AMR Global Health Academy Brief

Edition 2 | February 2026

Applied Learning That Changes Decisions

A GHIG / GHCPD Initiative

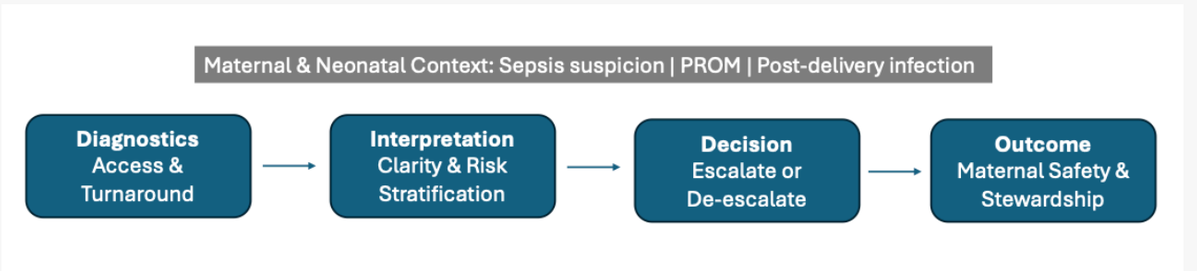
This February Brief highlights how **applied learning and integrated diagnostics** intersect with **maternal and child health** care to **strengthen antimicrobial and system-level decision-making**.

Skin and soft tissue infections illustrate how early diagnostic reasoning shapes outcomes and antimicrobial exposure. The same structured reasoning applies in **maternal and neonatal care**, where timely, integrated diagnostic decisions influence antimicrobial use, care pathways, and system performance.

The case for integrated diagnostics is clear; the operational challenge is making it work in practice. Global guidance increasingly emphasizes integrated service delivery and cross-program diagnostic platforms. Essential diagnostics are defined, maternal and neonatal infection guidance exists, and antimicrobial stewardship frameworks are well established. Yet in practice, **diagnostic-to-decision pathways** in maternal and neonatal care remain inconsistent. Turnaround times vary. Interpretation protocols are inconsistently applied. Laboratory systems and maternal programs often operate in parallel rather than in alignment.

For AMR stewards, this matters. The shift toward integration is not theoretical — it directly

affects antimicrobial initiation, escalation, and de-escalation decisions. **The implementation gap lies not in policy, but in how reliably diagnostic information moves from result to action.**



Implementation Gaps to Watch

- ☑ **Operational integration**
  Diagnostic results do not consistently translate into timely clinical action.
- ☑ **Governance alignment**
  Maternal health programs and laboratory systems often operate in parallel reporting structures rather than coordinated pathways.
- ☑ **Turnaround expectations**
  Guidelines assume timely diagnostics; real-world delays influence antimicrobial prescribing decisions.
- ☑ **Stewardship translation**
  AMR frameworks do not always address maternal and neonatal clinical nuances explicitly.

Featured Learning Pathway — START HERE

Skin and Soft Tissue Infections (SSTIs): Diagnostic Reasoning in Practice
If you do one thing this month, revisit the **SSTI module**. SSTIs demonstrate how structured diagnostic reasoning shapes antimicrobial decisions — distinguishing when targeted therapy is appropriate versus when broad empiric escalation may be unnecessary.

The same diagnostic logic applies in maternal and neonatal contexts, where decision speed, test interpretation, and stewardship cues influence outcomes and system performance.

For those working in **maternal and child health**, explore our **PMTCT and MCH learning pathways**, which strengthen diagnostic reasoning and stewardship in prevention-of-mother-to-child-transmission and maternal infection contexts.

Practice Insight — What This Means in Practice

Maternal Health, Diagnostics, and Antimicrobial Decision-Making
Why this matters
In maternal care, antimicrobial decisions are often made under time pressure — particularly in suspected sepsis, post-delivery infection, or premature rupture of membranes.

What decision it affects:
The critical question is not simply whether to prescribe, but — as reinforced across our **AMR Life Support Course modules** (available in English, French, Portuguese, Spanish) — whether the system supports:

- Whether diagnostics are available in time
- Whether interpretation pathways are clear
- Whether escalation or de-escalation protocols are defined

When these elements are unreliable, antimicrobial decisions default toward precautionary broad-spectrum use.

When systems are fragmented, antimicrobial decisions often lean toward precautionary broad-spectrum use. Integrated diagnostic pathways make targeted stewardship more feasible and reliable.

Stewardship cue:
Timely, integrated diagnostics support maternal safety while reducing unnecessary broad-spectrum antimicrobial exposure.

Selected Resources

- **WHO Quality of Care Framework for Maternal, Newborn, Child & Adolescent Health -** This document emphasizes integrated, quality, people-centered care rather than vertical silos in service delivery.
- **WHO Model List of Essential In Vitro Diagnostics (EDL)** - Provides a normative global reference for diagnostic prioritization that underpins integration conversations.
- **Digital Health Innovations for Maternal and Neonatal Infection Management -** A 2024 article showing how infection and AMR management in maternal/neonatal populations benefits from integrated digital approaches — tying diagnostics, maternal health, and AMR innovation.

Community & Opportunities

Science Advisors – ICARS Africa Hub (Hosted by Amref Health Africa)
ICARS is establishing its Africa hub in Nairobi and recruiting Science Advisors with expertise in AMR, One Health, and implementation research.
Deadline: 27 February 2026
Apply: **https://smrtr.io/x9C99**

One Planet Summit — Global Health & One Health Dialogue
The One Planet Summit brings together global leaders to advance cross-sector integration, including One Health and systems-level approaches that intersect with diagnostics, antimicrobial stewardship, and maternal and child health priorities.
Learn more: **https://oneplanetsummit.fr/en**

What's Next

In March, we will introduce applied vignette-based decision scenarios to further translate diagnostic reasoning into clinical and systems implementation contexts. We will also continue releasing additional modules within the AMR Life Support Course to expand case-based learning across infectious syndromes.

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