

Centre for Maternal Adolescent Reproductive & Child

MARCH
MATERNAL
ADOLESCENT
REPRODUCTIVE
& CHILD HEALTH

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1. Centre Name

The centre is known as the 'Centre for Maternal Adolescent Reproductive & Child Health' or the MARCH Centre.

The MARCH Centre is the World Health Organization Collaborating Centre for Maternal, Newborn, Child and Adolescent Health Metrics and Evaluation.

2. Vision

A world where women, children and adolescents not only survive, but thrive across the life course.

The MARCH Centre's vision is a focused expression of the London School of Hygiene & Tropical Medicine (LSHTM)'s broader mission: by ensuring that women, babies, children, and adolescents thrive, it helps build a healthier, more equitable, and sustainable world for everyone.

3. Mission

- We amplify research, innovation and evidence-based policy and practice by promoting collaboration within and beyond LSHTM, and between researchers, practitioners and policymakers across the globe.

- We strengthen the capacity of current and future leaders through education, research, and policy engagement, supporting the development and use of evidence to improve health of women, children, and adolescents worldwide.

4. Values

We are committed to:

- **Act with integrity** through excellence in research and education.
- **Embrace difference and create impact** by ensuring relevance to policy and programmes, especially in high-burden settings.
- **Work together** to nurture the next generation of research leaders improving the health of women, children, and adolescents.

5. Our Approach

We take a four-pronged 'ABCD' approach to delivering on our mission.

- **Around the lifecourse**: We recognise that health trajectories are interconnected and shaped by experiences at every stage of life, requiring continuous and coordinated intervention rather than siloed care, to maximise health and well-being.
- **Bridging disciplines**: Complex global health challenges demand integrated, cross-sectoral solutions. We therefore take an interdisciplinary approach, leveraging our broad base of disciplinary and methodological experts.
- **Collaboration**: We actively build, strengthen, and sustain partnerships within and beyond LSHTM to maximise collective impact and enhance our reach and relevance.
- **Decolonisation**: We advance decolonisation through commitment to epistemic justice, centring diverse, locally grounded knowledge and leadership across our research, education, policy engagement, and partnerships.

6. Themes

MARCH Centre's work is organised around themes aligned with key populations: Babies, Children, Adolescents, and Women [**Figure 1**].

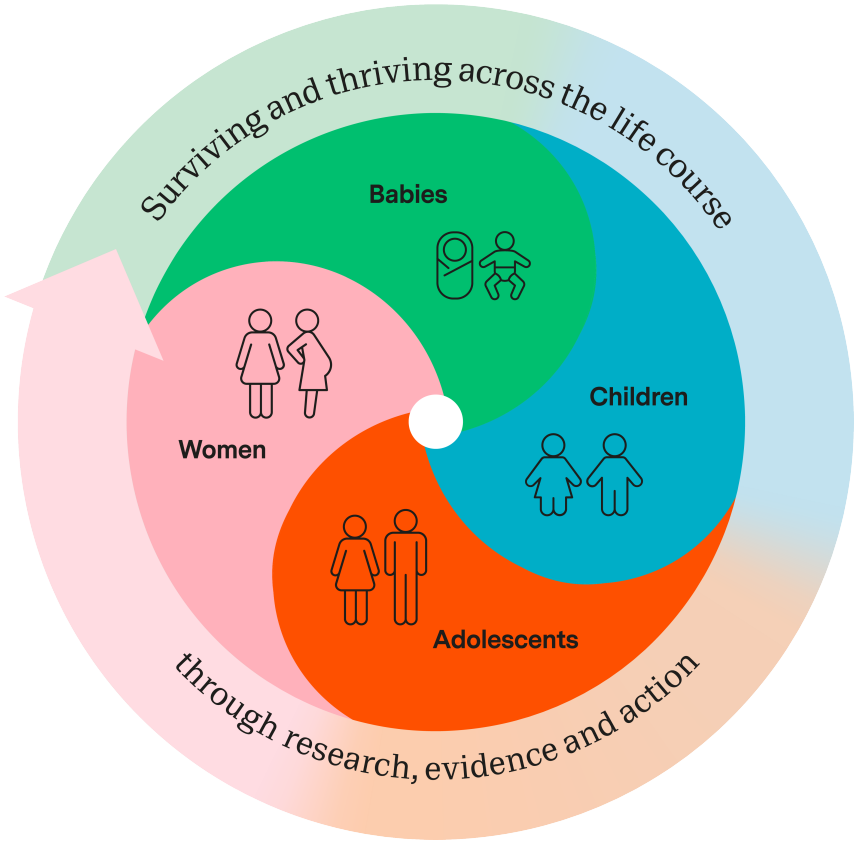


Figure 1. MARCH Centre themes

Babies: Globally, the arrival of around 130 million babies each year represents the perpetual renewal of humanity. However, the perinatal and neonatal periods, which constitute in and around the time of their birth are the most perilous times across the life course. Nearly two million babies are stillborn each year; including half that occur during labour. Separately, over two million babies die within the first 28 days after birth. Mortality amongst babies is largely driven by underlying maternal conditions, prematurity, complications during delivery, and infections.

Children: Childhood is unique because it is a period of rapid physical, cognitive, and social development, where children are greatly influenced by their environment, including access to nutritious food, clean water, education, and healthcare. The importance of this stage lies in its long-term impact: healthy children are more likely to succeed in school and become productive adults. Yet nearly 2.5 million children, mostly from in the Global South, die between one month and five years of age, largely from preventable or treatable conditions such as pneumonia, diarrhoea, and malaria, and malnutrition and a further half a million die before the age of 10 years of age. In the Global North, children face increasing burdens of obesity, mental health conditions, and allergic disease.

Adolescents : Adolescents are crucial to the future of all societies, with 1.2 billion people currently aged 10-19 years worldwide. Adolescence is a deeply formative period marked by rapid biological changes (puberty), psychological maturation, social development, and the active shaping of identity, autonomy, and aspirations. It is also the stage when many lifelong health behaviours—both protective and detrimental—are established. Ensuring adolescents' needs are recognised and met, and that they are supported to reach their potential, is essential for improving their health and wellbeing now and in the future.

Women: Women, comprising half of the world's population, experience a dynamic spectrum of health risks that evolve across their lifespan. While women might require sexual and reproductive health support before pregnancy and close monitoring during pregnancy and childbirth, in later adulthood, they face unique risks regarding non-communicable diseases, bone density loss, and cardiovascular health, often exacerbated by menopause. When health systems fail women—whether through lack of access, gender-based violence, or systemic bias—families suffer. Targeted improvements in women's healthcare act as a catalyst, driving broader public health gains, and accelerating gender equity.

7. Strategic Objectives

- **Objective 1:** Forge at least two cross-Centre collaborations in LSHTM to strengthen interdisciplinary research and innovation and maximise impact.
- **Objective 2:** Establish two high-impact external partnerships for research and education, advancing the Centre's global reach.
- **Objective 3:** Diversify Centre funding by expanding existing initiatives and piloting innovative income-generating initiatives.
- **Objective 4:** Amplify the Centre's influence and LSHTM profile on national and global health policy and practice through targeted visibility and advocacy.

8. Actions, Expected Outcomes, Impact, and Timeline

The specific actions to achieve each objective, along with the expected outcome and the anticipated impact are detailed in **Table 1**.

Table 1. Actions, expected outcomes, impact, and timeline for objectives

Objective	Action	Expected Outcome	Impact	Timeline
Objective 1	Implement two new cross-centre initiatives in LSHTM, focused on priority health challenges.	Strengthen cross-centre collaboration and generate more integrated, high-impact research.	Driving equitable, evidence-based improvements in the health and well-being of women, children, and adolescents.	End of Year 1
Objective 2	Identify, prioritise, and develop two high-impact external strategic opportunities for research and education partnerships.	Enhance access to new expertise, funding streams, and learning platforms, enabling more innovative and impactful work.	Expanding LSHTM reach and raise the profile of LSHTM's work in research, education and translation of knowledge into policy and practice.	End of Year 2
Objective 3	Initiate and amplify strategic fundraising activities, secure consultancy income through collaboration with WHO/roster of experts.	Increase Centre core income	Improving sustainability of Centre finance to ensure ability to continue impactful work	End of Year 2
Objective 4	Redesign website to match revised and expanded Centre focus. Produce blogs and thought leadership aligned with MARCH priorities and targeted to influence key policy debates. Organise events that showcase existing members' research and facilitate regular outward-facing engagement. Ensure strategic representation of the Centre at key national, regional and global meetings. Develop and deploy tailored engagement plans and targeted communication for key stakeholders.	Increase MARCH Centre visibility to key target stakeholders including funders, researchers, policymakers, and students.	Stimulating an intellectual environment that promotes innovation and raising the profile of LSHTM's work in research, education and translation of knowledge into policy and practice	End of Year 2

9. Risks and Mitigation

Potential risks envisaged and how they will be addressed are detailed in **Table 2**.

Table 2. Risks and mitigation plan

Risk	Impact	Likelihood	Mitigation
Insufficient engagement from other LSHTM Centres (Relates to Objective 1)	Failure to launch the two planned cross-centre initiatives, leading to siloed research and missed interdisciplinary funding opportunities.	Unlikely	Engage Centre Directors early to identify overlapping priorities. Offer shared resources, administrative support, or small seed funding to incentivise joint initiatives.
Difficulty securing high-impact external partners (Relates to Objective 2)	Inability to access new expertise or learning platforms, limiting the Centre's reach and ability to influence global policy and practice.	Possible	Leverage the Centre's prestigious status as a WHO Collaborating Centre to connect with potential partners. Conduct a thorough stakeholder mapping exercise in Year 1 to target partners with aligned strategic goals.
Failure to secure diversified funding/consultancy income (Relates to Objective 3)	Financial strain on the Centre's core budget, threatening the sustainability of ongoing operations.	Possible	Dedicate specific leadership time to business development. Diversify target funders (e.g., philanthropy and private sector).
Delays or resource constraints in communication efforts (Relates to Objective 4)	The planned website redesign and targeted communications stall, resulting in poor visibility among key stakeholders (funders, policymakers, students).	Possible	Make strong business case for the need for significant Communications Officer FTE to LSHTM.
Leadership or core staff turnover (Relates to Objectives 1-4)	Loss of institutional memory, stalled momentum on strategic objectives, and disruption to progress monitoring and quarterly reviews.	Possible	Distribute strategic responsibilities across the wider Centre Management and Steering Committees.

10. Monitoring and Evaluation

Key Performance Indicators to measure progress and success through implementation of this strategy will be:

- Number of active cross-centre initiatives launched with other LSHTM Centres
- Number of formalised external research and education partnerships established
- Number of peer-reviewed articles published in high-impact journals
- Number of outward-facing events organised to showcase member research
- Number of media mentions and social media engagements
- Number of external research grants submitted
- Number of signed up Centre members
- Total monetary value secured directly through targeted initiatives

The strategy will be reviewed annually by the Centre Management Committee and Steering Committee. Progress towards achieving the objectives will be reviewed quarterly with the Centre leadership team.

11. Team

Co-Directors: Aduragbemi Banke-Thomas**,** Ana Maria Buller**,** Hannah Blencowe

Baby Theme Co-Leads: Georges Reniers, *TBC*

Baby Theme Deputy Lead: *TBC*

Child Theme Co-Leads: Daniela Manno**,** Lucy Pembrey

Child Theme Deputy Lead: Lola Madrid

Adolescent Theme Co-Leads: Nambusi Kyegombe, Susan Kelly

Adolescent Theme Deputy Lead: *TBC*

Women Theme Co-Leads: Uduak Okomo, *TBC*

Women Theme Deputy Lead: *TBC*

Climate Lead: Susannah Mayhew (Veronique Filippi standing in till December 2026)

Gender Based Violence Centre Representative: Manuela Colombini

Post-doc Liaison: Mandi Tembo

PhD Liaison: Farirai Nzvere

Centre Officer: Patrycja Reyes Galvez

Communications Officer: Ailish O'Sullivan

Philanthropy Manager: Eilidh Naismith

