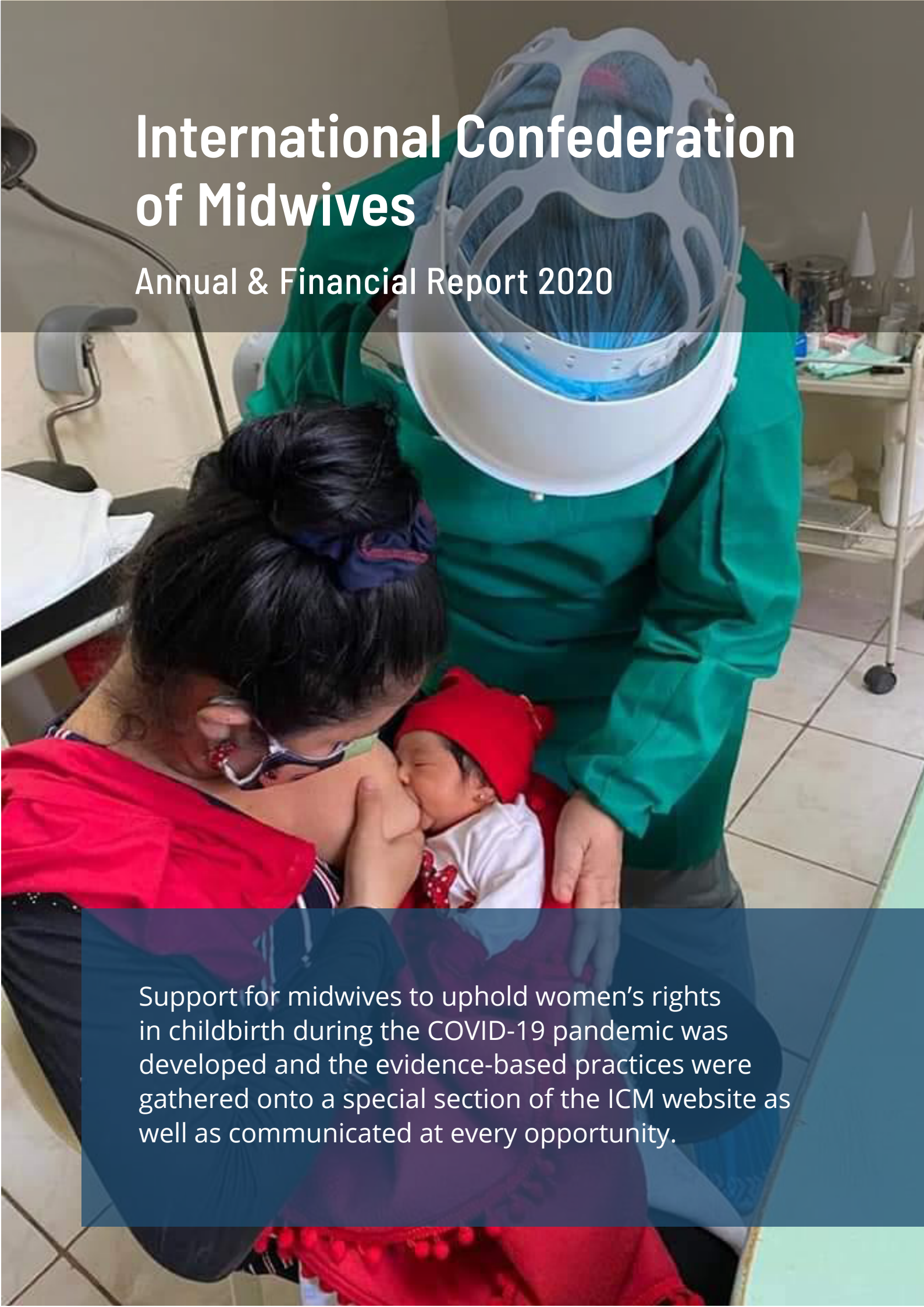




# International Confederation of Midwives

## Annual & Financial Report 2020





# International Confederation of Midwives

## Annual & Financial Report 2020

Support for midwives to uphold women’s rights in childbirth during the COVID-19 pandemic was developed and the evidence-based practices were gathered onto a special section of the ICM website as well as communicated at every opportunity.

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## ICM Vision

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

## ICM Mission

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

## Message from President

This year started with the promise of becoming an inspirational year for our 143 Member Associations and more than one million midwives globally. After all, 2020 marks the end (2017-2020) and also the beginning (2020-2023) of ICM's triennial cycle which we intended to celebrate at our 32nd Triennial Congress in Bali in June. And this promise of an inspirational year came true, however not quite in the way we all expected. This reminded us of a truth that we midwives are so familiar with: the future cannot be predicted, and as we walk life's path, every day must be cherished and every opportunity embraced.

The year started with the World Health Organization (WHO) declaring an international celebration of the largest global health workforce, a workforce of predominantly women, that of midwives and nurses. The Year of the Nurse and the Midwife gave visibility to midwives as autonomous professionals. At different global, regional and national events the key role of midwives for the sexual and reproductive health and wellbeing of women, babies and their communities was honoured and reiterated. These celebrations took on another form when, on the 11th of March, the global spread of COVID-19 made it necessary for the Director General of World Health Organization (WHO), Dr Tedros, to declare a global pandemic.

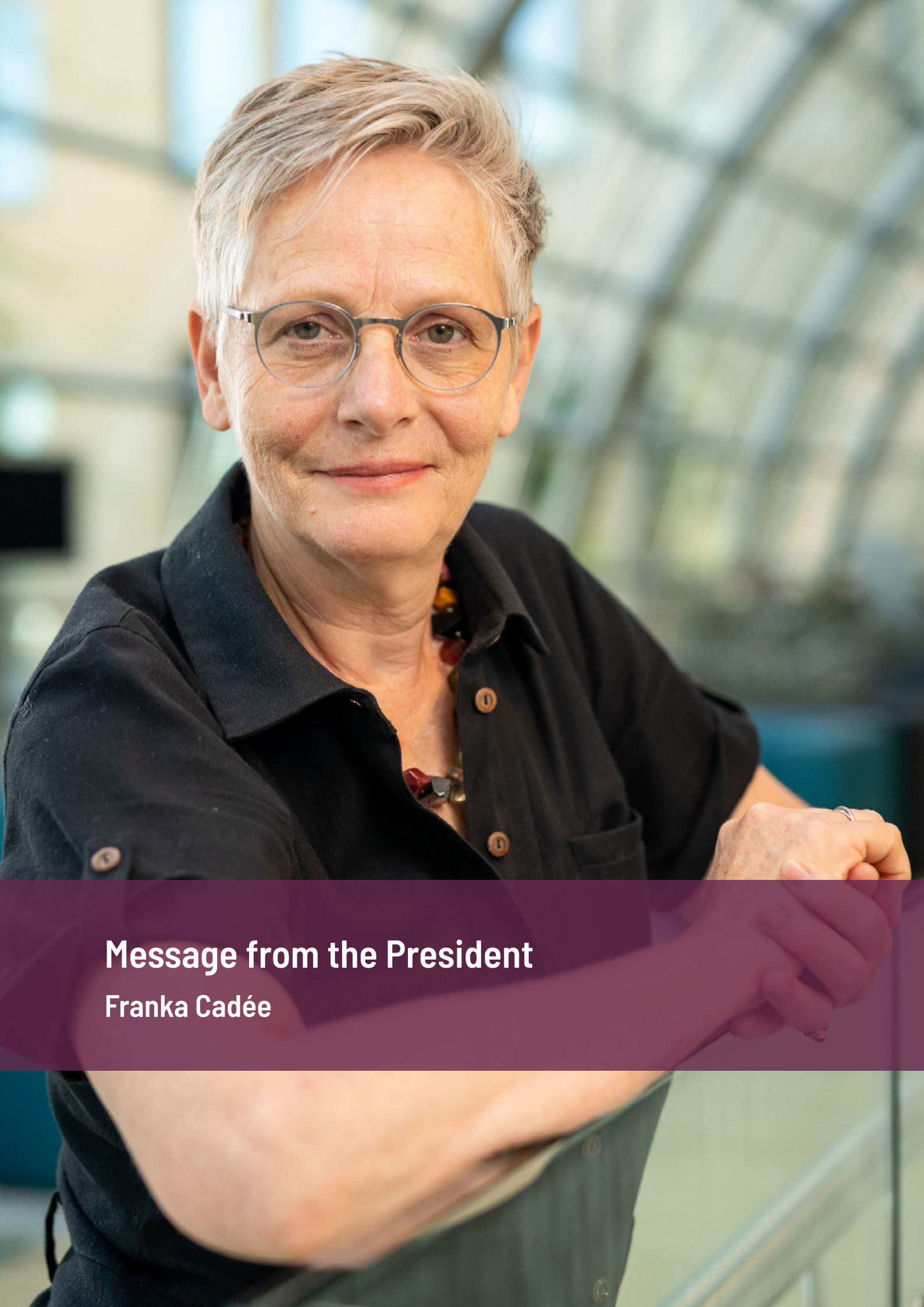
ICM responded and adapted quickly. All our decisions were made based on three core principles:

First, do no harm to our members, partners and organisation, second, keep ICM moving forward, and third, take advantage of all new opportunities.

We worked hand in hand with our partners and members to support midwives to stay safe while giving excellent and respectful care to women. Support for midwives to uphold women's rights in childbirth during the COVID-19 pandemic was developed and the evidence-based practices were gathered onto a special section of the ICM website as well as communicated at every opportunity. The 32nd ICM Triennial Congress was first postponed to 2021, and then, as the pandemic developed further, transferred to a Virtual Triennial Congress to be held in June 2021.

On the 5th of May, the International Day of the Midwife, our Chief Executive participated in a Facebook Live webinar with our partner United Nations Population Fund (UNFPA) (Asia Pacific region) where she spoke about the role of midwives during the COVID-19 crisis. Our communication and interaction with our Member Associations saw a steady increase, with Regional Zoom meetings in April to discuss how ICM could support members during the COVID-19 pandemic and in May to prepare for the virtual Council meeting. At the virtual Council meeting, we saluted the 2017-2020 Board and welcomed the new 2020-2023 Board. Our members called for more regionally focused support, integrated into our core operational work. We began to deliver on this with the implementation of regional support teams at Head Office to work closely with regional Board Members and regional Member Associations. With a vision of a more inclusive and sustainable organisation, Council members voted for equal Regional Board representation to take effect in 2023.





## Message from the President

Franka Cadée

As a Board, hand in hand with our Head Office staff led by Sally Pairman, we are making use of the global lockdowns to do some needed ICM housekeeping. We are in the process of a thorough review and alignment of ICM's governance and operational policies and processes. This reform is generously supported by the Swedish International Development Cooperation Agency (Sida), whose decision to invest in our core work reflects their understanding of the essential work of midwives for a healthy future of our world. We are thankful that this support and understanding is being echoed by many of our global partners and we were thrilled to also receive a grant for core funding from Direct Relief. The Bill and Melinda Gates Foundation (BMGF) continues to support and champion ICM's work which was manifested through a generous supplementary grant. With this funding, we kick-started the process of ICM strengthening. A strengthened ICM will benefit everyone and by working hand in hand, as equal partners, the ICM Board, Head Office and our Member Associations can stand with women and lead the way to 2030, the Decade of the Midwife!

Finally, like many of you, I will miss the live, human touch of fellow midwives at our Congress. It is comforting to know that, because of its virtual nature, the June 2021 Triennial Congress will enable many more midwives to participate, making it the largest virtual gathering of midwives the world has ever seen. See you there!

Franka Cadée

President





## ICM Values

- We **strengthen and build the capacity of midwives and Midwives' Associations** so that midwives can better support women and provide quality SRMNCAH care
- We work **locally, regionally and globally** with our Midwives' Association members 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 **justice, equity, diversity, and inclusion**
- We use **information and evidence** as the basis for our decisions
- We operate responsibly, with **integrity and accountability**

## 1. Introduction

**This report provides an overview of the main activities undertaken during 2020 by the**

International Confederation of Midwives (ICM)

Koninginnegracht 60, 2514 AE The Hague

Registration Chamber of Commerce: 27286042

It forms a backdrop to the annual financial report in section 8.

### 1.1. Overview

The International Confederation of Midwives (ICM) is a non-governmental organisation (NGO) that supports, represents and works to strengthen professional associations of midwives throughout the world. At the close of 2020 ICM's membership comprised 143 Midwives' Associations, representing 124 countries across every continent. ICM is organised into six regions (including seven sub-regions). These are:

1. Africa (Anglophone and Francophone)
2. Americas (North America & Caribbean and South America)
3. Western Pacific
4. Eastern Mediterranean
5. South East Asia
6. Europe (Northern, Central and Southern)

Through these members ICM speaks on behalf of more than one million midwives globally.

ICM accomplishes most of its work through its members and in close collaboration with global organisations, such as the World Health Organization (WHO), United Nations Population Fund (UNFPA) and other UN Agencies; healthcare professional associations such as the International Federation of Gynaecology and Obstetrics (FIGO), International Pediatric Association (IPA), and the International Council of Nurses (ICN); government agencies such as The Swedish International Development Cooperation Agency (Sida); non-governmental organisations and civil society groups such as White Ribbon Alliance, Latter Day Saint Charities; donors such as Laerdal Global Health, the Bill and Melinda Gates Foundation, Johnson and Johnson, Direct Relief and the MacArthur Foundation.

### 1.2. Governance

ICM is governed by an International Council, the decision-making body of the organisation, which sets the strategic direction for ICM at each Triennial Council Meeting. The ICM Council is made up of two delegates from each Member Association and the Board. The Board is comprised of an Executive Committee (President, Vice-President, Treasurer) and regional representatives from each of the six ICM regions (including seven sub-regions), a total of 13 members. The ICM Council elects the Executive Committee while regional Board Members are elected by the Member Associations in each sub-region and endorsed by the Council. Board Members are appointed for a three-year period with the opportunity of one re-election. The Chief Executive participates in Board meetings in a non-voting capacity.

The Executive Committee, and specifically the President, work closely with the Chief Executive, to achieve the strategic directions approved by Council and prioritised

by the Board. The Board provides oversight of finances and business development including liaison with global and regional partners, resource mobilisation, risk management and planning.

### 1.2.1. ICM Board Members until 26th June 2020

#### ICM Board Members 2020

<b>President:</b>	Franka Cadée	Netherlands	Elected June 2017
<b>Vice President:</b>	Mary Kirk	Australia	Elected June 2017; regional Board Member 2011 – 2017 (two triennia)
<b>Treasurer:</b>	Ingela Wiklund	Sweden	Elected June 2017; regional Board Member June 2011 – June 2017 (two triennia)
<b>Africa Region</b>			
<b>Francophone Africa</b>			
	Fatoumata S Maiga Dicko	Mali	Elected June 2017
<b>Anglophone Africa</b>			
	Jemima Dennis-Antwi	Ghana	Regional Board Member June 2014 – 2017 Re-elected June 2017
<b>Americas Region</b>			
<b>South America</b>			
	Sandra Oyarzo Torres	Chile	Regional Board Member June 2014 – June 2017. Re-elected June 2017
<b>North America and Caribbean</b>			
	Emmanuelle Hébert	Canada	Elected June 2017
<b>Western Pacific Region</b>			
	Hatsumi Taniguchi	Japan	Elected June 2017
<b>South-East Asia Region</b>			
	Emi Nurjasmi Indomo	Indonesia	Elected June 2017
<b>Eastern Mediterranean Region</b>			
	Rafat Jan	Pakistan	Regional Board Member June 2014 – June 2017. Re-elected June 2017
<b>Europe Region</b>			
<b>Northern Europe</b>			
	Trude Thommesen	Norway	Elected June 2017

<b>Central Europe</b>		
Serena Debonnet	Belgium	Regional Board Member June 2014 – June 2017. Re-elected June 2017
<b>Southern Europe</b>		
Rita Borg-Xuereb	Malta	Regional Board Member June 2014 – June 2017. Re-elected June 2017

### 1.2.2. ICM Board Members from 26th June 2020

#### ICM Board Members 2020

<b>President:</b>	Franka Cadée	Netherlands	Elected June 2017, re-elected June 2020
<b>Vice President:</b>	Sandra Oyarzo Torres	Chile	Elected June 2020, Regional Board Member Latin America 2014-2020 Elected June 2020
<b>Treasurer:</b>	Vitor Varela	Portugal	Elected June 2020
<b>Africa Region</b>			
<b>Francophone Africa:</b>			
	Fatoumata S Maiga Dicko	Mali	Elected June 2017, re-elected June 2020
<b>Anglophone Africa:</b>			
	Hilma Shikwambi	Namibia	Elected June 2020
<b>Americas Region</b>			
<b>Latin America:</b>			
	María Florencia Francisconi	Argentina	Elected June 2020
<b>North America and Caribbean:</b>			
	Pandora Hardtman	USA/Guyana	Elected June 2020
<b>Western Pacific Region</b>			
	Ann Kinnear	Australia	Elected June 2020
<b>South-East Asia Region</b>			
	Emi Nurjasmi Indomo	Indonesia	Elected June 2017, re-elected 2020
<b>Eastern Mediterranean Region</b>			
	Roa Altaweli	Saudi Arabia	Elected June 2020
<b>Europe Region</b>			
<b>Northern Europe:</b>			
	Trude Thommesen	Norway	Elected June 2017, re-elected June 2020
<b>Central Europe:</b>			
	Lisa Apini-Welcland	Germany	Elected June 2020
<b>Southern Europe:</b>			
	Victoria Vivilaki	Greece	Elected June 2020



### 1.2.3. Board Meetings

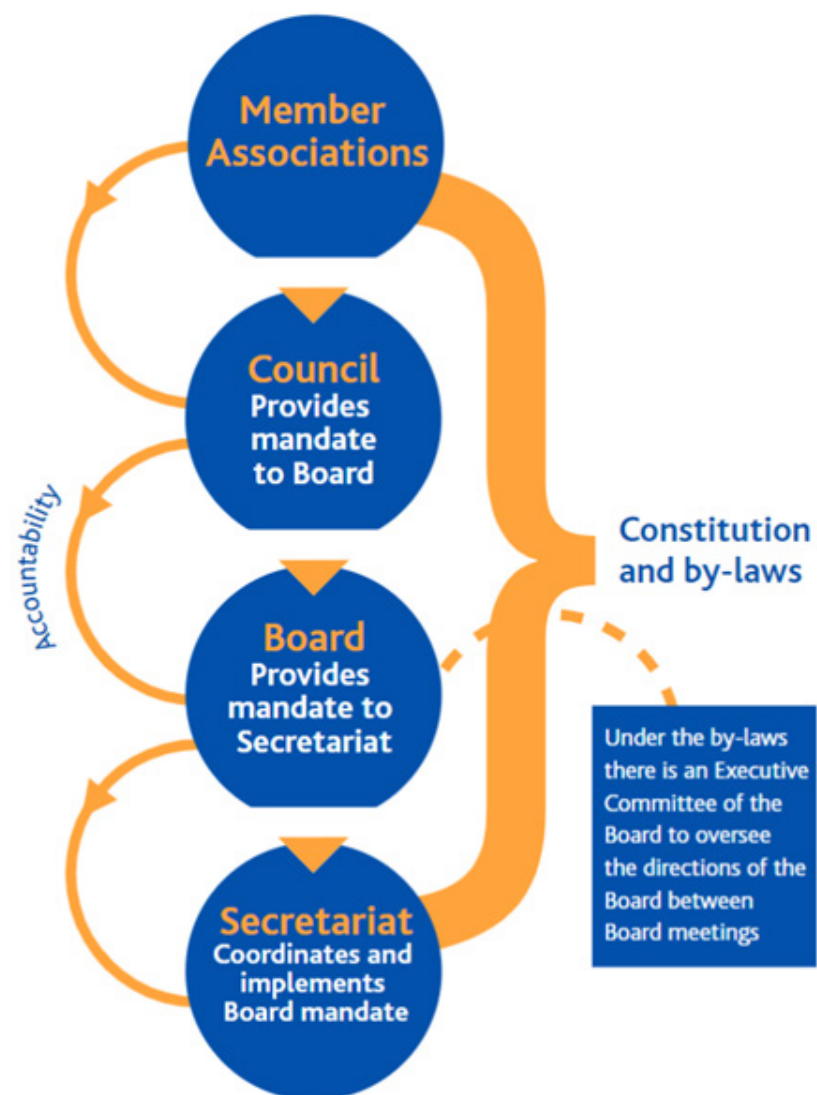
The Board did not meet face to face this year, due to the COVID-19 pandemic. Electronic Board meetings were held once per month throughout the year. Three additional Board meetings took place for urgent decision making in relation to the COVID-19 pandemic (in March, September and October).

In October, Board Members attended a four-day series of online meetings and workshops to build their knowledge and skills about governance, financial governance and social media.

The Executive Committee met electronically fortnightly throughout the year until October. Thereafter they met once per month.

Three new Board Committees were established during the year: the Finance, Audit and Risk Committee (FAR), the Governance Committee and the Regional Committee.

### 1.2.4. Organisational Structure



"I'm the happiest I've ever been in my life training to be a midwife, and I can't wait to get out there and to make the changes that we all want to see." - **Alicia Burnett, Student Midwife, UK.**



## 1.3. Operations

### 2020 Staff:

- Chief Executive, Dr Sally Pairman
- Lead Midwife Advisor, Ann Yates
- Programme and Development Director, Mike Fawcett (left ICM in January)
- Midwife Advisor, Dr Florence West
- Project Coordinator, Martha Bokosi (based in Malawi)
- Communications Manager, Molly Karp (started in February; based in Canada)
- Advocacy Manager, Ony Anukem (started in July; based in Canada)
- Membership Manager, Charlotte Renard
- Governance Administrator and Executive Assistant to the Chief Executive, Sigrid Engström
- Office and Procurement Manager, Morgane Schmidt
- Communications and Operations Assistant, Viviana Cubillos (left ICM in February)

### Consultants:

- Project Manager (SMS/Gates Foundation Project), Shree Mandke
- Project Accountant (SMS/BMGF Project and 50,000 Happy Birthdays), Kate Harbour
- Project Manager (Communications and Advocacy, Resource Mobilisation), Rachel Firth (Global Office Consulting)
- Finance Manager, Hans van Dongen
- Advocacy, Communications and Resource Mobilisation support, Global Office Consulting

## 1.4. ICM Standing Committees

ICM has five standing committees comprising elected and appointed members, to advise the Board and to carry out specific activities on behalf of the Board. Summaries of the activities of the standing committees in 2020 are provided below. The membership of each committee can be found in appendix 1.

### Education Standing Committee

#### Key Activities

1. Participation in all meetings of the ICM Scientific Professional and Programme Committee. Education Committee Co-chair, Mieke Embo
2. Education Committee updated ESC-abstracts for the online conference. Three out of four accepted workshops can be transformed into an online format.
3. Feedback submission provided to ICM on the Draft update of ICM Global Standards for Education.

4. Review of ICM position statements completed and feedback submitted to ICM.
5. Meeting of ESC members: 11/2/2020.
6. Some members of the Committee attended the December Zoom meeting for ICM's needs analysis of pre-service midwifery education programmes
7. Attendance and participation in global education activities.

### Research Standing Committee

#### Key Activities

1. Six meetings of the committee were held in 2020 alternating between day and evening to accommodate different geographical regions.
2. Membership was consistent and all ICM Regions are represented with exception of the Eastern Mediterranean region remaining vacant. Efforts have been employed to recruit but unsuccessful to date. A number of members have completed their term of office and have sought second terms. The committee is awaiting confirmation from ICM CE and Board about future Terms of Reference.
3. Activities in collaboration with ICM Board and Head Office:
4. Review and selection of recipients for the ICM/ Johnson & Johnson Research and Marie Goubran Award 2020.
5. Completion of ICM Position Statements Review as allocated by ESC.
6. Co-chair membership on the ICM Scientific Professional and Programme Committee.
7. Plans for delivery of workshops for Bali Congress were modified due to postponement and later transfer of congress to virtual format, as result of COVID-19.
8. The co-chairs of the RSC represent ICM on the Quality Maternal and Newborn Care Research Alliance (Chaired by Holly Kennedy). All meetings were attended by one of the RSC co-chairs. The aim of the group is to progress quality newborn and maternal care through research including the contribution of midwifery on an international platform.
9. RSC Members identified the potential and expertise of the group to conduct a small research study exploring educational needs of midwives to progress or support research globally. COVID-19 and the need for revised Terms of Reference for the RSC have impacted the progression of this work.

### Regulation Standing Committee

#### Key Activities

1. Participation in all meetings of the ICM Scientific Professional and Programme Committee by Co-chair, Karen Guilliland, including programme changes in relation to the COVID-19 pandemic impact on ICM Congress in Bali (postponement and subsequent transfer to virtual format)





Midwives are truly part of the healthcare chain and on the front lines working hard amidst challenges. We deliver women and provide postnatal care, following up with the mother and baby to ensure they are healthy. We provide family planning services and immunize babies. Midwives are determined to see that mothers and their babies are alive and happy. We need to support midwives in their practice by providing ongoing capacity building training and mentorship, ensuring health facilities are well resourced, and paying them well. – **ICM Young Midwife Leader, Harriet Nayiga**

2. Regulation Committee updated Regulation SC workshop for the online conference
3. European Regulation Committee member, Vitor Varela, was elected as ICM Treasurer
4. Feedback submission provided to ICM on the Draft ICM Global Standards for Education
5. Some members of the Committee attended the December Zoom meeting for ICM's needs analysis of pre-service midwifery education programmes
6. Central Europe had an online meeting with European midwifery regulators; EU regulators involved: Germany, The Netherlands, Ireland, UK, Italy, France, Malta, Portugal, Sweden
7. Exchange of views with the European Midwives Association (EMA). Subjects of common interest: mobility of health professionals, impact of EU Law on midwives, exchange of views on EU harmonised standards of education

## Scientific Professional Programme Committee

### Key Activities

1. Participation in all electronic meetings of the ICM Scientific Professional and Programme Committee
2. The Scientific Programme for the Triennial Congress was:
  - a. Finalised for June 2020
  - b. Revised and a draft completed for June 2021 following Board decision to postpone Congress in Bali until 2021
3. Adjusted and further revised for virtual format following Board decision to transfer the June 2021 face to face Congress in Bali to a virtual format because of the ongoing COVID-19 pandemic
4. Chairpersons for all sessions were identified and allocated
5. Symposia and workshops were reviewed for suitability for virtual presentation
6. Presenters were reconfirmed
7. Feedback provided to questions from submitters particularly with the changes occurring
8. Inclusion of topics in the programme relevant to COVID-19 were considered
9. Global time zones were explored to determine appropriate scheduling of sessions

The ToR for the SPPC were updated by the ICM Board and notified to the Council in June. SPPC membership will reduce from 8 to 5/6 members and the Board will appoint members on the basis of skills and experience. Implementation of these changes is delayed until after the 2021 Virtual Triennial Congress.



## Finance and Resource Committee (FiRe committee)

### Key Activities

Following elections of the new ICM Board in June 2020, a Finance, Audit and Risk (FAR) committee was established to advise the Board. This led to changes for the volunteer FiRe committee and its members are now inaugural members of 'Friends of ICM', an informal group of external supporters/advisors. 'Friends of ICM' will be approached as needed on a case-by-case basis, with annual meetings for update about ICM's activities and to maintain contact. The FiRe committee met once with the FAR committee as part of the handover process.

## 2. COVID-19

Since early 2020, ICM has been closely monitoring the development of the COVID-19 pandemic and taking action to address our concern over its effects on midwifery care, midwives and the health and wellbeing of women and newborns.

Throughout the pandemic, women continue to need pregnancy and childbirth care and midwives continue to provide this care, often with additional challenges due to the pandemic. COVID-19 has exemplified to the world what we in our global midwife community observe on a daily basis: midwives are essential for mothers and babies. The ingenuity and adaptiveness of midwives has meant many women have been able to receive essential care, however, many midwives have now lost their lives as a result of becoming infected. Many more are re-deployed to caring for COVID-19 patients, leaving some areas without maternity cover and increasing the stress that many midwives are experiencing.

ICM's Board Members and ICM staff have been in regular contact with ICM's Member Associations to understand their challenges, support needs, innovations and priorities within the confines of this pandemic. Accounts from midwives working in communities during this time have been harrowing, unveiling an increase in poor birth outcomes, reduced breastfeeding rates, gender discrimination, domestic violence, human rights abuses, the over-medicalisation of birth, lack of protective equipment for midwives, and fear and misinformation, all culminating in growing distress among women and midwives.

At the same time, midwives have taken action to overcome such challenges where they can and have found new ways to ensure women still receive the care they need. Such innovations include home visits, more community-based care, home births, use of technology (assessments by phone and video), self-made protective equipment and self-generated information for women and for midwives.

In response to these accounts and to the global developments of the pandemic, ICM has taken the following steps to protect and support our global midwife community:

### 2.1. ICM Website Resources

A new COVID-19 resource page was added to ICM's website to share regular, up-to-date and accurate information to support midwives women and other maternity care providers during this ever-changing and uncertain time.

### 2.2. Calls to Action

ICM, in partnership with UNFPA, united in solidarity with our global midwifery workforce to launch [a call to action](#) for governments, decision makers, donors and health institutions to ensure the protection of midwives, women and newborns during the COVID-19 pandemic.

ICM also issued a [statement](#) calling for governments to provide personal protective equipment to midwives, and a [statement](#) on upholding respectful maternity care during COVID-19.

### 2.3. Safe Delivery App

ICM and UNFPA, together with the Maternity Foundation, University of Copenhagen, and Laerdal Global Health, partnered to support capacity building and training for midwives through the launch of the 'Safe Delivery App'. The mobile application, which provides visual, clinical and practical guidance on how to handle the most common childbirth complications, is already being used by midwives and other skilled health personnel providing care during childbirth in over 40 countries worldwide. A new module was launched in April 2020, to educate midwives about how to minimise the spread of COVID-19, keeping themselves and women safe. Using graphics and animation the digital tool guides midwives on how to provide care during pregnancy and birth and advise on breastfeeding for covid positive mothers. This resource is available in multiple languages and is updated regularly in accordance with WHO guidelines.

### 2.4. Virtual Council Meeting

Finding ourselves unable to meet face-to-face, and to keep ICM moving forward, ICM held its triennial Council meeting in a virtual format over May and June. The Council identified key priorities for the 2021 – 2023 Triennial Strategy and elected a new Board. The Board led the further development of the new triennial strategy to be launched in January 2021.

To support the long-term sustainability of ICM and enhance equity amongst members the Council approved changes to the Board Membership to take effect in 2023 and approved a new membership fee structure to be implemented in stages from 2021.

### 2.5. Postponement of Triennial Congress

In March 2020, the ICM Board decided to postpone the 2020 32nd Triennial Congress to 2021. Following this, in November 2020 the Board decided to transfer the 32nd Triennial Congress to a virtual format in 2021 instead of continuing with plans for a face-to-face Congress in Bali.

The ICM Board reached these decisions after consideration of all available information regarding the progression of the COVID-19 pandemic from the WHO, the Indonesian government, the Indonesia Midwives Association, our members and our partners.

We are excited by the opportunity provided by the virtual format to increase



participation, and we look forward to what will surely be the largest virtual gathering of midwives ever!

## 2.6. COVID-19 Activities

ICM has participated in webinars with UNFPA, FIGO, Medela, and the Global Breastfeeding Authority to highlight the issues being faced by women and midwives during the pandemic.

## 2.7. COVID-19 Research

With funding and support from UNFPA, ICM is undertaking research to determine the impact and response of Midwives' Associations to the pandemic and to identify the issues that continue to face women and midwives. The research focuses specifically on the role of Midwives' Associations in response to the impact of the pandemic on the midwives they represent and the results will raise awareness of the role of Midwives' Associations and will inform policy and practices at local, national, and global levels.

# 3. Sustainability and Strengthening ICM

## 3.1. Support from the Swedish International Development Cooperation Agency (Sida)

As the collective representative body for over 1 million midwives across 123 countries around the world, ICM's priority is to galvanise global and local support to establish and strengthen midwife-led continuity of care and to represent midwives' voice, visibility and value.

To ensure the long-term future of the midwifery profession, ICM needs to be a sustainable organisation and as such has embarked on the journey of strengthening organisational structures and systems, environmental and social responsibility and becoming financially robust. Ensuring a sustainable ICM is also vital to the achievement of the strategic priorities that will be articulated in the 2021-2023 Triennial Strategy.

ICM is supported in this journey mainly by the Swedish International Development Cooperation Agency (Sida) that has generously provided significant core funding through a new grant available from August 2020 – December 2023. Sida's support started with the assessment of the robustness of ICM's internal financial controls leading to recommendations for improvements. With support from the Bill and Melinda Gates Foundation (BMGF), ICM also undertook capacity assessment of its technical and functional skills, organisational structures and systems by piloting its revised Member Association Capacity Assessment Tool (MACAT).

With Sida's core grant support, ICM has already started implementing the recommendations from these reports by reviewing and revising organisational and governance policies, improving its organisational structures and is in the process of recruiting new staff members to address skills shortages.

Sida's provision of core funding provides ICM with the opportunity to focus on building and strengthening its internal capacity and mobilising resources to not only implement its 2021 – 2023 triennial strategy but to also lay strong foundations for a more sustainable ICM long term.



*"If your leadership is reflective of the people you serve, you are on the road to achieving equitable health outcomes." -  
Jacqueline Dunkley-Bent, Chief Midwife Officer, England*



### 3.2. Additional funding support:

Sida was not the only organisation to recognise the benefit of core funding to supporting the work of ICM. The year began with exceptional enthusiasm and promise with a generous supplementary financial support to ICM of \$2,804,024 from the Bill and Melinda Gates Foundation. The additional financial support enabled us to kick-start the strengthening of ICM, to integrate the strategic advocacy work of ICM in our programming, and planning for the Decade of the Midwife campaign to be launched in 2021. In 2020 Direct Relief generously provided core funding of \$100,000 over one year to be used at ICM's discretion including in its work to support midwives during the COVID-19 pandemic.

Earlier in the year, Latter Day Saint Charities provided funding to support the development of ICM's website in English, French and Spanish and thereby improve access to ICM's resources for more of ICM's Member Associations. This funding has helped lay the groundwork for ICM's commitment to making more of its resources available in all three of its official languages .

## 4. Core Activities

### 4.1. Membership

In 2020 we welcomed one new Full Member Association - Association des Sages-Femmes et Infirmiers accoucheurs de Centrafrique (ASFIACA).

Two Member Associations had their membership terminated (Suriname Midwives Association, Suriname, and the Macedonian Association of Nurses and Midwives, Republic of North Macedonia).

ICM continued to work with groups of midwives to formally establish associations and with non-member associations working to fulfil ICM's membership criteria. We anticipate further new member associations in 2021.

### 4.2. Strengthening Member Associations

In accordance with ICM's mission to '*strengthen midwifery globally*', strengthening Member Associations is at the core of everything we do.

In 2020 we worked even closer with our Members due to the pandemic, because our members needed our help more than ever, we connected more often and together we are focusing on ways to strengthen our Member Associations and the ICM regions. This included

- Two virtual regional meetings and development of regional work plans for each region
- Introduction of a Head Office Regional Support Team to collaborate with regional Board Members and better support the specific needs of each region
- Creation of WhatsApp group for each region to support regional communication
- COVID-19 support meeting with each region
- Creation of a COVID-19 resources page on the ICM website for the MAs to use

- Engagement and leadership of the MAs in the ICM survey data collection and validation for the SoWMy report 2021.
- Capacity-building activities in externally funded projects and in particular the capacity-building of the MAs in Ethiopia, Rwanda and Tanzania as part of the 50,000 Happy Birthdays project in partnership with Laerdal Global Health
- Revision, update and piloting (ongoing) of the Midwives' Association Capacity Assessment Tool (MACAT) as part of the Strengthening Midwifery Services (SMS) project, funded by the Bill and Melinda Gates Foundation
- Workshop activities within ICM to discuss and identify capacity-building needs of MAs with the aim to develop in 2021 a three-year plan for strengthening Midwives' Associations, including development of e learning resources.
- For the first time in history massive participation of MAs at the biennial WHO/ICM/ ICN Triad Meeting and the ICM post-triad meeting held virtually in May.

### 4.3. Regional Conferences and Meetings:

#### 4.3.1. Regional Meetings in April

Purpose: sharing COVID-19 pandemic experiences, ICM to understand in which way to help its MAs.

See more information in section 2.

#### 4.3.2. Regional Meetings in May

Ten (sub)regional meetings were held as a part of the virtual Triennial Council Meeting. There were two main agenda topics:

1. Presentation and Q&A with Regional Board Member candidates
2. Discussion of the top 10 strategic priorities (in preparation for the vote to select the top 4)

The meetings were chaired by an independent person with no conflict of interest in relation to the Board Member candidates, interpretation into ICM's three official languages was available (English, French and Spanish).

See more information in section 4.4.

#### 4.3.3. Regional Meetings in October-November

In October and November six regional meetings were held with the Member Associations of each region (Africa, Americas, Eastern Mediterranean, Europe, South East Asia and Western Pacific). Up to two representatives of each Member Association participated in the meetings which had two main agenda topics:

1. Updating the Regional Work-plan by agreeing on the top five priorities for the region to work with in the triennium 2021-2023.
2. Consultation on the draft strategy for the 2021-2023 triennium.

The meetings were chaired by the Regional Board Members and interpretation into ICM's three official languages was available (English, French and Spanish).

See information about strategy development in section 4.4.1.



## 4.4. Triennial Council Meeting

Each triennium a Triennial Council Meeting is held for ICM's Member Associations to make important decisions and discuss the strategic direction for the coming triennium. The Triennial Council Meeting is usually held in conjunction with a Triennial Congress. This year the Triennial Congress and the Triennial Council Meeting were planned to be held in Bali, but as a consequence of the COVID-19 pandemic the Triennial Congress was first postponed to 2021 and later transferred into a virtual congress (see section 2.5). The Triennial Council Meeting was held virtually in 2020 between 24th April and 26th June with asynchronous activities and a synchronous meeting component. The virtual meeting included those agenda items that had to be addressed this year according to the Constitution and By-Laws, and those that were important to keep ICM moving forward.

### Online Council Platform

To accommodate the virtual meeting, an online Council Platform was developed (as a password protected part of ICM's website). Member Associations had access to this platform through their nominated Council Delegates. From 24th April, all papers were available via this platform together with online discussion forums for each paper that required discussion. The discussion forums were open until 29th of May, and translation of the posted comments was made to allow MAs to understand comments in all three official ICM languages.

### 4.4.1. Triennial Strategy Development

To keep ICM moving forward, the process of developing a strategy for the 2021 – 2023 triennium commenced in May. The first step was for Council Delegates to respond to a survey where they ranked a number of suggested strategic priorities and also had the opportunity to submit any additional priorities.

Through the survey, the top 10 priorities were identified. The top 10 priorities were presented more in detail to the Council Delegates in short video messages (by Board Members) and were then discussed by the Council Delegates at ten regional meetings (video conference) in May. The last step was for the Council Delegates to vote (via an online voting system) on the 4 most important strategic priorities.

With financial support from the Bill and Melinda Gates Foundation, an external consultant company, 'Global Health Visions' (GHV), was contracted to support the following steps in the process of developing the strategy. Interviews were conducted with a number of key stakeholders and the input was used together with the input from the Council in a series of four strategy workshops with the Board and ICM staff that took place in August-November. A consultation with ICM's Member Associations took place at six regional meetings in October and November.

With the development of several global mandates around improving maternal and infant health, and the Year of the Nurse and Midwife (YONM), ICM has a unique opportunity to position itself as:

- **Expert Advisor:** providing technical expertise to donors, partners, stakeholders and the profession
- **Influencer:** influencing policy and practice of governments, partners, and donors
- **Creator:** Setting standards and direction for the profession; creating tools and resources to help strengthen associations and the profession in order to meet these standards

- **Enabler:** Bringing together stakeholders (women, partners, governments, donors) and resources in support of midwives as the solution to preventable maternal and newborn mortality and morbidity and improving quality of care and universal health coverage.

The final strategic plan was approved by the Board in December 2020 and was launched at the end of January 2021.

### 4.4.2. Election of Board Members

The Council elects the Board for each triennium. A Board Member can serve two terms of three years each. All Board Member candidates presented themselves in video messages of 2-5 minutes in addition to their written application. The Regional Board Members made a live statement and answered questions from Council Delegates at the virtual regional meetings in May.

The Council elected 7 new Regional Board Members, and 3 Regional Board Members were re-elected for a second term. Franka Cadée (Netherlands) was re-elected as President, Sandra Oyarzo Torres (Chile) was elected as Vice-President and Vitor Varela (Portugal) was elected as Treasurer. See the full list of Board Members in section 1.2.2.

### 4.4.3. Selection of top two bids to co-host the Triennial Congress 2026

The Council Delegates watched videos from three Member Associations who submitted bids to co-host the ICM Triennial Congress in 2026. Thereafter they voted via the online voting system to select the top two locations for the ICM Congress team to investigate further – Lisbon, Portugal and Paris, France. Following this due diligence process the Board will decide on the location of 2026 Congress and which association will co-host the 34th Triennial Congress with ICM.

## 4.5. Partner Collaborations

### 4.5.1. Year of the Nurse and the Midwife

- Regular dissemination of YONM advocacy content in partnership with YONM collaborators (WHO, UNFPA, Nursing Now and International Council of Nurses).
- [List of 100 midwife and nurse leaders](#) in collaboration with Women in Global Health
- [Nightingale Challenge](#) (Nursing Now)
- Participation in [Devex's Duty of Care Series](#)
- Partnered with Seed Global Health on their '[Nurses Lead Midwives Lead campaign](#)'
- The final piece of content was a [farewell video](#) from global midwife and nurse leaders, including ICM President, Franka Cadée.

### 4.5.2. Stronger Together Webinars

ICM, together with leading international partners in global development and health, began a series of virtual conversations in September of 2020 aimed at centering the voices and stories of midwives and women and inspiring a pathway toward strengthened and empowered maternal and newborn health sectors. 'Stronger Together: A Webinar Series by and for Midwives and Women' consisted of three digital events, and covered themes related to Indigenous midwifery, student midwives and midwives in leadership.





As we've seen from recent evidence such as the Impact of Midwives report, midwives really are a cost-effective solution to ending preventable maternal and newborn death and achieving health for all. Every midwife is a leader in her own right and has a role to play in advocating for her profession within board rooms and everyday conversations. We must recognise leadership in everyone because only when we all lead do we lead midwifery forward.

#### 4.5.3. ICM and UNFPA Digital Magazine

Toward the end of 2020, ICM and UNFPA partnered to share the first-ever issue of '[A Moment for Midwives](#)'— a digital magazine celebrating Year of the Nurse and the Midwife and highlighting the accomplishments of Midwives within the confines of COVID-19. The majority of work on this project was completed before the end of the year but the issue was released at the beginning of 2021.

#### 4.5.4. Podcasts

In 2020, ICM, together with UNFPA and The Wilson Center's Maternal Health Initiative (MHI) began producing a podcast and article series focused on Indigenous Midwifery. The series is published on the award-winning blog, [New Security Beat](#) and aims to bring widespread attention to and discussion of the importance of midwifery and the unique and vital role of Indigenous midwives. Additional podcast episodes will be produced in early 2021.

#### 4.5.5. WHO, ICM, ICN Triad Meeting

Over 600 government chief nurses, chief midwives, leaders and representatives of national nursing associations and midwifery associations, together with the World Health Organization (WHO), the International Council of Nurses (ICN), the International Confederation of Midwives (ICM), and key partners, including WHO Collaborating Centers for Nursing and Midwifery, regulators, and the Nursing Now campaign, gathered virtually from more than 145 countries for the 8th ICN-ICM-WHO 'Triad Meeting' on 16-18 June 2020.

In the light of both 'The Year of the Nurse and the Midwife' and the COVID-19 pandemic, the Triad Meeting focused on how midwives and nurses can be protected, their leadership maintained and supported, and their contributions to emergency response, universal health coverage, and greater health and wellbeing maximised now and into the future. The full Triad statement can be found on [WHO's website](#).

#### Post-Triad Midwifery Forum

On 19 June, following the Triad Meeting, ICM hosted a 'Post-Triad Midwifery Forum' to discuss the establishment of Chief Midwife positions within Ministries of Health. Gill Walton from the Royal College of Midwives gave a presentation about the journey for implementation of a Chief Midwife in England, Lisa Apini-Welcland from the German Midwives Association gave a presentation about the movement that has just started in Germany, and Anita Román Morra from the Chilean College of Midwives gave a presentation about the progress towards implementing a Chief Midwife in Chile (a Chilean Chief Midwife was appointed on 31st August 2020). The full report of this meeting can be found on [ICM's website](#).

### 4.6. Preparation for ICM 32nd Triennial Congress

Due to the COVID-19 pandemic, the ICM Board decided in March to postpone the 32nd Triennial Congress to 2021 and in November the Board decided to transfer the Congress to a virtual format. Please refer to section 2.5 for more detailed information.



## 4.7. Representation

ICM represents midwives and the midwifery profession at global and regional levels and supports our Member Associations with advocacy at local level. ICM also represents midwives and midwifery through provision of technical advice to the World Health Organization and others and through collaborative activities with partners.

Representation is provided by ICM Board Members, ICM staff members and individual midwives at the request of ICM. Global representation positions ICM among other key global health actors, and ensures midwifery remains a part of global conversations on maternal and newborn health.

Due to the COVID-19 pandemic, global and regional gatherings took place virtually in most cases. In some instances, flagship events were postponed or cancelled.

### 4.7.1. The 73rd World Health Assembly

In May, the ICM President, Chief Executive and Board Member, Lisa Welcland (representing Central Europe), attended the WHA virtually. This gathering of dignitaries and world leaders convened to discuss global issues within the context of strengthening preparedness for global health emergencies.

### 4.7.2. Other Representation

#### February

- **Seminar: Professional midwifery as a strategy for ending preventable maternal deaths**  
ICM's President was invited by the Ministry of Health in Mexico to provide a video message on the importance of ending preventable maternal deaths.

#### March

- **34th Japan Academy of Midwifery Conference**  
Hosted by the Japan Academy of Midwifery, ICM Board Member Emi Nurjasami (Representing South East Asia Region) attended the event virtually and ICM president recorded a video message for the attendees.

#### May

- ICM's Chief Executive virtually attended the United Nations Population Fund Asia-Pacific IDM celebration Webinar.

#### June

- **Panel Discussion: COVID-19 and Maternity**  
ICM's Lead Midwife Ann Yates participated in this event hosted by The Federation of Gynecology and Obstetrics (FIGO).

#### July

- **Virtual Multi-Stakeholder Hearing 'Accelerating the Realization of Gender Equality and the Empowerment of all Women and Girls'**

Hosted by The United Nations Women, ICM's Chief Executive, Board Member Sandra Oyarzo Torres (Vice President) and Communications Manager Molly Karp attended this virtual gathering

- **UNFPA/ICPD25**

Inaugural meeting with High-Level Commission on the Nairobi Summit ICPD25 follow up ICM's President participated in this virtual event

#### August

- **UNFPA LACRO**

Meeting to discuss project designed to address the weaknesses of the region.

The ICM Board Member representing Latin America, Florencia Francisconi, attended the meeting.

#### September

- **United Nations General Assembly**

Theme: "The future we want, the United Nations we need: reaffirming our collective commitment to multilateralism – confronting COVID-19 through effective multilateral action". 75th Session of UNGA was held virtually and attended by various members of the ICM Staff and Board

- **Every Newborn Partnership**

Webinar: Launching the Every Newborn Coverage Targets & Milestones

ICM's President provided a commitment statement which was presented during the webinar session.

#### October

- **International Day of the Midwife Celebration and meeting**

The Swedish Midwives Association in collaboration with Swedish International Development Agency department hosted ICM's Chief Executive as well as key global health stakeholders in a virtual celebration of midwifery in Sweden.

- **Meeting with the Guideline Development Group on prevention & treatment of maternal peripartum infections**

Hosted by The World Health Organization, ICM's lead midwife attended this virtual event

#### November

- **Launch of report: "Putting health in their hands: testing and women's empowerment mean better health for all:"**

Hosted by Women in Global Health, ICM's Board Member Vice President Sandra Oyarzo Torres' remarks touched on the importance of enabling midwives as a critical point for delivering testing for women

#### December

- **Normal Labour & Birth Conference**

Attended by ICM's President who chaired the opening ceremony and ICM's Chief Executive who participated as a speaker on a panel about midwifery education



- **Global Symposium on Human Resources for Health: Optimizing the Health Workforce for Accelerating the Universal Health Coverage**

Hosted by The National Institute of Health and Family Welfare in India, ICM's President gave the key note address on the theme : "Celebrating 2020 as the Year of Strengthening Nursing and Midwifery"

## 4.8. Communications and Advocacy

### 4.8.1. Website

The website was updated on a weekly basis with new information on ICM projects, Member Association initiatives and industry news. Over the last year, website improvements have focused on updating page layouts, position statements, resources and other copy and image edits. 110,000 individual visitors visited the ICM website in 2020 — an increase of 10% from 2019.

### 4.8.2. Newsletter

The ICM newsletter continued to go out monthly, however the communications and advocacy team no longer shared a corresponding social media toolkit — this tactic will be re-evaluated in 2021. As of 31 December 2020, ICM had a total of 3,811 newsletter subscribers. 1,951 of these subscribers are new as of this year.

### 4.8.3. Traditional Media

The combination of COVID-19 and Year of the Nurse and the Midwife (YONM) meant that ICM received an influx of media requests from journalists around the world. The communications and advocacy team was also proactive in reaching out to media with specific story angles.

### 4.8.4. Social Media

ICM continued to use social media as a channel for advocating for midwives and maternal and newborn health. Our key social media channels in 2020 were Facebook, Twitter and Instagram, with occasional posting on LinkedIn

- **Facebook:** ICM's Facebook page had 42,126 likes on 31 December 2020, which was an increase of 27% over the previous year. 367 posts were shared throughout the year, receiving a combined total of 189K reactions, comments and shares.
- **Twitter:** ICM's Twitter account had 21,478 followers on 31 December 2020, which was an increase of 13.5% over the previous year. 636 posts were shared throughout the year, receiving a combined total of 21K retweets, replies and likes.
- **Instagram:** ICM's Instagram account had 7,944 followers on 31 December 2020, which was an increase of 96% over the previous year. 153 posts were shared throughout the year, receiving a combined total of 38K likes and comments.

## 4.8.5. Communications and Advocacy Highlights

### International Day of the Midwife – 5th May (IDM)

The theme for this year's International Day of the *Midwife was Midwives with Women: Celebrate, Demonstrate, Mobilise, Unite*. As a result of the COVID-19 pandemic and YONM, this year's IDM was moved online, and celebrations were largely conducted through webinars and digital campaigns. The virtual nature of the celebrations meant that more midwives and supporters of the profession were able to mark the occasion and demonstrate their pride and solidarity.

**To mark IDM, ICM conducted the following digital activities:**

- Launched the #IThank initiative — an opportunity for organisations and individuals to show their solidarity with midwives by posting a thank-you message on IDM
- Published the [COVID-19 Call to Action](#) in partnership with UNFPA
- Released an [IDM promotional video](#) featuring global leaders highlighting the importance of midwives and women working together

**Here are a few key performance highlights of the content shared by ICM during IDM:**

- 17 organisations participated in the #IThank initiative, including the World Health Organization, UNFPA, White Ribbon Alliance and Nursing Now
- The COVID-19 Call to Action was shared 170 times on social media (Facebook, Instagram, Twitter) and has been accessed on the ICM website more than 6290 times
- The IDM promotional video was viewed more than 71,000 times on Twitter
- On IDM alone, ICM's social media platforms (Facebook, Instagram, Twitter) saw an up-tick of 922 new followers

[Click here](#) to access a comprehensive social media report detailing the specifics of how ICM's IDM content performed.

### 50,000 Happy Birthdays Webinar

**26th August 2020**

The [50,000 Happy Birthdays webinar](#) featured a panel discussion of project managers, supporters and funders highlighting the life-saving results of the project and providing attendees with the opportunity to ask questions and learn from project findings. More than 100 people from around the world tuned into this webinar. (See section 5.2 for full details of the 50,000 Happy Birthdays project.)

### Advocacy Workshops

**Ongoing**

Funded by the Bill & Melinda Gates Foundation, in 2020-2021, the ICM and White Ribbon Alliance (WRA) are organising a series of "SMART Advocacy" virtual workshops for ICM member associations, midwifery leaders, and/or WRA National Alliances in select countries. The workshop's overall goal is for participants to develop a targeted, joint advocacy objective



and corresponding 1-3-year strategy aimed at strengthening the midwifery workforce, drawing on the AFP SMART approach to advocacy. The SMART approach to advocacy refers to the process of informing and influencing a decision-maker to change policies and mobilise resources (funding, personnel, supplies).

Workshops are two days in duration, three hours each day. The first day focuses on identifying and prioritising 1-2 advocacy issues, and the second day focuses on developing and finalising 1-2 SMART advocacy objectives. In November 2020, ICM & WRA ran a pilot “SMART Advocacy” workshop to Malawi, and in 2021 we will deliver workshops to Kenya, India, Nigeria, Mexico, Nepal, Bangladesh, Kyrgyzstan, Zambia and Afghanistan.

#### 4.8.6. ICM Co-Authored Publications

1. [Helping Babies Survive and Empowering Midwives and Nurses to Provide Quality Newborn Care](#)

Women and their newborns deserve quality and coordinated care at the time of birth, a vulnerable time when most preventable deaths occur. Midwives can provide up to 87% of maternal and newborn care, and when advanced care is needed, they can refer to a medical doctor.

It explores how these modules, using Helping Babies Breathe (HBB) as an example, have provided a voice and empowered midwives, have enabled growth and expansion of midwives' associations, and have improved communication between midwives and doctors through standardised language and training, resulting in improved maternal and newborn health outcomes.

2. [Promoting and Protecting Human Milk & Breastfeeding in a COVID-19 World](#)

The global COVID-19 pandemic has put enormous stress on healthcare systems and hospital staffing. However, through all this, families will continue to become pregnant, give birth, and breastfeed. Unfortunately, care of the childbearing family has been de-prioritised during the pandemic. Additionally, many healthcare practices during the pandemic have not been positive for the childbearing family or breastfeeding.

This article challenges healthcare professionals to change the current prenatal and post birth practice paradigms to protect lactation physiology and to ensure that all families in need receive equal access to evidence-based lactation education, care and technical assistance

3. [Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study](#)

Improving maternal and newborn health is one of the unfinished agendas of the Millennium Development Goals, and it remains a high priority area in the era of the Sustainable Development Goals.

This article highlights the substantial potential of midwives as a single occupation group to contribute to reducing mortality, while recognising that midwives can only be fully effective as part of a multidisciplinary team operating within an enabling environment.

**Achieving Universal Coverage of midwife-delivered interventions by 2035 would avert 67% of maternal deaths, 64% of newborn deaths and 65% of stillbirths**

(Source: Impact of Midwives)





## 5. Projects and Programmes

### 5.1. Strengthening Midwifery Service SMS

#### In partnership with Bill and Melinda Gates Foundation (BMGF)

The Strengthening Midwifery Services (SMS) project, funded by the Bill and Melinda Gates Foundation (BMGF) was initially approved for three years from 2018 – 2020. In February 2020, a further application was made to the Gates Foundation for a supplementary grant to address some of the gaps identified in the SMS project and in 2020 the Foundation agreed to supplement the SMS grant and extend the project to December 2022. The total project is now worth \$4.8million USD.

The SMS and supplementary programme focus on following interrelated components in 2020:

#### 1. Midwifery Services Framework (MSF) Phase 2:

- During 2020, a panel of MSF experts completed the review and revision of the Midwifery Services Framework (MSF) that commenced in 2019, taking into account challenges posed by the COVID-19 Pandemic and incorporating lessons learnt from the six-country pilot in 2015-17 (Afghanistan, Bangladesh, Kyrgyzstan, Ghana, Lesotho);
- the MSF process and tools were reviewed and revised so that MSF can be delivered virtually;
- *Midwives' Association Capacity Assessment Tool* (MACAT) was revised and updated (MACAT 2.0) and was piloted in Somalia (in collaboration with the Canadian Association of Midwives). It is planned to be piloted in Bangladesh and Germany in 2021. The ICM Head Office also piloted the tool in its assessment of ICM's organisational capacity;
- Technical advice and support was provided to three front-runner countries (Afghanistan, Bangladesh, Kyrgyzstan) where implementation gaps remain that can be addressed by ICM;
- New MSF facilitators were trained
- The revised MSF was introduced in Zambia.

#### 2. Midwifery Education Accreditation Programme (MEAP):

- Six accreditation experts were briefed and oriented to MEAP processes and tools in a 3-day workshop in the Hague;
- Kibogora Polytechnic's three-year direct entry advanced diploma in midwifery was accredited by the ICM – the first MEAP accreditation;
- MEAP assessment panels are planning to evaluate midwifery programmes in Bangladesh and Somaliland in 2021;
- MEAP processes and tools will be reviewed and revised as a result of feedback from the midwifery schools and MEAP assessors.
- Points of intersections with MPath and MEAP were identified.

#### 3. Midwifery education development Pathway (MPath):

- Development of tools and resources to assist midwifery education programmes to increase their capacity and strengthen their curriculum and programme delivery to meet the ICM global education standards was commenced;
- A review of ICM's Global Standards for Education by midwifery educators across the globe was commenced. ICM Council approval of the revised Education Standards will be sought in 2021.

#### 4. Essential Competencies for Midwifery Practice:

- Planning took place for evaluation of how member associations, midwife educators, and regulators use ICM's essential competencies; and
- A discovery phase was completed and a set of recommendations was put forward for developing a global process for assessing individual midwife competence regardless of the educational route to registration as a midwife.

Through the **Supplementary Grant**, we will:

- expand and strengthen the strategic advocacy work of ICM and its partners to articulate and advocate for the key components of ICM's professional framework;
- strengthen advocacy capacity of MAs including consulting partners, stakeholders and revising advocacy toolkit;
- improve stakeholder understanding of enabling environment and investment case for midwifery and impact of midwives;
- bring together women and midwives to advocate for gender equality and women's right to gender equality; and
- build a strong coalition of partners to design and deliver campaign to recognise midwives as a key player in delivering SDGs 3 and 5 by 2030.
- strengthen ICM capacity (including advocacy capacity) to reposition itself so that it is ready to deliver the new professional framework.

Taken as a whole, the ICM believes the SMS and supplementary project will serve not only to save the lives of mothers and babies but will also help to professionalise midwifery globally.

### 5.2. 50,000 Happy Birthdays Project

#### In partnership with Laerdal Global Health (LGH)

Between 2014 – 2016 Laerdal Global Health funded ICM to lead the 10,000 Happy Birthdays Project (in Malawi and Zambia) which conducted training for 10,000 individuals, improving quality of the prevention and management of two main causes of mortality: (1) Postpartum haemorrhage (PPH) and (2) birth asphyxia. Between 2018 and 2020 this project was expanded into Ethiopia, Rwanda and Tanzania with the ambitious target of training an additional 20,000 individuals in up to five life-saving skills.

ICM supported its Member Associations in the three project countries to train midwives, other healthcare providers and students using modules from the Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) training programs developed by Jhpiego



and American Academy of Pediatrics respectively. HMS modules used during the project trained providers on the prevention and management of (1) PPH and (2) Eclampsia. The HBS modules focused on (3) birth asphyxia, (4) prematurity and (5) essential newborn care. Following the initial 1 – 2 day training (per module), trainees attended Low-Dose, High-Frequency (LDHF) skills practice sessions in the workplace to maintain competency. A core component of every training involved transferring knowledge and skills in how to provide respectful maternity care.

The project also supported the integration of simulation and competency-based training into health facility professional development programs and educational institution curricula, measured the impact on maternal and newborn health outcomes and built capacity in the participating Midwives' Associations.

An external Monitoring, Evaluation and Learning (MEL) field visit by MEL consultant Novametrics was completed in January/February 2020, the results of which are summarised in a report available at: <https://50knb.internationalmidwives.org/>. Other project results will be presented at the ICM Virtual Congress in 2021.

In the three countries, more than 18,000 individuals were trained during 27,500 training episodes. Individuals attended multiple training sessions and gained life-saving skills to improve health outcomes for both mother and baby. At the implementation sites, there was a 35% decrease in maternal mortality, 57% decrease in newborn mortality, 14% decrease in stillbirth, 53% decrease in PPH and 100% decrease in mortality from pre-eclampsia and eclampsia.

It is estimated that if midwives and other healthcare providers are trained in multiple modules, they are able to prevent and effectively manage the five main causes of mortality and morbidity. Saving multiple lives, every time they are at work. These positive outcomes will extend beyond the end of the project and likely to continue for the duration of the midwives' career.

### 5.3. More Happy Birthdays Rwanda

#### In partnership with Latter-Day Saint Charities

The More Happy Birthdays (Rwanda) project, builds on the success of the 50,000 and 10,000 Happy Birthdays projects and will enable more midwives and other providers to continue saving lives at birth.

The [Rwanda Association of Midwives](#) (RAM) will train providers using the Helping Mothers Survive (Jhpiego) and Helping Babies Survive (American Academy of Pediatrics) suite of programmes. The innovative [Safe Delivery App](#) (SDA) will be included in the project to complement the training and support workplace learning with short, frequent practice sessions which will improve quality of care.

ICM's partners, Maternity Foundation and Novametrics, have developed a robust digital monitoring and evaluation system which informs adjustments to project activities and provides evidence for the improved clinical practice and health outcomes of this approach.

The More Happy Birthdays inception and planning phase took place between May and December 2020. Implementation Phase activities are scheduled to start once funding from Latter Day Saint Charities is confirmed in early 2021.

### 5.4. Direct Relief Midwife Kit

#### In partnership with Direct Relief

This 18-month project was implemented in partnership with Direct Relief and in collaboration with Tanzania Midwives Association (TAMA). The project involved distribution of 100 midwife kits to a total of 50 health facilities in the Dodoma and Pwani Regions of Tanzania. The kits support and ensure that midwives working in resource limited settings have access to the tools necessary to be effective to improve maternal and newborn health and reduce maternal and infant morbidity and mortality.

- The kits include equipment used during birth, medical supplies for infection prevention, for routine care provision and key equipment used when complications arise. Each kit has enough supplies for 50 facility-based births,
- As part of the collaboration, ICM had an opportunity to provide recommendations and technical input for revised kit content,
- ICM and DR developed MEL framework and tools to support recommendations for revising the kit content,
- The project was extended to December 2020 due to delayed customs clearance of the kits.

### 5.5. Strengthening Midwifery Services

#### In partnership with United Nations Population Fund (UNFPA)

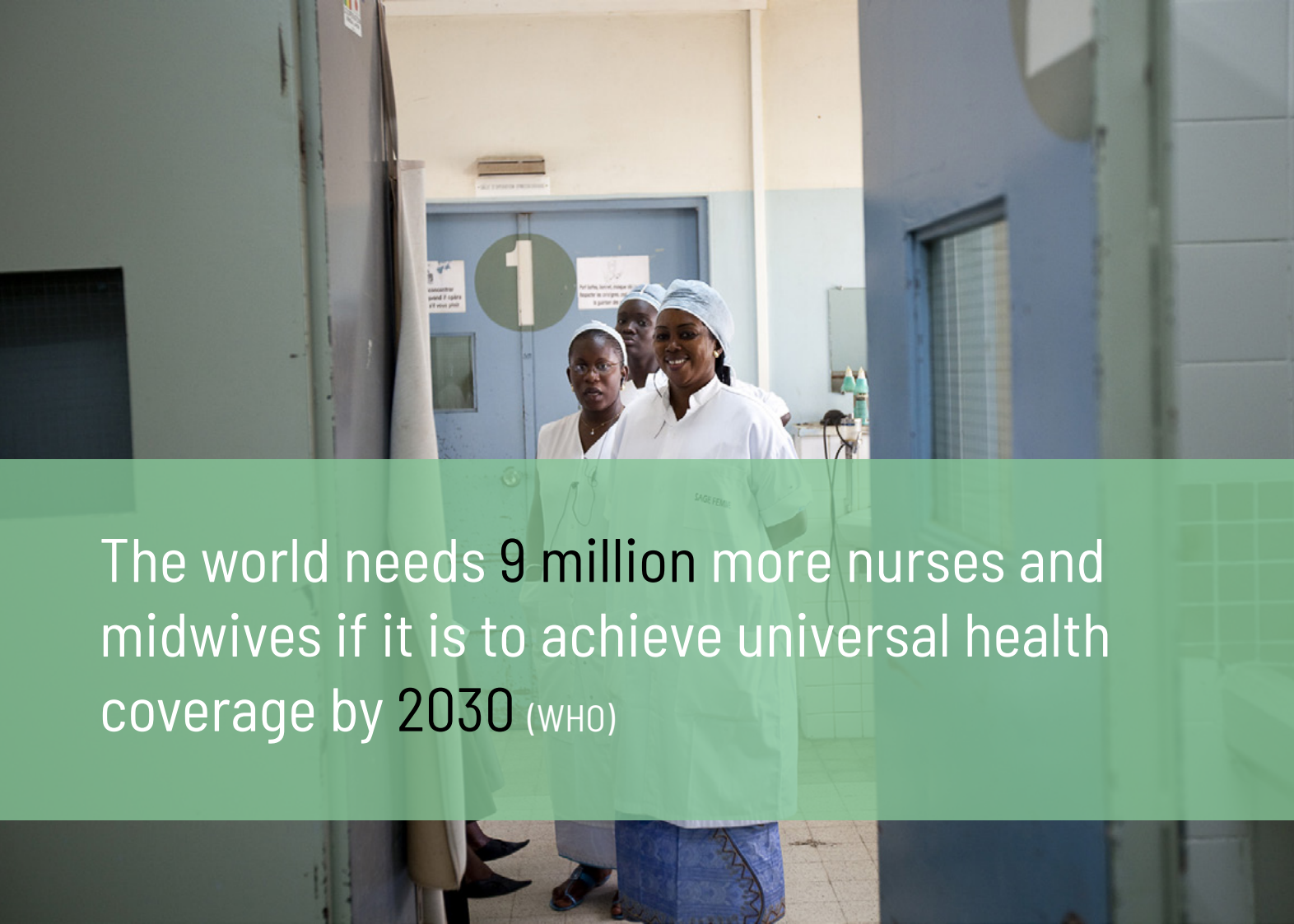
ICM supported by UNFPA developed a diverse range of resources in 2020 but adapted the Workplan mid-year to reflect the changing environment globally during COVID-19 pandemic

A broad range of initiatives contributed to the professionalisation of midwives globally and to meeting the needs of Midwives' Associations as they grappled with the need for information to support midwives to remain safe during the COVID-19 pandemic and to advocate for the inclusion of midwives in policy and decision making for maternity services.

ICM's 2020 Workplan with UNFPA delivered the following activities:

- Advocacy video and toolkit for Year of the Midwife, and IDM
- COVID-19 webpage on the ICM website, with regular updates and recommendations and guidelines for care for midwives and women
- Call to action developed by ICM, signed and supported by many partner organisations and widely disseminated
- Development of a plan for ICM's dissemination of online resources
- E learning modules developed to support MAs with:
  - strengthening financial management and budgeting resource mobilisation abilities
  - mentoring
  - respectful maternity care.
- Pre-service midwifery education needs analysis





The world needs **9 million** more nurses and midwives if it is to achieve universal health coverage by **2030** (WHO)

- Research on the impact of COVID-19 on Midwives' Associations
- Support for ICM to collect and collate data for a SoWMy report and the development of the Midwives Map
- Dissemination of mentoring guidelines, RESPECT toolkit and resources

## 5.6. Young Midwife Leaders Programme

### In partnership with Johnson & Johnson

The J & J Foundation supports a Young Midwife Leaders (YML) programme that has run from 2019 to 2020 and will continue until end of June 2021 so that the YMLs can participate at ICM's Virtual Triennial Congress and co-host a forum on issues for young midwives.

In addition to online learning about leadership via Coursera, the YMLs have worked closely with mentors and ICM to increase their advocacy for midwifery and have all become voices on the frontline throughout the COVID-19 pandemic in various fora.

Each YML continued with their individual projects and due to the cancellation of the 2020 ICM Congress have received a small grant to further their project activity. The YMLs will be supported to attend the ICM 2021 Virtual Congress where they will co-host a forum on issues for young midwives.

A highlight of 2020 has been the leadership webinar series. YMLs met midwife and women leaders across the globe who inspired and motivated them to pursue their vision for midwifery and provided valuable connections to support and champion sexual reproductive maternal and newborn health within their own midwives' associations.

## 5.7. ICM Awards, touch ambassador & midwives in action ICM and J&J Awards 2020

### In partnership with Johnson & Johnson

Since 2016, ICM, in collaboration with Johnson & Johnson, provides annual awards: ICM Research Award, ICM Education Award, and the Marie Goubran Agent of Change Award.

### 5.7.1. ICM Research and Education Awards

USD 7,000 financial support for two midwifery research projects and USD 7,500 financial support for two midwifery education projects.

Sponsorship to attend the 32nd ICM Triennial Congress<sup>[1]</sup> and the opportunity to present a poster about the project.

Winners of the ICM Research Award 2020 were

- Andari Wuri Astuti (Indonesia)

Her project aims to investigate barriers and facilitators on access to specific maternity services for pregnant adolescents in Indonesia.

- Nicodem Komba (Tanzania)

[1] initially planned in Bali, Indonesia in June 2020



His project's main ambition is to investigate the prevalence and determinants of surgical site infections among mothers who have undergone a caesarean section.

#### Winners of the ICM Education Award 2020 were

- Animut Tagele Tamiru (Ethiopia)

His project aims to launch "Volunteers for Midwifery Competency Teams" (VMCT), an innovative educational tool. Its purpose is to increase the level of midwifery education programmes to international standard.

- Keflie Yohannes (Ethiopia)

His work is to assess midwives' research capacity and explore barriers and facilitators to improving this capacity, including conducting midwife-led research.

#### 5.7.2. Marie Goubran Agent of Change Award

USD 4,500 financial support for a project promoting midwives as agents of change.

Sponsorship to attend the 32nd ICM Triennial Congress\* and the opportunity to present a poster about the project.

Winner of the Marie Goubran Agent of Change Award 2020 was

- Manju Chhugani (India)

The aim of her project is to assess the effectiveness of the Safe Delivery App among nursing students, and their satisfaction regarding its use in selected nursing colleges of New Delhi, India.

#### 5.7.3. Midwife Touch Ambassadors Recognition Sponsorship Programme

The Midwife Touch Ambassador Recognition Award is given to midwives who have participated in, embraced, and activated their learning from a Johnson & Johnson Consumer Inc.(JJCI) sponsored Touch Ambassador workshop held at an ICM conference. The Touch Ambassador workshops were held at ICM's regional conferences in 2018 (Dubai and Paraguay) and 2019 (Namibia) with focus on the benefits of infant massage and "the first touch".

Winners of the 2019 Touch Ambassador Sponsorship were

- Adriana Aguirre (Paraguay)
- Deva Ria (Gabon)
- Kusmayra Ambarwati (Indonesia)

The winners have been invited to attend the 32nd Triennial Congress of ICM (initially planned in Bali, Indonesia in June 2020).

#### 5.7.4. Midwives in Action Video Sponsorship Programme

The Midwives in Action Video Programme pilot programme commenced in 2019. The programme aims to catch video footage of midwives providing pregnancy and postnatal care to mothers and their new born babies, with the objective of increasing the visibility of

midwives and the work they do to enhance the health of mothers and babies. The project has been launched in three pilot countries: Japan, New Zealand, and Namibia. Due to the outbreak of COVID-19, the launch in other countries (Saudi Arabia, Indonesia, Philippines, Uganda, Papua New Guinea) has been postponed.

## 5.8. ICM History Project

A volunteer group of previous ICM Presidents, Board Members and Chief Executives is undertaking a project on behalf of ICM to write the 100-year history of ICM. Work began in 2016 and the book is due for completion in 2021 with publication in 2022. While the writing team are working voluntarily ICM has been able to provide limited financial support through the Dorothea Lang Fund. Work on the history project is progressing well, thanks to the efforts of this energetic group of midwives.

## 6. Regional Reports

### 6.1. Africa

Prepared by regional Board Members Hilma Shikwambi (Anglophone Africa) and Fatoumata S Maiga Dicko (Francophone Africa).

**The ICM Africa region consist of 37 Midwives' Associations (MAs) in total.**

Midwives' Associations (MAs) in Africa have been engaged with improving systems of Midwifery Education, Regulation, Advocacy and Association leadership strengthening through various strategies and activities.

**Key successes for the Francophone Africa region:**

- Strengthening the mentoring system in most countries
- Provision of teaching materials to INFAS (The National Institute for the Training of Health Workers) in Abidjan by ICM after the training of teachers in CBE.
- Strengthening the capacity of midwives in selected areas related to maternal and child health
- involvement of midwifery associations in the actions undertaken by the ministries of health in terms of drafting documents or implementing actions and in the fight against COVID-19
- Recruitment of midwives for rural areas by SWEDD (Sahel Women's Empowerment and Demographic Dividend Project) and UNFPA in selected countries
  - Integration of the Respectful Maternity Care approach into midwifery practice
  - Sensitisation in partnership with civil society on gender-based violence

It is worth noting, most of the programmed activities could not be implemented because of the COVID-19 pandemic on which governments and partners focused their efforts. In addition to this, there was an uncontrolled increase in creation of midwifery schools in West Africa, which could have a negative impact on the quality of care.

A great effort should be made by the associations for the creation of regulatory bodies for those countries that do not yet have one. There is also a need for advocacy with



governments and partners to take into account the activities of midwifery associations in the annual workplans.

#### **Key successes for the Anglophone Africa region:**

- Advocated for PPE and review of salaries for midwives
- Several MoH together with MAs developed guidelines about Respectful Maternity Care and TORs are signed for implementation.
- Midwives participated in important discussions in webinars including the WHO/ICM/ICN TRIAD meeting and the Africa Regional meeting. These two virtual meetings brought together an increased number of midwives as participants.
- Evidence-based transformative trainings
- Midwifery representation at national level
- Several success stories from many midwifery associations indicating that midwives are now part of national, regional, or subregional committees where midwifery issues are discussed, this includes the Maternal and Perinatal Death Review committees, input into curriculum, regulatory bodies and consulted in development and updating of regulations related to midwifery practice and care.

## **6.2. Americas**

**Prepared by regional Board Members Florencia Francisconi (Latin America) and Pandora Hardtman (North America & Caribbean).**

**The ICM Americas region consists of 19 Midwives' Associations (MAs) in total.**

#### **Key Successes for the Americas region:**

- Availability in the first line of action in the face of the pandemic
- Legal modifications so that the employment of midwives is included in the budget (Mexico)
- Advocacy incorporation of the Bachelor of Midwifery in the educational law and implementation of Birth Homes (Argentina)

The diverse Americas region has shown more strength and proactivity than ever in these challenging times. Midwifery education and practice has continued to be flexible to rapidly adapt to changes that have impacted face-to-face education and clinical care services, to try to ensure equality for women and midwives.

Midwives have continued to advocate for regulatory policies that support the practice of midwifery integration into all levels of health care. There has been regional success in the form of: engagement of MAs at the decision-making level, passage of practice authority bills and the development of a political advocacy course in Spanish.

Another success of 2020 has been the increase in communication amongst MAs. For example, the UNFPA has supported a regional newsletter for Latin America to increase visibility and advocacy alongside providing support for monthly Caribbean regional webinars which have been hugely successful in reaching midwives across the region with guidance on best practice for the pandemic and beyond.

With altered financial stability and value for money proposals in all the member associations, establishment of uniformity in accreditation standards, systems recognition of the full

scope of midwifery practice and associated policy level changes continue to be a regional challenge. There is also the challenge of 'midwifery burnout and trauma' caused by the elevated expectations of 'contact' in a virtual world managed alongside higher patient loads, acuity and the emerging infodemic.

## **6.3. Eastern Mediterranean**

**Prepared by regional Board Member Roa Altaweli.**

**The ICM Eastern Mediterranean Region consists of 17 Midwives' Associations (MAs) in total.**

Regional meetings were held 3 times online on 3rd, 6th June, and 4th November 2020.

#### **Key successes for the Eastern Mediterranean region:**

- Significant strides have been made towards strengthening midwifery through advocacy training seminars, midwifery skills workshops, roundtables and consultation meetings.
- There has been an increased use of social media to increase awareness and visibility of the midwifery profession
- A few countries are planning on extending the midwifery education programme from two to three years.

Several MAs expressed concern for midwives' working conditions. They reported heavy workloads, limited financial resources, lack of political support, and shortage of PPE and hygiene products during the COVID-19 pandemic. In addition to this, the existence and persistence of inequality in access to health care has been exacerbated by the pandemic. To address this the MAs will continue to champion for midwives to occupy more political and social leadership positions.

## **6.4. Europe**

**Prepared by regional Board Members Lisa Apini-Welcand (Central Europe), Victoria Vivilaki (Southern Europe) and Trude Thommesen (Northern Europe).**

The ICM Europe Region consists of 41 Midwives' Associations (MAs) in total.


The region held two online meetings.

#### **Key successes for the Europe region:**

- A significant amount of work was done to help women in vulnerable groups, such as asylum seekers and women with various forms of disabilities. This has been particularly important during the COVID-19 pandemic.
- MAs in this region have developed measures such as providing care via digital resources, others have entered a collaboration with the country's obstetricians to create National Guidelines for how to deal with the pandemic
- Some MAs have created podcasts to promote midwifery

Only one country in the region has a position as Chief Midwifery Officer, but several MAs have started lobbying for this position. More and more midwives in the region hold a PhD, while more are doing research and are publishing their findings. It is worth noting that midwives continue to participate in meetings with politicians and key stakeholders.



A composite image featuring a woman in a blue medical uniform smiling at the camera in the upper half, and a woman in a hospital gown lying in a bed holding a newborn baby in the lower half. A green semi-transparent box is overlaid on the left side of the image, containing white text.

Women make up 70% of the global health workforce, over 80% of which are midwives and nurses, but only hold 25% of leadership roles (WHO)

Midwives in the region continue to advocate for the autonomous recognition of the midwifery profession as well as the fact that midwifery care is a key preventative measure to ensure comprehensive healthcare for women. In conjunction with this, midwives are also advocating that the midwifery profession should be given the same status as a Master's degree.

## 6.5. South East Asia

Prepared by regional Board Member Emi Nurjasmi Indomo.

The ICM South East Asia Region consists of 7 Midwives' Associations (MAs) in total.

### Key successes for the South East Asia region:

- Continued implementation of the Twinning project working with the Royal College of Midwives (RCM) UK, with funding from UNFPA. The partnership, which commenced in 2017, aims to strengthen the organisational capacity of the Bangladesh Midwifery Society to advocate for the midwifery profession and create demand for midwifery services.
- Delivery of global standards, resources and tools for education, regulation and association to build the capacity, competence and professionalism relating to midwifery in the country (Midwifery Society of Nepal)
- Continuously supporting midwives to provide respectful maternal care services by distributing PPE items, counselling through helpline; providing capacity and leadership development support by 82 free online courses and WCEA mobile application with 276 courses (Bangladesh Midwifery Society)
- Advocacy to the government and International Midwife Assistance (IMA) partners for the procurement of PPE for Private Practice Midwives and pregnant kits for pregnant women

Challenges in the South East Asia region include recognising that midwives are the experts to deliver quality advice to stakeholders and policy makers to improve the status of midwives.

In some cases lack of financial resources remains a challenge for the midwifery profession, for example, in Nepal, the Midwifery Society of Nepal (MIDSON) has been frequently asked by the Maternal and Newborn Health related stakeholders and the Ministry of Health and Population (MoHP) to provide a pragmatic way to create a workforce of around 9000 high quality midwives in the country in order to contribute to attaining SDG related goals. However, MIDSON does not have either capacity or competency to do so. Therefore, MIDSON and MoHP require technical as well financial support to do this.



## 6.6. Western Pacific

Prepared by regional Board Member Ann Kinnear.

The ICM Western Pacific Region consists of 18 Midwives' Associations (MAs) in total.

### Key successes for the Western Pacific region:

- In the Philippines, midwives successfully fought against discrimination. They were not afforded special access to their workplaces, drugstores and so forth in the same way that was provided for physicians, nurses and soldiers. This success was announced through television by the health agency saying that midwives must also be accorded special access to wherever and whenever they may be
- In Papua New Guinea, the Midwifery Society reports an improvement in respectful maternity care and more woman-centred care
- In New Zealand, the NZ College of Midwives achieved more structural support and funding for quality programmes in hospitals
- In Hong Kong, the standards and competency of midwifery practice are aligned with education and the Hong Kong Midwives Association has provided continuing education for midwives
- In New Zealand, three midwives were awarded government medals in recognition of their services to women and midwifery and the former CEO of the New Zealand College of Midwives, Karen Guilliland, was voted as a 'Woman of Influence' by Zonta International (New Zealand).

In many countries, midwifery continuity of care models were best placed to flex and respond so that women and families continued to access midwifery/maternity services. More women confidently chose homebirth where hospitals experienced restrictions on support persons, an inability to take admissions or support women's choices. In New Zealand this led to reductions in Neonatal Unit admissions, induction of labour and caesarean sections whilst breastfeeding rates increased

Across the Region, midwives' associations continue to report the challenges of inadequate resources. This includes inadequate midwifery staffing, a lack of financial support for midwives to attend education and conferences and a shortage of medicines and consumables. Others find advocacy to government and the controlling medicalisation of normal physiology a challenge to improving quality of care.

In New Zealand, community-based midwives were one of the last health providers to be supplied with PPE. In Australia, privately practising midwives had to source their own PPE as distributions were reserved for GP practices. In the Philippines, the Integrated Midwives Association used their financial resources and donations to provide PPE to midwives, 12 hospitals, soldiers and indigenous tribes

## 7. Future outlook

As ICM's 2017 – 2020 triennium draws to a close we have reflected on the progress made towards each of the key strategic directions of quality, equity and leadership. We reported our progress in the [2017 – 2020 Triennial Report](#) and identified lessons learned and

challenges for the next triennium. ICM will have been in existence for 100 years in 2022 and as such it has a solid foundation upon which to build our 2021 – 2023 Strategy.

Our goal in the next triennium is to position ICM as an expert in creating, advising, influencing and enabling the profession of midwifery globally. To do this we need to ensure a sustainable ICM, including human, social, economic and environmental elements. We began this work in 2020 through rolling out a plan to review and update all governance and operational policies, review and strengthen operational systems and to restructure ICM's Head Office and increase staff numbers in order to build the capacity to deliver on ICM's 2021 – 2023 Strategy. Further implementation of these changes will be a priority for 2021.

Strengthening the capacity of ICM to deliver on our strategy is made possible through the a core funding grant approved by the Swedish International Development Cooperation Agency (Sida). Core funding is significant to ICM because it is largely discretionary, enabling us to build the capacity of ICM's Head Office through investment in staff, consultant support and systems for a strong infrastructure. In addition to this core funding from Sida, ICM was delighted to receive additional funding in 2020 from the Bill and Melinda Gates Foundation for further development of programmes and resources to support the roll out of ICM's Professional Framework for Midwifery in the next triennium. Together these two grants provide much needed investment in ICM's core work and will help us to develop a strong base from which to deliver on ICM's 2021 – 2023 strategy and become a more sustainable organisation. A flow on change will be to move from a cost centre budget model to an activity/outcome-based budget model that will enable closer planning and monitoring of costs related to delivering the strategy. Alongside this change ICM will develop and implement an organisational-wide monitoring, evaluation and learning (MEL) approach to more closely track progress towards achieving strategy outcomes.

ICM's experiences of the COVID-19 pandemic in 2020 have influenced our next strategy with a strong focus on appropriate use of technology for communication with and between our members. The 2020 ICM Congress was postponed to 2021 and transferred to a virtual format, the first time ICM will have held a triennial Congress virtually, and with the anticipated advantage of increased accessibility for more midwives globally. The next triennium will see us continue to meet with our members via webinars and electronic meetings and we will carefully consider human, economic, environmental and social factors as we plan Board and regional meetings and other ICM activities. A strong focus will be on better supporting our regions as Head Office Regional Support Teams work closely with regional Board Members to understand the diverse needs of the various regions and how ICM can best help support the development of midwifery across the regions. This focus on regional support will help prepare ICM and the regions for the changes to Board representation that were agreed by the ICM Council in 2020. The next election of regional Board Members in 2023 will see greater equity with one representative per region and by then the regional support teams will be fully functioning.

The 2020 WHO-designated Year of the Nurse and the Midwife raised the profile of midwives and midwifery globally and paved the way for ICM's campaign for the Decade of the Midwife that will be launched in 2021 at the Virtual Triennial Congress alongside the launch of ICM's WithWomen Charity. The Decade of the Midwife campaign will focus ICM on the Sustainable Development Goals 3 (Good Health and Well-being) and 5 (Gender Equality) and global actions to strengthen the midwifery profession, increase the midwife workforce, increase the quality of care from midwives and improve health outcomes for women and their newborns everywhere.



## 8. Financial Overview

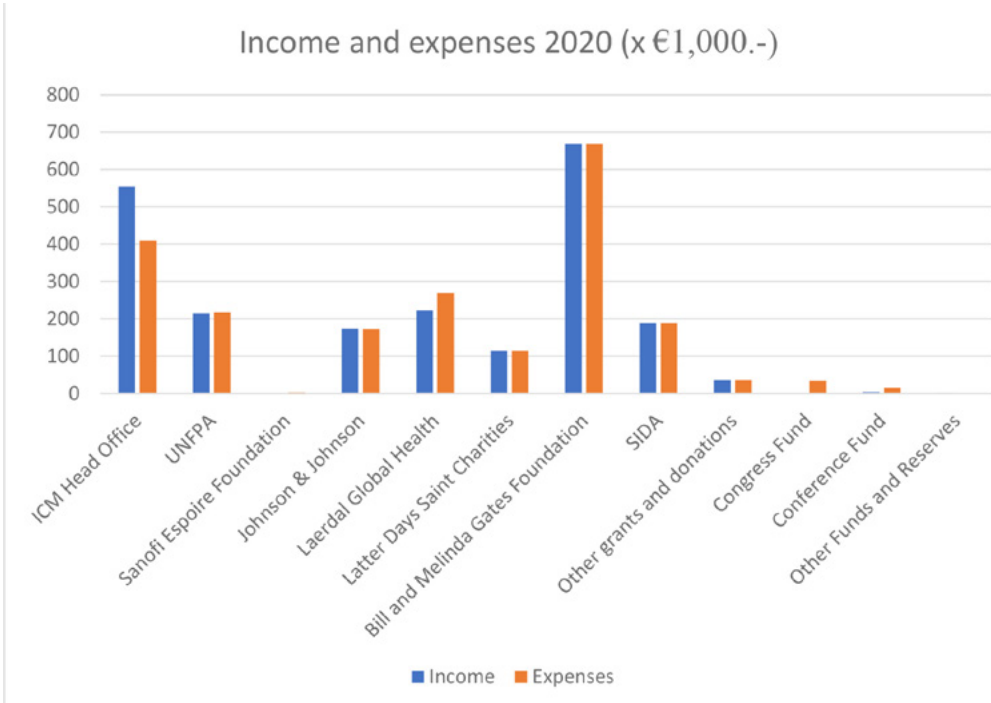
### 8.1 Executive Summary

This Financial Report sets out the result of the activities described above in the 2020 year. The year closed with a positive result of € 13,989. The main reasons for this result were:

- Most projects that had been budgeted, experienced difficulties in their execution due to COVID-19 limitations and as a result less overhead could be applied to these grants.
- The Triennial Congress scheduled to take place in Bali in June was postponed until 2021 as a result of the COVID-19 Pandemic. The Congress was later transferred to a virtual format in 2021 when it became clear that international travel would still be restricted in 2021. As a result, ICM could not receive planned capitation fee income or profit from the Congress, but the work of ICM staff in planning, postponing and transferring the Congress still took place. These costs were covered from the Congress Fund which was almost depleted by the end of 2020.
- As money is spent from specific funds (restricted and unrestricted funds) their balances have further decreased.
- ICM received two core funding grants in 2020. Direct Relief donated \$100,000 (€82,500) of discretionary funding for the period October 2020 – October 2021 to cover core costs and support ICM's efforts in relation to the COVID-19 pandemic. The Swedish International Development Cooperation Agency (Sida) confirmed a grant of SEK 32,000,000 (€3,077,110) for the period of August 2020 to December 2023 to help cover ICM's core costs to implement its 2021 – 2023 Triennial Strategy.
- The Bill and Melinda Gates Foundation (BMGF) provided an additional supplementary grant of \$ 2,804,024 to their initial grant of \$1,999,995, bringing the total grant to \$4,804,019 and extending the period of the grant through to December 2022. The project activities funded by the BMGF are closely aligned with ICM's core work.
- Together the above grants have increased ICM's income in 2020 and a positive financial result has been achieved that in turn has seen contribution to the General Reserve for the first time in three years.

### 8.2 Summary Income and Expenditure 2019

The table below shows the main areas of income and expenditure.



### 8.3. Policy regarding cash at bank in hand

ICM's policy is to keep liquid assets freely available.

### 8.4 Reserves Policy

ICM's Reserve Policy was reviewed, updated and approved by the board in December 2020.

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

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

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

Based on the approved budget 2021 the target minimum Operating Reserve is calculated as:

<i>Budget item</i>	<i>Approved budget</i>	<i>All amounts x € 1,000.- Average 3 months operational cost</i>
Personnel cost	2,730	170
Board cost	77	30
Professional services	82	41
General office cost	108	86
Programme cost	679	0
Financial cost	30	4
<b>Total budget 2021</b>	<b>3,706</b>	<b>331</b>

From the approved budget 2021 an amount of approximal € 2.4 million is covered by grants and donations which leaves an operational budget of € 1.3 million.

The operational reserve as at the end of 2020 is € 158,000 and covers 48% of the target minimum reserve.

## 8.5 Financial Statements

### 8.5.1 Balance sheet as at December 31, 2020

(After appropriation of the result to reserves and funds)

	<i>Notes</i>	<i>December 31, 2020 EUR</i>	<i>December 31, 2019 EUR</i>
<b>Assets</b>			
<b>Fixed assets</b>	8.5.5.1		
Tangible fixed assets		31,643	37,712
Intangible fixed assets		<u>10,594</u>	<u>15,144</u>
		<b>42,237</b>	<b>52,856</b>
<b>Current assets</b>			
Receivables	8.5.5.2	140,185	459,246
Work in progress	8.5.5.3	31,178	495,093
Cash at bank and in hand	8.5.5.4	<u>3,828,983</u>	<u>1,463,272</u>
		<b>4,000,346</b>	<b>2,417,611</b>
<b>Total Assets</b>		<b><u>4,042,583</u></b>	<b><u>2,470,467</u></b>
<b>Equities and liabilities</b>			
<b>Equity</b>			
Unrestricted reserves	8.5.5.5		
General reserves		158,311	99,860
Earmarked reserves		<u>187,802</u>	<u>231,660</u>
		<b>346,113</b>	<b>331,520</b>
Restricted funds	8.5.5.6	<u>17,542</u>	<u>18,146</u>
		<b>363,655</b>	<b>349,666</b>
<b>Long Term Liabilities</b>	8.5.5.7		
Project funding		<b><u>1,019,179</u></b>	
<b>Short Term Liabilities</b>	8.5.5.8		
Creditors		4,962	33,638
Accruals		61,210	64,072
Other payables		864	1,650
Tax		<u>23,506</u>	<u>15,402</u>
		90,542	114,762
Grants/ Subsidies	8.5.5.9		
ICM core funding		213,256	-
Project funding		<u>2,355,951</u>	<u>2,006,039</u>
		<b>2,569,207</b>	<b>2,006,039</b>
		<b><u>2,659,749</u></b>	<b><u>2,120,801</u></b>
<b>Total Equities and liabilities</b>		<b><u>4,042,583</u></b>	<b><u>2,470,467</u></b>



## 8.5.2 Statement of income and expenditure for the year 2020

	Note	Budget (Euro)	Actual 2020 (Euro)	Actual 2019 (Euro)
<b>Income</b>				
ICM core income				
- Membership Fee income	8.8.1	382,148	366,755	375,274
- Core funding donors	8.8.1	-	211,680	-
Income subsidies/ grants	8.8.2	1,962,508	1,415,685	1,801,563
Income Fundraising activities	8.8.3	-	440	1,400
Income Funds and Reserves	8.8.4	307,097	6,042	168,755
Other income	8.8.5	1,000	8,083	5,000
<b>Subtotal Income</b>		<b>2,652,753</b>	<b>2,008,685</b>	<b>2,351,992</b>
<b>Expenses</b>				
Personnel costs	8.8.6	1,525,627	1,213,260	1,299,183
Board and representation	8.8.7	64,828	31,113	97,870
Professional Services	8.8.8	144,828	266,430	168,197
General Office cost	8.8.9	120,467	100,308	128,587
Cost events and programme	8.8.10	737,802	343,628	749,232
Cost Funds and Reserves	8.8.11	-	28,509	155,206
<b>Subtotal Expenses</b>		<b>2,593,551</b>	<b>1,983,248</b>	<b>2,598,275</b>
<b>Operational Result</b>		<b>+ 58,202</b>	<b>+ 25,437</b>	<b>- 246,283</b>
Depreciation		-16,500	- 10,619	-11,976
Financial income		1,000	4,157	15,323
Financial cost		-6,800	- 4,987	- 5,011
<b>TOTAL RESULT</b>		<b>+ 36,902</b>	<b>+ 13,989</b>	<b>- 247,947</b>
<b>Appropriation of the result</b>				
Add to/deduct from general reserves		-	+ 58,451	-139,931
Add to/deduct from Safe Motherhood Fund		-	+ 1,918	+ 4,139
Add to/deduct from Regional Conference Fund		-	- 12,119	30,147
Add to/deduct from Congress Interpretation Fund		-	-4,610	-
Add to/deduct from Congress fund		+ 36,902	- 29,046	- 79,259
Add to/deduct from Dorothea Lang Fund		-	- 604	- 1,558
Add to/deduct from Marie Goubran Fund		-	-	- 1,191
<b>Total Appropriation of the result</b>		<b>+ 36,902</b>	<b>+ 13,989</b>	<b>- 247,947</b>

## 8.5.3 Cash flow overview (using indirect method)

	2020	2019
<b>Cash flow operational activities</b>		
Net generated result	+ 13,989	- 247,947
Adjustment for:		
Depreciation	10,619	11,976
	10,619	11,976
<b>Change in current assets and liabilities</b>		
Receivables	319,061	- 160,725
Work in progress	463,915	76,318
Liabilities	1,558,127	864,447
	2,341,103	780,040
<b>Total cash flow operational activities</b>	<b>2,365,711</b>	<b>544,069</b>
<b>Cash flow of investments</b>		
Investments	-	- 1,076
		- 1,076
<b>Cash flow financial activities</b>		
<b>Change of cash in hand and at bank</b>	<b>2,365,711</b>	<b>542,993</b>
Cash at December, 31	3,828,983	1,463,272
Cash at January, 1	1,463,272	920,279
<b>Change of cash/bank</b>	<b>2,365,711</b>	<b>542,993</b>

## 8.5.4 General notes to the balance sheet and statement of income and expenditure

### General

The International Confederation of Midwives (ICM) was established in 1922 and has been housed in two countries throughout its existence. ICM moved from England to the Netherlands in 2000 and was established as a Dutch Association in 2005. ICM's governance structure and processes are reflected in the Constitution and By-laws.

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

One measure of success is the stability in ICM Membership. At year end 2020 there are 143 Member Associations from 124 countries. New applications for membership are received

on a regular basis and from time-to-time Member Associations withdraw or are excluded from membership, generally because of inability to pay membership fees over several years.

### Group Structure

On December 16th 2019 the WithWomen Foundation was established, with its listed address as Koninginnegracht 60, 2514 AE The Hague.

The purpose of the Foundation is to improve access to and competence of midwives by means of quality standards, advocacy and action, and to enhance gender equality in midwifery and promote quality childbirth services globally. The Foundation received the charity status “Algemeen Nut Beogende Instelling” (ANBI) on December 19, 2019.

The Board of the Foundation comprises three members, an independent chair, a secretary and ICM as treasurer. Board members are jointly authorised.

The first financial year ended on December 31, 2020. As of December 31, 2020 ICM had a claim of € 14,218.38 on the Foundation, included in the other receivables.

The Foundation has no Founding Capital and is qualified as a subsidiary company with ICM as the head of the group. The equity of the Foundation per 31-12-2020 amounts to -/- € 8,464.- and the valuation per December 2020 amounts to nil.

Using the exemption according to article 407, lid 2 sub a Title 9 BW2 (of the Dutch constitution) the Foundation is not consolidated by ICM.

### Change in accounting principles

Up to and including fiscal year 2019 foreign currency have been converted into Euro's based on historical rates. As per 31 december 2020 foreign currency are converted into Euro's based on closing rates. The impact of this change on the result 2020 and equity as per 31 December 2020 amounts to €34,936- (loss). The impact on the comparative figures is not material.

### General principles for the statement of the financial report

The generally accepted accounting standards in the Netherlands applying to not-for-profit organisations have been applied. The annual report 2020 was prepared according to the guideline RJ micro and small sized entities C1 “small sized not for profit organisations”.

The financial statements have been prepared using the principle of purchase value. If not otherwise indicated, all assets and the equity and liabilities are stated at face value. Revenues and costs are recognised on accrual bases.

### Comparison with previous year

The valuation principles and method of determining the result are the same as those used in the previous year, with the exception of changes as set out in the relevant section, if applicable.

## Principles for the valuation of assets and liabilities

### Fixed assets

The tangible and intangible fixed assets are stated at purchase value. The depreciation method used for the office machinery and website is linear based on a lifecycle of 5 years, and for office furniture it is linear based on a lifecycle of 10 years.

### Receivables

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

### Liquid Assets

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

### Work in progress

Costs related to the Triennial Congress are recorded in the year to which they relate. Funding for these costs come from the income generated by the Congress and will be attributed to the ICM budget. The balance sheet reflects the outstanding amounts which will be reconciled at the end of Congress when all funds are accounted for.

### Equity

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

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

### Current liabilities

Borrowing and payables are initially recognised at fair value and valued against amortised cost.

### Principles of the statements of income and expenditure

Unrestricted funds raised, inheritances and donations are recorded in the year in which they have been received or as per the date the receipt becomes certain. Other income and expenditure will be accounted for in the relevant reporting period to which they relate.

During the year a midpoint daily exchange rate is used for the transfer of foreign currencies to or from Euros. At year end, monetary assets and liabilities will be (re)calculated against closing rate.

With the execution of activities for projects and reserves, staff time is allocated to these activities based on time registration in the HR-system and reflective of the budget for



project activities; invoices from consultants and other suppliers are directly allocated to the activities they belong to; a percentage is used to cover the indirect expenses. This percentage can be different per project and is stated in the contract.

Membership fees are calculated prior to the year they are related to and using the most recent information about the numbers of midwives of the member as stated in its annual member survey.

Fundraising activities comprise the balance of income and expenditures of fundraising activities. Income and expenditures are accounted for in the relevant reporting period to which they relate.

### Principles of the cash flow overview

The overview is stated with the indirect method. This means that the change in cash is explained by the changes of the other balance lines.

## 8.5.5 Disclosure notes to the balance sheet

### 8.5.5.1 (In-) Tangible fixed assets

Description	Tangible Fixed Assets			Intangible Fixed Assets	
	Office equipment	Office furniture	Sub Total	Web site	ICM Total
Purchase value 1st January	38,999	35,258	74,257	22,748	97,005
1st January					
Accumulated depreciation per					
per 1st January	-31,270	-5,275	-36,545	-7,604	-44,149
Balance per 1st January	7,729	29,983	37,712	15,144	52,856
Investments in 2020			-		-
Depreciation 2020	-2,543	-3,526	-6,069	-4,550	-10,619
Purchase value					
per 31st December	38,999	35,258	74,257	22,748	97,005
Accumulated depreciation	-33,813	-8,801	-42,614	-12,154	-54,768
per 31st December					
<b>Balance per 31st December</b>	<b>5,186</b>	<b>26,457</b>	<b>31,643</b>	<b>10,594</b>	<b>42,237</b>

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

### 8.5.5.2 Receivables

	December 31, 2020	December 31, 2010
<b>Debtors</b>		
Debtors membership fee	22,756	72,710
Provision doubtful debtors	- 6,342	- 25,049
WHO	-	67,439
Sanofi Espoir Corporate Foundation	-	39,659
Rotary (regarding Member Associations)	24,040	24,040
UNFPA Sudan	9,513	9,513
Other Debtors Projects	<u>2,894</u>	<u>9,372</u>
<b>Subtotal debtors</b>	<b>52,861</b>	<b>197,684</b>
<b>Other receivables</b>		
UNFPA	21,247	60,545
EngenderHealth	6,503	6,503
Advances to projects	3,314	129,138
WithWomen Charity	14,218	3,074
Regional Conference	-	16,342
Prepayments	7,725	24,256
Others	<u>34,318</u>	<u>21,704</u>
<b>Subtotal</b>	<b>87,324</b>	<b>261,562</b>
<b>Total receivables</b>	<b>140,185</b>	<b>459,246</b>

#### 8.5.5.2.1 UNFPA

	2020	2019
Balance on 1st January	60,545	- 19,694
Add: Expenses 2020/2019	214,989	202,434
Extract: Received subsidy 2020/2019	- 254,287	-122,195
<b>Balance at 31st December</b>	<b>21,247</b>	<b>60,545</b>

The final report for 2020 was sent to UNFPA in January 2021 as planned. The remaining amount was received in 2021.

#### 8.5.5.2.2 World Health Organization

	2020	2019
Balance on 1st January	67,439	2,182
Add: Expenses 2020/2019		65,257
Extract: Received subsidy 2020/2019	<u>67,439</u>	-
<b>Balance at 31 December</b>	<b>-</b>	<b>67,439</b>

#### 8.5.5.2.3 Sanofi Espoir Corporate Foundation

	2020	2019
Balance on 1st January	39,659	-51,001
Add: Expenses 2020/2019	-	90,660
Extract: Received subsidy 2020/2019	<u>39,659</u>	-
<b>Balance at 31 December</b>	<b>-</b>	<b>39,659</b>

#### 8.5.5.2.4 Rotary (regarding Member Associations)

	2020	2019
Balance on 1st January	24,040	15,541
Add: Expenses 2020/2019	-	8,499
Extract: Received subsidy 2020/2019	-	-
<b>Balance at 31 December</b>	<b>24,040</b>	<b>24,040</b>

Rotary Norway in combination with Rotary in Malawi and Zambia provided funding to further roll out the 10K HMS-HBS programme in the countries. ICM supported this work in 2018 and 2019.

#### 8.5.5.2.5 Advances to projects

	2020	2019
Balance on 1st January	129,138	186,581
Add: advances 2020/2019	69,783	478,989
Extract: settled advances 2020/2019	-148,582	-536,431
Extract: provision unsettled advances	- 47,025	-
<b>Balance at 31 December</b>	<b>3,314</b>	<b>129,138</b>

#### 8.5.5.2.6 Other receivables

	2020	2019
Deposit rent property	12,833	12,833
BMGF contractors	4,314	-
Office marketing supplies (pins)	3,077	3,077
Travel vouchers (Bali)	6,578	-
Sick Insurance	4,756	-
Consultancy services	1,768	-
Other	<u>991</u>	<u>5,794</u>
<b>Total other receivables</b>	<b>34,318</b>	<b>21,704</b>

#### 8.5.5.3 Work in Progress

	January 1, 2020	Received 2020	Expenses 2020	December 31, 2020
Activated cost for work relating to:				
Congress Bali (postponed to 2021)	479,692	467,714	-1,832	10,144
Congress 2023	15,401	-	5,632	21,034
<b>Total work in progress</b>	<b>495,093</b>	<b>467,714</b>	<b>3,800</b>	<b>31,178</b>

The outstanding amounts represent the expenses related to future congresses that ICM has pre-financed. The amounts will be settled with the PCOs when sufficient funds are available.

The Congress scheduled to take place in Bali in June 2020 was postponed to 2021 and later transferred from a face-to-face format to a virtual format because of the continuing global pandemic. Venue and other pre-paid costs were negotiated with suppliers and in most cases were able to be carried forward to 2023 following the Board decision to hold the 2023 Congress in Bali instead of Abu Dhabi.

The Board also decided to continue with its due diligence of the two top bids from Associations to co-host the 2026 Congress (France and Portugal).

Subsequently the Association that was to co-host the 2023 Congress in Abu Dhabi requested that the Board review its decision to cancel the Abu Dhabi site and instead confirm Abu Dhabi for the 2026 Congress. The Board will consider this request in April 2021.

#### 8.5.5.4 Cash at bank and in hand

	December 31, 2020	December 31, 2019
Cash in hand	-	107
Cash at bank	<u>3,828,983</u>	<u>1,463,165</u>
<b>Total cash</b>	<b>3,828,983</b>	<b>1,463,272</b>

Cash is at free disposal of ICM.

#### 8.5.5.5 Unrestricted Reserves

	December 31, 2020	December 31, 2019
<b>General reserve</b>		
Balance at January 1	99,860	239,791
Transfer to/from restricted reserves	-	-
Add/deduct as a result of the Confederation	<u>58,451</u>	<u>- 139,931</u>
<b>Balance as of December 31</b>	<b>158,311</b>	<b>99,860</b>

#### 8.5.5.5.1 Earmarked reserves

	Balance as per January 1, 2020	Funds	Deferred received Income	Fund related costs	Transfer reserves	Balance per December 31, 2020
Safe Motherhood and Development Fund	167,213	2,066	-	-148	-	169,130
Congress Interpretation Fund	4,610	-	-	-	-4,610	-
Membership Fee Assistance Fund	9,132	-	-	-	-	9,132
Regional Conference Fund	13,346	3,976	-	-16,095	-	1,227
Congress Fund	<u>37,359</u>	<u>-</u>	<u>-</u>	<u>-33,657</u>	<u>4,610</u>	<u>8,312</u>
	<b>231,660</b>	<b>6,042</b>	<b>-</b>	<b>-49,900</b>	<b>-</b>	<b>187,802</b>



The “Safe Motherhood and Development Fund” supports individual midwives or Midwives Associations in resource-poor countries with high maternal mortality and morbidity rates. The Congress Interpretation Fund was established to provide interpretation services during a Triennial Congress in languages other than French and Spanish (the official ICM languages). This fund will be merged with the Congress Fund in 2021.

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

The Congress Fund is used to cover expenses made by or on behalf of ICM in the preparation of Triennial Congresses.

The Regional Conference Fund was established in 2018 to cover expenses made by or on behalf of ICM in preparation of future Regional Conferences. In 2020 no regional conference was organised because of travel restrictions due to the global pandemic. The expenses relate to the conference in Namibia in 2019.

#### 8.5.5.6 Restricted Funds/Reserves

	<i>Balance as per January 1, 2020</i>	<i>Funds received</i>	<i>Deferred Congress Income</i>	<i>Fund related costs</i>	<i>Transfer general reserves</i>	<i>Balance per December 31, 2020</i>
<b>Funds</b>						
Dorothea Lang Donation Fund	18,146	-	-	-604	-	17,542
<b>Total restricted funds</b>	<b>18,146</b>	<b>-</b>	<b>-</b>	<b>-604</b>	<b>-</b>	<b>17,542</b>

Dorothea Lang, a retired midwife in the United States of America, has provided funds to sponsor midwives to attend future Congresses. The Board agreed in 2018 to earmark €8,500 over four years as a contribution to the costs of the ICM History Project that is due for completion in 2021. In the period 2018-2020 a total amount of € 5,988 was spent on this project.

#### 8.5.5.7 Long Term Liabilities

##### 8.5.5.7.1 Bill and Melinda Gates Foundation

	<i>2020</i>	<i>2019</i>
Balance on 1st January	-	-
Add: Subsidy 2020/2019	1,019,179	-
Extract: Expenses 2020/2019	-	-
<b>Balance at 31 December</b>	<b>1,019,179</b>	<b>-</b>

In February 2020, a further application was made to the Gates Foundation for a supplementary grant to address some of the gaps identified in the SMS project and the Foundation agreed to supplement the SMS grant and extend the project to December 2022. The estimated amount for 2022 is presented as a long term liability.

#### 8.5.5.8. Short Term Liabilities

	<i>December 31, 2020</i>	<i>December 31, 2019</i>
Conference organiser	3,828	30,564
Flight refunds Bali	- 11,913	-
Young Midwife leader project	10,004	-
Other suppliers	<u>3,043</u>	<u>3,074</u>
Total creditors	4,962	33,638
Financial Costs (audits/support)	5,462	4,312
Consultants/ workshop cost	55,067	59,760
Other invoice to receive	<u>682</u>	-
Total accruals	61,210	64,072
Pre-received	864	462
Other payables	-	<u>1,188</u>
	864	1,650
Tax	<u>23,506</u>	<u>15,402</u>
<b>Total liabilities</b>	<b>90,542</b>	<b>114,762</b>

#### 8.5.5.9 Grants/Subsidies

##### 8.5.5.9.1 ICM Core funding

	<i>2020</i>	<i>2019</i>
Balance on 1st January	-	-
Add:		
Subsidy Sida	343,778	-
Subsidy Direct Relief	84,739	-
	428,516	-
Extract:		
Expenses Sida 2020/2019	-188,950	
Expenses Direct Relief	-22,730	
Potential currency result	-3,580	
	<u>-215,260</u>	
<b>Balance at 31 December</b>	<b>213,256</b>	

ICM received two core funding grants in 2020.

Direct Relief donated USD100,000 (€82,500) of discretionary funding for the period October 2020 – October 2021 to cover core costs and support ICM's efforts in relation to the COVID-19 pandemic.

The Swedish International Development Cooperation Agency (Sida) confirmed a grant of SEK 32,000,000 (€3,077,110) for the period of August 2020 to December 2023 to help cover ICM's core costs to achieve the goals of its 2021 – 2023 Triennial Strategy.

#### 8.5.5.9.2 MacArthur Foundation

	2020	2019
Balance on 1st January	110,644	122,976
Add: Subsidy 2020/2019	-	-
Potential currency result	-190	-
Extract: Expenses 2020/2019	<u>-366</u>	<u>-12,332</u>
<b>Balance at 31 December</b>	<b>110,088</b>	<b>110,644</b>

The MacArthur Foundation provided an additional grant in 2018 to support Mexican Midwives to attend the regional Conference in November 2018 in Paraguay and to support strengthening midwifery in Mexico. A no cost extension was approved with the intention of funding activities in 2020 including participation by midwives from Mexico in the Triennial Congress. The no cost extension has been extended to 2021.

#### 8.5.5.9.3 Bill and Melinda Gates Foundation

	2020	2019
Balance on 1st January	1,376,538	656,579
Add: Subsidy 2020/2019	1,469,793	997,384
Potential currency result	-243,440	-
Extract: Expenses 2020/2019	<u>-667,825</u>	<u>-277,425</u>
<b>Balance at 31 December</b>	<b>1,935,065</b>	<b>1,376,538</b>

The Strengthening Midwifery Services (SMS) project, funded by the Bill and Melinda Gates Foundation (BMGF) was initially approved for three years from 2018 – 2020. In February 2020, a further application was made to the Gates Foundation for a supplementary grant to address some of the gaps identified in the SMS project and the Foundation agreed to supplement the SMS grant and extend the project to December 2022. The total project is now worth € 4.24 million ( \$4.8million).

#### 8.5.5.9.4 Latter Day Saint Charities

	2020	2019
Balance on 1st January	-	-
Add: Subsidy 2020/2019	132,370	-
Currency result	-9,400	-
Extract: Expenses 2020/2019	<u>-113,161</u>	-
<b>Balance at 31 December</b>	<b>9,810</b>	-

A new project, More Happy Birthdays in Rwanda, funded by Latter Day Saint Charities is planned to build on the success of the 50,000 Happy Birthdays project and enable more midwives to continue saving lives at birth. The More Happy Birthdays inception and planning phase ran between May and December 2020. Implementation Phase activities are scheduled to start once funding from Latter Day Saint Charities is confirmed in early 2021.

#### 8.5.5.9.5 Johnson & Johnson

	2020	2019
Balance on 1st January	262,046	62,809
Add: Subsidy 2020/2019	53,633	436,717
Potential currency result	-30,615	-
Extract: Expenses 2020/2019	<u>-171,164</u>	<u>-237,480</u>
<b>Balance at 31 December</b>	<b>113,900</b>	<b>262,046</b>

The J & J Foundation supports a Young Midwife Leaders (YML) programme that has run from 2019 to 2020 and will continue until end of June 2021 so that the YMLs can participate at ICM's Virtual Triennial Congress and co-host a forum on issues for young midwives.

The YML programme aims to establish a culture of leadership within the midwifery profession, at member association, country and regional levels by identifying prospective young leaders and facilitating them to develop leadership and advocacy skills, engage in national policy dialogues and influence change.

Johnson & Johnson provided new funding for the ICM education and research awards and the Marie Goubiran Agent for Change Award in each year of 2019, 2020 and 2021.

In 2019 new awards – the Midwife Touch Ambassador Recognition Sponsorship Programme and the Midwives in Action Video Sponsorship programme were initiated. The latter programme is postponed due to the global pandemic.

#### 8.5.5.9.6 Laerdal Global Health

	2020	2019
Balance on 1st January	243,489	141,505
Add: Subsidy 2020/2019	-	937,028
Extract: Expenses 2020/2019	<u>-230,642</u>	<u>-835,044</u>
<b>Balance at 31 December</b>	<b>12,847</b>	<b>243,489</b>

In 2018 ICM and LGH expanded the original 10,000 Happy Birthdays Project in Malawi and Zambia, into Ethiopia, Rwanda and Tanzania with the ambitious target of an additional 20,000 happy birthdays between January 2018 and March 2020. The goals of the 50,000 Happy Birthdays Project were to contribute to saving more lives at birth, reducing mortality, and ensuring a better birth experience for women and their families by strengthening midwives' competencies in life-saving skills at the time of birth and respectful maternity care.

ICM supported its Member Associations in the project countries to train midwives, other healthcare providers and students using the simulation-based Helping Mothers Survive (Jhpiego) and Helping Babies Survive (American Academy of Pediatrics) training modules and the Low-Dose, High-Frequency (LDHF) approach. The project was successfully concluded at the end of 2020.



#### 8.5.5.9.7 Direct Relief

	2020	2019
Balance on 1st January	13,325	-
Add: Subsidy 2020/2019	15,680	15,790
Extract: Expenses 2020/2019	-11,308	-2,465
<b>Balance at 31 December</b>	<b>17,697</b>	<b>13,325</b>

In 2019 Direct Relief granted an amount for the update and distribution of the Midwife KIT.

#### 8.5.5.9.8 J&J sponsoring Congress

	2020	2019
<b>Balance at 31 December</b>	<b>156,544</b>	<b>-</b>

Due to the postponement from the Congress in Bali the received amount from Johnson & Johnson as premium sponsor was not used in 2020.

#### 8.5.5.9.9 Total amount of grants/subsidies and sponsoring

	2020	2019
<b>Total amount of grants/subsidies and sponsoring</b>	<b>2,569,207</b>	<b>2,006,039</b>

Due to the postponement from the Congress in Bali the received amount from Johnson & Johnson as premium sponsor is not used in 2020.

### 8.6. Off Balance rights, obligations and agreements

#### 8.6.1 Annual financial obligations

The rent for the ICM office (Koninginnegracht 60, The Hague) amounts to € 43,860.- annually. The contract expires on 31 May 2025.

The lease for the Xerox machine amounts to € 7,022 annually; the contract expires in 2024.

#### 8.6.2 Triennial Congress 2020 Bali

According to the statutes, ICM is obligated to hold a Council meeting annually, and no later than six months after the close of the Confederation's year (ICM Constitution, Article 12, clauses I, ii). Once every three years the meeting is held together with a Congress – the Triennial Council meeting (ICM By-Laws, Article 12, clause 1). Certain decisions must be made at this meeting as set out in the Constitution (Article 12, clause ii) and the By-Laws (Article 12, clause 2). These items of business include receipt of the Annual Report, Annual Accounts and Auditor's certification; approval, amendment or rejection of business or resolutions on professional issues; election and appointment of Board Members; determine any amendments to the By-Laws and consider appeals in relation to membership. It is usual for the ICM Council to also set strategic directions for the next three years to guide the Board in developing the triennial strategy.

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

Planning and organisation of the triennial Congresses begins during the previous two triennia (five or six years beforehand) and by the beginning of 2020 organisation for the Congress in Bali scheduled for June 2020 was well underway. Contracts with the Congress venue and the local conference organising company were signed in 2015. The ICM Board approved the final Congress 2020 budget in November 2018 with a total amount of \$ 2.8 million. Actual costs for the Congress are reported in the year they fall and are only part of the annual financial report in the year that the Congress is executed. ICM is responsible for the obligations that are connected to the Congress in the years leading up to the Congress and in the year of the Congress.

In the pre-Congress years ICM pre-finances payments to suppliers, according to the execution of contracts and agreements. The total pre-financed amount for Congress 2020 in Bali that fell in 2020 can be found in section 8.5.5.3 Work in Progress. These amounts will be settled when sufficient funds are available from participant registrations and receipt of funds from sponsors and exhibitors.

#### 8.6.3 Postponement of the Congress from 2020 to 2021

By March 2020 it was apparent that the global pandemic caused by the Coronavirus (COVID-19) was causing serious health problems worldwide and extraordinary measures that impacted governments, individual citizens and businesses.

The ICM Board held an emergency meeting on 11 March 2020 and decided to postpone the Congress in Bali until June 2021. Shortly afterwards the World Health Organization declared a global COVID-19 pandemic.

The Board used three principles in making this decision:

- To do no harm to ICM's members, its partners and its organisation
- To keep ICM moving forward
- To take advantage of all new opportunities

ICM was able to secure the venue in Bali for new dates in May/June 2021 at no additional cost. All participants, sponsors, exhibitors and suppliers were notified and had the option to carry current registrations forward to 2021 as well as current contracts and agreements with sponsors, exhibitors and suppliers. Many chose to carry existing arrangements forward and some requested refunds. A new budget was drafted and negotiations commenced with the congress organisers in relation to fee extensions. Negotiations also commenced with suppliers to carry contracts forward to 2021.

By September 2020 it was apparent that the impact of the COVID-19 pandemic was worsening and on 9 October the Board announced its decision to transfer the 2021 32nd Triennial Congress to a Virtual triennial Congress instead of continuing with plans for a face-to-face

Congress in Bali. The Board followed the same three decision-making principles it used in March. All participants, sponsors, exhibitors and suppliers were notified and were offered several options in relation to paid registration fees, including refunds of fee differences and transfer of fees through to the 2023 Congress.

Further negotiations commenced with the Congress venue and other key suppliers with the result that paid fees could largely be carried forward to 2023 and leading to the decision of the Board that the 2023 Congress would be held in Bali instead of Abu Dhabi as previously scheduled.

By the end of 2020 a further revised congress budget was under development, the programme was being redesigned and all accepted presenters were contacted to reconfirm their participation. Sponsors and partners are being approached to reconfirm sponsorship and planning is well underway for delivery of a virtual Congress.

These necessary decisions have impacted financially as well as on staff workload. The postponement of the Congress has meant that budgeted income from Congress capitation fees and profit has not been received but many of the costs of planning have had to continue. The revised budget for the 2021 Virtual Triennial Congress has been developed conservatively but with enough projected to cover the additional costs of postponement and transfer to the virtual format and with the intention of achieving enough income to provide the necessary seed funding for the 2023 Congress in Bali.

#### 8.6.4 Triennial Congress 2023 Abu Dhabi

In 2017, following an agreed process, the ICM Board selected Abu Dhabi as the site for the 2023 Congress. In 2020 the budget for this Congress was in development. Costs pre-financed by ICM relate to site visits and can also be found in section 8.5.5.3 Work in Progress. These amounts will be settled when sufficient funds are available.

The Board decision to run the 2023 Congress in Bali instead of Abu Dhabi was made to reduce the financial risk of cancelling the Bali Congress, especially because of the pre-paid investment in the congress venue. This decision means that pre-financed costs for Abu Dhabi may be lost, but the amount is much smaller than the pre-financed costs for Bali.

#### 8.6.5 ICM's day to day business

The response of the Dutch government to the coronavirus has impacted on how ICM undertakes its day-to-day business. From March all ICM staff worked from home and used virtual technologies for communication with each other and with members and partners. Travel has been prohibited due to lock downs in the Netherlands and elsewhere and meetings that would previously have been face to face have been held virtually.

The ICM Triennial Council meeting in 2020 was held electronically using a Council-only area on the ICM website for discussion forums, access to papers and video presentations. Zoom was used as a platform for regional meetings and for the final Council meeting following an electronic voting period. This virtual approach to an ICM Council meeting was successful and consideration will be given to continuing with these technologies in the future with a focus on sustainability of ICM.

Using technology for communication ICM was able to continue its work with minimal interruption and the experience of 2020 has shown us how we may continue to adapt and change in the future.

By the end of 2020 the Netherlands is still in lock down, as are many countries world-wide, and the end of the pandemic is not yet in sight.

#### 8.6.6 Other considerations

Midwives, Midwives' Associations and childbearing women have all been impacted by the pandemic. This is especially significant in those countries where the economy, infrastructure and health systems are weak and those that are also fragile because of war, civil unrest or environmental disasters. But high-income countries are also affected. Midwives in many countries have died as a result of exposure to the coronavirus. More are likely to die. Some midwives are experiencing loss of income due to non-payments of salaries to them or family members or from unemployment of family members.

There may be a flow on effect to Member Associations through loss of members and loss of fees. This in turn may increase the number of ICM Member Associations who default on payments to ICM in 2021. Because the majority of Member Association fees were received before March 2020, we did not see this impact on ICM in 2020.

ICM's income from grants was also stable in 2020 because the majority of grants are multi-year. In addition, we received increased finding from Direct Relief, Sida and BMGF. However, there were delays with project activities because of travel restrictions and the timeframes of some projects were extended and activities revised to be delivered virtually. These changes resulted in less draw down on project funds than anticipated and lower overhead attributions to projects. The core funding from Sida and Direct Relief has protected ICM to an extent from the negative financial impact of delays in project implementation because of the pandemic.

### 8.7. Appropriation of the result

The statement of profit and loss for the year 2020 closes with a positive result of €13,989. According to the statutes and anticipating the Council decision in June 2021, this result will be appropriated as follows:

Add to Safe Motherhood Fund	+ €	2,065
Deduct from Safe Motherhood Fund	- €	147
Deduct from Dorothea Lang Donation Fund	- €	604
Deduct from Regional Conference Fund	- €	12,119
Deduct from Congress Interpretation Fund	- €	4,610
Deduct from Congress Fund	- €	29,047
Added to the general reserve	+ €	58,451
<b>Total result</b>	<b>+ €</b>	<b>13,989</b>



## 8.8. Disclosure notes to statement of income and expenditures

### 8.8.1. ICM Core income

#### 8.8.1.1. Membership fee income

	2020 Budget	2020 Actual	2019 Actual
Income Membership fee	382,148	366,755	375,274

One new Midwives Association joined ICM in 2020. The decrease in membership fee income is mainly caused by changes in the number of active midwives at some associations.

#### 8.8.1.2. ICM core subsidies

	2020 Budget	2020 Actual	2019 Actual
Sida	-	188,950	-
Direct Relief	-	22,730	-
<b>Total income from subsidies</b>	-	<b>211,680</b>	-

Direct Relief supported ICM to cover core costs and ICM's efforts in relation to the COVID-19 pandemic.

The Swedish International Development Cooperation Agency (Sida) supported ICM to cover core costs to achieve the goals of its 2021 – 2023 Triennial Strategy.

### 8.8.2. Income from grants, donations and sponsorship

ICM is supported from several funding partners to carry out the activities that are fundamental to help strengthening the profession of midwifery globally and create a highly skilled workforce of midwives. The supporting partners and their amount of support in 2020 was:

	2020 Budget	2020 Actual	2019 Actual
UNFPA	215,000	214,989	202,434
Laerdal Global Health	36,609	222,285	748,649
Latter-Day Saint Charities	-	114,881	78,732
Bill and Melinda Gates Foundation	1,374,102	667,825	277,425
Sanofi Espoir Corporate Foundation	-	-	90,660
World Health Organization	-	-	65,257
Johnson & Johnson	202,287	171,242	237,480
Rotary Norway	-	834	8,499
Direct Relief	23,000	11,308	-
MacArthur Foundation	111,509	366	12,332
New Venture Fund	-	-	58,212
Well Being Foundation	-	-	7,720
Other grants and donations	-	11,955	14,163
<b>Total subsidies</b>	<b>1,962,508</b>	<b>1,415,685</b>	<b>1,801,563</b>

### 8.8.3. Income from Fundraising

	2020 Budget	2020 Actual	2019 Actual
Income from MEAP	-	-	-
Income HMS Training	-	440	1,400
Income Consultancy Services	-	-	-
<b>Total income fundraising</b>	-	<b>440</b>	<b>1,400</b>

In 2019 a successful training on HMS\_BAB was provided to a limited number of healthcare workers and we received the last amount for this training in 2020.

### 8.8.4. Income from Funds and Reserves

	2020 Budget	2020 Actual	2019 Actual
Income Safe Motherhood Fund	-	2,065	4,248
Income Marie Goubran Memorial Fund	-	-	8,109
Income Regional Conference Fund	-	3,976	156,399
<b>Total Income from Funds and Reserves</b>	-	<b>6,042</b>	<b>168,756</b>

The Japanese Nursing Association (JNA) supported the Safe Motherhood Fund to enable midwives from developing countries to attend Congress and Regional Conferences.

### 8.8.5. Other income

	2020 Budget	2020 Actual	2019 Actual
Donation Board members	-	5,000	5,000
Consultancy services	-	2,500	-
Other income	1,000	583	-
<b>Total other income</b>	<b>1,000</b>	<b>8,083</b>	<b>5,000</b>

Other income concerns a personal donation of Board Members to support ICM's professional development in 2020 and some consultancy services provided to Sanofi and Johnson & Johnson.

### 8.8.6. Personnel costs

	2020 Budget	2020 Actual	2019 Actual
Salaries expenditure	552,056	469,817	576,482
Social charges	128,017	54,591	79,742
Consultancy cost	834,054	686,191	635,958
Other personnel costs	11,500	2,662	7,001
<b>Total cost personnel</b>	<b>1,525,627</b>	<b>1,213,260</b>	<b>1,299,183</b>

At December 31, 2020 6 staff members (6,57 FTE during 2020) were employed at ICM Head Office as compared to 9 staff members (8.92 FTE during 2019) in December 2019. A new staff member joined in 2020 but four staff members left in 2020 and were not directly replaced. The vacancies were, partially, filled by staff that were not living and working in the Netherlands and were for that reason working as contractors.

### 8.8.7. Board and representation

	2020 <i>Budget</i>	2020 <i>Actual</i>	2019 <i>Actual</i>
Board costs	44,828	27,416	60,215
Representation	20,000	3,696	37,655
<b>Total costs</b>	<b>64,828</b>	<b>31,113</b>	<b>97,870</b>

The decrease in Board costs is directly related to the COVID-19 pandemic. All Board and Council meetings in 2020 were held virtually, thereby saving travel and accommodation costs. Representation has also been virtual in 2020 with resultant lower costs.

### 8.8.8 Professional Services

	2020 <i>Budget</i>	2020 <i>Actual</i>	2019 <i>Actual</i>
General Services staff supporting	81,385	172,394	85,748
Audit	20,000	49,929	49,028
General Services ICM supporting	43,442	44,107	33,421
<b>Total professional services</b>	<b>144,828</b>	<b>266,430</b>	<b>168,197</b>

The professional services include financial support, HR and salary support and support for advocacy, communications and resource mobilisation. Due to the effect of the COVID-19 pandemic extra cost were made for these supporting activities. The postponement of Congress in Bali meant that a number of expenses, normally covered by Congress results, had to be covered by ICM or grants.

ICM focused on equity between its members by increasing the number of documents and communications that were available in all three official languages and by producing the website in three languages. Interpretation services were used at several regional meetings and the ICM Council meeting. While ICM's services to its members were improved in this way, the additional costs were reflected in the higher than budgeted costs of professional services. Higher than anticipated legal fees also contributed to these costs.

Audit costs were higher in 2020 because additional time was required by staff and the auditors to address the issues of COVID-19 on ICM's business continuity and because more input was required of the finance staff and the auditor.

### 8.8.9. General office

	2020 <i>Budget</i>	2020 <i>Actual</i>	2019 <i>Actual</i>
Accommodation cost	69,371	76,467	66,880
ICT and communication	44,160	19,883	41,729
Other cost	<u>6,936</u>	<u>3,958</u>	<u>19,978</u>
<b>Total General Office cost</b>	<b>120,467</b>	<b>100,308</b>	<b>128,587</b>

The office cost for ICT and communication decreased as a part of these cost were covered by grants and were allocated to cost for Events and Programme (licenses, equipment and materials).

### 8.8.10. Events and programme

	2020 <i>Budget</i>	2020 <i>Actual</i>	2019 <i>Actual</i>
Local staff	-	64,828	72,594
Congress sponsoring	249,264	-	-
Travel cost	100,000	42,318	115,544
Meals & incidentals	143,000	13,607	206,638
Venue and accommodation	100,000	81,903	197,277
Licences, equipment and materials	110,538	107,472	131,135
Awards	35,000	33,500	26,044
<b>Total</b>	<b>737,802</b>	<b>343,628</b>	<b>749,232</b>

Due to the COVID-19 pandemic projects started later or in a different form than previously planned (eg. adaptations for virtual delivery instead of face-to-face). Some activities were cancelled due to the postponement of Congress in Bali.

This delay in several large projects is the main reason that the direct costs for projects are significantly lower than budgeted. No-cost extensions were agreed for several projects.

### 8.8.11. Funds and Reserves

	2020 <i>Budget</i>	2020 <i>Actual</i>	2019 <i>Actual</i>
1. Safe Motherhood Fund	-	-	-
2. Marie Goubran Fund	-	-	5,967
3. Dorothea Lang Fund	-	475	1,558
4. Regional Conference Namibia	-	14,577	133,842
5. Congress 2020 Bali	-	13,457	13,839
<b>Total Funds and Reserves</b>	<b>-</b>	<b>28,509</b>	<b>155,206</b>

#### 8.8.11.1. Dorothea Lang Fund

Some funds were expended as a contribution to the costs of the ICM History Project for 2020. That project is due for completion in 2021.



### 8.8.11.2. Regional Conference Fund

The Regional Conference Fund was established in 2018 to cover expenses made by or on behalf of ICM in preparation of future Regional Conferences. ICM started organising the regional conferences, in cooperation with the local Association of Midwives, in 2018.

In 2019 the Regional Conference was organised in September in Windhoek, Namibia. The final report on this conference was received and approved in 2020. Besides the staff cost involved in 2020 there were some additional cost for the Conference as detailed in the table below:

	<i>2020 Budget</i>	<i>2020 Actual</i>	<i>2019 Actual</i>
<b>Expenditures</b>			
Professional services	-	2,713	73,980
Travel cost	-	3,366	5,447
Food and Beverage	-	-	21,628
Registration	-	7,970	654
Venue and technical equipment	-		19,981
Other cost	-	527	12,152
<b>Total expenses Conferences</b>	-	<b>14,577</b>	<b>133,842</b>

### 8.8.11.3. Congress Fund

	<i>2020 Budget</i>	<i>2020 Actual</i>	<i>2019 Actual</i>
<b>Expenditures</b>			
Travel cost	-	1,253	1,420
Professional Services	-	10,219	12,362
Other cost	-	1,985	49
<b>Total expenses Congress</b>	-	<b>13,457</b>	<b>13,831</b>

The expenses in 2020 for Congress were mostly caused by the postponement of the Congress in Bali through to 2021.

### 8.8.12. Financial income and cost

The financial income is a result of interest on the savings account and fluctuations in the exchange rates during 2020.

Financial cost concerns the bank fees for holding bank accounts, transfer costs for payments and charges involved with payments of memberships.

## 8.9. Budget Summary 2021

As a result of the Sida grant requirements and in line with introducing a Full Cost Recovery Policy, ICM is moving from a cost-based budgeting approach to an outcome-based (or activity-based) budgeting approach. This new approach to budgeting will more strongly link ICM's strategy to its budget. The operational plan is developed annually in line with the Strategy and annual outcomes are identified. The costs of the activities needed to achieve these outcomes are calculated and funding is allocated. This new approach will support ICM to identify and plan to recover all costs of implementing its Strategy. A full cost recovery approach for developing project budgets will also begin in 2021.

The financial forecast for the income and expenses for 2021 is summarised below.

	<i>amounts x € 1,000.-</i>	
	€	€
<b>Income</b>		
Membership fees	408	
Corefunding	981	
Subsidies, grants and donations	2,242	
Additonal income		
Funds and Reserves	126	
<b>Total income</b>		<b>3,757</b>
<b>Expenses</b>		
<b>Priority 1</b> Drive innovation and sustainability for the future of midwifery	1,648	
<b>Priority 2</b> Develop, strengthen and support the roll out of a new professional framework	25	
<b>Priority 3</b> Foster a movement for midwifery	600	
<b>Cross cutting:</b> Promote gender equality	340	
<b>Sub total Programme and projects staffing</b>		<b>2,613</b>
Direct programme and project cost	679	
ICM Govenance cost	77	
<b>Subtotal other direct cost</b>		<b>756</b>
General staff cost	117	
Professional Services	81	
General Office Cost	108	
Financial cost	30	
<b>Sub total supporting cost</b>		<b>336</b>
<b>Total expenses</b>		<b>3,705</b>
<b>Result</b>		<b>52</b>

## 8.10. Other Information

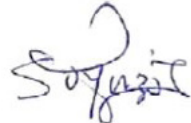
### 8.10.1. Articles of Association

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

On behalf of the Board, date: June 2021



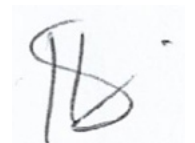
**F. Cadée**  
President



**S. Oyarzo Torres**  
Vice President



**V. Varela**  
Treasurer



**H. Shikwambi**  
Board Member



**F. Dicko**  
Board Member



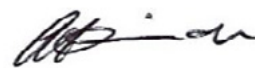
**P. Hardtman**  
Board Member



**M.F. Francisconi**  
Board Member



**E. Indomo**  
Board Member



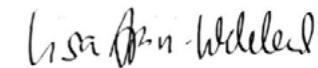
**A. Kinnear**  
Board Member



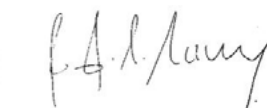
**R. Altaweli**  
Board Member



**T. Thommesen**  
Board Member



**L. Apini-Welcand**  
Board Member



**V. Vivilaki**  
Board Member

## 8.11. Independent Auditor's Opinion

### International Confederation of Midwives

#### To the Board

Koninginnegracht 60  
2514 AE DEN HAAG

Date: 28 May 2021

## INDEPENDENT AUDITOR'S REPORT

### A. Report on the audit of the financial statements 2020 included in the annual report

#### Our opinion

We have audited the financial statements 2020 of International Confederation of Midwives based in The Hague.

In our opinion the accompanying financial statements give a true and fair view of the financial position of International Confederation of Midwives as at 31 December 2020, and of its result for 2020 in accordance with the RJK C1 'Kleine-organisaties-zonder-winststreven' (Guideline for annual reporting C1 'Micro and small sized not for profit organisations' of the Dutch Accounting Standards Board).

The financial statements comprise:

1. the balance sheet as at 31 December 2020;
2. the profit and loss account for 2020 and
3. the notes comprising a summary of the accounting policies and other explanatory information.

#### Basis for our opinion

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

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

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

### B. Report on the other information included in the annual report

In addition to the financial statements and our auditor's report thereon, the annual report contains other information that consists of:

- the management report;
- other information as required by the Dutch Accounting Standard RJK C1.



Based on the following procedures performed, we conclude that the other information is consistent with the financial statements and does not contain material misstatements.

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

By performing these procedures, we comply with the requirements of the Dutch Accounting Standard RJK C1 and the Dutch Standard 720. The scope of the procedures performed is substantially less than the scope of those performed in our audit of the financial statements.

Management is responsible for the preparation of other information, including the management report in accordance with the Dutch Accounting Standard RJK C1.

### C. Description of responsibilities regarding the financial statements

#### Responsibilities of the Board for the financial statements

Management (Board and Chief Executive) is responsible for the preparation and fair presentation of the financial statements in accordance with the Dutch Accounting Standard RJK C1. Furthermore, management is responsible for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

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

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

#### Our responsibilities for the audit of the financial statements

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

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

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

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

- identifying and assessing the risks of material misstatement of the financial statements, whether due to fraud or error, designing and performing audit procedures responsive

to those risks, and obtaining audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;

- obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the confederation's internal control;
- evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management;
- concluding on the appropriateness of management's use of the going concern basis of accounting, and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the confederation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report.

However, future events or conditions may cause a company to cease to continue as a going concern;

- evaluating the overall presentation, structure and content of the financial statements, including the disclosures; and
- evaluating whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant findings in internal control that we identify during our audit.

Delft, 28 May 2021 4you audit

**Signed by Mr. J. Eenhoorn RA**

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RC Delft  
Tel. 085 488 19 00  
E-mail [info@4youaccountancy.nl](mailto:info@4youaccountancy.nl)  
Internet [www.4youaccountancy.nl](http://www.4youaccountancy.nl)

# Appendix 1: Standing Committees membership

## Education, Regulation and Research Standing Committees

	Education	Regulation	Research
Co-chairs	Mieke Embo (SPPC member Bali Congress) Melissa Avery Michelle Newton	Karen Guilliland (SPPC member Bali Congress) Sue Bree	Deborah Davis (SPPC member Bali Congress)  Jenny McNeill
Board Member Liaisons	Rita Xuereb Borg Trude Thommesen	Mary Kirk Emi Nurjasmi Indomo	Jemima Dennis-Antwi Hatsumi Taniguchi
ICM Head Office liaison	Florence West	Martha Bokosi	Ann Yates
Anglophone Africa	Namukombe Ekong Elizabeth Subah Marion	Lilian Dodzo Everlyne Rotich Sylvia P. Hamata	Dr. Ann Phoya; Malawi
Francophone Africa	Vacant	Vacant	Amata Gnagna
North America & Caribbean	Avery Melissa Camacho Carr Katherine Ellis Cathy Nelson Carol Skinner-Rollock Marcia	Kris Robinson	Liz Darling Lisa Kane Low
Latin America	Schneck Sondre	Eduardo Lillo Gonzales	Cris Alonso
Eastern Mediterranean	Kanaan Iman	Vacant	Vacant

Northern Europe	Berg Marie Thommesen Trude Dalsgard Annette Marshall Jayne Pluymaekers Margriet Way Sue	Jessica Read	Susan Crowther Sarah Church
Central Europe	Brendel Karin Castiaux Geneviève Embo Mieke Lange Ute Mivsek Polona Ana	Lisa Welcland Marianne Benoit Truong Cahn	Christine Morin
Southern Europe	Borg Xuereb Rita	Vitor Varela	Fatima Leon
South East Asia	Vacant	Prof. Dr. Sudha A. Raddi	Kusmayra Ambarwati
Western Pacific	Butt Janice Newton Michelle McAra-Couper Judith	Karen Guilliland Sue Bree	Mary Steen Deborah Davis

## Scientific Professional Programme Committee

**Co-Chairs:** Marian van Huis (Europe region, The Netherlands) and Debrah Lewis (Americas region, Trinidad)  
**ICM ESC Chair:** Mieke Embo (Europe region, Belgium)  
**ICM RSC Chair:** Deborah Davis (Western Pacific region, Australia)  
**ICM Reg SC Chair:** Karen Guilliland (Western Pacific region, New Zealand)  
**Host Association Representative:** Andari Wuri Astuti (South East Asia region, Indonesia)  
**Co-opted member:** Atf Gherissi (Eastern Mediterranean region, Tunisia)  
**ICM Chief Executive:** Sally Pairman  
**Board liaisons** (not attending face to face meetings): Ingela Wiklund, Rafat Jan (until May 2020)

## Finance and Resource Committee (FiRe)

**Chair, ICM Treasurer:** Ingela Wiklund (January-June), Vitor Varela (July-December)  
**ICM Chief Executive:** Sally Pairman  
**ICM Finance Manager:** Hans van Dongen  
**External members:** Martin Groez, Sjoerd van der Velde, Jeremy Webb, Robin Willing  
**Co-opted ICM Board Member:** Mary Kirk (January-June), Ann Kinnear (July-December)



**International Confederation of Midwives  
La Confédération internationale des sages-femmes  
Confederación Interacional de Matronas**

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**International  
Confederation  
of Midwives**

Strengthening Midwifery Globally