

STOP-AMDR Country Briefer

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

Context

Since 2020, Artemisinin partial resistance (APR) has been documented in Rwanda and several other African countries, presenting a significant threat to malaria control and elimination efforts. ACTs (artemisinin-based combination therapies) are the backbone of malaria treatment, and resistance risks reversing hard-won progress. Multiple First-line Therapies (MFTs), defined by the use of more than one WHO-recommended ACT, are a key strategy endorsed to slow the spread of resistance.

APR confirmed in Rwanda and East Africa; a direct threat to first-line treatment efficacy. Rwanda has made significant malaria control gains; these are at risk without action.

According to the Rwanda Biomedical Centre, national malaria incidence rose sharply from 45 to 76 cases per 1,000 between FY 2023–2024 and FY 2024–2025, raising serious concerns about declining treatment effectiveness and emerging antimalarial drug resistance. FY 2025–2026 saw the first decline since the resurgence, with incidence easing to 72 per 1,000 — a 5% reduction (Rwanda Malaria and Neglected Tropical Diseases annual report 2025/2026).

In FY 2024–2025, Rwanda recorded 1,068,522 uncomplicated malaria cases, with approximately 50% managed at the community level. A total of 4,338 severe malaria cases and 87 malaria-related deaths were reported during the same period.

Goal:

Contribute to reduced malaria morbidity and mortality by minimizing the threat and impact of antimalarial drug resistance in Africa.

Demonstration countries:

Rwanda, Uganda, Nigeria, DRC
(June 2025 – May 2029)

Accelerator countries:

Kenya, Burkina Faso
(June 2025 – May 2027)

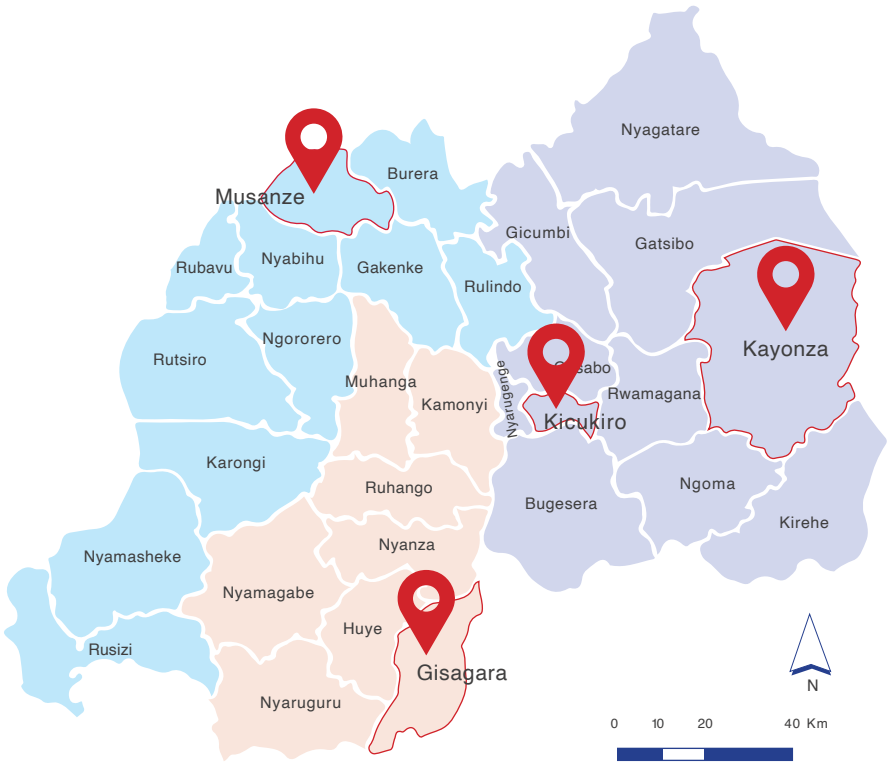


About the STOP-AMDR Project

STOP-AMDR (Scaling the Optimal Use of Multiple ACTs to Prevent Antimalarial Drug Resistance) is a project designed to protect the efficacy of existing ACTs and reduce malaria mortality and case incidence in Africa. The project connects research and implementation learning with market shaping efforts, driving the adoption of MFTs as a key strategy to slow the spread of resistance. STOP-AMDR is implemented by Jhpiego, funded by Unitaid, and runs from June 2025 to May 2029.

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Map: Geographic Coverage of STOP-AMDR Project and MFT Blocks in Rwanda



Deployment per District - Year 1

- AL: 28.97% Artemether-Lumefantrine
- DHA-PPQ: 44.65% Dihydroartemisinin-Piperaquine
- ASPY: 26,38% Artesunate-Pyronaridine
- STOP AMDR Districts

Rwanda's role

- Training Community Health Workers (CHWs) on MFT protocols and correct dispensing of DHAPPQ and ASPY Orienting CSOs and community groups on their role in community mobilization
- Supervision visits to demonstration sites to support correct MFT use
- Community sensitization and behavior change communication activities
- National quantification, forecasting, and supply planning for newly introduced ACTs
- Guideline development and dissemination for the MFT implementation plan
- Coordination and engagement with the MOPDD in the Rwanda Biomedical Centre





Approach

STOP-AMDR uses an implementation research approach to assess the feasibility, acceptability, and cost of MFT strategies while addressing access barriers. This supports Pillar IV of the WHO Strategy to respond to antimalarial resistance in Africa. The activities will be conducted in four targeted districts: Kicukiro, Musanze, Kayonza, and Gisagara.

Mixed methods design: quantitative and qualitative data collection across intervention and control geographies

Study period: 28–36 months, including preparation and ethics (6–8 months), implementation (24 months), and analysis/dissemination (4 months)

Health facility assessments (public sector): provider surveys, facility records, client exit interviews

Key informant interviews: community organizations, policymakers, supply chain, and program managers

ACTWatchLite-like surveys (private sector): price, supply, sales volumes, distribution outlets

Routine monitoring data (HMIS, LMIS): availability and uptake of diversified ACTs in facilities

Expenditure reviews and procurement records: ACT volumes, logistical costs, training, supervision

Molecular surveillance: Prevalence of resistant strains and generate evidence to inform the integration and sustainable implementation of molecular surveillance for antimalarial drug resistance.

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High Impact Interventions

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Achievements to date

5,264 CHWs trained on ASPY and DHA-PPQ, while **2,092 CHWs** sensitized on continued AL use, **63 facilities**/health centers reached

355 community sessions held

Patients treated from July 2025 to June 2026, in MFT supported district, **339,511** uncomplicated malaria cases were treated, with approximately **50%** managed by CHWs, **28%** per HC and **20%** per HP. **2%** per hospital and private clinics.

By end of project

- Demonstrated feasibility and cost-effectiveness of MFT rollout in Rwanda
- Evidence-based findings generated to inform WHO operational guidance on MFT implementation
- Learning generated will inform and guide effective MFT implementation in Rwanda
- Reduced spread of partial artemisinin resistance through diversified ACT use

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