ICS Fistula Committee Meeting Minutes
Wednesday 7th October 2015,
Venue: Palais des Congrès
Room: 512C
Time: 07.00-08.00

Attending: Chris Payne, Gill Brook, Hassan Shaker, Limin Liao, Jacques Corcos

Apologies: Suzy Elneil (Chair), Jacky Cahill, Ahmed Saafan, Abubakr Elmardi, Ervin Kocjancic, Diaa Rizk

In Attendance: Kate Sloane, Jenny Ellis, Sherif Mourad, Adrian Wagg, Sue Kim

1. **Introduction**

   CP welcomed everyone to the meeting and advised that Suzy sends her apologies. Suzy is speaking at the FIGO event, so will be attending ICS 2015 later in the week. CP advised that Sue Kim was attending the meeting as a guest, she is interested in joining the committee, so this meeting should provide some background before applying.

2. Approval of Rio Committee minutes (attached)
3. **Terms of Office & Terms of Reference review (attached)**

   CP advised that we need to add more members as a lot of people will leave at the same time. Gill Brook confirmed that she would like renew her position for another 3 years.

   Action: Office to renew Gill Brook for another 3 year term.

   JE confirmed that Suzy would need to re-apply for the Committee Chair position. Please note any member can also apply for the position- this would go to a member vote. If any member is interested in applying for the Chair position then they will need to be nominated and seconded by an ICS member- email office for more information: info@ics.org

4. **Outstanding actions:**
   I. **Action SE will provide report regarding fistula meeting in Dar-es-Salaam**- SEN confirmed deferred to September 2015 in Addis Ababa.

      CP advised that SE confirmed Dar-es-Salaam opportunity for training from ICS. Committee could be the liaison for this request

      SM and LL enter.

II. **Action: SE will look into building its own institution in Africa** -SEN confirmed Fistula Foundation are building a facility in Kenya. They are looking into whether ICS can join them in this endeavor 13/7/15

CP confirmed that the Africa Fistula Foundation was building an institute in Kenya- they are looking for partners to help raise money for this project. ICS could be a partner or promote services/training in this area. CP asked committee if they felt that there was a need to build our own institution? JC thought that we should re-start this project, which was started by SM 4 years ago. JC is keen as there is a need for this in this area but we would need to find partners to complete this project. JC suggested that ICS would provide the medical manpower to run the hospital for 1 year, with the help of African doctors and nurses. So ICS would lead the project. Group discussed whether IUGA or FIGO would be interested in partnering on this project? If we have support and the project is well planned then we can look into different finance options. There are a lot of big companies interested in Africa, so they could be a key target to obtain funding for this project. The committee just need Board approval to proceed with this project.

SM felt that we don't need to build a hospital we can meet with the Uganda Minister of Health and they will give us a building then ICS can go in and do the training. SM has already met Ava at EAU and they are interested. SM feels that we should have 2 centers one in the east and one in the west.

CP advised that he is the Vice President at the World Fistula Fund where we run a hospital in Africa, this is at a cost of $2-300,000 per year. So it's not up to ICS to fund this- it would be impossible. ICS can help with the structure, staff, training etc. But that should be all of our involvement. The ICS should not cover the any additional costs, including travel costs for members to get there. JC disagrees, as does SM. SM thinks we need to achieve more as a committee and this could be an option to look into. CP felt that if we found a partner then we could but we are only a small committee and we cannot achieve something this large on our own. JC offered to lead the project and asked CP to put the request to the Board. SM felt it was too soon to put a request to the board- no outcomes, budget not prepared etc.

AW felt that the committee need a clear idea of what the committee are doing. ICS is unique with multi-disciplinary members, so we need to offer something different, a unique selling point, which will define its purpose. ICS could promote teaching etc. That is what the Board would like to see.

III. Action CP to help develop criteria for standards of excellence with other committee members

CP felt that we need to define our role and a potential is to coordinate/ encourage

research**.** SM agreed. CP suggested that the committee could release a minimum set of criteria to apply for grants. That way a center would know if they were eligible or not. All thought this was a good idea, CP advised he would draft this and send it round.

Action: CP to draft center eligibility criteria for grants and send around to committee.

AW highlighted that the Board are keen to see the committee develop a vision and engage its members. CP suggested a WebEx to discuss further, AW advised that the office could arrange this.

Action: Office to arrange a WebEx call to define committee's vision.

IV. **Action CP and AEM to look at developing guidelines for UDS in under-resourced settings, along with support of committee (AS and HS to help)**
No action taken place**.**

V. **Action SE, JC, AEM, CP to look at developing a scoping document for fact sheet development**
No update.

VI. **Action GB to help develop ICS fistula care physio guidelines**- GB confirmed she has submitted a chapter on the role of physiotherapy in obstetric fistula care, for a forthcoming textbook edited by SE. The proposed guidelines will be based on this information as it was evidence-based (where research evidence exists) and include the pooled experiences of several physiotherapists who have worked in the field. 26/6/15

GB confirmed that the guideline concerned could be picked up from the book chapter. GB is waiting for the final version and then she will take forward with the committee.

Action: GB to send committee final version of the book chapter to create fistula care physio guidelines.

AW felt that this would be a good project- a form that could be produced by the committee and used externally. GB felt that everyone on the committee has an interest and experience in fistulas that cross over to ICS. We would need to ensure this is under ICS branding. AW asked if there are other people, doing work on fistulas, in other committees, then is there a need for an ICS fistula committee? Group discussed and all agreed that we need to make the fistula committee different to the other ICS committees working in this area.

CP felt that the fistula video's on YouTube were good, just basic videos but these are of interest to members and externally. SM highlighted that we have hours of surgery

videos available, the office has these videos. JE highlighted that SM needs to review the video's and advise on editing and provided narration. SM advised he would attend the office to edit the videos with the IT team.

Action: SM to arrange to attend the ICS office to review, edit and narrate the fistula surgery videos.

JC asked if we have a standardization terminology document on fistulas? JE advised that we do not currently have this document. JC felt this would be a good project and would work with the SSC on this idea- all agree.

Action: JC to contact SSC to discuss creating a fistula terminology document.

HS felt that the role of the committee was to education and train people e.g. locals in third world countries. SM stated this should be multi-disciplinary training, all agree.

CP suggested that the committee could conduct a literature review on fistulas and create a white paper on this- we would require technical help, but this could be done. All agreed this was a possibility and they would need to discuss this further via the forums.

Action: Committee to discuss a Fistula Committee white paper on the committee forum.

CP reiterated that the committee need to discuss plans for the next 1-2 years and see what we can realistically achieve within that timeframe. JC suggested a business plan would be useful, plans like a white paper couldn't be achieved within this timeframe, so we need to look at this and other projects. JE agreed and advised that the committee needs to set goals that can be achieved over the next 12 months.

VII. Action SE to finalize paper work for ICS office

This was regarding the proposed Fistula workshops- the office advice that all workshops/courses have at least a 9 month lead in time to fully advertise these events. Suzy arranged courses for 2015 but the office advised that the lead in time was too short, the courses therefore did not go ahead. JC suggested that we conduct a survey on the previous year's delegates, HS offered to write the survey.

Action: HS to draft fistula workshop survey to past delegates and send to the office.

VIII. **Action Provisional dates for Skype calls: Friday 16th January 2015 and Friday 12th June 2015 – delayed to Aug or Sept 2015**

The committee will look at hosting calls in 2016.

5. **AOB**

- **Book**:
  SM asked what the committee had achieved over the last year? Just the videos? HS advised that they had worked on book chapters. SM asked whether this was an ICS book? CP confirmed it was not, just a chapter in another book, SM advised that all ICS contributions needed to be branded as such.

  Action: Please can committee members ensure any book/article/document contributions are ICS branded.

  The group discussed the lack of involvement of some members of the committee. JE confirmed that contribution is reviewed annually and the Chair will ask people to step down as required.

- **News**:
  JE highlighted that the FGM article by Suzy was very popular, the PCC are keen to receive these documents from the committee- please submit articles to Jacky at the PCC.

  Action: All committees please send fistula news articles to Jacky Cahill at PCC for inclusion in ICS e-news and social media.

  GB advised that she had submitted some articles and received positive feedback from members and peers. We therefore need to encourage committee members to produce these articles and get this information out to people who need this information. Committee discussed whether news articles/videos were reaching people who needed them- this is a concern of the committee.

  Action; Committee to review engagement of news articles/videos with people in areas that require this information.

- **Deputy Chair:**
  The committee discussed whether a deputy chair would be useful, this would need to be discussed with Suzy. JE suggested a forum discussion, all agreed.

  Action: Discuss whether a deputy chair is required on forum.

Ends

ICS Fistula Committee Meeting Agenda
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Attending: Suzy Elneil (Chair), Chris Payne, Ervin Kocjancic, Gill Brook, Hassan Shaker

Apologies: Jacky Cahill, Ahmed Saafan, Abubakr Elmardi

Unconfirmed: Limin Liao, Diaa Rizk

In Attendance: Kate Sloane, Jenny Ellis, Sherif Mourad

1. Committee Picture to be taken
2. Approval of Rio Committee minutes (attached)
3. Terms of Office & Terms of Reference review (attached)
4. Outstanding actions:
   I. **Action SE will provide report regarding fistula meeting in Dar-es-Salaam**- SEN confirmed deferred to September 2015 in Addis Ababa.
   II. **Action: SE will look into building its own institution in Africa** -SEN confirmed Fistula Foundation building a facility in Kenya. Looking into whether ICS can join them in this endeavour 13/7/15
   III. **Action CP to help develop criteria for standards of excellence with other committee members**
   IV. **Action CP and AEM to look at developing guidelines for UDS in under-resourced settings, along with support of committee (AS and HS to help)**
   V. **Action SE, JC, AEM, CP to look at developing a scoping document for fact sheet development**
   VI. **Action GB to help develop ICS fistula care physio guidelines**- GB confirmed she has submitted a chapter on the role of physiotherapy in obstetric fistula care, for a forthcoming textbook edited by SE. The proposed guidelines will be based on this information as it was evidence-based (where research evidence exists) and include the pooled experiences of several physiotherapists who have worked in the field. 26/6/15
   VII. **Action SE to finalise paper work for ICS office**
   VIII. **Action Provisional dates for Skype calls: Friday 16th January 2015 and Friday 12th June 2015 – delayed to Aug or Sept 2015**

5. AOB

Minutes ICS Fistula Committee Meeting Minutes

Monday 20th October 2014,

Venue: SulAmérica Convention Centre

(Room D 1200-1400)

In Attendance: Sohier Elneil (Chair) (SE), Chris Payne (CP), Gill Brook (GB), Jacqueline Cahill (JC), Abubakr Elmardi (AEM), Jacques Corcos (JC2)

Apologies: Hassan Shaker, Ahmed Saafan, Diaa Rizk, Ervin Kocjancic, Jenny Ellis (JE)

Sitting in: Elise De (ED)

1. Committee Picture
    a. Performed
2. Welcome new members and thank old members who have left
    a. Abubakr El Mardi welcomed to the committee
    b. Sherif Mourad thanked for his contribution
3. Approval of Barcelona and February Teleconference Committee minutes
    a. 1st Gill Brook 2nd Jacquie Cahill
4. Terms of Office & Terms of Reference review
    a. All committee happy with TOR provided by ICS
5. Outstanding actions dealt with:

Videos and Fact Sheets

JE *To work on the wording of the email for the fistula video mail out with SE and ED*

ED *5 films available on the microsite and more coming in the next few months. SE and GB will make some films in Bristol in December/January 2015 to help complete the film profile. SE thanked ED for all her hard work and her support with collaboration with the Education Committee*

Action SE, JC, GB and ED (EK) to work collaboratively

International Work and Collaboration

JC2: *Feels that working in the international arena would not be helpful*

SE suggested that the focus for 2015 can be on fistula videos and factsheets;

He also requested that SE to provide details of the Fistula meeting in Dar-es-Salaam to the Trustees

Action SE will provide the report

He also said that ICS does not have money for most projects, but suggested that ICS could build its own institution in sub-Saharan Africa, if money could be retrieved from an external source JC2 also stated that there should a minimum set of requirements for any centre; define a project for building a centre of excellence for work and ICS will deliver the manpower.

Action SE will look into it

(Already put to various agencies, but none happy to support such a project but would be keen to include ICS professional support in Fistula Work in the Developing World).

SE stated that we need to identify the need in the developing world, and for ICS to recognize its 'unique role'.

CP Suggests that international work needs to incorporate ICS work

To make a criteria list of 'What is a centre of excellence for ICS involvement?' To guide on the need for modern anaesthesia, registered nurses, physio, blood banking, etc.

We need to ask for 'surgeons from Africa to access us' not' for us to access them'

We need to reconsider zonal work and develop better defined projects per region.

Action CP to help develop criteria for standards of excellence with other committee members

AEM There should standards of excellence for care delivery provided by ICS

Problem of selecting which hospitals should be the best to work with, but committee members could look into it.

We also need to be associated with another society

Action AEM will liaise with FIGO members

GB The work in fistula is not cohesive and needs to be more brought together. We must be networked better with our collaborators in order that ICS can achieve more.

<u>Urodynamics in under-resourced settings</u>

AEM Suggests that international work should incorporate urodynamics, as it is critical for post-fistula repair continence. ICS intervention in the under-resourced settings needs to be strengthened.

CP Teaching the physiology of UDS is very difficult to develop in under-resourced settings. Maybe everything should be in the University setting

Action CP and AEM to look at developing guidelines for UDS in under-resourced settings, along with support of committee (AS and HS to help)

6. Progress Reports:
   a) SE: To update on progress of technical book (chapters already allocated).
      a. 4 out of 16 chapters received by ICS 2014.
      b. Final editing should be done by December 2014
   b) SE: Guideline developments on managing post-fistula repair incontinence.
      a. *SE to start working on a scoping document*
      b. *CP What evidence is there; unmet needs; Lit review of African Journals ; East African Journal of Medicine, FIGO Journal*
      c. *AEM ICS needs to step in and take the role of managing continence globally as the only other professional body involved is FIGO. Unfortunately other bodies like IUGA are not fully engaged at the moment.*

   Action SE, JC, AEM, CP to look at developing a scoping document for fact sheet development

   c) GB: Update on physiotherapy training/teaching for fistula centres globally
      a. *An MDT approach is needed urgently and there is a need for expert trainers to develop the service; develop physio aid and attain sustainability.*
      b. *Most of the training work has been done at Hamlin Hospitals in Addis. Has contacted The Rehab advisory council of the Worldwide Fistula Foundation in working with different physiotherapists (the textbook chapter really helped galvanise thoughts and ideas).*
      c. *Lack of evidence of role of physio care in fistula care, but increasing impact in the literature in physio being used in care pathways.*
      d. *Profile of physios should be developed within the MDT setting of fistula care.*

   Action GB to help develop ICS fistula care physio guidelines

7. Fistula workshop arrangements for 2015-2016
   a) Selection of ICS team for each site – *unknown; still pending, but at Trustees meeting the Treasurer said we will only have funds for one meeting – therefore Nairobi meeting in July 2015 chosen*

   Action SE to finalise paper work for ICS office

   b) Confirmation of the schedule timetable and arrangements – to be confirmed.
8. Collaboration with international organizations: how can the ICS committee work closely in developing care strategies for patients undergoing complex fistula surgery – see above.

9. Committee's vision of fistula work in 2015-2016 – see above

10. AOB

    Arrangements for 2 Skype or WebEx calls in January 2015 and June 2015

    Action Provisional dates: Friday 16th January 2015 and Friday 12th June 2015

ICS Fistula Committee Terms of Reference

MISSION:

To reduce the number of obstetric fistulae worldwide through education, advocacy, and collaboration. The ICS Fistula committee will lobby to unite organizations to prevent duplication of efforts and to evaluate outcomes.

1. BACKGROUND:

Obstetric fistulae are pervasive in some countries as a result of poor prenatal care, female genital mutilation, early age of pregnancy, and poor delivery practices. Currently, prevention strategies are limited in effectiveness and physicians do not have the knowledge to effectively repair fistulae when a woman presents with problems. Women suffering from obstetrical fistula can have urinary and/or faecal incontinence so severe that they are ostracized in their communities. Hospital services are limited and often long distances from the woman's home village. Many international groups are involved in aspects of fistula management and this can lead to independent and less effective approaches to care than if services were united.

2. FUNCTIONS:

- Research:
    - Collect data (or use existing data) on the prevalence of obstetric fistulas and incontinence
    - Determine target area for ICS involvement based on prevalence data, existing services, and perceived need by community
    - Collect data on the subjective impact of obstetric fistula
    - Determine focused need for ICS fistula committee involvement based on services available, number of potential patients, healthcare professional support, and building/infrastructure.
    - Developing reconstructive urology surgical training in multiple sites in Africa and assessing progress
    - Focus, based on the above, on two or three key areas for education and support.
- Education:
    - Provide 1 ICS endorsed Training sessions annually to healthcare professionals involved in ante and post natal care to 'train the trainer' and increase clinical skills in voiding dysfunction, Obstetric Fistula and treatment of surgical complications.
    - Sponsor 1 ICS endorsed session annually with a specific focus on surgical repair of fistula
    - Encourage participation in annual ICS fellowship and award opportunities to increase knowledge and skills in all aspects of obstetrical fistula.

- Advocacy
    - Identify a "champion" in the targeted areas who will lobby on behalf of both the ICS and the community.

- Establish and maintain links with other International Authorities & Societies also involved with fistula management, including WHO, UNFPA, Engender Health, EAU, AUA, SIU, IUGA, PACS, ISOFS and others.
- Fund raise to support fellowship and research award funds for healthcare professionals to visit other sites for education and experience.
- Work with local agencies on prevention strategies and to actively lobby for prevention of fistula.

3. RESPONSIBLE TO: ICS Board of Trustees and ICS General Secretary

4. COMPOSITION:

Total Members	**Method of Appointment**	**Name**	**Term of Office**
Chair:	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being ICS members. The Chair would normally have served as a committee member, either current or in the past. Nominations received by April 1st as advertised. Voting regulations as stated.	See Membership Page	Term of office: 3 years, but renewable after notification to the members at an AGM. ICS Bylaw #3.
Membership	All members of ICS committees must be active ICS members (paid for current membership year) (By-law 2.3.2) and have completed a disclosure form.		3 years, but renewable once by the Chair/Committee
Subcommittees	Education and training in reconstructive urology surgery, e-learning for fistula prevention		3 years, but renewable once by the Chair/Committee
Updated February 2014			

5. MEETINGS:

Two face-to-face meetings; one during the Annual Scientific meeting and one in mid-year (during the EAU meeting or according to the tasks of the committee).

6. QUORUM:

One third of committee membership plus one. For example, a committee of ten will have a quorum of four members.

7. **MINUTES:** Extract from the 2011 ICS Bylaws:

Item 6 Minutes

6.1 Minutes of all General Meeting, Board of Trustee meetings, any formal meetings of ICS officials and ICS committee meetings must be recorded, and kept at the ICS office and published on the ICS website in the members only section.

6.2 Draft minutes of the meetings shall be sent to all those who attended for correction and subsequently made available to all ICS members via the website within six weeks of the date of that meeting.

6.3 Only a member attending the meeting in question may comment on the accuracy of the draft minutes. Any ICS member can comment on the subject discussed or the issues raised.

6.4 Sensitive issues will be recorded in the published minutes by the subject only.

8. **REPORTING & ROLES:**
The Chair of each committee is required to prepare an annual report to the Board of Trustees outlining achieved goals/budget requests and future objectives and strategies. The Chair is also required to be present at the Annual General Meeting should the membership have any questions over committee activities.

The committee Chair is also responsible for submitting an interim report to the Board of Trustees' mid term meeting. The date that this report will be required will be given in advance each year.

For Terms of Office information please see the Membership Page

Fistula Committee Terms of Office

Member	Role	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
Suzy Elneil	**Committee Chair**	**29-Aug-13**	**15-Sep-16**	**3**	**N**	**3 year term will finish in 2016- can renew once by formal election**	
Kate Sloane	Co-opted	11-Dec-14	08-Oct-15	1	N	Co-opted position	
Chris Payne	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew	
Hassan Shaker	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew	
Jacky Cahill	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew	
Limin Liao	Committee Member	26-Aug-10	15-Sep-16	6	N	6 year term will finish 2016 - cannot renew	
Gill Brook	Committee Member	29-Aug-13	15-Sep-16	3	N	3 year term will finish in 2016- can renew	
Abubaker Elmardi	Committee Member	23-Oct-14	14-Sep-17	3	N	3 year term will finish in 2017- can renew	
Ahmed Saafan	Committee Member	18-Oct-12	25-Oct-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Diaa Rizk	Committee Member	18-Oct-12	25-Oct-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Ervin Kocjancic	Committee Member	18-Oct-12	25-Oct-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Sherif Mourad	Ex-officio	18-Mar-15	15-Sep-16	1	N	Ex-officio	

Nominations 2016

Suzy will need to re-apply for the Chair position and therefore needs to confirm his intentions in Montreal.. Please note any member can also apply for the position- which would go to a member vote.

Chris Payne, Hassan Shaker, Jacky Cahill and Limin Liao step down in Tokyo.

Gill Brook needs to confirm if she is renewing her position for another 3 years.

Key	
Colour	**Meaning**
	Stepping down in Montreal
	Stepping down in Tokyo
	Elect position- will need to re-apply
	Will need to confirm if renewing/ positions will need to be advertised after Montreal
	New member/position
	No action