

Strategic Plan

2024-2026

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List of Acronyms

Continuity of midwife care	COMC
Every Newborn Action Plan	ENAP
Ending Preventable Maternal Mortality	EPMM
Gender, Justice, Equity, Diversity, and Inclusion	G-JEDI
International Confederation of Midwives	ICM
Lesbian, Gay, Bisexual, Transgender, Queer	LGBTQ+
Member Association Capacity Assessment Tool	MACAT
Member Associations ¹	MA ^s
Midwife-Led Birthing Centres	MLBC
Sustainable Development Goals	SDGs
Strengthening Midwifery Services	SMS
Sexual, Reproductive, Maternal, Newborn and Adolescent Health ²	SRMNAH
Universal Health Coverage	UHC
United Nations Population Fund	UNFPA
World Health Organization	WHO
White Ribbon Alliance	WRA
Young Midwife Leaders	YMLs

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.

¹ ICM uses the acronym “MA” interchangeably and can refer to “member association” or “midwives’ association,” depending on the context.

² ICM defines a midwife’s spectrum of care as focusing on maternal and newborn health (MNH) and providing sexual and reproductive health and rights (SRHR) support to women and girls, with particular focus on adolescent pregnancies.

I. Executive Summary



Despite a strong start, progress on reducing maternal and infant mortality as part of the Sustainable Development Goals (SDGs) has stalled. Every two minutes, a woman dies from complications due to pregnancy or childbirth, nearly 2 million babies are born still and never take their first breath. The first year of life is the most perilous, with 74% of child deaths occurring in this period. In many countries, maternal mortality rates have stagnated, and in some places, are rising.³

This reality underscores the need for a paradigm shift in the way we provide care to women, gender diverse people, and babies during pregnancy, labour, birth, and the postnatal period. It is time to finally embrace what the evidence has been showing for decades – that continuity of midwife care (COMC) saves lives and improves outcomes for mothers and babies and increases access to quality sexual and reproductive health services.

Integrating COMC into broader health systems, ensuring an enabling environment, where midwives have the autonomy and competence to practise according to the ICM [International Definition and Scope of Practice of the Midwife](#) has a ripple effect for families, communities, and societies. Integrating continuity of midwife care into health systems can ensure better access to essential health services and progress towards achieving broader health system development goals, including the implementation of universal health coverage (UHC). Midwives can provide about **90%** of the sexual, reproductive, maternal, and newborn health (SRMNH) care needs, however, they account for **less than 10%** of the global SRMNH workforce.⁴ As the only global organisation supporting the profession of midwives through member associations (MAs) in more than 140 countries around the world, the time is ripe for ICM to hone our focus on the global realities that are impacting the health of women and babies.

³ World Health Organization (WHO). (2023). Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Geneva: World Health Organization. Accessed May 2023. <https://apps.who.int/iris/rest/bitstreams/1492307/retrieve>

⁴ The State of the World's Midwifery, 2021 <https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENv4302.pdf>

ICM's Triennial Strategic Plan (2024-2026) includes four pivotal priorities that are critical to advancing continuity of midwife care models of practice, and midwifery more broadly, ultimately leading to better sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) outcomes:

1

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.

2

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 thrive. It also means encouraging countries to implement the continuity of midwife care model which evidence has long shown improves health outcomes.

3

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.

4

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.



ICM is a leader in providing guidance, resources, and support to the SRMNAH sector, professional midwives' associations, and individual midwives. We are well placed to utilise our longstanding reputation and expertise to continue to showcase the important role that midwives have in achieving health and gender equality globally and to push for midwives to finally have an undisputed, reserved seat at every table where decisions are being made about health and development.

Our Triennial Strategic Plan is about more than just ICM – we have developed it together with our MAs ensuring that the plan is aligned with and responds to their needs. We have consulted key internal and external stakeholders, the global ICM team as well as our partners and donors. The plan uses the same holistic approach to women's health that midwives use every day, addressing both immediate needs and systemic challenges

that occur within broader sectors such as gender equality, human rights, sexual and reproductive health and rights, diversity, UHC, and climate.

Our 2024-2026 Triennial Strategic Plan has been developed to serve ICM and our members. The plan is rooted in key areas of strength and lessons learned, and it leverages our unique value add as the only organisation solely focused on the pivotal role of midwives as health professionals who provide quality care to women and babies across the entire spectrum of childbirth and broader areas of SRMNAH. The Strategic Plan has been carefully crafted to shape the upward development trajectory of midwifery, ensuring the resilience, reach, impact, and leadership of ICM and MAs locally, nationally, regionally, and globally.

These are the strategic priorities ICM aims to achieve between 2024-2026:

ICM Strategic Priorities 2024-2026

Mission: To strengthen midwives' associations (MAs) 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.



STRATEGIC PRIORITY 1:

Drive innovation, leadership, and sustainability for the future of midwifery.

- Ensure a sustainable ICM, including human, social, economic, and environmental elements.
- Facilitate a responsive ICM that is constantly learning and responding to the needs of its members in new and improved ways.
- Equip midwives' associations and midwives across all generations to claim their place as sustainable leaders, secure their roles at decision-making tables and communities across the midwifery profession and in aligned sectors, both globally and locally.
- Ensure ICM is engaged with donors, partners, governments, and the private sector to provide technical assistance and leadership in the development and implementation of continuity of midwife care, new resources and innovations.
- Utilise and promote more digital knowledge management resources to reach and support midwives and their associations at all stages of their professional development.



STRATEGIC PRIORITY 2:

Support the dissemination and implementation of the Professional Framework for Midwifery.

- Promote midwives as autonomous professionals to improve health outcomes for mothers and babies and quality sexual, reproductive, maternal, newborn, and adolescent (SRMNAH) care.
- Describe and advocate for an enabling environment for midwives that facilitates the necessary professional agency, system-level infrastructure, integration, and funding needed for midwives to practise across the full scope of practice of a midwife, as defined by ICM.
- Strengthen midwifery essential competencies, education, regulation, and leadership.
- Drive the use of research and evidence for the profession of midwifery and continuity of midwife care.
- Elevate the unique role of midwives' associations as the voice for midwives and to support and advance the profession.



STRATEGIC PRIORITY 3:

Collaborate with partners to grow the movement for midwifery and elevate the role of midwives as competent and respected healthcare providers who put women's voices at the centre.

- Leverage advocacy and communications to influence and educate policymakers and wider audiences about the positive impact of midwives on maternal and newborn health, sexual and reproductive health and rights, and gender equality, in addition to impacts on families and communities.
- Equip midwives and midwives' associations with data and tools to effectively advocate for continuity of midwife care, maternal, newborn, sexual and reproductive health and rights.
- Utilise effective and equitable relationships to build and support the profession of midwifery and expand the influence of ICM.
- Support midwives' associations to build partnerships with women's groups and communities.
- Support partnerships between midwives and women.
- Strengthen partnerships between midwives and other stakeholders, including global and national policymakers, other health workers and professionals, other health professional associations and partners across sectors.



STRATEGIC PRIORITY 4:

Work in partnership to ensure member associations are prepared and well positioned to respond to emergent humanitarian and climate crises.⁵

- Build new partnerships to mitigate the effects of humanitarian and climate crises on women and newborns by advocating to wider audiences on the important role midwives play in crisis situations and securing new funding and partnerships in the humanitarian and climate sectors.
- Establish and secure funding dedicated to providing midwives' associations with essential resources (equipment, services, supplies, etc.) during humanitarian crises.
- Enhance member associations' knowledge and training opportunities to better support crisis response including promoting midwife leadership in national and local preparedness planning and knowledge sharing between midwives' associations.

⁵ Generally inclusive of emergencies defined as natural disasters, climate emergencies, war, and complex emergencies.



Priority #4 will be operationalized in alignment with ICM's unique value add in how we respond to humanitarian, environmental, and fragile crises i.e., ICM's member associations provide local, community-driven, quality care on the ground. ICM's approach is rooted in developing trust-based partnerships with midwives and MAs to build their capacity to deliver long-term, sustainable solutions.





ICM Values

- ✳ **We strengthen and build the capacity of midwives and midwives' associations so that midwives can better support women and gender diverse people, and provide quality SRMNAH care.**
- ✳ **We work locally, regionally, and globally with our member midwives' associations and on behalf of the midwives they represent.**
- ✳ **We work in partnership with others to advance the profession of midwifery.**
- ✳ **We take a rights-based approach.**
- ✳ **We promote and prioritise gender equality, justice, equity, diversity, and inclusion.**
- ✳ **We use information and evidence as the basis for our decisions.**
- ✳ **We operate responsibly, with integrity and accountability.**

II. Introduction

The International Confederation of Midwives is the global voice of midwives. We are experts in creating, advising, influencing, and enabling the profession of midwifery globally. We support midwives' associations to ensure that every woman and newborn have the best possible health outcomes before, during and after pregnancy, all the while promoting and supporting their human rights by offering respectful, anticipatory, and flexible care.

With a unique and vital role as the only organisation specifically focused on supporting midwives' associations (MAs) and their midwife-members around the world, ICM is a leader in providing knowledge, resources, and support to the midwifery profession. We provide added value to the broader landscape by contributing to improving sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH), gender equality, and equal access to quality health care for women and communities.

With this role comes the responsibility to serve as a convenor, connector, and catalyst, both within the midwifery sector and outside – representing the interests of MAs and midwives across new sectors, allies outside of the midwifery and maternal health space, decision-makers, and non-traditional partners. At the same time, we work on expanding recognition and support for the important role of midwives in ensuring health and rights.

With a renewed, global focus on improving maternal and newborn outcomes to meet the SDGs, and a growing global reproductive justice movement, the time is ripe for midwives to take their rightful place in health systems around the world. At the beginning of a new triennial strategic planning period, we intend to take on the work to elevate midwives and midwives' associations even more strongly.

A well-developed strategic plan serves as a roadmap to guide decision-making and resource allocation to achieve our vision and respond to the evolving landscape for women's health. At ICM we have been true to our core mission for 101 years, envisioning a world where every childbearing woman has access to a midwife's care for herself and her newborn. To achieve this, we work with our members and midwives across six global regions, undertaking a series of partner collaborations and successful projects and programmes. Highlights over the last triennium include:

- The impactful Virtual Congress (2021) and in-person Triennial Congress in Bali (2023),
- The successful Young Midwife Leaders (YML) and Executive Midwife Leaders Programmes (2021-23),
- Developing and implementing a sustainability plan and a gender, justice, equity, diversity, and inclusion (G-JEDI) plan (2022-23),
- Updating the ICM Global Standards for Midwifery Education and the ICM Professional Framework for Midwifery (2021),
- Accrediting three more midwifery education programmes as meeting the ICM's Global Standards for Midwifery Education (2022),
- Implementing our Midwifery Services Framework in Zambia to achieve government commitment to midwife-led services,
- Strengthening our governance by equitable distribution of regional Board members, utilising an independent election committee, and selecting a non-midwife treasurer with specific financial competencies,



- Building our regional approach through establishment of regional staff teams, regional professional committees and increased regional activities and cross-communication,
- Strengthening midwives' associations through targeted approaches and programmes such as Twin to Win,
- Generating income through commercialisation of a peer-to-peer digital learning solution, the ICM Midwifery Competencies Digital Learning Tool, developed with Laerdal for educating midwives, including 50 practice sessions for student midwives to reach ICM's Essential Competencies,
- Building our advocacy reach globally, regionally and nationally through targeted approaches and the PUSH Campaign, and
- Partnering with key stakeholders to support MAs in climate-affected, humanitarian and conflict settings, as well as those working with refugees and displaced persons (2021-23).

Building from the incredible work undertaken to date and the [2021-2023 Strategic Plan](#),

the 2024-2026 Plan serves to guide the day-to-day activities of ICM as well as to motivate, support, and align MAs, midwives and stakeholders in the SRMNAH sectors, and to drive the need for a truly enabling environment for midwives across the globe. This dynamic, new strategy offers an exciting opportunity for us to build on the current strengths, successes, and opportunities, while being proactive and innovative about the vision for the future of the midwifery, and the critical role that midwives play in ensuring wellbeing and quality care to women, gender diverse people and babies throughout the childbirth continuum and into broader areas of SRMNAH.

Rooted in our commitment to serving midwives and women, ICM champions access to the care of a midwife as a basic human right for all women, according to best evidence and aligned with ICM's core documents, such as the [ICM Bill of Rights for Women and Midwives](#).

By acknowledging and working to value diversity, examining institutional biases such as racism, sexism, ageism, and more, as well as working to combat inequality in all its forms, we also strive to model and prioritise G-JEDI in all our work. This includes efforts to promote diverse leadership and a focus on the various regions of ICM's remit as well

as equity and inclusion within ICM's staff, programmes, and across MAs.

ICM will strive to advance justice and human rights, and will continue to stand against racism by working to remove barriers to equitable, respectful, and culturally appropriate care from midwives for all women and communities (e.g. [ICM's Anti-Racism Statement](#)). These efforts will enhance health outcomes and drive sustainable progress for midwives, women, and communities, regardless of their ethnicity, race, origin, religion, sexual orientation, gender identity or other differences. These tenets are central to ICM's strategic approach. While ICM centres women as the critical population that we serve and partner with, we also recognise the important impact midwives can have on the health of newborns, children, adolescent girls, transgender and non-binary people, but also anyone who requires the care of a midwife.

The strategic planning process – led by the ICM Board, with support from Global Health Visions (GHV) – served to (1) reflect and align the various perspectives of key ICM stakeholders,⁶ (2) define the broader landscape and the value ICM adds to it, and (3) outline clear priorities that underpin the framework of a strategy that is bold practical, and sustainable.

⁶ Interviewees included the ICM Board, staff, MAs, the Swedish International Development Cooperation Agency (Sida), the World Health Organization (WHO), the White Ribbon Alliance (WRA), the Bill & Melinda Gates Foundation (BMGF), the United Nations Population Fund (UNFPA), Laerdal Global Health (LGH), Direct Relief, Jhpiego, McMaster University, and other key partners.

III. Strategic Priorities





Strategic Priority 1: Drive innovation, leadership, and sustainability for the future of midwifery.⁷

Overview

Social, economic, and climate changes, coupled with the recent global pandemic, are shaping countries and societies in new ways. The global health landscape continues to adapt, moving towards strengthening primary healthcare systems, improving multisectoral collaboration to improve service integration, recognising the importance of gender equality, adolescent health, and reproductive justice, and developing new innovations to accelerate progress and improve survival rates for mothers and babies. Considering this ever-evolving landscape, we have committed to positioning ourselves to be innovative, flexible, and effective to ensure sustainability. ICM will embody the role of convenor, connector, and catalyst, and strengthen our ability as a unifying force more strongly bringing midwives and midwifery into the global SRMNAH sectors. This commitment will broaden our impact and ensure robust support for the next generation of midwives, contributing to the improvements in maternal and newborn health outcomes worldwide.

⁷ Please see [ICM's definitions of midwives and midwifery](#).

Key Objectives

- Ensure a sustainable ICM, including human, social, economic, and environmental elements.
- Facilitate a responsive ICM that is constantly learning and responding to the needs of its members in new and improved ways.
- Equip midwives' associations and midwives across all generations to claim their place as sustainable leaders, secure their roles at decision-making tables and communities across the midwifery profession and in aligned sectors, both globally and locally.
- Ensure ICM is engaged with donors, partners, governments, and the private sector to provide technical assistance and leadership in the development and implementation of continuity of midwife care, new resources and innovations.
- Utilise and promote more digital knowledge management resources to reach and support midwives and their associations at all stages of their professional development.

Outcomes

At the end of three years, ICM will have:

- Increased organisational sustainability.
- Improved processes for facilitating learning and responsiveness to member association's needs.
- Enhanced leadership skills and leadership resources for midwives and MAs.
- Expanded engagement with donors, partners, governments, and the private sector and positioned ourselves as a leader and technical expert on midwifery and SRMNAH.
- Expanded the use of digital resources to support midwives and MAs.

Our Approach

Grounded in a meaningful mission and vision, ICM commits to remaining responsive to changing circumstances and continuing to make a sustainable, positive impact in the field of midwifery while upholding our human, social, economic, and environmental sustainability principles, detailed below.

Human sustainability: This means balancing growth through a holistic approach to organisational development and ensuring that MAs, midwives, ICM Board members, and ICM staff are respected, supported, and competent. This work will also include the development and improvement of skills for ICM's staff and Board, continuing to strengthen governance structures and operating systems, and ensuring efficiency and sustainability.

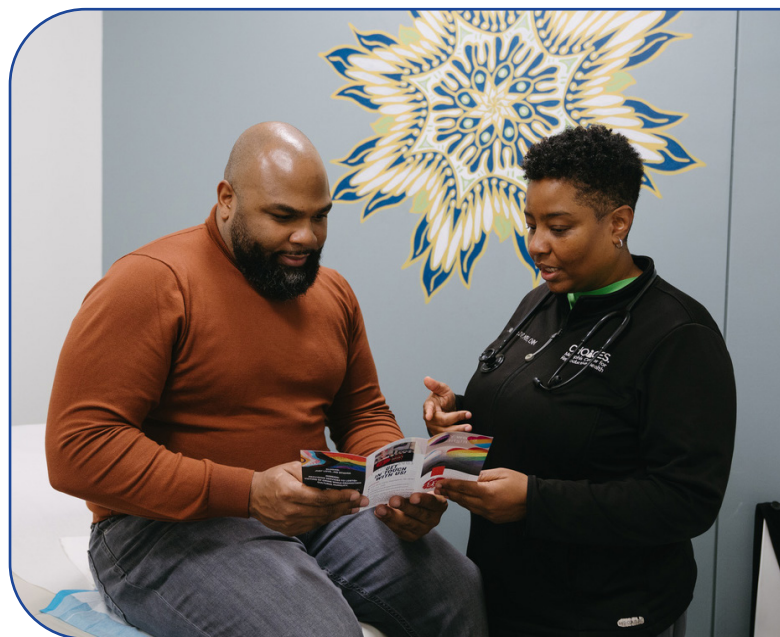


Social sustainability: The reciprocal relationship between ICM and the broader midwifery community is critical for the growth and advancement of both and depends on collaboration, support, and a shared vision. ICM will commit to maintaining a participatory and responsive approach to governance and decision-making with MAs and midwives to push for policies and actions that align with their needs and support their wellbeing. This also means consistently centring the health and wellbeing of women, newborns, and communities.

Economic sustainability: ICM will also focus on enhancing our financial security to create a sustainable funding model and ensure the organisation's ability to carry out our core strategic activities for the duration of this strategic planning period and beyond.

Environmental sustainability: In an increasingly warming world, ICM commits to integrating environmental responsibility into both internal operations and external-facing work, focusing on a healthier planet for midwives, women and for the next generation. ICM will play a leading role in promoting environmental sustainability within the midwifery community and the broader SRMNAH sector by raising awareness about efforts organisations and individuals can take to contribute to environmental sustainability. Internally, this can include limiting unnecessary travel, minimising waste, prioritising virtual meetings, and sourcing local goods and services. Externally, this can mean advocating for midwifery care as environmentally, socially, and economically sustainable.

Claiming our place at decision-making tables: In addition to sustainability, ICM will create an environment where midwives are powered, supported, and prepared to take on



leadership roles at all levels, with a seat at every table where health and development decisions are being made. This will include projects to support MAs and midwives with resources and guidance to communicate perspectives, strengthen their influence, and support midwives at different stages of their careers. We are committed to fostering and building generations of midwives to ensure that the profession continues to grow and meet the needs of women and newborns around the world.

Enabling, powering, and connecting

MAs: ICM will work closely with MAs and other stakeholders to identify areas where technical assistance, mentorship, and leadership support are required. ICM will also continue to create collaborative platforms where stakeholders can come together to discuss challenges, share insights, and explore innovative solutions to drive impact. This includes prioritising an updated, responsive, more user-friendly website and virtual platforms for sharing information about current evidence, resources, and new technologies.



Strategic Priority 2: Support the dissemination and implementation of the Professional Framework for Midwifery

Overview

Before the COVID-19 pandemic, the world was facing a shortage of 900,000 midwives, representing a third of the required global midwifery workforce.⁸ Since the pandemic, that shortfall has surely grown. Fully resourcing universal access to midwife care across SRMNAH by 2035 has the potential to prevent 67% of maternal deaths, 64% of newborn deaths, 65% of stillbirths, and save an estimated 4.3 million lives per year.⁹ The fact that midwife services are consistently under-resourced globally is indicative of broader challenges in prioritising women's and girl's sexual and reproductive health needs and gender equality, but also reflects the global backlash to women's and reproductive rights more broadly. Investment in midwives and supporting midwives to practise effectively is crucial to addressing these issues.

⁸ The State of the World's Midwifery, 2021 <https://www.unfpa.org/sites/default/files/pub-pdf/21-038-UNFPA-SoWMy2021-Report-ENV4302.pdf>

⁹ Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. The Lancet, 2020 [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30397-1/fulltext#seccestitle80](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30397-1/fulltext#seccestitle80)

Every profession requires a robust professional framework to provide a structure for practitioners to excel and contribute meaningfully to their respective fields. The Professional Framework for Midwifery acts as an informative and guiding tool for ICM, its members, partners, and key stakeholders. ICM developed an updated [Professional Framework for Midwifery](#) in 2021 to reflect the evolution of the profession and midwifery as it exists today, and to ensure its innovation and relevancy in response to the shifting global health landscape. Underpinned by the philosophy and midwife model of care, the Professional Framework focuses on essential competencies for midwifery practice, education, regulation, association, research, leadership, and a commitment to gender equality and JEDI. It also includes an enabling overarching, environment that involves establishing the necessary conditions, support structures, and resources that midwives need to effectively practise their full scope, including collaboration among healthcare institutions, policymakers, professional organisations, and communities. Implementation in every country of all ten elements of the ICM Professional Framework for Midwifery would create a healthcare landscape that values and maximises the contributions midwives can make to improving the health outcomes of childbearing women and newborns and improving quality SRMNAH care.

Key Objectives

- Promote midwives as autonomous professionals to improve health outcomes for mothers and babies and quality sexual, reproductive, maternal, newborn, and adolescent (SRMNAH) care.
- Describe and advocate for an enabling environment for midwives that facilitates the necessary professional agency, system-level infrastructure, integration, and funding needed for midwives to practise across the full scope of practice of a midwife, as defined by ICM.
- Strengthen midwifery essential competencies, education, regulation, and leadership.
- Drive the use of research and evidence for the profession of midwifery and continuity of midwife care.
- Elevate the unique role of midwives' associations as the voice for midwives and to support and advance the profession.

Outcomes

At the end of three years, ICM will have:

- Increased visibility and recognition of midwives.
- Strengthened the enabling environment to deliver the necessary infrastructure, support, and resources for midwives.
- Increased the use and recognition of the ICM's Professional Framework for Midwifery.
- Increased the number of partnerships to drive research and evidence on the midwife profession and continuity of midwife care, including midwife-led birthing centres.
- Increased support and amplification of member associations.

Our Approach

Building upon past efforts outlined in the 2021-2023 Strategic Plan, ICM will continue to leverage the updated Professional Framework for Midwifery as an informative and guiding tool for ICM, our members, partners, and stakeholders. ICM will continue to prioritise awareness around the importance of recognising the midwifery profession as autonomous and distinct from other health professions, while emphasising the importance of multi-professional collaboration, especially with obstetricians, paediatricians, and others while acknowledging the importance of continuity of midwife care as a core element of the ICM Professional Framework. In recognition that every element of the Professional Framework is dependent on and influenced by the overarching health and social systems, ICM will work to support an enabling environment with the necessary resources and infrastructure so that midwives are able to apply their competencies effectively.

Research and evidence not only contribute to the growth and development of the midwifery profession but also play a central role in ensuring that midwives provide high-quality, evidence-based care to the women and communities they serve. By fostering strong collaborations between midwives, academic institutions, and multilateral partners, ICM will champion the use of research-based evidence by promoting midwife continuity of care and midwife-led birthing centres (MLBC), ensuring that wider audiences recognise the unique skills and competencies of midwives and their impact on improving health outcomes and quality care for mothers and babies.



Member associations play a central role in amplifying the voice of midwives, fostering professional growth and shaping the future of midwifery through advocacy, education, and collaboration. ICM will elevate the unique role of MAs and contribute to the development of a strong, unified national and global voice for midwives, advocating for the needs, rights, and professional development of midwives and contributing to the continued advancement and recognition of their critical role in delivering health services. Through ICM and its networks, MAs will be supported with professional development, networking, leadership opportunities, capacity building, funding prospects, and much more.



Strategic Priority 3: Collaborate with partners to grow the movement for midwifery and elevate the role of midwives as competent and respected healthcare providers who put women's voices at the centre.

Overview

Midwives are the backbone of sexual and reproductive healthcare services for women and girls. For decades, research has reiterated the impact midwives have on improving reproductive, maternal and newborn health outcomes, improving respectful quality care, and upholding the rights, respect, and dignity of those entrusted to their care. Poor quality of care is responsible for more deaths than lack of access to care and accounts for more than 50% of maternal deaths and over 60% of neonatal deaths in low- and middle- income countries.¹⁰ Yet, an estimated 1 million newborn and 150,000 maternal deaths could be averted every year with high-quality

¹⁰ Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. *The Lancet*. nov 2018;392(10160):2203-12.

care.¹¹ As the only global professional organisation of midwives, ICM plays a unique and central role in showcasing the credibility and impact of continuity of midwife care to improving health outcomes, increasing women's satisfaction with care, advancing gender equality and reproductive justice, and promoting equity towards achieving Universal Health Coverage and the Sustainable Development Goals.

To steward these efforts, partnerships— within and outside of the midwifery sector—are vital. As a convenor, connector, and catalyst, ICM is well-positioned to work alongside partners to champion the profession of midwifery and expand support and recognition for the work and impact of MAs and midwives. Over the next three years, ICM will focus on deepening our advocacy, policy, and communication initiatives globally and in key regions and countries to steward exciting partnerships that bolster and highlight the important role that midwives play. ICM will also enhance advocacy and communications support to MAs, including training and tailored technical assistance, to ensure midwives are able to champion their needs and push for policies that enhance the profession at the country and global levels.

¹¹ Ibid

Key Objectives

- Leverage advocacy and communications to influence and educate policymakers and wider audiences about the positive impact of midwives on maternal and newborn health, sexual and reproductive health and rights, and gender equality, in addition to impacts on families and communities.
- Equip midwives and midwives' associations with data and tools to effectively advocate for continuity of midwife care, maternal, newborn, sexual and reproductive health and rights.
- Utilise effective and equitable relationships to build and support the profession of midwifery and expand the influence of ICM.
- Support midwives' associations to build partnerships with women's groups and communities.
- Support partnerships between midwives and women.
- Strengthen partnerships between midwives and other stakeholders, including global and national policymakers, other health workers and professionals, other health professional associations and partners across sectors.



Outcomes

At the end of three years, ICM will have:

- Enhanced visibility among policymakers and other audiences on the impact of midwives and continuity of midwife care.
- Increased advocacy skills and capacity of midwives and MAs.
- Increased partnerships to support and amplify the midwifery profession.

Our Approach

In 2024 and beyond, ICM will implement targeted approaches to amplify the voices and visibility of MAs and partners. Together, with national, regional, and global stakeholders, we will facilitate a more streamlined approach to midwifery advocacy that unifies the priorities among key stakeholders and catalyses global action. Concerted efforts will focus on the development and dissemination of technical resources and data-sharing to build a sustainable network of skilled, respected, and well-supported MAs. Advocacy support through training and peer-to-peer networking, including among youth and maternity rights

advocates, will be another effective approach to equip midwives and MAs with the tools to promote their work and impact while leveraging ICM's communication channels to amplify the voices of midwives and the people that they serve.

ICM will continue to leverage the expertise of its partners and elevate their work in fostering coordination and additional investment in midwifery. Through coalition-building initiatives and global platforms, ICM will mobilise traditional donors as well as non-traditional donors in cross-cutting sectors, such as gender equality, women's health, humanitarian response, climate justice, and reproductive justice to diversify funding sources, bolster collective action, and inform policy change.

With a predominantly female workforce and with a focus on mothers and babies, midwifery is inherently linked to gender (in) equality and human rights. ICM recognises this and remains committed to working with MAs to address pervasive gender norms, which have cascading impacts on midwife leadership, the public demand for midwives as respected health professionals, and the standards of quality care that accelerate health outcomes. In addition, ICM will build partnerships that underscore a reproductive justice lens to drive gender equality in the profession of midwifery, with concerted efforts to support the needs and agency of women and girls in their right to bodily autonomy.





Strategic Priority 4: Work in partnership to ensure Member Associations are prepared and well positioned to respond to emergent humanitarian and climate crises.

“

No crises can be appropriately managed without midwives.

– Anonymous midwife

“

Midwives are the original first responders.

– White Ribbon Alliance



Statistics of Interest

Nearly 70% of non-pregnant adolescent girls and women around the world (1.2 billion) suffer from nutritional deficiencies, 6.9 million pregnant and breastfeeding women suffer from acute malnutrition (a 25% increase since 2020). ([UNICEF, 2023](#)). Climate change is expected to increase the risk of hunger and malnutrition by 20% by 2050 ([WFP, 2021](#)).

- » Malnutrition is significantly higher among children with underweight mothers (BMJ Global Health) which is impacting our ability to achieve SDGs, with around 45% of child deaths linked to undernutrition. ([WHO](#))

Women and girls 14 times more likely to die in the aftermath of climate disasters. Furthermore, the UN estimates that women and girls account for [80% of the people](#) displaced by climate change – leading to severe implications for those requiring maternal health services.

An additional 14 million women across 26 countries risk losing access to contraception over the next decade due to climate-related displacement, leading to an estimated 6.2 million additional unintended pregnancies and 2.1 million unsafe abortions by 2030 ([MSI Reproductive Choices, 2021](#)) .

Climate change has a negative impact on maternal health and creates conditions for an increased risk in gender-based violence. Within conflict settings, women and girls have additional sexual and reproductive health needs due to increased vulnerability, greater risk of gender-based violence and experiencing sexual violence as an act of war, alongside a higher likelihood of infectious and other diseases.

Overview

The interconnections between humanitarian disasters, climate change, and gender equality underscore a myriad of complex challenges, with women and girls bearing a disproportionate burden. Specifically, the implications of climate-related and other humanitarian crises (e.g., floods, extreme heat, earthquakes, conflict) can severely affect sexual, reproductive, and maternal health, while limiting access to services.

Every single day, at least 400 women and adolescent girls die in emergencies due to complications of pregnancy and childbirth.¹²

In addition, of the preventable maternal mortality deaths globally, 60% of these deaths take place in settings of conflict, disaster, or displacement.¹³ In addition, one in five women in displaced settings experiences sexual violence, increasing the risk of unwanted pregnancy, sexually transmitted infections, and HIV.¹⁴ And while the rate of unsafe abortions in these settings is not well documented, it is widely accepted that abortions increase in times of crisis.^{15,16} Recent research also shows that exposure to extreme heat and wildfires¹⁷ have been linked to increased rates of preterm birth, pregnancy complications¹⁷ and pregnancy loss.^{18,19}

Unfortunately, very few countries have prioritised reproductive, maternal and newborn health in their humanitarian and crisis response plans. Furthermore, national governments and global actors have failed to recognise the important role that midwives can play in these settings, specifically when it comes to preventing, recognising, and addressing the impacts of crises on pregnant women and newborns.

When educated to the ICM Global Standards for Midwifery Education, providing quality care across their scope of practice as defined in ICM's Essential Competencies for Midwifery Practice, midwives use resources efficiently,²⁰ and are uniquely positioned to address many



12 [Gender equality and the empowerment of women and girls. OCHA.](#)

13 [Gender equality and the empowerment of women and girls. OCHA.](#)

14 [The role and scope of practice of midwives in humanitarian settings: a systemic review and content analysis. \(2019\). Human Resources for Health.](#)

15 [The Potential of Self-Managed Abortion to Expand Access in Humanitarian Contexts. \(2021\). Frontiers.](#)

16 [Maternal Health in Crisis: A Scoping Review of Barriers and Facilitators to Safe Abortion Care in Humanitarian Crises. \(2021\). Frontiers.](#)

17 [Wildfire exposure during pregnancy and the risk of adverse birth outcomes: A systemic review. \(2021\). Environment Int.](#)

18 [The impacts of extreme heat exposure on women and infants. \(2023\). Journal of Midwifery and Women's Health.](#)

19 [Ambient extreme heat exposure in summer and transitional months and emergency department visits and hospital admissions due to pregnancy complications. \(2021\). Sci Total Environ.](#)

20 [The role and scope of practice of midwives in humanitarian settings: a systemic review and content analysis. \(2019\). Human Resources for Health.](#)

of the healthcare gaps that occur during humanitarian crises. In fact, midwives have always considered themselves crisis responders.²¹ As one study showed, participants believed that the flexibility of midwives and their specific education in providing care in homes and communities prepares them well for crisis response.²² Midwives can adapt and provide quality care even when they only have access to basic supplies, equipment and medications. These skills are especially valuable when access to medical facilities, supplies and equipment is limited or impossible.

We also know that crisis and emergency responses often begin at the community level. Midwives who practise in communities are immediately available and can provide care to prevent avoidable maternal and newborn deaths, especially when borders are closed to outside support.^{23,24} As a result of this proximity, midwives also have increased opportunities to discuss context-specific coping strategies relating to climate and environmental concerns with the women, families, and communities they serve.²⁵ Given that midwives are already embedded within communities and practise a model of care that is rooted in trust-based relationships²⁶, they are able to more effectively influence health decision-making and provide care for low-risk pregnancies with a lower environmental impact when compared to obstetric care in a hospital setting.^{27,28,29,30} In essence, it is crucial to acknowledge that midwifery stands out as a sustainable and climate conscious model of care, boasting a reduced carbon footprint in comparison to routine obstetric care for all women.

Despite the evidence, midwives are underutilised and unrecognised as a key healthcare work-force in times of crisis. For midwifery to be prioritised in humanitarian responses, there are critical barriers that need to be addressed. Building from ICM's position statements on [Midwives, Women and Human Rights](#), the [Health of Women and Children in Disasters](#), [Women, Children and Midwives in Situations of War and Civil Unrest](#), and the [Role of the Midwife in Disaster/Emergency Preparedness](#), we will undertake the following objectives over the next three years.

21 [The COVID-19 pandemic: A focusing event to promote community midwifery policies in the United States. \(2021\). Science Direct.](#)

22 [The COVID-19 pandemic: A focusing event to promote community midwifery policies in the United States. \(2021\). Science Direct.](#)

23 [The role and scope of practice of midwives in humanitarian settings: a systemic review and content analysis. \(2019\). Human Resources for Health.](#)

24 [The COVID-19 pandemic: A focusing event to promote community midwifery policies in the United States. \(2021\). Science Direct.](#)

25 [The COVID-19 pandemic: A focusing event to promote community midwifery policies in the United States. \(2021\). Science Direct.](#)

26 [21-Point Black Midwives Care Model. Black Midwives Alliance.](#)

27 [21-Point Black Midwives Care Model. Black Midwives Alliance.](#)

28 [The importance of nurturing trusting relationships to embed shared decision-making during pregnancy and childbirth. \(2021\). Midwifery.](#)

29 [Part 1: A model for evidence-based decision making in midwifery care. \(2016\). British Journal of Midwifery.](#)

30 [Environmental Impacts of the U.S. Health Care System and Effects on Public Health. \(2016\). PLOS ONE.](#)

Key Objectives

- Build new partnerships to mitigate the effects of humanitarian and climate crises on women and newborns by advocating to wider audiences on the important role midwives play in crisis situations and securing new funding and partnerships in the humanitarian and climate sectors.
- Establish and secure funding dedicated to providing midwives' associations with essential resources (equipment, services, supplies, etc.) during humanitarian crises.
- Enhance member associations' knowledge and training opportunities to better support crisis response including promoting midwife leadership in national and local preparedness planning and knowledge sharing between midwives' associations.

Outcomes

At the end of three years, ICM will have:

- Increased partnerships with climate and humanitarian partners.
- Increased funding to support MAs to respond to crises.
- Improved training and support for MAs focused on climate and humanitarian crisis response.

Our Approach

With our capacity as a global connector across the midwifery profession, ICM holds a distinctive position in strengthening



support for MAs, enhancing their readiness to navigate emergent humanitarian and climate crises. To achieve this, we will work to cultivate new partnerships across the humanitarian and climate change sectors, driving enhanced advocacy efforts that showcase the important role that midwives play to new audiences that may not be considering their impact. By forging these collaborations, we will open avenues to source new funding streams dedicated specifically to the needs of midwives and MAs during emergencies. This includes exploring the option of ICM leading on the creation of an intermediary fund for this purpose, allowing us to source funds from existing and new donors and quickly get them to MAs in times of crisis.

Additionally, ICM will leverage new and existing partnerships to promote and disseminate knowledge and evidence, creating platforms for various stakeholders (e.g., midwives, MAs, partners, donors, etc.) to share best practices, innovations, and resources. ICM will also work in partnership to

revise and develop new trainings and tools for MAs and midwives globally, such as working to enhance the Minimum Initial Service Package (MISP)³¹ for sexual and reproductive health in crisis settings and supporting MAs to integrate adolescent and SRHR services in times of crisis. Elements of ICM's support will also include developing midwifery programmes and policies in disaster and/or emergency preparedness strategies, contributing to assessments and reports on SRMNAH during emergencies, and sharing with and connecting MAs to knowledge and research gathered from ICM's learnings, partnerships, and communications efforts within the climate and humanitarian sectors

It is imperative to address gender inequality, preparedness, and resilience efforts at the same time. Therefore, we also commit to strengthening the capabilities of midwives

and MAs to provide comprehensive care during crises, positioning them as integral leaders in shaping effective and responsive healthcare systems at all levels. Ensuring that midwives are actively engaged in long-term resilience planning is central to ICM's package of support to MAs – focused on preparedness, resources, knowledge sharing, guidance for engaging with partners (including potential funders) and advocacy training.

We are committed to supporting the sustainability of MAs to ensure that they are adaptable, ready to respond, and resilient. This proactive approach is intended to enhance the resilience of MAs and increase awareness about the important role midwives have to ensuring SRMNAH services during crises.

³¹ Minimum Initial Service Package (MISP) for SRH in Crisis Situations. UNFPA, 2020. <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>

IV.

Acknowledgments

In the development of this Strategy as well as the work over the last triennial, ICM's Board and Leadership Team would like to extend heartfelt appreciation to our dedicated staff, member associations, midwives and partners including the Swedish International Development Cooperation Agency (Sida), the World Health Organization (WHO), the White Ribbon Alliance (WRA), the Bill & Melinda Gates Foundation (BMGF), the United Nations Population Fund (UNFPA), Laerdal, and others for their vital contributions throughout the strategic planning process.

We would also like to recognise our committed Board for its exemplary leadership and oversight during the formulation of the 2024-2026 ICM Strategic Plan. Lastly, special acknowledgment goes to Global Health Visions (GHV) for their guidance and support in shaping the strategy.

V. Annexes

Annex A. Development of the Strategic Plan: Methodology

From September 2023 to January 2024, GHV worked in collaboration with the ICM team and key stakeholders (e.g., MAS, partners, etc.) to develop a new strategy for 2024-2026. The process included the identification and collection of desk review resources to identify baseline information, topics, and themes to serve as a foundation in developing the strategy; an external landscape to identify how ICM's work fits within the broader landscape and shed light on possible opportunities for ICM to fill existing gaps; conducting interviews to provide a "personal lens" into ICM's work and to validate or interrogate findings from the document review and external landscape – allowing for a more rigorous analysis; and develop an analysis to capture initial insights, patterns, and themes in a brief "Strengths, Weaknesses, Opportunities, and Threats" (SWOT).

Annex B. SWOT Analysis (2023, and building on the 2020 SWOT Analysis)

Strengths

GLOBAL CONVENOR, CONNECTOR, AND CATALYST FOR MIDWIVES AND PARTNERS ACROSS THE LANDSCAPE

- ICM is the only organisation there to specifically support midwives' associations (MAs), advocate on their behalf, and act as a convenor and unifier in the global midwifery space.
- Overall, ICM is considered a good leader and advocate for midwives, MAs, and the midwifery model of care.
- This role entails a responsibility to advocate for midwives and the interests of MAs at various global fora, including the United Nations, relevant events, and with like-minded partners.
- This role comes with the responsibility to act as a convenor, connector, and catalyst, representing the interests of midwives and MAs across new sectors with clear linkages (e.g., gender equality, universal health coverage, sexual and reproductive health and rights, etc.), allies outside of the midwifery space, and non-traditional partners.
 - ICM should develop a global strategy for engagement, outlining their approach on the global stage, their niche, and that of their partners, clearly outlining their role and how they plan to engage with key partners.
- ICM has been a strong key player within the healthcare worker space i.e. issued a statement on how healthcare providers can come together on COVID, climate change, respectful care (particularly disrespect to women and midwives)
- ICM has made a cross association commitment to comprehensive care for midwives and their role within SRHR for adolescents.

KNOWLEDGE RESOURCE FOR MIDWIFERY STANDARDS, COMPETENCIES, AND TOOLS

- ICM tools, education and practice standards, standards of care, competencies, and position statements are highly utilised, appreciated, and informative for MAs – allowing them to stay up to date on the best and most current evidence. This support equips MAs with knowledge that then bolsters the work and competencies of midwives.

PROGRESS IN SUPPORTING REGIONAL AND CROSS-ASSOCIATION STRENGTHENING

- The ICM Triennial Congress, regional conferences, and regional meetings have been appreciated and recognised as core elements of ICM's support to MAs as well as to the promotion and advancement of midwives more broadly.
- MAs have appreciated "twinning"/ 1:1 pairing efforts to promote mentorship, knowledge sharing, and enhance support between MAs from different countries.

FOUNDATIONAL AND GROWING FRAMEWORK FOR THE PROFESSION OF MIDWIFERY

- ICM has a ten plus year Professional Framework for Midwifery that outlines the essential elements of the profession. ICM is also actively making strides through education and awareness around the importance of recognising the midwifery profession as autonomous and distinct from other health professions, including nursing.
- The Framework has served as an important and successful advocacy tool for many years, inspiring partners, donors, and associations to strive to enact the elements of the framework while pushing for midwives to be at the decision-making tables.
- ICM has used its unique opportunity to leverage its extensive experience and inputs from its far-reaching members to reassess the Professional Framework and updated it to reflect a more comprehensive view of gender equality, continuity of care, core competencies, and the “enabling environment” required for midwives to practise effectively.

SUCCESSFUL MIDWIFERY PROJECTS AND PARTNERSHIPS

- ICM has developed and leveraged critical partnerships to support in-country projects, that utilise ICM’s core resources (e.g., competencies, standards, tools), train midwives with new skills, build the capacity of local midwives’ associations, governments, and development partners to advance midwifery in countries, and facilitate mutually beneficial partnerships. Some examples of these projects include:
 - ICM Essential Competencies Digital Learning Tool, a digital learning solution developed with Laerdal for educating midwives, including 50 practice sessions to reach ICM’s Essential Competencies.
 - Young Midwife Leaders and Executive Midwife Leaders Programmes.
 - Direct Relief partnership for supporting midwives responding to crises.
 - Partnership with researchers, practitioners, partners, etc. to develop evidence-based research and publications on midwife-led birthing centres.
 - Partnership with Direct Relief to further develop the Midwives’ Hub as a focus for research evidence and information about in-country MAs and midwifery services

FEMALE-INCLUSIVE LEADERSHIP AND ORGANISATIONAL FLEXIBILITY

- As an organisation led and driven by women, ICM is positioned to effectively solicit and determine the maternal and reproductive health and childbirth priorities of women.
- With more than 100 years of history, ICM offers a breadth of knowledge, experience, and insights that allow for the organisation’s enhanced flexibility in response to changing environments.

Weaknesses

NOTE: While prioritising and expanding ICM's financial sustainability is critical to address these weaknesses, making tough choices about trade-offs is also important, as ICM cannot realistically meet all of the needs of its members or expectations of its partners. Diversifying ICM funding is also important, especially given the new pillar of focus preparedness in the face of climate disasters and humanitarian crises.

TENSION BETWEEN ICM AS AN IMPLEMENTER OF COUNTRY PROGRAMMES AND AS A PILOT/CATALYST/CAPACITY BUILDER FOR COUNTRY PROGRAMMES

- ICM does not have the capacity, nor should its mandate necessarily be to implement midwifery programmes in all its member countries.
 - ICM should consider clearly defining its role in supporting and implementing country-level programmes, supporting and working in collaboration with key partners in this space. It must clarify if its aim is to focus on piloting effective approaches, and then catalysing scale-up of midwifery programmes by countries, local MAs, and other collaborative partners such as regulatory authorities, higher education institutions, women's organisations, ministries of health, and relevant health professional associations.
 - Documenting and disseminating results and lessons to the broader midwifery, global health, and development communities is critical to this catalytic role, bridging the divide between evidence, capacity building, and action for advancing midwifery and quality of care.
 - Being open and honest about ICM's limitations and supporting and highlighting the work of other partners in this space will help to build cohesion for the midwifery professional globally.

LIMITED DIGITAL PLATFORMS AND TOOLS TO SUPPORT ICM'S EFFORTS

- ICM may want to consider consolidating and organising existing and new materials/tools, etc. so that they are clearly and easily accessible.
- ICM's knowledge management system and website need to be updated to support more sophisticated resource and knowledge sharing, including searchable resources, links to other knowledge platforms, and access to current research and evidence.
- Given the realities wrought by the COVID-19 pandemic and the increasingly digital/virtual landscape, ICM needs to consider alternatives and digitised solutions for training and knowledge distribution (e.g., mobile apps, graphics that are transferrable across contexts, etc.), taking into consideration regions or MAs who may have limited accessibility.
- ICM should consider reviewing its current website and comms outreach to ensure it is reaching global partners, donors, and MAs, sharing current evidence and tools and aligning with the shifts and changes in the organisation's priorities as well as those happening across the global landscape.

NEED FOR A MORE ROBUST ADVOCACY AND COMMUNICATIONS STRATEGY THAT CONNECTS ICM'S STRATEGIC PRIORITIES, PROGRAMMATIC EXPERTISE, AND MEMBER NEEDS

- ICM has developed successful communications campaigns and has a solid social media presence, both of which have helped to raise awareness. However, ICM must consider how to elevate its advocacy and communications approach, to more strategically leverage both advocacy and communications for improved policies and funding for midwives, in addition to awareness raising and agenda setting.
 - A more comprehensive advocacy and communications strategy will align with and support ICM's strategic plan and country/global programmes and will be supported by annual workplans. It will drive towards a targeted set of objectives that shape agendas, policies, and financing for midwives.
 - This will enable ICM to respond to pressing needs with a stronger, more cohesive voice, that is responsive to opportunistic shifts, including in connected sectors aligned with midwifery (e.g., SRHR, violence against women, gender equality, social and racial justice, etc.)
 - Advocacy and communications efforts should also be targeted to address opposition movements (e.g., anti-gender equality, anti-reproductive rights, and anti-racial justice movements) at the sub-national, national, and global levels and should work in partnership with key global entities.
 - A robust advocacy and communications strategy will help with attracting and diversifying partnerships and funding streams, building a larger movement for both ICM and midwifery more broadly.
 - Advocacy and communications efforts need to be considered as a cross-cutting tactic to support and inform all of ICM's strategic priority areas, including the new priority on preparedness in the face of climate disasters and humanitarian/emergency crises.
 - Advocacy and communications efforts should focus on advocating for and ensuring midwives are at the table at global convenings, decision-making spaces, and with key donors and partners.
- ICM has played a limited role in supporting advocacy and communications at the regional and country levels and should consider how to support and leverage its MAs to use strategic advocacy and communications to advance specific global and country level objectives.
 - Many MAs prioritised advocacy and communications based on the membership survey conducted in 2021. The survey also revealed the need to build the advocacy and communications capacity of MAs.
 - ICM needs to focus on developing the advocacy and communications capacity of MAs to conduct more sophisticated political landscaping, analysis, and tactics-development, in order to drive agendas, policies, and financing in countries, in support of midwives.

- ICM should advocate for midwives as the implementors of MNH innovations, and the cost-effectiveness of midwife-led care in the face of economic hardship, humanitarian crises, fragile settings, and climate change.
- Need to share more success stories on ICM's work and focus on the amplification of MA's voices.

NEED EXPRESSED BY MAS FOR INCREASED REGIONAL STRENGTHENING AND SUPPORT, KNOWLEDGE SHARING AND PARTNERSHIP ACROSS MAS

- Building on the ongoing discussions around strengthening MAs, connecting MAs through ICM's regional approach and with national and regional partners will serve as a vital piece to bolstering the larger mission of ICM.
 - Building on the regional conferences and sub-regional meetings, mechanisms and tactics to support and connect MAs both within the midwifery space and in other interrelated sectors (e.g., SRHR, etc.) at the regional level should be part of the support (convening, connecting, and catalysing) provided by ICM and will help to further the dissemination of ICM's messaging, resources, and information.
- MAs have requested more opportunities for pairing with other MAs to promote mentorship, knowledge sharing, and enhance support between MAs from different countries.
 - The idea of twinning or pairing like-minded and comparable MAs together to support mentorship and knowledge sharing is currently an opportunity that needs to be expanded to foster increased collaboration across the midwifery space. This process can also foster best practices for securing leadership positions for midwives across the six ICM regions moving forward (e.g., chief midwives)
 - It is also important that ICM provides space for MAs to share their needs and requests for support, creating a relationship rooted in equity.
 - ICM should better disseminate its key materials that outline what ICM provides to MAs and what the organisation does not provide. This will decrease confusion and requests from MAs that are not within ICM's remit.
 - There is a need for outreach to media and media capacity strengthening and skills building in MAs.

LANGUAGE AND TRANSLATION LIMITATIONS

- While ICM makes a concerted effort to translate as much as possible into its three official languages (English, Spanish, and French) it does not currently meet the diverse language needs of all its members, and translation is often slow.
 - Language considerations and the use of translation services need to be prioritised when developing materials and communications shared with MAs, including newsletters, updates, research, tools, etc. This service will ensure equitable access to knowledge and updates and will enable ICM to reach more midwives and MAs across new and existing geographies.

CONTINUING TO STRENGTHEN ROLLOUT OF THE UPDATED AND REVISED PROFESSIONAL FRAMEWORK

- Building on the development of the updated framework ICM can showcase what midwives do, what they need to do their jobs well, and why they are essential to achieving the SDGs and UHC as well as a more just and healthier world.
 - ICM must push for evidence-based policies aligned with the revised professional framework, specifically those that will ensure an enabling working environment for midwives including adequate funding for training and supplies, equitable financial compensation, available supplies and materials, gender equality, and leadership opportunities.
 - ICM should ensure associations serve as a collective voice, advocating for the needs, rights, and professional development of midwives and contribute significantly to the continued advancement and recognition of the unique role of midwives in health-care—globally, nationally and in their own communities.

Opportunities

HEALTH SYSTEMS STRENGTHENING, DIGITAL TOOLS, AND VIRTUAL RESOURCES FOR MIDWIVES

- Building from the lessons learned during COVID-19, countries are investing in health systems strengthening (HSS), including commodities production, distribution, and management; digital and virtual tools; and health workforce strengthening.
 - ICM has an opportunity to support countries and partners in ensuring that HSS investments and policies benefit midwives, midwifery care, and the women and newborns they serve.
 - ICM should highlight the cost-effectiveness of midwife-led care in the face of economic hardship, humanitarian crises, fragile settings, and climate change.
 - ICM should leverage the movement to expand access to digital and virtual tools by prioritising its own digital and virtual tools for education, training, and knowledge sharing.

MIDWIVES ARE CRITICAL TO ACHIEVING UNIVERSAL HEALTH COVERAGE (UHC) AND ENAP/EPMM TARGETS

- ICM should outline a streamlined process for working in collaboration/partnership with other global entities (e.g., UNFPA, WHO, etc.) to ensure guidelines and global frameworks (e.g., ENAP/EPMM, etc.) are united and streamlined to avoid duplication and confusion across the sector.
- There is strong momentum for UHC and ENAP/EPMM at both global and country levels. Several global commitments acknowledge that human resources for health are a critical component of UHC – including UHC2030, the SDGs, and the Global Action Plan for Healthy Lives and Wellbeing for All. These provide an opportunity for ICM to advocate for the critical role of midwives in achieving UHC.

- ICM has an opportunity to support its member associations and other country stakeholders with evidence that links quality, respectful, midwifery care to the achievement of UHC and ENAP/EPMM targets to ensure that national policies and country health sector strategic plans include midwives and support midwife services.
- ICM should also consider how it can join its “voice” with broader movements and partners advocating for health workforce strengthening and investment on a wider scale, (e.g., the Frontline Health Workers Coalition, WHO’s Health Workforce Department, IntraHealth), while maintaining a strong stance on midwifery as a unique, standalone profession.
- Leveraging discussions and technical working groups focused on advancing quality of care (e.g., WHO Quality of Care network, and country QoC networks, STAGE Midwifery) is an important space to advocate for the midwifery model of care.
- ICM should explore its strategy for private sector engagement i.e., how can midwives be funded/activated to deliver the services & products developed by the private sector.

COUNTRY OWNERSHIP AND LEADERSHIP

- Globally, there is a strong focus on civil society engagement/empowerment at the country level in holding governments accountable for the provision of quality health services (e.g., WHO-led Global Action Plan for Healthy Lives and Well-being for All) – promoting country-ownership and greater domestic investment in health. This provides an opportunity for international NGOs to strengthen the capacity of local partners to advocate for critical health issues with their governments.
 - Now is a critical time for ICM to prioritise strengthening midwifery leadership in countries (e.g., Chief Midwives in the Ministry of Health) and to strengthen the capacity of member associations as technical experts who can participate in government-led technical working groups and development partner platforms. Midwifery leaders should be capacitated to advocate and provide evidence to ensure that health policy and financing decisions prioritize an enabling environment for midwives and continuity of care.

GENDER EQUALITY, WOMEN’S RIGHTS, ADOLESCENT HEALTH, REPRODUCTIVE JUSTICE, AND EMPOWERMENT

- Building on the recent external focus (e.g., Goalkeepers) on maternal health and midwifery across key partners, ICM should utilise the organisation’s longstanding reputation and expertise to showcase the power of female leadership in the health space, highlight the important role midwives play in the achievement of health and gender equity globally, and push for an increase in leadership roles for midwives.
- Within the professional framework for midwives, ICM should include special training for midwives delivering care to adolescents (including SRHR for adolescents) and/or assess some of the gaps in training for midwives in adolescent health and wellbeing.

- Gender equality and women's empowerment have been positioned as key to achieving the SDGs and there is increasing attention on gender and health (e.g., Equal Measures 2030, WHO Gender Equity Hub, Global Action Plan for Healthy Lives and Wellbeing, ICPD+25, Beijing+25, Generation Equality Forum).
- ICM should build on this momentum to expand the “tent” of advocates and supporters of midwifery globally, positioning access to a midwife (educated and trained to international standards) as a women's rights issue, and elevating issues of reproductive justice and gender equality in the health workforce, together with women and gender advocates.

LEVERAGING ADVOCACY, EVIDENCE, AND CONVENING MOMENTS FOR MIDWIFERY

- It is a critical time for advancing midwifery globally and in countries.
 - ICM should provide advocacy training for MA's that supports them to leverage country data and global evidence included in the SOWMY to define and advance national and sub-national goals for improving and expanding midwifery in their countries.
 - ICM should use the partnership with the PUSH Campaign as an opportunity to consult with and engage a broad range of stakeholders (beyond midwives) to get their input and buy-in to support concrete actions towards mutual goals.

Threats

HUMANITARIAN CRISES/FRAGILE SETTINGS AND ENVIRONMENTAL/CLIMATE CRISES

- Maternal and newborn mortality is expected to rise because of a lack of access to essential services amidst humanitarian crises, climate disasters, political and other lockdowns, and travel restrictions. Maintaining essential services for women and newborns, especially midwife-led care, will be critical but challenging.
- The rise of climate disasters and humanitarian crises may also affect the key moments to gather and strategies – such as the Triennial Congress, global convenings, etc. – that serve as key sources of knowledge sharing, networking, and collaboration for ICM members and partners, and sometimes, as is the case for the Triennial Congress, a key source of revenue for the organisation.
- Additionally, it is important to recognise that future pandemics and ongoing and rising humanitarian, environmental, and political crises will continue to have a detrimental effect on reproductive, maternal, and newborn health access and outcomes.
- ICM, together with partners, must continue to make the case for maintaining and investing in essential SRMNAH services, with a focus on midwife-led continuity of care.
- ICM could work with midwives and partners to compile a document on best practices for climate and humanitarian crises adaptation and advocacy.
- ICM must be proactive in engaging midwives and MAs, and working collaboratively with partners, to develop and organise standards for midwife-led care in the face of crises (e.g., what should be in emergency kits, how should national governments prepare midwives, what trainings are needed, etc.)

CROWDED GLOBAL HEALTH SPACE AND SHRINKING GLOBAL HEALTH RESOURCES

- There are more competitors than ever before in the global health landscape – entrepreneurs, tech, social enterprise, private sector.
- Aid for RMNCH fell by 6% from \$16.7 billion (constant 2018 US dollars) in 2017 to \$15.6 billion in 2018, and only increased by 2% in 2019, to \$15.9 billion. In the same period, total aid for all sectors increased from \$262 billion in 2017 to \$267 billion in 2018 (2%) and again by 2% in 2019, reaching \$273 billion, indicating falling prioritisation of RMNCH.³²
- ICM is uniquely positioned as the only professional association for midwives, and the only organisation focused exclusively on advancing midwifery around the world.
 - ICM will need to keep pace with digital advances and explore ways to leverage private sector partnerships to remain relevant (e.g., regional telecommunications partnerships to develop mobile apps, etc.).
 - ICM will also need to continue to advocate and make an evidence-based case for midwives as a smart investment for donors and country governments.

FUNDING UNCERTAINTY

- The needs of ICM and its members are many and complex, and sustainable financing for ICM's work has been a challenge.
- With limited global resources for maternal health and health and development on a large scale, and an interest among donors to shift more resources to the Global South, ICM must consider creative models to ensure its sustainability.
- ICM should continue to work on its resource mobilisation strategy to leverage advocacy and communications, expand donor relations and outreach, and explore additional opportunities for partnership, outside the midwifery community including expanding ICM's private sector partners; and offering clear directives specific to diversifying donors and funding streams to support the growth and sustainability of the organisation in line with the new strategic direction of ICM. This can include exploring new donors in the humanitarian and climate sectors.

CONFUSION AROUND ROLES OF ICM VS. OTHER GLOBAL PARTNERS

- To stakeholders outside ICM and the midwifery community, including those at both global and country levels, there is ongoing confusion about the roles of ICM vs. other global agencies also focused on standard-setting and capacity building, particularly WHO and UNFPA.
 - ICM should capitalise on existing partnerships with key players and clearly define and share roles and responsibilities of each entity to effectively drive progress toward common goals (e.g., WHO, UNFPA, etc.)

32 Pitt C, Bath D, Binyaruka P, Borghi J, Martinez-Alvarez M. Falling aid for reproductive, maternal, newborn and child health in the lead-up to the COVID-19 pandemic. *BMJ Glob Health*. 2021 Jun;6(6):e006089. doi: 10.1136/bmjgh-2021-006089. PMID: 34108147; PMCID: PMC8190982.

- Across the associations of healthcare professionals, there are power dynamics at play i.e., midwives, community healthcare workers, paediatricians, etc., and ICM needs to ensure that midwives are positioned with the same credibility and respect as other healthcare professionals.

AGEING MIDWIFERY POPULATION AND LIMITED MIDWIVES IN LEADERSHIP POSITIONS

- Around the world, there is a sense of urgency around enticing and securing the next generation of midwives to fill the gap as ageing midwives look to retire and step away from the profession. There is also a concern that there are not enough midwives in decision-making and leadership positions at facility, sub-national, national, and global levels.
 - ICM should focus on reaching new populations who may have an interest in midwifery. This can be done through focused advocacy (e.g., PUSH Campaign), utilising existing MAs, connected associations and new partners in the health space to push the messaging out further.
 - ICM should also provide targeted support to midwives already working in the field, including mentorship, training opportunities, etc. This process and support will also help midwives in avoiding professional burnout and may help to increase retention rates.
 - By providing leadership training specific to midwifery, ICM can help to support all midwives, encourage them to take on leadership roles and advocate for a seat at decision-making tables, therefore creating a more gender-equitable profession.