ICS Developing World Committee meeting minutes

Wednesday 14th September 2016,
Venue: Tokyo International Forum
Room: G505
Time: 16.30-17.00

Attending: Ajay Singla,

Also in attendance: Sherif Mourad, Jenny Ellis, Dan Snowdon

Apologies: Sakineh Hajebrahimi (Chair), Laleh Amini

Agenda

1. **Committee Picture to be taken**- Not taken, will be taken when all members are in attendance.

2. **Review terms of reference**
   All agreed the current TOR are final. SM suggested that we need to increase the committee to 10 members.

3. **Create business plan for Committee**

   See attached slides from SK.

   Group discussed how to engage relevant parties around the world. JE suggested setting up a working group and inviting relevant people to contribute. This wouldn't add to the overall committee numbers.

   Action: SH to confirm the working group name and members.

   SM suggested alignment to the Global Philanthropic Committee (GPC) - this will mean that ICS funding is not required as funding can be requested from GPC. Maximum funding is $10,000. GPC received 26 applications this year.

   SM confirmed that the focus should be hands on training. Not just concerned with fistulas as this is covered by other organisations internationally. People in the developing world need training in other areas e.g. urogynecology, physiotherapy, nursing etc. So the training will be covering 3-4 disciplines.

Postscript: SK confirmed that we need to train the physicians by designing workplace fellowship programs. Involvement in terminology group for VVF in crucial.

Action: Committee to work on GPC funding request for 2017.

JE suggested the committee contact Bernie Haylen regarding the new Standardisation Steering Committee terminology document that they are planning- focus on fistulas and the pelvic floor.

Action: JE to contact BH to suggest developing world committee involvement.

SM suggested that the committee work on a new classification of fistulas- there is a gap in the market for this information. The committee would need to do a literature review of the current classifications and test against cases. SM suggested the working group members could assist in this review.

Action: Committee to assign classification project tasks between members and working group members.

Postscript: SK highlighted the need to have reliable information about burden of incontinence and pelvic disorder in developing countries. Created by performing a systematic review or any other valuable original studies.

Action: Committee to undertake a review regarding original studies concerning the burden of incontinence and pelvic disorder in developing countries.

4. **AOB**

SM suggested that we invite the following people to join the committee:

- Rebekah Das- PT rep
- Kate Sloane- Nurse Rep
- Chris Payne
- Ahmed Saafan

Rebekah, Kate and Chris expressed an interest in the committee from the 2016 nominations. SM suggested Ahmed's involvement.

Action: SH to confirm the 4 committee member invitations (Rebekah Das, Kate Sloane, Chris Payne & Ahmed Saafan). Office to invite members on behalf of Chair.

Meeting Ends

Postscript Note from Chair:

Regarding progress in recommended activities:
I have a professional systematic review group in my research center (Research center for evidence based medicine) and they are preparing the first draft of proposals.

At the beginning I would like to have two working groups:

First one: review and research group (I will personally supervise their job and for sure will get help of other members.)

Second: Training group, to provide appropriate training programs, in addition to encourage people to be ICS member to be involved in the defined promotional programs. I will need all expert members' helps to design such programs.

ICS Developing World Committee
Terms of Reference

MISSION:
To improve the quality of care for patients with incontinence and pelvic floor disorders in the developing world.

1. BACKGROUND:

Urinary and faecal incontinence and pelvic floor disorders including vaginal fistulae are common in developing countries. ICS is uniquely positioned, due to its international multiprofessional membership, to contribute to the prevention and management of these problems through:

- Promoting quality research
- Identifying and promoting best practices
- Educating local practitioners

By working with partner organisations in providing clinical education to local practitioners and direct management for patients in association with its educational mission. ICS is a partner in a Global Philanthropic Committee with the remit to improve care care for patients in these developing countries, this committee will form ICS policy for participation and contribution to this philanthropic programme.

2. FUNCTIONS:

- Determine target areas for ICS involvement (in collaboration with partner organisations)
- Determine focused need for ICS involvement based on services available, number of potential patients, healthcare professional support, and building/infrastructure.
- Developing reconstructive urology and gynaecological surgical training in developing countries
- Develop training on conservative management, prevention and post-surgical aftercare for patients in collaboration with local practitioners.
- Encourage participation in annual ICS fellowship and award opportunities to increase knowledge and skills in all aspects of care in developing countries

- Advocacy
  - Identify ICS champions 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, including WHO, UNFPA, Engender Health, EAU, AUA, SIU, IUGA, PACS, ISOFS and others.
  - Work with local agencies on prevention strategies and to actively lobby for the provision of care of patients with urinary and faecal incontinence and pelvic floor disorders including vaginal fistulae

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 current ICS members. If no one is nominated the ICS Nominations committee may suggest a suitable candidate. Nominations received by 1st April. Voting regulations as stated.		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. The committee shall comprise no more than 8 members of whom at least 2 are representatives of non-physician professions and one each from urology and gynaecology. Early career representation should also be ensured by the Chair		3 years, but renewable once by the Chair/Committee
Subcommittees	May be formed as required at the behest of the Chair to fulfil specific aims and objectives as determined by the committee		
Updated February 2016			

5. MEETINGS:

At least one face to face meeting to take place at the ICS ASM shall be supplemented by regular teleconferences, we sexes and forum discussions as determined by the Chair. If required. Other face to face meetings should occur in conjunction with other annual congresses at which members would be present.

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 2014 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.

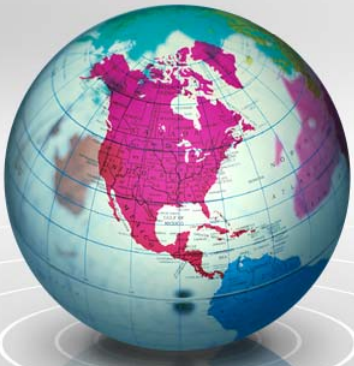
8. REPORTING & ROLES:

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' midterm 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

Developing World Committee



Sakineh Hajebrahimi, MD

Professor of Urology Department
Tabriz University of Medical Sciences
Iran

Developing world

- Several Emailing with Kenes

And only

- 4 times resending of this message
- Without any apologies!

Michele Gluck Sep 6 (5 days ago)
to Jenny, me

Dear Sakineh,

Please note your invitation letter was also mailed out via snail mail on August 17, 2016 to the address you have provided. Please allow 15-20 business days for arrival of letter from Switzerland to Iran.

Thank you

Kind regards,

Invitations Secretariat
Email: invitation@kenes.com
Site: www.kenes.com

My Mentors

S.K Madaen

J. Corcos

C. Chapple

Committee Members

- Sherif Mourad
- Ajay Singla
- Laleh Amini
- Rosiana Wirawan

MISSION:

- To improve the quality of care for patients with incontinence and pelvic floor disorders in the developing world.

Aims

- Promoting quality research
- Identifying and promoting best practices → **Evidence Based Practice**
- Educating local practitioners

Functions for 2017

- Designing high quality prevalence and incidence studies (in collaboration with partner organisations)
- Evidence based practice fellowship workplace program for developing countries (in collaboration with IRCEBM and JBI)
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Functions for 2017, cont.

- Improving reconstructive urology and gynaecological surgical training in developing countries (two most demanded based on committee decision)
- Encouragement of developing world to be ICS member by special offers for discount in membership fee
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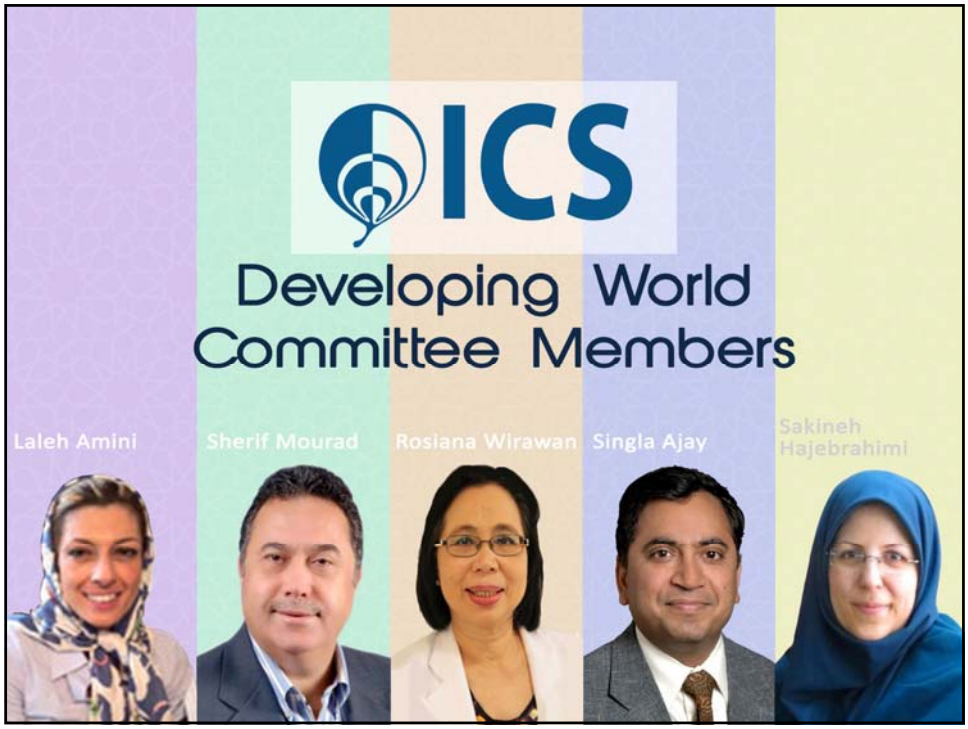
ICS
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Committee Members
Laleh Amini
Sherif Mourad
Rosiana Wirawan
Singla Ajay
Sakineh
Hajebrahimi