



International Confederation of Midwives

Triennial Report 2014 – 2017

Delivered by Global Office Consulting

GLOBAL OFFICE



International
Confederation
of Midwives

Strengthening Midwifery Globally



Contents

Message from the President	4
About US	7
ICM Vision	8
ICM Mission	8
Strategic Directions 2014-2017	10
ICM Governance	12
Our Board	14
Our Team	16
Our Standing Committees	17
Education Standing Committee (ESC)	17
Research Standing Committee (RSC)	18
Regulation Standing Committee (RegSC)	19
Scientific Professional and Programme Committee (SPPC)	20
2014-2017 Global Context	22
Programmes	24
Midwifery Services-Capacity Building for 2030	25
10,000 Happy Birthdays Campaign	27
Young Midwifery Leaders (YML) Programme	30
Strengthening Midwifery Education in French Speaking Africa	33
Delivery of Global Standards and Tools in Yemen	31
Strengthening Midwifery Globally	33
Strengthening Midwifery in French Speaking Africa	34
Strengthening Midwifery in Mexico	35
The Marie Goubran Award	36
Technical Consultation on Midwifery Programmes	38
2014-2017 Concluded Programmes	39
Policy 2014-2017	40
Every Newborn Action Plan	41
Ending Preventable Maternal Mortality	41
The Lancet Series on Midwifery	43
The Global Strategy on Human Resources for Health: Workforce 2030 (The Global Strategy)	43
Global Strategy for Reproductive, Maternal, Newborn, Child & Adolescent Health (RMNCAH) 2.0	44
State of the World's Midwifery Report (SoWMY) 2014	45
Partnerships & Collaborations	46
World Health Organisation (WHO)	47
Partnership for Maternal, Newboard, & Child Health (PMNCH)	48
Global Health Workforce Alliance (GHWA)	50
Direct Relief	51
Stakeholder Engagement Meeting	51
Advocacy	52
Global Advocacy	54
Regional & National Advocacy	55
ICM Conferences	57
International Confederation of Midwives Triennial Congress - Toronto 2016	58
Regional Conferences	58
Americas Regional Conference, Pearmaribo, Suriname, 14-17th July	59
Asia-Pacific Regional Conference, Yokohama, Japan, 20-22 July	59
Triennial Financial Report 2014 - 2016	61
2014 income and expenses	61
2015 Income and Expenses	61
2016 Income and Expenses	61
Letter from CEO	63



Message from the President

As the end of the 2014-2017 triennium approaches, so too, does my time as President of the Board of ICM. This triennium has seen significant shifts in the international development arena. The Millennium Development Goals mandate has come to an end (December 2015); replaced by the Sustainable Development Goals (SDGs) setting an ambitious agenda for the next 15 years. With the development of several significant global mandates, in which ICM played a contributory role, including the Every Newborn Action Plan, the Report on Ending Preventable Maternal Mortality (EPMM), the Global Human Resources for Health Strategy and the Global Strategy for Women, Children & Adolescent Health, ICM has worked hard to hone and reorient conversations of health and wellbeing around the world. The word 'midwife' is on the tip of everyone's tongue, and our role has rapidly become synonymous with excellence in frontline health service delivery.

This is no coincidence. As the representative body for 130 Midwives Associations across 114 countries, ICM has made advocacy for the status of midwives a vital lynchpin of our strategic operations over the past three years providing a structured, collaborative representative body for midwives globally. ICM has worked hard to represent the needs of midwives at all levels of governance and policy, connecting regional frameworks so that together midwives can influence decision makers at national and global levels.

When I assumed this position, faced with maintaining and building on the profile of midwives and in realizing the ICM's vision, I was reminded of the words of Mahatma Ghandi, 'The future depends on what we do in the present.' Although there is only one health-related SDG, Goal 3, 'Ensure healthy lives and promote well-being for all at all ages' (which encompasses maternal mortality, ending preventable newborn and child deaths; universal access to sexual and reproductive health care services), in combination with GS2, the opportunities for midwives and midwifery were there to be seen and seized. Even where the word 'midwife' was not specifically mentioned, we clearly identified the role of midwives at this time of transformation, highlighting midwives and the midwifery as pivotal to "health" and "wellbeing" which speaks to and exemplifies the midwife model of care.

The Midwives' Voices, Midwives' Realities report (WHO 2016), catalyzed much of what we intuitively knew to be true of the challenges faced and triumphs secured by midwives working in some of the most disparate communities. Whilst midwives have expertise in helping women navigate birth safely, their ability to prevent maternal morbidity and mortality is often hobbled by issues well beyond their control: lack of resources, structural support, and governmental frameworks that are conducive to communities improved health and wellbeing.

We are working to combat these barriers through our programmatic work. We have been working with Laerdal and national midwifery associations since 2014 to deliver the 10,000 Happy Birthday project - training, equipping, monitoring and supporting midwives and other maternal-newborn health workers in Malawi and Zambia. A source of enormous pride is our Midwifery Services Framework, funded by the Bill and Melinda Gates Foundation.

EPMM called for a shift from a system focused on emergency care for a minority of women to wellness focused care for all; this echoed the philosophy of the midwifery care. In focusing on promotion of normal reproductive processes with first-line management of complications and access to back-up emergency treatment when needed. It aligns with the social model of midwifery care. In acknowledging the health outcomes for mothers, their newborns and children are inextricably linked; as well as the need to protect and support the mother-baby relationship and to encourage the integration of strategies and service delivery for both.

This framework provides a guide upon which struggling health systems can build comprehensive health management programmes for the benefit of their peoples' individual needs. Launched in 2015, the programme has been introduced in four countries in its first year, and promises to gain traction in many more due to its accommodation for customization to national, cultural, and sociopolitical differences from country to country. These are just two of many programmes our team is proud to be leading on around the world.

The support we give our members goes far beyond the programmatic work we do and is not confined to resource poor parts of the world. As the representative body for midwives, we ensure midwives are seen and heard at national and global levels. ICM have travelled all over the world over the last three years attending some 20 global meetings, over 30 domestic summits, symposia and conferences, and a number of meetings held by our member associations. We do this, not only to ensure midwives remain on the international development agenda, and educate decision makers as to the realities for midwives on the front line, but also to identify global best practice in service delivery and bring this learning to our members through our guidelines and toolkits.

ICM co-hosted the third Global Midwifery Symposium, Young Midwives in the Lead: Midwifery Symposium along with UNFPA, Jhpiego, Johnson & Johnson and WHO prior to the Women Deliver Conference in May. It was one of the year's highlights when 33 remarkable young midwives from around the globe, selected to participate, issued a call to action and declaration of commitment. "We will champion creative ways to network with our colleagues globally".

From global, to regional, the participants at the ICM regional conferences, in the Americas, in Asia-Pacific, Southern Europe and Pan-European meeting, will attest to the success made possible through the close collaborative efforts of the host associations and the respective Board Members. As President I am aware that much of our work would not be possible without the extraordinary volunteers who comprise the Board, ICM's Programme Committee, who have been responsible for the abstract submission and outstanding programme for this 31st Triennial Congress entitled, "Midwives: Making a difference in the world:", deserve considerable congratulations. To representatives to the UN in New York and Geneva and ICM Consultants, your expertise and involvement is highly valued.

I would like to express thanks and appreciation to our former ICM Chief Executive, Frances Ganges, for leading the ICM over the past triennium. We were saddened to learn of her intention to leave, and as she moves on to new adventures, we warmly welcome Dr Sally Pairman as the new ICM Chief Executive.

To all the committed ICM staff, your dedication, energy and enthusiasm, to grow our membership, to secure financial resources and to produce prolific, quality work is appreciated. You have all played an important part in ICM's viability. Thank you.

Finally, I would like to thank our Board Members - my colleagues - for their counsel, leadership, and support in achieving the strategic directions during this challenging triennium. Whilst there is a great deal to do yet, and a number of projects are looking to enter their next stage towards global scale, I am inspired by the successes to come. As the association of the word 'midwife' with the terms 'vital care', 'lives saved', and 'sustainable health systems' becomes all the more reinforced, I believe that a bold and transformative triennium - awaits the future ICM.

In the words of Mother Teresa, "Yesterday is gone. Tomorrow has not yet come. We have only today. Let us begin."

Thank you for being here. Thank you for believing. Thank you for being part of the ICM Team.

I am hugely honoured to have been President and on behalf of the Board, it is my pleasure to provide this report for the Triennium 2014 - 2017.

Warm regards,

Frances Day-Stirk

About Us

ICM is a non-governmental organisation (NGO) that supports, represents and works to strengthen professional associations of midwives throughout the world to achieve common goals in the care of mothers and newborn infants. ICM operates through the engagement and representation of its Member Associations (MAs) on the domestic, regional, and global stages.

Through advocacy for the interests of more than 500,000 midwives globally in 130 Midwifery Associations across 114 countries, ICM has established itself as the leading representative body of midwives globally. This triennium has seen ICM work in conjunction with some of the world's leading global organisations for health, including the World Health Organization (WHO), United Nations Population Fund (UNFPA), and other United Nations agencies; professional healthcare associations such as the International Federation of Gynaecology and Obstetrics (FIGO) and the International Paediatric Association (IPA); and several governments, non-governmental organisations, and civil society groups.



ICM Vision

The International Confederation of Midwives envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn

ICM Mission

To strengthen member 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, and the health of their newborn and their families.







Strategic Directions 2014- 2017



STRENGTHEN

midwifery education, continuing education programmes and the role of the midwife as an educator.



ENHANCE

midwives' professional autonomy and ensure midwifery regulation, education and practice is designed and governed by midwives



PROMOTE

midwifery research that enhances and documents evidence-based midwifery practice



ADVOCATE

for midwifery and extend the influence of midwives in policy development that drives service direction



PURSUE

strategic collaborations with relevant organisations and networks that share a common interest



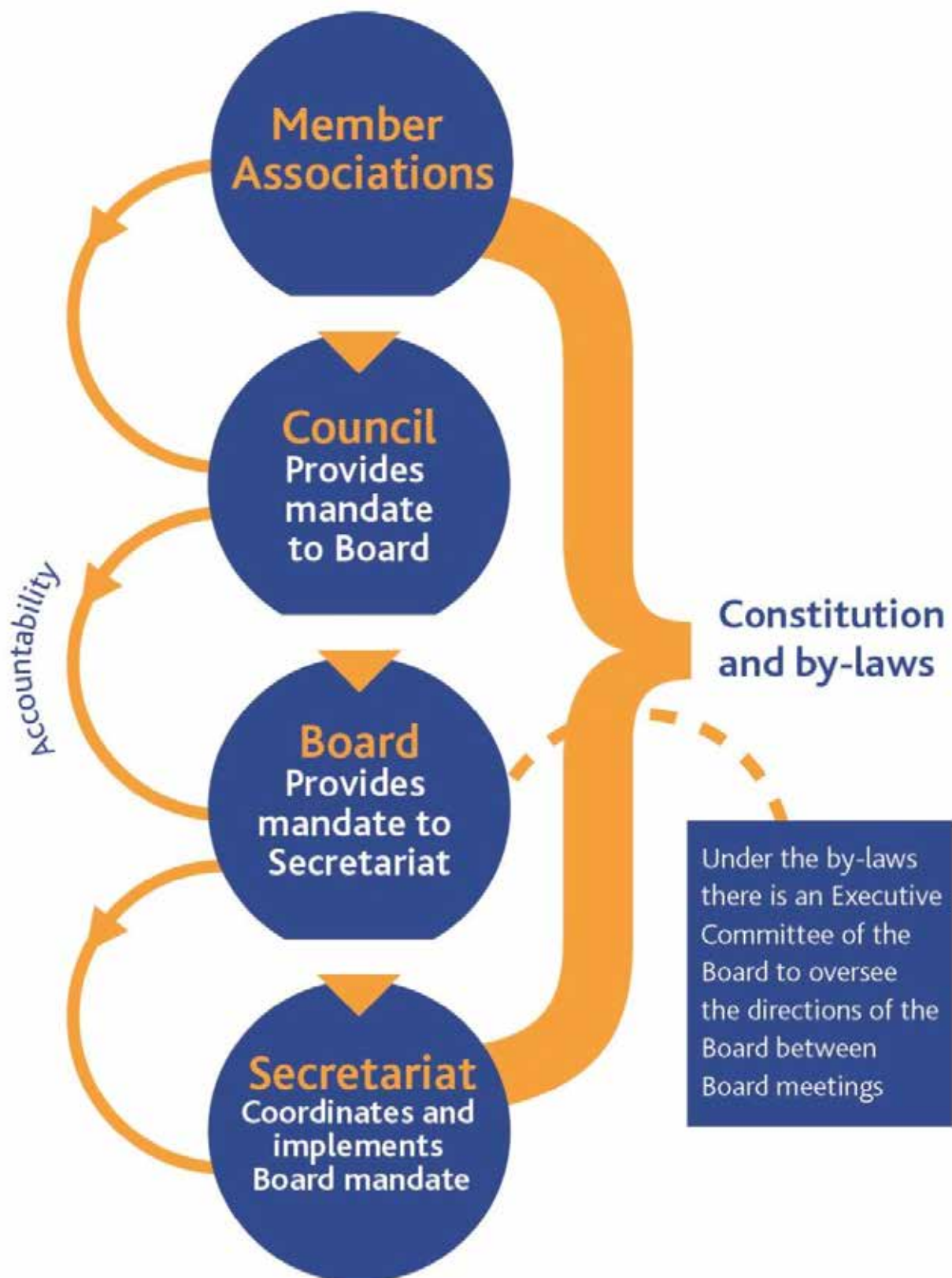
ICM

Governance

The ICM Council, which is comprised of two delegates from each Member Association and the Board, determines ICM's strategic direction. The Council, at the meeting associated with the Triennial Congress, elects the Executive Committee (President, Vice-President and Treasurer) and ratifies other Board members as nominated and elected by each of the four ICM regions: Africa, the Americas, Asia Pacific, and Europe.

The Board is mandated to act on behalf of the Council's interests, and to implement its decisions in adherence with governance from the Confederation. The ICM Secretariat, based in The Hague, is headed by the Chief Executive and is responsible for operationalizing the strategic plan.

At an Executive level, the ICM President, Vice-President, and Treasurer work in conjunction with the Chief Executive to ensure adherence with, and achievement of, the strategic directions approved by the Council and prioritized by the Board. In support of this operational effort, the Board provides oversight of business development, including liaison with global and regional partners, resource mobilisation, and planning.





Board, Team & Standing Committees

Our Board

The Board of ICM is comprised of ten members from four Regions: Africa (2), the Americas (2), Asia-Pacific (3), and Europe (3). Members are appointed for a three-year period.

ICM Board		
President:	Frances Day-Stirk	UK
Vice President:	Address Malata	Malawi
Treasurer:	Myrte de Geus September 2014 -March 2016	The Netherlands
	Ingela Wiklund Interim April 2016-June 2017	Sweden
Africa region:	Laurence Monteiro	Benin
	Jemima Dennis-Antwi	Ghana
The Americas region:	Sandra Oyarzo Torres	Chile
	Irene de la Torre	Puerto Rico
Asia Pacific region:	Sue Bree	New Zealand
	Mary Kirk	Australia
	Rafat Jan	Pakistan
Europe region:	Ingela Wiklund	Sweden
	Serena Debonnet	Belgium
	Rita Borg-Xuereb	Malta
*Chief Executive:	Frances Ganges To January 2017	USA
	Sally Pairman from January 2017	New Zealand
*The Chief Executive is a non-voting member of the Board.		

Our Team

From 2014 – 2017 the staff at Headquarters in The Hague included:

- Chief Executive – Frances Ganges (to January 2017)
 - Sally Pairman (from January 2017)
- Senior Technical Midwife Advisor – Nester Moyo
- Technical Midwife Advisors
 - Patricia Titulaer
 - Janet Lewis
 - Liliane Ingebere
 - Pashtoon Zyaee (consultant)
 - Margriet Pluymaekers (May 2014 to December 2016)
- Project Coordinator (Midwife) – Martha Bokosi (consultant from March 2017)
- Project Officer – Shantanu Garg
- Communications Officer – Sawiche Wamunza (from December 2015)
- Membership Coordinator & MSF Officer – Charlotte Renard
- Executive Assistant – Carole Chatelet (to April 2017)
- Operations and Advocacy Manager – Scarlett Hawkins (from April 2017)
- Council Administrator – Donnica Frijlink
- Administrative Assistant – Melinda Dudas
- Financial Manager – Hans van Dongen (consultant)
- Congress Manager – Malcolm MacMillan

Our Standing Committees

Education Standing Committee (ESC)

The ICM Education Standing Committee promotes the international harmonisation of midwifery education and oversees the production of all resources required to support the implementation of these standards internationally.

The 2014-2017 ESC members include:		
ESC Co-chairs	Dr. Ans Luyben (E) ¹	
	Prof. Susan McDonald (AP)	
	Dr. Mary Barger (AM)	
ESC Members	Prof. Jane Sandall (E)	Dr. Gloria Seguranyes (E)
	Prof. Angelo Morese (E)	Dr. Joyce Thompson (AM)
	Dr. Michelle Butler (AM)	Dr. Camilla Schneck (AM)
	Carole Nelson (AM)	Dr. Marianne Nieuwenhuijze (E)
	Dr. Judith Fullerton (AM)	Dr. Tokiko Oishi (AP)
	Dr. Tina Harris (E)	Dr. Melissa Avery (AM)
	Prof. Katherine Camacho (AM)	Carr Marcia Skinner-Rollock (AM)
	Joeri Vermeulen (E)	Dr. Ana Polona Mivsek (E)
	Dr. Sue Way (E)	Dr. Atf Gherissi (E)
	Marion Subah (AF)	Dr. Manju Chugani (AP)
	Dr. Judith McAra Couper (AP)	Dr. Rita Borg Xuereb (E)
	Susanne Simon (E)	Dr. Marie Berg (E)
	Elgonda Bekker (AF)	Andrea Stiefel (E)
	Dr. Joanne Gray (AP)	Dr. Kuldip Bharj (E)
	Kim Campbell (AM)	Mieke Embo (E)
	Dr. Tina Harris (E)	Annette Dalsgard (E)
	Dr. Pauline Glover (AP)	Prof. Christa Van der Walt (AF)

Completing terms in June 2017 are: Mary Barger, Kim Campbell, Michelle Butler, Angelo Morese, Ans Luyben, Kuldip Bharj, Jane Sandall, Tina Harris, Joeri Vermeulen, Andrea Stiefel, Gloria Seguranyes, Susanne Simon, Marianne Nieuwenhuijze, Atf Gherissi, Elgonda Bekker, Joanne Grey, Susan McDonald, Manju Chugani, Tokiko Oishi and Pauline Glover

¹ E (Europe), AP (Asia Pacific), AM (Americas), AF (Africa)

Research Standing Committee (RSC)

The ICM Research Standing Committee and its Research Advisory Network (RAN) provide ICM's member associations with up-to-date information on all aspects of midwifery practice, education, and service to ensure consistency at a global level. It plays a key role in the development of the ICM Triennial Congress Scientific Programme, and was the only Standing Committee with one chairperson. In 2015, a co-chair was elected to help lead the RSC and its work.

Since the last Triennial Congress, the RSC's priorities have included the completion of its final report of Research Priorities, which were in press from November 2015, participation in all meetings of the ICM Scientific Professional and Programme Committee, and inclusion in the development of a proposal for ICM research awards in conjunction with the ICM secretariat.

The 2014-2017 RSC members include:	
RSC Co-chairs	Dr. Kerri Schuiling (AM)
	Dr. Hora Soltani (E)
RSC Members	Dr. Atf Gherissi (E)
	Miguel Angel (E)
	Dr. Jayne E. Marshall (E)
	Dr. Elaine Dietsch (AP)
	Dr. Judith McAra Couper (AP)
	Beverley A O'Brien (AM)
	Dr. Karin Minnie (AF)
	Dr. Leslie Dixon (AP)
	Liz Darling (AM)
	Dr. Susan Crowther (AM, completed term 2015)

Completing terms in June 2017 are: Kerri Schuling, Hora Soltani, Beverly O'Brien, Elaine Dietsch, Jayne Marshall, Judith Chamisa, Judith McAra-Couper, Karin Minnie.

Regulation Standing Committee (RegSC)

The ICM Regulation Standing Committee develops and supports regulatory systems to consistency and definition to midwifery practice and adherence with appropriate educational standards. This includes the registration and licensing of midwives and accountability of midwives to social and governmental standards.

The significant work of this triennium was the development of the ICM Regulation Toolkit adopted by the Board in 2016. This practical toolkit focuses on advocacy skills in the context of midwifery regulation as a self-help resource for midwife associations.

The 2014-2017 RegSC members include:	
RegSC Co-Chairs	Dr. Sally Pairman (AP)
	Louise Silverton (UK)
RegSC Members	Yolande Johnson (AF)
	Veronica Darko (AF)
	Kris Robinson (AM)
	Mirian Solis (AM)
	Anne Morrison (AP)
	Judy Ng Wai Ying (AP)
	Marianne Benoit Truong Canh (E)
	Ursula Byrne (E)
	Vitor Varela (E)



Completing terms in June 2017 are: Sally Pairman, Louise Silverton, Yolande Johnson, Veronica Darko, Mirian Solis, Anne Morrison and Judy Ng Wai Ying.

Scientific Professional & Programme Committee (SPPC)

The Scientific Professional Programme Committee is responsible for ensuring guidelines and management of all scientific and academic management for the 31st Triennial Congress in Toronto, 2017. Its role in this context is the navigation and assessment of abstract submissions; determination of conference sub-themes; and communications and relationship management of reviewers, academics, and keynote speakers.

The 2014-2017 SPPC members include:	
Co-Chair:	Marian van Huis
Co-Chair:	Karen Guilliland
ICM Chief Executive:	Frances Ganges
ICM ESC Chair:	Ans Luyben
ICM RSC Chair:	Kerri Schuiling
ICM Reg SC Chair:	Sally Pairman
Canadian Association of Midwives:	Vicki van Wagner
ICM Consultant:	Atf Gherissi





2014 – 2017

Global Context

2014 - 2017 Global Context

Over the past three years, ICM has had a strong internal focus on ensuring a complementary relationship between our advocacy and programmatic output. With the launch of the United Nations Sustainable Development Goals (SDGs), which have explicitly emphasised the need for comprehensive health system solutions through the equipping, training, and support of frontline health workers, ICM has been in a favorable position to leverage the efficacy of midwives as a living solution to so many structural issues.

The launch of the ICM 2015 Midwifery Services Framework (MSF) has provided a guiding document for governments, civil society organisations, and other such health influencers to capitalise on the existing resource of midwives across all stages of action and policy. The Framework, which creates a structural guide that specifically addresses a nation's existing gaps in capacity and cultural conditions, is an invaluable blueprint that eradicates guesswork from implementation. Its implementation, however, is contingent upon the value ascribed to midwives by governmental bodies – and this has proven to be a great guiding influence on ICM's advocacy, as we seek to change the presumptions of a midwife's role.

To this end, ICM has engaged frequently and substantively with global development bodies including the WHO, UN and UNFPA to ensure a reflection of midwives in policy and recommendations. This advocacy has been largely successful, with a more nuanced depiction of the utility of midwives across all stages of health, wellbeing, and pregnancy being reflected on the global stage.

However, there have been difficulties on a regional and domestic level for midwives. Many midwives and Midwives' Associations have faced humanitarian disasters in their home countries, such as the earthquake in Nepal and New Zealand; diseases like Ebola devastating Liberia and Sierra Leone; and civil war and conflicts forcing people to make desperate decisions and dangerous journeys to safety, security and the promise of a better life. With the understanding that representation at only high levels is not sufficient for the needs of midwives, ICM has sought opportunities to provide additional support and resources both from within and without to bolster these affected environments.

Whilst the Millennium Development Goals were instrumental in building a foundation of targeted programmatic work in the development field, the SDGs provide greater scope for impact and emphasise the importance of front line health care workers. In line with these targets, ICM work tirelessly to ensure midwives, and their needs, are not only valued appropriately in policy, but in the communities as well.



Programmes

Midwifery Services - Capacity Building for 2030

► *Bill & Melinda Gates Foundation*

ICM's relationship with the Bill and Melinda Gates Foundation (BMGF) has blossomed over the past three years. From 2013 – 2015 ICM worked with ICS Integrare as a sub awardee of a BMGF grant. The project was to inform policy discourses on midwifery and recognition of quality midwifery services as a critical element of integrated Reproductive, Maternal, Newborn and Child Health (RMNCH) care pre and post-2015; and to strengthen the technical capacities and functions of ICM and its member associations to inform Maternal, Newborn Health (MNH) policy at global and country levels. The publication of The Lancet Series on Midwifery (2014), The State of the World's Midwifery (SoWMy) 2014 report and the MSF are key outcomes of the project.

In 2015 ICM commenced The Midwifery Services Capacity Building for 2020 Programme funded by BMGF. The focus of this program is based on the following:

- Implementation of MSF
- Development of a global midwifery education accreditation or endorsement system

► *Midwifery Services Framework: A Snapshot*

The MSF is a collaborative analytic tool to be used by governments for planning, strengthening and developing midwifery services in their countries to enhance the health outcomes for women, newborns and their families through a strong, quality midwifery workforce. The tool enables planners to critically examine all the composite aspects of the health care system covering the breadth and depth of the issues involved.

In 2016 and early 2017, MSF introductory visits and country assessment workshops were conducted in the following countries: Lesotho, Afghanistan, Bangladesh, Kyrgyzstan and Togo. Further workshops are planned for 2017 in Zimbabwe, Uganda and Ghana. There are expressions of interest about MSF from other countries including India, Nepal and Timor-Leste.

A consultant was recruited at the end of 2016 and has initiated the process of developing the accreditation system through a one-year project. The work plan includes development of Midwifery Education Accreditation Criteria, a pilot process, development of online tools and training of accreditation experts.



10,000 Happy Birthdays Campaign

► *In partnership with Laerdal Global Health*

The 10,000 Happy Birthdays campaign, sponsored by Laerdal Global Health, was launched in July 2014 to train 10,000 midwives and other health care providers in Malawi and Zambia in best global practice for Helping Mothers Survive Bleeding after Birth (HMS-BAB) and Helping Babies Breathe (HBB).

This two-year programme sought to create a consistent training blueprint for all midwifery education institutions across both countries, and was lead on the ground by Member Associations of ICM in Zambia (MAZ) and Malawi (AMAMI).

The programme, led by Master Trainers from ICM member associations, and lead midwives from local public institutions, was successfully implemented in 14 national and private midwifery schools in Malawi, and 11 schools in Zambia. In total, it reached more than 6,000 midwives and trained nearly 90 new Master Trainers – a success that allowed for expansion of the Master Training Program to reach care providers within both the public and private systems at district-wide and provincial levels.

Support visits were made in 2016 to both countries to review progress and prepare for project closure. Plans for further joint workshops between the two countries were planned and implemented, covering facilities in the boarder districts of the two countries. Laerdal Global Health made a further grant covering January – June 2017 to complete all agreed activities, complete the goal of training 10,000 midwives and other health care providers and to undertake an external evaluation.

Young Midwifery Leaders (YML) Programme

► *In Partnership with Johnson & Johnson*

The YML programme aims to establish the leadership capacity of young midwives and a culture of leadership within Member Associations. 30 YMLs were brought together at Women Deliver in Copenhagen in 2016 and also participated in the associated Midwifery Symposium. From these participants, ICM selected 12 young midwife leaders to participate in an 18-month mentorship programme delivered through face-to-face workshops and distance learning activities.

A launch workshop was held in Abu Dhabi in December 2016 and attended by mentors and mentees. The workshop provided an opportunity for the mentees to initiate the process of developing individual projects as part of capacity building.

The programme focuses on enhancing the skills of midwives in research-based, decision- and policy-making spaces, thus increasing their capacity to hold key leadership positions at national, regional and international levels.

By nurturing leaders in midwifery to develop a broad understanding of current and emerging issues, YML provides forums for midwives to learn and share experiences - both with one another, and with identified regional midwifery leaders - to develop individual capacity and confidence of participants. The outcome of this programme will be a continuing network of leaders and strong advocacy for women, newborns and midwives.





Strengthening Midwifery Education in French Speaking Africa

► *In Partnership with Sanofi Espoir Foundation*

ICM and the Sanofi Espoir Foundation worked together in 2014-2015 to deliver the Midwives for Life Awards – rewarding projects run by midwives that aim to reduce maternal and neonatal mortality and improve the health of women and newborns in countries with limited resources.

In 2016, ICM commenced another programme to strengthen midwifery education in 22 French Speaking African countries. The key activities focus on strengthening whole education programmes including faculty development; preparing educators in competency based education methodologies; curriculum review; and preparing preceptors for the clinical practice areas. Midwifery education institutions will be supported to meet the demands of a competency-based curriculum and to build capacity of the practice sites to support the effective education of midwives. The development of accreditation and endorsement systems for midwifery education programmes will be initiated.

The project contributes to the production of competent midwives who will then provide quality midwifery services and thus increase women's access to quality midwifery services. The implementation of the project will be in phases starting with three countries, Comoros, Madagascar and Ivory Coast, and progressively working through the 22 countries. Introductory meetings were held in the three countries to introduce the project and ICM met with government officials, national stakeholders, UN and several partners in the midwifery and maternal health field. Agreements will be signed by ICM and Ministries of Health/Education in each country early 2017.

Delivery of Global Standards & Tools in Yemen

► *In partnership with the Federal Ministry of Germany for Economic Cooperation and Development (GIZ)*

Due to civil unrest in Yemen, the Yemen Midwives Association was identified as an under-resourced and under-represented Member Association in need of additional support from ICM. Through partnership with the Federal Ministry of Germany for Economic Cooperation and Development (GIZ), ICM sought to provide education and resources to this Member Association regarding its Global Standards & Tools.

In November 2014, ICM engaged a regional consultant with the capacity and capability to work in conjunction with the Yemen Ministry of Health and the Midwives Association of Yemen. Due to increased instability in the region, operations were postponed until 2015, at which time 14 Yemeni midwives, some of whom were representatives of the Yemen Ministry of Health and UNFPA, were dispatched to meet in Tanzania to participate in a capacity gap analysis workshop to ensure ongoing momentum on this programme.

To ensure cost efficiency and supra-regional education, three African countries – Rwanda, Swaziland and Tanzania – were similarly invited to send participants to the workshop, on the provision of shared subsidy of the Yemeni midwives' engagement.





Strengthening Midwifery Globally

► *Federal Ministry (Germany) for Economic Cooperation and Development (GIZ)*

ICM as the global leader and representative of midwives and midwifery supports the development of midwifery services. The capacity of ICM headquarters is vital for effectiveness in this role. Through the GIZ grant, ICM has been able to support the staff salary for one Technical Midwife Advisor to fulfil its objectives more effectively. This support has enabled ICM to provide technical assistance to countries needing to develop their midwifery education, including Zimbabwe, Tanzania, Rwanda and Uganda where ICM supported the implementation of competence-based education workshops.

The GIZ grant has also supported the review of ICM Global Standards which is in process, and enabled ICM to recruit a resource mobilisation consultant to support the review and implementation of the ICM Resource Mobilisation Strategy including fundraising activities.

This grant was accompanied by a review of the ICM Global Standards for Midwifery Education, to ensure consistency and enhancement of the framework launched in 2008, which specifies:

- Set quality indicators based on global expectations.
- Provide framework for design, implementation, and evaluation of the ongoing quality of the programme.
- Align with regulatory bodies the scope of midwifery practice.
- Hold midwifery programme accountable to public.
- Meet national and local workforce needs for qualified midwives.

Strengthening Midwifery in French Speaking Africa

► *In partnership with UNFPA*

The Strengthening Midwifery in French Speaking Africa project aims to address the situation in this sub-region through capacity building activities that lead to creation of a critical mass of leaders and resource persons in midwifery, the creation and strengthening of midwives associations and development and improvement of midwifery education and regulation.

22 French-speaking countries were identified and clustered with countries where work had begun during the previous ICM/UNFPA Investing in Midwives Programme.

The first gap analysis workshop was conducted for five countries in the Comoros in October 2014. In 2015, the gap analyses work was completed with workshops in the following countries:

- Gabon (March): Democratic Republic of Congo; Congo-Brazzaville, Burundi, Cameroon, Central African Republic and Gabon
- Togo (July); Mali, Niger, Ivory Coast, Benin, Burkina Faso and Togo
- Senegal (December): Mauritania, Mauritius, Guinea-Conakry, Chad, Seychelles and Senegal

These analyses form the basis of ICM's work with the respective countries and also assist countries and stakeholders with outlining a strategic plan to address the gaps.

Preparation and implementation of a Leadership Workshop was held in Guinea-Conakry from 10-14 October 2016 with a total of 30 participants attending from 10 French-speaking African countries - Benin, Burkina Faso, Cameroon, Guinea-Conakry, Ivory Coast, Mali, Mauritania, Morocco, Senegal and Tunisia. A follow-up is currently in process.



Strengthening Midwifery in Mexico

► *In partnership with the MacArthur Foundation*

In its first engagement with the MacArthur Foundation, this programme contributes to the strengthening of midwifery in Mexico through collaborative engagement of the Mexican Midwifery Association and international bodies that promote midwifery. Specifically, the programme aims to facilitate the participation of up to 10 stakeholders and 30 midwives from Mexico at the ICM Triennial Congress in Toronto in June 2017. In addition to attending the Congress general and break-out sessions, strategic meetings have been scheduled with key organisations that are working on issues relevant to the situation of midwifery in Mexico. Upon return to Mexico, delegates will work on a dissemination plan and present their experience at the annual AMP forum.

The project goals respond to government recommendations and strategies suggested by midwives from Mexico, with the express purpose of increasing the availability of midwives across the country, whilst improving their integration into the health system.

It also aligns with the ICM Education, Regulation and Association standards and recommendations, creates alliances within the Mexican midwifery movement, connects Mexican midwives and stakeholders with global midwives and activists seeking to improve access, cultural competence, and the availability and quality of midwifery services worldwide.



The Marie Goubran Award



In Partnership with Johnson & Johnson

The Marie Goubran Award provides scholarships and grants to exceptional midwives working in countries and frameworks with limited funding and opportunity, with the express purpose of furthering midwifery education. In 2014, the Marie Goubran Award was given to its first male recipient, Kingsley Musama, whose tireless work to provide respectful maternity care to mothers in the Chama District of Zambia – alongside a number of other dedicated midwives – has seen his clinic awarded as the best in Chama for two consecutive years. The 2016 winner was Yana Strancheva (Midwives' Association of Bulgaira) for her project titled '*Strengthening Bulgarian Midwives' Autonomy by Introducing Newborn Examination Skills*'. The 2017 winner was Kiran Mubeen (Midwives' Association of Pakistan) for her project titled '*Examination Skills Capacity Building of Community Midwives of Pakistan for Helping Babies Breathe (HBB)*'. No award was made for 2015.

In addition to the generous investment in the Marie Goubran Award, ICM partners Johnson & Johnson similarly provide financial support to the ICM Midwifery Education and Research Awards and to the ICM Triennial Congress.





Technical Consultation on Midwifery Programmes

Technical Consultation on Midwifery Programmes

During the triennium ICM has been asked to provide consultation on a number of global midwifery programmes:

▶ CANADIAN MIDWIVES' ASSOCIATION (CAM)

will receive technical expertise, support and advisory services from ICM in implementing its 'Midwives Save Lives' project.

▶ ENGENDER HEALTH

have requested ICMs expertise to support review of midwifery curriculum in Bangladesh

▶ SPEAK UP AFRICA

have requested ICMs involvement in the development of a programme called 'Promoting Midwives as a Catalytic Solution to Perinatal Mortality' which will be launching in 2017. The program is funded by the Children's Investment Fund Foundation and will be run in Tanzania from March 2017.

▶ 2014 – 2017 Concluded Programmes

In 2015, ICM concluded the programme 'Scaling up Midwifery' to achieve the Millennium Development Goals: Strengthening the Regional Approach, delivered in partnership with the Swedish International Development Cooperation Agency (SIDA). An end-of-programme, external evaluation was conducted in early 2015.



Policy

Policy 2014 – 2017

► *Every Newborn Action Plan*

The Every Newborn Action Plan (ENAP) was launched at the Partnership of Maternal, Newborn and Child Health (PMNCH) Partners Forum in Johannesburg in June 2014. The plan provides a roadmap and joint action platform for the reduction of preventable newborn mortality. Linking the work of all stakeholders in this space, ENAP enables policy-makers and others to accelerate national plans seeking to achieve clear results for newborn survival, in conjunction with enhancing the achievement of wider goals for women's and children's health.

ENAP defines the roles and responsibilities of stakeholders by setting out a vision, targets, and objectives alongside recommended key actions for implementation that are based on proven strategies for change, and the latest evidence on efficacy, costing, and the projected impact of interventions. These findings, in conjunction with the insights advocated by ICM on behalf of our midwives around the world, are well-placed to facilitate an acceleration of implementable improvements to midwifery services to raise standards of health and wellbeing on community, national, regional, and global platforms.

Working to advance the goals of United Nations Secretary-General Ban Ki-moon's Global Strategy for Women's and Children's Health and the Every Woman Every Child movement, the Every Newborn Action Plan builds on the recommendations made by the United Nations Commission on Life-Saving Commodities for Women and Children, "A Promise Renewed" commitment to child survival, and the objectives of the Family Planning 2020 effort. It also explicitly details its support for a common monitoring framework led by the recommendations of the Commission on Information and Accountability for Women's and Children's Health

► *Ending Preventable Maternal Mortality*

ICM worked closely with the WHO, UNFPA and other stakeholders in the development of policy paper - 'Strategies Toward Ending Preventable Maternal Mortality (EPMM)', released in February 2015. The EPMM targets and strategies are grounded in a human rights approach to maternal and newborn health, and focus on eliminating significant inequities that lead to disparities in access, quality and outcomes of care within and between countries. Concrete political commitments and financial investments by country governments and development partners are necessary to meet the targets and carry out the strategies for EPMM. The paper reports '87% of essential maternal and newborn health care services can be provided by midwives, subject to them being educated and regulated to international standards and working in well-equipped enabling environments. Furthermore, it is projected that universal coverage of essential maternal, newborn and family planning interventions that fall within the scope of midwifery practice could avert 83% of all maternal and neonatal deaths and stillbirths.' This recognition of the role of midwifery in ending preventable maternal mortality is crucial for future policy development that increases resources for midwifery services worldwide.



► *The Lancet Series on Midwifery*

The essential needs of childbearing women and their babies in all countries are the focus of this thought-provoking series of international academic studies on midwifery practices, policies, and outcomes.

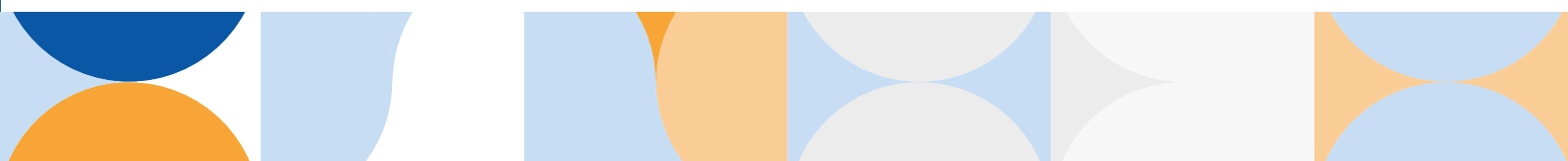
The development of this series by the Lancet, launched in 2014, was inspired by the lack of needs still remaining unmet around the world, even decades after recognition and formalisation of best practices in reproductive, maternal, newborn and child health. Because of this, new solutions have become a requirement to facilitate improved health and wellbeing in this space.

The Lancet Series on Midwifery provides a framework for quality maternal and newborn care (QMNC) that firmly places the needs of women and their newborn infants at its center. The findings of this series support a shift from fragmented maternal and newborn care provision that is focused on identification and treatment of pathology, and towards a holistic system-oriented approach that provides skilled care for all.

The traction of this series supports the ICM advocacy efforts as it legitimises our findings from the frontline – and the first-hand testimonies of our midwives - in a verified academic format that allows the anchoring of these realities around the world.

► *The Global Strategy on Human Resources for Health: Workforce 2030 (the Global Strategy)*

ICM has played a crucial role in the development of The Global Strategy on Human Resources for Health strategy. It was adopted by member states at the 2016 World Health Assembly following extensive consultation processes since late 2013. The Strategy provides an ambitious agenda to progress towards Universal Health Coverage and the achievement of the SDGs.



► *Midwives Voices, Midwives Realities*

ICM was an invaluable contributor to the WHO's "Midwives' voices, Midwives' Realities" report of 2016, which documents the voices and realities of 2470 midwifery personnel hailing from 93 countries worldwide. This report details the barriers faced by midwives in their efforts to provide quality, respectful care for women, newborns and their families. The findings of the report highlight that existing hierarchies of power and gender discrimination hinder progress, but also demonstrate the great potential for improvements in quality of care when the voices of midwives are heard.

At the Wilson Centre in Washington D.C. in February 2017, stakeholders were invited to participate in forums to strategise solutions to the obstructions endured by midwives seeking to deliver high-quality, respectful care to women, newborns, families, and communities. The event was live-streamed for ICM members and supporters, to allow for social and digital media participation around the world.

► *Global strategy for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) 2.0*

In the lead-up to the launch of the United Nations SDGs in 2015, the Global Strategy for RMNCAH 2.0 was developed to create a roadmap for achieving these objectives.

Building on the success of the previous Global Strategy (2010-2015) and the Every Woman Every Child movement, which acted as a platform to accelerate the health-related Millennium Development Goals, the Global Strategy for RMNCAH 2.0 placed women, children and adolescents at the heart of initiatives to achieve the SDGs. The Global Strategy explicitly strives for a world in which every mother can enjoy a wanted and healthy pregnancy and childbirth, every child can survive beyond their fifth birthday, and every woman, child and adolescent can thrive to realize their full potential, resulting in enormous social, demographic and economic benefits. Throughout 2015, ICM were involved in the stakeholders meetings and working groups in Delhi and Johannesburg to develop this strategic plan.



► *State of the World's Midwifery Report (SoWMy) 2014*

A partnership with UNFPA, ICM, WHO, and over 30 key consultative partners, SoWMy 2014 identified major deficits in the midwifery workforces of 73 countries whilst providing recommendations to mitigate these crucial systemic fractures. Following the launch of “A Universal Pathway – A Woman’s Right to Health”(SoWMy 2014), at the 2014 ICM Triennial Congress, ICM hosted seven report launches across seven countries, in 2014 and 2015, at regional high-level meetings in conjunction with key policy-makers to address the findings and ensure saturation within midwifery networks around the world.



Partnerships & Collaborations

Partnerships and Collaborations

World Health Organisation (WHO)

ICM has enjoyed a substantive and meaningful ongoing official relationship with the WHO through the provision of academic and frontline expertise on a number of reproductive, maternal, newborn and child health working groups, strategy meetings, and technical working groups. As a non-State actor in official relations with WHO, ICM and WHO develop a collaboration plan with agreed objectives and activities for each three-year period.

▶ Through this reciprocal relationship between WHO and ICM, midwifery priorities have been championed at the highest levels of policy development processes and academic research spaces, including the 135th- 138th Executive Board meetings (2014-2017), the Every Mother Every Newborn Stakeholders' meeting (2014), the Policy and Coordination Committee (PCC) Meeting, Consultation on the Strategic Directions on Strengthening Nursing and Midwifery from 2016-2020 (2015), the Global Health Workforce Alliance (2015), 1st Meeting of the Review Committee on the Role of International Health Regulations of 2005 in the Ebola outbreak and response (2016), and the 68th Session of the Regional Committee for South East Asia (2016).

► *Partnership for Maternal, Newborn and Child Health (PMNCH)*

ICM has had a long and productive relationship with the PMNCH hosted by the WHO, as an active partner in initiatives lead by PMNCH and its partners. PMNCH's mission is to facilitate connections, provide support, and catalyze collective action between organisations and individuals working in the reproductive, maternal, newborn, and child health space to achieve health outcomes of a universally high quality.

This multi-stakeholder platform now known as 'The Partnership' marked 10 years in 2015. Late in 2015 an eighth constituency, adolescents and youth, was incorporated. As part of its governance review new guiding values and principles were agreed as were themes of Alignment, Analysis, Accountability and Advocacy through which The Partnership will accomplish its mission. The Partnership is fully aligned with the Every Woman Every Child (EWEC) movement and the Global Strategy for Women's, Children's and Adolescents' Health.

The 2016-2020 Strategic Plan, developed in support of Every Woman Every Child, outlined four Strategic Objectives

- Prioritise engagement in countries;
- Drive accountability;
- Focus action for results;
- Deepen partnerships.

ICM was represented on two Strategic Objective groups by Dr Ann Phova and Dr Atf Gherissi in Strategic Groups 1 and 3, respectively. The ICM President represents ICM on The Partnership Board, is a member of its ad-hoc Strategy Group and Governance and Nominations Committee. ICM's Senior Midwife Advisor, Nester Moyo, is the alternate representative.



Image: United Nations Photo

► *Global Health Workforce Alliance (GHWA)*

The GHWA is a partnership of national governments, NGOs, finance institutions, researchers, educators, and professional associations dedicated to identifying, implementing and advocating for solutions to the health workforce shortages.

Development of the strategy

Since early 2014, the GHWA coordinated a broad-based global consultation, through the development of eight thematic papers to collate evidence in support of the global strategy on Human Resources for Health.

ICM's key advocacy priority during consultation and development of the Global HRH Strategy was the inclusion and appropriate prioritisation of midwife interests and priorities. The strategy was presented to the WHA in 2016 and accepted by member states. In 2015 the ICM Chief Executive, Frances Ganges, replaced the ICM President, Frances Day-Stirk, as the substantive GHWA Board member, with the President then becoming the alternate representative.

In 2015 the 10 year remit of the Alliance's work ended, whereupon it was successfully replaced by the new Global Health Workforce Network. The purpose of GHWN is to promote the implementation of the Global Strategy's vision to: "Accelerate progress towards universal health coverage and the UN SDGs by ensuring equitable access to health workers within strengthened health systems through inter-sectoral engagement. ICM will continue to be a member of this network.



ICM collaborated with Direct Relief to advance matters of common interest; resources for midwives working in resource-poor settings, with the intention of reducing maternal and infant mortality worldwide

Whilst the global deficit of trained midwives stands at 350,000, a great deal more than this figure additionally lack the equipment needed to put their existing education and training to use. Direct Relief designed the first-ever Midwife Kit, with ICM's technical expertise, which has been endorsed by ICM as a standard for midwives who have been trained to ICM's competency standards.

Each Midwife Kit contains the 59 essential items a midwife needs to perform 50 facility-based deliveries. The Midwife Kits, valued at \$1,250 - or roughly \$25 per safe birth - are provided free of charge to midwives in selected resource-constrained settings, primarily humanitarian settings.

During the initial pilot year of this engagement, Direct Relief was able to deliver over 400 of these kits to midwives in four countries: Sierra Leone (the Medical Research Centre), Liberia (Africare and Last Mile Health), Philippines (IPI Foundation, Inc.) Somaliland (The Edna Adan University Hospital) and Nepal (MiDSon). In 2016, 199 Midwife Kits were provided to birthing clinics in Sierra Leone, Liberia, Malawi, Nepal, Haiti and Mexico and in FY2017 we are on target to deliver more than 250 Midwife Kits to clinics in Vietnam, Nepal, Togo, Liberia, Mali, Sierra Leone, Liberia and Haiti.

Direct Relief has also collaborated with ICM to develop an interactive map that will provide comprehensive accessibility information to expectant mothers and health-seeking individuals about proximal midwifery services, resources, and support networks. This mapping is ongoing, with the intention of launch and implementation in 2017.

Stakeholder Engagement Meeting


In September 2015, ICM convened a meeting with diverse stakeholders from the non-governmental and private sector communities working to improve the health and wellbeing of women and babies. This meeting, facilitated with the financial support of the Bill and Melinda Gates Foundation, brought together these key stakeholders to assess the efficacy of existing and future programmes within the ICM network, celebrate achievements on the global and regional stages, and explore opportunities for mutual collaboration, optimisation, and shared common goals.

The meeting hosted some 37 participating bodies, including current ICM partners such as FIGO, WHO, UNFPA, the White Ribbon Alliance, Sanofi Foundation, Direct Relief, Johnson & Johnson, Jhpiego, the Wellbeing Foundation Africa, Laerdal Global Health, Wateraid, and Save the Children. Other potential partners and stakeholders in attendance included Sigma Theta Tau International, MacArthur Foundation, Royal Tropical Institute (KIT), and Elma Philanthropies.

Several partners explicitly recommitted to their close relationships with ICM over the coming months and years, whilst prospective and interested actors in the health and wellbeing space made new commitments. An outline of these commitments was developed and will continue to be followed up with the various stakeholders.



Advocacy



As the collective representative body for midwives around the world, ICM's priority over the past three years has been to bolster and mobilise its advocacy across all platforms to ensure that global best practice is reflected in all health policy materials and guidelines, and educational programmes that are related to midwifery. As such, ICM has aggressively pursued opportunities to represent member interests at global, regional, and national level. Its success lies in its metrics: ICM has maintained a proactive presence at global meetings, ICM regional conferences, and numerous meetings, summits, symposiums and conferences held by members associations and development partners at national and regional levels.



With a focus on fostering systemic reflection of resource-mobilisation and recognition and upskilling of existing midwives, ICM has campaigned the interests and benefits of midwifery support at a structural level on the global stage. ICM has been a proactive stakeholder in a number of global events and consultative forums around the world, including the UNFPA Midwifery Symposium in Washington D.C. (2015), the UNICEF International Family Planning Conference in Bali (2016), the annual meeting of the Regional Working Group for the Reduction of Maternal Mortality in Latin America and the Caribbean (2016) and the UNFPA Technical Consultation on Ending Preventable Maternal Mortality in Thailand (2014).

With the conclusion of the UN Millennium Development Goals in 2015 came the launch of the UN SDGs, which took a more comprehensive, transformative view on International Development across the themes of Dignity, People, Planet, Partnership, Prosperity and Justice. Accordingly, ICM emphasised the most vital human interest-based components of midwifery care in its global advocacy: their voice, visibility, and value.

Launching this messaging at UNGA70 in 2015, ICM has leveraged its ongoing commitment to midwives through high-level platforms, including the Every Woman Every Child initiative, in which it made both an individual and joint commitments alongside FIGO and IPA to ensure the elevation and prioritisation of midwives as the lynchpin of improved health and wellbeing globally in this new and exciting era.

This messaging has continued to WHA in Geneva (2014, 2015, 2016), the Global Strategy for Women's Children's and Adolescents Health Consultation meeting in Delhi (2015), the United Nations Commission for the Status of Women in New York (2014, 2015, 2016), Women Deliver in Copenhagen (2016), and the Global Maternal Newborn Health Conference (2015). ICM's voice, on behalf of midwives globally, was optimised within panel events and sessions such as the "Walking together for Women & Children: Forging New Paths for Government, Civil Society and Private Sector Partnerships" panel at UNGA70 (2015), which was led in conjunction with Johnson & Johnson, The MDG Health Alliance, and Save the Children.

2016 saw the convening of the Triad Meeting hosted by ICM, International Council of Nurses (ICN) and WHO. The purpose of the Triad meeting was to address issues of common interest and concern resulting in sharing of ideas and experiences and collaborative action(s) nationally, regionally and internationally in the health and wellbeing sector, insofar as the intersection between midwifery and nursing.

The future of the nursing and midwifery workforce was declared to be one of the main themes for the 2016 Triad, the dialogue of which encompassed relevant global mandates such as the SDGs, the WHO Global Strategy on Human Resources for Health: Workforce 2030, and global commitments toward attaining Universal Health Coverage.

ICM's global advocacy has been invaluablely elevated by Global Goodwill Ambassador, Her Excellency Mrs Toyin Ojora Saraki, who has assisted ICM in championing midwives as the heart of health solutions around the world. With the express purpose of generating demand for midwives, and ensuring the mobilisation of resources and support for frontline health care delivery.

Regional and National Advocacy

Over the past three years, the ICM team have travelled all over the globe to advocate for the needs of midwives and midwifery within health systems, to ensure that this crucial piece of the health development puzzle is reflected in policies that benefit the needs of women, their newborns and their families.

ICM has both hosted and participated in a slew of regional conferences around the world to ensure consistency of its global advocacy messaging with domestic, national, and regional priorities of midwives both on the frontline, and working in the change-making space.

ICM has been an active supporting body and message elevator on the global stage for regional summits and conferences such as the International Family Planning Conference (IFPC) in Bali in 2016, hosted by the USAID Post-Abortion Care Working Group. The IFPC was co-hosted by the National Population and Family Planning Board of Indonesia (BkkbN) and the Bill & Melinda Gates Institute for Population and Reproductive Health, and benefited from the insights and output of some 4,000 participants determined to have not only their needs met in policy as health providers, but the needs of the vulnerable families seeking their expertise, resources, and emotional support.

ICM also provided its insights on midwifery priorities and perspectives in the global context to provide the Keynote Address at the 14th national conference of the British Journal of Midwifery. With the theme: “Current Issues in Midwifery: Optimising Women’s Experiences and Outcomes”, keynote on Global perspective on normality.

During May 2016, ICM engaged with its Member Association, the National Association of Nigerian Nurses and Midwives (NANNM), who were partnered with the Wellbeing Foundation Africa and the UNFPA, as the hosts of Nigeria’s inaugural International Day of the Midwife Conference.

This conference brought together 371 midwives from across Nigeria. This event, which championed the need for the global gold standard of education to be accessible to midwives around the world, provided a working model for engagement optimisation of midwives from diverse backgrounds and practical experience in the frontlines.

That same month, ICM travelled to Spain to participate in the Southern European Region (SER) Meeting of Midwifery, where representatives from across the region collaborated on the latest research, practices, and mechanisms to address crucial health issues in the lead-up to ICM Council meetings in 2017.

In July 2016, ICM participated in the Global Networks of WHO Collaborating Centers Executive Committee, at the ‘Strategic Conversations: The contribution of Nursing & Midwifery towards Global Health 2030’ Conference in Glasgow, Scotland, as well as the accompanying General Meeting. The meetings and conference, hosted by Glasgow Caledonian University, brought together global healthcare leaders and practitioners to debate future directions and challenges for nursing and midwifery with the approach of the year 2030.





▶ In September 2016, the Board President of ICM travelled to China, Hong Kong for Pan-Asian meetings and Bulgaria for the ICM Pan-European meeting. The trip's key focal points were high-level fora on midwifery development in China, and strategic meetings with key academic, hospitals, government and non-governmental representatives in Beijing and Shanghai to increase global support for midwifery development.

These conferences added to the momentum of regional advocacy summits including the Arab States Regional Midwifery Network Meeting (2016), 3rd International and National Midwifery Conference of Ankara (2016), the Trinidad and Tobago Association of Midwives Annual Conference (2016), and the Central Asian Midwifery Conference (2014).



ICM Conferences

► *International Confederation of Midwives Triennial Congress – Toronto 2016*

The Toronto Congress 2017 looks like it will be breaking all records for the number of midwives attending from a record number of countries. One of the largest delegations of over 400 midwives from the host country is a great tribute to the work of CAM. Whilst the final figures cannot be confirmed at the time of this report, we already know that the record number of abstract submissions, has led to the largest display of posters (500) and oral presentations (700+) of all ICM congresses. It is set to be an incredible event and another proud moment for ICM, the Board, and all our supporters, sponsors and partners.

All eyes turn to Bali for the next ICM Congress. The new congress logo for 2020 has been approved by the ICM Board, with the overarching theme 'Midwives of the world: Delivering the future'. The Scientific Professional Programme Committee has provisionally set out the sub-themes and within twelve months they will announce the timetable for abstract submissions on the following:

- Midwives **PROTECT** the future through up to date competencies
- Midwives **INVEST** in the future through women & family-centered quality care
- Midwives **ADVOCATE** for the future through effective empowerment
- Midwives **SECURE** the future through strong regulatory mechanisms

The new congress website at www.midwives2020.org is activated at the end of the Toronto congress.

► *Regional Conferences*

In the period of 2014 – 2017 three conferences were scheduled in the ICM regions Americas, Asia-Pacific and Africa. In 2015, at the opposite ends of the world, midwives in two ICM Regions gathered for regional conferences held in Suriname and Japan respectively. However, the Africa Regional Conference scheduled to take place in October 2016, was unfortunately cancelled due to unpredicted political changes in country.

► *Americas Regional Conference, Paramaribo, Suriname, 14-17 July 2015*

The 5th ICM Americas Region Conference, hosted by the Suriname Organisation of Midwives, was officially opened by the Suriname Minister of Health. The president of the Suriname Midwives Association, Suze Holband, welcomed the participants by emphasising the importance of the conference theme: “Invest in healthy pregnancies: invest in midwives”. Opening remarks and keynote address were delivered by ICM President, Frances Day-Stirk. Board members Irene De La Torre, Sandra Oyarzo Torres facilitated several sessions and ICM staff, Martha Bokosi and Margriet Pluymaekers were actively engaged in facilitating workshops before and during the conference. Approximately 200 midwives from Midwifery organisations of North America, South America, and the Caribbean attended. There were presentations from Argentina, Chile, Canada, Jamaica, Mexico, Trinidad, the USA, and many others. Several ICM partners, such as FIGO, Pan-American Health Organisation (PAHO) and UNFPA were active participants. The ICM Global Goodwill Ambassador, Her Excellency, Mrs Toyin Ojora Saraki delivered inspirational closing remarks.

► *Asia-Pacific Regional Conference, Yokohama, Japan, 20-22 July 2015*

More than 3200 delegates from 37 countries traveled to the 11th Asia-Pacific ICM Regional Conference, hosted by the three Japanese Associations. The conference theme “Midwifery Care for Every Mother and her Newborn” was reflected in many of the conference sessions. Opening remarks for the conference were by Her Highness Imperial Princess of Japan. Among the other dignitaries were the ICM President, Frances Day-Stirk, the Mayor of Yokohama, Governor of Yokohama and President of the Obstetrician & Gynecologist Association. Board members Sue Bree, Rafat Jan, Mary Kirk, as well as ICM staff Nester Moyo and Pashtoon Zyaee were actively engaged in facilitating sessions, meetings and workshops before and during the conference.



► *Triennial Financial Report 2014 - 2016*

Membership of ICM has continued to increase during this triennium with Midwives' Association members increasing from 115 in 100 countries at the start of 2014 to 130 in 112 countries by the end of 2016.

The membership fee structure approved in Prague in 2014 has been implemented and income from membership fees has increased as a result. However, collection of membership fees remains a significant challenge. Measures have been put in place for recovery of funds in future years.

As a result of the recovery plan (initiated in 2005) ICM's financial situation has very much improved. The general reserve remains stable. However, ICM is not in a position to invest in its own infrastructure or operations. ICM remains dependent on funding from donor organisations and ICM Triennial Congresses to carry out core activities in support of members.

During this triennium, the number of donors has increased by three from seven at the beginning of 2014 and funding has increased from €1.3 million to €2.1million by the end of 2016. From 2012 through to 2015, SIDA funded ICM to undertake regional activities and build its capacity. This funding made it possible for ICM to carry out many of the activities described in this report, all contributing first to the Millennium Development Goals 4, 5 and 6 and after 2015 to the SDGs, especially goal 3.

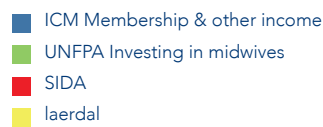
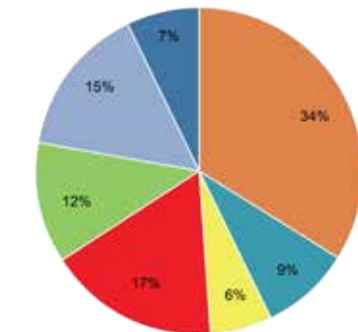
ICM's policy is to maintain a general reserve of at least 30% of operating funds as budgeted, to ensure solvency. In 2016, the accounts closed with a solvability of 22.1 % due to increases in project-related costs.

The Board has actively strategised to increase income by developing a resource mobilisation strategy (2015 – 2017). A review of the strategy and its implementation completed in early 2017 identified several barriers that impeded successful achievement of the strategy. A new strategy will therefore be developed to support achievement of ICM's strategic goals for the 2018 - 2020 triennium, taking account of the lessons learned in 2015 – 2017.

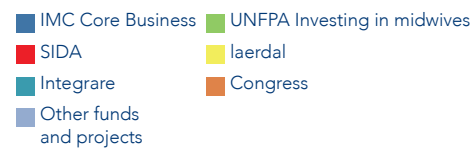


2014 income and expenses

Income 2016

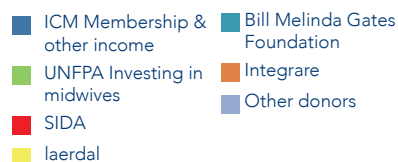
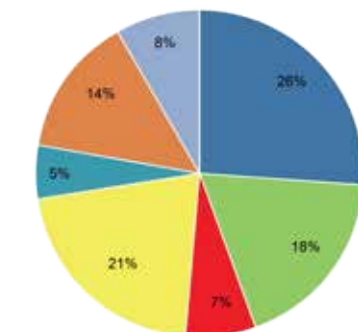


Expenditure 2016

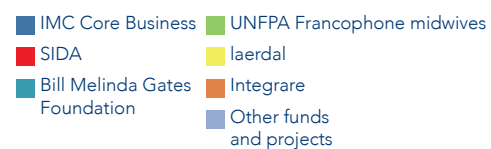
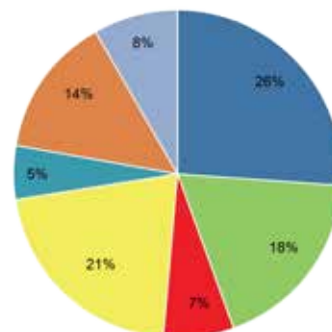


2015 income and expenses

Income 2015

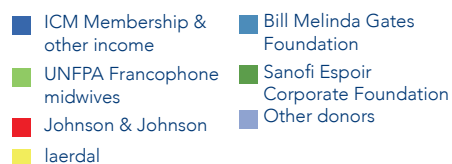
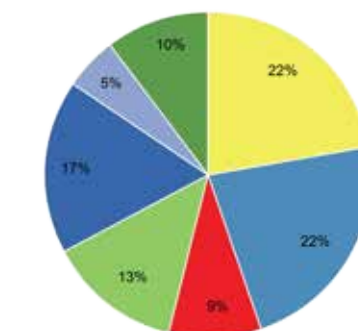


Expenditure 2015

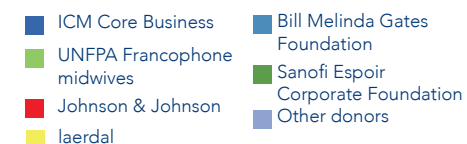
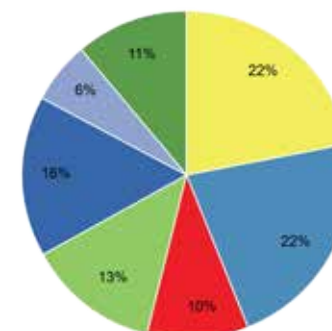


2016 income and expenses

Income 2016



Expenditure 2016





Message from the CEO

For many years, I have been an active supporter of the International Confederation of Midwives, working alongside esteemed colleagues as Chair of the Regulation Standing Committee since 2008 and a member of the Scientific Professional and Programme Committee for the Congresses in Prague and Toronto. It is with much pride that I now assume the role of Chief Executive Officer.



Looking back on the successes and struggles of the last three years presented in this report, I am inspired by ICM's fearlessness. The dedicated team have worked tirelessly to ensure that the word "midwife" is embedded in strategic plans, health policies and health worker campaigns around the world. ICM actively funneled its energy, expertise, and resources towards midwives struggling in countries experiencing crisis and conflict, with the knowledge that no midwife – anywhere in the world – can be left behind. It has not been easy, but so much progress has been made.

Though there remain challenges in the reproductive, maternal, newborn, and child health spaces, and particularly for midwives in gaining the recognition, respect, equity and autonomy they deserve, I am optimistic about our capacity to confront them. Our advocacy, moving forwards, must be anchored in the knowledge that midwives are the solution to many seemingly insurmountable health issues around the world. But midwives cannot do this alone and their work must be supported, integrated and valued within wider health services if it is to have the impact we know is possible.

Our programmatic scope must ensure that vital gaps in capacity and education are filled so that midwife access, engagement, and upskilling can be accommodated by infrastructural frameworks. We must be fluid, flexible, and fierce when it comes to representing our members on the global, regional, and domestic stages. And I promise you: we will be.

I am proud and excited to work alongside all of you for a better future – not just for midwives, but for every life they touch in their countries and communities, as well.

Warm regards,

Sally Pairman



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