was again the leading platform for the world’s clinical bone and joint community. A successful regional meeting in Hong Kong attracted clinicians and researchers from throughout Asia-Pacific and beyond. We were also pleased to stage the IOF Worldwide Conference of Osteoporosis Patient Societies in Helsinki, a key element in IOF’s capacity building programme for member societies.

Once again, IOF’s scientific experts and working groups published influential reviews and positions. Among these was the ‘Best Practice Framework’ which is the backbone of our highly regarded Capture the Fracture campaign to promote coordinator-based fracture liaison services worldwide.

I would also like to emphasize that intensified communication efforts at the heart of the annual World Osteoporosis Day campaign, and behind all our scientific and policy outputs, have helped to generate unprecedented media attention for our cause.

I look forward to another productive year in 2014 and continued collaboration with our members and partners worldwide.

Judy Stenmark
THE CALL TO ACTION

Fragility fractures due to osteoporosis pose a major public health burden throughout the world. Due in large part to the dramatic ageing of the population, an exorbitant increase in age-related chronic diseases and fractures is expected in the coming decades. The impact on the senior population is profound – resulting in disability, loss of independence and quality of life, and premature death for one in five hip-fracture sufferers.

Uniting a broad constituency of stakeholders, IOF calls on health policy officials worldwide to promote the maintenance of bone, muscle and joint health as a worldwide priority. The aim of our extensive programmes and projects is to:

EMPOWER people to take action to prevent, diagnose and treat bone, muscle and joint disorders

CAMPAIGN for policy change to make bone, muscle and joint disorders a health-care priority

ENABLE health-care professionals to provide the best possible care to people with bone, muscle and joint disorders

SUPPORT national osteoporosis societies to maximize their effectiveness in promoting musculoskeletal health
THE YEAR IN REVIEW

JANUARY

New review on impact of nutrition on muscle mass, strength, and performance in older adults published

MAY 31 - JUNE 2

IOF Worldwide Conference of Osteoporosis Patient Societies p.12

JANUARY 30 - FEBRUARY 2

22nd IOF Advanced Training Course on Osteoporosis

MARCH

IOF-ECCEO12 awarded best international congress in France

MARCH

European Guidance for the Diagnosis and Management of Osteoporosis in Postmenopausal Women published

APRIL

Launch of Capture the Fracture campaign p.22

APRIL 2-7

ESCEO13-IOF European Congress on Osteoporosis & Osteoarthritis p.18

KEY ACHIEVEMENTS
November 14-15: IOF Osteoporosis Update Dubai

October:
- Launch of Bone Care for the Postmenopausal Woman report and Strong Women Make Stronger Women patient brochure p.10

August:
- Fracture Liaison Service Best Practice Framework published

July:
- Bone Turnover Markers educational slide kit published

December 12:
- Launch of IOF Asia-Pacific Regional Audit in Hong Kong p.15

December 12-15:
- IOF Regionals 4th Asia-Pacific Osteoporosis Meeting p.20

November 20:
- World Osteoporosis Day events celebrated around the globe p.8

World Osteoporosis Day events celebrated around the globe p.8
WORLD OSTEOPOROSIS DAY –
GENERATING GLOBAL MEDIA AND PUBLIC
INTEREST IN MUSCULOSKELETAL HEALTH

October 20 was the focal point of a year-long campaign to draw global attention to postmenopausal osteoporosis. With an emphasis on intergenerational bone health awareness, the Strong Women Make Stronger Women campaign urged women of all ages to make bone and muscle health a priority in their lives and to share the knowledge with those they cared for. A specific call to action encouraged women to take the IOF One-Minute Osteoporosis Risk Test and to discover their personal risk factors for osteoporosis.

The campaign was supported by a two-pronged media strategy which focused on the launch of the World Osteoporosis Day (WOD) thematic report aimed at health-care professionals and policy makers as well as public outreach on WOD itself. All efforts were supported by social media and continuous message delivery throughout the year.

Posters, tip cards and a brochure for the public were provided in eight languages and more than 200 member national societies were invited to use IOF artwork and resources for their own national campaigns around the world.
Women are the pillars of strength for their families and communities. We must urge them to follow bone-healthy lifestyles and ensure early diagnosis to help maintain strong bones in older age.

Bess Dawson Hughes, IOF General Secretary

Key success factors

- 780% increase in views of the IOF One-Minute Osteoporosis Risk Test
- 1,888% increase in WOD Facebook page 'likes'
- 370% increase in WOD video views
- 56 reported events and campaigns worldwide

As some of the information is based on self-reporting, IOF is confident that the impact of WOD went far beyond what has been presented here.
Report on postmenopausal osteoporosis

Within the population, postmenopausal women are at highest risk of osteoporosis and debilitating fractures. For WOD, IOF published the report *Bone Care for the Postmenopausal Woman* authored by Drs Bess Dawson-Hughes (USA), Ghada El-Hajj Fuleihan (Lebanon) and Patricia Clark (Mexico). The report emphasized the essential role of women as caregivers within families and society, and provided information and guidance on prevention and treatment of osteoporosis in postmenopausal women. Derived from the report, a short easy-to-read brochure for the public and patients placed a focus on five essentials strategies for bone care after age 50.

Worldwide campaigns at the grassroots level

IOF’s global campaign leads the way for events and campaigns at the national level. To help create a global movement, WOD supporters and advocates were encouraged to wear white for better bone health on October 20 and during their events. IOF member patient and medical societies, hospitals, clinics, schools and companies on all continents carried out varied events and campaigns — reaching out to millions of consumers, patients, health professionals and policy makers.
Engaging policy makers

The co-chair of the IOF European Parliament Osteoporosis Interest Group, Mary Honeyball (MEP, UK), coordinated the distribution of a postcard containing WOD key messages to all MEPs at the European Parliament. This amounted to over 700 policy makers receiving the postcard in their pigeon holes and being made aware of WOD, the Thematic Report and the related issues. This was further supported through Mary delivering a video message on the importance of policy makers and individuals working together to protect bone, muscle and joint health. An electronic version of the postcard was sent to MEPs with the video embedded, hence allowing IOF to reach key government influencers directly.

The Women of Steel Project

This new initiative – launched in the lead up to WOD – was part of a comprehensive social media campaign calling on the global community to nominate outstanding women who represent determination and strength, inside and out, to become bone-health advocates. A total of 13 women were nominated in 2013 and IOF will continue selecting a Woman of Steel on a monthly basis, to ensure key message delivery as well as motivating women to take action to protect themselves.
IOF STRENGTHENS PATIENT SOCIETIES WORLDWIDE

“This is one of the most impressive events I’ve ever attended,” commented Sukajan Pongprapai of Thailand. Ms Pongprapai was one of 140 delegates from 45 countries who took part in the 14th IOF Worldwide Congress of Osteoporosis Patient Societies held in Helsinki, Finland from May 31–June 2, 2013.

The unique bi-annual forum offered 53 IOF member patient societies the opportunity to meet and exchange best practice through stimulating interactive workshops, expert presentations and key note lectures. Topics addressed included health technology assessment, advocacy, social media, best practice in secondary fracture prevention, and fundraising. Above all, delegates were able to share new ideas and valuable experience with other dedicated individuals from the IOF family of member societies.
Woman Leaders media event opens conference

Under the motto ‘Strong Bones for Strong Women’, three distinguished women spoke at the opening session of the Conference. Baroness Judith Jolly, member of the House of Lords, UK; Barbara Lybeck, Finnish TV and radio host; and Sirpa Pietikänen, Finnish Member of the European Parliament; encouraged delegates to utilize their collective strengths to influence health policy, and to make use of media and public awareness in order to motivate action for bone health.

Awards recognize outstanding work

A highlight of the conference is the award ceremony at which IOF recognizes the creative efforts, hard work, and great dedication of its member societies.

One of the most prestigious prizes, the IOF-Linda Edwards Memorial Award, was presented for the first time to two member societies: the Israeli Foundation for Osteoporosis and Bone Diseases (IFOB) and the Palestinian Osteoporosis Prevention Society (POPS). Both societies have a record of excellence in carrying out creative and effective national awareness and information campaigns. Each received a certificate and CHF 10 000 towards their campaigns.

A ‘Best Media Campaign’ was selected from among many deserving campaigns presented by IOF member societies in 2012-2013. The Hellenic Society of Osteoporosis Patient Support was recognized for its wellness focused campaign entitled ‘StarDance Zumbathon Party’. Runners up were The Japan Osteoporosis Foundation and the Icelandic Osteoporosis Society.

The ‘Best Facebook Page’ Award reflects the importance of social media as an increasingly important channel for interaction with the community at large. Of the many excellent submissions, the Icelandic Osteoporosis Society’s (BEINVERND) page was selected for its vibrant and active content.

“ This is a fantastic event, giving patient societies a unique opportunity to share experiences, learn new skills and take home messages that energize their work at the national level.

Famida Jiwa, Chair of the IOF Osteoporosis Patient Societies Sub Committee
Three groundbreaking new reports published by IOF in 2013 reveal the burden of osteoporosis in Europe and the Asia-Pacific. The reports are being used by national osteoporosis societies as tools to affect policy change and catalyze action to help reduce fractures, costs and disease burden in the population. An accompanying media campaign has resulted in wide-spread coverage of the reports’ key findings.

Enormous socioeconomic costs and treatment gap in the European Union

IOF launched two vitally important European Union (EU) policy documents that will have a significant impact on policy development both regionally and nationally in the 27 nations (study carried out prior to July 2013 when Croatia joined the EU).


- **SCOPE – Scorecard for Osteoporosis in Europe**, focusing on key aspects of service provision and uptake, SCOPE compares how 27 different countries within the EU care for people with osteoporosis to reduce their risk of fractures. SCOPE presents measures and compares data in a way that is simple to see and interpret, sets benchmarks, and measures critical indicators of overall performance.

> These reports show the immense socioeconomic burden of osteoporosis and reveal a significant gap between the numbers of individuals who are treated compared to the proportion of the population at risk.

*Juliet Compston, Chair of the European Osteoporosis Consultation Panel*

A comprehensive communications plan was implemented to disseminate the new data as widely as possible. This involved targeted outreach to the 90 IOF member societies based in the EU and engagement of other key stakeholders including media, policy makers, health-care professionals and bone health advocates. In 2014, IOF will build on the momentum generated and focus on translating the material into effective tools which can be used at both a global and national level. By capitalizing on the content of these two documents we aim to effect meaningful policy change.
The Asia-Pacific Regional Audit shows impending epidemic of fractures

A new Audit report compiled by IOF and its member societies in the Asia-Pacific shows that osteoporosis is a serious and growing health issue throughout the region. It reveals that Asia is ageing rapidly and life expectancy increasing — as a result, more than half of the world’s hip fractures will occur in Asia by 2050. More than 606 million people will be aged over 70 in the Asia-Pacific by 2050 — a 230% increase from 2013. This is the age group at highest risk of hip fractures, the most serious in terms of disability and premature death.

"Without effective prevention strategies, we can expect an enormous increase in fractures, placing a heavy burden on communities and on health-care budgets in the Asia-Pacific."

Peter Ebeling, co-author of the Asia-Pacific Regional Audit, IOF Board Member

The Audit not only underscores the care gaps and future disease burden but also presents cost-effective evidence-based solutions. It is intended as a tool to motivate action at the national health policy level and calls on health-care professionals and medical authorities to diagnose and treat osteoporosis in a timely manner. The report will also be leveraged to call for Fracture Liaison Services (FLS) — a proven model of care for secondary fracture prevention worldwide — to be implemented in the region, in line with the IOF Capture the Fracture campaign.

FROM LEFT TO RIGHT Co-authors of the Audit Peter Ebeling and Ambish Mithal sit next to IOF President John A Kanis during the launch press conference held in Hong Kong.
ADVANCING RESEARCH AND SETTING GLOBAL STANDARDS FOR BEST CLINICAL PRACTICE

IOF makes a substantial impact in the musculoskeletal field through the outstanding work of its Committee of Scientific Advisor (CSA) Working Groups and its highly cited scientific journals.

The Working Groups focus on clinical or research topics that benefit from international consensus, guidelines or further research. Their influential publications serve to establish global recommendations with the IOF ‘stamp of approval’ and promote clinical best practice within the musculoskeletal health professional community.

In 2013, IOF CSA Working Groups or affiliated scientific experts published the following 12 significant papers and reviews:

- Consensus of Official Position of IOF/ISCD FRAX Initiatives in Asia-Pacific Region. J Clin Densitom
- SCOPE: A Scorecard for Osteoporosis in Europe. Arch Osteoporosis
- Standardizing the descriptive epidemiology of osteoporosis: recommendations from the Epidemiology and Quality of Life Working Group of IOF. Osteoporos Int
- The International Costs and Utilities Related to Osteoporotic Fractures Study (ICUROS) - quality of life during the first 4 months after fracture. Osteoporos Int
- A systematic review of vitamin D status in populations worldwide. Br J Nutr
- Impact of nutrition on muscle mass, strength, and performance in older adults. Osteoporos Int
- Capture the Fracture: A Best Practice Framework and Global Campaign to Break the Fragility Fracture Cycle. Osteoporos Int
- Cancer-associated bone disease. Osteoporos Int
- European guidance for the diagnosis and management of osteoporosis in postmenopausal women. Osteoporos Int

In addition, IOF produced educational slide kits on bone turnover markers and on the key messages of the 2012 European Guidance for the Diagnosis & Management of Osteoporosis in Postmenopausal Women.
By providing guidance for health professionals and engaging in targeted areas of research, IOF directly impacts on global clinical practice and improved patient care.

Cyrus Cooper, Chair of the IOF Committee of Scientific Advisors

Four new working groups were established in 2013

**Menopausal Hormone Therapy (MHT):** aims to clarify the benefit-risk ratio of oestrogen/oestrogen-progesterone therapies on bone health in women, reviewing evidence provided by observational studies and randomized clinical trials and meta-analysis.

**High resolution peripheral quantitative computer tomography (HR-pQCT):** aims to identify key variables which would allow comparison of studies, establishing practice guidance and providing recommendations for technical issues.

**Bone and Diabetes:** aims to give guidance on the diagnosis and management of osteoporosis in the context of diabetes and will recommend measures to protect bone in diabetics – of ultimate value to clinicians and patients.

**Adherence:** aims to provide guidance on the definition of adherence and the management of patients requiring therapeutics.

IOF’s scientific journal portfolio features the peer-reviewed publications *Osteoporosis International*, *Calcified Tissue International & Musculoskeletal Research*, and *Archives of Osteoporosis*. As well, IOF’s online review journal, *Progress in Osteoporosis*, is a unique forum for scientific discussion and debate.

In 2013 *Calcified Tissue International* expanded its title to encompass musculoskeletal research and Prof René Rizzoli joined Prof Stuart Ralston as new joint editor-in-chief. The editorial team was also enhanced by musculoskeletal research section editor Prof Roger A Fielding.
PROMOTING MEDICAL INNOVATION AND IMPROVING PATIENT CARE

Each year, IOF and the European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO) jointly stage the world’s largest congress dedicated to the latest clinical research and health professional education in osteoporosis and related musculoskeletal diseases. As a result, the IOF-ESCEO joint congresses have become the key annual event in the bone, joint and muscle arena.

From April 17–20, 2013, the European Congress on Osteoporosis & Osteoarthritis (ESCEO13-IOF) welcomed more than 4200 delegates from 60 countries to Rome, Italy.

Prior to the start of the Congress, IOF was delighted to hear that IOF-ECCEO12, held the previous year in Bordeaux, had been ranked as the best international congress held in France in 2012. ESCEO13-IOF continued on the road to success, providing high standards of continuing medical education (CME) accredited sessions and also drawing a record number of abstract submissions. Oral and poster presentations from more than 850 submitted abstracts showcased the latest research in the field. The Congress was enhanced by the 3rd IOF-ESCEO Pre-Clinical Symposium, featuring pre-clinical research advances.
Musculoskeletal disorders are the second greatest cause of disability worldwide - through this annual congress, IOF and ESCEO play a major role in advancing research and health professional knowledge in the field.

Jean-Yves Reginster, IOF Board Member, CNS Chair and Co-Chair ESCEO13-IOF

Prestigious awards recognize scientific excellence and outstanding contributions to IOF and the bone field.

The following awards were presented at ESCEO13-IOF:

**Pierre Delmas Award**
Socrates Papapoulos, IOF Board member, Vice Chair of the European Union Osteoporosis Consultation Panel and Professor at Leiden University Medical Centre, was recognized for his significant and unstinting contribution to the advancement of the work of IOF.

**Olof Johnell Science Award**
Harry Genant, IOF Board member and Professor Emeritus of the University of California San Francisco, was named the winner of IOF’s inaugural Olof Johnell Science Award. The Award is given in honour of extraordinary and internationally recognized contributions to the field of osteoporosis in a scientific or policy implementation area.

**IOF Medal of Achievement**
Adolfo Diez-Perez, IOF CSA member and Professor of Medicine at the Autonomous University of Barcelona, was honoured for his significant advances to the field of osteoporosis through original and outstanding scientific contributions.

**ESCEO-IOF Servier Pierre D. Delmas Prize**
Maria Luisa Brandi, IOF CSA member and Professor of Endocrinology and Metabolic Diseases at the University of Florence, was recognized for her outstanding and major scientific contributions to the study of bone and mineral diseases.

**ESCEO-IOF Herbert Fleisch Medal**
Mary L Bouxsein, IOF CSA member and Assistant Professor at Harvard Medical School, was recognized for her outstanding and groundbreaking achievements in basic bone science, specifically in the field of skeletal fragility.
IOF GIVES REGIONAL RESEARCH A GLOBAL PLATFORM, RAISES STANDARDS OF HEALTH PROFESSIONAL EDUCATION

The IOF Regionals 4th Asia-Pacific Osteoporosis Meeting, held from December 12–15, 2013 in Hong Kong was one of the largest clinical bone events in the Asia-Pacific region. Hosted by IOF in cooperation with the Hong Kong Osteoporosis Foundation and the Osteoporosis Society of Hong Kong, the Congress drew close to 850 international delegates from more than 60 countries.

"This meeting was an excellent forum for health professional education and research – thus ultimately contributing to better care of osteoporosis patients in the region.

Tai Pang Ip, Co-chair of the 4th Asia-Pacific Osteoporosis Meeting
This training programme aims to foster scientific rigour by young investigators, and to identify and train future leaders in the field.

Ego Seeman, IOF Board member

The Hong Kong meeting followed in the footsteps of previous annual Asia-Pacific Meetings held in Singapore, Australia and Malaysia, as well as other regional IOF meetings held in Latin America and the Middle East. Regional Meetings focus on the latest prevention and management strategies in the battle against osteoporosis, giving delegates from many different specializations a unique opportunity to learn about the latest advances, interact with renowned bone experts, and exchange information with their peers. One of the most important functions of the IOF Regionals is to offer an international platform for regional research — with all abstracts published in the leading journal Osteoporosis International.

Awards and Mentoring Programme recognize research excellence by young scientists in the region

The IOF Young Investigator Awards, valued at 1000 USD each, were awarded to the five highest scored abstracts submitted to the 4th Asia-Pacific Osteoporosis Meeting by researchers under the age of 40. The winners were five outstanding young researchers from China, Chinese Taipei, Hong Kong, Malaysia and Pakistan.

In addition to the Award, the winning researchers were invited to attend the IOF Young Investigator Mentoring Programme. This exclusive, hands-on training workshop is led by world renowned experts who give important feedback to promote research excellence among promising young investigators in the field. Since its launch in 2012, more than 75 researchers from Asia-Pacific and the Middle East have benefited from the programme.
CAPTURE THE FRACTURE FOSTERS BEST PRACTICE IN PREVENTION OF SECONDARY FRACTURES

In April 2013, IOF officially launched the Capture the Fracture programme, a multi-stakeholder campaign to prevent secondary fractures due to osteoporosis through the implementation of Fracture Liaison Services (FLS) worldwide.

Fragility fractures due to osteoporosis are a major cause of disability or premature death in older adults. Patients who have suffered one fragility fracture are at twice the risk of suffering a future fracture compared to those who have not fractured. Nevertheless, health-care systems are failing to identify and treat these patients, leaving them exposed to debilitating and life-threatening secondary fractures.

Capture the Fracture sets benchmarks for best practice

A new IOF CSA-endorsed publication *Capture the Fracture: A Best Practice Framework and Global Campaign to Break the Fragility Fracture Cycle* set 13 achievable standards for best practice in implementing FLS worldwide. This framework sets the foundation for the Capture the Fracture programme.

Through its dedicated new website [www.capturethefracture.org](http://www.capturethefracture.org), the programme aims to:

- Illustrate global best practice for FLS
- Set benchmarks to which clinics and hospitals can aspire
- Host essential resources and documentation
- Give international recognition to FLS programmes around the world
- Establish mentoring and grant programmes to assist development of FLS at the local level

“The implementation of coordinator-based FLS systems is one of the most effective ways to reduce the enormous human and health-economic burden of fragility fractures worldwide.”

**Kristina Åkesson**, Chair of the Capture the Fracture Campaign

Interactive map highlights achievements

Clinics and hospitals worldwide were invited to submit their FLS or coordinator-based programmes for recognition on the Capture the Fracture interactive map which shows the address and location of clinics around the world offering FLS, along with a summary of their achievements in secondary fracture prevention. By the end of 2013, close to 50 clinics had submitted their FLS programmes for review.
LAUNCH OF JOINT IOF-ISCD COURSE OFFERS NEW CLINICAL TRAINING OPPORTUNITIES WORLDWIDE

Launched in March 2013, Osteoporosis: Essentials of Densitometry, Diagnosis and Management is a two-day course developed by IOF and the International Society for Clinical Densitometry (ISCD) which has been welcomed around the world as an important new channel for training in osteoporosis. By the end of 2013, the course was held 35 times with courses having taken place in Australia, Brazil, Canada, Chinese Taipei, Colombia, Hong Kong China, India, Indonesia, Ireland, Lebanon, Mexico, Romania, Saudi Arabia, and the USA. Close to 2200 health professionals gained valuable insights into the diagnosis and management of osteoporosis.

“Together IOF and ISCD have established an innovative global training programme which has received excellent feedback from participants and local organizers alike.

John Bilezikian, IOF Board Member and ISCD Past President Ex-Officio

The curriculum is provided by IOF-ISCD and the courses staged in partnership with national or regional societies, not-for-profit educational organizations, as well as commercial organizations. The course covers the latest knowledge on densitometry, diagnosis and management of osteoporosis, with separate tracks for clinicians and technologists. Participants may opt to take an exam to earn an attestation of achievement. Complete information about the course and lists of upcoming courses are available on the website www.osteoporosis-essentials.org

Other IOF Training Courses in 2013
- IOF Advanced Training Course on Osteoporosis January 2013 - Geneva, Switzerland
- 10º Curso de Capacitación Avanzada en Osteoporosis November 2013 - Lima, Peru
- IOF Osteoporosis Update November 2013 - Dubai, UAE
- Curso de Capacitación Avanzada en Osteoporosis November, 2013 -San José de Costa Rica, Costa Rica
The Committee of National Societies CNS comprises patient and medical societies dedicated to osteoporosis and musculoskeletal health. In 2013 the CNS included 218 member societies from 96 countries, regions or territories across all continents.

The Committee of Scientific Advisors CSA comprises 125 of the world’s top research and clinical experts, elected to the committee by their peers on the basis of scientific merit and experience. The CSA ensures that IOF has an influential and important global reach in the science and medical arena.

The Committee of Corporate Advisors CCA represents 27 companies from diverse areas of activity, including leading companies in pharmaceuticals, medical diagnostics, consumer products, food and nutrition.
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Committee of National Societies (CNS) by region

ASIA-PACIFIC

AUSTRALIA Osteoporosis Australia • Australian and New Zealand Bone & Mineral Society

CHINA China Health Promotion Foundation (CHPF) • Osteoporosis Committee of China Gerontological Society

CHINESE TAIPEI Asian Pacific Osteoporosis Foundation (APOF) • Taiwanese Osteoporosis Association

HONG KONG Hong Kong Osteoporosis Foundation • Osteoporosis Society of Hong Kong

INDIA Arthritis Foundation of India Trust (AFI) • Indian Rheumatology Association • Osteoporosis Foundation India (OFI) • Osteoporosis Society of India (OSI) • Indian Society for Bone and Mineral Research (ISBMR)

INDONESIA Indonesian Osteoporosis Society (PEROSI) • Indonesian Healthy Bone Foundation (PERATUS)

JAPAN Japan Osteoporosis Foundation (JOF) • Japan Osteoporosis Society (JOS) • Japanese Society for Bone and Mineral Research (JSMR)

KOREA Korean Society for Bone and Mineral Research (KBSMR) • Korean Society of Osteoporosis

MALAYSIA Malaysian Osteoporosis Society • Osteoporosis Awareness Society of Kuala Lumpur

NEW ZEALAND Osteoporosis New Zealand Inc.

PAKISTAN Gujranwala Osteoporosis Patient Society • Osteoporosis Society of Pakistan • Pakistan Society for the Rehabilitation of the Disabled

PHILIPPINES Osteoporosis Society of the Philippines Foundation Inc.

SINGAPORE Endocrine and Metabolic Society of Singapore • Osteoporosis Society (Singapore)

SRI LANKA Osteoporosis Society of Sri Lanka

THAILAND Thai Osteoporosis Foundation (TOF)

VIETNAM Vietnam Rheumatology Association (VRA)

EUROPE

ARMENIA Armenian Osteoporosis Association

AUSTRIA Austrian Menopause Society • Austrian Society for Bone & Mineral Research (AUSMBAH) • Action for Healthy Bones • National Osteoporosis Patient Society Austria

BELARUS Belarussian Public Association “Tight Osteoporosis Together”

BELGIUM Belgium Bone Club • Royal Belgian Rheumatology Society • European Society for Clinical And Economic Aspects Of Osteoporosis And Osteoarthritis (ESCEO)

BOSNIA-HERZEGOVINA Society for Osteoporosis in Federation Bosnia-Herzegovina

BULGARIA Association Women Without Osteoporosis • Bulgarian League for the Prevention of Osteoporosis (BLPO) • Bulgarian Medical Society of Osteoporosis And Osteoarthritis • Bulgarian Society for Clinical Denotomometry

CROATIA Croatian League Against Rheumatism • Croatian Osteoporosis Society

CYPRUS Cyprus Society Against Osteoporosis & Myoskeletal Diseases • Cyprus Society for Osteoporosis

CZECH REPUBLIC Czech Osteoporosis League • Czech Society for Metabolic Diseases (SMD) • Osteological Academy Zlin

DENMARK Danish Bone Society • National Osteoporosis Foundation Denmark

ESTONIA Estonian Osteoporosis Society

FRANCE French League Against Rheumatism (FLAR) • French Society for Clinical Denotomometry (GUFCTU) • French Society of Orthopaedic and Trauma Surgery (SOFCOT) • Research and Information Group On Osteoporosis (GRIO)

GERMANY Committee For Healthy Bones • Deutsche Gesellschaft für Osteologie • German Society for Endocrinology • German Osteoporosis Patient Society (BFO) • Netzwerk Osteoporose e.V • Orthopaedische Gesellschaft Für Osteologie (OGO) • Osteoporose Selbsthilfegruppen Deutschland • Umbrella Organisation Of German Speaking Osteoporosis Patient Societies (DOP) • Umbrella Organisation Of German Speaking Scientific Societies Of Osteology

GEOGRAPH Georgia Association of Skeletal Metabolism Diseases • National Association of Osteoporosis

GREECE Hellenic Endocrine Society • Panhellenic Association of Endocrinologists • Hellenic Foundation of Osteoporosis • Hellenic Society for the Study of Bone Metabolism • Hellenic Society of Osteoporosis Patient Support

HUNGARY Hungarian Osteoporosis Patients Association (HOPA) • Hungarian Society for Osteoporosis and Osteoarthritis

ICELAND Icelandic Osteoporosis Society (BEINVERND)

IRELAND Irish Osteoporosis Society (IOS)

ISRAEL Israel Society On Calcified Tissue Research Metabolic Diseases • Israeli Foundation For Osteoporosis & Bone Diseases (IOF)

ITALY International Society for Fracture Repair (ISFR) • Italian Association of Osteoporosis Patients • Italian COPD Patient Association • Italian Federation of Osteoporosis and Diseases of the Skeleton (FEDIOS) • Italian Foundation for Research on Osteoporosis & Musculoskeletal Diseases (FIRMOMS) • Italian Osteoporosis League (LIOS) • Italian Society for Osteoporosis Mineral Metabolism & Skeletal Diseases (SIRMMS) • Italian Society of Rheumatology • Osteoporosis Italian Association • Osteo Stop: Mediterranean Society for Osteoporosis & Other Skeletal Diseases (MSOSD)

LATVIA Latvia Osteoporosis Patient and Invalid Association • Latvian Osteoporosis & Bone Metabolism Diseases Associations

LITHUANIA Lithuanian Association of Metabolic Bone Diseases Incorporated in Lithuanian Endocrine Society • Lithuanian Osteoporosis Foundation

LUXEMBOURG Association Luxembourgeoise d’Etude du Metabolisme Bone et du Calcium (ALEMC)

MACEDONIA Macedonian Osteoporosis Association

MALTA Malta Osteoporosis Society

MOLDOVA Association of Prophylaxis of Osteoporosis from Moldova

THE NETHERLANDS Osteoporose Stichting – Dutch Osteoporosis Foundation • Osteoporose Vereniging

NORWAY Norwegian Osteoporosis Society

POLAND Healthy Bone Enthusiasts Society (STVJKO) • Multidisciplinary Osteoporotic Forum • Polish Foundation Of Osteoporosis • Polish Osteoarthritis Society

PORTUGAL National Association against Osteoporosis (APOROS) • Portuguese Osteoporosis Association (APO) • Portuguese Society Of Osteoporosis And Other Metabolic Bone Diseases (SPODOM)

ROMANIA Association for Prevention of Osteoporosis in Romania (ASPOR) • Romanian Foundation Of Osteoarthritis (GOSAR) • Romanian Society Of Osteoporosis, & Musculoskeletal Diseases • Romanian Society of Rheumatology

RUSSIA OSTEOREX • Russian Association on Osteoporosis

SERBIA Association of Sports Traumatology & Arthroscopic of Serbia (ASTAS) • Serbia Osteoporosis Society

SLOVAKIA Slovak Society Osteoporosis & Metabolic Bone Diseases • Slovak Osteoporosis Society

SLOVENIA Slovene Bone Society • Slovene Osteoporosis Patients Society

SPAIN Hispanic Foundation of Osteoporosis and Metabolic Bone Diseases (FHOEMBD) • Spanish Society Against Osteoporosis (AECOD) • Spanish Society for Research on Bone & Mineral Metabolism (SEIOMM) • Spanish Society For Rheumatology • Spanish Society of Osteoporotic Fractures

SWEDEN Swedish Osteoporosis Patient Society (DOP) • Swedish Osteoporosis Society • Swedish Rheumatism Association • 1.6 Million Club

SWITZERLAND European Menopause & Andropause Society • OsteoSwiss • Swiss Association Against Osteoporosis

TURKEY Osteoporosis Patient Society of Turkey • Rheumatism Society • Society of Endocrinology & Metabolism Of Turkey (SEMT) • Turkish Menopause & Metabolic Disease Foundation • Turkish Osteoporosis Society

Ukraine Ukraine Association on Osteoporosis

UNITED KINGDOM Bone Research Society • European Calcified Tissue Society (ECTS) • European Union Genetic Medicine Society (EUGMS) • Mediterranean Society for Osteoporosis & Other Skeletal Diseases (MSOSD) • National Osteoporosis Society (NOS)

UZBEKISTAN Endocrinological & Diabetes Association of Uzbekistan (EDAU)

LATIN AMERICA

ARGENTINA Argentine Association of Osteology & Metabolic Malabiosis (AAOMM) • Argentine Society of Osteoporosis (SAO)

BOLIVIA Bolivian Association of Osteology and Mineral Metabolism (ABOMM)

BRAZIL Brazilian Association of Bone Assessment & Metabolism (ABRASSO) • Brazilian Federation of Gynecology and Obstetrics Associations (FEBRAOGO) • Brazilian Society of Rheumatology • National Federation of Osteoporosis Patients Associations (FENAPCO) • OsteoMetabolic Brazilian Orthopaedic Association (ABDOM)

CHILE Chilean Osteoporosis Foundation (FUNDOP) • Chilean Society of Osteology and Mineral Metabolism (CHOMM)

COLOMBIA Association Colombiana de Osteoporosis y Metabolismo Mineral (ACOMM) • Osteoporosis National Foundation

COSTA RICA Costarican Association of Cimacteric, Menopause & Osteoporosis (ACCMY) • Costarican Osteoporosis Foundation

CUBA Cuban Society of Rheumatology

DOMINICAN REPUBLIC Dominican Menopause & Osteoporosis Society (DOMODM) • Dominican Osteoporosis, Menopause & Metabolic Disease Foundation (DOMEDOMS) • Dominican Society For Cimacteric and Menopause Study

ECUADOR Sociedad Ecuatoriana de Metabolismo Mineral (SECUEMM)

GUATEMALA Guatemalan League against Osteoporosis

MEXICO Mexican Association of Bone & Mineral Metabolism (AMHMM) • Mexican Committee for The Prevention of Osteoporosis (COMOP)

PALESTINE Palestinian Osteoporosis Prevention Society (POPS)

PERU Peruvian Society of Osteoporosis & Bone Diseases (SPSOE) • Sociedad Peruana de Reumatologia

URUGUAY Uruguayan Society of Osteoporosis & Mineral Metabolism (SUOMM) • Uruguayan Society of Rheumatology (CUB)

VENEZUELA Venezuelan Society of Menopause & Osteoporosis (SOVEM) • Venezuelan Society of Osteopatic Patients (OSTEOMIGOS)

MIDDLE EAST & AFRICA

ALGERIA Algerian Society for Rheumatology

BAHRAIN Bahrain Osteoporosis Society

EGYPT Egyptian Osteoporosis Prevention Society

IRAN Endocrinology and Metabolism Research Institute (EMRI)

IRAQ Iraq Osteoporosis Prevention Society (IOPS)

JORDAN Jordanian Osteoporosis Prevention Society (JOPS) • Jordanian Physicians Osteoporosis Society (JPOS)

KENYA Osteoporosis Prevention Programs • Age Concern

KUWAIT Kuwait Osteoporosis Prevention Society

LEBANON Lebanese Osteoporosis Prevention Society • Lebanese Rheumatology Association • Lebanese Society of Osteoporosis and Metabolic Bone Disorders (OSTEDOS)

LIBYA Libyan Osteoporosis Society

MAROCO Moroccon Society for Rheumatology

PALESTINE Palestinian Osteoporosis Prevention Society (POPS)

SAUDI ARABIA Saudi Osteoporosis Society

SOUTH AFRICA National Osteoporosis Foundation of South Africa

SYRIA Syrian National Osteoporosis Society (SYDNS) • Pan Arab Osteoporosis Society (PAOS)

TUNISIA Tunisian Osteoporosis Prevention Society

UNITED ARAB EMIRATES Emirates Osteoporosis Society

NORTH AMERICA

CANADA Osteoporosis Canada

JAMAICA Jamaica Osteoporosis Society

PUERTO RICO Puerto Rican Society Of Endocrinology And Diabetology (SPED)

USA American Bone Health • California Hispanic Endocrinology and Metabolism Research Institute (CAHERMRI)

Venezuela Osteoporosis and Metabolic Bone Disorders (OSTEOS) • Venezuelan Society of Osteopatic Patients (OSTEOMIGOS)
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Graftys
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Merck

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LATIN AMERICA
Victoria Barrachina REGIONAL PROJECT COORDINATOR
Monica Calo REGIONAL COORDINATOR
MIDDLE EAST & AFRICA
Hanadi Khalife REGIONAL COORDINATOR (UNTIL JUNE 2013)
Majd Zeitoun REGIONAL COORDINATOR

Interns
Nicole Aronson
Ekaterina Chistyakova
Ira Thoms
A MESSAGE FROM THE TREASURER

2013 was an extremely productive year for the Foundation both in regard to its scientific output and its many effective outreach and education programmes. World Osteoporosis Day in particular should be underlined. Nevertheless, IOF’s financial result was clearly disappointing. This was largely due to specific unexpected limitations in terms of sponsorship, which was explained in part by the significant challenges faced by many companies in the pharmaceutical arena.

In response, the Executive Committee and CEO have made every effort to streamline operations and cut costs in an effort to improve the bottom line. In fact, administrative expenses have decreased and staff costs have remained stable compared to 2012. Most importantly, we have taken decisive steps to invest in a dynamic new fundraising strategy with the key objective of stabilizing and diversifying income streams going forward.

Although we project that 2014 will still be a tight year financially, we are confident that the important measures already taken will serve to mitigate the 2013 loss and maintain a sustainable and highly effective organization in the coming years.

I would like to take this opportunity to thank all IOF staff, officers, and membership committees for their outstanding dedication. And, as always, particular appreciation is due to our many diverse corporate partners whose support is invaluable to our work.

René Rizzoli
FINANCIAL STATEMENTS
OPERATING ACCOUNT FOR THE YEAR ENDED DECEMBER 31, 2013 in CHF

Operating Revenues

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>2 082 785</td>
<td>4 322 998</td>
</tr>
<tr>
<td>IOF Family</td>
<td>396 762</td>
<td>317 906</td>
</tr>
<tr>
<td>Promoting Policy Change</td>
<td>211 161</td>
<td>130 921</td>
</tr>
<tr>
<td>Outreach and Education</td>
<td>1 060 506</td>
<td>1 435 140</td>
</tr>
<tr>
<td>Total Programs and Projects</td>
<td>3 751 214</td>
<td>6 206 965</td>
</tr>
<tr>
<td>Other income</td>
<td>67 613</td>
<td>197 421</td>
</tr>
<tr>
<td><strong>Total Operating Revenues</strong></td>
<td><strong>3 818 827</strong></td>
<td><strong>6 404 386</strong></td>
</tr>
</tbody>
</table>

Operating Expenses

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>1 746 037</td>
<td>2 611 628</td>
</tr>
<tr>
<td>IOF Family</td>
<td>1 025 817</td>
<td>710 663</td>
</tr>
<tr>
<td>Promoting Policy Change</td>
<td>194 824</td>
<td>210 257</td>
</tr>
<tr>
<td>Outreach and Education</td>
<td>211 161</td>
<td>1 435 140</td>
</tr>
<tr>
<td>Total Programmes and Projects</td>
<td>3 622 725</td>
<td>4 698 189</td>
</tr>
<tr>
<td>Management and administration</td>
<td>774 476</td>
<td>999 358</td>
</tr>
<tr>
<td>Fundraising</td>
<td>201 929</td>
<td>124 765</td>
</tr>
<tr>
<td>Total Supporting Services</td>
<td>976 405</td>
<td>1 124 123</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>4 599 130</strong></td>
<td><strong>5 822 312</strong></td>
</tr>
<tr>
<td><strong>Operating Gain/Loss for the year</strong></td>
<td><strong>- 780 303</strong></td>
<td><strong>582 074</strong></td>
</tr>
</tbody>
</table>
**Financial Income and Expenditure**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial income</td>
<td>272,989</td>
<td>450,577</td>
</tr>
<tr>
<td>Financial expenses</td>
<td>456,063</td>
<td>632,245</td>
</tr>
<tr>
<td>Financial loss for the year</td>
<td>-183,074</td>
<td>-181,668</td>
</tr>
<tr>
<td>Operating gain for the year</td>
<td>-780,303</td>
<td>582,074</td>
</tr>
<tr>
<td><strong>Gain/(loss) for the year</strong></td>
<td><strong>-963,377</strong></td>
<td><strong>400,406</strong></td>
</tr>
</tbody>
</table>

**Detail ‘The 206: A Bone Fund’**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>0</td>
<td>181,954</td>
</tr>
<tr>
<td>Expenses</td>
<td>0</td>
<td>91,465</td>
</tr>
<tr>
<td><strong>Increase/(decrease) of ‘The 206: A Bone Fund’</strong></td>
<td><strong>0</strong></td>
<td><strong>90,489</strong></td>
</tr>
</tbody>
</table>

**Assets**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>3,776,844</td>
<td>4,713,549</td>
</tr>
<tr>
<td>Fixed assets</td>
<td>2,686,998</td>
<td>2,724,108</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>6,463,842</strong></td>
<td><strong>7,437,657</strong></td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term liabilities</td>
<td>1,005,212</td>
<td>998,879</td>
</tr>
<tr>
<td>Long-term liabilities</td>
<td>1,495,648</td>
<td>1,348,451</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>2,500,860</strong></td>
<td><strong>2,347,330</strong></td>
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</table>

**‘The 206: A Bone Fund’**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>0</td>
<td>932,925</td>
</tr>
<tr>
<td>Increase/(decrease)</td>
<td>0</td>
<td>90,488</td>
</tr>
<tr>
<td>Liquidation of ‘The 206: A Bone Fund’</td>
<td>0</td>
<td>-1,023,413</td>
</tr>
<tr>
<td><strong>Closing balance</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

**Donation Capital**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>4,927,592</td>
<td>3,503,773</td>
</tr>
<tr>
<td>Gain/loss for the year</td>
<td>-964,610</td>
<td>400,406</td>
</tr>
<tr>
<td>Liquidation of ‘The 206: A Bone Fund’</td>
<td>0</td>
<td>1,023,413</td>
</tr>
<tr>
<td><strong>Closing balance</strong></td>
<td><strong>3,962,982</strong></td>
<td><strong>4,927,592</strong></td>
</tr>
</tbody>
</table>

**Total Liabilities, ‘The 206: A Bone Fund’ and Donation Capital**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Liabilities</td>
<td><strong>6,463,842</strong></td>
<td><strong>7,274,922</strong></td>
</tr>
</tbody>
</table>

**International Osteoporosis Foundation - USA, Inc.**

In order to establish a legal presence in North America “International Osteoporosis Foundation - USA, Inc” was established on December 2, 2004 as a not-for-profit corporation organized under the Not-For-Profit Corporation Law of the State of New York.


**Risk Assessment**

A risk analysis was first performed in December 2010 by the CEO and IOF’s President and presented to the Board in March 2011. In December 2011 the risk assessment performed in 2010 was updated by the CEO. The risk analysis was presented to the Board in March 2011. In December 2011 the risk assessment performed in 2010 was updated by the CEO and IOF’s President and presented to the Board in March 2012.

In April 2014 a second revised risk analysis performed in December 2013 will be presented to the Board.
## NOTES TO THE FINANCIAL STATEMENTS

### AS OF DECEMBER 31, 2013 in CHF

<table>
<thead>
<tr>
<th>Program and Projects</th>
<th>Direct Project Costs</th>
<th>Employee Costs</th>
<th>Total Expenses 2013</th>
<th>Total Expenses 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Science</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World-class scientific conferences</td>
<td>577 452</td>
<td>195 084</td>
<td>772 536</td>
<td>1 801 139</td>
</tr>
<tr>
<td>Support innovative research</td>
<td>67 499</td>
<td>261 716</td>
<td>329 215</td>
<td>385 122</td>
</tr>
<tr>
<td>Expand professional awareness</td>
<td>240 131</td>
<td>135 048</td>
<td>375 179</td>
<td>312 369</td>
</tr>
<tr>
<td>Training</td>
<td>194 613</td>
<td>53 158</td>
<td>247 771</td>
<td>295 938</td>
</tr>
<tr>
<td>Others</td>
<td>21 335</td>
<td>0</td>
<td>21 335</td>
<td>6 028</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1 101 030</strong></td>
<td><strong>645 006</strong></td>
<td><strong>1 746 036</strong></td>
<td><strong>2 800 596</strong></td>
</tr>
<tr>
<td><strong>IOF Family</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expand the Network</td>
<td>4 243</td>
<td>137 701</td>
<td>141 944</td>
<td>3 531</td>
</tr>
<tr>
<td>Service Members</td>
<td>547 727</td>
<td>88 010</td>
<td>635 737</td>
<td>341 948</td>
</tr>
<tr>
<td>Total Internal meetings and conferences</td>
<td>207 801</td>
<td>40 335</td>
<td>248 136</td>
<td>433 514</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>759 771</strong></td>
<td><strong>266 046</strong></td>
<td><strong>1 025 817</strong></td>
<td><strong>778 993</strong></td>
</tr>
<tr>
<td><strong>Promoting Policy Change</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convince decision makers (publications, meetings)</td>
<td>62 783</td>
<td>58 395</td>
<td>121 178</td>
<td>154 333</td>
</tr>
<tr>
<td>Increase ability of IOF network to lobby for policy change</td>
<td>22 281</td>
<td>51 365</td>
<td>73 646</td>
<td>85 755</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85 064</strong></td>
<td><strong>109 760</strong></td>
<td><strong>194 824</strong></td>
<td><strong>240 088</strong></td>
</tr>
<tr>
<td><strong>Outreach and Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisting IOF members to raise public awareness</td>
<td>2 779</td>
<td>5 281</td>
<td>8 060</td>
<td>43 274</td>
</tr>
<tr>
<td>Assisting IOF members to provide the public energy</td>
<td>104 563</td>
<td>123 280</td>
<td>227 843</td>
<td>277 364</td>
</tr>
<tr>
<td>Assisting IOF members to develop education programmes</td>
<td>121 169</td>
<td>29 316</td>
<td>150 485</td>
<td>428 726</td>
</tr>
<tr>
<td>Fundraising materials</td>
<td>177 742</td>
<td>50 945</td>
<td>228 687</td>
<td>497 729</td>
</tr>
<tr>
<td>Other communications expenses</td>
<td>9 406</td>
<td>31 566</td>
<td>40 972</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>415 659</strong></td>
<td><strong>240 388</strong></td>
<td><strong>656 047</strong></td>
<td><strong>1 247 093</strong></td>
</tr>
<tr>
<td><strong>Total Programme and Projects</strong></td>
<td><strong>2 361 524</strong></td>
<td><strong>1 261 200</strong></td>
<td><strong>3 622 724</strong></td>
<td><strong>5 066 770</strong></td>
</tr>
<tr>
<td><strong>Supporting Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and Administration</td>
<td>409 456</td>
<td>365 021</td>
<td>774 477</td>
<td>602 081</td>
</tr>
<tr>
<td>Raising money from existing and new sources (Fundraising)</td>
<td>6 823</td>
<td>195 106</td>
<td>201 929</td>
<td>153 461</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>416 279</strong></td>
<td><strong>560 127</strong></td>
<td><strong>976 406</strong></td>
<td><strong>755 542</strong></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>2 777 803</strong></td>
<td><strong>1 821 327</strong></td>
<td><strong>4 599 130</strong></td>
<td><strong>5 822 312</strong></td>
</tr>
</tbody>
</table>

### The 206 A Bone fund

Following a decision by the Board of the Foundation, the 206 A Bone fund was liquidated during 2012. The assets invested in securities was combined with IOF’s investments and the fund’s capital was added to IOF’s capital. This decision was taken because the 206 A Bone fund had served it’s purpose over the years and the application of the assets and capital are similar to those of IOF’s main assets and capital.

### Presentation

Some figures of 2012 have been reclassified in order to enable comparison with the 2013 figures.
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Cover Image

Teoh Yu Suan, 83, lives in Kuala Lumpur, Malaysia. Long term intake of steroids and thyroid hormone replacement therapy have led to secondary osteoporosis. She has suffered two hip fractures and is now wheel-chair bound.

PHOTO TAKEN ON DECEMBER 2012 BY IOF PHOTOGRAPHER GILBERTO D LONTRO
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