ICM Triennial Timeline

**2008**

**May**

ICM 28th Triennial Congress in Glasgow

**June**

First meeting of the re-launched Education Standing Committee and launch of the Regulation Standing Committee
Research Standing Committee agrees terms of reference based on ICM strategic objectives.

**September**

UN General Assembly, Geneva
Improvements to maternal health set out in MDG5 reported to have made the least progress of all MDGs. WHO, World Bank, UNFPA and UNICEF recognise development of midwifery as the key to achieving MDG 5 by the 2015 deadline.

**November**

Global Outreach Meeting held in The Hague to agree how member associations and ICM HQ will co-ordinate and complement each other's global midwifery outreach activities.

**2009**

**February**

ICM brings together 30 global midwifery and maternal healthcare experts to explore potential for a midwifery services framework to provide governments with an essential planning tool for safe maternal, neonatal and child health services.

Review of ICM Essential Competencies for Basic Midwifery Practice begins as a key input to the development of ICM global midwifery education standards.

**March**

ICM-UNFPA midwives programme officially launches in Accra, Ghana. An ICM International Midwife Adviser is appointed, supported by two Regional Midwife Advisers to complement the work of a growing network of Country Midwife Advisers.
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ICM Headquarters  
Laan van Meerdervoort 70  
2517AN The Hague  
Netherlands  

Tel +31 70 3060520  
Fax +31 70 3555651  

www.internationalmidwives.org
Introduction from the President

It is my great pleasure to introduce the first ICM Triennial Report. This report is a summary review of the activities of the Confederation during the triennium 2008-11, a time of historic global advances for the profession. In 2008, the issues facing midwifery were two-fold. First, there were no global standards for the profession. The lack of standards meant that midwives were variously educated and regulated from one country to the next with no cohesive professional identity at a global level. The second was that the midwifery workforce had been systemically neglected and was largely invisible, especially in low-resource countries. The challenges for the ICM were to develop global standards as guidelines for a high quality midwifery workforce in all countries and to work with our global partners to promote the strengthening of midwifery services as key to improving maternal and newborn health in low-resource countries to achieve MDGs 4, 5 and 6. In 2011, the ICM is proud to announce that these challenges have been met.

BUILDING HIGH QUALITY MIDWIFERY SERVICES GLOBALLY: UPDATED COMPETENCIES AND GLOBAL STANDARDS FOR EDUCATION, REGULATION AND ASSOCIATIONS

In the spring of 2011, the ICM’s global standards and competencies were completed in English and translated into French and Spanish. These documents now form the foundation of a common global profession. This is a remarkable achievement. Midwives, educators and those responsible for delivering effective national health systems can now draw on a robust and established global set of competencies and global standards for education and regulation. The ICM has worked with the World Health Organization to ensure that these documents will provide guidance to governments worldwide in the development of high quality midwifery services.

GLOBAL PARTNERSHIPS: MIDWIFERY ESSENTIAL TO ACHIEVING MDGS 4, 5 AND 6

The ICM increased the level of engagement with our global partners during this triennium. The ICM gained a permanent Board seat on the Partnership for Maternal, Newborn and Child Health (PMNCH) and worked within the Partnership in the successful campaign to put maternal, newborn and child health at the top of the G8 and G20 agendas in 2010. Within the Partnership, the ICM worked intensively with the International Federation of Gynecologists and Obstetricians (FIGO) and the International Pediatric Association (IPA). Together the three organizations facilitated five regional workshops in sub-Saharan Africa, South America, the Middle East and South Asia to promote the role of health care professions at national level. The PMNCH also guided the UN Secretary General in the development of the Every Woman, Every Child campaign which has gathered more than 40 billion dollars in commitments to improve maternal and child health, including commitments from the ICM to develop regional workshops for the dissemination of our global standards and competencies at national and regional levels.

ICM UNFPA PROGRAMMES AND MIDWIVES SYMPOSIUM AND STATE OF THE WORLD MIDWIFERY REPORT

The United Nations Population Fund (UNFPA) was the first UN Agency to commit to the strengthening of the midwifery workforce to improve maternal and newborn health. Support by the UNFPA has been critically significant to the recognition of midwifery services by global partners.

During this triennium the ICM launched the ICM UNFPA Programme to strengthen midwifery in 20 low-resource countries in sub-Saharan Africa and South Asia. This innovative programme has established a head office in Accra, Ghana where the International Midwife Adviser and Regional Midwife Advisers work with Country Midwife Advisers in UNFPA country offices to strengthen education programmes and associations at the national level.
A landmark Midwives Symposium in Washington DC in June 2010 organised in partnership with UNFPA, brought together representatives from a range of agencies including WHO, JHPIEGO, FIGO, PMNCH, GHWA, SIDA, Noraid and USAid. The Symposium led to a joint call to action for investment in midwifery and formed the foundation for partnership collaboration in the production of Delivering Health, Saving Lives. This report, which is to be launched at the ICM Congress in Durban, is the first ever review of the status of midwifery globally and will provide an important advocacy tool for midwifery and for the implementation of ICM’s global standards for education and regulation.

**JOINT STATEMENTS AND GLOBAL ADVOCACY**

During this triennium the ICM committed to working with FIGO, IPA and the International Council of Nurses (ICN) to develop joint statements to improve the sexual and reproductive health of women globally. In the last three years we have developed joint statements on adolescent pregnancy, family planning and post-abortion care. These statements are being used at country level to inform government policy to improve women’s health.

The ICM has worked closely with the White Ribbon Alliance (WRA) during this triennium both in political advocacy campaigns and in joint campaigns to raise awareness of the role of midwives in saving women’s lives. Many of our Member Associations joined the WRA to advocate and campaign for improved maternal health in low resource countries.

During this triennium, the WHO, UNICEF, UNFPA, the World Bank, FIGO, WRA and Save the Children have each produced statements and reports which have identified midwives as a key workforce to achieving maternal and newborn health.

**ROAD TO DURBAN**

The ICM started on the Road to Durban at the conclusion of our 28th Triennial Congress in Glasgow in 2008. We have gone down this three year road together with focus and commitment. It is a road which has joined midwives across countries and continents, creating networks and building relationships.

The Road to Durban became a massive global campaign on the International Day of the Midwife, May 5, 2011, when tens of thousands of midwives walked roads around the world to bring attention to the role of midwives and the issues regarding reproductive maternal and newborn health in all our countries. The WRA and Save the Children joined the ICM and provided expert advocacy advice. This was the first global campaign that engaged midwives, politicians and our partners from around the world in raising our collective voices to improve reproductive, maternal and newborn health.

As the midwives of the world and our families, global partners and colleagues walk into Durban on June 18 and meet again at the 29th ICM Triennial Congress in June 2011, history will be made. It is the first time in the 92 years of the ICM that a Triennial Congress is being held in Africa. This Congress will make midwifery visible in countries of Africa where it has suffered from profound invisibility and decades of neglect. In respect for this historic event, I would like to dedicate this first ICM Triennial Report to the midwives of Africa.

**WITH THANKS TO THE ICM BOARD AND ICM STAFF AND THE MIDWIVES OF THE WORLD**

The work of this triennium has brought together the midwives of the world. Hundreds of expert midwives have contributed to our Taskforces, our Standing Committees and the ICM-UNFPA Programme. Midwives from all regions of the world have been working across borders, building networks and setting and achieving goals. These expert networks form the fabric of our future success. The achievements of the ICM described in these pages reflect an expertise and a passion for midwifery that is shared by thousands of midwives globally.

The ICM Executive and Board must be commended for their persistent hard work, representation in the regions, and expert input and guidance to the work of the Confederation during the last three years. Our consultants and the chairs of our Taskforces and Standing Committees and the International Midwife Adviser, Regional Advisers and Country Midwife Advisers from the ICM UNFPA Programme must all be recognised and thanked for their accomplishments this triennium. Our Secretary General, Agneta Bridges, and the committed staff at ICM Headquarters in The Hague are to be congratulated for their tremendous hard work during the last three years. The achievements during this triennium rested on their dedication to support our Member Associations, the Board and Taskforces and advance the projects and programmes of the Confederation.

Finally, I want to thank the thousands of midwives I have had the opportunity to meet and visit with in all regions of the world during this triennium. I want to acknowledge the hardships faced by midwives in regions where natural disasters struck and entire nations grieved. I want to acknowledge the courage of midwives who continue to work in countries plagued by poverty, war and unrest. Your passion and dedication to midwifery serve to inspire us all. We must keep the momentum we have gained. It is only by committing to each other and working with our partners that we will achieve our goal to have high quality midwifery services that will improve the health of women, their newborns and families, wherever they live.

Bridget Lynch President, International Confederation of Midwives
This has been a triennium of significant change and growth for the International Confederation of Midwives. Our President has already outlined the global issues and challenges that faced our member organisations around the world in 2008. This publication - the first of its kind for the ICM - sets out our organisation’s significant achievements in contributing to improved midwifery provision for childbearing women, their newborn and their families around the world.

The past three years have seen a huge increase in awareness of the essential role of midwives in maternal and child health improvements. Increased engagement in strategic alliances has enabled us to advocate for and develop the tools to deliver strong, competent and autonomous midwives globally. These external achievements have, however, only been possible as a result of important changes to the Confederation’s constitution and governance structure. These have strengthened the core of the ICM and given the Confederation a strong base from which we have been able to build our effectiveness on a global platform. Constitutional changes agreed at the last Council meeting have meant that, for the past triennium, the Secretary General has been an active part of the executive decision-making process. By creating a streamlined executive, which links the ICM headquarters team to the strategic decision-making function, we have created conditions for improved accountability and effectiveness. This change has been fundamental to the organisation’s capacity to deliver a highly demanding programme of work that has safely delivered new global standards for education and regulation of midwifery, updated competency frameworks and tools to build the capacity and influence of midwives and their professional associations.

As well as strengthening the management and accountability of the Confederation, the ICM headquarters team has had to grow and evolve in response to the challenging agenda set by Council in 2008. We have responded to this by developing new relationships and forging new working partnerships. These have enabled us to access the resources needed in order to build our core capacity and better support our Board, members and stakeholders worldwide. The ICM-UNFPA Investing in Midwives programme has increased the level of midwifery expertise available in low resource countries and has seen the creation of a Ghana office to support the delivery of international and regional technical midwifery support to Francophone and Anglophone Africa. The programme has also supported the appointment of a Regional Midwife Adviser for Asia based in Delhi, India. These new roles have significantly strengthened the ICM’s capacity to support midwifery leaders, to strengthen midwives and midwifery associations around the world and to impact on country policy for maternal and newborn health. Funding from the Dutch Government’s Ministry of Foreign Affairs has further contributed to our capacity at the ICM Headquarters. These funds will enable us to innovate and implement new strategies to support knowledge exchange, learning and mentoring between midwives around the world.

The ICM is moving into the next triennium from a stronger and more secure base. This has been made possible through the passion of our midwives, the engagement of our member associations, the energy of our President, the wisdom of our Board, the commitment of our staff and the confidence of our partners. I extend my thanks to them all and look forward to working together towards the next triennium.

Agneta S Bridges, Secretary General
The International Confederation of Midwives (ICM) works at global, regional and national levels to define and safeguard educational requirements relating to midwifery. We do this by providing global standards for midwifery education and by working to disseminate and implement midwifery competencies and standards. Our midwifery team also works in partnership with our member associations to deliver workshops and training to midwives and educators to meet their specific local requirements.

The expertise provided by our Education Standing Committee is the principle mechanism by which ICM delivers our objectives in relation to midwifery education. Standing Committee members are highly respected, experienced educators in midwifery and are also active members of their national midwifery association.

In 2008 ICM Council directed ICM to develop new global standards for midwifery education. This triennium, our work has therefore focused on reviewing the ICM Essential Competencies for Basic Midwifery Practice and developing the ICM Global Standards for Midwifery Education.

**ICM’s Essential Competencies** for Basic Midwifery Practice seek to provide an evidence-based answer to the question “What is a midwife expected to know?” and “What does a midwife do?”. They define the knowledge, skills, attitudes and behaviours required of a midwife for safe practice in any setting.
ICM's existing competencies were last approved in 2002. To complement ICM's development of new global education standards and to ensure a fit between education and effective practice, it was agreed that these existing competencies and their supporting evidence base should be reviewed by an ICM Competencies Taskforce.

The new competencies, approved by the ICM Board in 2010, provide guidelines for the mandatory content of midwifery pre-service education curricula. They also provide important information for governments and other policy bodies that need to understand the contribution that midwives can make to improving maternal and newborn health.

GLOBAL STANDARDS FOR MIDWIFERY EDUCATION

Midwifery education programmes vary widely in content and quality within and across countries. Many fail to address the ICM competencies; some have tried to achieve their MDG 5 goals by shortening courses, simplifying content and reducing access to supervisory staff.

By preparing midwives who are fully qualified to provide high quality, evidence-based health services for women, newborns and childbearing families; education standards are one of the essential pillars in ICM's effort to strengthen midwifery and deliver safe motherhood worldwide.

Development of the ICM Global Standards for Midwifery Education was undertaken by a taskforce representatives from the Education Standing Committee, all ICM regions and language groups, the ICM Board and the World Health Organization. The Education Taskforce reviewed and confirmed the draft standards for midwifery education in 2009. It was also agreed that a set of companion guidelines would be provided to help midwifery educators and administrators to establish and/or evaluate the quality of existing midwifery education programmes and to support the implementation of the standards.

The educational standards were developed using a global modified Delphi survey conducted in two phases. Both Delphi rounds were sent to the leadership of all ICM member associations. Leaders in these member associations were asked to forward the survey to midwifery educators and to select other education and regulation experts. A total of 186 surveys were returned, representing the views of 241 individuals, 46 ICM member association countries and nine non-member countries.

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A midwife’s story

Joan Shepherd, a midwife educator and member of the Sierra Leone Midwives’ Association, describes her experiences and commitment to midwifery education.

Can you describe your experiences both as a midwifery student and educator?
As a student - almost 26 years ago- I was very fortunate to go to a school that was in the same compound as the maternity hospital. So, as a student I was able to examine women and witness deliveries at an early stage of my training. Midwifery was also considered a unique field of study as it involved understanding the lives of the mother, the unborn child and the newborn. We were also taught by knowledgeable and passionate midwife educators.

So much has happened since my student days to this moment. I have been exposed to more knowledge on midwifery matters than before. Midwifery remains as interesting as it was when I was a student, but now there are new findings, innovations and life saving interventions that if used can prevent unnecessary death. As a midwife educator, my paramount concern now is to make sure I pass on the right skills, knowledge and attitudes to the student, so that they can deliver quality care. I love my contact sessions with student midwives and it is wonderful to see them grow professionally. Midwife educators are faced with many challenges, especially in low-resource countries with poor indicators for maternal and child health. But one thing that has not changed is my love for midwifery. It remains the same now as a teacher as it was as a student 26 years ago.

Why do you think it is important to have midwife educators as opposed to other non-midwife teachers?
There is such a great difference in the teaching offered by midwife educators! Educators who are not midwives, might deliver other components of the training but they lack the midwifery background which is essential to understanding the dynamics and intimacies of pregnancy, labour, childbirth and more. The core of midwifery education is the practice of midwifery itself. This forms the basic ingredients needed in the education of midwives. The way the midwife-educators’ training programmes are structured, empowers the midwife educators to understand students’ learning needs better. But a good midwife educator takes her lessons beyond the classroom. She is a mentor, a preceptor and a role model who constantly endeavours to instil ethical principles in midwifery practice.

Why do you think shared global competencies and global education standards are important?
We live in an increasingly dynamic world where, as midwives, we are faced with fast social change, emerging diseases and new potential treatments. For midwives globally there is also great potential for best practice and evidence based learning to be shared with our colleagues in other countries. This sharing is imperative for midwives to be competent and skilled to reduce global differences in maternal and infant mortality and morbidity. To do this properly, we need to have a common understanding of what midwifery involves regardless of the country of origin. The majority of women experience childbirth and go through labour and delivery and women should be able to feel safe to have their babies anywhere in the world. These education standards provide us with shared values as well as ensuring we are accountable, they also strengthen women’s right to have a say in their health.
The Education Standards Taskforce was supported in its work by two additional resource groups; one with midwifery expertise and one representing non-midwifery stakeholders who shared a commitment to strengthening midwifery. They provided a wider forum for review and comment on the developing standards and guidelines.

The ICM Global Standards for Midwifery Education that emerged contain preface statements relating to the values and length of education pathways to midwifery, 37 discrete standards and 27 sub-sections of these standards. Companion guidelines to assist with interpretation and implementation of the educational standards were drafted by the taskforce, vetted through the ICM Education Standing Committee and finalised in October 2010. As part of the process, a glossary of terms was also produced. The resulting agreed definitions have been used in all ICM Global Standards documents and will inform future ICM publications.

The ICM recognises that midwives receive their education through several different pathways and these standards allow for variation in the preparation and practice of midwives throughout the world. They can be used by midwives, midwifery associations, and regulatory bodies responsible for the education and practice of midwifery in their country or region. Copies of the standards and further background information can be found in the Global Standards Competencies and Tools section of our website www.internationalmidwives.org.

ONLINE GLOBAL MIDWIFERY EDUCATION NETWORK
During this triennium the ICM Education Standing Committee established an online education network which provides a virtual global forum that supports on-going discussion between midwifery educators, comprising educators working in associations, practice, midwifery schools and other academic institutions. Network members can use the forum to share resources, educational tools and respond to each others questions and needs. Details and joining instructions for the network can be found on the Education Standing Committee pages of our website www.internationalmidwives.org

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Midwives in any country need the collective force of their profession gathered in a strong association to reach both their individual and collective goals. By strengthening individual member associations the global capacity of midwives to achieve improvements to the health of women and children is enhanced. From our experience and interactions with our members around the world, ICM is aware that not all midwifery associations are the same. While some associations are in the early stages of development, others have a long history and well developed organisational structure. While some associations have a small membership, others can draw on thousands of midwife members for support. Some have a strong influence on the way midwifery and maternal health services develop, others are struggling to have their profession recognised. ICM has developed very specific tools to support and strengthen midwives’ associations of all strengths and sizes.

**STRENGTHENING MIDWIFERY – OUR TOOLS**

**Twinning**
The aim of the ICM twinning programme is to establish a formal and mutually beneficial exchange as well as collaboration between member midwifery associations while achieving global improvement in maternal and newborn health. In 2009 we received funding from the Dutch Government to support our work to strengthen midwife capacity in ICM regions. We have directed some of this resource to build on our twinning programme and develop relationships that support and strengthen midwifery globally.

**Midwifery Association Capacity Assessment**
Organisational capacity assessment is the process by which the efficiency and effectiveness of the different components of an organisation are measured to determine the level of development of the organisation. During this triennium, ICM reviewed the Member Association Capacity Assessment Tool (MACAT). MACAT provides a tool to assess the strength of a midwifery association. It helps the association to identify its strengths, its specific development needs and which activities should be carried out to make the association stronger.
Positioning and profiling midwifery

Our Positioning and Profiling Midwifery workshop is a three-day, highly creative and participatory event where midwives are guided through the process of establishing their identity, vision, goals, determining their strategy and identifying the resources they will need to deliver their plan. Some stakeholders are involved throughout with policy leads and decision-makers invited for the final day.

ICM has also facilitated a twinning relationship between Dutch Midwives (KNOV) and their colleagues in Sierra Leone (SLMA). This twinning project aims to contribute to the reduction of maternal and child mortality and morbidity in two key ways. Firstly, by supporting the development and strengthening of the Sierra Leone Midwives’ Association and secondly by raising the profile of global inequalities and issues facing midwives in low-resource countries. The programme participants work together to share skills, knowledge practices and experiences in midwifery service provision and healthcare structures. KNOV have visited Sierra Leone twice as part of the programme and midwives from both associations will present a midwifery leadership seminar at the ICM Triennial Congress in Durban in June 2011.

Building global capacity – building global awareness

REGULATION

During 2010, the International Confederation of Midwives’ Regulation Standing Committee was re-launched and charged with taking forward the development of ICM Global Standards for Midwifery Regulation (2011). This major piece of work came in response to requests from midwives, midwives’ associations, governments, UN Agencies and other international stakeholders. The goal of the regulation standards is to promote regulatory mechanisms that protect women and families, by ensuring that safe and competent midwives provide high standards of midwifery care to every woman and baby. The aim of midwifery regulation is to support midwives to work autonomously within their full scope of practice. By raising the status of midwives through regulation, the standard of maternity care and the health of mothers and babies will be improved.

The specific purpose of these standards is to describe the regulatory framework necessary for effective midwifery regulation. The framework defines the elements of regulation in order to:

- Determine who may use the title of midwife
- Describe the scope of practice of a midwife consistent with the ICM definition of a midwife
- Ensure that midwives enter the register following education consistent with the ICM Global Standards for Midwifery Education (2011)
- Ensure that midwives enter the register able to demonstrate the ICM Essential Competencies for Basic Midwifery Practice (2011)
- Ensure that midwives are able to practise autonomously within their prescribed scope of practice
- Ensure that midwives demonstrate continuing competence to practise
- Ensure that midwives and women (as users of midwifery services) are part of the governance of midwifery regulatory bodies
- Ensure public safety through the provision of a competent and autonomous midwifery workforce.

The ICM Regulation Taskforce managed the development of the standards on behalf of the Confederation. The first draft of the standards drew on information gathered through a literature review and from regulation workshops held at the ICM Asia-Pacific region conference in India in November 2009 and at the ICM-UNFPA South Asia midwifery meeting in Bangladesh in March 2010.

Consultation on the draft standards comprised both written feedback and focus group discussion. Questionnaires were sent to every member association who were also asked to send the questionnaires on to the relevant regulatory authority (or agency responsible for regulation) in the particular country. Responses were received from 30 per cent of member associations, as well as regulators and individuals from 13 countries in all the ICM regions.
In February 2009 the ICM hosted a Midwifery Services Technical Advisory Meeting in Geneva, Switzerland to begin the process of developing a Midwifery Services Framework. The Confederation and its partners are aware that many low-resource countries are attempting to meet their targets for maternal healthcare by training low and mid-level cadres of workers with discreet sets of midwifery skills. For example, community health workers may receive some training in normal childbirth and emergency childbirth skills only. In some of these countries there may be no policy commitment to developing a cadre of midwives who can provide oversight to these workers. Midwifery skills are being practiced by healthcare workers within health systems where there are no midwives to train, supervise and upgrade their work. In the absence of this training and supervision by midwives, these ‘solutions’ to improving maternity care risk failure by continuing to put women and their newborn at risk.

The ICM Midwifery Services Framework aims to provide a global understanding of a systematised approach to the comprehensive delivery of midwifery services. This meeting of technical advisers was a significant step forward. Over thirty experts in maternal and child health contributed to a two day workshop to develop a mapping tool for maternity services. The tool follows the comprehensive training and supervision of cadres of health workers with midwifery skills throughout the maternity care system - from the community to the hospital setting. When it is launched, the Midwifery Services Framework will provide governments with an essential tool to plan midwifery services that complement obstetric and paediatric services and that provide a continuum of quality care for mothers, their newborn and children.
Strengthening the evidence base for midwifery practice

Our objective: To support midwifery research that enhances and documents evidence-based midwifery practices that reduce maternal and infant mortality and morbidity

The ICM Research Standing Committee exists to ensure that global midwifery practice is informed by a sound evidence base that can help the profession respond to the challenges of maternal and infant mortality and morbidity. In 2009 the Research Standing Committee met in Brussels, Belgium to produce a list of key research priorities. These were presented to the ICM Executive Committee and approved in June 2009. The ICM Research Strategy is organised into five core themes:

• Positive health indicators
• Workforce issues
• Quality of care – including humanisation of care
• Women’s health
• Morbidity and mortality issues

Although funding has not been identified to progress these areas directly, the ICM has advanced these research priorities through a number of key activities:

• European Cooperation in Science and Technology (COST)
  COST is one of the longest-running European instruments supporting cooperation among scientists and researchers across Europe. Through Research Standing Committee involvement in the COST iResearch4Birth initiative, we have been working to ensure that our positive health indicators and quality of care research priorities are addressed.

• Global Alliance of Nursing and Midwifery (GANM)
  In 2010, a co-Chair of the ICM Research Standing Committee, was invited to join the steering committee and research subgroups of (GANM). Through this link and in partnership with the University of Chile, a bid has been submitted to the British Academy to set up joint seminars between the UK and Latin America to research the issue of abuse in maternity care. This programme is contributing to our research priorities in relation to quality and humanisation of care and morbidity and mortality and relates to our partnership work with White Ribbon Alliance to address issues of disrespect and abuse in maternity care.

• International Journal of Childbirth
  During 2010, negotiations took place with Springer publications about the creation of a new international journal that would provide a platform for maternity-related research, education, practice and innovation. It was agreed that the new publication, the International Journal of Childbirth, would become the official journal of the ICM. The first edition was produced in early 2011 and will be officially launched at the ICM Triennial Congress in Durban.
A-Z OF COUNTRIES ON THE ROAD TO DURBAN
Afghanistan, Australia, Bangladesh, Belgium, Brazil, Canada, Cambodia, China, Democratic Republic of Congo, Ethiopia, Estonia, France, Gaza, Georgia, Ghana, Greece, Guyana, Haiti, Iceland, India, Ireland, Japan, Krygyz, Kuwait, Liberia, Madagascar, Malawi, Malaysia, Malta, Mongolia, Nepal, Netherlands, Norway, New Zealand, Pakistan, Peru, Sierra Leone, South Africa, South Sudan, Spain, Suriname, Sweden, Togo, Trinidad & Tobago, Uganda, United Arab Emirates, United Kingdom, United States of America, Zambia...
Over 22,000 midwives and their supporters marked International Day of the Midwife in May 2011 with a day of action and advocacy for midwives around the world. Global health leaders and our advocacy partners used the day to share the message that the world needs midwives now more than ever. The same message was taken to the streets, communities and political offices around the world as local midwives and mothers used the day to raise awareness of their crucial role on both a local and a global level. In The Hague, the ICM headquarters staff were joined by Dutch and Belgian midwives for a march and rally outside the government buildings. Midwives were met by the Ambassador for South Africa and speeches were delivered by the Secretary General and the KNOV President. The communications team was also kept busy with ICM’s new social media platforms which provided an exciting hub for grass roots midwives worldwide to share their commitment and solidarity. Stories and photographs have been posted and the energy of the day has helped us to establish a global online community that we anticipate will support interaction and information sharing between midwives and supporters worldwide.

ICM President, Bridget Lynch, speaking from Afghanistan on 5 May 2011 commended the work of midwives and called on governments around the world to ensure that the human and reproductive rights of childbearing women were addressed through adequate service provision.

"In cities and towns, midwives are walking with colleagues, with the women they care for, with their supporters, on 5 km marches to bring to the attention of our governments in all our countries the plight of women, the issues of sexual and reproductive health, the unnecessary deaths that are taking place in low-income countries; and to bring the attention to our governments, to our people, a demand that these deaths stop, that women wherever they live in the world have access to sexual and reproductive health care, family planning, and that they have access to the highest quality midwifery services; so that no woman needs to die because she is pregnant, because she has given birth, or because she is poor."
This triennium has seen an unprecedented period of partnership and alliance building for the ICM. Not only have we built our operational partnerships to deliver strong midwifery services on the ground, we have also developed strategic partnerships and networks that help us ensure that midwives’ voices are heard in international health policy fora.

Increasingly, maternal and infant health issues have taken centre stage in global development discussions. The review of Millennium Development Goal progress in 2010 showed that targets for improvements to maternal and infant health were the slowest moving of all global development targets. In response, the UN Secretary General-General launched the Global Strategy for Women’s and Children’s Health, *Every Woman, Every Child*. This strategy delivered a clear message and a call to action that has galvanised commitment and provided a framework for action and advocacy.

The causes of maternal and child health inequalities are complex and the range of responses that can contribute to improvements is huge. The global engagement effort has sought to mobilise agencies with an interest in women and children’s health, reproductive health, public health, workforce development, education, economic development and human rights. Everyone has a role to play in tackling the shocking disparities in maternal and child health. In this context, the ICM’s strategic objective is to highlight the unique contribution of midwives to achieving global development goals. Representatives of the Confederation are active in a wide range of networks and advocacy partnerships who share our vision. Within these, we work to ensure that the values and evidence base for midwifery are recognised as a key to maternal and child health improvement. Our presence helps to ensure that the collective expertise of over 250,000 midwives is brought to the table and supports the development of policies and strategies that will deliver for women and children.

**I commend the important work of midwives. Midwives deliver – and not only babies. They save lives and promote good health in societies as a whole. They are an essential workforce in an effective healthcare system**

Dr Babatunde Osotimehin, Executive Director, UNFPA
in order to achieve the required progress on MDGs 4 & 5 (infant health and maternal health respectively).
An early briefing on the report to Health Ministers at the World Health Assembly highlighted the key importance of ICM's Global Midwifery Competencies and Standards. The ICM was proud that midwives from around the world were selected as the first audience to receive the detailed findings and recommendations from the report at the Triennial Congress in Durban, in June 2011.

WOMEN DELIVER MIDWIFERY SYMPOSIUM & WOMEN DELIVER CONFERENCE – A GLOBAL CALL TO COMMITMENT AND INVESTMENT IN MIDWIVES FOR MDGS 4 & 5

In June 2010, the ICM and UNFPA co-hosted a Symposium on Strengthening Midwifery in the lead up to the Women Deliver conference in Washington D.C. The Symposium reflected increasing awareness and commitment to improving maternal and newborn health in developing countries.

The Symposium convened some 200 midwives and others with midwifery skills from around the world; leading UN agencies, civil society, policy makers and donors engaged in strengthening midwifery education and the quality of midwifery services. The primary aim was to build the consensus required to make a fundamental push for investments in midwifery services in particular ICM’s three pillars - education, regulation and association development - as a way to achieve global development targets for maternal and child health.

The global call to action that emerged from the Midwifery Symposium called on those countries that were falling behind on their MDG targets to increase their commitment to midwifery education, association and regulation, and employment, deployment and retention. It also called on G8 and G20 countries to commit to long-term support for those countries seeking to strengthen their midwifery workforce. This call provided a key advocacy tool at the UN General Assembly in September 2010. More details and papers from the Symposium, including the global call to action can be found at www.internationalmidwives.org

CAMPAIGNING FOR A GLOBAL MIDWIFERY WORKFORCE

In 2008 the World Health Organization published figures highlighting the global shortage of health workers. It was estimated that over 4 million additional health workers were required and at least 57 countries around the world were suffering from an acute shortage.
Sub-Saharan Africa, where health services had been devastated by HIV/AIDS is particularly affected by this crisis, with one million health workers needed in this region alone. The world’s missing midwives are clearly part of a bigger picture of gaps in global health work force education, employment, deployment and retention.

Midwives honoured in list of the 100 Most Inspiring People Working for Women and Girls

In celebration of the 100th anniversary of International Women’s Day in 2011, Women Deliver published their list of the top 100 people delivering for women and girls. “Women Deliver 100” recognised the commitment of women and men who have worked to improve the lives of girls and women around the world.
Selected from among hundreds of potential candidates were midwives and formidable midwifery advocates - Imtiaz Kamal and Juliette Coulibaly.

Imtiaz Kamal, Secretary General of the National Committee for Maternal Health, Vice President of the Maternity and Child Welfare Association of Pakistan (MCWAP) has campaigned for five decades for the respect and recognition of midwives worldwide. She has been instrumental in developing midwifery education in Pakistan and has campaigned for legislation to support and protect those caring for mothers and babies in some of the farthest reaches of the world. Imtiaz is currently working to develop a legislative and regulatory structure for midwifery in Pakistan.

Juliette Coulibaly is a licensed midwife who specialises in public health and has pioneered family planning in Côte d’Ivoire. She has pushed to increase the number of trained midwives and the availability of contraceptives countrywide. She helped found the Association Ivoirienne pour le Bien-Etre Familial, which has led the fight to provide universal, comprehensive sexual and reproductive health services in Ivory Coast, and led TCA91, a programme promoting the use of contraception. As both an advocate and an instructor of other midwives, Coulibaly has proven herself to be an indispensable force for women’s reproductive rights in the Ivory Coast.
International Confederation of Midwives
Triennial Report 2008-2011

The Global Health Workforce Alliance provides a forum for planning that aims to ensure countries with acute health worker shortages are supported to build capacity and improve the health of their populations. In this triennium ICM has participated in two Workforce Alliance Global Forum events; the first in Kampala, Uganda, 2008 and the second in Bangkok, Thailand 2010. ICM also contributed to the Alliance’s global consultation on community health workers in Montreux, Switzerland in April 2010.

ICM’s contributions have emphasised the value of midwives within the global health workforce and these events have provided us with a forum to advocate for increased attention to midwifery education. We have also used Forum events to highlight equality and ethical considerations in the recruitment and retention of midwives. These have been informed by the ICM position statement on the Ethical Recruitment of Midwives, approved by Council in 2008.

Engagement in the Global Forum has informed and supported ICM’s work to produce a Midwifery Services Framework. The Framework will provide a planning tool for governments to assist their work to improve maternal and infant health. Developed throughout 2009-10, the framework will enable the effective regulation and supportive supervision of all midwifery services, ensuring that all care providers perform at acceptable, evidence based standards of competency. This will help assist providers to identify and manage the professional boundaries and interfaces between different maternal and child health services and enable a continuum of care for mothers and children, particularly at points of transition between midwives, obstetricians and paediatricians. Importantly, the tool will support midwives to take the lead on midwifery issues.

The role of midwives is acknowledged as being crucial to addressing maternal and newborn mortality and morbidity, to promoting women’s and children’s health. Midwives should be key partners in making health services more responsive to the needs of women and communities.

Dr Flavia Bustreo
Assistant Director General, WHO

CAMPAIGNING FOR FREE ACCESS TO MATERNAL AND CHILD HEALTHCARE

Fees for medicines, blood transfusions and hospital care mean that the world’s poorest mothers and babies are often denied access to life-saving healthcare. At the UN General Assembly in 2009, leaders from developing countries, donor countries, the World Bank and heads of state met in Geneva to discuss how to mobilise the additional financial and technical support needed to deliver agreed targets for global health. The ICM in collaboration with the International Council of Nurses (ICN), the International Paediatric Association (IPA) and the International Federation of Gynaecologists and Obstetricians (FIGO) used this occasion to call for the elimination of cost barriers to life saving healthcare. A small number of governments, including Sierra Leone, have committed to free maternal and child health. ICM will continue to campaign to ensure that the real cost of healthcare is not the loss of life itself.

ICM AND THE WHITE RIBBON ALLIANCE - A COALITION FOR SAFE MOTHERHOOD

The White Ribbon Alliance (WRA) is an international coalition which pushes for change to make pregnancy and childbirth safe for women and newborns around the world. The Confederation is one of WRA’s partners. ICM works through the WRA coalition to campaign and advocate for midwives as a key to tackling maternal mortality. We signed a memorandum of agreement with WRA in 2009 which has formalised our engagement with the coalition and contributed to the coalition campaigns throughout the Triennium.

In 2010, the WRA facilitated a global petition from ICM, the IPA, the ICN and FIGO. The petition, issued on behalf of our combined 14.3 million members and timed to coincide with the G8 summit, committed us to “do our utmost to ensure that those women who we can reach give birth safely” and called upon G8 heads of state to “deliver the extra $10 billion per year to build the health systems needed to cut maternal mortality by 75% by 2015”.
In addition to our core work with Member Associations, this triennium has seen ICM engage in a range of partner initiatives where our expertise in global midwifery issues has enabled us to contribute to the achievement of global development targets for maternal and newborn child health.

INVESTING IN MIDWIVES - ICM- UNFPA STRENGTHENING MIDWIFERY PROGRAMME

The ICM-UNFPA ‘Investing in Midwives Programme’ launched in Ghana in 2009. Jointly funded by the Swedish International Development Agency and the government of the Netherlands through the UNFPA Thematic Fund, the strategic goal of the programme is to improve access to midwives by strengthening education, regulation and midwifery associations. By strengthening the midwifery workforce, in those places that experience the highest rates of maternal mortality, our common aim is to deliver increased access to skilled birth attendance in low-resource countries.

By the end of 2009, our UNFPA partnership programme had supported the appointment of a network of Country Midwifery Advisers to support strategic planning in programme countries and two Regional Midwife Advisers who help co-ordinate activities and support shared learning between country midwives. The first phase of the programme involved 12 sub-Saharan countries: Ethiopia, Ghana, North Sudan, South Sudan, Uganda, Zambia, Benin, Burkina Faso, Burundi, Djibouti, Ivory Coast and Madagascar.

During 2009-2010, the programme rolled out to cover 15 countries, mostly in Africa, South Asia and Latin America. Two Regional Midwife Advisers took up their posts in the ICM office in Accra, Ghana from where they provide support to midwives and partners in Anglophone and Francophone African countries. A third ICM Regional Midwife Adviser was appointed and is based in Delhi, India where she can provide co-ordination and support across the Asia region.

Our objective: To enter into strategic collaborations with relevant international organisations, alliances and networks that share a common vision for the promotion of health of women and their families in support of midwifery workforce development.
Initial priorities for the ICM-UNFPA programme have focused on curriculum review, establishing and strengthening midwifery associations and ensuring that the basis for a regulatory framework to ensure safe midwifery practice is in place. Key ICM-UNFPA events to help with this work included the 9th ICM Asia & Pacific Midwives Conference in Hyderabad in 2009 and the 2nd ICM African Midwives Conference in May 2010. These events provided regional opportunities for midwives to:

• Exchange information and skills to provide high quality midwifery services
• Strengthen midwifery associations in the region
• Formulate a vision for equitable access to midwifery services
• Review the status of the profession in the countries of the region
• Examine conditions needed for midwives to gain greater independence within the current ‘nursing and midwifery’ concept. This was particularly important for South Asian countries where the distinctive profession of midwife is often not recognised.

EDUCATION ACHIEVEMENTS AND HIGHLIGHTS
Since the ICM-UNFPA programme launched in 2009, midwifery schools have been assessed, their capacity gaps identified and lists of standard equipment and books needed for midwifery schools and training centres have been recommended. Anatomical models for skills laboratories have been distributed to over 20 midwifery schools in programme countries.

In Ghana the ICM-UNFPA programme provided support to a nationwide needs assessment of all 12 midwifery training schools in 2009. The Bolgatanga Midwifery Training School which was one of the most deprived in the country and the only school serving Ghana’s northern regions has also been renovated and provided with IT, a school bus, television and DVD sets.

Benin officially reopened the doors to its midwifery school in February 2011. Entry level to courses is set at baccalaureate level or above and students will be trained using a revised curriculum. 25 midwifery students have been registered alongside 24 nurses, all supported by scholarship grants from the Benin government.

Bangladesh celebrated the graduation of the country’s first cadre of 60 midwives on International Day of the Midwife. Also in 2011, the government established a bachelor degree entry level midwifery education programme.

In Southern Sudan the first ever professional training of midwives started in May 2010. Student midwives will now undertake a three-year diploma.

Cambodia now has an agreed bachelor’s degree training programme for midwives.

REGULATION ACHIEVEMENTS AND HIGHLIGHTS
Needs assessments carried out with midwives and midwifery associations showed that while regulatory bodies for midwifery exist in some countries, in others they are not clearly defined. The ICM-UNFPA programme has worked to address this, responding to issues on a country by country basis.

In Madagascar the programme has supported ongoing work with the National Midwifery Council which is revising and updating all midwifery regulations.

In Haiti the regulatory framework for midwives has also been reviewed to include all seven essential, basic emergency and neonatal care functions in pre-service training.

In Zambia, midwife members of the General Nursing Council have conducted an advocacy campaign to include midwifery in its name and mandate.

Northern Sudan has seen the development of a national strategic plan for midwifery which includes the establishment of a regulatory midwifery body.

ASSOCIATION ACHIEVEMENTS AND HIGHLIGHTS
ICM and UNFPA have been working together to assess and address the capacities of midwives associations and to help create midwifery associations in target countries where they do not exist. Efforts have been made to support the creation and development of midwifery associations and the ICM Midwifery Association Capacity Assessment Tool has become a key means to deliver this work.

Burkina Faso is one of many countries that have benefited from the supply of office equipment that midwifery associations need to communicate with and support their members and stakeholders.

In Zambia meetings have been held with senior midwives to discuss the potential for developing a midwifery association.
STRENGTHENING THE MIDWIVES ASSOCIATION OF SIERRA LEONE – THE SCHOCKLAND CONSORTIUM

The ICM is one of ten organisations involved in a consortium, funded by the government of the Netherlands’ Ministry of Foreign Affairs. Since 2009 the ICM has been working to re-establish the Sierra Leone Midwives Association which had to be disbanded during the civil war in that country. In 2009, through the work of this project the Association was formally registered, office space and equipment was acquired and the Association has seen its capacity and influence grow.

Two Midwifery Advisers visited Freetown, Sierra Leone in February 2011 as part of our commitment to strengthening the Sierra Leone Midwives Association (SLMA). A total of 13 midwives, representing different regional associations, participated in four days of workshops on policy and constitutional development. KNOV also contributed as part of their twinning relationship with the midwives of Sierra Leone (see pp12).

By the end of the workshop it was clear that the relationship between a robust constitution and the development of effective policy was well understood and the Sierra Leone Midwives’ Association had developed a constitution ready to be notarised. There is a real sense that the organisation is moving forward and the ICM-KNOV team will return to Sierra Leone later in 2011 to deliver further sessions on providing supportive professional supervision.

As a result of this strengthening programme, midwives in Sierra Leone are better able to contribute to the government’s strategic plan for maternal health, which has committed to providing free healthcare for pregnant women, newborn and children.

TACKLING THE MAJOR CAUSES OF MATERNAL DEATH

• Prevention of Post Partum Haemorrhage Initiative (POPHI)

Post partum haemorrhage is one of the main causes of childbirth related death. In the triennium 2005-08, ICM worked in partnership with the International Federation of Gynaecologists and Obstetricians (FIGO) to develop best practice guidelines on the management of the physiological third stage of labour. A joint statement on best practice was issued in 2008. During this triennium the ICM and FIGO continued their collaborative work, conducting workshops in Benin and Ghana to integrate the best practice guidance into the national policies and practices of midwives and obstetricians.

• Maternal Child Health Integrated Programme (MCHIP)

In March 2011, the ICM began working with MCHIP (a partnership led by JHPIEGO) in a programme that aims to reduce maternal deaths from eclampsia and pre-eclampsia. Our work in this partnership will focus on the development and dissemination of a joint statement on best practice in the management of this major cause of maternal death.

WORKING IN PARTNERSHIP WITH OTHER HEALTH PROFESSIONAL ASSOCIATIONS

In 2009 the ICM signed a number of joint statements to enhance understanding and effective multi-disciplinary practice between health professional associations. With this clear and shared understanding of scope of practice and the mutual contributions that health professionals make, we have been able to work together to provide leadership and direction, advocacy and participation of health professionals in the design and implementation of national policies and action plans. Together we are also more effective in mobilising communities to demand better services as well as to develop standards for the continuum of care that will ensure better health outcomes.

THE PARTNERSHIP FOR MATERNAL AND NEWBORN CHILD HEALTH (PMNCH)

As a board member of the PMNHC, the ICM has worked closely with UNFPA, WHO, the World Bank and UNICEF to improve maternal and newborn health at a global level. The PMNCH has identified the development of regional relationships in order to impact more effectively on maternal and newborn health, workforce and systems development. Collaborating with UN and other global agencies at a regional level is essential to support national implementation of global policy and standards. This regionalisation work will be a major priority for ICM for the next triennium.
Core funding generated from our membership fees is the key financial support mechanism for ICM operations. This, coupled with external donor funding, provides the platform for Confederation to carry out its projects and activities in line with its vision and mission.

During the triennium, generous grants from both the Dutch and Swedish governments were fundamental to the launch of the now well established ICM-UNFPA “Investing in Midwives” programme. The programme aims to scale up the capacity of midwives and contribute to accelerating progress towards the achievement of Millennium Development Goals 4 and 5.

Non-governmental organisations within the Netherlands called upon the Confederation to provide technical assistance to low-resource countries through grants they had received from the Dutch government. With this additional source of income, the Confederation was able to work with midwives in Sierra Leone to strengthen their midwifery association, and with the midwives of Georgia in the development of a midwifery association in that country. Contributions to the ICM Safe Motherhood Fund have also provided invaluable support to midwives from low-resource countries throughout the triennium.

Further funding from the Dutch Ministry of Foreign Affairs helped strengthen capacity at our headquarters and enabled a number of the core activities specified in the ICM Strategic Objectives to be carried out. Charts 1-3 summarises ICM income for the period 2008-2011.**

**Actual core funding levels remained constant during the triennium but as external funding has increased year on year, core funding as a percentage has reduced.
Chart 2: Income Distribution 2009/10

Chart 3: Income Distribution 2010/11

- ICM Core Funding: 60%
- ICM-UNFPA Programme: 24%
- Ministry of Foreign Affairs: 14%
- Income NGO Collaboration: 4%

- ICM Core Funding: 49%
- ICM-UNFPA Programme: 31%
- Ministry of Foreign Affairs: 16%
- Income NGO Collaboration: 3%
The team

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ICM HEADQUARTERS

Malin Bogren
Project Co-ordinator

Rosy Brega
Membership Co-ordinator

Dympna Byrne
Corporate Services Manager

Patricia van Ham
Technical Midwife Adviser

Nester T Moyo
Senior Midwifery Adviser

Gilyan Parker-Weekes
Web-master

Catherine Smith
Technical Midwife Adviser

Anita Wiseman
Communications and Media Officer

Eca Zepeda
Administrative Assistant

ICM-UNFPA PROGRAMME STAFF

Pashtoon Azfar
Regional Midwife Adviser

Jemima Dennis Antwi
Regional Midwife Adviser

Rachel Koula
Regional Midwife Adviser

Abigail Kyei
International Midwife Adviser

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Global Competencies for Basic Midwifery Practice Taskforce Chair

Judith Fullerton

Midwifery Association Capacity Assessment Tool Taskforce Chair

Nester T Moyo
# ICM Triennial Timeline

## 2009

### April

ICM joins a consortium of 10 organisations to deliver a partnership initiative to strengthen midwives in Sierra Leone

### May

ICM attends World Health Assembly in Geneva

ICM and FIGO deliver the first of two joint workshops in Sub-Saharan Africa to build shared commitment to evidence based best practice in the treatment of post-partum haemorrhage.

### October

ICM & FIGO work together with the Post Partum Haemorrhage Initiative to issue a joint statement on best practice in relation to the physiologic third stage of labour.

### November

ICM attends the White Ribbon Alliance General Meeting in Tanzania underlining our commitment to working in partnership to achieve MDGs 4 & 5

## 2010

### March

ICM and UNFPA conduct a capacity building workshop in Bangladesh involving midwives from Afghanistan, Bangladesh, Bhutan, India, Nepal and Pakistan.

### June

Global Midwifery Symposium brings together 200 midwifery experts, international and government partners from around the world to improve understanding of the role, competencies and scope of midwives in relation to achieving MDGs 4, 5 & 6. The symposium ends with a strong call to action from partners for a strengthening of midwifery education, regulation and association in low-resource countries.

### September

UN Secretary General Every Woman Every Child Global Strategy launches at the UN General Assembly. ICM commits to midwifery strengthening as our contribution to achieving MDGs 4, 5 & 6.

ICM and UNFPA midwifery, gender and health economy experts conduct workshop in Burkina Faso to build the technical capacity of Country Midwifery Advisers in sub-Saharan Africa. Participants leave with improved communication networks and key skills to conduct gap analyses and assess the capacity of local midwifery associations.
ICM Triennial Timeline

2010
December
ICM review and amendment of Essential Competencies for Basic Midwifery Practice completed. These are recognized by the World Health Organization as the standard competencies for midwifery practice globally.

2011
January
ICM presents at the Global Health Workforce Alliance and highlights issues in midwifery workforce development and sustainability for global and national workforce policies in low resource countries.

February
ICM and KNOV midwives visit Sierra Leone as part of an ongoing twinning programme. Members of the Sierra Leone Midwives’ Association participate in workshops on effective constitutions and policy development.

Midwifery Association Capacity Assessment Tool (MACAT) approved by ICM Board as a key tool for the systematic and strengths-based development of midwifery associations globally.

May
ICM’s campaign message that ‘the world needs midwives now more than ever’ is taken to streets and government buildings around the world. 22,000 midwives in around 40 countries take part in International Day of the Midwife walks and activities.

ICM Global Standards for Education and Regulation are formally presented at the World Health Assembly in Geneva. The importance of the standards as a mechanism for delivering necessary improvements and equity in maternal healthcare and MDGs 4 & 5 are highlighted.

June
Midwives and supporters walk 5km to mark the beginning of ICM’s 29th Triennial Congress in Durban South Africa. The walk demonstrates the shared commitment of midwives around the world to tackling the top five causes of maternal mortality and achieving MDG 5.