

Annual & Financial Report

2024



Contents

Contents..... 1

List of Acronyms 6

ICM Vision 10

ICM Mission 10

 Acknowledgements 11

Partner Perspectives 12

Inclusivity Statement 13

Message from President 14

Message from the Chief Executive.....16

Introduction 18

ICM in Numbers 22

ICM’s Structure 28

 Strengthening ICM’s Governance..... 29

 Recruiting ICM’s New Chief Executive..... 29

 ICM Board Members..... 30

 Board Meetings..... 31

 Council Meeting..... 31

 Independent Election Committee (IEC)..... 31

 ICM Head Office Team..... 32

 ICM’s Regional Approach..... 34

 ICM Regional Conferences..... 36

 Regional Professional Committees..... 37

 RPC Members..... 38

Progress on Priorities..... 40

 SP 1: Drive innovation, leadership and sustainability
 for the future of midwifery.....42

 01: ICM Becomes a Sustainable and Innovative Organisation.....43

O2: ICM is Constantly Learning and Responding to the Needs of Our Members in New and Improved Ways.....	53
O3: Global Midwives’ Hub becomes the go-to digital platform for verified information about the landscape of midwifery and MNH to encourage midwives, MAs and stakeholders to use data-driven advocacy.....	64
Reflections.....	65
SP2: Support the dissemination and implementation of the Professional Framework for Midwifery.....	66
O4: ICM’s Professional Framework for Midwifery guides the establishment of autonomous midwifery in countries.....	67
O5: ICM’s Midwifery Education resources and programmes are disseminated and utilised.....	69
O6: ICM promotes and supports leadership for individual midwives, MAs, and RPCs recognising formal and informal leadership roles.....	74
O7: Continuity of midwife care is globally recognised as the most economically, socially and environmentally sustainable model of care for MNH services.....	76
Reflections.....	77
SP3: Collaborate with partners to grow the movement for midwifery and elevate the role of midwives.....	78
O8: Improved effective advocacy and communications on the impact of and need for midwives.....	79
O9: Strengthened partnership between midwives and other stakeholders, including global and national policy makers.....	87
Reflections.....	95
SP4: Work in partnership to ensure member associations (MAs) are prepared and well positioned to respond to emergent humanitarian and climate crises.....	96

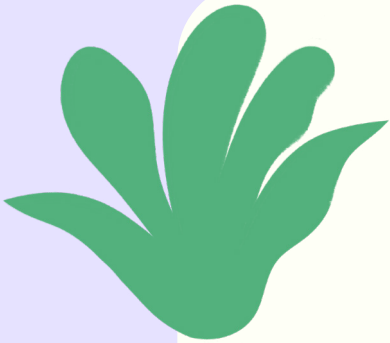
O10: The midwifery profession is prepared and responsive to the impact of climate and humanitarian events on SRMNAH.....	97
Reflections.....	103
Looking Forward.....	104
Financial Overview.....	106
Executive Summary to the Financial Statements.....	107
Financial Statements 2024.....	110
1 Balance Sheet.....	111
2 Statement of Income and Expenditure.....	112
3 Statement of Cash Flows.....	113
4 General notes to the Financial Statements.....	113
5 Notes to Balance Sheet Assets.....	120
6 Notes to Balance Sheet Liabilities.....	122
7 Off Balance Sheet rights, obligations and agreements.....	128
8 Notes to Statement of Income and Expenditure.....	130
9 Other information.....	140
ANNEXES.....	144

List of Acronyms

AAP	American Academy of Pediatrics
AERDM	Association for Education, Research and Development in Midwifery
AIME	Alliance for Improving Midwifery Education
APRO	Asia Pacific Regional Office
AMSF	Moroccan Association of Midwives
BMS	Bangladesh Midwifery Society
CAM	Canadian Association of Midwives
CE	Chief Executive
CGI	Clinton Global Initiative
CRE	Office of Compliance, Risk Management, and Ethics
DG	Director General
EFNMA	European Forum of Nursing and Midwifery Associations
EMA	European Midwives' Association
EML	Executive Midwife Leader
ENAP	Every Newborn Action Plan
EPMM	Ending Preventable Maternal Mortality
FAR	Finance, Audit, Risk
FIGO	International Federation of Gynecology and Obstetrics
FCDO	Foreign Commonwealth and Development Office
FRAT	Facility Readiness Assessment Tool
GOC	Global Office Consulting
HBS	Helping Babies Survive
HCAR	Health Care Professionals Associations and Academic Research Training Institutes
HCPA	Health Care Professional Association
HMA	Hungarian Midwives' Association
HMS	Helping Mothers Survive
HORT(s)	Head Office Regional Team(s)
ICM	International Confederation of Midwives

ICN	International Council of Nurses
IDM	International Day of the Midwife
IEC	Independent Election Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
IMNHC	International Maternal Newborn Health Conference
IMU	International Midwives Union
IPA	International Pediatric Association
JEDI	Justice, Equity, Diversity, and Inclusion
KAM	Kyrgyz Alliance of Midwives
KNOV	Royal Dutch Organisation of Midwives
LDHF	Low-Dose, High-Frequency
LGH	Laerdal Global Health
LMICs	Low- and Middle-Income Countries
LSTM	Liverpool School of Tropical Medicine
MA(s)	Member association(s)
MACAT	Member Association Capacity Assessment Tool
MAZ	Midwives' Association of Zambia
MEAP	Midwifery Education Accreditation Programme
MPath	Midwifery (Education Development) Pathway
MEL	Monitoring, Evaluation, and Learning
MLBCs	Midwife-Led Birthing Centres
MMR	Maternal Mortality Ratio
MNH	Maternal and, Newborn Health
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MSF	Midwifery Services Framework
NMAU	National Midwives Association of Uganda
NHS	National Health Service

NGO	Non-Government Organisation
NNCF	Nursing Now Challenge Fellowship
PMNCH	Partnership for Maternal, Newborn, and Child Health
PPH	Post-Partum Haemorrhage
RPC	Regional Professional Committee
RMC	Respectful Maternity Care
RCM	Royal College of Midwives
SPPC	Scientific Programme Planning Committee
SRHR	Sexual and Reproductive Health and Rights
SRMNAH	Sexual, Reproductive, Maternal, Newborn, and Adolescent Health
SMART	Specific, Measurable, Attainable, Relevant, Timebound
SoWMy	State of the World's Midwifery
STAGE	Strategic and Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent Health + Nutrition
SDNM	Strategic Directions for Nursing and Midwifery
SP	Strategic Priorities
SDG	Sustainable Development Goal
SAM	Swedish Association of Midwives
Sida	Swedish International Development Cooperation Agency
UMU	Ukrainian Midwives Union
UNICEF	United Nations Children's Fund
UNGA	United Nations General Assembly
UNFPA	United Nations Population Fund
UHC	Universal Health Coverage
WHO	World Health Organization
WRA	White Ribbon Alliance
YONM	Year of the Nurse Midwife
YML	Young Midwife Leader

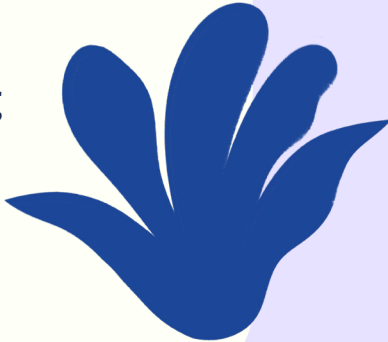


ICM Vision

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

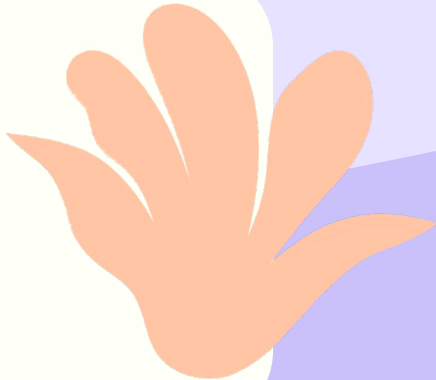
ICM Mission

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



Acknowledgements

ICM would like to extend our sincere appreciation to Global Health Visions (GHV) for their instrumental role in supporting the development of this comprehensive annual report.



Partner Perspectives

“Midwifery is not just about maternal health and childbirth, it’s about comprehensive sexual and reproductive health and rights. ICM’s Essential Competencies, including the section on sexual and reproductive health and rights, are brilliant and so important. Midwives can and should provide these critical services, yet many are only educated for childbirth and not for the broader SRH care women and adolescents need.” -

Ulrika Rehnstrom Loi, Technical Officer, WHO

“ICM has been invaluable in guiding and strengthening our work to improve maternal and newborn health outcomes. Over the past two years, we’ve developed a Perinatal Health Kit –now being piloted and expanded to five sites—with ICM’s deep expertise and clinical perspective shaping our approach. Their knowledge of working with midwives in LMICs is indispensable. We really couldn’t do this work without ICM.” -

Paulina Ospina, Director of Programmes, Direct Relief

Inclusivity Statement

At ICM we centre the experiences of women in our work, while recognising that gender diverse people, including trans and non-binary people, also need access to a midwife for their sexual, reproductive, maternal, newborn, and adolescent health care (SRMNAH) needs. We recognise that the midwife-woman relationship is personalised and that midwives treat each client and adjust according to their needs including respecting how that person may define and name themselves.



Message from the President



As we close 2024, I am filled with immense pride in what the International Confederation of Midwives (ICM) has accomplished, and in our members' unwavering commitment to advancing the midwifery profession and improving outcomes for women, newborns, and their families. In this first year of our 2024–2026 Triennial Strategy, we have already taken bold steps to drive innovation and leadership in midwifery, collaborate with new and existing partners across sectors, strengthen our member associations, and open discussions on why midwives are a critical solution to creating climate-resistant health systems.

Throughout the year, the ICM Board has focused on ensuring strong governance and providing strategic directions aligned with the needs of our members. Guided by the perspectives of our six regions, the Board's work included reviewing and refining governance processes, nurturing partnerships that further our goals, and supporting programmes that advance the Professional Framework for Midwifery.

Building on this regional focus, ICM's Regional Approach has enabled us to better understand and address the specific priorities of midwives across our six global regions. Through regular workshops, meetings, and joint activities with MAs and Board Members, we have established a dynamic platform for sharing knowledge, building strong networks, and aligning global and local priorities. Our Regional Professional Committees (RPCs) and Head Office Regional Teams (HORTs) work closely to champion midwives in each region—including those in countries without established MAs—further strengthening midwifery education, regulation, and practice.

A notable highlight of 2024 was the organisation of two very successful Regional Conferences—one in Rwanda for Africa and the Eastern Mediterranean Regions and another in Germany for the Europe Region. These gatherings aimed to strengthen midwifery associations through capacity building and networking, with workshops on governance, finance, advocacy, and communications. A key takeaway from both conferences was that we are stronger when we work together, and participants left with new insights and skills that will further empower them to strengthen our profession at the local, national, and regional levels.

Our member associations (MAs) remain at the core of ICM's work. By working closely with MAs to understand their evolving priorities, we have ensured that our support is tailored to each association's context. This year, we introduced new resources and capacity-building activities to help MAs thrive in areas such as leadership, advocacy, governance, and project management. We also relaunched our website to better reflect the needs of our members, creating a more user-friendly platform for accessing essential tools and information. In addition, initiatives like twinning (Twin to Win) facilitated cross-country knowledge exchange and collaborative problem-solving, enabling MAs to learn from each other's successes and challenges. These collective efforts reaffirm how coordinated action among MAs can elevate the standing of midwives and positively influence healthcare systems worldwide.

Looking ahead to 2025, we see that many challenges lie on our path, with a dynamic global landscape posing funding challenges and pressure to move back on hard-won sexual and reproductive rights. We will continue to build on our accomplishments and continue to advocate for midwives' rights, expanding midwifery models of care, and deepening partnerships with global health stakeholders, with the goal of ensuring that we can meet the challenges the world is facing. I am grateful for your ongoing commitment and look forward to what we will achieve together, ensuring that midwives—and those they serve—receive the recognition and support they deserve.

Sandra Oyarzo Torres

President, International Confederation of Midwives



Message from the Chief Executive

Reflecting on 2024, it is impossible to ignore the array of global challenges that have shaped our work at ICM. Ongoing humanitarian crises, the intensifying impacts of climate change, and persistent threats to women's rights have demanded swift and adaptive responses. Through it all, midwives have continued to serve as vital leaders and advocates for the health of women, newborns, and families. Their resilience and unwavering commitment remind us why our mission remains so essential.

A key driver of ICM's efforts this year has been our exceptional staff. We have welcomed new Midwife Advisors and professionals in project management, finance, and communications—each contributing fresh expertise that strengthens our capacity to meet evolving global demands. Their collective efforts have informed the development of new resources, empowered our member associations, and helped shape our refreshed brand and award-winning website. By tailoring our approach, we have been better able to connect with and respond to the needs of midwives and partners operating in diverse and often difficult contexts.

We have also deepened and expanded our partnerships. Whether forging alliances with new funders or collaborating with longstanding stakeholders like UNFPA and WHO, these relationships have enabled us to secure vital resources and advocacy opportunities. They are crucial in amplifying midwives' leadership roles and in ensuring that midwifery remains at the forefront of policy discussions related to sexual, reproductive, maternal, and newborn health.

In 2024, we made significant strides in shaping global and professional frameworks for midwifery. Working alongside key partners, we advanced the Midwifery Accelerator, a powerful advocacy tool designed to amplify the WHO-led Midwifery Models of Care (MMoC) Position Paper and its forthcoming implementation guide. Together, these initiatives underscore midwives' pivotal role in delivering respectful, evidence-based maternity care and highlight clear pathways for integrating midwife-led services into health systems worldwide. In addition, ICM released updated Essential Competencies for Midwifery Practice, ensuring midwives remain equipped with the knowledge and skills required to meet the evolving needs of women, newborns, and families.

As I prepare to step down from my role in March 2025, I take great pride in what we have accomplished together. From expanding our staff capacity to forging innovative partnerships, every effort has been focused on elevating midwifery on the global health agenda. ICM's incoming Chief Executive, Anna af Ugglas, will bring her own passion and expertise to guide our organisation forward. I am confident that she will continue to champion midwives' roles in safeguarding the health, rights, and autonomy of women, gender diverse people, and newborns.

I want to extend my deepest gratitude to all who have supported ICM's work and growth this year – our Board, Head Office staff, member associations, donors, partners, and countless midwives around the world. It has been an honour to work alongside you. I look forward to seeing how ICM continues to grow its influence, strengthen the profession, and deliver on our vision of a world where everyone has access to the care of a qualified and competent midwife for their sexual, reproductive, maternal, adolescent and newborn health needs.

Sally Pairman

Chief Executive, International Confederation of Midwives

Introduction



This year, the International Confederation of Midwives (ICM) achieved significant milestones in advancing the profession of midwifery to enhance the health of women, their newborns, and their families. This report provides an overview of the main activities undertaken during 2024 by ICM:

Koninginnegracht 60, 2514 AE The Hague
Registration Chamber of Commerce: 27286042

ICM is an accredited non-governmental organisation (NGO) that supports, represents, and works to strengthen professional associations of midwives throughout the world. Organised across six regions—Africa, Americas, Eastern Mediterranean, Europe, Southeast Asia, and Western Pacific – our 135 member associations (MAs)¹ represent over one million midwives in 117 countries across every continent.

ICM and our MAs represent midwives and the midwifery profession to achieve common goals for the care of mothers and newborns. We work closely with partners across sectors, including the World Health Organization (WHO); the United Nations Population Fund (UNFPA), and other UN Agencies; the International Federation of Gynecology and Obstetrics (FIGO); the International Pediatric Association (IPA); the International Council of Nurses (ICN); the Swedish International Development Cooperation Agency (Sida); Laerdal; the Gates Foundation; the Foreign, Commonwealth and Development Office (FCDO); and Direct Relief.



Founded in the aftermath of World War I as the International Midwives Union (IMU), ICM has remained at the forefront of shifting global health priorities, rising environmental and humanitarian crises, and increasing opposition to women's health, rights, and bodily autonomy. As we end our 102nd year, we remain steadfast in our mission, vision, and goals.

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

Despite persistent gender discrimination and challenging working conditions, midwives continue to advocate for and support women and communities, providing essential reproductive health services. Through our advocacy for midwives in leadership and decision-making spaces, and our commitment to strengthening the profession, ICM remains steadfast in advancing strategies that promote respect, autonomy, and support for midwives worldwide.

2024 marks the first year of ICM’s Triennial Strategic Plan (2024-2026), which focuses on four key priorities essential to advancing midwifery care models and improving midwifery practice. These priorities aim to enhance SRMNAH outcomes:

- 1. Drive innovation, leadership, and sustainability in the future of midwifery.
- 2. Support the dissemination and implementation of the Professional Framework for Midwifery.
- 3. Collaborate with partners to expand the movement for midwifery and elevate midwives as competent, respected healthcare providers who centre women’s voices.
- 4. Partner with member associations to ensure they are well-prepared to respond to emerging humanitarian and climate crises.



“Midwives are often the first responders and a vital part of the health system, especially in times of crisis. The ICM position paper on midwives’ roles in emergencies has been an invaluable resource—one that FCDO has incorporated into their advocacy.”

- Isla Marshall, SRHR, Policy and Programme Manager, FCDO



ICM in Numbers



46 MAs Supported

Africa

- | | |
|---|---|
| 1. Uganda (Twin to Win, Funding proposal) | 14. Rwanda (Lightful) |
| 2. Malawi (FCDO, Rotary Malawi) | 15. South Africa (Lightful) |
| 3. Kenya (FCDO) | 16. South Sudan (Lightful) |
| 4. Mali (Twin to Win) | 17. Tanzania (Lightful) |
| 5. Burundi (Twin to Win) | 18. Zimbabwe (Lightful) |
| 6. Yemen (Lightful) | 19. Mozambique (Pre-service and in-service of Midwifery Education Assessment) |
| 7. Ethiopia (Lightful) | 20. Democratic Republic of Congo (Pre-service and in-service of Midwifery Education Assessment) |
| 8. Ghana (Lightful) | 21. Sierra Leone (Pre-service and in-service of Midwifery Education Assessment) |
| 9. Lesotho (Lightful) | 22. Senegal (Twin to Win) |
| 10. Namibia (Lightful) | |
| 11. Liberia (Lightful) | |
| 12. Zambia (Lightful) | |
| 13. Gambia (Lightful) | |

Americas

- | | |
|------------------------------|-----------------------------|
| 23. Costa Rica (Twin to Win) | 24. Guatemala (Twin to Win) |
|------------------------------|-----------------------------|

Eastern Mediterranean

- | | |
|---|-------------------------------------|
| 25. Afghanistan (Fund forwarding, Lightful, UNFPA-APRO) | 28. United Arab Emirates (Lightful) |
| 26. Pakistan (FCDO, UNFPA-APRO, Lightful) | 29. Iran (Lightful, UNFPA-APRO) |
| 27. Morocco (Direct Relief) | 30. Somaliland (Lightful) |
| | 31. Lebanon (Lightful) |

Europe

- | | |
|---|--|
| 32. Turkey (Regional Conference support) | 35. Hungary (Regional Conference support) |
| 33. Ukraine (Regional Conference support) | 36. MAs in EU / EEA countries (advocacy support for the EU Directives on Midwifery – 31 countries) |
| 34. Croatia (Regional Conference support) | |

Southeast Asia

- | | |
|---|--------------------------------------|
| 37. Bangladesh (MA strengthening, Lightful, UNFPA-APRO) | 40. Indonesia (Lightful, UNFPA-APRO) |
| 38. Nepal (Lightful, UNFPA-APRO, MACAT) | 41. Myanmar (UNFPA-APRO) |
| 39. India (Advocacy Needs Assessment, Lightful, UNFPA-APRO) | 42. Sri Lanka (UNFPA-APRO) |
| | 43. Timor-Leste (UNFPA-APRO) |

Western Pacific

- | | |
|------------------------------|-----------------------------------|
| 44. Mongolia (UNFAP-APRO) | 46. Papua New Guinea (UNFAP-APRO) |
| 45. Philippines (UNFAP-APRO) | |



- | | |
|--|--|
|  Twin to Win |  MACAT |
|  Funding proposal |  Advocacy Needs Assessment |
|  FCDO |  Regional Conference support |
|  Rotary Malawi |  Pre-service and in-service of Midwifery Education Assessment |
|  Lightful |  Advocacy support for the EU Directives on Midwifery – 31 countries |
|  Fund forwarding | |
|  UNFPA-APRO | |
|  Direct Relief | |
|  MA strengthening | |

- | | |
|--|---|
|  TWIN TO WIN
<i>. Africa . America</i> |  FUNDING PROPOSAL
<i>. Africa</i> |
|  FCDO
<i>. Africa . EM</i> |  ROTARY MALAWI
<i>. Africa</i> |
|  LIGHTFUL
<i>. Africa . EM . SEA</i> |  FUND FORWARDING
<i>. EM</i> |
|  UNFPA-APRO
<i>. SEA . WP</i> |  DIRECT RELIEF
<i>. EM</i> |
|  MA STRENGTHENING
<i>. SEA</i> |  MACAT
<i>. SEA</i> |
|  ADVOCACY NEEDS ASSESSMENT
<i>. SEA</i> |  REGIONAL CONFERENCE SUPPORT
<i>. EU</i> |
|  PRE-SERVICE AND IN-SERVICE OF MIDWIFERY EDUCATION ASSESSMENT
<i>. Africa</i> |  ADVOCACY SUPPORT FOR THE EU DIRECTIVES ON MIDWIFERY
<i>. EU</i> |

8 new partnerships created

- | | |
|---|--|
| 1. Merck for Mothers (Kigali Conference) | 6. Maternity Foundation |
| 2. FCDO | 7. UNFPA-Asia & The Pacific (UNFPA-APRO) |
| 3. UNFPA - Egypt | 8. Royal Dutch Organization of Midwives (KNOV) |
| 4. Rotary Malawi | |
| 5. Egypt Ministry of Health and Population (MOHP) | |

5 papers published
1 research paper submitted for publication

4 papers published

- Halim et al. (2024). Midwife-led birthing centre in the humanitarian setup: An experience from the Rohingya camp, Bangladesh
- Spatz et al. (2024). Having Enough Milk to Sustain a Lactation Journey: A call to Action
- Callander et al. (2024). Midwife-led birthing centres in Bangladesh, Pakistan and Uganda: an economic evaluation of case study sites
- Nabirye et al. (2024). Perceptions of quality of care in Midwife-led Birth Centres (MLBCs) in Uganda: Why do women choose MLBCs over other options?
- Brigante et al. (2024). Midwifery research: A vital catalyst for addressing gaps in sexual and reproductive healthcare

1 paper submitted for publication

- “How are you going to remove that cobweb?” Midwifery Services Framework Implementation in Zambia: A case study

29 resources developed or updated

- | | |
|--------------------------------------|---|
| • 4 Advocacy resources | • 1 Human rights resource |
| • 5 Association resources | • 5 Humanitarian and climate change resources |
| • 6 Education (MPATH) resources | • 1 Philosophy resource |
| • 2 Essential Competencies resources | • 2 Regulation resources |
| • 3 Gender equality resources | |

88 number of midwives from LMICs attending global events

Attendance at the Kigali Regional Conference was supported for 50 midwives:

- | | |
|---|--|
| • 29 bursary recipients | • 2 midwives, supported by MSD |
| • 11 Young Midwife Leaders | • 2 midwives, supported by Bridge Lightful |
| • 4 Twin to Win project participants | |
| • 2 members of AMSF, supported by Direct Relief | |

Attendance at the Berlin Regional Conference was supported for 16 midwives:

- | | |
|-------------------------|--|
| • 12 bursary recipients | • 4 midwives holding workshops, supported by WHO |
|-------------------------|--|

22 YML alumna attended Women Lift Health Conference in Senegal

ICM engaged in 79 events worldwide

ICM had representation in 79 events worldwide, broken down as follows:

- 29 online events
- 50 in-person events where ICM was represented by Board Members, MAs, or Head Office Staff

ICM’s regional representation:

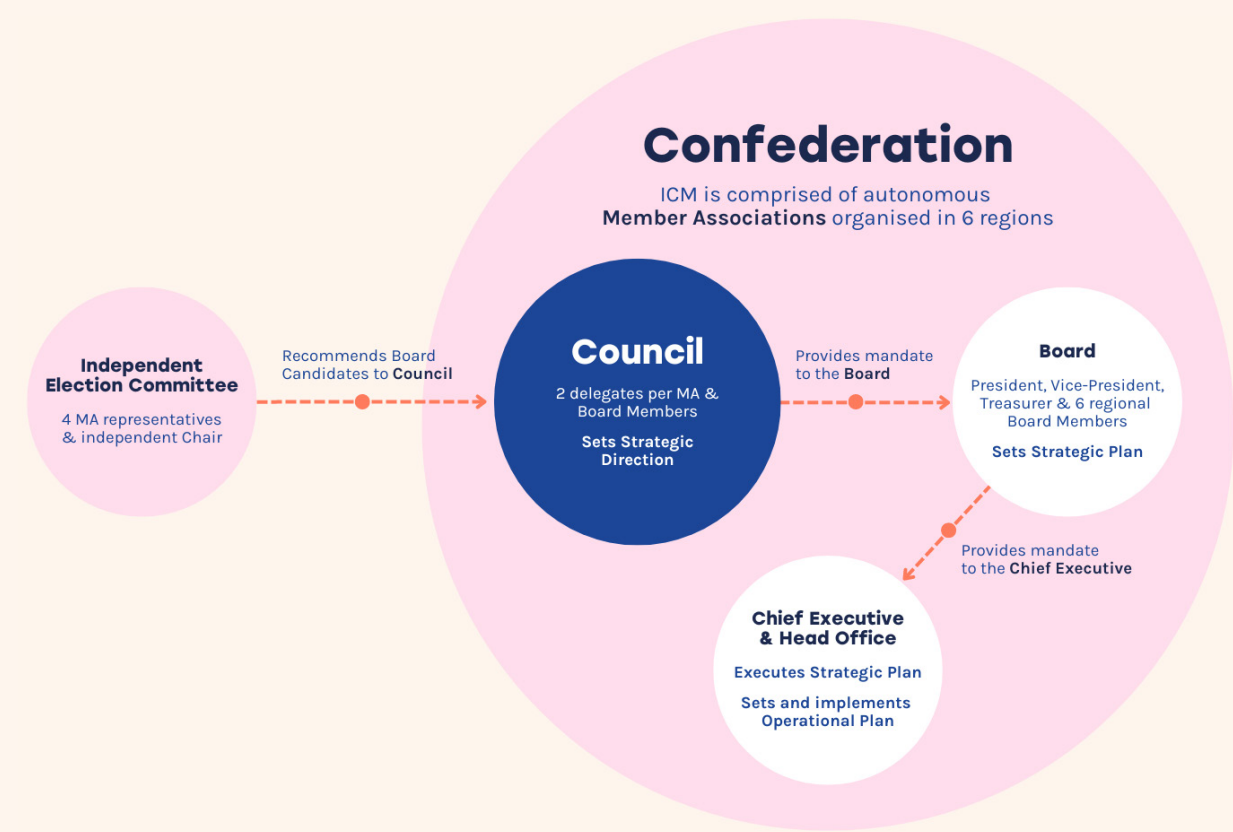
- | | |
|-----------------------|----------------------------------|
| • 5 in Southeast Asia | • 12 in the Western Pacific |
| • 20 in the Americas | • 6 in Africa |
| • 29 in Europe | • 7 in the Eastern Mediterranean |

Out of these, 19 invitations came from MAs, and 60 were from external stakeholders.

ICM's Structure

Strengthening ICM's Governance

The ICM Council sets ICM's Strategic Directions, holding annual Council meetings that include two delegates from each MA and the ICM Board. The Council authorises ICM's Board to prepare ICM's Triennial Strategy and oversee ICM's operations. The ICM Board is responsible for hiring the Chief Executive, who executes and operationalises the Triennial Strategy and develops and implements the annual operational plan that describes how the Head Office's activities operationalise the Triennial Strategy.



Recruiting ICM's New Chief Executive

In 2024, Chief Executive Sally Pairman informed the Board that she planned to step down in March 2025. Following this, the ICM Board appointed an external executive search agency to recruit the new Chief Executive. Upon completing a comprehensive search and multi-stage recruitment process, the Board appointed Anna af Ugglas as the new Chief Executive. Anna will take over from Sally Pairman in March 2025.

ICM Board Members

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

As of 2024, the Board consists of eight members, including the President, Treasurer, and members from each of the six ICM regions. This marks the first Board formed after the decision to reduce the number of members to one per region, plus the President and Treasurer.

New Board Members (July-Dec 2023; elected for the 2023-2026 term)

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

Board Meetings

In 2024, ICM hosted seven Board meetings, including one three-day in-person meeting from 03-05 June 2024 in The Hague. Board meetings covered a variety of essential topics to ensure the good governance of ICM and to promote the organisation’s growth and impact. Matters included reviewing quarterly financial and risk reports, updating governance documents, preparing for the annual Council meeting, discussing potential new partnerships, regional conferences, the Annual Member Association Review, the Biennial Member Needs and Expectations Survey, and approving the budget re-forecast and Member Code of Conduct. The Board also participated in various training and evaluation sessions.

Council Meeting

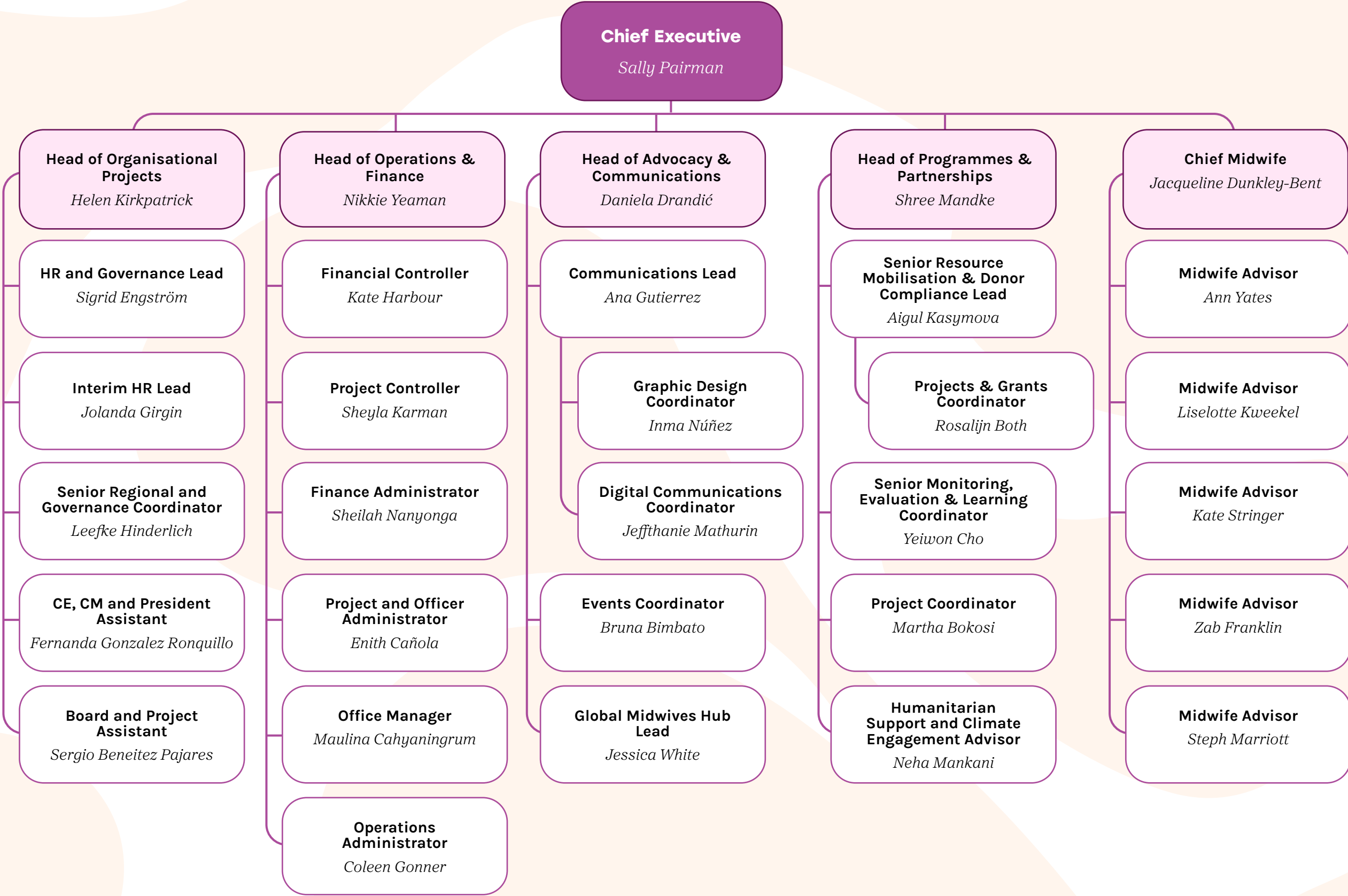
The annual Council Meeting took place online on 25 June 2024. Interpretation in ICM’s three official languages - English, French, and Spanish - was provided during the meeting, and all, Council papers were translated in the three languages. Voting took place through ICM’s online voting system between 25 June and 02 July 2024. An overwhelming majority of Council delegates approved several key items at the meeting, including the update to the Essential Competencies for Midwifery Practice and nine position statements. In addition, Council members were briefed on progress on the 2024-26 ICM Strategy, the upcoming ICM Regional Conferences in 2024 and 2025, as well as the results of the Biennial Member Needs and Expectations Survey.

The voting participation rate of member organisations (62%) fell below the required voting participation rate (67%) for amending the articles of association.

Independent Election Committee (IEC)

Designed to guarantee that the ICM Board is comprised of people with the expertise and governance capabilities to strengthen ICM and support sustainability for the organisation, the Independent Election Committee (IEC) was implemented for the first time for the 2023 Board elections. In 2024, the IEC evaluated the 2023 Board election using evaluation surveys that were sent to candidates at all stages of the process and worked with the Board on succession planning, including preparations for the 2026 elections.

ICM Head Office Team



ICM Head Office Team

As of December 2024, most of ICM's staff members are based in the Head Office in The Hague, The Netherlands, while other team members and consultants work remotely from different countries. This year, ICM strengthened its team with the addition of three Midwife Advisors, an Executive Assistant, a Board and Project Assistant, a Projects and Grants Coordinator, a Graphic Design Coordinator, a Financial Controller, and a Project Controller. The addition of new team members to ICM has strengthened the organisation's reach and impact, bringing new expertise, diverse perspectives, and enhanced capacity to advance our mission more effectively.

ICM's Regional Approach

ICM's Regional Approach is a comprehensive plan designed to increase collaborations across midwifery sectors and to support the effective implementation of ICM's Professional Framework for Midwifery at regional and national levels. This approach strengthens regions through regular meetings, workshops, and collaboration with regional MAs and Board Members, fostering the cohesive development of the profession, encouraging them to lean into ICM's organisational competences as a lever to raise their own regional and national capacities.

At its core, the Regional Approach is anchored in ICM's International Definition and Scope of Practice of a Midwife and the Professional Framework for Midwifery, which serve as foundational references for national and regional policies related to maternal health, midwifery education, and regulation. It emphasises knowledge-sharing, network-building, and the creation of vibrant communities of practice to advance professional growth and improve health outcomes.

The Regional Approach actively encourages MAs, midwives, and leaders in education, regulation, research, practice, and policy to exchange best practices, develop innovative solutions to regional challenges, and build strong partnerships with key stakeholders, including UNFPA and WHO. This collaborative model not only breaks down professional silos but also highlights the vital contributions of midwives to SRMNAH. It provides a dynamic platform for regions to align around shared goals while addressing their unique priorities.

To operationalise this strategy, ICM has established six Regional Professional Committees (RPCs), which meet monthly to quarterly and six Head Office Regional Teams (HORTs) that work closely with regional board members and RPCs. These teams build relationships with regional MAs, gain insights into regional priorities, foster a deeper understanding of regional differences, and engage local women's groups, health system leaders, policymakers, UN partners, and midwifery educators, regulators, and researchers to strengthen SRMNAH services. Regular regional meetings and workshops are held online while regional conferences are held in person. More information about the RPCs can be found later in this report.

Importantly, the benefits of the Regional Approach reach midwives in countries without established MAs. Through ICM's global communication channels, the Triennial Congress, and Regional Conferences, these midwives gain opportunities to build their professional capacity, connect with peers, and contribute to the broader midwifery movement.



ICM Regional Conferences

Regional Conferences are designed to bring together midwives’ associations to facilitate information exchange and strategic planning. These meetings aim to foster networking, boost engagement from both emerging and established midwife leaders, tackle regional topics, foster leadership and mentorship, and strengthen advocacy for midwifery and sexual, reproductive, maternal, newborn and adolescent health (SRMNAH). Regional Conferences are planned in the first and second years of a triennium, in years between Triennial Congressess.

This cycle of regional conferences was organised around the needs MAs stated in the last iteration of the Biennial Member Needs Survey. Conceived as a series of interactive workshops, ICM Head Office staff members delivered 90-minute workshops on various strengthening areas MAs indicated in the Biennial Survey. These were delivered over the first two days of the conference, with the third day open to workshops on topics relevant to the region.



The Board was informed of the Regional Conferences for the 2024-2026 Triennium, and the two held in 2024 included:

- Africa & Eastern Mediterranean combined Regional Conference – Kigali, Rwanda
- Europe Regional Conference – Berlin, Germany

More details on these two Regional Conferences can be found later in this report.

Regional Professional Committees

The aim of the Regional Professional Committees (RPCs) is to advise and support ICM in strengthening the midwifery profession regionally, across all the elements of the ICM Professional Framework for Midwifery. Each committee is made up of ten members, including two midwives representing each of the following categories: educators, regulators, research, practising midwives, and one emerging midwife leader. Members were chosen based on responses to a call for expressions of interest, with a term of three years. Staff members from the Head Office Regional Team (HORT) provide administrative support to the RPCs, as needed.

These committees are voluntary and do not have any governance responsibilities or mandates. They aim to foster positive working relationships and networks among midwife educators, regulators, researchers, practitioners, emerging leaders, and MAs in each region.

The RPCs assist in communicating and implementing ICM’s work plans for enhancing midwifery education, regulation, research, leadership, and practice across and within ICM’s six regions. They also serve as a resource of experts for HORTs and Board Members, representing ICM when necessary. In 2024, all RPCs appointed a chair and developed their work plans.

In 2024, the RPC’s for Africa, Eastern Mediterranean, and Europe actively engaged with member association representatives at the Regional Conferences, leading plenary sessions at each Regional Conference to introduce themselves and share insights. Additionally, most RPCs conducted regional surveys to assess and map midwifery practices, contributing to a cross-regional mapping exercise on midwifery regulation and education. The RPC for Africa focused on assessing research capacity, the RPC for Europe explored how midwifery is defined and practiced across the region, analysing the application of ICM Core Documents and midwifery models of care, and the RPC for Western Pacific concentrated on mapping midwifery education in the Pacific Islands.

“The regional conferences have been instrumental in highlighting the vital role of midwives. ICM has worked extensively with global entities to elevate midwifery, playing a particularly key role in advancing the profession in Bangladesh and Uzbekistan.”

- Jennifer A-Boateng, Senior Programme Officer, Gates Foundation

RPC Members

Africa	
Educator	Marie Anne Bigué
Chair Educator	Florence Munoru
Researcher	Sheila Clow
Researcher	Tewodros Seyoum
Regulator	Concepta Kwaleyela
Regulator	Miriam Nonguierma
Emerging leader	Justine Bagirisano
Practising midwife	Zara Ali Langolo
Practising midwife	Annette Kanyunyuzi

Eastern Mediterranean	
Educator	Musarrat Rani
Educator	Farzaneh Golboni
Researcher	Bouchra Haddou
Researcher	Yolla El Khoury Atallah
Regulator	Farah Babaey
Regulator	Nahid Khodakarami
Emerging leader	Jama Ali Egal
Practising midwife	Sarine El Daouk
Chair, Practising midwife	Sabah Hussain Ali Al-Zafari

Americas	
Chair, Educator	Deepa Upadhyaya
Educator	Mirian Solis
Researcher	Paulomi Niles
Researcher	Raquel Justiniano
Regulator	María Isabel Velich Uribe
Regulator	Louise Aerts
Emerging leader	Jeffthanie Mathurin
Practising midwife	Kathy Elbourne
Practising midwife	Deveree Stewart

Europe	
Educator	Silvia Amman-Fiechter
Chair, Educator	Jayne Marshall
Researcher	Michaela Michel-Schuldt
Researcher	Katja Schroder
Regulator	Dawn Johnston
Regulator	Pauline Borg
Emerging leader	Gila Zarbiv
Practising midwife	Irena Bartels
Practising midwife	Isabel Maria Fonseca Ferreira

Southeast Asia	
Educator	Subasna Shrestha
Educator	Sujata Bhaskar Sawant
Researcher	Kusmayra Ambarwati
Regulator	Gita Nirmala Sari
Chair, Regulator	Ani Grace Kalaimathi
Emerging leader	Feri Anita Wijayanti
Practising midwife	Maiya Shobha Manadhar
Practising midwife	Asma Khatun, Bangladesh

Western Pacific	
Educator	Elce Au Yeung
Educator	Eleni Kata
Researcher	Yoko Shimpuku
Chair, Researcher	Helen Hall
Regulator	Paula Medway
Regulator	Florminda Tejano
Emerging leader	Cherolyn Polomon
Practising midwife	Heng Kimli
Practising midwife	Ngatepaeru Marsters

“ICM’s Regional Conferences really show how important it is to keep member associations for midwives strong. The support they give to MAs, along with pushing for standardisation and policy changes, is key in reminding the world and UN agencies about the crucial role midwives play in maternal and newborn health. This kind of advocacy is so important for making sure midwives get the recognition and support they deserve globally.”

- Anna-Klara Berglund, Policy Specialist, Sida



Progress on Priorities

The **ICM 2024 Annual Report** is structured around the four strategic priorities of the **2024–2026 Strategic Plan**, as outlined below. As part of this approach, ICM is committed to embedding gender equality throughout the strategic plan by applying a gender lens and ensuring gender considerations are prioritised in all aspects. ICM operates within a complex and dynamic landscape where change rarely happens in a straight line. The environment presents challenges and the partners are unique, making it somewhat difficult to attribute impact directly. However, ICM's contributions remain clear – driving incremental gains that collectively strengthen progress and long-term transformation for the profession of midwifery.

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

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

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

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



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

ICM is committed to advancing midwifery by building sustainable organisational structures and systems. Through environmental and social responsibility assessments, diversified revenue streams, and strengthened organisational frameworks, ICM elevates and promotes the profession worldwide in collaboration with MAs and midwives.

O1: ICM Becomes a Sustainable and Innovative Organisation

In the face of social, economic, and climate challenges, ICM continues to ensure its positive impact on midwifery, while upholding the values of human, social, economic, and environmental sustainability. As a flexible organisation, ICM empowers stakeholders to navigate the evolving midwifery landscape, strengthening its ability to meet future challenges. As a convenor, connector, and catalyst, ICM unites midwives within the global SRMNAH sector, expanding the sector's impact and supporting the next generation of midwives to improve SRMNAH worldwide.

Funding ICM's Growth

Significant contributions from the Gates Foundation, FCDO, Direct Relief, and Sida have provided ICM with the core funding to implement the previous and current 2024-2026 Strategic Plan.

As of 2024, ICM's funding base includes membership fees, core funding, and donations. The organisation continues to seek additional investments and is exploring new partnerships with funders in 2025. In addition, ICM is also exploring efforts to serve as a technical service provider and is evaluating and submitting Expressions of Interests (EOIs) and concept notes to various organisations (e.g., Gates Foundation for Nigeria, UNFPA SEA, Egypt Ministry of Health and Population, WHO for Family Planning/ Comprehensive Abortion Care work (FP/CAC)) to increase revenue streams through fee-for-service activities.

A comprehensive Resource Mobilisation Plan and a detailed Action Plan were developed in 2024 to aid ICM in prioritising potential funders and diversify the organisation's funding streams. ICM's plan to diversify its donor base and sources of income will help to ensure that ICM remains financially viable and continues to implement the 2024-2026 Strategic Plan and Professional Framework for Midwifery. Funding details for 2024 are available in the Budget Summary section of this report.

Reinforcing Internal Systems and Processes for Operational Governance

Strong governance structures and organisational capacity drive ICM's success. These frameworks allow ICM to respond effectively to members' needs while ensuring efficient operations that maximise impact. ICM prioritises gender, justice, equity, diversity, and inclusion (G-JEDI), financial sustainability, and standardised regional approaches to strengthen internal systems and advance strategic priorities.



Strengthening the G-JEDI Plan

In 2022, ICM formalised a G-JEDI and roadmap to guide its work in these areas. The plan established guidelines for embedding G-JEDI into ICM's operations and outlined key actions for implementation. Over the course of 2024, ICM continued implementing this plan by defining ICM's stance on G-JEDI, promoting staff diversity within the organisation, advocating for gender equality and rights, and supporting marginalised groups.

As part of its G-JEDI roadmap and commitment to gender equity, ICM conducted its second Staff Diversity Survey in 2024. This anonymous and

voluntary survey assessed ICM's diversity baseline of its employees and will inform the development of a 2025 diversity plan. The survey results highlighted ICM's diverse workforce, with employees representing 14 nationalities and speaking 15 languages.

In 2024, ICM applied G-JEDI principles to recruitment. Staff involved in hiring were encouraged to reflect on unconscious biases using the Harvard Bias Tests. Further details on ICM's G-JEDI initiatives, including efforts focused on advocacy and communications, are highlighted throughout this report.

Reinforcing the Sustainability Plan

ICM's Sustainability Plan plays a critical role in advancing ICM's mission while strengthening MAs in their own sustainability efforts. The key pillars include:

Human Sustainability: ICM is committed to fostering an environment where our MAs, midwives, board members, and staff are respected, supported, and competent.

Social Sustainability: ICM is steadfast in our approach to ensuring a participatory, responsive approach to governance, advocating for policies that support the health and wellbeing of midwives and communities, in partnership with the broader midwifery community.

Economic Sustainability: ICM is invested in achieving financial stability through the development of a sustainable funding model to support core activities. This approach allows us to maintain effective programming and adapt to future challenges.

Environmental Sustainability: ICM integrates environmental responsibility into operations and initiatives. This includes efforts to minimising waste, prioritise virtual meetings, and promote sustainable midwifery practices – all in service of a healthier planet for all.



Fundraising for the WithWomen Charity

In 2019, ICM established WithWomen, a Dutch-incorporated subsidiary charity, without founding capital. ICM serves as a member of WithWomen’s Management Board.

In November 2024, ICM launched a donation campaign for WithWomen to fund field kits for midwives in Bangladesh. The campaign launched at the Europe Regional Conference, announced during the opening ceremony and promoted at the ICM booth. It was based on a need expressed by our MA, the Bangladesh Midwives’ Society (BMS), for funding for kits to do field work, especially when supporting displaced communities. The content of the kits was defined by BMS, based on what is available to them on their local market. This campaign is still running and final reporting on outcomes will be shared in 2025.

After the launch, ICM expanded WithWomen’s visibility through a digital strategy featuring multiple social media posts, a dedicated video, and an email blast to 24,000+ subscribers on Giving Tuesday. Highlights were included in three monthly newsletters, further engaging ICM’s network. In addition, a targeted paid social media campaign broadened the reach, engaging 27,110 people across selected countries and generating 43,310 impressions.

Learn more about WithWomen’s campaigns and work on www.withwomen.org.

“Our members work hard to provide the services women, girls and newborns deserve every day. This fundraising campaign will help us get midwives with locally sourced essential equipment, ensuring sustainability and supporting the local economy. Every field kit we assemble and distribute will help midwives’ deliver services to women, girls and newborns in need.”

- Asma Khatun, President of the Bangladesh Midwives’ Society



In Memoriam: Luc de Bernis

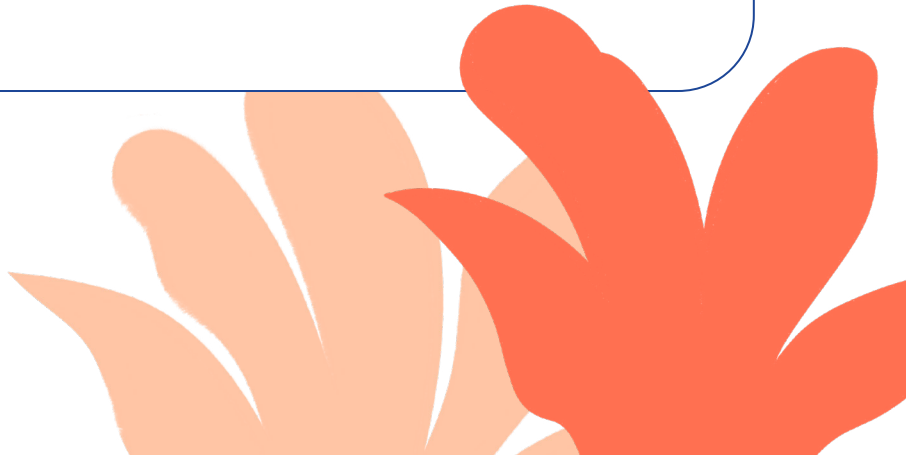
ICM conducted an advocacy workshop for six Twin-to-Win MAs in Casablanca, Morocco with the theme “Advocacy Approaches for Midwives and Midwifery.” Participants included representatives from Uganda, Burundi, Senegal, Mali, Guatemala, and Costa Rica. During the session, participants had an opportunity to explore the capacity of their MAs. This included exploring various advocacy themes and identifying and workshopping key context specific advocacy needs, including using advocacy for fundraising and fuelling project expansion. The workshop also introduced The Global Midwives’ Hub, a digital data resource established by ICM and Direct Relief for midwives and their associations.

Luc’s career as an obstetrician-gynaecologist spanned many years in Senegal and Chad, followed by leadership roles at WHO and UNFPA. His unwavering commitment to midwifery and maternal health left a lasting impact, including his contributions to the State of the World’s Midwifery Reports and The Lancet Series on Midwifery.

ICM honoured Luc as an honorary midwife in 2014, recognising his efforts to elevate midwives’ voices and ensure their representation in critical decision-making spaces.

Luc had a profound impact on the work of midwives and renewed our commitment to carrying forward his vision of a world where every woman has access to the quality care she deserves. Our deepest condolences go to Luc’s family and those who loved him. His work continues to inspire and guide the global health community.

In Luc’s memory some of his close colleagues asked ICM to establish a Memorial Fund in his name on the WithWomen website. Donations to the fund will be used to recognise and reward midwives providing care in the most challenging settings. The awards will be made at the ICM Triennial Congress in June 2026 in Lisbon, Portugal.



Rebranding and Updating the ICM Website

In 2024, ICM officially launched its new organisational website and refreshed its brand to better reflect ICM’s values, mission, and vision for the future of midwifery. This transformation was the result of a collaborative, consultative process over two years that engaged voices from across ICM. Every aspect of the website’s development was guided by a commitment to accessibility and inclusivity, ensuring it serves as an intuitive, user-friendly platform for midwives, MAs, and global partners.



During the development, ICM collaborated extensively with photographers from Japan, Canada, Australia, Haiti, Pakistan, Afghanistan, the United States, and Uganda – resulting in a curated photo library that features midwives across all settings where midwives work: facility- and community-based workplaces and midwife-led birth centres (MLBCs), showcasing the breadth of midwifery practice. More information about our photo library is available later in this Report.



At the end of the year, the ICM website was nominated for, and subsequently won two prestigious Anthem Awards, a subsection of the Webby Award dedicated to mission-based organisations. The first was Gold for an “outstanding and effective example of work by a global organisation or programme that raises awareness for a health cause.”

This honour amplifies the visibility of midwives’ critical contributions and reinforces the importance of advocating for their role worldwide. The second was the Anthem Award for Community Voices, chosen as winner by the Anthem Award community, further demonstrating the website’s impact among and outside the SRMNAH sector.

Aligned with ICM’s Strategic Plan, the new website plays a key role in strengthening our communications outreach, ensuring we effectively engage with MAs, donors, and global stakeholders.



Since its launch in February 2024, the new website has welcomed over 234,000 active users—a 39% increase from last year—demonstrating its growing role as a trusted hub for midwifery and SRMNAH-related information.

In addition, We have seen a 13% increase in social media growth and revamped the our newsletter, sparking 27% increase in engagement.

By improving our digital presence, ICM is better equipped to adapt to organisational shifts and the evolving global landscape, ensuring that midwives worldwide have access to the knowledge and support they need to thrive. ICM is grateful to Friendly Design Co. for their partnership in bringing this valuable resource to life.

ICM Website Redesign and Digital Presence (as of 31 December 2025)

Social Media Followers	123,580
New Social Media Followers	14,851
Social Media Growth, year-on-year	13.7%
Total Newsletter Subscribers	24,792
New Subscribers	5,196
Newsletter Growth, year-on-year	26.5%
Total Webpage Users	234,000
Webpage User Growth	66,857
Webpage Growth, year-on-year	40%



Building a Photo and Video Library to Show the Work of Midwives Worldwide

As part of our renewed commitment to elevating the visibility of midwifery in 2024 and to fill an identified gap in our visual communications and midwifery advocacy, in 2023-24 ICM developed a comprehensive photo and video library that showcases the full scope of midwives' vital work around the world. To build this library, we collaborated with photographers and videographers to document midwives in action across settings, geographies, and areas of practice. Working with our MAs, MLBCs, and partner organisations, we engaged local photographers to capture the incredible work of midwives in countries such as Australia, Bangladesh, Brazil, Canada, Guatemala, Haiti, Japan, Morocco, Pakistan, Palestine, Rwanda, Uganda, and the United States.

Our photo library now includes over 1,600 professional images, while our video library features dynamic footage of midwives, including a focus on those working in humanitarian and crisis settings. This footage has been used to produce short documentaries and advocacy videos, amplifying the visibility of midwives' contributions to transforming SRMNAH and rights. These diverse visual resources have become essential tools in elevating the midwifery profession and its impact worldwide.

ICM's new website, social media, resources and printed materials all feature these beautiful new photos and videos. On request, we have also shared certain images with partners and media outlets, with the goal of raising awareness of the breadth of the work midwives do across their scope of practice. In 2025, we plan on sharing a selection of our photos with our MAs for their use.



We would like to thank the photographers whose work was added to the ICM Photo and Video Library in 2023-2024:

- Ashley Marston - Canada
- Badr el Hardag - Morocco
- Carla Molina - Guatemala
- Danieli Maciel - Brazil
- Esther Ruth Mbabzi - Uganda
- Evelyn Dos Anjos - Brazil
- Fabeha Monir - Bangladesh
- Janet Jarman - Pakistan
- Khaula Jamil - Pakistan
- Lucy Garrett - United States
- Lynzy Billing - West Bank
- Noriko Hayashi - Japan
- Patrice Noel - Haiti
- Tace Stevens - Australia





ICM Chief Executive Sally Pairman Steps Down After Seven Years

In 2024, ICM Chief Executive, Sally Pairman, announced her decision to step down in March 2025. After more than eight years of dedicated service, Sally will be returning home to New Zealand. Her leadership has been instrumental in driving significant growth, change and development within ICM during a dynamic time for funding, rights, social and health.

ICM President Sandra Oyarzo Torres praised Sally's contributions to transforming the organisation, "We support Sally's decision and understand her desire to return to New Zealand, but at the same time, we are sorry to see her leave. Sally has collaborated with several Boards over the past eight years, and we are all very proud of what we have achieved together."

Sally expressed her pride in ICM's progress and her optimism for its future,

"I am delighted with the organisation that ICM has become, stronger than ever in our 100-year history, but I am even more eager to see it continue to develop in the future, nurturing midwives and midwives' associations so they can continue to improve the lives of women, newborns and communities across the world."

O2: ICM is Constantly Learning and Responding to the Needs of Our Members in New and Improved Ways

ICM Regional Conferences: Rwanda & Germany

In 2024, ICM hosted two impactful regional conferences in Kigali, Rwanda in partnership with the Rwanda Association of Midwives (RAM) and in Berlin, Germany in partnership with the German Midwives Association (Deutscher Hebammenverband). The conferences aimed to empower midwives and strengthen associations worldwide. As part of ICM's ongoing commitment to supporting the global midwifery community, these events provided midwives with the knowledge, skills, and networks needed to advance the profession in their respective regions. The conference in Kigali was a combined effort focusing on two regions: Africa and the Eastern Mediterranean, while the Europe conference focused on one.

Themed as Midwives 360: Associations for a Changing World, the conferences brought together an impressive number of participants: 344 midwives from 66 countries for the Africa/Eastern Mediterranean conference, and 347

midwives from 50 countries for the Europe Conference. The events focused on strengthening midwives' associations by equipping participants with advocacy skills and fostering regional collaboration. The conferences opened with inspiring remarks from ICM President Sandra Oyarzo Torres, alongside key health leaders. In Rwanda, these included Josephine M. Murekezi, President of the Rwanda Association of Midwives and Director of Nursing and Midwifery at King Faisal Hospital in Kigali; Dr. Menelas Nkeshimana, Head of the Department of Health Workforce Development at the Ministry of Health, Rwanda; Mollie Fair, Regional Sexual and Reproductive Health Specialist at UNFPA Arab States; Dr Allisyn Moran, Lead of the Maternal Health Team in the Department of Maternal, Newborn, Child and Adolescent Health and Ageing at WHO; Sabah Hussain Ali Al-Zafari, Chair, RPC Eastern Mediterranean and a member of the National Yemeni Midwives Association; Olive Tengera, a regional Board member Africa; and Farida Shah, a Board Member from the Eastern Mediterranean Region.

In Germany, speakers included Ursula Jahn-Zöhrens (speaking on behalf of Ulrike Geppert-Orthofer, who was not able to attend) from the German Midwives' Association (DHV); Lia Brigante, ICM Board Member from the Europe Region. In both countries, a vibrant cultural performance added energy and enthusiasm to the opening ceremonies, setting a dynamic tone for the days ahead.

On day one and day two, participants engaged in workshops designed to build essential skills in governance, leadership, finance, and communications – critical areas for strengthening MAs. These workshops were informed by ICM's Biennial Member Needs Survey, ensuring the sessions addressed the specific needs of participants. One attendee reflected, "If we had had this knowledge before, we would have been more successful in our grant applications." On day three, ICM and its partners offered half- and full-

day midwifery skills workshops, covering a range of timely topics including competent care for refugees and asylum seekers and strategic planning for expanding midwifery units. These hands-on sessions provided in-depth training on practical skills and advanced techniques, equipping participants with enhanced knowledge and competencies to apply directly in their daily practice. Participants also explored poster presentations showcasing innovative midwifery work from across the regions.

A unique example of ICM's global networks being implemented regionally was a standout session, the South-to-North Knowledge Exchange in Germany, where experienced Rwandan midwives shared their expertise in comprehensive abortion care, offering invaluable insights and hands-on practice to their European colleagues.



ICM acknowledges the invaluable partnership of the Rwanda Association of Midwives and the German Midwives' Association in co-hosting these successful regional conferences. We also recognise the support of sponsors and partners, including MSD for Mothers, Maternity Foundation, Laerdal Global Health, Sinapi Biomedical, RugeroMed, Project Family Safe-Birth, GE Health Care, Lightful, Weleda, Messer Gases, University of British Columbia, European Journal of Midwifery, Laerdal Germany, KNOV and ResviNet, whose contributions helped make these events possible. In addition, the third day of the conferences was facilitated by ICM, the Maternity Foundation, WHO, the American Academy of Pediatrics, Laerdal Global Health, AIME, Momentum Country and Global Leadership, MSD for Mothers, the Breech Birth Network, and the Midwifery Unit Network. Together, these collaborations have laid a strong foundation for future regional conferences, reinforcing ICM's commitment to supporting midwives and associations worldwide.



Twinning

Launched in 2022 with support from the Gates Foundation, the Twin to Win pilot project facilitated partnerships among MAs in similar contexts to strengthen their impact. The project was implemented across six countries – Costa Rica, Guatemala, Burundi, Uganda, Mali, and Senegal. All six MAs focused on capacity strengthening of their

associations through increasing their member count and their visibility among the public, their (non)members, and their respective ministries of health. The MAs exchanged knowledge and best practices which helped them to identify effective policies, techniques and strategies to achieve the objectives in their own countries.

There are several examples of this:

- In Mali, communication about the involvement of the Prime Minister, including his statement asking the Health Minister to ensure that the project’s activities are properly implemented, has raised the profile of midwives.
- In Senegal, a meeting with 15 journalists drew attention to a longstanding need for a law change to create a regulatory body (order) for midwives. This meeting was pivotal in implementing the law passed on 30 December 2024.
- In Guatemala, the MA organised an advocacy breakfast for key members of the Ministry of Health, followed by several other meetings, including two with the Minister of Health. This was crucial for the MA to be recognised for its key role in supporting pregnant women.

In 2024, ICM trained 4 twinning experts who have mastered the art of twinning and are skilled in sharing their expertise with others who are interested in starting their own twinning projects. In addition, a Twinning DIY guide to support MAs forming successful partnerships through twinning will be published in early 2025.





“Thanks to this project, the association has been tested. The board now has a logo, and we are achieving recognition at the ministerial level, something we learned from our counterparts in the twinning. We now have a phone and someone supporting us with accounting. Additionally, we had 11 members who were initially registered, we now have 104, thanks to the meetings with our colleagues.”

- Costa Rica

“The project enabled us to understand that whatever the culture or country, there really isn’t too much difference in midwifery practice. The values remain the same, and so does the midwifery philosophy. Exchanging and seeing each other also created a feeling of belonging, of being part of a team, and of realising that together we can learn from each other, which has created an indestructible relationship between us.”

- Senegal



Capacity Strengthening

Bangladesh

Throughout 2024, ICM worked closely with the Bangladesh Midwifery Society (BMS) to strengthen their governance systems and structures. A needs assessment was conducted with BMS to better understand their governance needs. Based on this, an external consultant was engaged to revise the BMS constitution in Bangla and English to better meet their needs. Regular meetings were held with BMS to facilitate this process and to discuss other issues, including their procedures around board elections.

ICM also supported BMS with their advocacy work. Despite delays due to a period of political instability in the country, a lot of progress has been made. BMS held a stakeholder meeting in May 2024 when ICM’s Advocacy Lead visited the country.

Participants included representatives from UNFPA, ICM, the Directorate General of Nursing and Midwifery (DGNAM), the Bangladesh Nursing and Midwifery Council (BNMC), Strengthening the National Midwifery Programme (SNMP), Johns Hopkins Bloomberg School of Public Health, Grand Challenges Canada, Pro-Nurse, Médecins Sans Frontières, BRAC James P Grant School of Public Health, women and community-led organisations and staff and members of BMS. The meeting provided a platform to convene and discuss critical issues related to improving midwifery and maternal and newborn health in Bangladesh, and to identify ways in which they can work together to address gaps in the provision of midwifery services.

Participants undertook a stakeholder mapping exercise identifying categories of individuals and organisations with decision-making power, influence and financial support. The meeting identified advocacy goals that stakeholders can jointly work on.

The importance of coalition building was highlighted as a key strategy to improve collaboration and coordination between stakeholders to collectively address the challenges and take advantage of opportunities. The discussion reflected a shared commitment to working together towards common goals, pooling resources, and leveraging expertise.



A promising development in terms of ensuring better health care for mothers and newborns, was the announcement by the Bangladesh Government in May 2024 that it was committed to appointing 10,000 additional midwives. In addition, BMS has been advocating for the pending bursary for midwifery students, which was still awaiting approval at the end of 2024. This will improve student retention in midwifery training institutions.

In November 2024, BMS held a stakeholder meeting with private hospitals to advocate for the creation of midwifery positions in these institutions. BMS presented the standard operating procedure and a labour room protocol, urging hospitals to employ midwives in official roles, as they are currently working as nurses. These activities will be followed up in 2025.

Zambia

In October 2024, ICM visited Zambia to close out its Midwifery Services Framework (MSF) initiative. Through MSF, ICM has worked alongside the Zambian Ministry of Health, the Midwifery Association of Zambia (MAZ), and key stakeholders to advance and sustain ensure midwifery-led models of care, aiming to enhance the effectiveness, efficiency, and appeal of healthcare services.

Since its inception in 2022, the Midwifery Services Framework (MSF) has achieved significant milestones in Zambia, including embedding midwifery priorities in the National Health Strategic Plan and creating the first National Nurse and Midwife Strategic Plan. This work underscores the commendable progress in supporting midwifery leadership, education, regulation, and maternity health services in Zambia. A paper on the MSF process in Zambia was submitted for publication in 2024, and is expected to be published in 2025.



Morocco

Following the magnitude 6.8 earthquake that caused devastating impact in Morocco in 2023, midwives from the Association Marocaine des Sages-Femmes (AMSF), supported by ICM, stepped in to provide critical care for expecting mothers. For these women navigating a natural disaster, this meant access to dignity and newborn kits, warm clothing in the middle of winter, and a sixth medical caravan, supported by ICM, that joined five others that were provided by Direct Relief. Support provided by AMSF during this time of crisis included prenatal care, general medical consultations, and screenings for conditions like HIV, diabetes, and hypertension. AMSF midwives, as part of a multidisciplinary team of nurses and physicians, also provided ultrasounds to assess fetal health and ran educational

sessions on family planning, nutrition, and breastfeeding. Through psychological support to women, AMSF also showcased the diverse and imperative roles that midwives play in their communities, especially during times of crisis.

In response to this need, AMSF requested support from ICM to provide more training to their members. In 2024, ICM hosted a three-day Train the Trainer (ToT) programme in Rabat, using the “Ready to Respond: A Midwife’s Guide to Humanitarian Action” programme as a guide, to educate midwives on assessing the needs during a crisis, managing newborn care in emergency settings, and advocating for midwives’ inclusion in national emergency response plans. More details on the ToT programme can be found under Strategic Priority 4 of this Report.



Uganda

In 2024, ICM and the National Midwives Association of Uganda (NMAU) partnered to hold a virtual advocacy skills building workshop, ‘Empowering Midwives for Maternal and Newborn Health Advocacy.’ The workshop, which brought together over 30 participants, including the NMAU National Executive Committee, Young Midwife Leaders, and Regional Coordinators, served to equip Ugandan midwives and advocates with the essential advocacy skills needed to improve and promote the profession of midwifery and influence health policy in their countries.

The agenda included a series of sessions focusing on outlining the importance of advocacy, the role of midwives in advocacy, policy and decision-making processes, as well as tactics for building

effective partnerships and coalitions. Participants also discussed approaches for navigating and advocating for solutions to challenges including the insufficient number of midwives in-country, inadequate staffing levels, limited opportunities for leadership and career advancement, low salaries and remuneration, poor working conditions, and limited resources for member associations. The interactive format, complemented by an extensive question and answer session, encouraged an open exchange of ideas and strategies. Ultimately, participants were able to take the learnings from the work and develop SMART objectives for their proposed advocacy initiatives, better equipping them to use their voices effectively to champion midwifery.



European Union and European Economic Area

The European Directive on the Recognition of Professional Qualifications for Midwifery (Directive 2005/36/EC) was first written in 1981 to set the minimum standard for midwifery education and ensure freedom of movement for midwives and other regulated professionals across the countries of the European Union (EU) and European Economic Area (EEA), a total of 31 countries.

The Directive has seen a number of updates since it was originally written, and in 2024, the European Commission commenced work to prepare a new update. ICM recognised this opportunity as a critical moment to align the Directive with the ICM Global Standards and Essential Competencies, as a comprehensive update had not been done since the Directive was first written. The language of the Directive had become outdated and was no longer in alignment with current evidence and scientific progress, and many countries were having trouble implementing the vaguely written text.

The EU Directive is important for several reasons: first, it sets the minimum standard for midwifery education in 31 countries. Although it is written to be the minimum standard, in many of these countries, it is used as the maximum standard and scope of practice to which midwives are enabled to practice. Secondly, bringing it into alignment with ICM Global Standards and ICM Essential Competencies would provide MAs the framework on which to ensure that midwifery education programmes are not rolled back in length and scope, which is the case in some countries. Thirdly, many countries outside the EU/EEA look to the EU Directive as a standard starting point when they are defining their own midwifery standards and regulations. An update has the potential to ripple through countries and regions.

In February, ICM submitted survey feedback on proposed updates to the Directive, offering recommendations to ensure alignment with Global Standards and the best available evidence. In October, ICM attended an in-person meeting and workshop in Brussels to discuss proposed changes to the Directive. This provided an opportunity to raise serious concerns about the draft report, which failed to introduce meaningful revisions to the existing text and overlooked significant scientific advancements made since the Directive was first established.

In the next phase of work, ICM Head Office Team and Europe RPC led collaboration with the European Midwives’ Association (EMA) and the European Forum of Nursing and Midwifery Associations (EFNMA) to prepare a joint template on the suggested updates to the EU Directive, ensuring it would align with the ICM Essential Competencies for Midwifery Practice.

ICM engaged our Europe RPC to gather rapid intelligence and feedback on the proposed changes. Additionally, the RPC membership was able to engage a wide range of stakeholders across Europe, ensuring an impactful and collective response was developed at speed, in just over two weeks. ICM, partners, and members circulated this template to their national contacts, and in total at least **96 institutions from 27 countries used all or part of the ICM template to provide feedback on changes to the Directives. These institutions included 33 midwives’ associations, 55 educational institutions, and 8 regulatory bodies.**

Institutions Advocating	96
Midwives’ associations	33
Educational Institutions	55
Regulatory bodies	8

The work will continue into 2025, with an update to the EU Competencies expected at the end of the year. In the meantime, ICM is continuing to plan strategic advocacy work to ensure that updates are in alignment with ICM’s Global Standards and Essential Competencies.

Chief Midwife Appointments

This year, ICM has been dedicated to supporting Chief Midwives in strengthening midwifery leadership globally through the establishment of the Global Chief Midwife Community of Practice (GCMCoP). The GCMCoP provides targeted support to Chief Midwives in fifteen countries to improve leadership skills, professional recognition, education, and research, helping them grow within their country’s unique context. The GCMCoP is chaired by ICM’s Chief Midwife Jacqueline Dunkley-Bent and meets online monthly. Each country can have a maximum of three chief midwives as part of the GCMCoP. A co-chair person, Alison Weatherstone from Australia, was elected through the nomination of existing members of the GCMCoP.

To strengthen the evidence, ICM is collaborating with the Burnet Institute on research exploring the role and impact of chief midwives. This study has recently commenced and is expected to be completed in 2026.

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

In 2024, ICM worked to update the Global Midwives' Hub, the go-to platform for advancing midwifery policy and practice through data. For this work, several foundational steps were taken to ensure the project's long-term success and position the Hub's next iteration and launch scheduled for July 2025. Progress on the Hub's development in 2024 included:

- **Project Rebranding:** Renaming the Hub from Global Midwives' Hub to Midwives' Data Hub for greater clarity and impact, and creating a visual identity.
- **Strategic Planning:** Identifying key project collaborators and developing a roadmap outlining success metrics.
- **Global Engagement:** Leading interactive advocacy workshops at regional conferences in Africa and Europe that engaged hundreds of midwives and stakeholders.
- **User-Driven Development:** Collecting and integrating feedback from regional conference workshops and through collaboration with ICM's RPCs.

The work undertaken this year has laid a strong foundation for the launch, ensuring the Midwives' Data Hub becomes a vital resource for data-driven advocacy, equipping midwives, MAs, SRMNAH advocates and policymakers with reliable, easy-to-use insights to advocate for strengthened SRMNAH services and the midwifery profession. We are grateful to Direct Relief for their support of the Midwives' Data Hub, especially in seconding Jessica White, geographic information specialist and Midwives' Data Hub Lead, to ICM for the development of the Hub in 2024-2025.

Reflections

Over the course of this year, ICM has enhanced sustainability, expanded the organisation's global impact, and increased its visibility through strategic funding, governance improvements, and digital transformations. Key successes include launching a rebranded website with a 40% increase in users, expanding advocacy and strengthening midwives' associations through Regional Conferences, and building on the successful Twin to Win approach. In addition, the organisation has deepened its commitment to gender equity with the G-JEDI Plan, strengthened midwifery networks through partnerships, and invested in long-term sustainability with the rebranded and rebuilt Midwives' Data Hub, set to launch in 2025.

"It's been exciting to see how the conversation around midwifery has evolved. A few years ago, so much of the focus was on advocating for the role of midwives in health systems. Now, we're digging deeper—looking at issues like retention, support systems, and interprofessional collaboration, where midwives play a critical role in delivering care. It's great to see ICM leading and supporting this evolution."

- Etienne Langlois, Team Lead, Evidence and Knowledge, PMNCH



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

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

Midwifery as an Autonomous Profession

Through the roll out and implementation of ICM's Professional Framework for Midwifery in every country, ICM is committed to reducing preventable maternal and newborn mortality and morbidity and improve women's satisfaction with care. By strengthening all elements of the midwifery profession, we will raise the standards of midwife competence and improve the quality of midwifery services for women, newborns, and families.

This year, ICM has remained committed to ensuring midwives are recognised and respected as professionals and integral members of health systems. Our work has included the following:

Midwife-Led Birth Centres

Current evidence confirms that midwife-led birth centres (MLBCs) provide safe and beneficial care for women with normal pregnancies in high-resource settings. However, there is a gap in data on their safety and benefits of MLBCs in low- and middle-income countries (LMICs).

In response, ICM brought together a group of international researchers, who published six papers focused on MLBCs this year. These papers included case studies, a policy brief, and the development of a facility readiness tool, all built from ICM's research on MLBCs that was undertaken in Uganda, South Africa, Bangladesh and Pakistan between 2021 and 2023. The policy brief outlines

the key findings and the processes and mechanisms needed to scale up MLBCs while also outlining a series of actions to support the successful implementation of MLBCs.

This year marked a significant milestone with the opening of BB Gårda, Sweden's first midwife-led birth centre. The launch underscored the importance of expanding access to birthing facilities and promoting women-centred care that empowers women throughout childbirth. ICM Board Member for Europe, Lia Brigante, delivered a speech, at the opening, emphasising the vital role of midwives as advocates for human rights, particularly in ensuring birthplace choice.

Development of the Facility Readiness Assessment Tool

One of the findings of ICM MLBC research project was the need for a practical guidance and tools to assist stakeholders to establish and operate successful MLBCs. While working on the MLBC project, ICM was also working in partnership with the Zambian Ministry of Health (MoH), UNFPA and the Midwives Association of Zambia (MAZ) to implement the Midwifery Services Framework (MSF) in that country. As part of this work, the MoH wished to establish several midwife-led units, ideally by converting existing health facilities that have the desired characteristics. This led to the development of a draft Facility Readiness Assessment Tool (FRAT), developed by the ICM team to support the MoH to identify suitable facilities.

As the findings of the larger MLBC research project emerged, ICM commissioned Novametrics research consultants to apply learnings from the larger project to review and refine the draft FRAT for use in Zambia to support the wider MSF work there. Ideally ICM wished the tool to be adaptable to other LMICs, so that it could be offered to other midwifery stakeholders who were interested in introducing or strengthening the midwife models of care. As a result, FRAT was tested in Pakistan, a country chosen in part because it was in a different region, and partially because a good working relationship had been established with the research team who conducted the larger MLBC study there, and we were confident that they had the necessary skills and capacity to carry out the pilot test within the time available.

The main purpose of FRAT is:

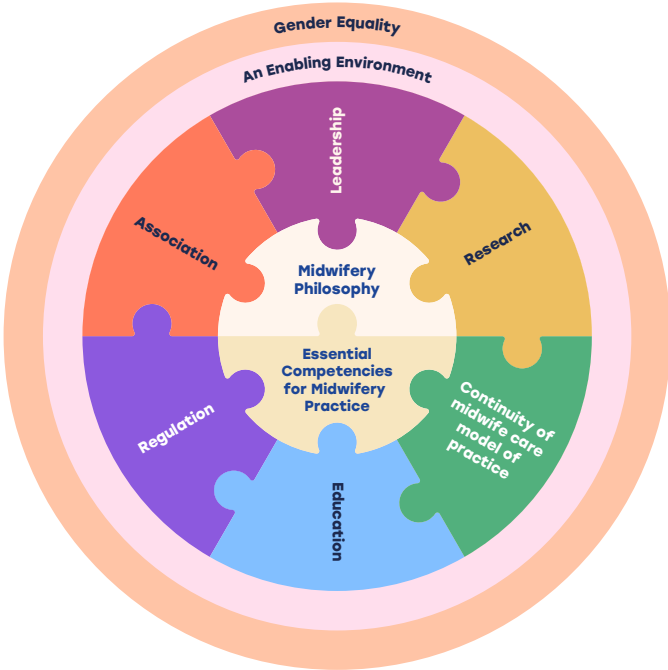
- 1. Assess the suitability of a health facility to transition to a midwife led unit
- 2. Use the tool to collect data on the health facilities that could be selected for transitioning

The FRAT was tested on eight health facilities in Pakistan and nine health facilities across three provinces in Zambia. The aim of this assignment was twofold:

- i. to test the usability and relevance of the draft FRAT in two countries, and
- ii. to identify three Zambian facilities that are suitable to be designated as midwife led units in the near future. A report of the findings from pilot testing FRAT is currently under consideration by ICM.

Professional Framework for Midwifery Implementation Guide

Throughout 2024, ICM worked on developing a Professional Framework for Midwifery Implementation Guide, designed to help midwives, midwives’ associations and other stakeholders understand how to use and implement the Framework effectively. It provides a step-by-step approach, supported by opportunities for reflection and practical examples, to assist midwives to use the Framework and advocate for its implementation in their respective healthcare systems. The Guide will be published in 2025.



O5: ICM’s Midwifery Education resources and programmes are disseminated and utilised

Essential Competencies for Midwifery Practice

The ICM Essential Competencies for Midwifery Practice (2024) outlines the minimum set of knowledge, skills and professional behaviours required to use the designation of midwife, as defined by ICM, when entering midwifery practice. The Competencies are essential and represent those that should be an expected outcome of midwifery pre-service education.

In 2023, ICM undertook an extensive consultation to update the Essential Competencies for Midwifery Practice as part of their our five year review cycle. The updated Competencies were approved by the ICM Council in June 2024, and launched in August. The latest iteration includes the addition of category 2, focusing specifically on sexual and reproductive health and rights (SRHR), contraception, and pre-conception care. While the 2019 ICM Essential Competencies addressed SRHR,

new guidance documents, published by the World Health Organization, and global stakeholder feedback, suggested that increased visibility and clarity specifically regarding SRHR competencies would be beneficial.

This year, ICM has undertaken several dissemination activities to showcase the updated Competencies, including workshops at the regional conferences in Rwanda and Berlin, plus additional webinars, videos, and explanatory guides, which are available on our website and

YouTube channel. Furthermore, other global partners have incorporated the updated Essential Competencies for Midwifery Practice within their ongoing work and programming, such as the soon-to-be-released Three-Year Direct Entry Midwifery Programme Sample Curriculum, developed by UNFPA and expected to be released in early 2025.

ICM will continue to promote and advocate the adoption of the Essential Competencies for Midwifery Practice in all settings to enhance the safety and quality of midwifery practice worldwide.



Midwifery Education Development Pathway

ICM is committed to developing resources that help midwife educators enhance the development and delivery of pre-service midwifery education programmes. In 2024, ICM launched several midwifery education support tools and guides. Collectively these resources form part of the ICM Midwifery Education Development Pathway (MPaTH).

These resources are available on ICM’s website and include guidelines for curriculum design, integration of ICM midwifery competencies into curricula, developing midwifery education assessments, and guidelines for clinical sites.



Alliance for Improving Midwifery Education

The Alliance to Improve Midwifery Education (AIME) is a consortium of leading global organisations, working together to enhance Midwifery Education worldwide. AIME provides a platform for strengthening the effective collaboration and partnerships that are required to implement and evaluate the effectiveness of programmes that can foster improved quality of midwifery education, particularly in low- and middle-income countries (LMICs). Since its inception in 2021, AIME has collaborated with partners and stakeholders to reach over 8,500 health care providers and midwifery and nursing educators in more than 100 countries. AIME’s founding partners include UNFPA, UNICEF, ICM, WHO, Laerdal Global Health, the Liverpool School of Tropical Medicine, Burnet Institute, and Jhpiego.

AIME Webinar Series: Developing Competent Midwives

The AIME group led four webinars hosted by ICM and UNFPA in the second half of 2024. Each live webinar was one hour in duration and was translated live into French and Spanish. The series was a significant success, bringing together over 800 global participants from 96 countries. The webinars were chaired by ICM educational experts, with invited guests featured in each. Sessions included resource updates, panel discussions, and case studies.

The webinars provided an overview of ICM resources and tools designed to strengthen midwifery education and primarily focused on the ICM Midwifery Education Development Pathway (MPaTH). An overview of the webinars is included below:

1. Enhancing Midwifery Education: Exploring Midwifery Development Pathway (MPaTH)

This session provided an overview of ICM MPaTH resources, including how midwifery schools, educators, and policy leads can adapt the pathway to their individual needs. The session included a stakeholder panel with four midwifery education experts from the African Region and showcased examples of how the ICM MPaTH resources were used to strengthen pre-service midwifery education in a variety of settings.

2. *Essential Competencies for Midwifery Practice 2024*

The session focused on updated 2024 Essential Competencies, specifically the addition of the new category focused on sexual and reproductive health and rights (SRHR) and encouraged educators to ensure their midwifery programmes and practices were aligned. Guest speakers provided examples of how the Essential Competencies can be used as an advocacy tool. The webinar also highlighted the need for midwives to strengthen their competencies in providing care in key areas such as SRHR and humanitarian crises.

3. *Integrating ICM Competencies into Midwifery Curricula*

During this webinar, ICM shared the resource toolkit developed to support educators in implementing a competency-based curriculum aligned with the ICM's Essential Competencies for Midwifery Practice and the ICM Global Standards for Midwifery Education. The session demonstrated module mapping tools that will enable midwifery educators to review their curriculum and support the implementation of the updated competencies. A case study from Rwanda provided insights into the development of a national competencies-based midwifery curriculum and provided suggestions for midwife faculty development.

4. *Principles and Approaches to Recognition of Prior Learning (RPL) Within Pre-Service Midwifery Education Programmes*

This webinar introduced the umbrella term RPL, discussing why it is a vital strategy to address the global shortage of midwives and widen participation in pre-service midwifery education. Definitions of learning, types of RPL, and the benefits and best practices of RPL in relation to midwifery education were explored before two global case studies were presented to highlight examples of RPL in midwifery education.



ICM Midwifery Competencies Digital Learning Tool

Co-developed by ICM and Laerdal, the [ICM Midwifery Competencies Digital Learning Tool](#) was designed to support midwifery educators in preparing students for clinical practice. Using the SimCapture platform, students engage in peer-to-peer learning to practice clinical scenarios. The training courses, based on the ICM Essential Competencies, utilised mobile technology to provide real-time feedback on students' progress to educators.

- In 2024, the Learning Tool was updated to align with the updated ICM Essential Competencies through the Laerdal-ICM partnership. As the first global resource based on these updated competencies, it generated strong interest among educational institutions.
- Research and implementation began at universities in the UK, United States, Sweden, and Germany. Findings on its impact in midwifery education will be published in 2025.
- UNFPA Rwanda procured the tool for not-for-profit implementation at Rwanda's largest university, supporting the government's efforts to increase midwifery competencies and workforce capacity nationwide.

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

Midwife Leadership

Recognising the importance of cross-generational leadership in midwifery, ICM shifted its approach in 2024 to support leadership and advocacy development for midwives of all generations. Rather than focusing on specific age groups, such as Young Midwife Leaders (YMLs) and Executive Midwife Leaders (EMLs), ICM emphasises leadership as a core attribute for all midwives. ICM spent the year developing its ongoing leadership approach through extensive consultation with MAs and strengthening existing mechanisms and groups, such as the Regional Professional Committees (RPC), to enhance regional connections and a community of practice for midwifery leaders. ICM's Chief Midwife, Jacqueline Dunkley-Bent, has been instrumental in developing stakeholder engagement in ICM's leadership strategy through targeted meetings with young and emerging midwife leaders at the regional conferences in Rwanda and Germany and additional engagement sessions with student midwives in a variety of settings. Furthermore, leadership workshops at the regional conference were used to develop the ongoing leadership strategy and gather interest for a new ICM programme, the Midwife Leaders Executive Sponsorship Programme, which will be launched in Q2 2025.

In 2024, an ICM delegation led by Chief Midwife Jacqueline Dunkley Bent attended the Women Lift Health (WLH) Conference in Tanzania from 06-08 April. The delegation also included YML alumna Ashu Martha Egbe and Harriet Nayiga, as well as Africa Board Member Olive Tengera. The conference brought together a diverse group of global health leaders under the theme "Re-imagining Leadership: New Approaches to New Challenges." The conference also highlighted the significant contributions of women health workers, including midwives, to strengthen health systems. The ICM team had a series of meeting with partners and high-level donors, including the Gates Foundation, while at WLH to discuss ICM's work and the importance of midwives and their leadership contributions.

ICM has been dedicated to supporting Chief Midwives in strengthening midwifery leadership globally through the establishment of the Global Chief Midwife Community of Practice (GCMCoP). See the above section for more details on the GCMCoP.



"ICM's work to strengthen midwifery leadership is critical—by advancing competencies and supporting midwives to step into decision-making roles, we're ensuring midwives have a seat at the table. Strengthening national midwifery associations is a vital part of this effort because these associations are essential to driving change and amplifying midwives' voices where it matters most."

- Allisyn Moran, Maternal Health Unit Head, WHO

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

In 2024, ICM's Chief Executive, Sally Pairman, served as Co-Chair of the Working Group on Midwifery Models of Care established by the Strategic Technical Advisory Group of Experts for Maternal, Newborn, Child and Adolescent health and nutrition (STAGE) working group. STAGE advises Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO, and with his agreement, STAGE prioritised Midwifery Models of Care (MMoC) as the focus of guidance to Member States for reduction of preventable maternal and newborn mortality and morbidity. The Working Group led the development and consultation of a global position paper on [Transitioning to Midwifery Models of Care](#).

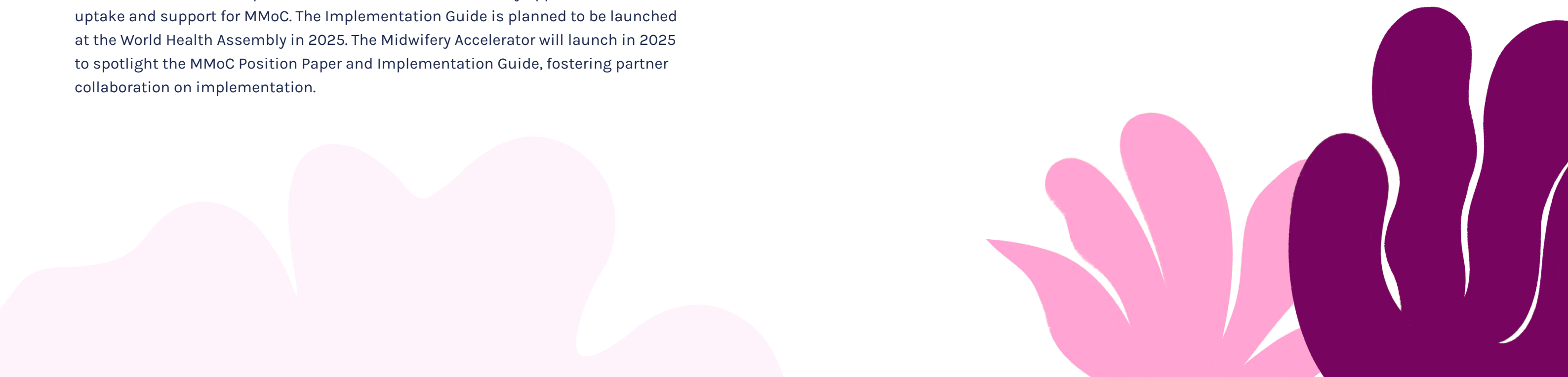
The position paper was published in October 2024, setting out the research and evidence to make the case for countries to consider transitioning from existing maternity services to MMoC. These models of care are led by autonomous midwives, who provide care to mothers and newborns across their full scope of practice. An implementation guide followed to provide a step-by-step approach to establishing this models of service provision within health systems. Significant consultation took place for both documents and partners collaborated on an advocacy approach to accelerate uptake and support for MMoC. The Implementation Guide is planned to be launched at the World Health Assembly in 2025. The Midwifery Accelerator will launch in 2025 to spotlight the MMoC Position Paper and Implementation Guide, fostering partner collaboration on implementation.

Reflections

ICM's Professional Framework for Midwifery has played a vital role in ensuring midwife models of care, enhancing midwifery education, and driving progress on maternal and newborn health outcomes. This year, ICM contributed to global knowledge on MLBCs, co-chaired the WHO Midwifery Models of Care Working Group, strengthened midwifery education through MPath resource development, AIME participation and an online seminar series, released the 2024 Essential Competencies for Midwifery Practice, and worked with Laerdal to refine the Digital Learning Tool – all critical pieces to improving the profession of midwifery globally. ICM also expanded its leadership approach. Overall, 2024 has been a transformative year for ICM, marked by advancements in midwifery education, digital innovation, leadership development, and advocacy for midwife-led care.

“ICM has been a key partner in shaping and promoting the WHO Position Paper on Midwifery Models of Care. As the global voice for midwives, ICM brings invaluable insights into the diverse realities of midwifery around the world.”

- Catherine Taylor, MSD



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

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

By amplifying the impact of midwifery, securing policy commitments, and increasing investment, advocacy efforts can drive systemic change, ensuring midwives receive the resources, recognition, and support they need to deliver quality care. The impacts of effective advocacy serve to not only amplify the important work of midwives but also help to shed light on workforce shortages, reduce maternal and newborn mortality, and improve healthcare for women, children, and communities around the world. Outlined below are some key advocacy and communications moments from 2024.

- Prime Minister Sheikh Hasina of Bangladesh announced that she will appoint 10,000 more midwives** to enhance maternal and newborn healthcare, completing her earlier pledge to recruit 30,000 midwives. Speaking at the ICPD30 Global Dialogue on Demographic Diversity and Sustainable Development, she highlighted the government's efforts to reduce maternal and neonatal mortality. Read the [full story in The Daily Star](#).
- ICM facilitated workshops and training sessions to strengthen advocacy and communications** capacities of key stakeholders and MAs in Bangladesh, Morocco, Uganda, Rwanda, and those in attendance at the European Regional Conference in Berlin while supporting the development and implementation of advocacy action plans.
- To enhance data-driven advocacy,** ICM hosted regional data and advocacy workshops across Africa, the Eastern Mediterranean, and the Europe regions, equipping MAs with the skills to use data in midwifery and SRMNAH advocacy. These sessions also encouraged greater engagement with the Global Midwives' Hub. Participant feedback is guiding the Hub's evolution to better serve MAs.

- As part of strategic advocacy efforts, **ICM conducted stakeholder mapping to identify and mobilise key allies.** The Bangladesh Midwifery Society (BMS) convened stakeholders to address critical issues in midwifery services. Stakeholders recognised coalition building as an effective strategy for improving coordination and leveraging collective expertise and resources – a key outcome.
- In Uganda, ICM conducted a **SMART advocacy skills-building workshop for the National Midwives Association of Uganda (NMAU)**, further empowering midwives to advocate for maternal and newborn health policies. Read more about the workshop in this blog post.
- ICM strengthened global advocacy for maternal and newborn health by participating in the **Every Woman Every Newborn Everywhere (EWENE) Advocacy and Accountability Working Group.** The working group convenes in-country, regional, global advocates, and other stakeholders to drive joint advocacy initiatives that support EWENE-related commitments. Engaging in this working group helped ICM to advance key targets for maternal and newborn survival, improve health outcomes, and reduce stillbirths.
- ICM joined midwifery stakeholders in Kampala, Uganda to **celebrate the dedication and impact of Ugandan midwives at the Midwives' Award Ceremony**, hosted by Swedish Ambassador Maria Håkansson. Thirteen midwives were honoured for their exceptional commitment, resilience, and contributions to improving healthcare in their facilities and communities. The event brought together representatives from UNFPA, WHO, the Ministry of Health, government leaders, development partners, health professional associations, civil society organisations, and media – highlighting the vital role of Ugandan midwives in strengthening maternal and newborn health. Read more [here](#).
- In the EU / EEA, ICM was invited to participate in presenting suggestions on changes to the EU Directive on the Recognition of Professional Qualifications (Midwife) in writing, and later in-person at a focused meeting in Brussels, Belgium. [The recording is available here.](#) At the end of 2024, ICM published a request for proposals for an EU-expert to assist on this work in the upcoming year. Updates to the EU Directive are expected by the end of 2025.

The PUSH Campaign

In 2024, ICM made the decision to bring [the PUSH Campaign](#) back in-house under ICM management, with the goal of optimising the Campaign for greater advocacy and impact amidst the current financial and political climate. In 2024, after a detailed handover process from the company that was previously managing the PUSH Campaign, ICM began a hiring process for a new Campaign Lead, which was completed in September.

Instead of a decade long campaign, a streamlined two-year approach aligned with the ICM strategic triennium was developed that will focus on establishing a proof of concept, allowing for enhanced fundraising and implementation. The PUSH Campaign serves as ICM's demand-generating midwifery advocacy campaign and the new two-year strategy uses a

three-pronged pyramid approach focused on public, policy, and partnerships.

Guided by the extensive empirical evidence for woman-centred-care (WCC) and millions of demands for a paradigm shift in women's health, this new approach for the PUSH Campaign aims to build the movement for WCC, and is grounded in co-creating health, policy, and sustainable development together with women as equal partners. The Campaign is rooted in the principle that WCC is central to the core values of the midwifery philosophy – partnership, empowerment, choice, and respect.

The launch of the second phase of the PUSH Campaign is planned at the Commission on the Status of Women in March 2025.



	What?	Who?	How?	If successful, what changes?
Public	Mainstream WCC	Women, general public, media	Communication Reach	MORE awareness around WCC as the standard of practice and MORE demand for midwives as the provider of choice (globally, and nationally in select focus countries)
Policy	Promote midwives as a best buy	Policymakers	Policy Influence	MORE policymakers familiar with midwives and integrating midwives as policy recommendation
Partnerships	Build the WCC movement	Gender equality, SRHRJ, feminist, climate, health systems gaps, other health workers, men/ boys, youth orgs/coalitions	Partnership Growth	MORE multi-sectoral partners owning the WCC movement and the PUSH Campaign and optimising it for greater advocacy and impact
Pay	Resource Mobilisation for the Campaign	Donors and Partners	Fundraising	MORE funding to operationalise the campaign and fulfil proof-of-concept by 2026

ICM Statements in 2024

In the past year, ICM has crafted and shared a variety of statements addressing timely issues in midwifery and SRMNAH more broadly. These included the following:

- [Statement Calling for an Immediate Ceasefire in Palestine](#) (May 2024) – ICM issued a call to action urging partners to join in advocating for a ceasefire, highlighting the health impacts and emphasising that the only way to safeguard women, newborns, midwives, and health workers is through collective action to demand a ceasefire and a long-term peace plan.
- [ICM Endorses Campaign for Increasing Access to Abortion Services in the EU](#) (October 2024) - ICM endorsed the My Voice My Choice (MVMC) Initiative, to ensure that every woman in the European Union has access to safe abortion care.
- [Obstetric Violence and Mistreatment and Violence Against Women in Reproductive Health Services](#) (November 2024) –ICM released a statement addressing the causes of obstetric violence and mistreatment, outlining prevention strategies, and emphasising the need for investments and training to ensure all women receive dignified, respectful care.
- [ICM Statement Condemning the Ban on Afghan Women Accessing Midwifery Education](#) (December 2024) – ICM called for the reinstatement of education programmes, the assurance of an enabling environment for female midwives, and the immediate action to protect, promote, and respect women and newborn’s right to life in response to the Taliban’s ordered closure of midwifery and nursing institutes in-country. This statement underscoring the vital impact Afghan midwives have had on maternal and newborn health outcomes in Afghanistan.



Communications

In 2024, ICM’s communications strategy focused on celebrating the successes of MAs, sharing important updates from the wider midwifery community, and publicising new research relevant to the profession. This strategy is rooted in a desire to foster increased collaboration among partners, donors, and midwives while promoting the importance of midwifery through ongoing advocacy and the promotion of shared objectives. In our efforts to increase our reach, the communications and advocacy team at ICM took on a proactive approach to engaging with media, pitching targeted and timely story angles such as midwives and climate change. Through these efforts, ICM’s digital presence continued to grow, with increased engagement on social media, a surge in newsletter subscriptions, greater visibility in traditional media, and a more accessible website that continues to be a key resource for midwives worldwide.

Website

This year, the ICM website continued to be a hub of information and resources for midwives, policymakers, and stakeholders. A total of 234K users accessed the new, updated website, marking a 40% increase from last year. The primary way people found our website was through organic search, demonstrating strong search engine visibility. The most visited pages, aside from the homepage, included the resources, International Code of Ethics, events, and the Essential Competencies for Midwifery Practice pages. In addition, sixty thousand downloads of midwifery resources housed on the website were noted, showcasing the demand for ICM’s standards, resources, and tools.

Newsletter

ICM’s newsletter continued to be a crucial tool for delivering updates, advocacy opportunities, and educational content. This year, we reformatted the newsletter and updated our strategy, subdividing it into sections to improve readability and help subscribers quickly find relevant information. These changes led to a steep increase in subscribers, growing by 27% from 19,596 in 2023 to 24,792 subscribers in 2024, as well as a notable rise in engagement, reflected in higher open rates and click rates. The newsletter maintained a strong 43% open rate, demonstrating high audience interest, with a 5.3% click rate. Throughout the year, we sent monthly newsletters along with five additional e-blasts, ensuring midwives and partners remained informed on key developments.

Traditional Media

ICM’s initiatives, advocacy efforts, and resources garnered widespread media coverage, amplifying our reach and impact. Throughout the year, ICM was featured in at least 71 media articles, videos, and podcasts, as tracked through Google Alerts (though the actual number is higher, because not all content is indexed by Google). The media frequently mentioned our resources, quoted our leadership team, and widely covered the International Day of the Midwife (IDM). ICM was prominently featured in leading outlets covering midwifery, maternal health, and global health, reinforcing our role as a trusted voice in these critical

Social Media

Social media continued to be a key platform for advocacy, awareness, and community-building, with strong engagement across all major channels.

- Facebook grew to 55,000 followers, gaining 2,200 new followers over the year. Our 474 posts reached a total of 538,400 people, reinforcing our presence and engagement.
- Instagram saw steady growth, reaching 22,200 total followers, with 6,262 new followers joining throughout the year. Our 864 posts reached 220,500 people, achieving an average post engagement rate of 6%.
- LinkedIn saw significant growth, reaching 18,500 followers, with 5,899 new followers in 2024. Across 457 posts, the platform achieved an engagement rate of 8%, demonstrating strong professional engagement.
- X (formerly Twitter) maintained a strong presence with 25,600 total followers. While we observed a decline in followers, reflecting broader trends on the platform, engagement remained steady. Over the year, we shared 496 posts, achieving an average engagement rate of 4.9%.

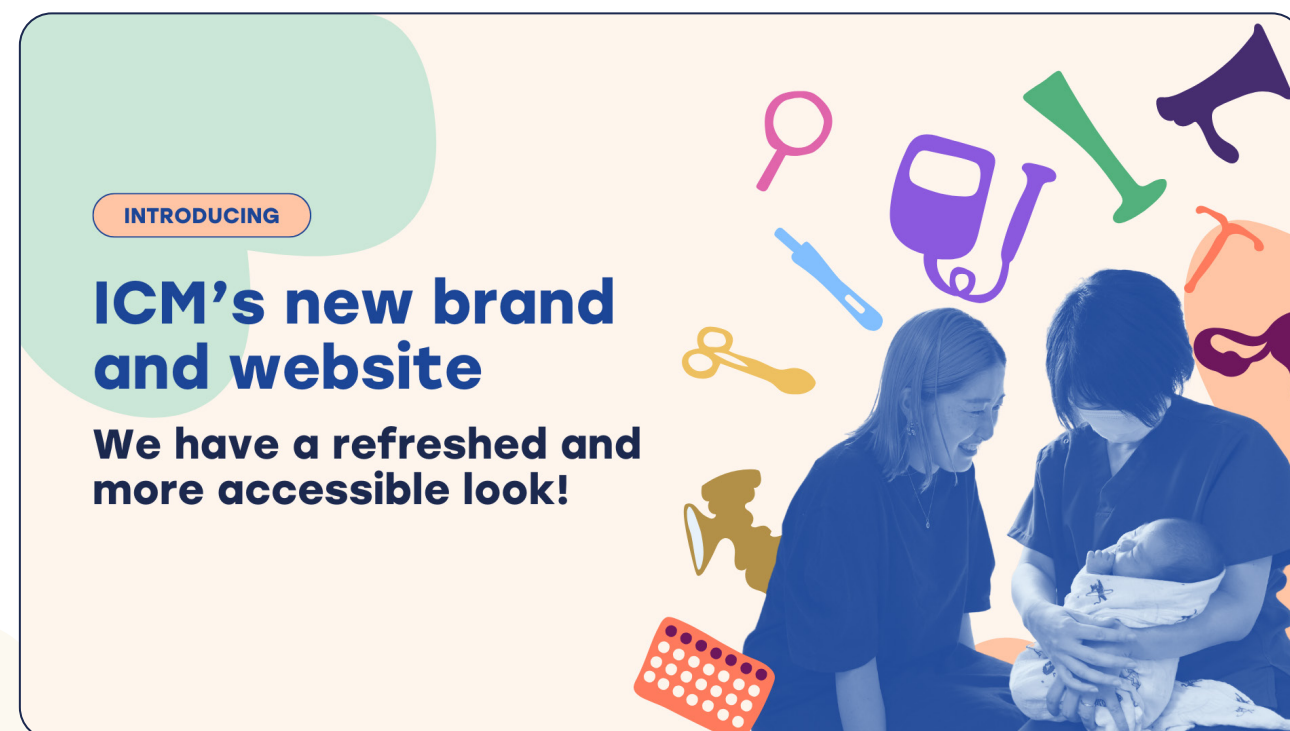
Newsletter:		Webpage:	
2022	17,960 subscribers	2022	128,000 individual visitors
2023	19,596 subscribers	2023	169,000 individual visitors
2024	24,792 subscribers	2024	234,000 individual visitors

YouTube

ICM's video content continued to be a powerful tool for storytelling, advocacy, and education, expanding our reach and engagement. Over the year, our YouTube channel grew to 2,280 subscribers, gaining 490 new followers. We published 33 videos with a total of 61,200 views, covering a range of topics, including documentaries on midwives in humanitarian settings, event recordings, interviews, and advocacy videos, further amplifying the voices and impact of midwives worldwide.

ICM's Visual Identity

In February 2024, ICM released a comprehensive update to our visual identity, better reflecting its evolving mission and values. The new logo serves as the centrepiece of the new identity along with a redesigned website offering improved usability and accessibility. The updated colour palette, building from ICM's core blue and orange, and the new typography that is easier to read helps ICM's community recognise the organisation. In this process, ICM also developed logos for ICM member associations and for each of the regions to represent the broader global community. Shaped by input from MAs, midwives, and key partners, and aligned with ICM's strategic priorities – this refreshed visual presence is deeply rooted in ICM's commitment to inclusivity and effectiveness.



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

National, Regional and Global Partnerships

In an evolving health landscape, the role of midwives has never been more critical. Strengthening partnerships between midwives and key stakeholders—including global and national policymakers, healthcare organisations, and community leaders—is essential to advancing maternal and newborn health worldwide. By strengthening and building strategic partnerships with aligned and new sector allies and promoting collaboration, we can foster sustainable improvements for the profession of midwifery, increase health outcomes for mothers and babies, and save lives.

In 2024, ICM started conversations with new potential partners such as the Maternity Foundation, International Rescue Committee (IRC), and International Medical Corps (IMC). Our strategic partnership approach means that we take the time to explore and map out strategic partnerships for collaboration. Building on ICM's established partnerships and creating new connections to drive impact for the midwifery profession has been central to ICM's work this year. Key partnerships this year have included:

World Health Organization

ICM is a longstanding partner of WHO and enjoys the status of a non-state actor in official relations with WHO. Triennial collaboration plans are agreed and in the 2023 – 2025 period ICM is supporting WHO through dissemination of the 7 Step Action Plan to Strengthen Midwifery Education, technical input for WHO's development of modules within its Midwifery Toolkit, and dissemination and advocacy for the WHO Strategic Directions for Nursing and Midwifery (SDNM). Please see the above section on the Midwifery Accelerator and MMoC for more details on the work of this partnership.

United Nations Population Fund (UNFPA)

ICM also has a longstanding relationship with UNFPA. In 2024, both partners collaborated through AIME, the Midwifery Models of Care work, and Midwifery Accelerator. ICM also has an annual workplan with UNFPA and in 2024 we delivered educational workshops

through AIME at both ICM regional conferences, provided a series of educational webinars through AIME, developed a new MPath resource on recognition of prior learning, and facilitated sponsorship for midwives from low-income settings to attend the regional conferences in Kigali and Berlin.

As an implementing partner to **UNFPA Bangladesh**, ICM worked closely with the Bangladesh Midwifery Society (BMS) to strengthen its institutional capacity, and in turn, to strengthen the midwifery profession in Bangladesh. Activities included strengthening member services, organisational capacity through direct fund forwarding, governance strengthening sustainability, young midwife leadership, and advocacy.

ICM has been working closely with **UNFPA Asia and the Pacific Regional Office (APRO)** to design, develop, and deliver a bespoke online training and quality improvement programme regulation for midwifery education. Despite investment and improvement programmes in midwifery education over the last ten years across the region, significant challenges still exist, and many countries do not meet the ICM Global Standards for Midwifery education. Effective regulatory processes can be a key enabler for enhancing the quality of pre-service midwifery education. The programme will be launched in 2025 and will provide regulators with additional knowledge and skills to enhance their understanding and enable effective monitoring and quality assurance mechanisms for pre-service midwifery education. It is expected that 22 countries across APRO Region will be represented.



UNFPA and Ministry of Health and Population (MoHP) Egypt

Egypt is a country with no formal cadre of midwives in its health system, and one of the highest caesarean section rates in the region and globally. Consequently, there is a crucial need to reduce Egypt's caesarean section rate and improve maternity services and outcomes for women, newborns and families. Egypt's Midwifery Strategy (2023-2030) details the key strategic priorities and interventions that were identified by the Ministry, UNFPA, and their partners. ICM was subsequently approached to provide expertise and input, and our team was invited to attend the Second Global Congress on Population, Health and Human Development held in Cairo in October 2024 by MoHP. Round-table discussions with relevant stakeholders in Cairo and subsequent conversations between ICM and UNFPA Egypt will result in the submission of a technical services offer detailing ICMs proposed contribution to the revival of midwifery and the midwife profession in Egypt in 2025.

Laerdal

In 2024 ICM brought together a group of international midwife educators to update the Laerdal-ICM Digital Learning Solution for Midwifery Education to reflect updates to the Essential Competencies for Midwifery Practice. This partnership represents ICM's first income generating activity through the sale of the digital learning solution to midwifery schools globally.

Direct Relief

Historically, ICM has worked in partnership with Direct Relief to provide emergency grants to MAs and midwives in humanitarian and crisis situations. This year, our partnership with Direct Relief focused extensively on the advancement of the Midwives' Data Hub. The Hub is designed to share midwifery data and showcase key global sources of information, including the WHO and UNFPA. Based on initial collaboration with ICM, over the past two years, Direct Relief has worked on developing a Perinatal Kit, which is currently being piloted and expanding to five sites. By leveraging ICM's expertise in working with midwives in LMICs, the toolkit's effectiveness and implementation have been strengthened.

FP2030

As a global partner of FP2030, ICM's partner is rooted in efforts to enhance the accessibility and quality of comprehensive SRMNAH services. Key actions include strengthening partnerships, advocating for midwifery, amplifying women's voices, and ensuring the training and recruitment of midwives.

SheDecides

The SheDecides platform in the Netherlands, managed by Rutgers, strives to ensure that funds for international programmes are used effectively to advance advocacy for the rights of women and girls. SheDecides brings together partners and serves as a strong advocate for rights, especially in areas with limited access to safe abortion and contraception. ICM has a number of SheDecides Champions and collaborates with the organisation regularly on advocacy initiatives.

The Partnership for Maternal, Newborn and Child Health (PMNCH)

Established in 2005, The Partnership for Maternal, Newborn & Child Health (PMNCH) is hosted by the World Health Organization in Geneva and serves as the largest alliance working on the health and wellbeing of women, children and adolescents globally. With nearly 1,500 partner organisations, PMNCH's mission is to mobilise, and amplify partner to advocate for the health and well-being of the most vulnerable populations.

In 2024 PMNCH reformed its governance structures by reducing the number of constituencies from 10 to six. This resulted in the merge of the Health Care Professional Association constituency with the Academic Research Training Institutes constituency to create a new constituency, the Health Care Professionals Associations and Academic Research Training Institutes (HCAR). A further result of the governance reform and smaller Board is that ICM President, Sandra Oyarzo Torres, will no longer represent the HCPA on the PMNCH Board starting in 2025. ICM will continue to be represented on the HCAR constituency through the President and CE.

Global Partners' Meeting (GPM)

ICM partners with WHO and the International Council of Nurses (ICN) on a biennial meeting, the Global Partners Meeting (previously called the Triad Meeting). The GPM preceded the World Health Assembly in Geneva and brought together over 200 midwives and nurses in a hybrid format to focus on policy dialogue and midwifery and nursing contributions to stronger health systems. ICM contributed to presentations on health workforce challenges, STAGE Midwifery Models of Care, State of the World's Midwifery Reports, Strategic Directions for Nursing and Midwifery (SDNM), and emergency preparedness. ICM also had a meet and greet with representatives from approximately 20 MAs who attended the GPM in person. A Zoom event was also held to connect with MAs attending virtually, hosting approximately 25 participants. Upon conclusion of the GPM, Sandra Oyarzo Torres and Sally Pairman attended a reception hosted by Princess Muna Al-Hussein at the Jordanian Ambassador's residence.

World Health Assembly

ICM representatives attended the annual World Health Assembly (WHA) in Geneva in May 2024. As well as attending various side events, ICM representatives were able to meet in person with Mandira Paul from Sida, with FIGO President, CE and delegation members, with Elena Ateva from Americares, with Ulrika Rehnstrom from WHO, with Geeta Lal from UNFPA, with the Chief Nurse of WHO, Dr Amelia Tuipulotu, and they attended a luncheon hosted by ICN. A highlight of WHA this year was the soft launch of the Position Paper on Transitioning to Midwifery Models of Care and roundtable discussion. The International Federation of Red Cross and Red Crescent Societies (IFRC) invited Sally Pairman to speak at a roundtable on saving mothers and newborns in crisis.

The Midwifery Accelerator

ICM has played a key role in developing the Midwifery Accelerator, in collaboration with UNFPA, WHO, Sida, FCDO, and many other partners. The Midwifery Accelerator is set to be a powerful advocacy tool designed to amplify the WHO-led Midwifery Models of Care Position Paper and Implementation Guide. During the December stakeholder meeting in Washington DC, it was decided that the final product would focus on advocacy, positioning midwifery as a strong, unified voice, encouraging collaborative approaches to implementing MMoC. This decision marks a significant milestone in ICM's continued advocacy for midwives and their crucial role in maternal and newborn health.

New Partnerships

Lightful

ICM and Lightful are committed to a longstanding partnership, leveraging their collaboration to strengthen MAs by improving their digital communication skills across Africa, the Eastern Mediterranean, and Southeast Asia. Through this initiative, MAs receive training in digital advocacy, storytelling, campaigning, and fundraising, using a midwife-adapted version of Lightful's successful 'BRIDGE' curriculum.

In 2024, 17 MAs from the Africa region began their six-month BRIDGE training with a face-to-face workshop at the ICM regional conference in Kigali, Rwanda. This was a success, and the MAs then continued their journey online with live sessions, individual coaching, and access to the online Lightful Academy. The MAs also received small grants to support increasing the impact of the training, such as sourcing necessary IT equipment

or creating an online fundraising platform. They also used the grants and their newly developed digital skills to increase their visibility and reach by implementing storytelling and advocacy campaigns online.

“The BRIDGE programme has been instrumental in enhancing my ability to promote and advocate for midwifery by equipping me with effective communication and advocacy skills. It has provided practical tools for crafting compelling messages, engaging stakeholders, and raising awareness about the vital role of midwives in improving maternal and newborn health. Through its training, I have learned to confidently represent midwifery at various forums, foster collaboration with key partners, and advocate for policies that support midwifery practice. This has empowered me to highlight the critical contributions of midwives and advance the profession’s recognition and impact.”

- Alphonsine Vanessa Umutoni, participant from the Rwanda Association of Midwives:



The MAs have shown high engagement, with all of them reporting a significant boost in confidence in their digital skills, with an impressive 84% of participants reporting that they have set SMART goals for their digital strategies and campaigns. Another 12 MAs from Southeast Asia and Eastern Mediterranean enrolled in late 2024 for the BRIDGE training in 2025. Thanks to this partnership, ICM has collected vital information about the support that MAs need to make them more resilient and stronger.



Following the BRIDGE training, Lightful shared an impactful blog post on importance of empowering midwives through digital skills.

The Foreign Commonwealth and Development Office (FCDO)

In partnership with and funding from the Foreign Commonwealth and Development Office (FCDO), ICM is working to increase the capacity of MAs in Kenya, Malawi, and Pakistan. This work focuses on enabling MAs in these countries to drive policy change for midwifery and play a larger national leadership role. Through this partnership, ICM will enhance MAs’ operational capacity and their ability to effectively respond to humanitarian crises, particularly in supporting marginalised groups such as adolescents and individuals living with disabilities.

The Royal Dutch Organisation of Midwives (KNOV)

In partnership with funding from midwives4mothers (m4m), a charity organisation that works in partnership with The Royal Dutch Organisation of Midwives (KNOV), ICM supported partial and full bursaries for midwives to attend the ICM Regional Conferences in Rwanda and Germany. With this support, ICM ensured fair access to the conferences, particularly for midwives who would have otherwise been unable to attend due to financial limitations, allowing them to participate in leadership and capacity-building opportunities.

Additionally, through the leadership workshops at both conferences, midwives are still participating in a community of practice (CoP) network. Through the CoP network, midwives who received bursaries have access to a safe forum for discussion, exchange of ideas, and support from other midwives around the world. The funding contributed to building a global community among midwives’ leaders to foster support, learning, advocacy, and leadership. This approach is embedded in ICM’s organisational approach and creates continuity of support and provides midwives from different backgrounds an opportunity to work together and support each other in developing their leadership skills.

Partnerships in Development

ICM establishes partnerships to enhance the impact of midwifery and strengthen global health systems. Through collaboration, ICM leverages the expertise, networks, and resources of its partners to deliver sustainable, integrated solutions rather than parallel services that may not endure. Partnerships enable greater efficiency, capacity-building, and long-term sustainability, ensuring that MAs grow stronger and more independent.

ICM’s partnerships are guided by principles of trust, reciprocity, ethical responsibility, and alignment with ICM’s vision and global commitments. To ensure consistency and effectiveness, ICM follows a structured Partnership Development Framework, which includes:

- Identifying the Need – Assessing the added value, skills, and resources required for success.
- Scoping and Due Diligence – Evaluating potential partners’ benefits, risks, governance, and alignment with ICM’s mission.
- Defining Responsibilities – Establishing roles, timelines, and resource commitments.
- Setting Governance Structures – Agreeing on decision-making processes, conflict resolution, and shared values.
- Measuring Success – Defining key performance indicators and regular review processes.
- Sustaining or Exiting – Making informed decisions on continuation, evolution, or conclusion of partnerships based on strategic priorities.

By following this framework, ICM ensures that partnerships remain strategic, effective, and aligned with its mission to advance midwifery worldwide. In 2024, ICM commenced partnership talks with the Maternity Foundation and the International Rescue Committee (IRC).

Reflections

In 2024, ICM’s bolstered its reach through a 40% increase in website traffic and a massive boost in newsletter subscribers. The onorganisation also revitalised the PUSH Campaign through the development of a new two-year strategy focused on women-cantered care and propelled the new focus on midwives and climate through the development of a robust report focused on midwives as frontline responders. Through committed advocacy efforts, strengthen partnerships, and innovative communications approaches, ICM has worked this year to positions midwives as essential agents of change.

“ICM has an incredible network, so their reach is really impressive. They meet women where they are, making sure their support is accessible and impactful.”

- Anna-Klara Berglund, Policy Specialist, Sida



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

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

Recognising the pressing need for collective action, ICM has embedded sustainability practices within its operations and advocacy efforts. As a forward-thinking organisation, we remain steadfast in our commitment to tackling critical global challenges, including positioning the climate crisis as an organisational key priority in 2024. By staying abreast of emerging environmental trends, policy developments, and innovative solutions, ICM is working to advocate for and support midwives as they respond to the impact of climate change.

Ready to Respond Train the Trainer Programme

To strengthen midwives' preparedness and coordination in future humanitarian crises, the Association Marocaine des Sages-Femmes (AMSF) requested additional training from ICM on humanitarian action. In response, ICM developed Ready to Respond: A Midwife's Guide to Humanitarian Action, a comprehensive programme consisting of seven training modules.

The three-day on-site training was designed to deepen participants' understanding of humanitarian action and the essential role of midwives in crisis preparedness and response. It focused on equipping midwives with the skills to transfer knowledge to their peers, train others to join the national emergency response team, and advocate for midwives' critical contributions in humanitarian settings. A total of 30 midwives attended the training.

On the fourth day, ICM led an advocacy workshop in Rabat for AMSF board members, midwives, and other stakeholders, bringing together a total of 15 participants. The session focused on strategies to strengthen AMSF's role in emergency response planning and enhance collaboration with key stakeholders to ensure access to essential medicines and supplies for SRMNAH services.

“I experienced the Haouz earthquake in Morocco, and being trained for such situations is crucial for midwives. We are responsible for the sexual and reproductive health (SRH) of women, children, and others in need. This training had helped us manage stress, be prepared for catastrophic crises, and act effectively to help people, particularly in SRH services. It has greatly contributed to the development of my personal and soft skills and provided extensive knowledge about the objectives of the Minimum Initial Service Package.”

– AMSF Midwife from Morocco



From June to October 2024, pilot training sessions were rolled out across four regions – Beni Mellal, Dakhla, Tanger, and Tetouan – each involving 30 local midwives. At the ICM African and Eastern Mediterranean Regional Conference, held in Kigali, Rwanda, from 24 to 26 September 2024, ICM provided AMSF with a platform to showcase the vital role of midwives in disaster response. In response to AMSF’s request for greater recognition of their midwives’ contributions during the Al Haouz earthquake, ICM invited two AMSF leaders to co-facilitate a workshop on humanitarian response.

Midwives and Humanitarian Situations Video

ICM commissioned two documentary photographers to capture images and video footage in the West Bank (Occupied Palestinian Territory) and Cox’s Bazar (Bangladesh), showcasing the work of midwives in these challenging settings. This material has been shared on ICM’s social media channels to raise awareness. Additionally, ICM engaged a professional editor to produce a [promotional video](#) highlighting midwives’ critical role in humanitarian crises, featuring their work in refugee camps in Cox’s Bazar, flood-affected regions in Pakistan, mobile clinics in Morocco, and hospitals in the West Bank.



The video underscores midwives’ resilience and dedication, demonstrating their ability to provide life-saving care despite immense challenges such as natural disasters, conflicts, and displacement. It also emphasises the unique difficulties they face, and the specialised support needed to deliver SRH services effectively in crisis settings. The video and accompanying photo library serve as powerful advocacy tools, reinforcing the essential role of midwives in humanitarian contexts and the urgent need for sustained investment in their work to protect the health and well-being of women, newborns, and their families.



[Midwives: Critical in Every Crisis](#)

Midwives’ Perspectives on Climate Change Report

Over the last year, ICM has been a vocal advocate for the need to address the significant impact of the climate crisis on maternal and newborn health. Building from this work, ICM, with significant input from Human Rights Watch (HRW), developed a robust report titled, [Interlocked: Midwives and the Climate Crisis](#), to bring attention to the critical intersection between midwifery and the climate crisis. Developed from 8 July to 15 August 2024 in English, French, and Spanish, the report was promoted through ICM’s member associations, social media, and other communication channels. The report aligns with ICM’s 2024-2026 Strategic Priorities and complements HRW’s advocacy on the intersection of sexual and reproductive rights and climate change.

Recognised as the greatest health threat of our time, climate change is already impacting SRMNAH globally. The survey examined midwives' engagement in clinical and advocacy efforts and whether they see their profession as playing a role in addressing these challenges. In the report, 75% of midwives stated that climate change is harming the communities they serve, with rising rates of preterm births, food insecurity, and restricted access to care during disasters like floods. Midwives in communities witness and respond to these effects – from extreme weather events to displacement and food insecurity. However, increasing climate-related disasters are straining health care systems, deepening health inequities, and limiting their ability to provide essential care. The survey findings highlighted midwives' critical role in climate-related health emergencies, often serving as first responders to crises such as floods restricting maternity care access or extreme heat worsening pregnancy complications. Despite this, their work is becoming more challenging, threatening the well-being of the communities they serve.

Midwives in these settings face increasing strain, often working without adequate resources or support. Many midwives reported stress, burnout, and even displacement due to climate disasters, with 76% agreeing that the climate crisis has negatively impacted their work. The mental and emotional toll is significant, with burnout, stress, and climate anxiety on the rise, exacerbated by government inaction and exclusion from emergency preparedness and policy development. Despite these challenges, midwives are eager to be part of the solution.



Many expressed a strong interest in training on climate-related health risks and engaging in climate activism. Survey respondents called for training, resources, and inclusion in climate preparedness plans to strengthen their ability to respond to growing challenges. They see themselves as not only healthcare providers but also community advocates, ready to take on leadership roles in climate resilience efforts. To fully leverage their potential, midwives must receive adequate training, resources, and integration into national climate strategies. By reducing unnecessary interventions and providing care closer to home, midwives also lower the carbon footprint of healthcare services and support climate-resilient health systems.

The report underscores that for midwives to lead in climate adaptation and mitigation, governments and healthcare systems must recognise them as key responders, provide comprehensive climate-health training, and include them in emergency planning. By empowering midwives, we can create resilient healthcare systems that both withstand climate impacts and reduce their environmental footprint. This report makes it clear: midwives are ready to take on these challenges, but they need policymakers and international organisations to provide the support necessary for them to succeed.

International Day of the Midwife

Established by ICM in 1992 and celebrated every year on 05 May, International Day of the Midwife (IDM) has been a cornerstone of our efforts to celebrate midwives and their essential contributions to health systems worldwide. For over three decades, ICM has led the global celebrations, shining a spotlight on the indispensable role midwives play in improving health outcomes for women, newborns, and gender-diverse people.

In 2024, we elevated IDM beyond celebration, transforming it into a critical moment for advocacy. In alignment with ICM's Strategic Priority 4, this year's theme, "Midwives: A Vital Climate Solution," underscored the essential role midwives play in building sustainable health systems capable of addressing the greatest health challenge of our time: climate change.

To support midwives and MAs in celebrating and advocating for this theme, we developed a comprehensive social media toolkit including printable resources; pre-designed social media posts, graphic assets, and for the first time, an IDM badge, enabling MAs to easily brand their materials for the day.

IDM 2024 had a remarkable impact, with two virtual events attracting over 600 participants and sparking dynamic discussions on midwifery and climate resilience.

IDM-related materials generated over 677,640 impressions across social media platforms, amplifying the reach of ICM’s key messages on midwifery. A highlight of the day – a video message from Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization – celebrating midwives and reinforcing IDM’s place on the global health agenda.

The theme also ignited broader conversations on the intersection of midwifery, SRMNAH, and climate change, contributing to an increase in related studies and articles – all of which will continue to serve ICM’s advocacy and communications efforts. The momentum of IDM 2024 has elevated the visibility of midwives as key leaders in mitigating the health impacts wrought by climate change.



Reflections

This year, ICM implemented the new strategic pillar, working to ensure midwives are equipped and supported to mitigate and respond to the health impacts of the climate and other humanitarian crises. Through the development of a training programme for midwives, ICM enhanced their preparedness for disaster response. During International Day of the Midwife, ICM showcased midwives as a vital solution to addressing climate and health challenges, reaching wide audiences through communications and advocacy efforts that called for greater investments in midwifery. ICM has strengthened and brought visibility to the essential place of midwives in climate action, disaster response efforts, and in the push for sustainable health solutions.

“ICM’s work in elevating midwives globally, advancing the SDGs, and supporting midwives during climate crises, is more relevant than ever. Midwives must be part of the conversation on climate change. In our work, they are the paragon of community health workers—delivering a different quality of care that enhances patient outcomes and satisfaction.”

- Paulina Ospina, Director of Programmes, Direct Relief



Looking Forward

With a legacy spanning over a century, ICM has remained a steadfast advocate for midwives, working to enhance their status, capacity, and global recognition as key agents of change, all while working to strengthening MAs. The organisation has remained committed to strengthening midwifery education, leadership, and advocacy that foster a supportive environment for midwifery, focusing on sustainability, localisation, and long-term impact. Throughout 2024, this approach has driven significant progress in advancing the profession.

At the halfway point of the triennium approaches, ICM’s strategy will further strengthen support for midwives and MAs by promoting evidence-based practices, leadership development, and strategic partnerships. ICM will also continue to focus on building a more diverse financial pipeline to support the strategy and to amplify midwifery’s global impact, particularly in the face of humanitarian crises, climate challenges, and rollbacks to women’s rights and gender equality. **As the world navigates shifting realities, ICM will remain steadfast in our commitment to midwives, the women they care for, and the larger communities impacted by their lifesaving work.**

ICM’s financial planning approach enables effective cost recovery and supports the successful implementation of the Triennial Strategy. The projected income and expenses for 2025 are summarised below.

INCOME	(x € 1,000. -)		
Membership Fee	437	Personnel Costs	2,797
Subsidies Core Funding	3,120	Direct Project Costs	1,041
Project Funding	250	Congress & Regional Conferences	382
Congress & Regional Conferences	235	Board	62
Other Income	139	Representation	77
Total Income	4,181	Professional Services	105
		Translation and Interpretation	88
		ICT/ Software & Licenses	106
		General Office Costs	84
		Total Expenditure	4,742
		Operational Result	-561
		Financial Income/Cost	0
		Total Result	-561

Whilst the approved 2025 budget shows a deficit, the anticipated deduction of the result to the General Reserve is €98,080.

Since the approval of the 2025 budget, the non-profit sector, especially for organisations working in fields including gender equality and women’s rights has changed rapidly. While strengthening our regions remains a key priority, hosting Regional Conferences is a significant financial commitment, and as we evaluate the impact of these shifts on our organisation and our member associations, the Board made the difficult decision to cancel the planned 2025 Regional Conferences.

Considering this, a reforecast 2025 budget will be presented to the Board for approval.



Financial Overview

Executive Summary to the Financial Statements

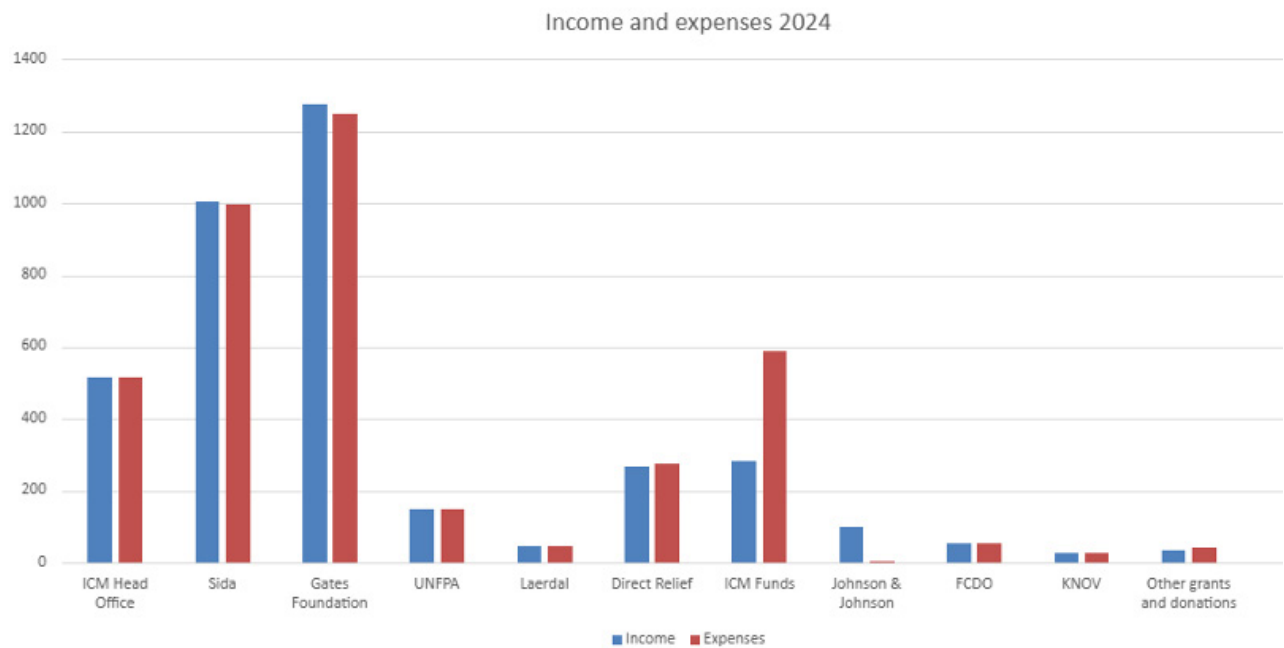
This Financial Report sets out the result of the activities described above in the year 2024. The year closed with a negative result of EUR 129,318 (2023: positive result of EUR 728,691). The main reasons for this result are amongst others described below:

- The two regional conferences held in Kigali and Berlin were a success in delivering on the strategic plan and conference objectives but, as anticipated and agreed during the planning stage, were run as loss-making activities and closed with a negative result of EUR 55,470. After deducting the ICM costs a loss of EUR 293,851 was appropriated to the Regional Conference Fund.
- An appropriation of EUR 113,562 was made from the Congress fund to the Regional Conference Fund to help cover the loss.
- During the audit of the 2023 financial statements, it was noted that there was a possible CIT (corporate income tax) liability due to ICM achieving positive results in 2021 and 2023 on the virtual and triennial congress. Based on advice received and pending the decision of the DTA (Dutch tax authorities) a prudent position has been taken and a provision made of EUR 175,000 for the CIT liability and associated costs. The provision was appropriated to the Congress Fund.
- In 2024, the core funding from the Gates Foundation continued and a new core grant for the period 2024 –2026 was also confirmed with the Swedish International Development Cooperation Agency (Sida). Additionally, Direct Relief's grant to cover core activities and build capacity to manage and further develop the Global Midwives Hub was extended to June 2025. ICM also confirmed a new core funding grant agreement with the Foreign, Commonwealth and Development Office (FCDO), for the period 2024 –2030, to cover core activities and help strengthen local midwifery associations. These funds helped the continued delivery of our strategic plan as well as providing funds for other core costs such as the strengthening of ICM's Head Office team.
- Besides the additional core funding in 2024, ICM also received donations to support midwives attending the Regional conferences and further funding, including a partnership agreement with Lightful for the period 2024 – 2026 which is funded by the Gates Foundation, to strengthen midwives and midwives' associations.
- The projects and core grants that were completed and closed off in 2023 and 2024, had their remaining balances (total EUR 197,307), including interest and exchange

- gains/losses, as at 31st December 2024, released to the Profit and Loss and appropriated to the operating reserve. The operational reserve was set up in 2024 and will serve as a flexible fund to support the organisation’s annual budget and project funding when needed, while maintaining the integrity of the general reserve for emergencies and unforeseen expenditures in alignment with the general reserve policy.
- During 2024, ICM earned EUR 157,095 in interest and due to favourable exchange rates, exchange rate differences resulted in an overall gain of EUR 85,619 which includes EUR 108,917 of unrealised gains.

Summary Income and Expenditure 2024

The table below shows the main areas of income and expenditure



Reserves Policy

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

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

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

Based on the approved annual budget for 2024 the target minimum of the General Reserve is calculated as EUR 651,023. On 31 December 2024 the total of our general reserves, after the appropriation of results, is, as per our target, EUR 651,023.

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

ICM has a positive working capital as per year-end amounting to EUR 1,470,851 (31 December 2023: EUR 1,602,220), which includes a balance amount of cash at bank and in hand of EUR 4,252,619 (31 December 2023: EUR 3,998,350).

The total Equity amounts to EUR 1,537,891 (31 December 2023: EUR 1,667,209), of which EUR 20,697 (31 December 2023: EUR 36,008) relates to restricted funds.

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

Compliance with Laws and Regulations

ICM’s operations and work are guided by principles of transparency, accountability and integrity and we are committed to the prevention of corruption (including fraud and bribery) and promote an anti-corruption culture. ICM works in an honest and ethical manner, and takes a zero-tolerance approach to corruption, fraud, and bribery. ICM has several internal controls and policies which apply to its employees, contractors, consultants, sub grantees and members. ICM engages external specialists in local areas to manage the organisation of the triennial congress and regional conferences and ensures adherence to regional laws and regulations. As a result of these policies and procedures, ICM management has not detected any indications of fraud or non-compliance with laws and regulations except for a non-material incident in 2024. Donor funds were not involved in the incident. Appropriate prevention measures have been taken by ICM management to detect potential incidents.

Financial Statements 2024

1 Balance Sheet

Balance Sheet as at 31 December 2024

	Notes	2024 EUR	2023 EUR
ASSETS			
Fixed assets			
Intangible fixed assets	5.1	19,104	24,547
Tangible fixed assets	5.1	47,935	40,441
Financial fixed assets	5.2	1	1
		67,040	64,989
Current assets			
Receivables	5.3	275,782	149,734
Cash at bank and in hand	5.4	4,252,619	3,998,350
		4,528,401	4,148,084
TOTAL ASSETS		4,595,441	4,213,073
EQUITY AND LIABILITIES			
Equity			
Unrestricted reserves	6.1		
General reserve		651,023	538,008
Operational reserve		201,033	-
Earmarked reserves		665,138	1,093,193
		1,517,194	1,631,201
Restricted funds	6.2	20,697	36,008
		1,537,891	1,667,209
Provisions	6.3	175,000	-
Short-term liabilities	6.4		
Creditors		222,712	137,565
Accruals		207,333	58,377
Tax and social charges		116,470	56,094
Other payables		183	340
		546,698	252,376
Grants/Subsidies	6.5		
Core funding		2,079,895	1,751,975
Project funding		255,958	541,513
		2,335,852	2,293,488
		3,057,550	2,545,864
TOTAL EQUITY AND LIABILITIES		4,595,441	4,213,073

2 Statement of Income and Expenditure

Statement of income and expenditure for the year ending 31 December 2024

	Notes	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
INCOME				
Membership fees	8.1.1	437,059	451,020	448,827
Core funding	8.1.2	2,577,712	2,217,973	2,038,610
Project funding	8.1.2	770,688	731,824	2,215,617
Funds	8.1.3	207,454	284,095	2,679,494
Other income	8.1.4	60,000	66,906	5,882
TOTAL INCOME		4,052,914	3,751,817	7,388,431
EXPENDITURE				
Personnel	8.2.1	2,296,805	2,131,366	1,894,290
Board	8.2.2	68,135	56,917	55,401
Representation	8.2.2	42,500	30,308	23,445
Professional services	8.2.3	201,320	222,279	182,682
General office costs	8.2.4	168,006	209,614	194,410
Events and programmes	8.2.5	1,383,028	1,289,883	4,309,563
TOTAL EXPENDITURE		4,159,794	3,940,368	6,659,791
OPERATIONAL RESULT		-106,880	-188,550	728,640
Financial income/(expenditure)	8.3	30,000	234,233	51
Corporate Income Tax - Congress	8.4	-	175,000	-
NET RESULT		-76,880	-129,318	728,691
APPROPRIATION OF RESULT - ADDITION/(DEDUCTION)				
Unrestricted reserves				
General reserves		61,000	113,015	246,072
Operational reserves		-	201,033	-
Safe Motherhood and Development Fund		-	2,852	-67,586
Membership Assistance Fund		-	-	-154
Congress Fund		-	-152,353	389,854
Regional Conference Fund		-137,880	-293,851	179,371
Subtotal unrestricted reserves	6.1	-76,880	-129,304	747,557
Restricted Reserves				
PUSH Campaign Fund		-	-14	-18,866
Dorothea Lang Fund		-	-	-
Subtotal restricted reserves	6.2	-	-14	-18,866
TOTAL APPROPRIATION OF RESULT		-76,880	-129,318	728,691

3 Statement of Cash Flows

Statement of cash flows for the year ending 31 December 2024

	2024 EUR	2023 EUR
Net result	-129,318	728,691
Adjustment for		
Amortisation/depreciation	15,515	13,116
Exchange rate differences	-108,917	66,060
Changes in provisions	171,612	10,182
Changes in working capital:		
- Receivables	-122,659	603,656
- Liabilities	218,036	-1,130,036
Cash flow operational activities	44,269	291,669
Investments in (in) tangible fixed assets	-17,567	-40,214
Cash flow from investing activities	-17,567	-40,214
Net cash flow	26,702	251,455
Exchange rate and translation differences on cash in hand and at bank	227,567	-58,399
Change of cash in hand and at bank	254,269	193,056
Cash at 31 December	4,252,619	3,998,350
Cash at 1 January	3,998,350	3,805,294
Change of cash in hand and at bank	254,269	193,056

4 General notes to the Financial Statements

General

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

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

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

One measure of success is the stability in ICM Membership. At year end 2024 there are 135 Member Associations (2023: 139) from 117 countries. New applications for membership are received on a regular basis and from time-to-time Member Associations withdraw or are excluded from membership, generally because of inability to pay membership fees over several years.

Group Structure and consolidation exception

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

Basis of preparation

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

Financial reporting period

These financial statements cover the year 2024, which ended at the balance sheet date of 31 December 2024.

Going concern

ICM has a positive working capital as per year-end amounting to EUR 1,470,851 (31 December 2023: EUR 1,602,220), which includes a balance amount of cash at bank and in hand of EUR 4,252,619 (31 December 2023: EUR 3,998,350). The total Equity amounts to EUR 1,537,891 (31 December 2023: EUR 1,667,209), of which EUR 20,697 (31 December 2023: EUR 36,008) relates to restricted funds.

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

Comparison with previous year

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

Principles for the valuation of assets and liabilities

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

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

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

Functional and presentation currency

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

Use of estimates

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

Principles for the translation of foreign currencies

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

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

Financial instruments

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

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

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

Offsetting financial instruments

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

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

(In)tangible fixed assets

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

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

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

Financial fixed assets

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

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

Receivables

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

Cash in hand and at bank

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

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

Equity

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

The unrestricted reserves include the general and operational reserve, which serve as an assurance for the continuation of the activities of 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

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

Principles of the Statement of Income & Expenditure

General

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

Income

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

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

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

Employee benefits

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

The pension charge to be recognised for the reporting period is equal to the pension contributions payable to the pension provider over the period. In so far as the payable contributions have not yet been paid as at balance sheet date, a liability is recognised. If the contributions already paid at balance sheet date exceed the payable contributions,

a receivable is recognised to account for any repayment by the fund or settlement with contributions payable in future.

Financial income/(expenditure)

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

Leasing

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

Cash flow statement

The cash flow statement is prepared using the indirect method. Cash and cash equivalents include cash that is readily convertible to a known amount of cash without a significant risk of changes in value. Foreign exchange differences with regard to cash and cash equivalents are presented separately in the cash flow statement.

Subsequent events

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

5 Notes to Balance Sheet Assets

5.1 Tangible and intangible fixed assets

	IT Infrastructure EUR	Office furniture EUR	Total tangible fixed assets EUR	Intangible fixed assets Website EUR	Total fixed assets EUR
Net book value 1 January	18,763	21,678	40,441	24,547	64,988
Additions in 2024	15,902	1,664	17,566	-	17,566
Disinvestment	-	-	-	-	-
Depreciation 2024	-5,917	-4,154	-10,071	-5,444	-15,515
Net book value 31 December	28,747	19,188	47,935	19,104	67,039

The percentage for depreciation of IT-Infrastructure and the website was 20%. The percentage for depreciation of office furniture was 10%.

5.2 Financial fixed assets

The financial fixed assets relate to the WithWomen Foundation and has a negative net asset value of EUR 23,257 (31 December 2023: EUR 22,856) and is valued at EUR 1 (31 December 2023: EUR 1). The unrecognised share of the result during the financial year amounts to EUR 401 loss (2023: EUR 4,047 profit).

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

As of December 31, 2024, ICM had a claim of EUR 41,146 (31 December 2023: EUR 36,654) on the Foundation, included in the other receivables, refer to note 5.3.

5.3 Receivables

The building deposit (31 December 2024 and 2023: EUR 10,583), as included under the other receivables, has a maturity date of longer than one year. All other receivables have an estimated maturity shorter than one year. The carrying values of the recognised receivables approximate their respective fair values, given the short maturities of the positions and the fact that allowances for doubtful debts have been recognised, if necessary.

	Balance 31 December 2024 EUR	Balance 31 December 2023 EUR
Debtors		
Membership fee	35,254	26,825
WithWomen Charity	41,146	36,654
Czech-In	-	44,639
Other debtors	13,558	10,265
Provision doubtful debtors	-40,541	-43,929
Subtotal debtors	49,418	74,454
Other receivables		
Other prepayments	94,012	37,358
Advances workshops/meetings	32,129	14,891
Grants/Subsidies	83,576	-
Other receivables	16,648	23,031
Subtotal other receivables	226,365	75,280
Total receivables	275,782	149,734

Other prepayments relate mainly to supplier invoices for Insurances (EUR 30,358), relocation costs for the incoming and outgoing Chief Executive and Events Coordinator (EUR 20,418), travel costs (EUR 16,632), rental of the office property (EUR 12,833) and IT licenses/contracts (EUR 13,624), received and paid in 2024 but for services to be incurred in 2025.

Grants/Subsidies relate to amounts owing from funders and include EUR 52,511 from core funder Foreign, Commonwealth and Development Office (FCDO) and EUR 26,716 from Lightful.

Other receivables concern a building deposit (EUR 10,583) and interest from bank deposits (EUR 6,066).

5.4 Cash in hand and at bank

	Balance 31 December 2024	Balance 31 December 2023
Cash in hand	3,955	4,769
Cash at bank	4,248,664	1,062,313
Deposit at bank	-	2,931,268
Total cash	4,252,619	3,998,350

Cash is at free disposal of ICM. The deposit at the bank has a term of one month.

6 Notes to Balance Sheet Liabilities

6.1 Unrestricted Reserves

	Balance 1 January 2024 EUR	Additions EUR	Releases/ usage EUR	Balance 31 December 2024 EUR
General Reserve	538,008	113,015	-	651,023
Operational Reserve	-	201,033	-	201,033
Earmarked Funds				
Safe Motherhood Fund	78,583	2,852	-	81,435
Membership Assistance Fund	8,978	15,297	-	24,275
Congress Fund	825,343	29,483	-295,398	559,428
Regional Conference Fund	180,289	113,562	-293,851	-
Subtotal Earmarked Funds	1,093,193	161,194	-589,249	665,138
Total Unrestricted Reserves	1,631,201	475,242	-589,249	1,517,194

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

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

The “Membership 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 release/usage amounting to EUR 295,398, consists of EUR 175,000 for the Corporate Income Tax provision and EUR 113,562 appropriation to the Regional Conference Fund.

The “Regional Conference Fund” is used to cover expenses made by or on behalf of ICM in preparation of Regional Conferences.

6.2 Restricted Funds

	Balance 1 January 2024 EUR	Additions EUR	Releases/ usage EUR	Balance 31 December 2024 EUR
Dorothea Lang Fund	15,297	-	-15,297	-
PUSH Campaign Fund	20,711	-	-14	20,697
Total Restricted Funds	36,008	-	-15,311	20,697

The “Dorothea Lang Fund” - 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 EUR 8,500 over four years as a contribution to the costs of the ICM History Project that was completed in 2022. In the period 2018-2022 a total amount of EUR 8,233 was spent on this project. In agreement with the foundation and Board the remaining funds have been appropriated to the Membership Assistance Fund.

The “Push Campaign Fund”

In 2023 Trotula Fund, a Private Philanthropist, donated an amount of USD 97,605 (EUR 89,015) to ICM PUSH campaign Fund. In 2023, the White Ribbon Alliance also donated USD 20,000 (EUR 18,120) to this Fund.

6.3 Provisions

	Balance 31 December 2024	Balance 31 December 2023
	EUR	EUR
Provision for Corporate Income Tax	175,000	-
Total provisions	175,000	-

During the audit of the 2023 financial statements, it was noted that there was a possible CIT (corporate income tax) liability due to ICM achieving positive results in 2021 and 2023 on the virtual and triennial congress. A detailed analysis on the position of ICM’s corporate income tax (CIT) liability was conducted and should the DTA (Dutch tax authorities) conclude that all taxable business criteria are fulfilled for the congress organisation and considers this as a taxable business activity for 2021 and 2023, then CIT will be due. Based on advice received and pending the decision of the DTA a prudent position has been taken and provision made of EUR 175,000 for the CIT liability and associated costs.

6.4 Short Term Liabilities

	Balance 31 December 2024	Balance 31 December 2024
	EUR	EUR
Creditors	222,712	137,565
Accruals	207,333	58,377
Tax	116,470	56,094
Other payables	183	340
	546,698	252,376

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

Within Creditors is EUR 76,541 owed to Czech-In for outstanding Regional Conference invoices.

The accrual balance includes a liability amount of EUR 95,809, owed to Czech-In, relating to outstanding Regional conference costs. The invoices related to this accrual were received and settled before the signing of these financial statements. Other accrual amounts mainly relate to the audit of the financial statements 2024 and Board Honorariums.

Tax includes liabilities for November and December.

6.5 Grants / Subsidies

6.5.1 Core funding

	Balance 1 January 2024	Subsidy received	Subsidy used/ allocated	Currency revaluation	Reallocation/ Release	Balance 31 December 2024
	EUR	EUR	EUR	EUR	EUR	EUR
Swedish International Development and Cooperation Agency (Sida)	-10,987	1,107,976	1,005,617	741	-	92,113
Direct Relief	512,951	-	110,593	26,754	-	429,113
Gates Foundation	1,164,551	1,281,144	958,352	71,326	-	1,558,668
Johnson & Johnson - Awards	85,460	-	-3,105	5,440	-94,005	-
Total core funding	1,751,975	2,389,120	2,071,457	104,261	-94,005	2,079,895

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

Sida confirmed a new funding grant of SEK 29,000,000 (approx. EUR 2,543,860) for the period of May 2024 to December 2026 to help cover ICM’s core costs to achieve the goals of its 2024 – 2026 Triennial Strategy. ICM received SEK 9,000,000 (EUR 794,749) of this grant in 2024. In addition, ICM received the final tranche of funding of SEK 3,500,000 (EUR 313,227) from the 2020-2023 grant in February 2024 as per the approved cost extension until April 2024.

Direct Relief approved a no cost extension until 30th June 2025 for the balance on the core grant to facilitate the transition of the Global Midwives’ Hub from Direct Relief and strengthen ICM’s core activities. The Direct Relief Ukraine Emergency Grant was closed out in December 2024.

Gates Foundation – In 2024, ICM received the third tranche of funding of \$1,375,500 (EUR 1,281,144) from the core grant, “Next Phase of ICM Strengthening Midwifery Globally”. This grant provides ICM with core funding of USD 4,500,000 (approx. EUR 4,245,283) from 28 October 2022 to 31 December 2026.

Johnson & Johnson – Following Johnson & Johnson’s confirmation in October 2023 that the balance of the awards grant could be reallocated from project to core funding and no further reporting requirements, the closing balance as at 31st December 2024 on the grant was released to the Profit and Loss and appropriated to the Operating reserve to support the organisation’s annual budget and project funding when needed.

Foreign, Commonwealth and Development Office (FCDO) - In October 2024, FCDO confirmed a new core funding grant, “Strengthening Local Midwifery Associations” for GBP 2,000,000 (approx. EUR 2,360,000) for the period 2nd October 2024 to 1st May 2030. FCDO does not pay funds in advance but reimburses quarterly following report submission. ICM received reimbursement for quarter 4, 2024 expenditure (GBP 43,815) in January 2025.

6.5.2 Project funding

	Balance 1 January 2024 EUR	Subsidy received EUR	Subsidy used/ allocated EUR	Currency revaluation EUR	Reallocation/ Release EUR	Balance 31 December 2024 EUR
Direct Relief PUSH	60,723	-	59,245	1,819	-3,297	-
Direct relief Humanitarian support	90,599	-	84,798	1,429	-7,230	-
Direct Relief Türkiye	761	-	-	47	-808	-
Erasmus Programme Grant	-	28,040	-	-	-	28,040
Every Mother Counts Ukraine	8,226	-	908	-	-	7,318
Gates Foundation - MLBC	43,967	-	12,222	2,295	-34,040	-
Gates Foundation - SMS	269,844	-	215,276	3,062	-57,630	-
Johnson & Johnson - YML	9,269	-	2,648	414	-7,035	-
KNOV	-	35,000	25,773	-	-	9,227
Laerdal	50,938	-	45,129	-	-	5,809
Lightful	-	201,679	15,709	4,951	-	190,921
New Venture Fund - YML	7,344	-	13,686	-396	6,738	-
UNFPA (Global)	-348	68,137	70,515	-	2,726	-
UNFPA Bangladesh	190	62,523	64,416	82	1,621	-
UNFPA APRO	-	25,941	12,918	688	-	13,711
World Health Organisation	-	931	-	-	-	931
Total project funding	541,513	422,251	623,243	14,391	-98,955	255,958

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

During 2024, there were a number of project grants that were completed and closed out with the donors. These include,

- Direct Relief PUSH
- Direct Relief Humanitarian support
- Gates Foundation (SMS)
- Johnson & Johnson - YML
- New Venture Fund - YML

The remaining funds, including interest earned and revaluation gains, on these projects (EUR 68,454) as at 31st December 2024, were released to the Profit and Loss and appropriated to the operating reserve to support the organisation’s annual budget and project funding when needed.

In addition, the remaining funds as at 31st December 2024 on Direct Relief Türkiye and Gates Foundation -MLBC (EUR 34,848), which were closed out in 2023, were also released to the Profit and Loss and appropriated to the operating reserve.

Erasmus+ Programme is a mobility program for members of ICM MAs in the European Union, aiming to improve their skills for adult education, especially in using simulation education and debriefing methods after running simulations. The agreement is for EUR 35,050 and covers the period from 1st June 2023 to 31st May 2025. ICM received EUR 28,040 in 2024.

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

KNOV provided EUR 35,000 for bursaries for midwives to attend the regional conferences in Kigali and Berlin 2024 as part of the Global Midwifery Leadership Plan. The balance will be carried forward to support the implementation of ICM’s Global Midwifery Leadership Plan.

Laerdal - In July 2023, ICM received a grant from the Laerdal Foundation of EUR 61,000 for the Utstein project which involved meetings to develop global guidelines for midwifery education faculty development. The work will be concluded in 2025 and a final report is due within 3 years of receipt of the grant.

Lightful is partnering with ICM to develop a BRIDGE program for midwives and aims to empower Midwifery Associations to increase their knowledge, understanding and experience around digital tools and platforms to reach more people with national, regional and international campaigns, raise more funds and improve resilience. The Gates Foundation is funding the partnership. The agreement covers the period 13th May 2024 through to 15th February 2026 and ICM's funding share is \$242,811 (approx. EUR 224,825). ICM received \$215,211 (EUR 201,679) in 2024.

UNFPA Global was a sponsor for the Regional conferences in Kigali and Berlin via the annual workplan and provided funding for strengthening midwives' education and the development of guidelines on the recognition of prior learning in midwifery.

UNFPA Bangladesh provided funding for the period 2023 – 2026 for strengthening the Midwives' Association in Bangladesh. Funds are provided via an annual workplan.

UNFPA APRO (Asia and Pacific Regional Office) provided funding for Strengthening Regulation of Midwifery in South East Asia via an annual workplan.

World Health Organisation supported participants from Rwanda to attend the Berlin Regional Conference in November 2024 to facilitate south-to-north knowledge exchange of comprehensive abortion care as part of a new south-to-north learning approach initiated by the UN Special Programme in Human Reproduction (HRP).

7 Off Balance Sheet rights, obligations and agreements

7.1 Long term financial commitments

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

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

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

7.2 Council Meeting and Triennial Congress

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

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

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

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

Triennial Congress 2026 Portugal

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

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

In September 2022 the ICM Board selected Lisbon as the venue for the 35th Triennial Congress 2026 in Portugal. CZECH-IN s.r.o has been appointed as the Congress Management Team. A preliminary contract has been agreed with a value of EUR 10,950 flat management fees and variable fees of EUR 20 per delegate. The budget for the Congress 2026 is in development.

7.3 Regional Conferences 2025

The decision was taken by the ICM Board in February 2025 to cancel the two 2025 Regional Conferences in light of the changing landscape in development funding and to focus on the 2026 Triennial Congress. Costs incurred by the management company for work carried out for the 2025 Regional Conferences were agreed and settled prior to the signing of the financial statements and there are no further contractual obligations.

8 Notes to Statement of Income and Expenditure

8.1 ICM income

8.1.1 Membership fees

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Membership fees	437,059	451,020	448,827

In 2024 no new midwife associations joined ICM, 3 member associations were terminated, and 1 member association was dissolved.

8.1.2 Grants / Subsidies

ICM is supported from several funding partners to carry out the activities that are fundamental to help strengthen the profession of midwifery globally and create a highly skilled workforce of midwives. The supporting partners and their amount of support in 2024 were:

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Subsidies Core funding			
Swedish International Development and Cooperation Agency (Sida)		1,005,617	1,011,601
Gates Foundation		958,352	605,087
Direct Relief		110,592	421,922
Foreign, Commonwealth and Development Office (FCDO)		52,511	-
Johnson & Johnson - Awards		90,900	-
Subtotal Subsidies Core funding	2,577,712	2,217,973	2,038,610
Grants, donations and sponsorship			
UNFPA (Global, Bangladesh and Asia Pacific)		147,850	211,536
Gates Foundation (SMS & MLBC)		319,168	1,396,740
Gates Foundation Congress		-	91,558
Laerdal		45,129	40,366
Direct Relief (PUSH)		62,542	123,969
Direct Relief (Morocco)		92,028	-
Direct Relief (Türkiye)		808	92,812
Lightful		15,709	-
Johnson & Johnson (YML & Awards 2023)		9,683	34,184
New Venture Fund (YML + PUSH)		6,948	192,638
Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV)		25,773	-
Other grants and donations		6,186	31,814
Subtotal Project funding	770,688	731,824	2,215,617
Total Grants / Subsidies	3,348,400	2,949,796	4,254,227

Actual core funding is EUR 360,548 lower than the budgeted amount due to lower personnel costs and the phasing of some activities to 2025, offset by the release of the Johnson & Johnson Awards balance to core funding.

Actual project funding is EUR 38,055 lower than the budgeted amount and is due to the phasing of activities to 2025, primarily related to Lightful offset by the close out of the Gates Foundation (SMS & MLBC), Direct Relief (PUSH, Morocco and Türkiye), Johnson & Johnson (YML) and New Venture Fund (YML) projects and the release of any remaining project balances.

8.1.3 Funds

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Income funds			
Congress Fund	-	-	2,392,988
PUSH Trotula Fund	-	-	89,015
PUSH White Ribbon Alliance	-	-	18,120
Regional Conference Fund	207,454	284,095	179,370
Total income funds	207,454	284,095	2,679,494

The Regional Conference Fund income consists of registration fees and sponsorship.

8.1.4 Other income

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Other			
Stichting WithWomen	-	4,292	3,133
Other	60,000	62,615	2,749
Total other income	60,000	66,906	5,882

Other includes EUR 56,117 related to a staff hosting agreement.

8.2 ICM Expenditure

8.2.1 Personnel costs

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Gross salaries	1,185,887	1,116,309	956,003
Social charges	206,282	170,765	161,223
Pension Cost	91,373	85,339	79,246
Contractor fees	626,756	591,596	601,296
Other personnel costs	186,507	167,357	96,522
Total Personnel costs	2,296,805	2,131,366	1,894,290

ICM employs staff on payroll in the Netherlands, Sweden, and Croatia. On 31 December 2024 23 staff members (15.68 FTE during 2024) were employed at ICM Head Office as compared to 15 staff members (14 FTE during 2023) in December 2023. The change in start date assumptions from late 2024 to 2025 for the Chief Executive and Head of Programmes and Partnerships led to lower salary costs than budgeted.

In 2023 ICM took out a Pension scheme for employees through Nationale Nederlanden for staff based in the Netherlands. For staff based in Sweden and Croatia a pension allowance is paid to the staff directly for them to invest in a pension scheme in their respective countries.

Other personnel costs include costs relating to recruitment and relocation, staff development and annual face-to-face team building and strategy meetings. Recruitment and relocation expenses were higher in 2024 due to the recruitment of the new Chief Executive.

Other members of the ICM Head Office work and live in other countries and are therefore contractors. On 31 December 2024 9 contractors were under contract as part of ICM Head Office, compared to 14 contractors in December 2023.

8.2.2 Board and representation costs

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Board costs	68,135	56,917	55,401
Representation	42,500	30,308	23,445
Total Board and Representation	110,635	87,225	78,846

The Board costs were less than budgeted due to the resignation of the Treasurer and savings on Training and contingency for in-person meeting costs.

Due to 2 Regional Conferences being held in the year and a focus on the recruitment of the new Chief Executive and Head of Programmes and Partnerships, there was less representation than budgeted.

8.2.3 Professional services

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Audit	65,000	75,222	88,677
Legal fees	45,000	45,337	20,538
Salary administration	5,520	5,863	5,215
Translation & interpretation	80,800	89,306	68,252
Other professional services	5,000	6,553	-
Total professional services	201,320	222,279	182,682

The audit cost for 2024 is based on the fees stipulated in the engagement letter between ICM and the auditors and a contingency based on the prior year overrun costs. Besides the audit cost for 2024 financial statements, there was extra cost for the overrun of the 2023 audit (EUR 4,822).

Legal fees include tax advice sought for ICM's potential Corporate Income Tax liability.

Previously, Translation & Interpretation costs related to ICM's core activities were presented as part of Consultancy costs under "Events and Programmes". These are now presented under "Professional Services". For comparison, the 2023 actuals are also moved to this category. The actual costs are higher than budgeted due to the translation of additional key core documents.

Previously, ICT support costs were presented as part of "Other Professional services". These are now presented under "General office costs – IT and communication". For comparison, the 2023 actuals are also moved to that category.

Other professional services relate to ICM's Intellectual Property and Trademarks.

8.2.4 General office costs

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Office Cost	57,392	62,282	60,812
IT and communication	89,300	117,391	70,366
Other cost	21,314	29,942	63,232
Total general office costs	168,006	209,614	194,410

The office cost includes, beside the rent, also local taxes and cleaning cost. The extra cost for office was caused by the final expenses for services (energy, water, etc.) incurred in 2023 (EUR 6,366).

Previously, ICT support costs were presented as part of "Other Professional services". These are now presented under "General office costs – IT and communication". For comparison, the 2023 actuals are also moved to this category.

Previously, website costs were presented as Consultancy costs under "Events and Programmes". These are now presented under "General office costs – IT and communication". For comparison, the 2023 actuals are also moved to this category.

IT and communication costs are higher than budgeted and is driven by the new IT support contract. This was not included in the budget as the assumption was an employee would be recruited to fulfil this role.

Other cost was higher than budgeted due to a provision for our debtors (membership fees) of EUR 7,082. The amortisation/depreciation expenses of the fixed assets (EUR 15,515) are also included as part of the other cost.

8.2.5 Events and Programmes

	Budget 2024 EUR	Actual 2024 EUR	Actual 2023 EUR
Forward funding	165,517	126,403	410,965
Consultancy costs	586,130	483,086	1,172,967
Meetings and events	272,626	195,853	520,371
Other direct costs	63,420	70,036	299,009
Funds	-	-	69,945
ICM Congress and Regional Conferences	295,335	414,505	1,836,306
Total events and programmes	1,383,028	1,289,883	4,309,563

A new category, “Forward funding”, is included and captures all project expenditure relating to funds transferred and costs incurred by the relevant Midwifery Associations. Previously, these costs were included under Local staff, Travel costs, Venue and accommodation and Other direct costs. For comparison, the 2023 actuals are also moved to Forward funding. Actuals are lower than budgeted due to rephasing of activities to 2025 to ensure relevant due diligence is completed before forwarding funds.

Previously, website costs were presented as Consultancy costs under “Events and Programmes”. These are now presented under “General office costs – IT and communication”. For comparison, the 2023 actuals are also moved to that category.

Previously, Translation & Interpretation costs related to ICM’s core activities were presented as part of Consultancy costs under “Events and Programmes”. These are now presented under “Professional Services”. For comparison, the 2023 actuals are also moved to that category.

Previously, Translation & Interpretation and Lay-out costs related to project activities were presented as part of Consultancy costs. These are now presented under “Other direct costs”. For comparison, the 2023 actuals are also moved to this category.

The previous categories of Travel costs and Venue and accommodation have been combined to form a new category “Meetings and Events”.

Consultancy costs and Meetings and events actuals are lower than budgeted due to rephasing of activities to 2025.

ICM Congress and Regional Conferences mainly relate to the Regional Conferences held in Kigali and Berlin in 2024: the details are laid out below. The balance relates to a write off for a Regional Conference cost from 2020 of EUR 7,910 and a Congress advertisement EUR 472.

ICM Regional Conferences 2024

The expenditure for the ICM Regional Conferences in Kigali and Berlin is the sum of the Regional Conference budgets (monitored by our conference manager Czech-IN) and ICM Regional Conference costs:

ICM direct Regional Conference cost:

	Actual 2024 Kigali	Actual 2024 Berlin	Actual 2024 Total
Activity	EUR	EUR	EUR
Travel Cost	29,472	13,475	42,947
Accommodation	995	1,380	2,375
Per diem staff	7,334	8,520	15,854
Merchandise	718	454	1,172
Stationary and Miscellaneous	204	21	225
Translation	3,910	75	3,985
Subtotal ICM direct Regional Conference cost	42,633	23,925	66,558

Berlin Regional Conference budget 2024:

	Actual 2024	Budget 2024
Activity	EUR	EUR
Accommodation	15,353	12,562
Professional Services Conferences	5,450	5,450
Exhibition & Posters	3,616	1,600
Management Fees	30,613	30,688
Local Staff	-	-
Financial Costs	10,532	2,000
Meeting Space Rentals & Equipment	113,997	89,145
Conference Food & Beverage	9,627	8,150
Merchandise	1,891	1,500
Stationary and Miscellaneous	1,858	3,700
Subtotal direct Berlin Regional Conference cost	192,937	154,795

Kigali Regional Conference budget 2024:

	Actual 2024	Actual 2024	Budget 2024
Activity	EUR	USD	USD
Accommodation	13,391	14,845	10,260
Professional Services Conferences	1,450	1,600	4,800
Exhibition & Posters	6,094	6,756	1,500
Management Fees	36,178	40,107	36,266
Local Staff	4,510	5,000	5,000
Financial Costs	2,427	2,691	1,550
Meeting Space Rentals & Equipment	49,865	55,280	46,428
Conference Food & Beverage	13,872	15,378	6,230
Merchandise	3,076	3,411	2,850
Stationary and Miscellaneous	5,211	5,800	3,755
Translation	10,554	11,700	11,850
Subtotal direct Kigali Regional Conference cost	146,628	162,568	130,489
Total direct Regional Conference cost	406,123		

The increase in the actual cost of both conferences is a direct result of the increase in the number of actual participants compared to the budget assumption.

8.3 Financial income/(expenditure)

	Budget 2024	Actual 2024	Actual 2023
	EUR	EUR	EUR
Financial income	-75,000	-157,095	-106,193
Bank cost	20,000	8,481	17,336
Exchange rate differences	25,000	-85,619	88,806
Total financial (income)/cost	-30,000	-234,233	-51

In 2023 ABN Amro bank started to pay credit interest on all balances. We hold cash at bank in EUR, USD and SEK and only convert to EUR when the rates are in our favour. With the deposit account, opened in 2023, we achieved a higher rate of interest than on the regular accounts. With interest rates remaining stable throughout 2024, ICM earned EUR 157,095 in interest.

Exchange rate differences resulted in an overall exchange gain of EUR 85,619 in 2024 due to favourable exchange rates. The exchange rate differences include EUR 108,917 unrealised exchange gains.

8.4 Corporate Income Tax – Congress

	Budget 2024	Actual 2024	Actual 2023
	EUR	EUR	EUR
Corporate Income Tax - Congress	-	175,000	-
Total Corporate Income Tax	-	175,000	-

During the audit of the 2023 financial statements, it was noted that there was a possible CIT (corporate income tax) liability due to ICM achieving positive results in 2021 and 2023 on the virtual and triennial congress. A detailed analysis on the position of ICM's corporate income tax (CIT) liability was conducted and should the DTA (Dutch tax authorities) conclude that all taxable business criteria are fulfilled for the congress organisation and considers this as a taxable business activity for 2021 and 2023, then CIT will be due. Based on advice received and pending the decision of the DTA a prudent position has been taken and provision made of EUR 175,000 for the CIT liability and associated costs.

8.5 Subsequent events

In March 2025 a new grant agreement for was signed with the **World Health Organisation** for USD 403,882 to support strengthening national midwifery associations and educational institutions in select countries to uptake competency-based approach to education in CAC and FP using the WHO FP and CAC competencies toolkit.

's-Gravenhage, date 28 April 2025:

On behalf of the Board:

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

9 Other information

9.1 Provision in the Articles of Association governing the result appropriation

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

9.2 Auditor’s report of the independent auditor



INDEPENDENT AUDITOR’S REPORT

To: The Board of International Confederation of Midwives

Report on the audit of the financial statements 2024 on page 110 up to and including page 140 included in this annual report

Our opinion

We have audited the financial statements 2024 of International Confederation of Midwives based in ‘s-Gravenhage.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of International Confederation of Midwives as at 31 December 2024 and of its result for 2024 in accordance with the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board).

The financial statements comprise:

1. the balance sheet as at 31 December 2024;
2. the statement of income and expenditure for the year ending 31 December 2024; and
3. the notes comprising of a summary of the accounting policies and other explanatory information.

Basis for our opinion

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

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

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

Report on the other information included in the annual report

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

The other information consists of:

- Vision and mission;
- Message from the President;
- Message from the CEO;
- The activity and Board report on page 18 up to and including page 109;
- Other information as required by the RJK C1 “Kleine organisaties zonder winststreven” (Guideline for annual reporting C1 “small sized not for profit organizations” of the Dutch Accounting Standards Board);
- Annexes - Income and expenditures by source.



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

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

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

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

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

Description of responsibilities regarding the financial statements

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

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

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

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

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

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



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

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

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

Delft, 28 April 2025
Audit 4You B.V.

Signed by drs. M. Bankert RA

ANNEXES

Income and expenditure by source

(x EUR 1,000)	ICM	Sida	Gates Foundation	UNFPA	Laerdal	Direct Relief	ICM Funds	Johnson & Johnson	FCDO	KNOV	Other grants and donations	Total
INCOME												
Membership fees	451	-	-	-	-	-	-	-	-	-	-	451
Core funding	-	1,006	958	-	-	111	-	91	53	-	-	2,218
Project funding	-	-	319	148	45	155	-	10	-	26	29	732
Funds	-	-	-	-	-	-	284	-	-	-	-	284
Other income	63	-	-	-	-	-	-	-	-	-	4	67
TOTAL INCOME	514	1,006	1,278	148	45	266	284	101	53	26	33	3,752
EXPENDITURE												
Personnel	242	749	783	42	2	105	160	3	32	-	13	2,131
Board	27	25	-	-	-	3	-	-	2	-	-	57
Representation	2	-	27	1	-	-	-	-	-	-	-	30
Professional services	88	49	54	-	-	17	6	-	8	-	-	222
General office costs	120	43	28	-	-	8	-	-	10	-	-	210
Events and programmes	35	131	356	104	44	142	424	-	-	26	28	1,290
TOTAL EXPENDITURE	514	998	1,248	148	46	275	589	3	53	26	40	3,940
OPERATIONAL RESULT	-	7	29	-	-1	-9	-305	98	-	-	-8	-188
Financial (income)/cost	-116	7	-63	-	-1	-21	-37	-3	-	-	-1	-234
Corporation Income Tax - Congress	-	-	-	-	-	-	175	-	-	-	-	175
NET RESULT	116	-	92	-	-	11	-443	101	-	-	-6	-129

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

