

Annual & Financial Report

2025



International
Confederation
of Midwives



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List of Acronyms

ABA	Alliance of Bulgarian Midwives
AIME	Alliance for Improving Midwifery Education
AMR	Anti-Microbial Resistance
AMSF	Moroccan Association of Midwives
APRO	Asia Pacific Regional Office
ASRO	Arab States Regional Office
BEmONC	Basic Emergency Obstetric and Newborn Care
BRIDGE	Building Resilience in Digital Growth and Engagement
CAC	Comprehensive Abortion Care
C4W	Collaborate for Women
C4W-ACCT	Collaborate for Women, Abortion and Contraception Care Together
CE	Chief Executive
CoP	Community of Practice
DRC	Democratic Republic of the Congo
EEA	European Economic Area
ERASMUS+	EU education and training programme
EOI	Expression of Interest
EU	European Union
FAME	Federación de Asociaciones de Matronas de España
FCDO	Foreign Commonwealth and Development Office
FGM	Female Genital Mutilation
FIGO	International Federation of Gynecology and Obstetrics
FP	Family Planning
FP2030	Family Planning 2030
FNOPO	Federazione Nazionale Ordini Professione Ostetrica
GCMCoP	Global Chief Midwife Community of Practice
G-JEDI	Gender Equality, Justice, Equity, Diversity, and Inclusion
HORT(s)	Head Office Regional Team(s)

ICM	International Confederation of Midwives
ICFP	International Conference on Family Planning
IDM	International Day of the Midwife
IEC	Independent Election Committee
ISCO	International Standard Classification of Occupations
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
IRC	International Rescue Committee
IWAG	Inter-Agency Working Group on Reproductive Health in Humanitarian Settings
KPI(s)	Key Performance Indicator(s)
LSTM	London School of Tropical Medicine
MAA	Burundi Midwife in Action's Association
MAP	Midwifery Association of Pakistan
MA(s)	Member association(s)
MAZ	Midwives' Association of Zambia
MEAP	Midwifery Education Accreditation Programme
MISP	Minimum Initial Service Package
MPath	Midwifery (Education Development) Pathway
MLBCs	Midwife-Led Birth Centres
MLBCs	Midwife-Led Birthing Centres
MMoC	Midwifery Models of Care
MNH	Maternal and, Newborn Health
MOH	Ministry of Health
NCM	National Chief Midwife
NGO	Non-Government Organisation
NMAU	National Midwives Association of Uganda
OB-GYN	Obstetrician-Gynecologist

ODA	Official Development Assistance
PDR	People's Democratic Republic
PMNCH	Partnership for Maternal, Newborn, and Child Health
PPH	Post-Partum Haemorrhage
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RPC	Regional Professional Committee
RMC	Respectful Maternity Care
RCM	Royal College of Midwives
SCOSAF	Congolese Society of Midwives
Sida	Swedish International Development Cooperation Agency
SLMA	Sierra Leone Midwives Association
SOMSA	Society of Midwives of South Africa
SPPC	Scientific Programme Planning Committee
SRHR	Sexual and Reproductive Health and Rights
SRMNAH	Sexual, Reproductive, Maternal, Newborn, and Adolescent Health
SP	Strategic Priorities
SWOT	Strengths, Weaknesses, Opportunities, Threats
ToR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
WCC	Woman-Centred Care
WEF	World Economic Forum
WHO	World Health Organisation



ICM Vision

ICM envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn.

ICM Mission

To strengthen midwives' associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, their newborns, and their families.



Acknowledgements

ICM would like to extend our sincere appreciation to Kinaura Partners for their instrumental role in supporting the development of this comprehensive Annual Report.

We would also like to thank all the individuals and organisations who provided input for this report, many of whom are quoted.

Inclusivity Statement

At ICM we centre the experiences of women in our work, while recognising that gender diverse people, including trans and non-binary people, also need access to a midwife for sexual, reproductive, maternal, newborn, and adolescent health care.

Permissions

We include the names of individuals in this document only when that information is already public on our website or other official channels and thus shared with their permission. At the same time, we recognise the sensitive geopolitical context in which we operate. For this reason, we have intentionally omitted certain names, particularly for activities or roles where public identification could pose a personal or professional risk. This approach allows us to balance transparency with our responsibility to safeguard the wellbeing of our partners and contributors.

Message from the President



As I reflect on all that we have accomplished in 2025, I feel immense gratitude for the strength of the global midwifery community and the unwavering dedication of our members to advancing the health and rights of women and newborns everywhere. Across diverse contexts, often in the most challenging conditions, midwives continue to provide essential, trusted, and life-saving care. At a time when health systems worldwide face critical workforce shortages, rising inequities, and increasing humanitarian challenges, the leadership and impact of midwives have never been more vital.

Midwives are not only care providers; they are essential leaders, advocates, and change agents shaping resilient, rights-based, and gender-responsive health systems.

Over the past year, ICM has remained focused on its core mandate: strengthening the profession of midwifery and supporting member associations (MAs) in advancing high-quality care for women, newborns, and families. Throughout 2025, ICM continued to update and advance global midwifery education standards, ensuring they remain relevant, evidence-based, and aligned with the evolving needs of health systems and communities, while remaining responsive to the diverse national contexts in which we work.

ICM has also continued to promote midwifery models of care (MMoC) as a cornerstone of effective, people-centred health systems. Evidence continues to demonstrate that midwifery-led care improves health outcomes, enhances the experience of care, and

represents a cost-effective investment for health systems. This includes contributing to and aligning with global guidance, including key documents emerging from the World Health Organization (WHO), that reinforce the role of midwives in improving outcomes across sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH). These efforts reflect a growing global consensus on the value of midwifery-led care and the importance of enabling midwives to practise to the full scope of their education and competencies.

At the heart of ICM's work are our MAs. Through sustained engagement, capacity building, and tailored support, we continue to strengthen leadership, governance, advocacy, and professional development across our global network. These efforts ensure that our strategies are grounded in local realities and informed by the voices, experiences, and leadership of midwives themselves.

Partnerships remain fundamental to our collective impact. Collaboration with UN agencies, professional organisations, funders, and civil society strengthens the global voice of midwives and ensures that midwifery is visible, valued, and influential in policy and decision-making spaces. Together, as a global midwifery community, we are advancing a shared vision of equitable, high-quality care for all.

Looking ahead, I warmly invite you to join us in Lisbon this June for the [2026 ICM Triennial Congress](#). Bringing together midwives, partners, and stakeholders from across the world, the Congress provides a vital space to exchange knowledge, reflect on shared challenges, and shape the future of midwifery and SRMNAH outcomes. I look forward to seeing you in person and welcoming colleagues to connect, learn, and strengthen our collective work for years to come.

Together, let us continue to lead, advocate, and transform midwifery, SRMNAH and care for women, newborns, and families worldwide.

Sandra Oyarzo Torres

President, International Confederation of Midwives



Message from the Chief Executive

While ICM's work in 2025 reflects continued progress and deepening collaboration, it has taken place against an increasingly challenging global backdrop. Across many contexts, advances in sexual and reproductive health and rights (SRHR) are under massive pressure, with legal, political, and funding environments becoming more restrictive and uncertain. These dynamics have real and life-changing consequences for women, girls, and communities, as well as the midwives who serve them.

In this environment, the role of midwives has never been more critical. Midwives are trusted providers of care, advocates for rights, and anchors of resilient health systems. Yet the systems that support them are under strain, and investment in midwifery remains insufficient globally to meet the growing need. Responding to this moment requires clarity, evidence, and a stronger collective action.

ICM's work this year reflects the dedication and expertise of an exceptional team. Our staff across the world bring deep professional knowledge, lived experience, and a strong sense of purpose to everything they do. Their efforts underpin ICM's swift ability to respond to a complex global environment, to deliver high-quality resources and programmes, and to support midwives' associations operating in diverse and often challenging contexts. I am deeply grateful for their collaboration, professionalism, and commitment during this period of transition—as well as the kindness and mentorship Sally Pairman bestowed onto me as I stepped into the role of Chief Executive in March 2025.

Throughout the year, one message from our members and partners has come through consistently: progress depends on grounding global strategies in local realities and ensuring that midwives are included at every step of the way. Drawing on my own experience advancing youth-centred SRHR, I am deeply aware of how critical it is that midwives' services are reflected in the needs, voices, and leadership of young people and communities. As I continue in my work as Chief Executive, listening to your perspectives and learning from them has helped shape how I approach the work ahead.

As an important example, this commitment is reflected in the One Million More Midwives campaign. I encourage everyone reading this report – members, partners, allies, and supporters – to sign the petition calling for greater investment in midwifery worldwide. Adding your voice helps reinforce a clear and urgent message: that midwives are indispensable to improving health outcomes, advancing gender equity, and protecting SRHR in a rapidly changing world.

Looking forward, I am inspired by the leadership and determination of midwives across regions, and resolute in my belief that meaningful progress remains possible, even in difficult times, when we act together in collaboration and with clarity and purpose. I look forward to working alongside ICM staff, midwives' associations and partners to continue advancing our profession and supporting the communities who rely on it.

Anna af Ugglas

Chief Executive, International Confederation of Midwives



Introduction

In 2025, ICM continued to advance the profession of midwifery amid an increasingly complex global health and political landscape. This Annual Report reflects on ICM's work over the year, highlighting progress achieved, challenges encountered, and lessons that will inform continued implementation of the 2024–2026 Triennial Strategic Plan.

Organised across six regions—Africa, the Americas, the Eastern Mediterranean, Europe, Southeast Asia, and the Western Pacific, ICM's 133 MAs represent more than two million midwives in 117 countries. Together with its MAs, ICM works to advance shared goals for the health and wellbeing of women, newborns, and families through quality, woman-centred midwifery care.

Throughout 2025, midwives continued to work across health systems under significant strain. Protracted humanitarian crises, climate-related shocks, workforce shortages, and increasing opposition to women's health, rights, and bodily autonomy have shaped the environments in which midwives live and work. Persistent gender discrimination, inadequate resourcing, and limited professional autonomy have increased over the past year. These realities have underscored both the urgency of ICM's mission and the need for adaptive, resilient approaches to strengthening the midwifery profession.



MIDWIFE
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As the global landscape shifts toward country-level impact and funding for global coordination becomes more constrained, ICM has worked this year to sharpen how we articulate the complementary roles of global and national action. Grounded in the principle of proportionate universalism, ICM is aligning global norm-setting through standards, advocacy, and knowledge exchange with country-led implementation and impact. By leveraging core funding strategically, the organisation has convened partners, strengthened standards, and translated global influence into meaningful national progress.

Despite ongoing challenges, ICM's strategic approach in 2025 served to deepen engagement with key partners across sectors, including the International Rescue Committee, Direct Relief, the Gates Foundation, UNFPA, WHO, and many others. Partnerships have helped to increase collective impact in a time of constrained resources and rapidly shifting geopolitical contexts. These challenges have informed continued reflection within ICM on how to better tailor support, strengthen evidence and learning systems, and prioritise strategic investments over the last year of our triennial strategic period and into the new triennium. This report not only documents activities and achievements, but also reflects ICM's commitment to learning, accountability, and continuous improvement. By acknowledging and responding to challenges, addressing gaps, and building on progress to date, ICM remains steadfast in its mission to ensure midwives are respected, supported, and empowered to provide high-quality, autonomous, woman-centred care worldwide.

ICM Theory of Change

In 2025, ICM's Theory of Change was revised to more clearly articulate ICM's distinctive role in the SRMNAH sector and demonstrate how its interventions contribute to long-term change. It delineates ICM's role, intended intermediate outcomes and long-term outcomes, and the ultimate impact ICM hopes to achieve.

ICM's role is defined by seven focus areas: setting global standards, supporting MAS worldwide, developing midwifery leadership, building strategic alliances, leading evidence-based advocacy, supporting crisis preparedness and response, and providing technical assistance. Successful implementation across these areas is expected to generate positive change at both the intermediate and long-term outcome levels.

Intermediate and long-term outcomes are distinguished to reflect differing levels of influence and attribution. Intermediate outcomes are more directly shaped by ICM's interventions, while long-term outcomes emerge through the cumulative and collaborative efforts of ICM's work alongside that of others. Altogether, ICM's work is expected to generate impact by contributing to improved health outcomes and experiences for women gender diverse people, and newborns, strengthened gender equality, and enhanced social stability and economic productivity, achieved through collective efforts across the broader health and development ecosystem.

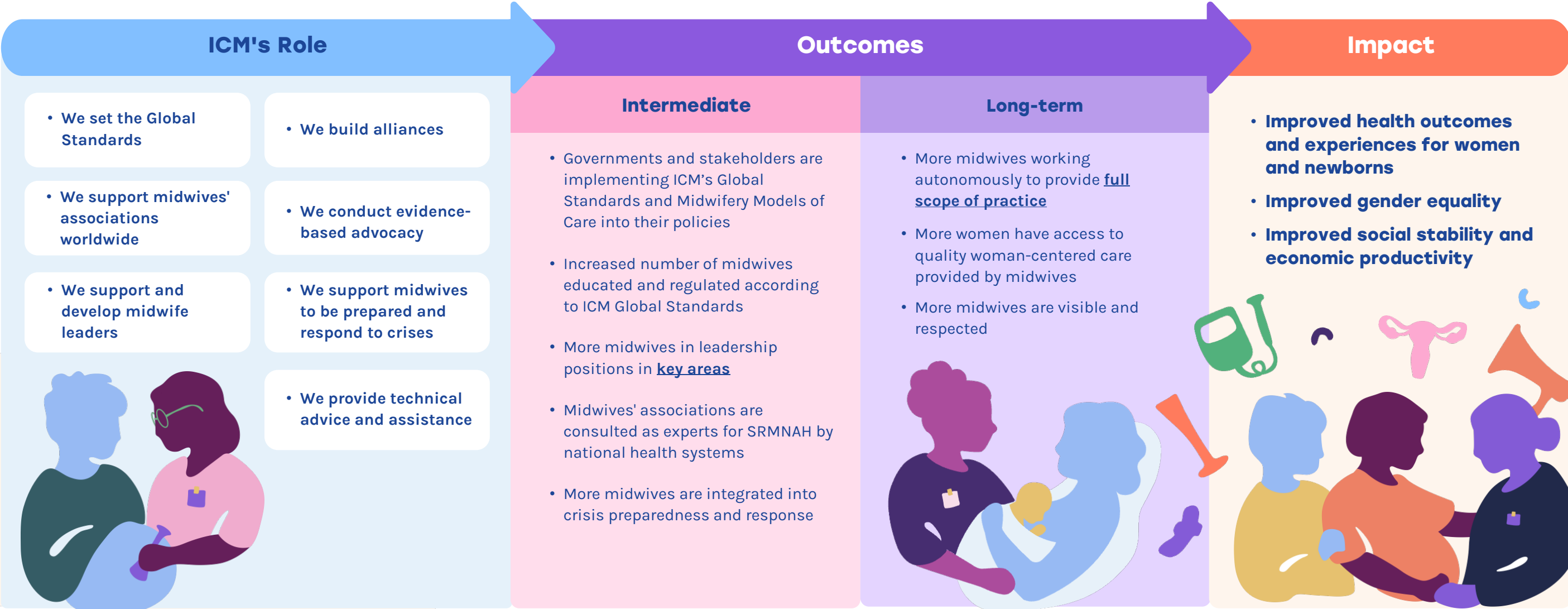
Unlike traditional theories of change, this framework deliberately avoids linear linkages between individual interventions and single outcomes. This reflects the reality that progress depends on many interrelated efforts working together, providing a more accurate representation of how change is achieved in practice.



ICM THEORY OF CHANGE



Goal: Universal access to quality care by midwives



ICM's Impact

This year, ICM strengthened its impact measurement by developing a set of aligned Key Performance Indicators (KPIs) aligned with its Theory of Change (ToC). These KPIs provide a practical framework for tracking activities and intended outcomes, helping ICM better describe how our work shapes the policy environments and systems that enable midwives to provide autonomous, woman-centred care for years to come.

The indicators below reflect outputs and outcomes of ICM's work in 2025, measured through regular MA surveys that gather quantitative data, qualitative insights, and stories of impact. Long-term indicators align with global measures from the Midwives' Data Hub, drawing on data from partners such as UNFPA and WHO to track ICM's contribution to broader SRHR goals without duplicating collection efforts.

"Through the range of resources and briefs ICM has produced, such as Competencies, Professional Framework, and standards, ICM has consistently positioned midwives as credible, autonomous professionals in women's health. Their communications reinforce the message that midwives are central to women's care and play a critical role in enabling women's rights, informed choice, and bodily autonomy."

-Caitlyn Mitchell, Engagement Manager, Kinaura Partners



ICM in Numbers



Number of countries where midwives are authorised to provide at least 5 types of modern contraception (proxy for scope of practice)	66 countries
Number of countries where midwives are authorised to provide 7 BEmONC signal functions	41 countries
Number of countries with at least 3 midwives per 10,000 population	91 countries
Number of countries where national policy recognises midwives as a distinct occupational group separate to nursing	98 countries
Number of published research articles that cite ICM resources	601
Number of policy initiatives and or legislative changes that support midwives to which ICM and /or MAs contributed	Many MAs use ICM core documents to lobby their governments and influence legislation, regulatory frameworks, education standards, and crisis preparedness. Based on last year's biennial survey, focus group discussions, and individual project reports, many MAs expressed appreciation for and credited ICM resources and supports in achieving policy and advocacy gains. In total, ICM documented 43 stories highlighting policy and advocacy efforts and wins.
Number of countries with a Chief Midwife role at government and/or national level	20 countries
Number of registered members in MAs (total number of members)	2,162,378
Number of Global Standards, position statements, joint statements, resources updated or created	18

Number of MAs participating in ICM’s MA strengthening initiatives and projects	- Lightful: 25 MAs (Afghanistan, Bangladesh, Indonesia, Pakistan, Nepal, Somaliland, Burundi-2, Ethiopia, Ghana, Lesotho, Namibia, Liberia, Kenya, Zambia, Gambia, Uganda, Rwanda, South Africa, South Sudan, Tanzania, Uganda, Zimbabwe, Yemen, Iran) - FCDO: 3 MAs (Pakistan, Malawi, Kenya) - Advocacy Incubator: 5 MAs (Kenya, Tanzania, Ethiopia, Malawi, Uganda) - C4W: 5 MAs (Mozambique, DRC, Sierra Leone, Nepal, Bangladesh) - UNFPA Asia & the Pacific (UNFPA APRO): 13 MAs (Iran, Pakistan, Mongolia, India, Nepal, Sri Lanka, Bangladesh, Myanmar, Cambodia, Indonesia, Philippines, Timor-Leste, Papua New Guinea) - UNFPA Bangladesh: 1 MA (Bangladesh) 52 MA participations were recorded across programmes; excluding repeat participants, this represents 35 unique MAs
Amount of forward funding granted to MAs	€ 198,744
Number of midwives participating in ICM’s leadership initiatives	75 (Executive Sponsorship Programme) 21 (Chief Midwives Community of Practice) 30 (Young Midwife Leaders Community of practice) Total: 126
Number of ICM social media followers & reach, website users, participation in ICM hosted webinars	Total followers across ICM platforms (including PUSH Campaign): 122,541 ICM’s reach: - LinkedIn impressions: 1.03 million - Facebook reach: 1.9 million - Instagram reach: 2.1 million - Youtube Views: 29,000 Website users: 464,000 users Newsletter subscribers (including PUSH Campaign): 34,941 Total participants in ICM hosted events: 5,084 (48 individual events)

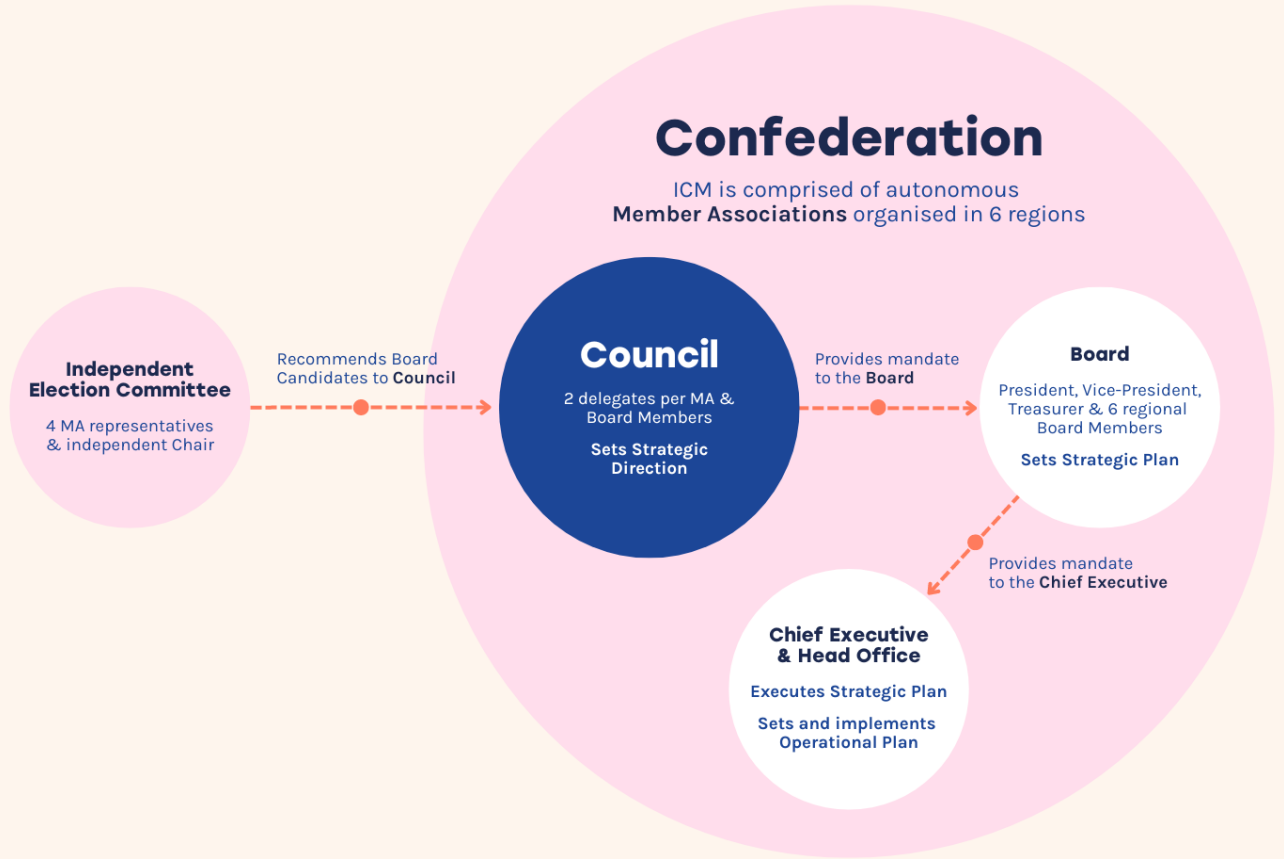
Number of governments and partners supported with ICM’s technical assistance	1) UNFPA APRO 2) FIGO 3) WHO MMoC 4) UNFPA 5) Burnet Institute, WHO, AIME 6) Jhpiego 7) Unicef 8) Laerdal 9) LSTM, UNFPA, Burnet Institute 10) UNFPA Bangladesh 11) ICFP 12) IWAG 13) EWENE – WHO, UNFPA, Unicef 14) STAGE – WHO 15) Consolidated PPH guidelines – FIGO, ICM, WHO 16) MoH Egypt
Number of new signed partnership agreements	5 (UNFPA ASRO, UNFPA Egypt, UNFPA APRO, IRC, Maternity Foundation)
Number of midwives trained for humanitarian and climate crisis response & preparedness	396 (FCDO - MAK: 236 Direct Relief - AMSF 160)

ICM's Structure



Governance

The ICM Council is the decision-making body responsible for setting ICM's strategic direction. The Council meets annually and includes two delegates from each MA with full voting rights, as well as the ICM Board. The Council mandates the ICM Board to set the Triennial Strategy and provide oversight on ICM's operations. The Board employs the Chief Executive (CE) who is responsible for leading the execution and operationalisation of the Triennial Strategy and developing and implementing the annual operational plan through the activities of the Head Office.



ICM Board Members

This year marked the second year of the 2024-2026 Strategic Triennium. The three-year term for the Board reflects the triennial period; as such, Board Member elections are held to coincide with ICM's in-person Council Meeting, planned to take place at the Triennial Congress in Lisbon, Portugal in 2026, marking the end of one Triennial Strategic Period and the beginning of the next.

Throughout 2025, the Board had seven members, including the President and one representative from each of ICM’s six regions. The Treasurer position remained vacant throughout the year; however, Alison Eddy, the Regional Board Member for the Western Pacific region, served as Interim Treasurer from August 2025 while recruitment for a permanent Treasurer was underway.

This marks the first Board formed after the decision to reduce the number of members to one per region, not inclusive of the President and Treasurer. Following the decision made by Council in 2025, the Board to be elected in June 2026 will include an additional position: Alliance Board Member.

Board Members (2023-2026 term)

Name	Position	Country
Sandra Oyarzo Torres	President	Chile
Alison Eddy (interim basis during recruitment)	Treasurer	New Zealand
Olive Tengera	Board Member from the Africa Region	Rwanda
Samara Ferrara	Board Member from the Americas Region	Mexico
Lia Brigante	Board Member from the Europe Region	UK
Farida Shah	Board Member from the Eastern Mediterranean Region	Pakistan
Laxmi Tamang	Board Member from the Southeast Asia Region	Nepal
Alison Eddy	Board Member from the Western Pacific Region	New Zealand

Board Meetings

In 2025, ICM hosted seven Board meetings, including one in-person session. These meetings covered a range of important topics aimed at enhancing ICM’s growth and impact. Key areas of focus included reviewing quarterly financial and risk reports, updating governance documents (including the ICM Governance Policies), preparing for the Triennial Congress and 2025 Council meeting, discussing potential new partnerships, and approving the membership (as an affiliate member) of a new MA: Federazione Nazionale Ordini Professione Ostetrica (FNOPO) from Italy.

Council Meeting

The annual Council Meeting took place online on 11 June 2025. Interpretation in ICM’s three official languages, English, French, and Spanish, was provided during the meeting, and all Council papers were translated into the three languages.

Voting took place through ICM’s online voting system between 11 and 18 June 2025. MA engagement was exceptionally high, with 84% of eligible MAs casting their votes. An overwhelming majority of Council delegates approved all agenda items, including the ICM Global Standards for Midwifery Faculty Development and six updated position statements. Council members were also briefed on progress against the 2024-26 ICM Strategy.

High participation in this year’s Council Meeting enabled MAs to approve amendments to the Articles of Association. Key changes included the removal of the Vice President position, the creation of a new Alliance Board Member position, and a reduction in the quorum required to approve amendments to the Articles of Association.



Independent Election Committee (IEC)

To ensure that the ICM Board is composed of individuals with the expertise, leadership, and governance capabilities required to strengthen the organisation and support its long-term sustainability, the IEC was introduced in 2022 and first implemented for the 2023 Board elections.

In 2024 and 2025, the IEC conducted a comprehensive review of the 2023 Board election process. This included evaluation materials distributed to candidates at all stages of the election, as well as ongoing collaboration with the Board on succession planning, including preparations for the 2026 elections. Lessons learned from this review led to refinements to the election process, including strengthening and clarifying background check requirements.

Building on this work, the IEC issued an open call in August 2025 encouraging MAs to nominate candidates for the President and Regional Board Member positions. During the last part of the year, the IEC reviewed these applications against the role-specific person specifications and invited those candidates whose applications most closely met the required competencies for interviews. Successful candidates will undergo an extensive background checks carried out by an external agency before moving forward to voting.

The elections for Regional Board Members are planned for mid-March 2026, while the President's election will be held in June 2026, during the in-person Triennial Council in Lisbon.

Throughout the nomination process, all ICM Board candidates are assessed by both the IEC and independently verified by an external agency, reinforcing transparent, robust, and merit-based elections, and supporting effective governance and leadership succession of the ICM Board.

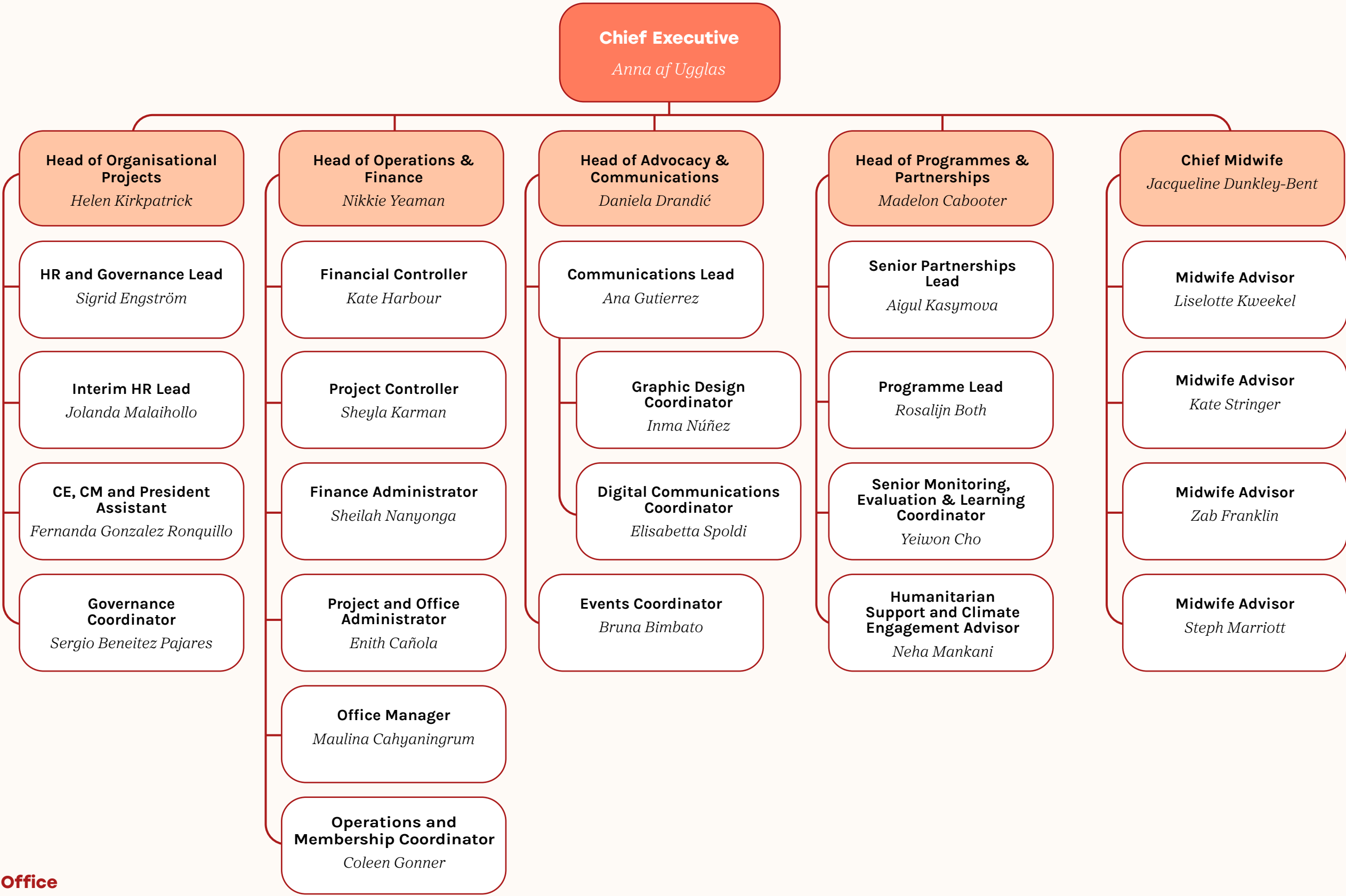
New Members

This year, ICM welcomed Italy's regulatory body for midwifery, Federazione Nazionale Ordini Professione Ostetrica (FNOPO), as an affiliate member. Established in 1946 with the legal mandate to uphold the quality, professionalism, and ethical conduct of midwives, FNOPO works closely with the Ministries of Health and Education to improve midwifery education and practice. They also serve as a convener for practitioners across Italy to connect and exchange ideas on midwifery issues, innovations, and best practices.

As a regulatory body, FNOPO will not have voting power at Council meetings but will advance ICM's mission as an important collaborator and professional representative. Throughout 2025 and into the future, partnership will help to harmonise professional standards, facilitate knowledge exchange, and elevate midwifery practice in Italy.



ICM Head Office Team



ICM Head Office
Organogram

December 2025

ICM Head Office Team

ICM's Head Office team is primarily based at the Head Office in The Hague with a few key members of staff working remotely outside of The Netherlands. In 2025, the team was strengthened with the recruitment of a Digital Communications Coordinator. Additionally, a Policy Lead and a Midwife Advisor were recruited at the end of 2025 to start work in 2026. These new team members bring fresh, diverse perspectives and additional skills to support MA capacity building and to advance the profession of midwifery globally.

ICM's Regional Approach

ICM's Regional Approach was designed as a comprehensive strategy to support the effective regional and national implementation of ICM's Professional Framework. This approach strengthens regions by fostering cohesive development of the profession through regular meetings, workshops, and collaboration between regional MAs and Board Members. It emphasises knowledge sharing, network building, and establishing communities of practice.

To implement the Regional Approach that was more cohesive, ICM established six Regional Professional Committees (RPCs), which meet monthly to quarterly (see the RPC section for details), and six Head Office Regional Teams (HORTs) that work closely with regional Board Members and RPCs. Together each regional team builds relationships with local MAs to operate cohesively, gain insight into regional priorities, and foster a deeper understanding of regional differences. Regular regional meetings and workshops are held online, with in-person regional conferences. The approach also seeks to engage stakeholders in addition to midwifery professionals such as local women's groups, health system leaders, policymakers, and UN partners to strengthen SRMNAH services.

ICM's global communications channels ensure that the Regional Approach is able to reach midwives in countries without established MAs. Through Regional Conferences and the Triennial Congress, ICM ensures opportunity for all midwives, regardless of association membership, to improve their professional skills, learn from their peers, and engage in the global midwifery movement.

ICM Regional Conferences

Faced with unprecedented shocks to the non-profit sector, particularly organisations working in gender equality and women's rights, ICM decided to postpone the two planned Regional Conferences for 2025 in the Western Pacific, Southeast Asia, and Americas regions. This difficult decision was made with careful consideration to prioritise and safeguard ICM's long-term ability to support midwives and MAs through a globally uncertain period. In response, ICM is exploring opportunities to prioritise conferences in the affected regions during the 2027-29 conference cycle and support participation at the 2026 Triennial Congress.

Regional Professional Committees

The purpose of ICM's Regional Professional Committees (RPCs) is to counsel ICM on ways to strengthen the midwifery profession regionally, in line with the ICM Professional Framework for Midwifery. RPCs consist of 9 members, with two midwives from each of the following categories: educators, regulators, researchers, clinicians, as well as an emerging midwife leader. Members are chosen based on their applications in response to a call for expressions of interest. ICM staff in the Head Office support RPCs administratively, where helpful. These committees are voluntary, meaning they do not mandate specific governance responsibilities, and are made to foster positive working relationships and networks across diverse midwifery professionals in each region.

RPCs provide targeted support across ICM's six regions in implementing and amplifying ICM's work to enhance midwifery education, regulation, research, leadership, and practice. They are also a source of field expertise for ICM's HORT and Board Members, representing ICM when necessary. In 2025, all RPCs continued their work in collaboration with the HORTs and Board Members, ensuring alignment with ICM's strategic priorities. In response to a need to strengthen cross-committee coordination, select committees appointed new Chairs to anchor continuity.

Progress on Priorities



The content and updates in ICM's 2025 Annual Report are organised into the four Strategic Priorities (SPs) outlined in the 2024-2026 Strategic Plan, along with a cross-cutting priorities, as detailed below. This approach was chosen in order to embed gender equality, justice, diversity, and inclusion (G-JEDI) principles across the SPs.

ICM operates in an increasingly complex global health and development environment where progress is rarely linear and achieved across a diversity of partners working in collaboration, making impact difficult to attribute to one organisation or initiative. The work is not without its challenges—resource mobilisation in a restrictive funding environment, increasing humanitarian crises jeopardising the sustainability of MAS networks, inadequate education, and powerful, post-colonial development structures persist as ongoing issues. Still, ICM continues to secure incremental gains in midwifery capacity, practice, education, and standards that strengthen progress and long-term transformation for the midwifery profession as a whole.

Finally, ICM remains committed to its Anti-fraud, Bribery, and Corruption Policy and consistently takes steps toward the total elimination of fraud to ensure that the entirety of its resources and staff time go toward the advancement of the organisation's four priorities:

SP1

Drive innovation, leadership and sustainability for the future of midwifery

SP2

Support the dissemination and implementation for the Professional Framework for Midwifery

SP3

Collaborate with partners to grow the movement for midwifery and elevate the role of midwives

SP4

Work in partnership to ensure MAs are prepared and well positioned to respond to emergent humanitarian and climate crises

Cross-cutting: Promote gender equality by employing a gender lens and prioritisation across all elements of the Strategic Priorities

SP1: Drive innovation, leadership and sustainability for the future of midwifery

The first priority focuses on ensuring ICM's sustainability across human, social, economic, and environmental dimensions, organisationally and for all member associations (MAs). It underscores the need for ICM to be flexible, able to learn, and adapt. This means providing support to our MAs and midwives of all generations to strengthen their capacity and take up their rightful leadership roles at national, regional, and international level and within their communities.

ICM is committed to advancing the midwifery profession by establishing enduring organisational structures and systems. To ensure sustainability, ICM collaborates with MAs and midwives to assess and respond to environmental and social responsibilities, diversify revenue sources, and strengthen organisational frameworks.

With the dismantling of the U.S. Agency for International Development (USAID) in 2025 precipitating unprecedented cuts to official development assistance (ODA) that rapidly drained health systems around the world of resources, sustainability became a key concern for the entire SRMNAH sector. ICM, alongside the entire field, had to quickly adjust to this new environment and reorganise resources in a way that ensured continuity in support to MAs. This required ICM to meet the moment, especially in how it communicated and worked with MAs in new, creative ways.

Amid the devastating consequences of these policies, ICM used its voice as a global leader and advocate for SRMNAH and continues to pivot in response to emerging challenges.



O1: ICM becomes a sustainable and innovative organisation

Amid a rapidly shifting global health landscape marked by social, economic, and climate challenges, in 2025 ICM remained a steadfast champion for sustainable midwifery. Its flexible model encouraged adaptability in an evolving field by strengthening local capacity and leadership to meet future challenges and empower the next generation of midwives. As a global convener, ICM united midwives from across the global SRMNAH sector, creating a foundation for connection and collaboration that amplifies collective impact.

Sally Pairman Steps Down as Chief Executive

After eight years of strategic leadership and impact, Dr Sally Pairman stepped down from her role as ICM's CE on 10 March 2025 to return home to New Zealand. We are grateful for her dedication to ICM which, under her steerage, grew significantly, providing a stronger foundation for midwives and midwives' associations around the world.



With ample time to conduct a robust, competitive international search and plan for a smooth handover, ICM welcomed Anna af Ugglas as the ICM's new CE in January 2025. Anna is a midwife from Sweden with over 30 years of professional, clinical, and programmatic experience. After beginning her clinical career in Sweden, Anna joined UNFPA in 2010 as a Senior Programme Specialist for Midwifery in Bangladesh and then moved with UNFPA to Lao PDR in 2013 to support the national development of midwifery. Most recently, Anna spent seven years strengthening midwifery education in Norway with Laerdal. Anna is actively involved in the International Council of the Swedish Association of Midwives and has worked closely with ICM on projects such as the Essential Competencies Digital Learning Tool.

Anna's leadership in 2025 has already been critical to navigating a changing global health and development landscape and we look forward to her expertise guiding ICM through ICM's next chapter.

"I am deeply honoured at the opportunity to lead ICM, supporting midwives' associations around the world and continuing to develop the profession. Sally Pairman's leadership has been impressive and visionary. I look forward to building on the strong foundations, strategy and direction she has set at ICM."

- Anna af Ugglas, CE, ICM



ICM Thought Leadership

In response to the rising spread of public health misinformation and global pushback against women's rights, ICM felt it was critical to stand firmly on its values as the global midwifery leader. Throughout the year, ICM engaged in critical global conversations on issues affecting midwifery, ethics, and women's rights.

Sponsorship by Formula Companies

ICM collaborated with other professional organisations on a joint [Call to end sponsorship from commercial milk formula companies](#) published in The Lancet. This collaboration calling all professional organisations to stop sponsorships from the formula industry. Through this thought leadership, ICM reinforced its commitment to protecting midwifery ethics, and supporting midwives to navigate an increasingly complex global landscape.

Pushback on Women's Rights

In 2025, ICM responded to growing global pushbacks against women's rights by reinforcing the critical role of midwives in protecting access to SRHR. Through advocacy and public engagement, ICM highlighted how rollbacks on rights directly affect the ability of women, girls, and gender-diverse people to access safe, respectful care.

This work emphasised the importance of translating concern and outrage into coordinated action, grounding advocacy in evidence, professional ethics, and the lived realities of midwives and the communities they serve. By maintaining a clear and values-driven stance across its communications channels, ICM continued to support midwives navigating increasingly restrictive and complex policy environments.



International Day of the Midwife (IDM)

Through the 2025 IDM, ICM demonstrated its role as a global thought leader on raising awareness, this time on the role of midwives in crisis settings. The IDM theme Midwives: Critical in Every Crisis helped shape public and policy conversations on the essential role of midwives in humanitarian and climate-related emergencies.

IDM generated significant organic media attention, with over 40 media mentions referencing the IDM theme or ICM as the founder of the day across multiple countries.

In addition to this coverage, ICM actively contributed to selected pieces by sharing evidence, expert perspectives, and advocacy messages through op-eds, expert quotes, and contributed articles. These included features in Health Policy Watch, Direct Relief, Girls' Globe, Laerdal, Diario Enfermero (Spain), and El País (Spain) - one of the country's leading national media outlets and an influential global outlet.

This visibility strengthened ICM's position as a trusted voice on midwifery in crisis response and reinforced the leadership of midwives in public and policy spaces worldwide.



“For Zambia, the areas we want to focus on include climate change. We actually held a training for midwives during IDM. Initially, we thought humanitarian and climate issues mainly referred to wars, but we saw it firsthand during the worst drought in our country.

Some people in those areas were pregnant and giving birth, and preparedness for such situations is now included in our strategic plan.”
– **Concepta Kwaleyela, President, MAZ, Zambia**

Funding ICM’s Growth

With the appointment of a new Head of Programmes & Partnerships in 2025, and in response to the shifting global funding landscape, ICM made strides to strengthen its systematic and strategic approach to resource mobilisation through proactive identification of funding opportunities and clearer prioritisation of core funding, alongside project-based funding.

As the midway point of the Triennial Strategy’s implementation, 2025 is a natural time to reflect and mobilise resources for the next triennium of work, as outlined in the 2024 Resource Mobilisation Plan. However, with the shifting global funding landscape, ICM was prompted to revise its plan to encourage further diversification of funding streams, and identify new donors.

Historically, ICM’s funding base is composed of membership fees, core funding, and donations. Significant investments from the Gates Foundation, the UK Foreign Commonwealth and Development Office (FCDO), Direct Relief, and the Swedish International Development Cooperation Agency (Sida) have provided the core funding for ICM to realise its 2024-2026 Strategic Plan. Reassuringly, FCDO confirmed its continued support to ICM in 2025 despite significant cuts to UK ODA.

Throughout the year, ICM pursued new bodies of work and sources of funding through positioning itself as a technical expert and partner. This strategy successfully resulted in ICM signing implementing partner agreements with the United Nations Population Fund (UNFPA) Egypt and UNFPA Asia Pacific Regional Office (APRO). Additionally, ICM continued technical collaboration with the WHO to integrate family planning and comprehensive abortion care (CAC) into midwifery education. These contracts reflect an exciting progression for ICM in securing technical partnerships that demonstrate its growing role as a trusted technical expert.

To strengthen long-term donor relationships, ICM held its first donor coordination meeting, as a way to establish an ongoing dialogue for funders to understand ICM’s work and long-term funding needs. ICM is also actively pursuing new funding relationships with a mix of traditional and non-traditional donors.



Internal Systems and Processes

Strong organisational capacity is central to ICM’s success. This was even more clear in 2025, when major shifts necessitated clear and responsive leadership. This institutional strength, refined over time, has been designed to respond effectively and efficiently to members’ needs and maximise impact. Rooted in G-JEDI principles, ICM’s operational structure prioritises financial sustainability and standardised regional approaches to advance the four strategic priorities with clarity

Belbin Team Roles

As a methodology to grow the Head Office team and it’s alignment, ICM held a half-day workshop on [Belbin Team Roles](#) on 18 November for the full ICM Head Office Team, facilitated by Belbin NL. The workshop was in hybrid format – in-person for staff in The Hague and online for remote staff. The workshop was designed to increase awareness of our team’s working styles with the goal of improving communication and team performance. Teams explored their ways of working, and how to align them for everyday and long-term strategic workstreams.

Sustainability

ICM’s Sustainability Plan plays a key role in advancing ICM’s mission and supporting MAs in their own sustainability efforts. It is built on four key pillars:

- Human Sustainability: ICM is dedicated to creating an environment and culture of respect, support, and competence for our MAs, midwives, board members, and staff.
- Social Sustainability: ICM remains committed to ensuring a participatory, responsive approach to governance, advocating for supportive policies that improve the health and wellbeing of midwives and communities, in collaboration with the global midwifery community.
- Economic Sustainability: ICM is committed to achieving financial stability by realising a sustainable funding model to support core activities. This approach will ensure programmatic continuity and effectiveness while remaining flexible to future challenges.
- Environmental Sustainability: In advancement of a healthier world for all, ICM integrates environmental responsibility into program operations and initiatives. This is done by reducing waste, prioritising virtual meetings, and encouraging sustainable midwifery practices.

Looking toward the 2026 Triennial Congress in Portugal, ICM has interwoven these principles into the planning process. ICM has taken measures to reduce travel emissions, minimise material and food waste, prioritise sustainable vendors and venues, rent or reuse decor, and promote low-waste behaviour.

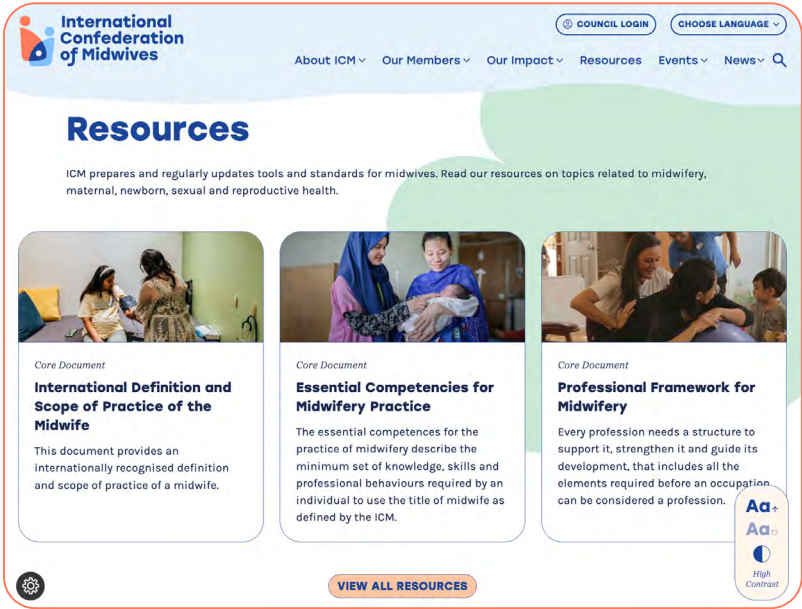
G-JEDI Plan

In 2025, ICM continued to implement our G-JEDI plan, which was formalised in 2022. This plan defines our stance on G-JEDI, including promoting staff diversity, advocating for gender equality and rights, and supporting marginalised groups. The plan created established guidelines for integrating these actions into the organisation.

In 2025, ICM built further on the foundations set in 2024, through developing and implementing a Diversity, Equality and Inclusion Policy. Among other things, this included adding a diversity statement to all vacancies and adapting our approach to recruitment to be more inclusive. The organisation also implemented comprehensive editorial guidelines for respect, inclusion and diversity; incorporated questions on marginalised groups into the biennial member survey; and launched its inaugural annual staff survey which included questions on ICM’s approach to diversity and requested feedback on where it could further improve.

ICM Website

The ICM website continues to be a cornerstone of its work and a central platform for midwives, MAs, and partners worldwide. Beyond serving as a communications tool, it functions as a practical space for accessing Global Standards for Midwifery, and for sharing news about midwives’ initiatives worldwide.



Through news stories, features, and campaign content, we spotlight midwives’ impact around the world, share examples of good practice, and highlight approaches that can be adapted in different settings. This helps connect the global midwifery community and encourages action across countries and regions. The site also showcases ICM’s partnerships, programmes, and their collective impact. By bringing these elements together in one space, the website acts as ICM’s main window to the world and a hub for collaboration, learning, and advocacy.

More detail on website reach, traffic, and engagement is included under Strategic Priority 3.

Photography and Videography Library

ICM’s photography and videography library is the most comprehensive visual collection of midwives working across their full scope of practice. It is a core part of how we represent midwifery leadership, and what midwives do for women and newborns across SRMNAH services.

This library is used across ICM’s presentations, media outreach, social media, campaigns, and website. It is also shared with MAs and partner organisations to supporting their advocacy and communications. MAs and partner organisations have access to parts of the library to help support their work to show the breadth of midwifery services across different contexts.

In 2025, we strengthened the library by addressing gaps that included limited representation from Europe and a lack of images showing midwifery education, midwife-led birth centres (MLBCs), and breastfeeding support.

We are grateful to our contributors:



• *Daniela Mikicic, who photographed midwifery students at the University of Rijeka, Croatia, learning with lecturer Magdalena Kurbanovic.*

• *Boryana Pandova, who documented midwives working in a midwife-led birth centre run by ICM’s Young Midwife Leaders alumna Yoana Stancheva in Sofia, Bulgaria.*



• *Carolyn Charbonneau, who captured midwife Stephanie Marriott supporting a mother to tandem breastfeed her twins.*

A selection of photos from our library are available for use by media outlets and journalists without cost at the Media Centre on ICM’s website.

Images from the library were featured at a PUSH Campaign photo exhibition at the United Nations in New York during the Commission on the Status of Women, bringing midwives’ work into a global policy space. More information on this exhibition can be found in a later section for Strategic Priority 3.

Shaping how midwifery is seen and understood strengthens advocacy and builds the visibility needed to sustain and advance the profession globally. ICM will continue to grow the photo and video library to reflect the diversity of midwifery roles and realities worldwide.

WithWomen Holiday Campaign 2025

In 2019, ICM co-established WithWomen, a charity dedicated to strengthening midwifery to ensure positive birth experiences for all. In 2025, ICM continued to serve as the treasurer of WithWomen’s Management Board. In November, ICM launched a holiday donation campaign with WithWomen to support midwives in low- and middle-income countries to attend the 2026 Triennial Congress. As the largest global convening of midwives, Congress offers the opportunity for midwives to build their leadership skills and learn about best practices in midwifery from global experts and other midwives. However, for many, the cost of attending can feel out of reach. This campaign, which raised 2,220 EUR, was designed to help eliminate cost barriers by covering registration fees, travel, and accommodation costs for a small number of participants, particularly students and those early in their careers, who otherwise would not be able to attend.

Read more about WithWomen’s campaigns and work at www.withwomen.org.

Preparations for ICM Congress 2026

In 2025, ICM began preparing for its 34th Triennial Congress in Lisbon, Portugal, scheduled for 14 – 18 June 2026. As usual, Congress will be preceded by an in-person Council meeting.

The Scientific Professional Programme Committee (SPPC) issued a call for abstracts which closed in 2025, with a total of 2,808 abstracts submitted – the highest number of submissions ever.

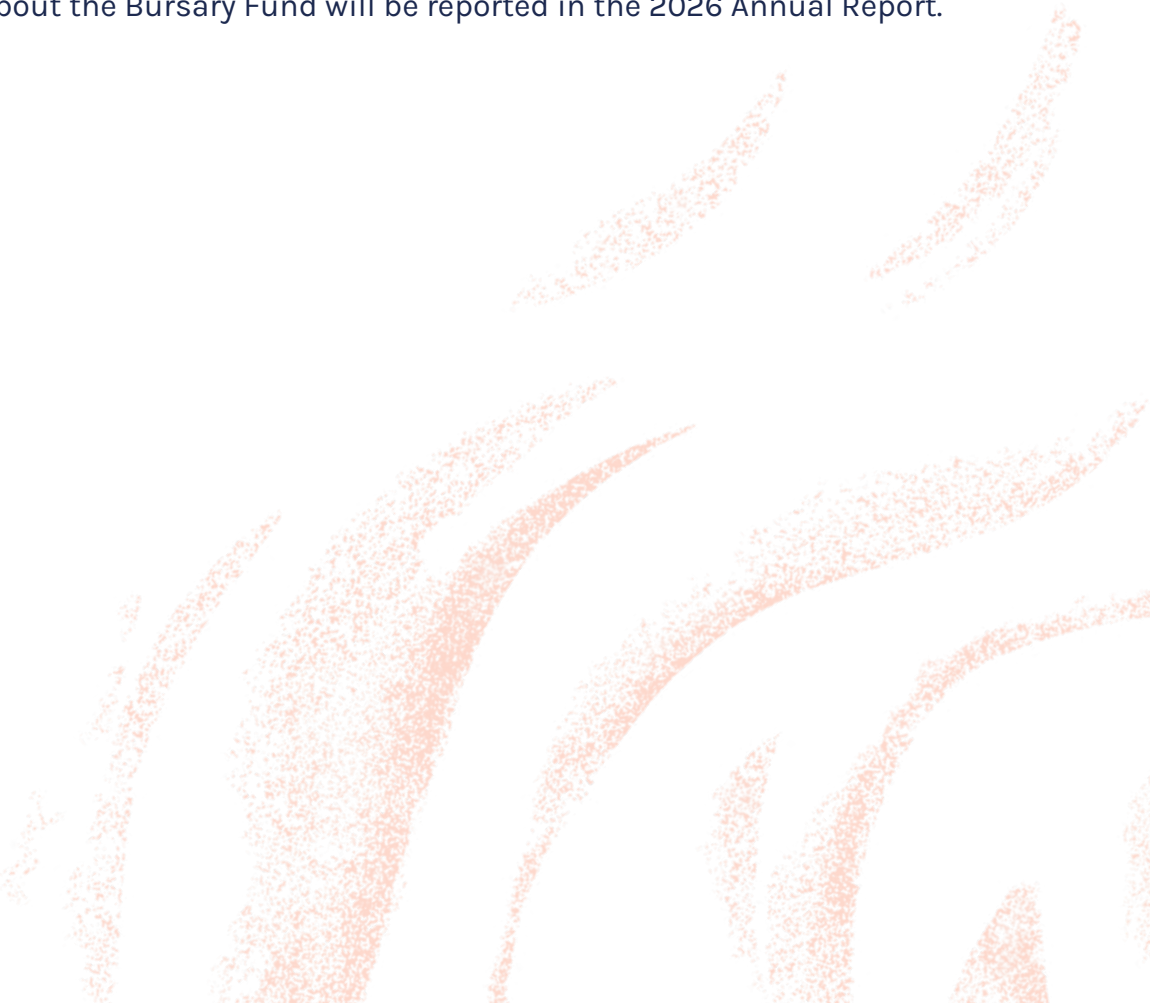
Abstracts 2026	Submitted	Accepted percentage
Research		63.3%
Oral	1267	
Poster	450	
3-minute thesis	70	
Knowledge		31%
Oral	595	
Poster	212	
3-minute thesis	64	
Skills Workshops	150	5.3%

Abstract submissions were reviewed by the SPPC, which met in The Hague in June to moderate the abstract review process and draft the scientific programme. Authors with accepted abstracts were notified and required to register for the Congress to be included in the final scientific programme published in March 2026.

Sponsorship is another key part of ensuring that Congress is successful and sustainable. ICM’s Congress Coordinator Consultant, Sally Pairman (ICM’s previous CE), and Congress Management Team, C-IN, worked with partners to agree to and confirm sponsorship. Sponsorship possibilities include partner packages, partner sessions in the scientific programme, pre-Congress workshops, satellite sessions, the exhibition, and the pre-Congress March for One Million More Midwives. Despite the challenging funding, in 2025 ICM was on track to meet its budgeted sponsorship target. This is possible thanks to the support and vision of many global partners.

To help support midwives from low-and-middle-income countries attend Congress, ICM established a Midwife Bursary Fund. Various partners contributed funding to the bursary fund, and ICM managed the logistics of arranging travel and accommodation. For the first time, ICM introduced the possibility for self-funded Congress participants to make a contribution to the Bursary Fund when completing their own registration, which has been very popular, demonstrating the generosity of midwives from around the world.

More information about the Bursary Fund will be reported in the 2026 Annual Report.



O2: ICM is constantly learning and responding to the needs of our members in new and improved ways

“Through partnerships (notably with ICM and the American Academy of Pediatrics), we have implemented training programs for newborn care and humanitarian interventions, with activities across Morocco. We are also working on digitalisation and telemedicine to strengthen supervision and quality of care in isolated areas.”

- Touria Harrizi, President, AMSF, Morocco

“I believe that mutual support between associations is key to progressing together.” - Alicia Cillo, President, Colegio De Obstétricas De La Provincia De Buenos Aires (CoPBA), Argentina

- Alicia Cillo, President, Colegio De Obstétricas De La Provincia De Buenos Aires (CoPBA), Argentina

Regional Meetings and Workshops

In 2025, ICM convened MAs from across 6 regions in two rounds of online regional workshops, in April and November. These meetings provide an important platform for sharing regional updates, provide opportunities for collaborative peer-to-peer learning and deeper discussions on thematic areas that each region identifies as relevant to midwifery practice in their region. They are an important platform for sharing new tools and information from ICM, and for gathering insights from MAs to better inform ICM’s work. They also provide opportunities for MAs to network and support each other.

Meetings were organised in collaboration with the HORTs and ICM Board Members, who helped shape the agenda and workshop topics to ensure they were appropriately tailored to the region. The table below provides a breakdown of the programming and attendance for each regional meeting.

Region	April Meeting	November Meeting
Africa	Participation: 18 MAs	Participation: 13 MAs
Africa	Attendance: 18 MAs Topics: - MA Spotlight: Challenges & Successes - Ghana Registered Midwives Association - Humanitarian issues: Childbirth during disaster -Congolese Society of Midwives (SCOSAF) - Resource Mobilisation: Lightful BRIDGE project -Independent Midwives Association Lesotho	Attendance: 13 MAs Topics: - Implementing MMoC – Midwives’ Association of Zambia (MAZ) - Regional Advocacy Incubator - Ethiopian Midwives Association
Americas	Attendance: 19 MAs Topics: Midwifery Education Across the Region	Attendance: 16 MAs Topics: Professional identity for midwives
Eastern Mediterranean	Attendance: 6 MAs Topics: ‘Shock-resistance’ - In response to crises e.g. conflict, humanitarian, funding-cuts - Increasing MA Visibility and Credibility	Attendance: 6 MAs Topics: - Follow-up sessions on April topics - Current funding environment and the role of partnerships for country-led implementation
Europe	Attendance: 24 MAs Topics: - Freebirth: The role of midwives and MAs - The role of an MA in supporting personalised care while safeguarding midwives? - MA Spotlight: Challenges & Successes - Royal Dutch Association of Midwives - RPC Europe: Key Developments	Attendance: 23 MAs Topics: - EU Directives - MA Spotlight: Challenges & Successes - Malta Midwives Association - ERASMUS+ Programme

Region	April Meeting	November Meeting
Southeast Asia	Attendance: 5 MAs Topics: - International Day of the Midwife Celebration plans and support - Impact of global trends in the development industry on the country and SRMNAH	Attendance: 4 MAs Topics: - Political change in Nepal and how it affects midwifery development in the country - Bangladesh: Election of new MA Board, New Mission and Vision - Project Updates: Collaborate for Women (C4W) Meeting and UNFPA APRO Training
Western Pacific	Attendance: 12 MAs Topics: - Burnett Institute: Introduction and Regional Projects - Essential Competency 2 SRH: Midwives Scope of Practice	Attendance: 7 MAs Topics: - MA Spotlight: Challenges & Successes - Hong Kong Midwives Association - Weather Events & Natural Disaster in the Western Pacific - Follow up session on Essential Competency 2 SRH: - Weather events, natural disaster in the Western Pacific Region (presentation by ICM staff and sharing of MA experiences) - Follow-up Essential Competency 2 SRH: Changes to local Scope of Practice (MA sharing feedback)

International Day of the Midwife (IDM)

IDM was established by ICM in 1992 and is celebrated each year on 05 May. It is one of ICM’s most visible activities for strategic advocacy to advance ICM’s leadership and global advocacy for midwifery. It brings the work of midwives into public and policy conversations and positions midwives as essential leaders in health systems worldwide.

Each year, ICM selects a theme that reflects a pressing issue facing midwifery. The theme guides ICM’s advocacy and communications throughout the year and provides a shared focus for the global midwifery community. In 2025, the theme Midwives: Critical in Every Crisis reflected a global reality of compounding emergencies, from climate change to conflict, and recognised that midwives are already at the forefront, leading crisis response in communities, institutions and nations.



“The IDM themes chosen by ICM are really suited to our country, especially this year, when the theme was crisis. When ICM sends the toolkit, it clearly defines how to celebrate the day, which is a very positive contribution to our association. Every time we have a theme, we look forward to ICM’s support. I want to congratulate ICM for the toolkit, which clearly lays out what needs to be done.”

- Laurence Monteiro, President, ASFB, Benin

Digital Toolkit

To support this global moment, ICM developed a comprehensive digital toolkit to help midwives and partners understand the context and theme, organise events, advocate locally, and engage the public. For the first time, the toolkit included background sections for each advocacy and social media message, a central events hub on ICM’s website, and a full set of downloadable images, illustrations and templates.

The toolkit was available in English, Spanish, and French and was widely shared and adapted by MAs and partners, with additional translations created at the country level. The IDM website reached its highest engagement to date, with more than 192,000 active users across the three language versions.

As part of the toolkit, ICM released an advocacy video explaining the role of midwives in crisis settings, and what midwives need to respond effectively. This is the first time ICM has created an IDM video, reflecting the changing landscape of digital communications and engagement. The video reached 11.3K views on YouTube and 115K views on Instagram.

Download assets



Printable Posters

DOWNLOAD



Social Media Tiles and Covers

DOWNLOAD



Illustration Elements

DOWNLOAD



Editable Templates

ACCESS

“We used IDM initiatives to provide training on coping with critical situations related to climate change and natural disasters. Every year, we celebrate IDM following the ICM theme and actively share ICM information through our social media channels.”

-Nesrin Tahirova, Board Member, ABA, Bulgaria

IDM Celebration

ICM also hosted a four-hour global online event that combined storytelling, dialogue, and evidence. The event spotlighted six frontline midwives working in crisis settings, featured an expert panel with six global speakers, and highlighted the work of five MAs. Interest was clear across the ICM community, with a high event attendance and engagement rate.

“This is a really fascinating event. We are grateful to ICM for listening to the challenges midwives face during crisis.”

- May Lwin, Myanmar, IDM event participant

Media and Public Visibility

IDM generated significant global media attention, with over 40 media mentions referencing the IDM theme, midwives, or ICM. Many of these also happened on major news outlets, with ICM contributing on pieces published in, Health Policy Watch, Direct Relief, Girls’ Globe, Laerdal, Diario Enfermero (Spain), and El País (Spain).

Through IDM, ICM leads a global moment that strengthens midwifery leadership, raises public awareness, and positions midwives and MAs to advocate, connect, and act in their own contexts.

“For IDM, we invite our members. Those who are not members see the photos, see us on television. Journalists in Burundi are very interested in midwives’ activities. So, when we are invited by the national radio or television, non-members contact us and ask how to join. This is an opportunity for the association to grow, and to strengthen mentorship between senior and junior midwives.”

- Augustin Harushimana, President, MAA Vyara Uheke, Burundi

ICM Webinars

This year, ICM hosted a total of 11 webinars engaging midwives and partners globally:

- **PUSH Community Consultation:** This virtual consultation brought together gender and SRHR advocates along with youth representatives, women's rights groups, and civil society organisations to provide feedback on the PUSH campaign, ICM's global campaign for WCC through mainstreaming midwifery.
- **IDM Event "Midwives – Critical in every crisis":** Midwives are essential first responders in humanitarian crises, providing care even in the most challenging conditions. This online event invited midwives, experts, and the public to explore their critical role through powerful documentaries, live discussions, and interactive activities.
- **PUSH Activation for International Day of Action for Women's Health:** The World Economic Forum recently concluded that closing the women's health gap could benefit 3.9 billion women and add \$ 1 trillion annually to the global economy by 2040; midwives are a critical yet missing part of the solution. Building on the momentum of the widely celebrated #IDM2025 and in honour of the International Day of Action for Women's Health (28 May 2025), the PUSH Campaign brought together allies and partners for a virtual event to highlight the critical role that midwives play in women's health.
- **Twinning: Strengthening Midwives Through Shared Experience:** Twinning is a powerful tool for strengthening the midwifery profession through collaboration, shared learning, and mutual growth. In the virtual launch of ICM's DIY twinning guide, we heard from midwives who have participated in twinning partnerships on how these connections strengthened their practice, advanced leadership, and contributed to lasting improvements in SRMNCAH care.
- **Are Midwives Prepared, Protected and Supported? Insights from crisis-affected settings:** EQUAL and ICM co-hosted a webinar on midwifery care in crisis-affected contexts. The webinar focused on the transition from education to early practice for midwives working in some of the world's most fragile health systems. Colleagues in Afghanistan, Sudan, Somalia, and Nigeria, shared evidence and lived experiences on the realities midwives face and the urgent need for improved protection, support, and investment.
- **Launch of the New Midwives' Data Hub:** ICM, in partnership with Direct Relief, launched the Midwives' Data Hub, a user-friendly, data-driven platform designed to elevate the visibility of midwives and SRMNAH indicators in global health systems.
- **Midwives in a Changing Climate:** Centering SRHR in Climate and Humanitarian Action: ICM co-hosted a webinar with FP2030 at the International Conference on Family Planning (ICFP) exploring the links between climate change and SRHR and affirming the essential role of midwives in ensuring continuity of family planning (FP) care in the face of rising natural disasters and humanitarian emergencies. Midwives are trusted providers and advocates within communities and are often best positioned to deliver lifesaving services in fragile and climate-affected settings, making them absolutely critical to the design of climate-resilient and inclusive health systems.
- **Upholding SRHR:** ICM, together with the International Federation of Gynecology and Obstetrics (FIGO) and WHO hosted a webinar on the insights from the C4W initiative, highlighting the urgent need to uphold SRHR for women and girls. Marking two important dates, World Contraception Day and International Safe Abortion Day, we spotlighted lessons from Nepal, Bangladesh, DRC, Sierra Leone and Mozambique on strengthening education, interprofessional collaboration, and ensuring respectful care for all.
- **Midwifery Regulation:** Updates to the ICM Global Standards and Launch of the Companion Guide: This webinar explored the 2025 updates to ICM's Global Standards for Midwifery Regulation and launched ICM's Companion Guide to support its implementation. We learned from regulators around the world about how to implement these standards across different countries and contexts.
- **Alliance for Improving Midwifery Education (AIME) Series – Developing Midwife Faculty:** ICM held two sessions on implementation of the Global Standards for Midwife Faculty Development to equip midwives with the knowledge deliver high-quality, evidence-based care. The first session introduced the Global Standards, and the second session gave guidance of how midwife educators can maintain midwifery practice competence, drawing on global examples from Samoa, Philippines, Nigeria, and Kenya. Attendance and engagement in ICM webinars have grown strongly year on year. Registrations increased by 67% compared to last year, with most sessions attracting over 1,000 registrants, and about 35% of those registering attending live. This demonstrates the expanding global interest in ICM's education and advocacy initiatives.

“Thank you. I’m very happy with what ICM has done for us in Uganda. Even the government and the President know ICM for supporting the Ministry of Health (MOH). ICM has established webinars and supported the National Midwives Association. It has also supported community dialogues. ICM has supported us so much, and I cannot thank you enough,”

**- Peruth Mwesigwa K Mbaze, National Executive Committee Member,
NAMAU, Uganda**

Forward Funding

Through targeted funding, ICM supported midwives’ associations who participated in the Advocacy Incubator to strengthen their voice, leadership, and influence in national health systems. In Ethiopia, Kenya, Uganda, and Tanzania, associations used this support to gather local evidence, engage decision-makers, and bring partners together around a shared goal: improving care for women and newborns through the MMoC. These efforts led to important steps forward, including the formal recognition of the model within Ethiopia’s national RMNCAH strategy, the development of Kenya’s first national policy brief on midwifery-led care, the creation of a national roadmap for integration in Uganda, and a clear government pathway for inclusion in Tanzania’s Health Sector Strategic Plan.

Beyond policy progress, the funding helped strengthen the associations themselves. Leaders and branch members built practical advocacy skills, developed national strategies, and created stronger links between local, national, and regional efforts. Policymakers and partners were able to see midwifery models of care in action through facility visits and learning exchanges, which helped turn evidence into real understanding. Public campaigns and media partnerships in Kenya and Tanzania also helped raise awareness and trust in midwives, while trainings and professional forums in Ethiopia and Uganda encouraged health workers to begin calling for more midwifery models of care.

In Uganda, additional advocacy focused on access to safe abortion care, equipping private midwives with the legal knowledge, confidence, and values-based support needed to provide stigma-free services. Together, these initiatives show how modest but well-targeted investments can create meaningful change, from stronger associations and more confident leaders to policies that better reflect the realities of care on the ground. By supporting midwives to lead, speak up, and be heard, ICM is helping lay the foundations for healthier mothers, newborns, and communities across the region.

Emergency Grant Support

While ICM is not in the position to provide funding to organisations facing crises, we are able to make strategic introductions between our MAs and potential donors. During humanitarian crises in the Democratic Republic of Congo and Jamaica, ICM supported member associations by connecting them with key donors – KNOV and Direct Relief – enabling them to access critical funding and resources to sustain their relief efforts and continue providing essential midwifery care to affected communities.

Capacity Strengthening

Throughout 2025, ICM worked to strengthen the capacity of MAs through regional initiatives that created opportunities for knowledge exchange and the development of joint strategies around workforce optimisation, interprofessional collaboration, and midwifery education.

Through a series of C4W regional meetings (described further below), ICM supported increased interprofessional collaboration between midwives and obstetrician-gynaecologists (ob-gyns) to increase workforce capacity and improve quality of care and access to family planning services. This resulted in established frameworks for equitable cooperation and the mutual strengthening of both professions.

Additionally, in collaboration with UNFPA APRO, ICM supported training for regulators of midwifery education that has contributed to strengthened capacity and collaboration for pre-service midwifery education across 22 countries in Southeast Asia and the Pacific.

Launch of the Twinning Do-It-Yourself (DIY) Guide

This year, ICM launched a DIY guide to twinning for Midwives’ Associations to build stronger partnerships to advance their practice and reach. Twinning is a process by which two midwifery associations realise joint goals through a cross-cultural, reciprocal exchange. This guide builds on ICM’s successful, two-year Twin to Win pilot program (2022-2024) which paired MAs across Burundi, Uganda, Costa Rica, Guatemala, Mali, and Senegal to develop and implement joint projects and facilitate knowledge exchange. It provides practical implementation guidance and materials for starting your own twinning project. The guide also shares success stories from the pilot, which proved effective in improving the quality of midwifery care across diverse health systems through building the leadership capacity of midwives across associations.

The pilot program demonstrated three distinctive benefits of twinning which that ICM hopes to expand to other MAs through this guide. First, participants highlighted the added value of knowledge sharing and collaboration via twinning. This included a deepened understanding of the critical roles midwives play across different health system contexts and the potential of midwifery leadership in government agencies, regulatory bodies, and health data management. They also exchanged strategies for member engagement and time management which were particularly helpful in navigating shared challenges.

Secondly, Twin to Win participants reported increased visibility of their association resulting in direct increases to membership numbers. This improved their reputation among stakeholders and ability to apply for funding support using skills learned in program workshops. Ultimately, twinning helped spur policy wins in-country such as a regulatory change in Senegal and Guatemala, positioning midwifery as a key component of each countries maternal healthcare framework.

One of the key challenges facing twinning initiatives is ensuring long-term sustainability and avoiding reliance on a small group of external experts. To ensure the project’s sustainability and continued ability to build local capacity of midwives, ICM trained four twinning experts who in turn will be able to train others interested in starting a twinning project.

“We twinned with the Canadian Association, which brought significant progress in exchange, joint projects, applications, capacity building, and connections with partners like UNFPA, Global Affairs Canada, and AMREF International. This has made a huge difference and milestone for our association. We cannot speak anywhere without mentioning the training program initiated by ICM a decade ago.”

- Nicodem Komba, General Secretary, TAMA, Tanzania



“The Twin to Win project gave us a lot of visibility, collaboration, and connections.”
- Augustin Harushimana, President, MAA Vyara Uheke, Burundi

Updating the European Union Directive on Midwifery

In 2024, the European Commission’s announced that the EU Directive on Professional Qualifications for Midwives was due for revision for the first time in over 20 years. ICM recognised this as a unique opportunity to modernise the outdated provisions and ensure high-quality, equitable midwifery care across EU and European Economic Area (EEA) countries. Following an in-person EU consultation meeting and workshop in Brussels in late 2024, ICM continued to collaborate with European partners to prepare a consensus reply that was used by 96 institutions across 27 countries to provide written feedback on the Directive.

Throughout 2025, ICM worked with The Good Lobby in Brussels to understand the update process more deeply, and engage with it where appropriate. As a follow up, in June ICM organised a webinar for MAs and midwifery stakeholders on to educate individuals and associations on the EU Directive update process and encourage their participation in advocacy efforts. The webinar, attended by 30 participants, introduced the steps of the update process and provided insights on how to meaningfully engage in advocacy at the national and EU levels. ICM also organised thought leadership commentaries on the topic, published in leading European midwifery journals.

This work continues into 2026, as the update process is still underway.

At this pivotal moment for the revision of the EU Directive, bringing midwifery associations across Europe together is more important than ever. Through the leadership of the ICM and support from its advocacy team, we are able to convene midwifery associations across the region, share expertise across countries and coordinate our voice with policymakers. This collective unified approach is essential to ensure the updated Directive reflects modern midwifery practice and strengthens midwives’ ability to support women’s health, rights and wellbeing across the full sexual and reproductive health spectrum.

- Lia Brigante, ICM Board Member from Europe

Presentation at EMA GA in Riga

As part of continued collaboration with the European Midwives’ Association, ICM joined their annual general meeting in Riga, Latvia in October to present the context of updates of the EU Directive, process and create momentum to continue speaking with one voice for updates to the Directive to reflect ICM Global Standards and Essential Competencies. This presentation provided clarity on the update process, and solidified alignment among ICM, MAs and European stakeholders to continue advocating for updates in one voice.

Lightful Digital Trainings for MAs

In partnership with Lightful, ICM continued to support MAs across Africa, the Eastern Mediterranean, and Southeast Asia with their digital presence through the Lightful BRIDGE (Building Resilience in Digital Growth and Engagement) training programme. An adaptation of Lightful’s successful ‘BRIDGE’ curriculum, the programme provides a comprehensive, 6-month course to equip midwives’ associations with the digital communication skills and confidence to deliver greater impact.

To share one example of impact, for the Society of Midwives of South Africa (SOMSA), the programme was instrumental to increasing their digital footprint and in turn, empowering SOMSA to become a more visible, effective and engaged organisation. Prior to the programme, SOMSA had a minimal digital presence, an outdated website and a closed Facebook group, which effected their visibility and resulted in waning membership. BRIDGE funding and training helped SOMSA to move beyond basic social media engagement to develop a professional, comprehensive digital strategy. Skills developed in the programme helped SOMSA elevate their image through a brand refresh, website upgrade, the launch of quarterly newsletters, and development of engaging social media content across three platforms: Facebook, Instagram, and LinkedIn.

As a result, SOMSA was able to organise a successful congress attended by over 100 participants which provided networking space for the South African midwifery community as well as a much-needed financial boost that aided the association’s sustainability.

Successes like these underpin the necessity of digital training and infrastructure to elevate the work of midwives everywhere.

“We benefited from the Lightful BRIDGE program and digital training, which helped increase our visibility and fundraising capabilities. The grant from ICM allowed us to develop our website, conduct webinars, and implement training programs. This has been a significant achievement.”

- Baboucarr Cham, President, NAGNM, Gambia

Blog Series on Engaging Student and Early-Career Midwives

Together with ICM, the Royal College of Midwives (RCM) published an eight-part blog series on how midwives’ associations can engage student midwives on the ICM website. As the profession evolves over time, the series argued, it is critical that MAs evolve with it and continually learn how to support students in building their sense of professional identity, belonging, and confidence in providing care. This in turn strengthens MAs by bringing in fresh perspectives, fostering leadership and empowering advocacy, and expanding engagement in the midwifery field by increasing career awareness.

Each blog post was based on a specific recommendation for how midwifery associations can better support students to nurture the next generation of midwifery leaders. The recommendations offered by RCM for MAs were to:

- 1. Create a student membership category
- 2. Establish a student committee
- 3. Encourage peer networking
- 4. Offer educational resources
- 5. Engage through social media
- 6. Collaborate with universities
- 7. Provide opportunities for involvement
- 8. Recognise and reward contributions

Read more in the blog series [here](#).

Visiting the Midwifery Association of Pakistan (MAP)

In January, ICM made its first official visit to Pakistan to meet and strengthen our partnership with the Midwifery Association of Pakistan (MAP). Supported by the FCDO as part of an initiative to strengthen local midwifery associations, the purpose of the visit was to develop a country-level strategic action plan to advance midwifery services and advocacy.

Our delegation, consisting of Operations and Finance, and Programmes and Partnerships teams, participated in a two-day workshop discussing MAP's long-term vision and priorities. There, ICM presented a detailed assessment of MAP's strengths, areas of growth, and recommendations for strengthening the association's role in midwifery advocacy. We also conducted a SWOT analysis training to equip MAP leadership with a strategic planning tool to execute their goals. With these tools, MAP emerged from the workshop with a clearer understanding of its position and a detailed approach for improving their ability and effectiveness in advocating for midwives in Pakistan.

This visit was an important opportunity to strengthen collaboration between ICM and MAP and gain deeper insights into the realities of midwifery in Pakistan. Outside of the workshop, ICM also met with representatives of Aga Khan University School of Nursing and Midwifery, Lady Dufferin Community Midwifery School, and UNFPA Karachi to explore opportunities to partner on improving midwifery education, workforce development, and professional advancement. We look forward to working alongside MAP and local advocates, to ensure midwives are equipped with the resources and support they need to continue providing life-saving maternal and newborn care.



Regional Advocacy Incubator in East Africa

This October, ICM hosted its first Regional Advocacy Incubator in Nairobi. This convening brought together six MAs from five countries (Kenya, Uganda, Ethiopia, Malawi, and Tanzania) to exchange country insights and sharpen advocacy skills to strengthen national midwifery advocacy plans. Participants participated in peer-to-peer exchanges as well as lectures by global and regional institutions such as UNFPA, the Gates Foundation, and regional hubs for IPPF and The Partnership for Maternal, Newborn and Child Health (PMNCH); an impactful model that sparked new collaborations, including joint fundraising. The workshop culminated in each MA taking home a peer-reviewed, costed national advocacy workplan with considerations for resource mobilisation, risk mitigation, and monitoring, evaluation and learning.

The Incubator laid down the foundation for a sustainable regional advocacy network. Participants described the participatory approach and focus on peer learning and mentorship to be impactful in evolving regional approaches to SRMNAH. They emphasised needing additional opportunities for regional consortium-building, cross-learning and sharing technical resources.

“Now we see ourselves not just as responders, but as leaders.”

- Ethiopian Midwives' Association, after attending the Advocacy Incubator

“We have managed to attract partnerships with the Canadian Association of Midwives. We now have resources for five years, and we have also been assisted by ICM with a project from FCDO. For us, it is like a renaissance. We have had a rebirth, and we are moving in a new direction. Thank you.”

- Mathias Chatuluka, Association of Malawian Midwives

“For us, as Uganda Private Midwives Association, we have used the essential competencies for midwifery practice to build capacity among our midwives. This helps them understand the different competencies required as they practice in midwifery-led birth centres.”

- Sarah Namyalo, President Uganda Private Midwives

Strengthening Midwifery and Sexual and Reproductive Health

As part of ICM's newest collaboration with FIGO, Collaborate for Women, Abortion and Contraception Care Together (C4W-ACCT, also referred to as C4W). Through this initiative, ICM works closely with MAs in Nepal, Bangladesh, the Democratic Republic of Congo, (DRC) Sierra Leone, and Mozambique to strengthen midwifery capacity for delivering high-quality contraception, family planning, and abortion care.

In 2025, ICM hosted a high-level convening in Nairobi for C4W partners across East Africa and coordinated partner visits to Sierra Leone and Mozambique to engage directly with country-level programs.

September's high-level meeting in Nairobi helped cultivate a strong sense of shared purpose among midwives, doctors, and women's health advocates to advance a shared vision for family planning (FP) and comprehensive abortion care (CAC). Participants spent three days reflecting on achievements to date as well as persisting challenges to shape the initiatives future. The meeting resulted in two joint statements from ICM and FIGO on CAC and interprofessional collaboration, respectively, that will be published in 2026. These statements affirm that strong alignment between midwives and ob-gyns, professional organisations, and advocacy groups is necessary to achieving stronger, more equitable care for women everywhere.

From there, ICM midwife advisors travelled to Sierra Leone to host a co-designed series of capacity-building workshops, alongside the Sierra Leone Midwives Association (SLMA), to promote comprehensive access to SRHR services. Midwifery educators and clinicians travelled from across the country, including remote, rural provinces to strengthen skills in FP and post-abortion care services. Workshops were guided by experienced facilitators from SLMA and the MOH and were rooted in a gender-transformative approach to service provision. Sessions led participants through values clarification exercises and practical skills labs to dispel myths and misconceptions of contraception while building up procedural expertise. The last day of the workshop focused on equipping midwives with the advocacy tools and language they need to advocate for comprehensive care in their clinics and communities. In addition to the workshop, ICM carried out facility visits to learn from local practices and understand the context and innovations shaping maternal health in Sierra Leone.



Workshop Overview

ICM Midwife Advisors provided in-country support to the MA in Mozambique for the delivery of the C4W workshop. The MA is relatively small, reflecting the wider challenges facing the profession, including its limited presence at district level and lack of distinction from the nursing profession. Consequently, the association initially required organisational support to plan and implement the three-day workshop.

With support from ICM Midwife Advisors, the MA designed and implemented a successful workshop for 33 midwives in the Maputo region. They engaged a wide range of stakeholders, including the national Ministry of Health, IPAS and NGOs DKT and Pathfinder, who all provided expertise in increasing capacity for FP and CAC services, to ensure the successful delivery of the workshop sessions.

With targeted technical support and the sustained presence of ICM Midwife Advisors, the MA was able to leverage key advocacy opportunities. They participated in high-level meetings with WHO, UNFPA, and other NGOs, thereby strengthening their visibility, credibility and integration within the wider SRMNAH sector. This support has significantly improved the MA's readiness for deeper engagement in the C4W project, especially the activities planned for Phase 2.

The FIGO President attended all three days of the workshop and joined joint meetings with WHO and UNFPA to present a coordinated approach to strengthening FP and CAC in pre-service education programmes. This level of collaboration between the two professional associations was unprecedented and demonstrated the broader influence generated through interprofessional engagement in this project. As part of the midline survey, APARMO also indicated that since the Nairobi meeting, they had collaborated with AMOG on standards and protocols for SRMNAH services through ongoing engagement with the MOH.

The President of the Nursing Association attended the workshop, too, and was a strong advocate for the MA. He emphasised the need to strengthen the association. A joint meeting with the MOH has been arranged to discuss these issues.

Participants also identified major challenges within Mozambique’s pre-service education system. These include an oversupply of health professionals, many of whom are trained in private institutions that have limited practical exposure and minimal quality assurance from the MOH. Strengthening regulatory oversight of all pre-service programmes is essential to ensure the consistent quality of, and the effective implementation of, competency-based FP and CAC training in Mozambique.

Other C4W activities are reported on throughout this report.



Chief Midwife Appointments

Visible and effective midwifery leadership is critical to the advancement, protection, and long-term sustainability of the midwifery profession. In response to this challenge, ICM has called for the establishment of a national Chief Midwife (CM) position in every country. A CM is the senior professional leader for midwifery, typically located within a MOH, national health authority, jurisdictional ministry, or equivalent governance structure. The role provides strategic leadership, technical expertise, and professional oversight to ensure the availability, quality, safety, and effectiveness of midwifery services at national or subnational levels.

To strengthen the evidence base for this call, ICM has partnered with the Burnet Institute to undertake research on the NCM role. This work will inform the development of an ICM policy brief to support governments in establishing and strengthening NCM positions. ICM is currently aware of twenty-one NCMs globally, who participate in a Global Chief Midwife Community of Practice (GCMCoP) facilitated by ICM. More information about the GCMCoP can be found later in this report.

Executive Leadership Sponsorship Programme

Strengthening leadership at global, regional, and national levels is central to ICM’s work. Across its programmes and partnerships, ICM supports midwives to participate in decision-making, influence policy, and contribute to high-quality SRMNAH services.

The Midwife Leaders Executive Sponsorship Programme is one of several initiatives designed to enhance midwifery leadership capacity and expand professional networks. The programme aims to ensure that midwives are leading and designing services and are represented in strategic discussions where decisions affecting women’s health and health systems are made. By investing in leadership development, ICM is creating sustainable pathways for midwives to lead, advocate, and shape the future of the profession.

Through the programme, executive-level sponsors are matched with emerging or established midwife leaders (sponsees). Sponsors provide strategic guidance, high-level exposure, and visible advocacy, meeting with their sponsees at least bi-monthly over a two-year period. The programme is designed to be flexible and participant-led, with sponsors and sponsees matched within the same country where possible to support local relevance and long-term sustainability.



ICM supports participants throughout the programme by coordinating two annual check-in meetings for all sponsors, facilitating networking webinars for sponsees, and hosting a programme closure event to reflect on learning and impact.

The first cohort of the Executive Leaders' Sponsorship Programme was launched in June 2025 with strong interest and early success. The programme received 106 applications from prospective sponsees and 84 nominations for Executive Sponsors, including Chief Midwives, Presidents of midwives' associations, civil society organisation leaders and parliamentarians. In total, 58 sponsor-sponsee partnerships were established, with representation across all five ICM regions. Feedback from Executive Sponsors at the first planned check-in highlighted the programme's value and its impact on strengthening midwifery leadership.

Building on this momentum, and recognising the programme's value, a call for a second cohort was launched in December 2025, further expanding opportunities for midwives to access senior-level sponsorship and leadership support.

O3: Midwives' Data Hub becomes the go-to digital platform for verified information about the landscape of midwifery and MNH to encourage midwives, MAs and stakeholders to use data-driven advocacy

Launching the Midwives' Data Hub

In 2025, ICM launched the Midwives' Data Hub, a new digital platform designed to strengthen access to verified, up-to-date data on midwifery and SRMNAH outcomes. The Hub brings together global and country-level data in one accessible website, supporting midwives, MAs, and partners to ground their advocacy, policy engagement, and programmatic work in evidence. By making complex data easier to navigate and apply, the Hub is responding directly to the growing demand for data-driven advocacy across the midwifery community, increasing accessibility to data for novice users, while providing access to more complex, full data sets for advanced users.

The platform reflects ICM's commitment to innovation and transparency, and to equipping midwives with the tools needed to influence decision-making and strengthen health systems.

"The Midwives' Data Hub is something that we use, because there's a lot of information as far as research and evidence. It does help with advocacy, because it helps to show where you are in comparison to others, things that other persons may have that you may want to implement, outcomes that you would want for your country that other persons would have... So that is a great tool...when persons say that they're not sure about things, I usually direct them to the Data Hub."

- Nicole Reece-James, President, TTAM, Trinidad & Tobago



“The Data Hub is an extremely powerful advocacy tool for the SLMA. It strengthens evidence-based advocacy, allowing associations to engage in policy dialogue, budget hearings, and donor engagement. It supports resource mobilisation, funding proposals, and the production of annual reports, policy briefs, and advocacy messages.”

- Edwina Florence Conteh, President, SLMA, Sierra Leone

Data Hub Wins Prestigious Anthem Award

Shortly after its launch, the Midwives' Data Hub received international recognition, winning a 2025 Gold Anthem Award for Data Innovation. This award highlights the Hub's role in advancing mission-driven digital solutions and underscores its value as a trusted resource within the global health community.



Challenges and a Look to the Future

Concerningly, much of the data on which the Midwives' Data Hub relies has been historically funded by the U.S. government, a commitment which is no longer secure. Without additional funding, there is a danger that new data will not be available, making it difficult to track progress or stagnation on SRMNAH indicators. In acknowledgement of this challenge, ICM will intentionally pursuing a strategy to diversify data sources for the Midwives' Data Hub, while at the same time reducing dependency on U.S. servers.

ICM will continue resource mobilisation to maintain and expand the Hub over the next five year period, with new data sources and calculators that can support midwives and MAs in their advocacy and research.



SP2: Support the dissemination and implementation of the Professional Framework for Midwifery

The second priority focuses on promoting midwifery as an autonomous profession and supporting recognition and in-country implementation of the 10 critical elements, identified in ICM's Professional Framework for Midwifery, that must be in place for midwives to be able to provide high quality SRMNAH services, and thrive as a profession. It also means encouraging countries to implement the continuity of midwife care model which evidence has long shown improves health outcomes.

In 2025, with maternal and newborn mortality remaining high in many regions and health systems still strained from years of underinvestment, the case for midwifery has never been more urgent. Too many countries continue to deploy midwives in subordinate roles, constraining their scope of practice and undermining the very outcomes midwifery is proven to deliver. Without the full Professional Framework in place – from robust regulation to enabling workplace environments – midwives cannot practise to their potential.

At the same time, evidence on continuity of midwife care keeps strengthening, yet uptake remains inconsistent globally. Pushing countries toward this model in 2025 was both a health equity imperative and a practical solution to workforce efficiency, ensuring that the midwives the world already has can do far more good.



O4: ICM’s Professional Framework for Midwifery guides the establishment of autonomous midwifery in countries

“When we push for change in midwifery within the region, we use the Professional Framework for Midwifery alongside the Essential Competencies as evidence, because I find that within the region, our governments really look to hearing ICM’s name called when we’re talking about midwifery.”

- Deveree Stewart, President, Caribbean Regional Midwives Association

“ICM provides a global frame of reference. All the documentation, consensus statements and guidelines it provides serve as support and legitimacy for our work.”

- Maria José Caravaca, President, FAME, Spain

Midwifery as an Autonomous Profession – Updating the International Standard Classification of Occupations (ISCO)

The International Labor Organization (ILO) is currently implementing a multi-year consultation to update ISCO-08, which is planned to be completed in 2030. This document is critical because countries base their national classification of occupations on the international definitions. This in turn impacts reporting, especially on national health workforce accounts and other workforce planning indicators.

Throughout 2025, ICM held meetings with colleagues from ILO to discuss the update to the classification and description for midwives and other related professions. Our suggestions have worked to ensure that nursing and midwifery are better defined, and to avoid conflation; we have also suggested changes to better align the definitions and tasks for midwives with the ICM Global Standards and Essential Competencies. We look forward to continued dialogue and consultation with ILO as this process moves forward.

“I am proud to say that with support from ICM and the Canadian Association of Midwives, the DRC obtained the Midwifery Order two years ago – something long awaited. The impact is huge: midwives were often confused with nurses. People used to say that a midwife is no different from a nurse. But now it is recognised that midwifery is an autonomous medical profession with defined competencies.”

- Buma Reta, PCA, SCOSAF, DRC

ICM Contributes to European Parliament Health Workforce Report

In 2025, ICM continued to advance global and regional advocacy efforts to promote autonomous midwifery and strengthen health systems through the Professional Framework for Midwifery. ICM contributed to the European Parliament’s Health Workforce report, ensuring that midwives’ roles were clearly reflected within broader discussions on workforce planning, women’s health, and sustainable health systems.



ICM Participates in Call for Inputs on Health Workers as Protectors of the Right to Health

In 2025, ICM contributed to a global call for inputs examining the role of health workers as protectors of the right to health. Through its submission, ICM highlighted the essential role midwives play in safeguarding access to respectful, rights-based SRMNAH care, particularly for women and marginalised communities. The contribution reinforced the need to recognise midwives as healthcare professionals, as well as as key actors in upholding human rights. This engagement further aligned ICM’s advocacy with international human rights frameworks and strengthened the visibility of midwifery within global accountability processes.

Strengthening ICM Collaboration with the Zambia MOH to Support the Development of Midwife-Led Birth Centres

ICM continues to strengthen its collaboration with the MOH in Zambia to support the development and scale-up of midwife-led birth centres (MLBCs) throughout 2025 and beyond. Zambia has made a public and political commitment to invest in midwifery care and to expand midwifery models of care, in alignment with global evidence demonstrating that these approaches reduce maternal and neonatal mortality while significantly improving women’s experiences of care.

This commitment has already resulted in the establishment of pilot MLBCs across the country. To support and assess this progress, ICM conducted a technical site visit in September 2025 to review Zambia’s three pilot MLBC sites: Ngombe (Lusaka Province), New Masala (Copperbelt Province), and Nalwei (Western Province).

The objectives of the site visit were to:

- Review Zambia’s progress in transitioning from conventional, obstetric-led maternity services towards MMoC and MLBCs;
- Assess the operational, regulatory, and workforce conditions supporting implementation; and
- Provide evidence-informed recommendations to accelerate and sustain progress.

The findings indicate that Zambia’s maternity care system is in a critical transition phase. While there is strong political commitment and policy alignment in support of MMoC, implementation challenges remain, particularly in relation to service organisation, workforce deployment, infrastructure, governance, and financing.

ICM has developed a set of strategic and operational recommendations based on the review findings. These recommendations have been formally shared with the MOH. Subject to MOH endorsement and the availability of funding, ICM remains committed to providing ongoing technical support to Zambia to support the implementation of these recommendations and to advance the successful scale-up of high-quality, respectful, and evidence-based MLBCs nationwide.

“The provision of midwifery care was provided by default. If you had a health centre where there was no doctor or obstetrician, the midwife would take charge, but that was by default, not by design. Now, three facilities have been identified and selected to utilise midwifery models of care. The president of the country has given a directive that all hospitals in this country should have a maternity annex with running water, etc. So, the government has provided some of those facilities to be used for midwifery models of care. Last week, we finished the guidelines for the five types: continuity, birth centres, and everything. We have this beautiful story which is making us dance.”

- Concepta Kwaleyela, President, MAZ, Zambia



Egypt: Supporting the Revival of Midwifery

Egypt has one of the highest caesarean section rates globally, reaching 72% in 2021. In response, the Government of Egypt has committed to taking steps to reduce unnecessary caesarean sections and improve SRMNAH outcomes. A central part of this effort is the revival of an educated, regulated, and modern midwifery profession, recognised as a critical pathway to supporting safe, evidence-based SRMNAH services, and improving women’s experiences of care, especially for antenatal, intrapartum and postnatal care.

The National Midwifery Strategy for Egypt 2023–2030 provides a strong foundation for this work. The Strategy outlines the current nursing and midwifery workforce landscape, identifies strategic priorities, and sets out key interventions to revitalise the midwifery profession and strengthen the health system.

In 2025, ICM began supporting the implementation of the strategy through a comprehensive review of Egypt’s midwifery education pathways. This included reviewing the revised 18-month post-nursing programme and the three-year direct-entry midwifery programme to ensure alignment with ICM Global Standards and Essential Competencies, as well as assessing the eight-month bridging course with recognition of prior learning. This work aims to ensure that all midwifery education pathways are standardised, competency-based, and aligned with Global Standards.

Building on this progress, in 2026 ICM will conduct a critical revision of the national six-month national development programme, benchmarking it against ICM’s Global Standards for Midwife Faculty Development. This review will provide clear recommendations to strengthen faculty capacity and support effective implementation, further advancing the professionalisation and sustainability of midwifery in Egypt.

Education and Regulation Course with UNFPA Asia-Pacific Regional Office (APRO)

Despite progress in pre-service midwifery education across the Asia-Pacific region, significant challenges remain, including the proliferation of unaccredited private institutions, limited opportunities for clinical practice, and weak regulatory systems. To address these gaps, UNFPA APRO partnered with ICM to provide technical assistance focused on strengthening regulatory oversight of pre-service midwifery education.

ICM delivered a five-session online course for midwifery regulators, educators, and midwives’ association staff. The course reached 34 participants from 16 countries, with regulators comprising more than half of participants. Designed as an interactive learning experience, the programme combined expert lectures, case studies, facilitated discussions, and problem-based learning to equip participants with practical quality-improvement tools that could be applied within their national regulatory contexts.

The course achieved strong outcomes, with an 89% attendance rate, a 96% post-test pass rate, and 97% participant satisfaction. Building on this successful collaboration, ICM and UNFPA APRO plan to deliver a follow-on course in 2026 focused on regulating Codes of Conduct for harm prevention, further strengthening regulatory capacity across the region.

Midwife-Led Birth Centres (MLBCs)

In January 2025, ICM published a policy brief on successful MLBC models. The brief draws on a study of MLBCs in four countries and provides recommendations for implementation and scale-up. MLBCs are primary care facilities, integrated into local health systems, where midwives provide primary care for healthy, normal pregnancies and newborns. They offer intrapartum care as well as antenatal, postnatal, and sexual and reproductive health services. The study, covering Uganda, South Africa, Bangladesh, and Pakistan, identified four key enablers of MLBC success:

- 1. Effective financing models
- 2. Community recognition
- 3. Interdisciplinary and interfacility collaboration with strong referral systems
- 4. Supportive leadership and governance at all levels

This policy brief adds to the evidence base supporting MLBCs and provides health systems with a blueprint for maximising their impact.

“This is an important line of work for us: the creation of MLBCs for normal childbirth care, which will enable us to change the current medical model. The current model is associated with a higher number of inductions, more intrapartum complications and more medicalisation, with all the consequences we are aware of.”

- Maria José Caravaca, President, FAME, Spain

“We have used the Essential Competencies for Midwifery Practice to build capacity among our midwives. This helps them understand the different competencies required as they practice in midwife-led birth centres.”

- Sarah Namyalo, President, Uganda Private Midwives, Uganda

Alliance for Improving Midwifery Education (AIME)

Founded in 2021, the AIME consortium was born from an urgent need to advance midwifery education to enable midwives to reach their full potential, and drive much-needed improvements in SRMNAH. The world needs 1 million more midwives, whose education meets the ICM Global Standards; currently, midwifery education across the world is often widely disparate and misaligned. These critical challenges in midwifery education led to inequitable services and a failure to realise the transformative impact educated and competent midwives can provide.

Over the past four years, AIME has established itself as a leading consortium, strengthening global partnerships to enhance midwifery education worldwide. AIME’s activities have reached more than 8,500 healthcare providers and educators in over 100 countries.

In 2025, AIME significantly increased its position and impact as the leading global alliance for midwifery education. This was achieved through the launch of a new website and LinkedIn profile dedicated to bringing together all aspects of midwifery education. The platform, developed by AIME members, unites the expertise of leading partners including ICM, UNFPA, the Liverpool School of Tropical Medicine, Laerdal Global Health, the Burnet Institute, UNICEF and Jhpiego. Together, AIME members are organising midwifery education events, drawing together new and leading research papers, and showcasing policy and midwifery education innovations to increase dissemination and awareness.

AIME released three newsletters and held two global webinars in 2025 and the AIME email list now disseminates information to over 4,000 recipients. A 2-part webinar series in December showcased the new ICM Global Standards for Midwife Faculty Development, including the background, the need for their development and how they can be applied in diverse settings. The second webinar highlighted research findings from the Global Educators of Midwifery Study and focused on innovative solutions for midwife educators maintaining practice competence, drawing in global examples from Kenya, Nigeria, the Philippines, and Samoa.

This year, the AIME webinars had the highest attendance ever, with over 700 attendees over two sessions. Overall, the series generated 1,674 registrations, making it the most registered AIME webinar series ever. These numbers reflect a significant level of engagement and demonstrate growing interest in AIME content, marking a milestone in ICM’s webinar programme. Both webinars are now available on the ICM YouTube channel for future reference and further dissemination. A new website for AIME was also launched in 2025.



In addition to the events and communications strategy, ICM led four AIME Coordination meetings and two Steering Group Meetings in its current role as chair and secretariat for the group. The ToR was reviewed and updated, and through an open and transparent EOI process, eight new strategic partners have been added to the alliance. These new partners will add diversity, impact, and visibility to support AIME’s vision, aims and objectives and support with increased activities and sustainability for the group in 2026.

The new AIME partners in 2025 include:

- Mount Royal University and the Canadian Association for Midwifery Education
- University of Gothenburg
- Lebanese Order of Midwives
- Fernandez Foundation
- Inter-University Nursing and Midwifery Students Association
- University of the West Indies, Mona Campus
- Aastrika Foundation
- Maternity Foundation
- Universitas Sebelas Maret

O5: ICM’s midwifery education resources and programmes are disseminated and utilised

“The ICM Essential Competencies is used for training and advocacy. The Essential Competencies and ICM position papers help align national standards and support advocacy. The impact has been the harmonisation of continuing education content and strengthening credibility during technical dialogues with ministries and donors.”

- Touria Harrizi, President, AMSF, Morocco

Publication of Global Standards for Midwifery Faculty Development

A persistent challenge in strengthening midwifery education is the lack of consistent standards to ensure faculty are adequately prepared to train the next generation of midwives. In response, this year ICM introduced a new core resource to the MPath library: Global Standards for Midwife Faculty Development. These Standards provide minimum standards for the knowledge, skills and experience midwife educators and clinical preceptors should receive in quality midwife faculty development, in line with the WHO Midwifery Educator Core Competencies.

They are intended to support educators and institutions in building faculty capacity, improving teaching and learning environments, and ensuring that midwives are prepared to meet the evolving needs of women and newborns. By advancing faculty development as a cornerstone of education systems, ICM reinforced its commitment to sustainable, high-quality midwifery education aligned with the Professional Framework for Midwifery.

ICM Standards and resources are vitally important, evidenced by the fact that 601 research pieces were published on Google Scholar on 2025 citing ICM, or one of its resources.

O6: ICM promotes and supports leadership for individual midwives, MAs, and RPCs, recognising formal and informal leadership roles

Midwifery Leadership

At a time of growing political regression on gender equality, shrinking funding for SRHR, and increasing pressure on health systems, strong midwifery leadership is more critical than ever. Strengthening leadership at global, regional, and national levels is central to ICM’s work. Across its programmes and partnerships, ICM supports midwives to participate in decision-making, influence policy, and contribute to high-quality SRMNAH services.

“Since I joined ICM in 2022, almost three years ago, I have changed personally. I can speak, participate, and engage at the international level. This is a change I learned from ICM, and I transferred it to midwives at the community level—encouraging them to come on stage and speak out. Thank you so much to ICM and all members.”

- Musarrat Rani, Vice-President MAP & RPC member, MAP, Pakistan

“We are motivated by the desire to engage internationally, collaborate with colleagues abroad, and contribute to advising the midwifery profession. We are proud to have the opportunity to influence the development of the midwifery profession on a global scale.”

- Dorota Ćwiek, PMA, Poland

“Beyond this day, we are proud to have received a national award for our work on early detection of breast and cervical cancer. Midwives participate directly in the screenings, which is an integral part of our daily work. We also collaborate with NGOs and gynaecologists on safe abortion. Benin is the first country in Africa to adopt safe abortion, and the association played a key role in this achievement.”

- Laurence Monteiro, President, ASFB, Benin

*Executive Leaders’
Sponsorship Program*

The Midwife Leaders Executive Sponsorship Programme is one of several initiatives designed to enhance midwifery leadership capacity and expand professional networks. More information about the programme can be found in other sections in this report



Collaborate for Women - C4W

As part of the C4W collaboration, midwives, alongside ob-gyns, received leadership and skills development training in family planning and comprehensive abortion care (CAC) services. The training took a gender-transformative approach, centering women’s perspectives to surface gender barriers, occupational challenges, and systemic hierarchies affecting providers, while exploring solutions to enhance access to care. Across all focus countries, participants reported increased confidence in interprofessional collaboration for CAC and participants emerged from regional meetings with a renewed commitment to midwives’ autonomy.

See more about the C4W project in other sections of this report.



Global Chief Midwives Community of Practice (GCMCoP)

Amid increasing health system pressures and limited formal pathways for midwifery leadership within national decision-making structures, Chief Midwives often lack the coordinated support needed to influence policy effectively. This year, ICM continued to strengthen midwifery leadership through providing a platform to connect, support and amplify the role of Chief Midwives globally via the GCMCoP.

The GCMCoP has been established to strengthen national and global midwifery leadership by supporting Chief Midwives in their strategic, professional, and advocacy roles across diverse country contexts. It aims to enhance the visibility, clarity, and shared understanding of the contemporary CM role, provide a supportive global peer network, and advocate for the establishment of national Chief Midwife positions in all countries.

Co-chaired by Jacqueline Dunkley-Bent and Alison Weatherstone, the GCMCoP meets monthly to strengthen the capacity of Chief Midwives across 15 countries to influence policy and health system design in support of stronger national midwifery workforces. Meetings facilitate peer exchange, shared leadership insights, and aligned advocacy for improved midwifery leadership.



O7: Continuity of midwife care is globally recognised as the most economically, socially and environmentally sustainable model of care for MNH services

Launch of the Midwifery Models of Care (MMoC) Implementation Guide

Building on the Global Position Paper on Transitioning to MMOCs published in 2024, this year saw the launch of the Midwifery Accelerator and Implementation Guidance on Transitioning to MMOCs, written in collaboration with the WHO, ICM, UNICEF, and UNFPA. The Midwifery Accelerator is an evidence-driven, global initiative and coalition advocating for the scale up of MMOCs through strengthened policy frameworks, midwifery education, and leadership. It aligns stakeholders including national governments, funders, civil society, academia, and the private sector to integrate high-quality midwifery services into national health systems through a unified advocacy agenda.

The MMOC Implementation Guide aids this goal by outlining how countries can optimise service delivery through transitioning to MMOCs and providing a step-by-step guide to their effective implementation. ICM looks forward to supporting implementation efforts, in partnership with MAs, across key countries in 2026.

“We know MMoC work and are a cost-effective intervention, both within broader SRHR, and specifically when it comes to ending preventable maternal, newborn, and child death. The Midwifery Accelerator is a centerpiece that brings the global midwifery constituency together to advance MMOCs under a shared strategic framework that helps us track against the same objectives and ensure national advocacy partners are aligned.”

- Mikaela Hildebrand, MNH Team Lead, UNFPA



SP3: Collaborate with partners to grow the movement for midwifery and elevate the role of midwives

The third priority focuses on building partnerships to drive more targeted advocacy and communications efforts that centre on the positive impact continuity of midwife care has on maternal and newborn health outcomes. Strengthening midwifery, midwifery models of care and midwives requires working collaboratively to build more effective advocacy and partnerships across sectors locally, nationally, and globally.

In 2025, midwifery's strongest advocacy asset remained its compelling evidence base – yet evidence alone has never been enough to shift policy or unlock funding. With global health budgets under pressure, competing priorities crowding the SRMNAH agenda, and reproductive health and rights facing political headwinds in several regions, the ability to speak with one coordinated voice across sectors became decisive. Fragmented advocacy had long allowed decision-makers to overlook midwifery's impact; partnerships can help change that.

Building alliances with governments, UN agencies, civil society, and communities has meant the proven benefits of continuity of midwife care could be communicated at every level where it mattered. In a year when global solidarity on SRMNAH health was tested, collective advocacy is not just strategic – it is essential.

“I was part of the German Midwives’ Association, and I have admired ICM for a long time. In a lot of patriarchal structures, the midwife is still kind of pushed to the side, not recognised as a full-fledged medical person. But at the same time, they do most of the work—not only the clinical work, but they’re also the bridge to the community. ICM as an international body helps build up budding midwifery associations to empower the profession as a whole. Because it’s not that you have midwives because you can’t afford ob-gyns; you have midwives because it’s a profession in itself that has brings enormous added value.”

- Catrin Schulte-Hillen, SRH in Emergencies Specialist, UNFPA Humanitarian Response Division

O8: Improved effective advocacy and communications on the impact of and need for midwives

“You know, advocacy involves very many team members. But when ICM is under it and supporting it, it can carry a lot of impact.”
- Peruth Mwesigwa K Mbaze, National Executive Committee Member, NMAU, Uganda

Global and Regional Advocacy

In a rapidly shifting global landscape marked by political uncertainty, funding constraints, and competing health priorities, strong global and regional advocacy is essential to protect and advance investments in midwifery. By shaping policy agendas, influencing decision-makers, and elevating the evidence for midwives, ICM worked this year to ensure that midwives remained central to efforts to improve sexual, reproductive, maternal, newborn, and adolescent health worldwide.

ICM and FIGO Commit to Interprofessional Collaboration

In 2025, ICM and FIGO strengthened their collaboration to advance interprofessional approaches to SRMNAH care, making an official commitment to interprofessional collaboration. This commitment reflects a shared recognition of the complementary roles of midwives and ob-gyns in delivering respectful, evidence-based care. By working together across professions, ICM and FIGO continue to promote collaborative models of care that improve outcomes for women and strengthen health systems.

Strong Partnership with Obstetrician-Gynaecologists at the FIGO Congress 2025

ICM further strengthened its partnership with obstetrician-gynaecologists through active engagement at the FIGO World Congress in Cape Town. ICM’s participation highlighted the importance of collaborative, team-based models of care that recognise the distinct and complementary roles of midwives and ob-gyns. Through joint sessions and strategic engagement, ICM reinforced shared commitments to evidence-based practice, respectful maternity care, and improved SRMNAH outcomes. This collaboration continued to elevate midwifery within global clinical and policy conversations.



“ICM also provided the content for a workshop on respectful maternity care. This has also brought back many women who previously avoided hospitals or health centres due to lack of respectful treatment. With ICM’s support, we held this workshop, and now those who were trained continue the work through mentoring to ensure RMC is truly implemented.”
- Buma Reta, PCA, SCOSAF, DRC

First Consolidated Guidelines on Postpartum Haemorrhage (PPH) Launched

In 2025, ICM collaborated with FIGO to the launch of the first ever Consolidated Global Guidelines for the Prevention and Management of PPH, with accompanying tools. PPH is one of the leading causes of preventable maternal mortality worldwide. Developed in collaboration with a global consortium and accompanied by a [Lancet Global Health](#) publication, the Guidelines bring together the latest evidence and clinical guidance to support timely, high-quality care across different settings.

By aligning clinical recommendations, training tools, and advocacy efforts, this initiative strengthens health system capacity and reinforces the role of midwives in preventing avoidable maternal deaths, and the importance of interprofessional collaboration for improvements in SRMNAH.



ICM, FIGO and Partners Launch World PPH Day

Building on the momentum of the new consolidated standards, ICM and partners launched World PPH Day, to be held every year on 05 October, to raise global awareness and mobilise action to end preventable maternal deaths caused by PPH. The campaign highlighted the critical importance of early recognition, skilled care, and system-level preparedness, while elevating the role of midwives as frontline providers of life-saving interventions. World PPH Day provides a platform to align advocacy, policy, and practice around a shared commitment to reducing preventable maternal mortality.

First Global Strategic Partnership with the International Rescue Committee

In 2025, ICM entered into a five-year strategic partnership with the International Rescue Committee (IRC) to advance SRMNAH care in humanitarian and fragile settings worldwide. The partnership brings together IRC's extensive operational experience in

crisis-affected contexts with ICM's role as the global voice of midwives. It focused on strengthening the recognition, inclusion, and support of midwives across their full scope of practice, ensuring they were positioned to deliver essential, life-saving care where health systems were under the greatest strain.

The collaboration aims to strengthen SRMNAH preparedness, emergency response, and long-term health system resilience, while ensuring continuity between crisis response and routine care. Joint work prioritised rapid emergency response, expanded access through community-based midwifery models, education and capacity building, quality and respectful care, and climate-resilient health preparedness. Through this partnership, ICM and IRC reinforced their shared commitment to placing midwives at the centre of humanitarian health responses and enabling them to provide safe, high-quality care from crisis through recovery.

Together, the two of us having seats at the table can align our messages, align our approaches, and better elevate up both the importance of midwives and their value add as a deeply needed but underutilised cadre in under-resourced settings."

- Elaine Scudder, MNH Advisor, IRC

Maternity Foundation

ICM entered into a two-year partnership with the Maternity Foundation to strengthen midwifery capacity and improve MNH outcomes through digital learning and climate-resilient approaches. Maternity Foundation, an international NGO focused on safer births through skills-based training and the Safe Delivery App, brings technical expertise in digital health and competency-based education, while ICM contributes its global network and leadership in setting professional standards for midwifery care.

The partnership focuses on expanding joint work in maternal health, humanitarian response, and climate preparedness, including the co-development and piloting of a climate-wise midwifery module within the Safe Delivery App and related training materials. It also supports competency-based in-service micro-learning for midwives, strengthens midwives' associations through continuous professional development initiatives, integrates ICM competencies into digital learning tools, and promotes the use of the Safe Delivery App across ICM's membership. The collaboration also seeks to build evidence on the impact of midwifery care, support in-country implementation with national associations, and pursue joint resource mobilisation.

Launch of the One Million More Petition

In October 2025, ICM launched the One Million More Midwives global petition as a unifying advocacy call to address the worldwide shortage of midwives. Grounded in new global research confirming that nearly one million additional midwives are needed across 181 countries. The petition was created as a simple, collective way for midwives, women, partners, and the public to demand action to grow, support and sustain the global midwifery workforce.

The petition will remain open until the closing of the 34th ICM Triennial Congress, where the final number of signatures will be presented to global leaders. Following the closing of the petition, ICM will enable its MAs with advocacy tools and guidance to use the signatures to build political pressure at national level. This will support in-country engagement with decision-makers and strengthen calls for concrete investment in the midwifery workforce. Through collective action, One Million More aims to grow public demand for midwives, strengthen advocacy across regions, and elevate the role of midwives as essential to strong, well-prepared health systems.



The PUSH Campaign

Launching PUSH 2.0

In 2025, ICM introduced [PUSH 2.0](#), marking a new phase in its advocacy to elevate midwifery and women-centred care (WCC). Emerging from ICM’s updated advocacy strategy, PUSH 2.0 was shaped through a collaborative and consultative process involving midwives, partners, and advocates. Grounded in evidence, human rights frameworks, and the lived realities of women and midwives, the initiative reinforces midwifery as central to achieving respectful, rights-based care.



PUSH 2.0 was officially kicked off in honour of International Women’s Day, on the sidelines of the United Nations Commission on the Status of Women (CSW) in March, through an in-person event in New York City that brought together leaders committed to woman-centred SRMNAH care. The panel featured voices from global health, gender equality, and human rights spaces, including Tlaleng Mofokeng the UN Special Rapporteur for the Right to Health, Chief Executive of Women Deliver Maliha Khan, midwifery leaders, and feminist advocates.

The launch established PUSH 2.0 as both a movement and a platform, bringing together diverse actors around a shared vision for woman-centred care and advancing a narrative that recognises midwifery not only as a clinical service, but as a rights-based and system-strengthening approach to care.

A redesigned website and engagement model invited individuals and organisations to join the movement, access evidence, and take action. From its launch, PUSH 2.0 signalled a renewed commitment to placing midwives at the centre of global conversations on women’s health and rights.

Shortly after its launch, PUSH 2.0 was featured at the Commission on the Status of Women through “Woman-Centred Care in Action” Exhibit, which highlighted midwives’ contributions to women’s health and rights and brought midwifery stories into a global gender-equality forum. More about this can be found further in the report.



“We are focused on advocating for and understanding the feminist principles of health systems, and a key component of that is women-centred and patient-centred care, which is often delivered by midwives. ICM is a technical expert in woman-centred care and midwifery—which is why we were really keen on this partnership.”

- Kinza Hasan, Policy & Advocacy Manager, Women Deliver

Elevating Midwives and Woman-Centred Care (WCC) in the Public Narrative

A core aim of PUSH 2.0 is to shift how midwifery and WCC are understood by the public. Over the year, ICM strengthened its digital storytelling and outreach, using narrative, myth-busting, and partner spotlights to highlight the real-world impact of midwives.

[Mini online campaigns](#) such as Midwife Magic, Made Possible by Midwives, and What a Midwife Can Do for You used a storytelling approach to share women’s experiences and raise awareness about WCC and the type of care midwives can provide. A regional [Arabic-language PUSH campaign](#), developed with UNFPA ASRO and regional influencers, extended the PUSH’s reach and cultural relevance. These efforts helped bring midwives’ voices and experiences to wider audiences.

Storytelling also expanded through partner features and grassroots perspectives, from birth advocates in Egypt to youth feminists and reproductive rights movements in Cyprus, demonstrating how midwifery intersects with broader struggles for equity and dignity in care.

Influencing Policy Spaces

PUSH 2.0 prioritises visibility in policy and advocacy arenas beyond SRMNAH sector events. In 2025, PUSH 2.0 brought midwifery perspectives to major global forums, including the [Commission on the Status of Women](#), the [Human Rights Council](#), the [High-Level Political Forum on Sustainable Development](#), and the [International Conference on Family Planning](#).

Advocacy efforts focused on integrating midwifery and SRMNAH into broader gender equality, health, and development agendas. The PUSH Campaign ensured that women’s voices and grassroots advocates were present at [SRHR decision-making](#) fora. ICM contributed to consultations on the [EU Gender Equality Strategy](#) and engaged in policy discussions on maternal mortality and SRHR. Evidence briefs produced under PUSH helped translate research into accessible policy messages, positioning [midwives as a high-impact, cost-effective solution](#) for improving women’s health outcomes.

“The PUSH 2.0 event at ICFP was a fantastic session with one of the highest attendance rates at the ICFP in an engaging and interactive format. The way the discussion was designed, allowed for an exchange of knowledge and ideas in an effective way.”

-Mehreen Shahid, Senior Engagement Lead, Kinaura Partners

Building Partnerships to Build a Movement

Partnerships remain central to the PUSH model. In 2025, the Campaign continued to grow a diverse network of collaborators spanning civil society, youth movements, professional bodies, and global health actors. Hundreds of individuals and dozens of organisations signed on as pledge supporters or campaign collaborators, demonstrating broad interest in advancing WCC.

In October 2025, ICM and PUSH hosted [its first Regional Advocacy Incubator](#). The Incubator brought together six midwives' associations from five countries, along with civil society partners, to exchange knowledge, build and sharpen advocacy skills, and develop practical strategies to implement and expand their national advocacy plans.

A dedicated WhatsApp community and virtual events created spaces for exchange, learning, and mobilisation.



Sustaining Momentum

As PUSH 2.0 moves from launch to implementation, the Campaign is increasingly focused on demonstrating impact and strengthening the evidence base for WCC. Its three-pillar approach (public narrative, policy engagement, and partnerships) provides a structured pathway for scaling advocacy while remaining grounded in midwives' realities.

Ultimately, PUSH 2.0 is about more than a campaign. It is about building a sustained movement that recognises midwives as essential to health, gender equality, and rights. By amplifying midwives' voices, strengthening alliances with women and CSOs, and advancing evidence-informed advocacy, ICM continues to position midwifery as a cornerstone of resilient and equitable health systems worldwide.

PUSH Events

Woman-Centred Care in Action: The PUSH Photo Exhibit at the United Nations

A major highlight for PUSH@CSW69 was our photo exhibit at the United Nations Headquarters for the entire duration of this year's CSW, from 10-21 March 2025. This was the first exhibit ever at the UN dedicated to midwives.

Running for two weeks, the exhibit featured 25 compelling images from ICM's photo library, showcasing midwives from 14 countries and every region, practicing across their different areas of practice. The exhibit also featured data on how the partnership between midwives and women has ripple effects on gender equality, health, economics, and rights.

The exhibit centred around a powerful message: there is no gender equality without woman-centred care or midwives. The response from those visiting the exhibit was clear: women's rights are reversing, preventable maternal mortality rates are stagnating, and access to SRMNAH services is becoming increasingly difficult – investing in midwives is the way to address all these issues in a sustainable, cost-effective way that will help societies become more gender equal.



IDM Activation on International Day of Action for Women’s Health

Building on the momentum of the widely celebrated IDM 2025, ICM leveraged the International Day of Action for Women’s Health on 28 May to further advance the PUSH Campaign. This activation highlighted recent findings from the World Economic Forum, which concluded that closing the women’s health gap could benefit 3.9 billion women and add 1 trillion USD annually to the global economy by 2040. PUSH underscored that midwives are a critical yet missing part of the solution, bringing together allies and partners through a virtual event to elevate the essential role midwives play in improving women’s health. By centering midwives within this global conversation, ICM reinforced the need to fully integrate midwifery into strategies that advance health equity, strengthen systems, and drive sustainable economic growth.

International Conference on Family Planning

At ICFP 2025, ICM worked in partnership with Kinaura Partners to elevate the role of midwives as key drivers of impact across family planning and SRHR and launch an evidence brief on the impact of investing in midwives. Through strategic engagement and visibility at the conference, ICM highlighted how midwives expand access to quality, voluntary family planning services, particularly in underserved and fragile settings. This engagement reinforced the importance of investing in midwifery as part of integrated, rights-based approaches to family planning and health system strengthening.

“Developing the PUSH Campaign Evidence Brief was a truly collaborative effort, bringing together both ICM and Kinaura’s expertise on the challenges facing maternal health and midwives, as well as how to capture the attention of advocacy partners and policymakers. Heavily informed by evidence and research, the brief is a well-supported and credible piece of work. The event at ICFP clearly demonstrated the success of the partnership—generating excitement and drawing strong interest for a 6 a.m. session, something that could only have been achieved through both teams’ passion for the issues and their networking savvy.”

-Caitlyn Mitchell, Engagement Lead, Kinaura Partners

ICM Joint Statements in 2025

ICM collaborated on a number of statements with partners and collaborators,

Title	Conference/Event	Organiser/Lead
Solidarity Statement, “Standing strong and together for the world’s women, girls, human rights defenders and champions of sexual and reproductive health and rights”	UN HLPF (July 2025)	UN Women and the Coalition for Bodily Autonomy and SRHR
Climate Change and Health (CC)	WHA 78 (May 2025)	International Federation of Surgical Colleges and Societies
Strengthening the global architecture for health emergency prevention, preparedness, response and resilience (HEPR)	WHA 78 (May 2025)	International Federation of Surgical Colleges and Societies
A Call to Action to end Female Genital Mutilation: Joint statement against the medicalization of FGM in Asia	July 2025	UNFPA, WHO, UNICEF, ICM, FIGO and the Asia Network Against FGM/C
Human Rights Council Resolution on the Prevention of Maternal Mortality and Morbidity	Human Rights Council July 2025	Governments of Colombia, Estonia, and New Zealand
European Union Strategy on Gender Equality	Public Consultation by EU August 2025	European Union
Global Advocacy Framework for Postpartum Haemorrhage	August 2025	FIGO
From Promise to Progress 5 Years to Deliver Gender Equality and SRHR by 2030	UNGA September 2025	She Decides

Do No Harm: Joint Statement Against the Medicalisation of Female Genital Mutilation in Asia-Pacific

ICM joined with the Asia Network to End FGM/C, UNFPA, WHO, and FIGO to issue a Joint Statement Against the Medicalisation of Female Genital Mutilation (FGM) in the Asia-Pacific region. The statement condemns the growing practice of FGM by health professionals, a trend that can falsely suggest the procedure is safe and reaffirms that FGM is a harmful practice with no health benefit and profound human rights implications. Through this call to action, the partnership urges midwives, health workers, policymakers, and professional bodies to uphold ethical standards of care and protect the bodily integrity and rights of women and girls.



ICM Core Document Updates

The ICM Head Office has continued the regular cycle of review of core documents including position statements to ensure that they remain relevant and reflect up-to-date research evidence. In the past year, ICM has written and issued position statements addressing pressing and urgent matters. The following core documents received updates in 2025, and were approved by ICM Council in June:

<u>Global Standards for Midwifery Regulation</u>	In consultation with global experts, the update to these Standards now ensures they provide guidance more specifically regarding when midwives are regulated alongside other healthcare professionals.
<u>Philosophy and Model of Midwifery Care</u>	Modified to align with the updated ICM Definition of a Midwife and the new WHO Position Paper of Transitioning to MMOC alongside additional minor language and reference changes.
<u>Position Statement: Midwives’ Provision of Abortion Related Services</u>	This position statement underwent extensive content change to reflect the updated WHO Abortion Care Guidelines, ICM’s Essential Competencies for Midwifery Practice, and to appropriately frame the role of midwives and midwives’ associations in the provision of abortion services.
<u>Position Statement: Midwives and Prevention of Antimicrobial Resistance (AMR)</u>	This position statement underwent major content revision, aligning the content to the updated ICM Essential Competencies for Midwifery Practice and the global body of AMR guidance. The recommendations were also amended to reflect the full scope of practice of midwifery practice.
<u>Bill of Rights for Women and Midwives</u>	Received minor language and reference changes only.
<u>Definition of Midwifery</u>	Received minor language changes only.

ICM Communications

In 2025, ICM continued to deliver creative, strategic communications that engage, advocate, and inform. We expanded our digital presence through visually engaging content and video, while adapting to new trends and maintaining ICM’s role as a trusted expert and approachable partner.

The ICM website remained a central platform for sharing stories from midwives, MAs, and leaders, alongside news, research, and updates from the global midwifery community.

Our communications supported key strategic priorities, including highlighting midwives in crisis and their role in climate preparedness through International Day of the Midwife (ICM) on 05 May; mainstreaming WCC and midwives through the PUSH Campaign; promoting the Midwives’ Data Hub as a core advocacy resource; and launching the One Million More Midwives petition.

ICM also strengthened its media engagement, expanding its contact network and securing coverage in major outlets such as CNN, The Independent, El País, and Vox. Together, these efforts increased the visibility of midwives and strengthened the profile and reach of ICM and its work.

“They [ICM] provide concrete and evidence-based solutions on women’s rights and SRHR. As an example, the campaign for one million more midwives is actionable and backed by evidence so it resonated with the audience.”

– Mehreen Shahid, Senior Advisor, Kinaura Partners

“As the global voice of midwives, ICM can provide platforms to share our activities and recognise our work internationally.”

- Zakia Abdullahi Abdi, Deputy Executive Director, SOMA, Somalia

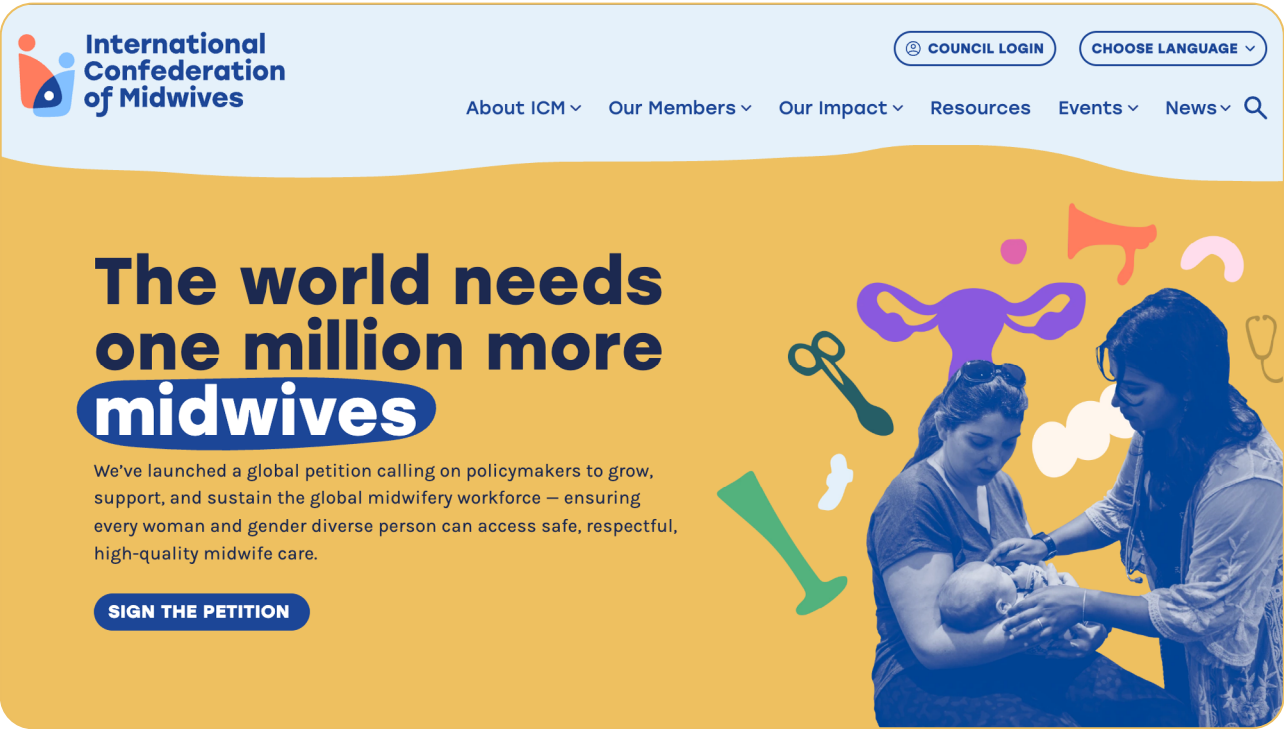
Website

In 2025, the ICM website continued to serve as a central hub of information and resources for midwives, policymakers, media, and partners. A total of 464,000 active users accessed the website during the year, representing a 98% increase compared to 2024, reflecting the growing demand for ICM’s content and resources.

The main sources of website traffic were direct visits, organic search, organic social, and referrals, demonstrating strong visibility across multiple channels and continued recognition of ICM as a trusted source of information.

The most visited pages, aside from the homepage, included the IDM Campaign page, the One Million More Midwives petition, and the Resources section. During the year, more than 61,000 resources were downloaded, reinforcing the value of ICM’s standards, guidance, and advocacy materials.

To further strengthen engagement with journalists and media outlets, ICM also launched a dedicated Media Centre on the website. This new section hosts press releases and a dedicated section of royalty-free images media outlets can use in their reporting. It also outlines the support ICM can provide to media, helping to streamline media enquiries and increase the visibility of midwifery issues in public discourse.



Traditional Media

In 2025, ICM’s advocacy, expertise, and resources continued to receive strong attention from the media, significantly expanding the organisation’s public reach. Throughout the year, ICM was quoted or featured in at least 140 media pieces, including articles, podcasts, and interviews, more than doubling the coverage recorded in 2024.

ICM representatives contributed expert commentaries on a wide range of critical issues, including FGM, obstetric violence, misinformation affecting public health, and the urgent need to invest in and enable midwives.

ICM’s work and leadership were featured in major international outlets, including Vox and The Independent, alongside a growing number of global and national media platforms. These appearances strengthened ICM’s role as a trusted voice on midwifery, women’s health, and SRMNAH in the global media landscape.

Social Media

Social media continued to be a key channel for advocacy, awareness, and community-building in 2025, with strong growth across ICM’s core platforms.

Linkedin	Impresions	%growth
2021	156,970	
2022	405,001	158.0%
2023	660,000	63.0%
2024	921,797	39.7%
2025	1,030,000	11.7%

Instagram	Reach	%growth
2021	-	
2022	226,423	
2023	645,566	185.1%
2024	841,452	30.3%
2025	2,100,000	149.6%

Facebook	Reach	%growth
2021	1,068,818	
2022	3,488,085	226.3%
2023	1,042,623	-70.1%
2024	1,406,470	34.9%
2025	2,100,000	49.3%

Youtube	Views	%growth
2021	13,177	
2022	15,000	13.8%
2023	22,159	47.7%
2024	61,246	176.4%
2025	28,600	-53.3%

The growth this year reflects ICM’s strong engagement with professional audiences and success in utilising social media platforms to amplify ICM campaigns and resources. To increase engagement on Instagram, ICM made a concerted effort to post visually engaging content aligned with current platform trends, often short-form videos. Video will remain a key priority for ICM communications on social media in the next year as the approach is further streamlined.

Following a values-based review, ICM decided to step away from X (formerly Twitter) early in 2025, as the platform no longer aligns with the principles that underpin the organisation and the midwifery profession.

To continue engaging audiences in digital spaces that better reflect ICM’s values, ICM officially moved to Bluesky. However, the limited uptake of the platform by midwives and the wider global health community led ICM to also explore additional channels. In this context, ICM shared 420 posts on Bluesky and 126 posts on Threads, as part of a broader effort to identify the most effective spaces for future community engagement.

Together, these platforms significantly expanded ICM’s reach and strengthened the visibility of midwives and ICM’s advocacy worldwide.

PUSH Campaign Communications

In 2025, ICM strengthened the role of PUSH as its public-facing advocacy and coalition-building platform, complementing ICM’s institutional communications. While ICM communications position the organisation as the global authority and credible voice of midwives, PUSH is designed as ICM’s movement-building and public mobilisation arm, focused on socialising the value of midwifery and driving culture change to for a non-technical audience.

In 2025, as part of PUSH 2.0, ICM reignited the PUSH digital presence as a coalition-building and community-facing platform, designed to reach beyond the midwifery community and engage women, women’s rights movements, and allied global health actors.

To signal a new chapter, PUSH introduced a refreshed colour palette and visual direction and launched a new communications strategy focused on PUSH Champions and how they can actively engage and amplify the movement.

This approach positioned PUSH as a space for connection, storytelling, and shared action, helping mainstream WCC and the role of midwives through accessible, people-centred narratives.



Highlights

PUSH content focused on real voices, lived experiences, and visible impact. Major content series included:

- 1. Partner Spotlights**
13 video features with PUSH Champions sharing why they support midwives.
- 2. Midwife Magic**
9 women shared personal stories of how midwives changed their lives.
- 3. Made Possible by Midwives**
4 stories highlighting midwives’ impact through family planning and SRHR.
- 4. What a Midwife Can Do for You**
A flagship series showcasing the full scope of midwifery care:
 - a. 142,000 views in English
 - b. 460,000 views in Arabic, in partnership with UNFPA ASRO.This was one of the year’s strongest-per

Social Media

In 2025, PUSH strengthened its role as ICM’s public-facing advocacy and coalition-building platform, using social media to reach new audiences and amplify the movement for WCC and midwives.

	Followes	Impressions/Reach
Linkedin	3220	42,500
Facebook	567	10,000
Instagram	2600	196,000

Together, these platforms supported the growth of the PUSH community and helped expand the movement’s visibility among women, partners, and global health stakeholders.

Newsletter

ICM relaunched the PUSH newsletter as a quarterly communication channel to support coalition-building and engagement across the movement. The newsletter was redesigned to provide a clear snapshot of progress, opportunities, and stories that motivate action.

Each edition includes a summary of key wins from the quarter, a series of partner spotlights and perspectives to amplify PUSH Champions, a dedicated opportunities section to encourage collaboration and advocacy, and a “Fuel to PUSH” section featuring news and stories that help sustain momentum.

By the end of the year, the PUSH newsletter reached 2,471 subscribers, representing an 81% increase compared to the previous year. This rapid growth reflects renewed interest in PUSH and the value of having a dedicated space for partners and advocates to connect, learn, and take action.

WhatsApp Community

In 2025, ICM created a PUSH WhatsApp Community to strengthen connections among champions of WCC and midwifery. The group was designed as a space for shared learning, collaboration, and peer support, helping build a more connected and active global network of advocates.

The community enables members to share resources and tools, connect with other advocates, and exchange perspectives on current issues affecting women’s health and midwifery. It also provides a channel for highlighting opportunities for action and amplifying relevant campaigns and initiatives.

By the end of the year, the community had grown to more than 135 active members, reflecting strong interest in peer connection and collective advocacy across the PUSH network.

Communications Platforms for MAs

In 2025, ICM continued to strengthen communications and peer connection among MAs by managing six regional WhatsApp groups. These platforms support real-time information sharing, facilitate intraregional networking, and enable ICM to efficiently communicate updates on events, opportunities, and key resources. By providing accessible, practical communication channels, ICM enhances collaboration among MAs and supports more coordinated engagement across regions.

“We belong to ICM because it creates the standards and the foundation for midwifery, globally. It feels really good to be part of a global community where midwifery is uplifted as a standard. Being in community with midwives internationally, is really helpful for us.”
- Jessica Brumley, President, ACNM, United States of America



O9: Strengthened partnership between midwives and other stakeholders, including global and national policy makers

“Being recognised by ICM helps us greatly at national and international levels. Through ICM, we can access more opportunities with other organisations, such as WHO and embassies.”

- Augustin Harushimana, President, MAA Vyara Uheke, Burundi

“Now more than ever, working together and relying on each other is absolutely critical. Developing strong partnerships, like Women Deliver has with ICM, is really the only way forward to unite against opposition.”

- Kinza Hasan, Policy & Advocacy Manager, Women Deliver



National, Regional and Global Partnerships

WHO

ICM has been in official relations with WHO since 1957 – nearly 70 years of collaboration that continued to grow and flourish in 2025. This year, WHO published landmark guidance calling for the global expansion of Midwifery Models of Care, guidance that ICM proudly collaborated to develop. The guidance reinforced what ICM has long championed and what evidence has shown: that midwifery models improve outcomes, maximise resources, and can be adapted to all countries and contexts.

WHO also collaborated with ICM on the C4W project, described in other sections of this report, a trajectory of interprofessional collaboration that will continue in the coming years.

This enduring partnership ensures that midwifery remains firmly at the heart of global SRMNAH policy, carried forward by decades of shared purpose, collaboration, and mutual commitment.

UNFPA

Against a backdrop of constricting resources and mounting challenges across the global SRMNAH sector, ICM’s long-standing partnership with UNFPA, and the deep trust its built over the years, has proven invaluable, enabling continued mutual support and collaboration across a range of initiatives. This year, ICM and UNFPA continued to collaborate on the Midwifery Accelerator and delivering midwifery education regulator trainings through UNFPA APRO, as well as pursued a new initiative to develop a set of essential competencies for implementing the MISP. Together, these initiatives equip the global midwifery community, governments, and MOHs, with evidence-based, actionable implementation guidance that reinforces the core role of midwives in the fabric of local and national health systems.

Both projects draw on ICM’s position as the global voice of the midwifery profession and its technical expertise in midwifery education and practice as well as UNFPA’s longstanding implementation expertise and experience in humanitarian settings. ICM and UNFPA look forward to formally launching the MISP Competency Framework at the International Maternal and Newborn Health Conference in March 2026.

UNICEF

Midwives care for the most vulnerable children, newborns, and as such ICM's collaboration with UNICEF is very important. ICM has held consultative status with UNICEF since 1960 – a relationship spanning more than six decades. This year, UNICEF joined WHO, UNFPA, and ICM as a co-collaborator on the Implementation Guidance on Transitioning to Midwifery Models of Care, contributing both technical expertise to its development and to its global launch. UNICEF was also a founding partner of the Midwifery Accelerator. Together, these landmark initiatives reflect a deepening partnership and a shared commitment to ensuring that quality midwifery care reaches every woman and newborn who need it. UNICEF has also championed the role of midwives in humanitarian and crisis settings, critical in the care of newborns and supporting breastfeeding.

Laerdal

ICM's long-standing partnership with Laerdal continued to strengthen midwifery education in 2025 through two significant developments. The jointly supported SIMBegin programme – designed to equip midwifery educators with the skills to deliver high-quality simulation-based learning – reached new communities of faculty committed to building a well-prepared midwifery workforce. Laerdal was also a key partner in ICM's Erasmus+ programme for midwives from Europe, described in other sections of this report.

Direct Relief

ICM's partnership with Direct Relief, which began in 2012 when ICM endorsed Direct Relief's Midwife Kit as the global standard for equipping midwives, reached new milestones in 2025. In January, Direct Relief graciously hosted an ICM team working on the development of the Midwives' Data Hub at their offices in Santa Barbara, California, USA. Following this, in July, the two organisations jointly relaunched the Midwives' Data Hub, a redesigned open-access platform drawing on data from over 50 sources to make midwives and their impact on SRMNAH more visible to policymakers, journalists, and advocates worldwide.

In November, ICM Chief Executive Anna af Ugglas spoke at Direct Relief's Founding Forum in Germany, marking the launch of the organisation's new European headquarters. ICM also warmly welcomed Amy Weaver in her role as Direct Relief's new Chief Executive, whose commitment to ensuring critical medical resources reach those who need them most signals a strong foundation for continued collaboration.

FP2030

ICM's partnership with FP2030 – rooted in a shared commitment to expanding access to SRH services with midwives at the centre – had a standout moment in November 2025 at the International Conference on Family Planning in Bogotá, Colombia. Here, FP2030 Executive Director Dr. Samukeliso Dube reinforced at the event that achieving sexual and reproductive health and rights for every person is impossible without midwives at the centre – a powerful affirmation of the two organisations' aligned vision and the continued importance of their collaboration.

Both organisations also collaborated on a social media campaign through the PUSH Campaign, "Made possible by family planning" which focused on the role of midwives in providing these services.

SheDecides

ICM's relationship with SheDecides – grounded in a shared commitment to reproductive rights and the role of midwives in delivering them, included a significant joint statement in 2025. In September, ICM co-signed the SheDecides' Champion Statement, "From Promise to Progress: 5 Years to Deliver Gender Equality and SRHR by 2030," calling urgently on world leaders to integrate sexual and reproductive health and rights into universal health coverage and to advance legal reforms ensuring every woman and girl can make informed decisions about her body and her life. ICM's participation, alongside its continued presence on the SheDecides platform as a Champion organisation, reflects its deep commitment to reproductive justice as inseparable from midwifery.

PMNCH

ICM's longstanding membership of PMNCH's Healthcare Professional Associations Constituency, with ICM President Sandra Oyarzo Torres serving as a board member, continued to translate into meaningful joint action in 2025. In October, at the FIGO World Congress in Cape Town, PMNCH convened the leaders of global healthcare professional associations, including ICM, for a high-level panel on innovations and strengthening interprofessional collaboration to improve maternal and newborn health outcomes. That same month, ICM co-branded PMNCH's landmark advocacy brief on strengthening investments in human resources for health, a document co-signed alongside WHO, FIGO, ICN, IPA, COINN, and WONCA.

Lightful

ICM’s partnership with Lightful continued to grow in reach and impact in 2025 through the BRIDGE (Building Resilience in Digital Growth and Engagement) programme. The program, described in other sections of this report, has expanded to support more than 25 midwives’ associations across Africa, Southeast Asia, and the Eastern Mediterranean, with participating associations able to apply for grants to invest in websites, campaigns, and equipment. Financial constraints at the end of 2025 have put this partnership on hold, but we hope to continue.

Women Deliver

ICM and Women Deliver share a longstanding commitment to gender equality as the foundation of women’s health and rights – a conviction that brings the two organisations into natural alignment on midwifery advocacy.

Women Deliver also contributed as an expert collaborator to the PUSH Campaign evidence brief Unlocking Impact: Midwives as the Key, which brought together the economic, gender, health, and climate cases for investing in midwives – a document that reflects the shared advocacy agenda of both organisations.

Throughout 2025, ICM and Women Deliver partnered on research to define the feminist principles of health systems and midwives’ roles in advancing women-centred care. This research will be translated into an advocacy toolkit for advancing woman-centred care to be launched at Women Deliver in April 2026.

National, Regional and Global Partnerships

IRC

This year, ICM launched a five-year global strategic partnership with the International Rescue Committee (IRC) to strengthen sexual, reproductive, maternal, newborn, and adolescent health care in humanitarian and fragile settings. By combining IRC’s frontline operational expertise with ICM’s global leadership in midwifery standards and advocacy, the partnership works to ensure midwives are fully recognised, supported, and deployed across their scope of practice in crisis contexts. Together, ICM and IRC are advancing more resilient, community-centred health systems that place midwives at the heart of emergency response, recovery, and long-term preparedness.

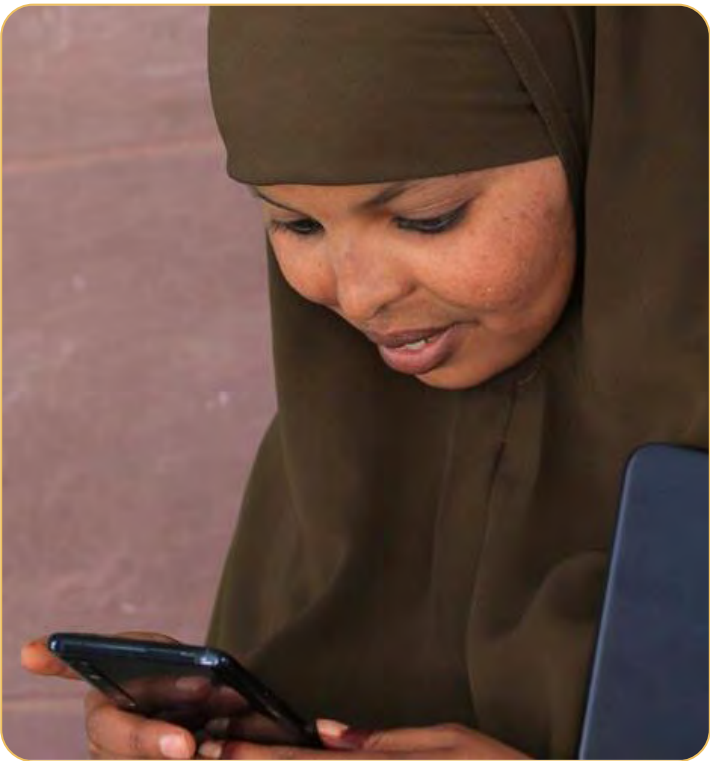
“This is an excellent opportunity to have ICM, as the experts, establish a standard global definition, scope of practice, and training curriculum for what we mean when we use the term midwife... and by doing so, we hope the rest of the humanitarian sector will be able to deliver better quality baseline humanitarian care.”

- Elaine Scudder, MNH Advisor, IRC

Maternity Foundation

ICM’s partnership with the Denmark-based Maternity Foundation is rooted in a shared commitment to equipping midwives in low-resource settings with the practical tools they need to save lives. Central to this collaboration is the Safe Delivery App – a free, evidence-based digital tool developed by Maternity Foundation that provides midwives with animated clinical guidance on managing birth complications, available offline and in multiple languages, making it accessible even in the most remote and fragile settings.

Building on this foundation, in 2025 ICM and Maternity Foundation signed a Memorandum of Understanding to formalise their continued collaboration, including the joint development of a dedicated climate and humanitarian module for the App – a timely initiative that will equip midwives with evidence-based guidance for delivering care in the increasingly challenging contexts created by climate change and humanitarian crises.



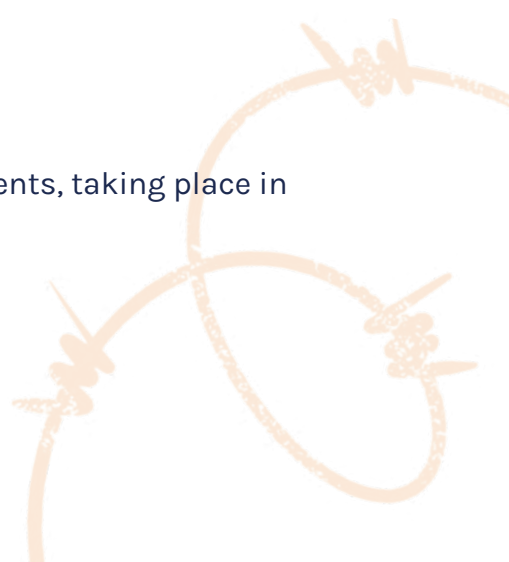
Technical Working Groups

ICM participates in numerous technical working groups, including

Working Group / Committee	Collaborating Organisation(s)
Acute Care Action Network (ACAN) Committee	Operation Smile & partners
Advocacy group on NCDs and the healthcare workforce	NCD Alliance
Every Woman Every Newborn Everywhere (EWENE) Advocacy and Accountability Working Group	Every Woman Every Newborn Everywhere (EWENE)
Global PrAKI Academy	Global PrAKI Academy
HRP Policy and Coordination Committee (PCC)	WHO/HRP
IPA Program Committees	WHO, UNFPA & partners
Lancet Stillbirths Series Advisory Committee	International Stillbirth Alliance
Midwifery Accelerator	WHO, UNFPA & partners
Neonatal Global Resuscitation Alliance (Neonatal-GRA)	Global Resuscitation Alliance
Preeclampsia Global Summit Steering Group	WHO

Working Group / Committee	Collaborating Organisation(s)
RSV Maternal Vaccine Coordination Team	Global Alliance for Vaccines and Immunization
Standing Committee on the Newborn, International Paediatric Association	Respectful Care for Every Mother and Every Newborn
WHO AFRO Curriculum for Advance Midwifery Practice	WHO
WHO Diabetes Guideline Development Group	WHO
WHO Expert Group on Maternal Anaemia	WHO
WHO Guideline Development Group (GDG) on NCDs, Mental Health & Substance Use in Pregnancy	WHO
WHO Guideline Development Group (GDG): Routine Intrapartum Antibiotic Prophylaxis among pregnant women intending a vaginal birth	WHO

ICM also had representatives at over 75 online and in-person events, taking place in more than 35 countries.



SP4: Work in partnership to ensure MAs are prepared and well positioned to respond to emergent humanitarian and climate crises

The fourth and final priority focuses on the emergent need to prepare for and respond to humanitarian and climate crises. Central to this effort is ensuring midwives are integrated into planning processes, educated, and equipped to respond effectively, and are appropriately resourced during times of crisis. In collaboration with and in support of MAs, ICM is well positioned to leverage its global partners and advocacy efforts to underscore the cost-effectiveness of continuity of midwife care in the face of emerging crises including those in humanitarian and fragile settings as well as those resulting from climate change.

By 2025, the convergence of climate change and escalating humanitarian crises has made the gaps in maternal health emergency preparedness impossible to ignore. Conflict, displacement, and extreme weather events are disrupting health systems at an accelerating pace – and pregnant women and newborns were paying the highest price. Yet midwives, despite being the most accessible skilled professionals in many fragile and crisis-affected settings, have remained largely absent from emergency planning processes.

Integrating midwives into crisis preparedness, planning and response is not only a matter of equity – it is one of the most cost-effective interventions available. Midwifery models of care are adaptable, community-rooted, and proven to maintain outcomes even when broader systems fail. In an era of compounding crises, that resilience is irreplaceable.

O10: The midwifery profession is prepared and responsive to impact of climate and humanitarian events on SRMNAH

“Sixty percent of the world’s maternal mortality is attributed to fragile and humanitarian settings. So, there’s a very clear need to develop midwifery capacity, particularly in contexts where the system is weak and where you might shy away from working because it’s complicated. But that’s exactly where we have to focus.”

- Catrin Schulte-Hillen, SRH in Emergencies Specialist, UNFPA Humanitarian Response Division

ICM and EQUAL Joint Webinar: Are Midwives Prepared, Protected, and Supported? Insights from Crisis-Affected Settings

ICM partnered with EQUAL to host a webinar focused on midwifery in crisis-affected contexts, examining the transition from education to early practice in some of the world’s most fragile health systems. Midwives and colleagues from Afghanistan, Sudan, Somalia, and Nigeria shared evidence and lived experience on the challenges faced by midwives working in crisis settings, including gaps in protection, support, and investment. The discussion highlighted the urgent need to strengthen systems that enable midwives to safely and effectively deliver care in humanitarian and conflict-affected environments.

“In the DRC, with ICM’s support, we were able to organise mobile clinics. As I mentioned, the DRC is experiencing conflict and war, which makes access to qualified care difficult for women and children. With ICM’s support, we organised mobile clinics in South Kivu. Midwives travel to where the women are and provide services. They attend births, conduct child health consultations, and we have helped many mothers who had no access to care. This was thanks to ICM.”

-Buma Reta, PCA, SCOSAF, Democratic Republic of Congo

Midwives in a Changing Climate: Centering SRHR in Climate and Humanitarian Action

ICM also convened a webinar focused on the intersection of climate change, humanitarian crises, and SRHR, aligned with the FP2030 Global Partnership. The discussion underscored the importance of integrating SRHR into climate-resilient health systems and recognised midwives as trusted providers and advocates within communities affected by climate and environmental shocks. This engagement reinforced the need to invest in midwifery as part of inclusive, resilient responses to climate and humanitarian challenges.

As the global health community works toward climate-resilient and inclusive systems, recognising and investing in the role of midwives is essential. Midwives are trusted providers and advocates within communities and are often best positioned to deliver lifesaving services in fragile and climate-affected settings.

ICM 2025 • 3-6 NOV • SUCOTA • COLOMBIA

International Confederation of Midwives

Midwives in a Changing Climate: Centering SRHR in Climate and Humanitarian Action

19 Aug 2025 | 9:00-10:00 AM ET

Join the ICFP Environment and Climate Change Subcommittee in collaboration with the International Confederation of Midwives for a powerful conversation on the role of midwives in advancing SRHR and resilience in the face of climate change.

Moderator



Devayani Chaturvedi
Executive Director
Developmental Association for Human Advancement-DEHAT

Speakers:



Macarena Martinez
Assistant Professor
Universidad de Chile



Neha Mankani
Humanitarian Engagement and
Climate Support Advisor
International Confederation of
Midwives



Merette Khalil
PUSH Lead
International Confederation of
Midwives



Sarah Uwimbabwa
Uganda Manager
Margaret Pyke Tr

“ICM’s focus on strengthening the midwifery profession, improving quality of care standards, and focus on climate and humanitarian settings are effective long-term strategies.”

-Mehreen Shahid, Senior Advisor, Kinaura Partners

Neha Mankani Named on TIME100 List for Climate

ICM Humanitarian Engagement and Climate Advisor and midwife, Neha Mankani, was named to the [TIME100 List for Climate](#), recognising her leadership and sustained contributions at the intersection of climate action, women’s health, and social justice. A long-standing advocate for rights-based, community-centred care, Neha has played a critical role in advancing access to SRMNAH services in contexts affected by climate stress and humanitarian crises in Pakistan. Her work reflects the essential role midwives play not only as healthcare providers, but also as leaders and advocates responding to some of the most pressing global challenges. This recognition honours Neha’s impact and underscores the importance of investing in midwifery leadership as part of climate-resilient and equitable health systems.



MISP Competencies for Midwives

The Minimum Initial Service Package (MISP) Competencies for Midwives was developed in close collaboration with UNFPA as part of the Programmatic guidance to position Midwives as Leaders and Frontline Providers in Humanitarian Response. It is planned for use as a standalone document, co-branded UNFPA and ICM. The document proposes a consolidated set of competencies for midwives to perform clinical services needed to implement the four MISP objectives.

The MISP Competencies serve as a practical and actionable tool that midwives, their managers, and MAs can use on the ground to ensure that women and newborns receive essential and life-saving care during crises, when they are in a most vulnerable position. The competencies also help governments and relevant partners understand which clinical competencies are required for midwives to be able to implement the four MISP service delivery objectives.

“Our objective is the adequate recognition and use of midwives in general, and then as frontline providers in humanitarian settings. What we find is they are often the de facto frontline provider, but they’re not adequately equipped or recognised for what they do. We need an essential competency framework, covered in midwifery education curriculums, so that when countries say they are ‘implementing the MISP’ they are preparing their midwives to be able to do that and remunerating them for it. This will make the midwife workforce more resilient, more adapted to responding to emergencies.”

**- Catrin Schulte-Hillen, SRH in Emergencies Specialist, UNFPA
Humanitarian Response Division**



Looking Forward

As ICM approaches the final year of the organisation’s 2024–2026 Strategic Plan, remaining focused on translating global standards and advocacy into tangible country-level impact is central. With increased backlash to SRHR, shrinking development financing, and increasing humanitarian, climate and conflict-related crises, ICM will remain committed to its role as a trusted standard-setting body, technical partner, global convener, and steadfast partner to midwives and midwives’ associations. Maintaining strong partnerships, including with UNFPA, WHO, IRC, FIGO, and others, will better position ICM to diversify resource mobilisation and deepen alignment between global norm-setting and national implementation.

Looking ahead to the 34th Triennial Congress in 2026 in Portugal, ICM will bring together midwives, policymakers, and partners to set the course for the next triennium. The One Million More Midwives petition, the PUSH 2.0 Campaign, the continued expansion of the Midwives’ Data Hub, and the scaling of leadership initiatives such as the Executive Sponsorship Programme and the Global Chief Midwives Community of Practice will anchor a renewed call for investments in midwifery. With clarity of purpose and strengthened partnerships, ICM remains committed to ensuring that midwives are supported and recognised as leaders and fully enabled to provide high-quality, autonomous, woman-centred care worldwide.

As part of the budget process, the annual operational plan is developed in alignment with the Strategy, identifying annual outcomes. The costs of activities needed to achieve these outcomes are calculated, and funding is allocated. This approach closely links ICM’s Strategy to our budget, enabling the organisation to plan and recover all costs associated with implementing the Triennial Strategy. The financial forecast for income and expenses for 2026 is summarised below.

Budget Summary 2026

INCOME	(x € 1,000. -)	EXPENDITURE	
Membership Fee	437	Personnel Costs	2,797
Subsidies Core Funding	2,686	Direct Project Costs	1,041
Project Funding	488	Congress & Regional Conferences	382
Congress & Regional Conferences	-	Board	62
Other Income	-	Representation	77
Total Income	3,612	Professional Services	105
		Translation and Interpretation	88
		ICT/ Software & Licenses	106
		General Office Costs	84
		Total Expenditure	4,742
		Operational Result	-561
		Financial Income/Cost	0
		Net Result	-561

While the approved 2026 budget reflects a deficit of Euro 320k, it also anticipates an addition to the General Reserve of EUR 13k.

Since the approval of the 2026 budget, the Congress budget has been finalised and approved by the ICM Board and is set to break even.

A revised 2026 budget will be presented to the Board for approval, incorporating the Congress budget, new grant agreements and any additional updates to underlying budget assumptions.



Financial Overview



Executive Summary to the Financial Statements

The Financial Report sets out the results of the activities described above for the year 2025. The year closed with a deficit of EUR 289,860 (2024: deficit of EUR 129,318).

In 2025, total income was EUR 4,165,328, an increase of 11% from 2024. Core funding from the Gates Foundation, Sida, FCDO and Direct Relief contributed over 70% to income.

Total expenditure for the year was EUR 4,349,761 and included an exceptional provision of EUR 190,000 for VAT (Value Added Tax). Excluding this one-off VAT provision, the Operational Result for 2025 was a surplus of EUR 5,567.

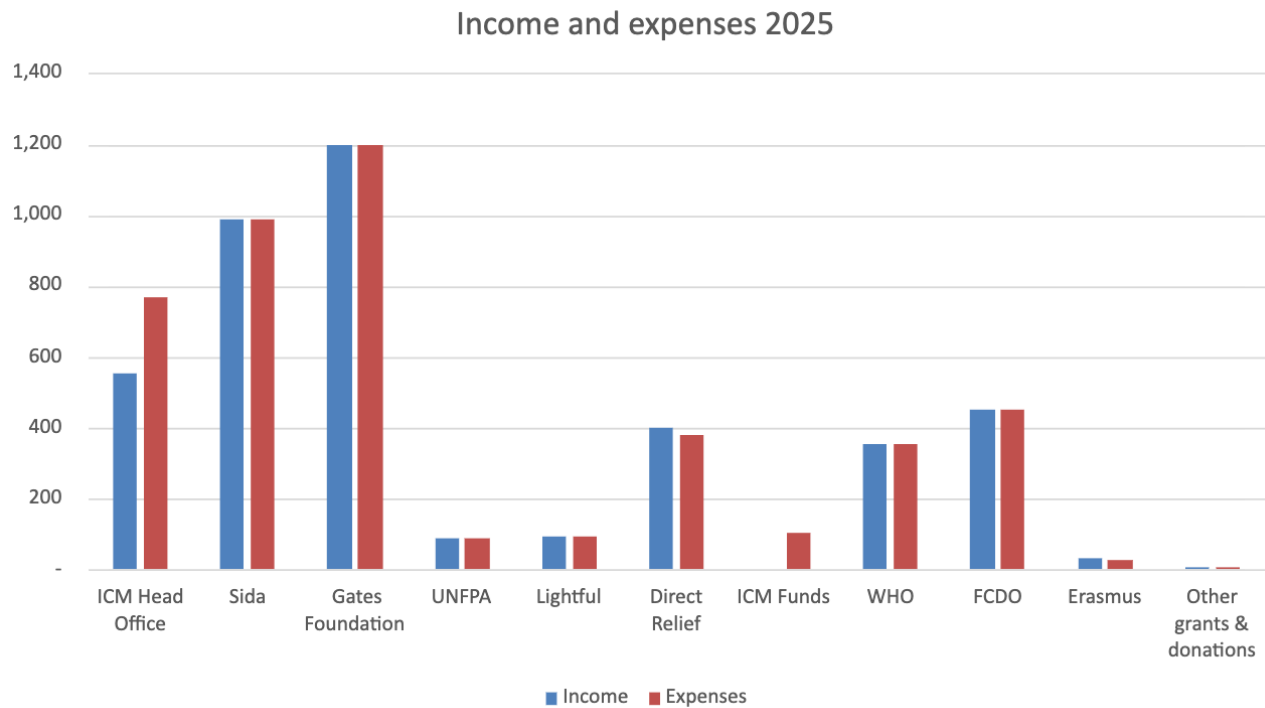
Currency movements had a negative impact on the year's results. The weakening of the US dollar in 2025 led to an overall exchange loss of EUR 182,164 of which EUR 162,224 relates to unrealised exchange losses.

EUR 84,910 interest was earned in the year.

In line with ICM's reserves policy, EUR 187,154 was deducted from the operational reserve whilst General reserves remain unchanged. Additional equity movements included an EUR 84,109 deduction to the Congress/Conference fund and EUR 20,696 deduction to the PUSH Campaign fund.

Summary Income and Expenditure 2025

The table below shows the main areas of income and expenditure



Reserves Policy

In the policy, the minimum amount for the General Reserve is defined as “an amount sufficient to maintain ongoing operations and programmes for a set period of time, measured in months.”

The target minimum is defined as the amount that equals three months of the average operating cost. The calculation of the average operational cost includes all recurring and predictable costs except for depreciation, in kind and other non-cash expenses.

The target amount is calculated each year after the approval of the annual budget by the Board.

Based on the approved annual reforecast budget for 2025, the target minimum of the General Reserve is calculated as EUR 679,889. On 31 December 2025, the total of our general reserves, after the appropriation of results, is EUR 651,023. This is (EUR 28,866) below our target.

An Operational Reserve was set up in 2024 and serves as a flexible fund to support the organisation’s annual budget and project funding when needed, while maintaining the integrity of the general reserve for emergencies and unforeseen expenditures in alignment with the general reserve policy.

ICM has a positive working capital as per year-end amounting to EUR 1,192,987 (31 December 2024: EUR 1,470,851), which includes a balance amount of cash at bank and in hand of EUR 2,890,688 (31 December 2024: EUR 4,252,619).

The total Equity amounts to EUR 1,248,030 (31 December 2024: EUR 1,537,891), of which EUR 0 (31 December 2024: EUR 20,697) relates to restricted funds.

The financial statements of the Company have been prepared on the basis of the going concern assumption.

Compliance with Laws and Regulations

ICM’s operations and work are guided by principles of transparency, accountability and integrity and we are committed to the prevention of corruption (including fraud and bribery) and promote an anti-corruption culture. ICM works in an honest and ethical manner, and takes a zero-tolerance approach to corruption, fraud, and bribery. ICM has several internal controls and policies which apply to its employees, contractors, consultants, sub grantees and members. ICM engages external specialists in local areas to manage the organisation of the triennial congress and regional conferences and ensures adherence to regional laws and regulations.

During the year, a VAT compliance matter relating to the treatment of certain transactions was identified. ICM Management voluntarily disclosed this matter and, following consultation with the Dutch tax authority (DTA), the associated VAT has been appropriately reported in respect of the current and prior reporting periods, in accordance with applicable legislation. Appropriate steps have also been implemented to ensure correct treatment going forward.

Except for the matter noted above, ICM management has not detected any other indications of fraud or material non-compliance with laws and regulations in 2025.

Financial Statements 2025

1 Balance Sheet

Balance Sheet as at 31 December 2025

	Notes	2025 EUR	2024 EUR
ASSETS			
Fixed assets			
Intangible fixed assets	4.1	13,660	19,104
Tangible fixed assets	4.1	41,383	47,935
Financial fixed assets	4.2	1	1
		55,044	67,040
Current assets			
Receivables	4.3	1,142,574	275,782
Cash at bank and in hand	4.4	2,890,688	4,252,619
		4,033,262	4,528,401
TOTAL ASSETS		4,088,306	4,595,441
EQUITY AND LIABILITIES			
Equity			
Unrestricted reserves	5.1		
General reserve		651,023	651,023
Operational reserve		13,879	201,033
Earmarked reserves		583,128	665,138
		1,248,030	1,517,194
Restricted funds	5.2	-	20,697
		1,248,030	1,537,891
Provisions	5.3	347,158	175,000
Short-term liabilities	5.4		
Deferred Income		783,242	-
Creditors		109,354	222,712
Accruals		73,630	207,333
Tax and social charges		111,216	116,470
Other payables		-	183
		1,077,442	546,698
Grants/Subsidies	5.5		
Core funding		1,258,473	2,079,895
Project funding		157,202	255,958
		1,415,675	2,335,853
		2,840,275	3,057,550
TOTAL EQUITY AND LIABILITIES		4,088,306	4,595,441

2 Statement of Income and Expenditure

Statement of income and expenditure for the year ending 31 December 2025

	Notes	Budget 2025 EUR	Actual 2025 EUR	Actual 2024 EUR
INCOME				
Membership fees	7.1.1	437,059	459,181	451,020
Core funding	7.1.2	3,176,417	3,034,936	2,217,973
Project funding	7.1.2	613,596	574,790	731,824
Funds	7.1.3	-	-	284,095
Other income	7.1.4	69,250	96,421	66,906
TOTAL INCOME		4,296,322	4,165,328	3,751,817
EXPENDITURE				
Personnel	7.2.1	2,559,179	2,461,228	2,131,366
Board	7.2.2	59,383	64,884	56,917
Representation	7.2.2	65,201	78,188	30,308
Professional services	7.2.3	231,800	260,430	222,279
General costs	7.2.4	236,076	437,841	209,614
Events and programmes	7.2.5	1,188,444	1,047,190	1,289,883
TOTAL EXPENDITURE		4,340,083	4,349,761	3,940,368
OPERATIONAL RESULT		-43,760	-184,433	-188,550
Financial income/(expenditure)	7.3	4,000	-105,428	234,233
Corporate Income Tax - Congress	7.4	-	-	175,000
NET RESULT		-39,760	-289,860	-129,318
APPROPRIATION OF RESULT - ADDITION/(DEDUCTION)				
Unrestricted reserves				
General reserves		28,866	-	113,015
Operational reserves		7,399	-187,154	201,033
Safe Motherhood and Development Fund		-	2,099	2,852
Membership Assistance Fund		-	-	-
Congress Fund		-55,330	-84,109	-152,353
Regional Conference Fund		-	-	-293,851
Subtotal unrestricted reserves	5.1	-19,065	-269,164	-129,304
Restricted Reserves				
PUSH Campaign Fund		-20,696	-20,696	-14
Subtotal restricted reserves	5.2	-20,696	-20,696	-14
TOTAL APPROPRIATION OF RESULT		-39,760	-289,860	-129,318

3 General notes to the Financial Statements

General

International Confederation of Midwives (‘the Company’), having its legal address in ‘s-Gravenhage, and is located at Koninginnegracht 60 in ‘s-Gravenhage, is a Dutch Association and is registered as a under number 27286042 in the Trade Register.

The International Confederation of Midwives (ICM) began as a union of midwifery associations in 1922 in Belgium. In 1954 ICM was established. ICM moved from England to the Netherlands and was established as a Dutch Association in 2005.

With support from partners and donors ICM continues to work on strategies to strengthen the profession of midwifery globally and promote autonomous midwives. Many activities focus on supporting the development of educated, regulated and professional midwives as the vital workforce necessary for countries to provide quality health services for mothers and their newborns.

At year end 2025 there are 133 Member Associations (2024: 135) from 117 countries. New applications for membership are received on a regular basis and from time-to-time Member Associations withdraw or are excluded from membership, generally because of inability to pay membership fees over several years.

Group Structure and consolidation exception

On December 16th, 2019, the WithWomen Foundation was established, with its listed address as Koninginnegracht 60, 2514 AE The Hague. ICM is using the exemption according to article 2: 407 paragraph 2 of the Dutch Civil Code, whereby the WithWomen Foundation is not consolidated by ICM.

Basis of preparation

The financial statements of the Company have been prepared in accordance with the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

Financial reporting period

These financial statements cover the year 2025, which ended at the balance sheet date of 31 December 2025.

Going concern

ICM has a positive working capital as per year-end amounting to EUR 1,192,987 (31 December 2024: EUR 1,470,851), which includes a balance amount of cash at bank and in hand of EUR 2,890,688 (31 December 2024: EUR 4,252,619). The total Equity amounts to EUR 1,248,030 (31 December 2024: EUR 1,537,891), of which EUR 0 (31 December 2024: EUR 20,697) relates to restricted funds.

The financial statements of the Company have been prepared on the basis of the going concern assumption.

Comparison with previous year

The valuation principles and method of determining the result are the same as those used in the previous year.

Principles for the valuation of assets and liabilities

Assets and liabilities are measured at historical cost, unless stated otherwise in the further principles.

An asset is recognised in the balance sheet when it is probable that the expected future economic benefits that are attributable to the asset will flow to the Company and the asset has a cost price or value of which the amount can be measured reliably. Assets that are not recognised in the balance sheet are considered as off-balance sheet assets.

A liability is recognised in the balance sheet when it is expected that the settlement of an existing obligation will result in an outflow of resources embodying economic benefits and the amount necessary to settle this obligation can be measured reliably. Provisions are included in the liabilities of the Company. Liabilities that are not recognised in the balance sheet are considered as off-balance sheet liabilities.

Functional and presentation currency

The financial statements are presented in euros ('EUR'), which is the Company's functional currency. All amounts have been rounded to the nearest euro. ICM prepares the financial statements using data extracted from the accounting software and all figures are rounded to the nearest whole number using the systems algorithms. Due to this rounding, numbers presented throughout the financial statements may not add up precisely to the totals provided and percentages may not precisely reflect the absolute figures.

Use of estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the accounting principles and the reported amounts of assets, liabilities, income and expenditures. Actual results may differ from these estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognised prospectively.

Principles for the translation of foreign currencies

At initial recognition, transactions denominated in a foreign currency are translated into the functional currency of the Company at the exchange rates at the date of the transactions. The exchange rates applied are based on a midpoint daily exchange rate.

Monetary assets and liabilities denominated in foreign currencies are translated at the balance sheet date into the functional currency at the spot exchange rate applying on that date. Exchange differences resulting from the settlement of monetary items or resulting from the translation of monetary items denominated in foreign currency, are recognized in the statement of income and expenditure in the period in which the exchange difference arises.

Financial instruments

These financial statements contain the following financial instruments: receivables and other financial liabilities. The Company does not make use of derivatives.

Financial assets and liabilities are recognised in the balance sheet at the moment that the contractual risks or rewards with respect to that financial instrument originate. Financial instruments are derecognised if a transaction results in a considerable part of the contractual risks or rewards with respect to that financial instrument being transferred to a third party.

Financial instruments are initially measured at fair value, including discount or premium and directly attributable transaction costs. After initial recognition, financial instruments are valued in the manner described below.

Offsetting financial instruments

A financial asset and a financial liability are offset when the entity has a legally enforceable right to set off the financial asset and financial liability and the Company has the firm intention to settle the balance on a net basis, or to settle the asset and the liability simultaneously.

If there is a transfer of a financial asset that does not qualify for derecognition in the balance sheet, the transferred asset and the associated liability are not offset.

(In)tangible fixed assets

(In)tangible fixed assets are only recognised in the balance sheet when it is probable that the expected future economic benefits that are attributable to the asset will flow to the Company and the expenditure of that asset can be measured reliably.

(In)tangible fixed assets are measured at acquisition cost, less accumulated amortisation/depreciation and impairment losses. Grants are deducted from the cost of the assets to which the grants relate.

Amortisation/depreciation is recognised in the statement of income and expenditure on a straight-line basis over the estimated useful lives of each item of the (in)tangible fixed assets, taking into account any estimated residual value of the individual assets. Amortisation/depreciation starts as soon as the asset is available for its intended use and ends at decommissioning or divestment.

Financial fixed assets

Participating interests where significant influence can be exercised over the business and financial policies are valued according to the equity method on the basis of net asset value. In assessing whether the Company has significant influence over the business and financial policies of a participating interest, all facts and circumstances and contractual relationships, including potential voting rights, are taken into account. The net asset value is calculated on the basis of the Company's accounting policies.

Participating interests with a negative net asset value are valued at EUR 1. This measurement also covers any receivables provided to the participating interests that are, in substance, an extension of the net investment.

Receivables

All receivables are recorded with fair value and valued against amortised cost. The fair value and the amortised cost are both equal to the nominal cost. Any necessary provision due to possible bad debts has been deducted. The provision has been determined based on an individual assessment of the claim.

Cash at bank and in hand

All liquid assets are valued at nominal value. If any resource is not freely available, it has been taken into account with the valuation of it.

Cash and cash equivalents denominated in foreign currencies are translated at the balance sheet date in the functional currency at the spot exchange rate applicable at that date. Reference is made to the accounting policies for foreign currencies.

Equity

The equity of the organisation is divided into different funds and reserves, which are defined as restricted funds or unrestricted reserves.

The unrestricted reserves include the general and operational reserve, which serve as an assurance for the continuation of the activities of ICM, and earmarked funds available for activities defined by the ICM Board. Restricted reserves are only available for specifically defined activities as stated in the Terms of References of the funds, defined by the donors or external contributors to the funds.

Current liabilities

Current liabilities and other financial commitments are measured after their initial recognition at amortised cost on the basis of the effective interest rate method. The effective interest is directly recorded in the statement of income and expenditure.

Principles of the Statement of Income & Expenditure

General

Income and expenditures are allocated to the respective period to which they relate.

Income

(Un)restricted funds raised, inheritances and donations are recorded in the year in which they have been received, and/or as per the date the receipt becomes certain and/or to the extent to which the services/project progress has been performed on the balance sheet date and the cost already incurred.

Other income will be accounted for in the relevant reporting period to which they relate.

The membership fees are determined by the number of active midwives in each association, their country's Human Development Index (HDI) group and their country's Gross National Income relative to that of their HDI group.

Employee benefits

Employee benefits are charged to the statement of income and expenditure in the period in which the employee services are rendered and, to the extent not already paid, as a liability on the balance sheet.

The pension charge to be recognised for the reporting period is equal to the pension contributions payable to the pension provider over the period. In so far as the payable contributions have not yet been paid as at balance sheet date, a liability is recognised. If the contributions already paid at balance sheet date exceed the payable contributions, a receivable is recognised to account for any repayment by the fund or settlement with contributions payable in future.

Financial income/(expenditure)

Interest income is recognised in the statement of income and expenditure on an accrual basis, using the effective interest rate method. Interest expenditure and similar charges are recognised in the period to which they belong.

Leasing

ICM acts as lessee in an operating lease whereby the leased property is not capitalised. Benefits received as an incentive to enter into an agreement are recognised as a reduction of rental expense over the lease term. Lease payments and benefits regarding operating leases are recognised to the statement of income and expenditure on a straight-line basis over the lease term unless another systematic basis is more representative of the time pattern of the benefits from the use of the leased asset. ICM has no financial lease contracts.

Subsequent events

Events that provide further information on the actual situation at the balance sheet date and that appear before the financial statements are being prepared, are recognised in the financial statements.

4 Notes to Balance Sheet Assets

4.1 Tangible and intangible fixed assets

	Office Equipment EUR	Office furniture EUR	Total tangible fixed assets EUR	Intangible fixed assets Website EUR	Total fixed assets EUR
Net book value 1 January	28,747	19,188	47,935	19,104	67,039
Additions in 2025	7,474	-	7,474	-	7,474
Disinvestment	-1,827		-1,827	-	-
Depreciation 2025	-7,893	-4,306	-12,199	-5,444	-17,643
Net book value 31 December	26,501	14,881	41,383	13,660	55,043

The former Tangible fixed asset category “IT infrastructure” has been renamed “Office Equipment”.

The percentage for depreciation of office equipment and the website was 20%. The percentage for depreciation of office furniture was 10%.

4.2 Financial fixed assets

The financial fixed assets relate to the WithWomen Foundation and has a negative net asset value of EUR 23,144 (31 December 2024: EUR 23,257) and is valued at EUR 1 (31 December 2024: EUR 1). The unrecognised share of the result during the financial year amounts to EUR 113 surplus (2024: EUR 401 loss).

For this participating interest no provision has been recognised because the Company does not fully or partially guarantee the debts of the participating interest, and it has no constructive obligation to support the participating interest to pay its debts.

As of December 31, 2025, ICM had a claim of EUR 42,990 (31 December 2024: EUR 41,146) on the Foundation, included in the other receivables, refer to note 4.3.

4.3 Receivables

The building deposit (31 December 2025 and 2024: EUR 10,583), as included under the other receivables, has a maturity date of longer than one year. All other receivables have an estimated maturity shorter than one year. The carrying values of the recognised receivables approximate their respective fair values, given the short maturities of the positions and the fact that allowances for doubtful debts have been recognised, if necessary.

	Balance 31 December 2025	Balance 31 December 2024
	EUR	EUR
Debtors		
Membership fee	45,412	35,254
WithWomen Charity	42,990	41,146
Other debtors	5,000	13,558
Provision doubtful debtors	-51,700	-40,541
Subtotal debtors	41,702	49,418
Other receivables		
Czech-In	784,340	-
Other prepayments	80,004	94,012
Advances	89,473	32,129
Grants/Subsidies	118,622	83,576
Other receivables	28,433	16,648
Subtotal other receivables	1,100,872	226,365
Total receivables	1,142,574	275,782

The Czech-In receivable relates to the 2026 Congress in Lisbon. Registration fees, sponsorship and other income received by the conference organiser, Czech-In, have been offset against conference expenses paid by Czech-In. As this income and expenditure relates to 2026, the net balance is recognised as deferred income (see Note 5.4). A final reconciliation will be carried out after the completion of the Congress in 2026 at which point any surplus will be transferred to ICM or any deficit settled by ICM.

Summary of Czech-In Receivable for 2026 Congress in Lisbon

Congress Income	1,030,199
Congress Expenditure	
Meeting Space Rental & Equipment	227,508
Professional Services	18,351
	245,859
Total Czech-In receivable	784,340

Other prepayments include supplier invoices for Insurances (EUR 39,467), rental of the office property (EUR 13,176), IT Licences/contracts (EUR 11,813) and travel costs (EUR 5,535) received and paid in 2025 but for services to be incurred in 2026.

Advances primarily relate to funds transferred to our MAs for activities as outlined in the relevant project agreement. Once the activity is completed, the MAs submit financial and narrative reports with supporting documentation. Upon receipt and review, ICM recognises the related expenditure in the Income and Expenditure Statement under “Forward Funding”. The 2025 balance primarily relates to funds transferred to MAs for projects supported by FCDO and the Gates Foundation.

Grants/Subsidies relate to amounts owing from funders and include EUR 96,706 from core funder FCDO and EUR 21,916 from UNFPA projects.

Other receivables concern deposits for the Employer of Record (EOR) employees (EUR 15,218), a building deposit (EUR 10,583) and interest from bank deposits (EUR 2,833).

4.4 Cash at bank and in hand

	Balance 31 December 2025	Balance 31 December 2024
Cash in hand	2,460	3,955
Cash at bank	2,888,228	4,248,664
Total cash	2,890,688	4,252,619

Cash is at free disposal of ICM.

5 Notes to Balance Sheet Liabilities

5.1 Unrestricted Reserves

	Balance 1 January 2025 EUR	Funds Additional EUR	Releases/ Usage EUR	Balance 31 December 2025 EUR
General Reserve	651,023	-	-	651,023
Operational Reserve	201,033	-	-187,154	13,879
Earmarked Funds				
Safe Motherhood Fund	81,435	2,099	-	83,534
Membership Assistance Fund	24,275	-	-	24,275
Congress/ Conference Fund	559,428	13,306	-97,415	475,319
Subtotal Earmarked Funds	665,138	15,405	-97,415	583,128
Total Unrestricted Reserves	1,517,194	15,405	-284,569	1,248,030

The “Operational Reserve” set up in 2024, serves as a flexible fund to support the organisation’s annual budget and project funding when needed, while maintaining the integrity of the general reserve for emergencies and unforeseen expenditures in alignment with the general reserve policy.

The “Safe Motherhood and Development Fund” supports individual midwives or MAs in resource-poor countries with high maternal mortality and morbidity rates.

The “Membership Assistance Fund” exists primarily to support ICM MAs (or MAs applying for membership of ICM) that, due to (demonstrable) financial reasons, are unable to pay all or part of the annual ICM membership fee.

During 2025, the Finance, Audit and Risk Committee (FAR) approved the consolidation of the “Regional Conference Fund” with the “Congress Fund”. The fund is used to cover expenses incurred by or on behalf of ICM in the preparation of Triennial Congresses. The release/usage amounting to EUR 97,415 relates to staff costs and planning meeting expenses for the 2026 Congress as well as a contribution towards tax advisory fees.

5.2 Restricted Funds

	Balance 1 January 2025 EUR	Funds Additional EUR	Releases/ usage EUR	Balance 31 December 2025 EUR
PUSH Campaign Fund	20,697	-	-20,697	-
Total Restricted Funds	20,697	-	-20,697	-

“PUSH Campaign Fund” - In 2023 Trotula Fund, a Private Philanthropist donated an amount of USD 97,605 (EUR 89,015) to the ICM PUSH Campaign Fund. In the same year, the White Ribbon Alliance also donated USD 20,000 (EUR 18,120) to this Fund. In 2025, the fund balance was used to support the PUSH event at the Commission on the Status of Women (CSW) In New York.

5.3 Provisions

	Balance 31 December 2025 EUR	Balance 31 December 2024 EUR
Provision for Corporate Income Tax	157,158	175,000
Provision for VAT	190,000	-
Total provisions	347,158	175,000

Corporate Income Tax

During the audit of the 2023 financial statements, it was noted that there was a possible corporate income tax (CIT) liability due to ICM achieving positive results in 2021 and 2023 on the virtual and triennial congress. A detailed analysis on the position of ICM’s CIT liability was conducted after which ICM has asked the DTA to confirm that no CIT liability arises from its activities. That request is still pending with the DTA. ICM has taken a prudent position in the annual accounts for this pending discussion.

VAT Provision

In 2008 the DTA confirmed that ICM was not an entrepreneur for VAT purposes. Subsequent to a Deloitte Netherlands assessment, commissioned by ICM, it was established that particular services from non-EU suppliers are used in the Netherlands and subject to VAT(reverse charge). ICM has recognised a provision for the years 2021-2025 based on current known information and has notified the DTA, which has confirmed ICM’s position and is awaiting the final assessment.

5.4 Short Term Liabilities

	Balance 31 December 2025	Balance 31 December 2024
	EUR	EUR
Deferred Income	783,242	-
Creditors	109,354	222,712
Accruals	73,630	207,333
Tax	111,216	116,470
Other payables	-	183
	1,077,442	546,698

All short-term liabilities have an estimated maturity shorter than one year. The carrying values of the recognised short-term liabilities approximate their respective fair values, given the short maturities of the positions.

Deferred income relates to the 2026 Congress in Lisbon. Registration fees, sponsorship and other income received by the conference management organisation Czech-In on behalf of ICM have been offset against conference expenses paid by Czech-In. As this income and expenditure relates to 2026, the net balance is recognised as deferred income. A final reconciliation will be carried out after the completion of the Congress in 2026 at which point any surplus will be transferred to ICM or any deficit settled by ICM.

Summary of Deferred Income for 2026 Congress in Lisbon

Congress Income	1,030,199
Congress Expenditure	
Meeting Space Rental & Equipment	227,508
Professional Services	18,351
	245,859
Subtotal Direct Congress Deferred Income	784,340
ICM direct Congress Travel Cost	1,097
Total Congress Deferred Income	783,242

Accruals mainly relate to the audit of the 2025 financial statements.

Tax includes liabilities for December 2025 (EUR 93,374) and CIT for 2022 (EUR 17,842).

5.5 Grants / Subsidies

5.5.1 Core funding

	Balance 1 January 2025 EUR	Subsidy received/ (returned) EUR	Subsidy used/ allocated EUR	Currency revaluation EUR	Reallocation/ Release EUR	Balance 31 December 2025 EUR
Swedish International Development and Cooperation Agency (Sida)	92,113	915,770	-988,593	-6,616	-	12,675
Direct Relief	429,113	-	-378,047	-30,144	-20,922	-
Gates Foundation	1,558,668	1,018,112	-1,197,949	-133,033	-	1,245,798
Total core funding	2,079,895	1,933,882	-2,564,588	-169,793	-20,922	1,258,473

The currency revaluation relates to the revaluation of the outstanding grants/subsidy balances dominated in USD or SEK, to EUR at the closing rate as per year-end.

Sida – In 2025, ICM received SEK 10,000,000 (approx EUR 917,113) from the total grant of SEK 29,000,000 (approx. EUR 2,543,860) covering the period May 2024 to December 2026. The funding contributes to ICM’s core costs to achieve the goals of its 2024 – 2026 Triennial Strategy. ICM reimbursed Sida SEK 14,718 (approx EUR 1,343) for interest earned on funds held during the grant period.

Direct Relief - the core grant to facilitate the transition of the Global Midwives’ Hub from Direct Relief and strengthen ICM’s core activities was completed and closed out on 30th June 2025.

Gates Foundation – In 2025, ICM received the final tranche of funding of USD 1,199,539 (EUR 1,018,112) from the core grant, “Next Phase of ICM Strengthening Midwifery Globally”. This grant provides ICM with core funding of USD 4,500,000 (approx. EUR 4,245,283) from 28 October 2022 to 31 December 2026.

FCDO - In October 2024, FCDO confirmed a new core funding grant, “Strengthening Local Midwifery Associations” for GBP 2,000,000 (approx. EUR 2,360,000) for the period 2nd October 2024 to 1st May 2030. FCDO does not pay funds in advance but reimburses quarterly following report submission. ICM was reimbursed GBP 342,577 in 2025 and received reimbursement for Q4 2025 (GBP 85,607) in January 2026.

5.5.2 Project funding

	Balance 1 January 2025 EUR	Subsidy received/ (returned) EUR	Subsidy used/ allocated EUR	Currency revaluation EUR	Reallocation/ Release EUR	Balance 31 December 2025 EUR
Erasmus Programme Grant	28,040	5,415	-28,413	-	-5,042	-
Every Mother Counts Ukraine	7,318	-	-	-	-	7,318
Gates Foundation Congress Bursary Grant		69,264	-	-1,179	-	68,085
KNOV	9,227	-	-	-	-	9,227
Laerdal	5,810	-	-5,144	-	-	666
Lightful	190,921	-10,470	-95,453	-19,023	-	65,975
Medela	-	5,000	-	-	-	5,000
UNFPA South East Asia	13,711	11,120	-27,255	-225	2,649	-
World Health Organisation	931	352,343	-352,343	-	-	931
Total project funding	255,958	432,672	-508,608	-20,426	-2,393	157,202

The currency revaluation relates to the revaluation of the outstanding grants/subsidy balances dominated in USD to EUR at the closing rate as per year-end.

Erasmus+ Programme is a mobility program for members of ICM MAs in the European Union, aiming to improve their skills for adult education, especially in using simulation education and debriefing methods after running simulations. The agreement was for EUR 35,050 and covered the period from 1st June 2023 to 31st May 2025. ICM received the final payment of EUR 5,415 in 2025 following submission of the final report.

Every Mother Counts Ukraine provided funding for Ukraine Midwives to attend Congress 2023 in Bali. The balance will be carried forward to 2026 to support Midwives attending Congress 2026 in Lisbon.

Gates Foundation Congress Bursary Grant – ICM received USD 80,000 (EUR 69,264) to support midwives from low and middle-income countries to attend ICM Congress 2026 in Lisbon.

KNOV The balance will be carried forward to 2026 to support the implementation of ICM’s Global Midwifery Leadership Plan.

Laerdal – In July 2023, ICM received a grant from the Laerdal Foundation of EUR 61,000 for the Utstein project which involved meetings to develop global guidelines for midwifery education faculty development. The work was concluded in 2025.

Lightful partnered with ICM to develop a BRIDGE program for midwives. The aims of the programme were to empower MAs, increasing their knowledge, understanding and experience around digital tools and platforms, to reach more people with national, regional and international campaigns, raising more funds and improving resilience. The Gates Foundation funded the partnership. The agreement covered the period 13th May 2024 through to 15th February 2026 and ICM’s funding share was USD 242,811 (approx. EUR 224,825). In 2025, ICM received USD 27,600 (EUR 23,904) and returned USD 39,200 (EUR 34,374) due to a change in project activities.

Medela is providing EUR 5,000 funding to support low and middle-income countries midwives attending the 2026 Congress in Lisbon.

UNFPA Bangladesh is providing funding for the period 2023 – 2026 to support the strengthening of the MA in Bangladesh. Funding is provided through an annual workplan. The workplan agreement for 2025 was USD 50,000 of which ICM received USD 49,137 (EUR 43,136) during the year.

UNFPA APRO provides funding for Strengthening Regulation of Midwifery in Southeast Asia. In 2025, USD 19,716 (EUR 16,884) was received and USD 6,224 (EUR 5,765) unspent 2024 funds were returned.

UNFPA Egypt – ICM signed a Work plan agreement with UNFPA Egypt covering the period 1st October 2025 to 31st December 2026 to advance the Midwifery Program in Egypt. Funding is reimbursed quarterly following report submission. ICM received reimbursement for quarter 4, 2025 expenditure (USD 23,212) in January 2026.

WHO - a new grant agreement was signed in March 2025 for USD 403,882 (EUR 353,343) to support strengthening national MAs and educational institutions in select countries to uptake competency –based approach to education in CAC and FP using the WHO FP and CAC competencies toolkit. All funds were received and spent in 2025.

6 Off Balance Sheet rights, obligations and agreements

6.1 Long term financial commitments

The rental agreement for the ICM office (Koninginnegracht 60, The Hague) amounts to EUR 49,930 annually. The contract expires on 30 June 2030. Afterwards the rental agreement can be extended by 5 years each time.

The rental lease agreement for the Xerox machine amounts to EUR 5,575 annually; the contract is now renewed and expires in 2027.

The IT Managed services agreement entered into in October 2024 for a period of 36 months amounts to EUR 33,067 annually for services and licensing, and estimated labour fees of EUR 21,287 to be charged on the basis of usage.

6.2 Council Meeting and Triennial Congress

According to the statutes, ICM is obligated to hold a Council meeting annually, and no later than six months after the close of the Confederation’s year (ICM Constitution, Article 12, clauses i, ii). Every three years ICM holds the Council meeting together with its Triennial Congress.

The location of the Triennial Congress is chosen six years in advance. The Congress includes scientific programming and other activities including a multi-faith service and opening ceremony. Participants are largely midwives from around the world along with partner organisations, sponsors, and exhibitors.

Planning and organisation of the Triennial Congresses begins during the previous two triennia (five to six years beforehand). Contracts with the Congress venue, the Congress Management Team and the local conference organising company (if required) are signed. The ICM Board approves the final Congress budget. Actual costs for the Congress are reported in the year they fall and are only part of the annual financial report in the year that the Congress is executed. ICM is responsible for the obligations that are connected to the Congress in the years leading up to the Congress and in the year of the Congress.

In the pre-Congress years, ICM may be required to pre-finance payments to suppliers, according to the execution of contracts and agreements. These amounts will be settled when sufficient funds are available from participant registrations and receipt of funds from sponsors and exhibitors. As per year-end, no pre-finances have been made for the Congress 2026.

Triennial Congress 2026 Portugal

At the ICM Triennial Council meeting (held virtually) in June 2020, the Council selected two locations for due diligence assessment for 2026 Congress (Paris and Lisbon).

In October 2020 the ICM Board decided to hold 2023 Congress in Bali instead of Abu Dhabi for financial reasons including non-refundable payments already made to the 2020 Congress venue in Bali, BNDCC, which was postponed and later transferred to a virtual event due to the COVID pandemic. The ICM Board also decided to continue the selection process for 2026 Congress rather than automatically transferring Abu Dhabi as the venue for 2026 Congress and offering United Arab Emirates MA the opportunity to co-host the 2029 Congress in Abu Dhabi.

In September 2022, the ICM Board selected Lisbon as the venue for the 35th Triennial Congress 2026 in Portugal. CZECH-IN s.r.o has been appointed as the Congress Management Team. The budget for Congress 2026 has been approved by the ICM Board on a break-even basis.

7 Notes to Statement of Income and Expenditure

7.1 ICM income

7.1.1 Membership fees

	Budget 2025 EUR	Actual 2025 EUR	Actual 2024 EUR
Membership fees	437,059	459,181	451,020

In 2025, 1 new MA joined ICM, 2 MAs were terminated and 1 MA was dissolved. As at 31 December 2025, there are 133 Member Associations (2024: 135) from 117 countries.

7.1.2 Grants / Subsidies

ICM is supported from several funding partners to carry out the activities that are fundamental to help strengthen the profession of midwifery globally and create a highly skilled workforce of midwives. The supporting partners and their amount of support in 2025 were:

	Budget 2025 EUR	Actual 2025 EUR	Actual 2024 EUR
Subsidies Core funding			
Swedish International Development and Cooperation Agency (Sida)	1,003,170	988,593	1,005,617
Gates Foundation	1,309,435	1,197,949	958,352
Direct Relief	384,365	398,969	110,592
Foreign, Commonwealth and Development Office (FCDO)	479,447	449,426	52,511
Johnson & Johnson - Awards	-	-	90,900
Subtotal Subsidies Core funding	3,176,417	3,034,936	2,217,973
Grants, donations and sponsorship			
UNFPA (Global, Bangladesh and Asia Pacific)	76,256	88,394	147,850
Gates Foundation (SMS & MLBC)	-	-	319,168
Laerdal	5,809	5,144	45,129
Direct Relief (PUSH)	-	-	62,542
Direct Relief (Morocco)	-	-	92,028
Direct Relief (Türkiye)	-	-	808
Lightful	114,884	95,453	15,709
Johnson & Johnson (YML & Awards 2023)	-	-	9,683
New Venture Fund (YML + PUSH)	-	-	6,948
Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV)	9,227	-	25,773
Erasmus	33,455	33,455	-
WHO	373,965	352,343	-
Other grants and donations	-	-	6,186
Subtotal Project funding	613,596	574,790	731,824
Total Grants / Subsidies	3,790,013	3,609,726	2,949,796

The actual core and project funding is EUR 180,287 lower than budgeted primarily due to lower personnel costs and phasing of activities to 2026.

7.1.3 Funds

	Budget 2025 EUR	Actual 2025 EUR	Actual 2024 EUR
Income funds			
Regional Conference Fund	-	-	284,095
Total income funds	-	-	284,095

There were no regional conferences held in 2025.

7.1.4 Other income

	Budget 2025 EUR	Actual 2025 EUR	Actual 2024 EUR
Other			
Stichting WithWomen	-	1,845	4,292
Other	69,250	94,577	62,615
Total other income	69,250	96,421	66,906

Other includes EUR 85,280 related to a staff hosting agreement and EUR 5,630 of contributions towards attending and hosting representation activities.

7.2 ICM Expenditure

7.2.1 Personnel costs

	Budget 2025 EUR	Actual 2025 EUR	Actual 2024 EUR
Gross salaries	1,749,784	1,708,563	1,116,309
Social charges	331,133	281,502	170,765
Pension Cost	167,175	155,326	85,339
Contractor fees	184,340	187,686	591,596
Other personnel costs	126,747	128,152	167,357
Total Personnel costs	2,559,179	2,461,228	2,131,366

ICM employs staff in the Netherlands, Sweden, Croatia, France and Spain. On 31 December 2025 a total of 26 staff members (24.61 FTE during 2025) were employed by ICM Head Office as compared to a total of 23 staff members (15.68 FTE during 2024) in December 2024. Gross salaries were slightly below budget primarily due to two positions (Advocacy & Policy Lead and Business Development Lead) remaining vacant during the year and a freeze on recruitment of a further position (Operations Administrator).

In 2023 ICM took out a Pension scheme for employees through Nationale Nederlanden for staff based in the Netherlands. The scheme applies until 2030.

Other personnel costs include costs relating to recruitment and relocation, staff development and team strategy.

On 31 December 2025, no contractors were under contract as part of the ICM Head Office, compared with 9 contractors in December 2024.

7.2.2 Board and representation costs

	Budget 2025	Actual 2025	Actual 2024
	EUR	EUR	EUR
Board costs	59,383	64,884	56,917
Representation	65,201	78,188	30,308
Total Board and Representation	124,584	143,072	87,225

Board costs were higher than budget due to phasing of background checks for the incoming Board members.

Representation was higher than budget due to the appointment of the new CE and Head of Programmes & Partnerships and increased engagement activities in response to a more challenging funding environment.

7.2.3 Professional services

	Budget 2025	Actual 2025	Actual 2024
	EUR	EUR	EUR
Audit	54,000	51,600	75,222
Legal fees	77,000	92,335	45,337
Salary administration	9,750	14,351	5,863
Translation & interpretation	88,050	97,470	89,306
Other professional services	3,000	4,673	6,553
Total professional services	231,800	260,430	222,279

The audit cost for 2025 is an accrued amount based on the fees (EUR 62,920) stipulated in the engagement letter and a contingency for overrun costs. Following a review and adjustment of historical audit accruals, the 2025 accrual balance required for the audit is EUR 51,600.

2025 actual salary administration costs include unbudgeted expenses related to the administration of newly established EOR employees.

Legal fees include tax advice sought for ICM’s VAT assessment and ongoing communication with the DTA regarding CIT.

2025 actual translation and interpretation costs exceeded budget due to higher than anticipated council-related expenses.

Other professional services relate to ICM’s Intellectual property and Trademarks.

7.2.4 General costs

	Budget 2025	Actual 2025	Actual 2024
	EUR	EUR	EUR
Office Cost	58,634	64,566	62,282
IT and communication	139,132	124,348	117,391
Other cost	38,310	58,927	29,942
VAT	-	190,000	-
Total general costs	236,076	437,841	209,614

The office cost includes, in addition to the rent, local taxes and cleaning expenses. The increase in office costs compared to budget was mainly due to the final settlement of services (energy, water etc) for 2024 (EUR 4,318) as well as additional cleaning costs.

IT and communication costs were lower than budget mainly due to lower than anticipated set up costs for the new IT support provider, QNP.

Other cost was higher than budgeted primarily due to a EUR 13,711 provision for doubtful debtors related to membership fees and EUR 2,594 write off of outstanding membership fees following the termination of two MAs. The depreciation expenses of the fixed assets (EUR 17,655) are also included as part of the other cost.

VAT Provision

In 2008 the DTA confirmed that ICM was not an entrepreneur for VAT purposes. Subsequent to a Deloitte Netherlands assessment, commissioned by ICM, it was established that particular services from non-EU suppliers are used in the Netherlands and subject to VAT(reverse charge). ICM has recognised a provision for the years 2021-2025 based on current known information and has notified the DTA, which has confirmed ICM’s position and is awaiting the final assessment.

7.2.5 Events and Programmes

	Budget 2025	Actual 2025	Actual 2024
	EUR	EUR	EUR
Forward funding	233,747	198,744	126,403
Consultancy costs	593,371	570,652	483,086
Meetings and events	313,997	210,631	195,853
Other direct costs	44,053	46,450	70,036
ICM Congress and Regional Conferences	3,277	20,714	414,505
Total events and programmes	1,188,444	1,047,190	1,289,883

Forward Funding captures all project expenditure relating to funds transferred and costs incurred by the relevant MAs. Actuals are higher than 2024 due to activities funded by FCDO and WHO.

Meetings and Events actuals are lower than budget, primarily due to the WHO FP & CAC project where costs were reallocated to other activities including Forward Funding and staff time.

Consultancy costs are lower than budgeted due to rephasing of activities to 2026. Within Consultancy 2025 actuals, EUR 214,674 relates to costs for the setup of the Global Midwives Hub, funded by Direct Relief.

ICM Congress and Regional Conferences 2025 costs relate to the SPPC meeting costs for planning the 2026 Congress in Lisbon and management preparation fees for the 2025 Regional conferences which were cancelled.

7.3 Financial income/(expenditure)

	Budget 2025	Actual 2025	Actual 2024
	EUR	EUR	EUR
Financial income	-34,000	-84,910	-157,095
Bank cost	10,000	8,174	8,481
Exchange rate differences	20,000	182,164	-85,619
Total financial (income)/expenditure	-4,000	105,428	-234,233

In 2023 ABN Amro bank started to pay credit interest on all balances. ICM holds cash in EUR, USD, GBP and SEK bank accounts. With the deposit account, opened in 2023, we achieved a higher rate of interest than on the regular accounts. ICM earned EUR 84,910 in interest during 2025.

Exchange rate differences resulted in an overall exchange loss of EUR 182,164 in 2025 due to unfavourable exchange rates. The exchange rate differences include EUR 162,224 unrealised exchange losses primarily arising from the weakening of the US dollar.

7.4 Corporate Income Tax – Congress

	Budget 2025	Actual 2025	Actual 2024
	EUR	EUR	EUR
Corporate Income Tax - Congress	-	-	175,000
Total Corporate Income Tax	-	-	175,000

7.5 Subsequent events

There are no significant subsequent events.

‘s-Gravenhage, date 16th April 2026:

On behalf of the Board:

- Sandra Oyarzo Torres, President
 - Olive Tengera, Board Member
 - Samara Ferrara, Board Member
 - Lia Brigante, Board Member
- Faridah Shah, Board Member
 - Laxmi Tamang, Board Member
 - Alison Eddy, Board Member

8 Other information

8.1 Provision in the Articles of Association governing the result appropriation

The Articles of Association do not describe the allocation of result. Therefore, the ICM Council approves the result appropriation.

8.2 Auditor’s report of the independent auditor



INDEPENDENT AUDITOR’S REPORT

To: The Board of International Confederation of Midwives

Report on the audit of the financial statements 2025 on page 107 up to and including page 137 included in this annual report

Our opinion

We have audited the financial statements 2025 of International Confederation of Midwives based in ‘s-Gravenhage.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of International Confederation of Midwives as at 31 December 2025 and of its result for 2025 in accordance with the RJKC1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

The financial statements comprise:

- 1. the balance sheet as at 31 December 2025;
- 2. the statement of income and expenditure for the year ending 31 December 2025; and
- 3. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

We conducted our audit in accordance with Dutch law, including the Dutch Standards on Auditing. Our responsibilities under those standards are further described in the ‘Our responsibilities for the audit of the financial statements’ section of our report.

We are independent of International Confederation of Midwives in accordance with the Verordening inzake de onafhankelijkheid van accountants bij assurance-opdrachten (ViO, Code of Ethics for Professional Accountants, a regulation with respect to independence) and other relevant independence regulations in the Netherlands. Furthermore we have complied with the Verordening gedrags- en beroepsregels accountants (VGBA, Dutch Code of Ethics for Professional Accountants).

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Report on the other information included in the annual report

The annual report contains other information, in addition to the financial statements and our auditor’s report thereon.

The other information consists of:

- Vision and mission;
- Message from the President;
- Message from the CEO;
- The activity and Board report on page 13 up to and including page 90;
- Other information as required by the RJKC1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board);
- Annexes – Income and expenditures by source.



Based on the following procedures performed, we conclude that the other information:

- is consistent with the financial statements and does not contain material misstatements;
- contains all the information regarding the other information as required by the RJKC1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

We have read the other information. Based on our knowledge and understanding obtained through our audit of the financial statements or otherwise, we have considered whether the other information contains material misstatements.

By performing these procedures, we comply with the requirements of the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

The Board is responsible for the preparation of the other information as required by the RJKC1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

Description of responsibilities regarding the financial statements

Responsibilities of the Board for the financial statements

The Board is responsible for the preparation and fair presentation of the financial statements in accordance with the RJKC1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board). Furthermore, the Board is responsible for such internal control as the Board determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

As part of the preparation of the financial statements, the Board is responsible for assessing the company’s ability to continue as a going concern. Based on the financial reporting framework mentioned, the Board should prepare the financial statements using the going concern basis of accounting, unless the Board either intends to liquidate the company or to cease operations, or has no realistic alternative but to do so.

The Board should disclose events and circumstances that may cast significant doubt on the company’s ability to continue as a going concern in the financial statements.

Our responsibilities for the audit of the financial statements

Our objective is to plan and perform the audit engagement in a manner that allows us to obtain sufficient and appropriate audit evidence for our opinion.

Our audit has been performed with a high, but not absolute, level of assurance, which means we may not detect all material errors and fraud during our audit.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. The materiality affects the nature, timing and extent of our audit procedures and the evaluation of the effect of identified misstatements on our opinion.





We have exercised professional judgement and have maintained professional scepticism throughout the audit, in accordance with Dutch Standards on Auditing, ethical requirements and independence requirements. Our audit included among others:

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board;
- concluding on the appropriateness of the Board's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause a company to cease to continue as a going concern;
- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Delft, 16 April 2026
Audit 4You B.V.

Signed by drs. A. Dijkhuizen RA



ANNEXES

Income and expenditure by source

(x EUR 1,000)	ICM	Sida	Gates Foundation	UNFPA	Lightful	Direct Relief	ICM Funds	WHO	FCDO	Erasmus	Other grants and donations	Total
INCOME												
Membership fees	459	-	-	-	-	-	-	-	-	-	-	459
Core funding	-	989	1,198	-	-	399	-	-	449	-	-	3,035
Project funding	-	-	-	88	95	-	-	352	-	33	5	575
Funds	-	-	-	-	-	-	-	-	-	-	-	-
Other income	96	-	-	-	-	-	-	-	-	-	-	96
TOTAL INCOME	556	989	1,198	88	95	399	-	-	449	33	5	4,165
EXPENDITURE												
Personnel	117	787	917	48	36	102	38	123	293	-	-	2,461
Board	33	25	-	-	-	-	-	-	7	-	-	65
Representation	23	-	41	-1	-	6	9	-	-	-	-	78
Professional services	100	62	24	-	-	12	36	-	24	-	2	260
General office costs	335	25	21	-	-	20	-	-	37	-	-	438
Events and programmes	10	87	228	43	64	241	32	229	82	28	3	1,047
TOTAL EXPENDITURE	619	986	1,231	90	99	381	116	352	442	28	5	4,350
OPERATIONAL RESULT	-63	2	-33	-1	-4	18	-116	-	7	5	-	-184
Financial income / (expenditure)	-149	-2	33	-	4	3	13	-	-7	-	-	-105
Corporation Income Tax Congress	-	-	-	-	-	-	-	-	-	-	-	-
NET RESULT	-212	0	0	-1	0	21	-103	-	0	5	-	-290

Expenditure is allocated to the funding sources based on actual time spent by staff and contractors, X tariff for projects and agreed budget for core funding, invoices from consultants and other direct cost and considering a mark-up for covering ICM overhead. Expenditure is covered by donor funding and membership fees.

