

STOP-AMDR

Kenya

STOP-AMDR Project

Scaling the Optimal Use of Multiple ACTs to Prevent Antimalarial Drug Resistance (STOP AMDR) project in Kenya

Background

Malaria remains a major public health challenge in Kenya, with ~5.5 million cases and 769 deaths reported in 2023. The emergence of antimalarial drug resistance (AMDR), including Pfkelch13 mutations linked to partial artemisinin resistance in western Kenya, threatens progress in malaria control. In response, WHO launched the Strategy to Respond to Antimalarial Drug Resistance in Africa (2022), advocating for Multiple First-Line Therapies (MFTs).

What is STOP-AMDR?

A multi-country initiative (funded by Unitaid) supporting African countries to delay and prevent AMDR through optimized deployment of Artemisinin-based Combination Therapies (ACTs) using Multiple First-Line Therapies (MFTs). Focus areas include protecting ACT efficacy, reducing malaria morbidity/mortality, strengthening surveillance, improving commodity security, and generating implementation evidence.

Project Goal

To protect efficacy of existing ACTs and reduce malaria-related morbidity/mortality in Africa through evidence-based deployment of MFTs.

When

June 2025 – May 2027 (Kenya)

Where/Scope

Kenya (accelerator country under STOP-AMDR) at National and County levels.

Phased 2-year rotation approach for MFT rollout (Rotation 1) begins October 2026 in four counties: Busia, Baringo, Kakamega, and Siaya, with phased expansion to all 47 counties by February 2028.



How

Pilot learning: A pilot in Homa Bay (2020–2022, 248 facilities, 61,167 patients) demonstrated feasibility for introducing MFTs

Evidence-to-policy: Co-creation workshops, stakeholder consultations, evidence reviews, policy dialogues (from Aug 2025). A mixed-methods evidence-to-policy approach used data from therapeutic efficacy studies, molecular surveillance, drug use, and routine surveillance.

MFT Strategy adopted: Modelling and stakeholder consultations informed ACT selection, deployment strategies, rotation timelines, and priority counties Phased 2-year rotational MFT – **Rotation 1:** Artesunate-Pyronaridine (ASPY); **Rotation 2:** Dihydroartemisinin-Piperaquine (DP). Artemether / Lumefantrine (AL) as the alternative ACT for both rotations.

Forecasting & resources: National F&Q completed (Nov 2025); cancelled pending AL procurements; reprogrammed funds for new MFT commodities. Estimated budget for first rotation: USD 7.5 million.

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Key Achievements to Date

1. Kenya's first national MFT implementation strategy developed and launched on 23rd April 2026 during World Malaria Day.
2. Multi-sectoral coordination strengthened.
3. National forecasting & quantification for new ACTs completed and related procurement resources mobilized.
4. Rollout readiness: Treatment guidelines, reporting tools, training materials, supply chain systems have been updated.

Why It matters for Kenya

STOP-AMDR proactively preserves ACT effectiveness, strengthens surveillance and response systems, ensures sustainable malaria treatment, reduces future burden, and provides a replicable model for Africa.



Key Partners

The development of Kenya's MFT strategy and implementation roadmap was made possible through strong collaboration and support from multiple partners.

Financial and technical support was provided by Unitaid through the STOP-AMDR Project implemented by Jhpiego.

Our partners include the Ministry or Health, National Malaria Control Programme, United States Government, REACH Malaria Project, Kenya Medical Research Institute (KEMRI), World Health Organization, Amref Health Africa, Kenya NGOs Alliance Against Malaria (KeNAAM), Kenya Medical Supplies Authority (KEMSA), KEMRI-Wellcome Trust Research Programme, Counties and Maisha Meds among others.

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