STOP-AMDR

DRC

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

Towards Reducing Malaria-Related Mortality Through the Introduction of the MFT Approach in the Fight Against Antimalarial Drug Resistance in the DRC

Background

The emergence of partial artemisinin resistance, already identified in several African countries, including the Democratic Republic of the Congo (DRC), poses a significant threat to the gains achieved in malaria control. To safeguard the efficacy of existing treatments, the World Health Organization (WHO) recommends enhancing surveillance systems, expanding research efforts, and ensuring access to multiple first-line antimalarial therapies (MFT) to prevent the emergence and spread of drug-resistant malaria parasites.

Our mission

STOP-AMDR is positioned as a catalytic project that bridges research and operational learning with market-shaping efforts, promoting the adoption of Multiple First-Line Therapies (MFT) as a key strategy to slow the emergence and spread of resistance to artemisinin and its partner drugs.

The project will focus on:

- Diversification of ACTs
- Improved Supply and Distribution Systems
- Demand and Adoption
- Quality, Cost, and Accessibility

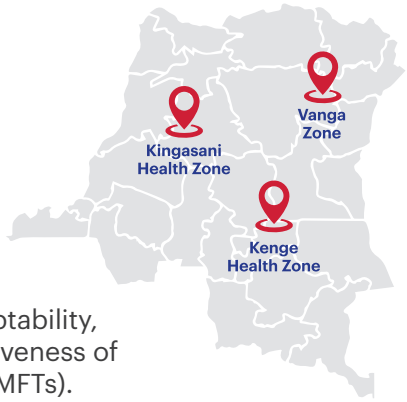
Where we are

Implemented in 3 Provincial Health Divisions and 3 pilot health zones in the DRC.

Project duration: 48 months (June 2025 – May 2029). Funded by Unitaid.

Evaluates the feasibility, acceptability, effectiveness, and cost-effectiveness of Multiple First-Line Therapies (MFTs).

Generates evidence to inform national policies and strengthen strategies against antimalarial drug resistance.



Implementation approach

STOP-AMDR is a demonstration and operational research project that promotes the adoption of Multiple First-Line Therapies (MFTs) to address antimalarial drug resistance. In the DRC, the project is being piloted in Vanga, Kenge, and Kingasani health zones to assess its feasibility, acceptability, and cost-effectiveness. Findings from the project will support evidence-based policymaking and strengthen efforts to STOP-AMDR is a demonstration and operational research project that promotes the adoption of Multiple First-Line Therapies (MFTs) to address antimalarial drug resistance. In the DRC, the project is being piloted in Vanga, Kenge, and Kingasani health zones to assess its feasibility, acceptability, and cost-effectiveness. Findings from the project will support evidence-based policymaking and strengthen efforts to prevent drug resistance, ultimately contributing to a sustained reduction in malaria burden.

Unitaid jhpiego

Malaria remains a major public health challenge in the Democratic Republic of the Congo (DRC). Continued reliance on a limited number of antimalarial regimens can increase selective pressure on malaria parasites and threaten the effectiveness of available treatments over time.

STOP-AMDR is working with national and local partners to examine whether Multiple First-Line Therapy (MFT) can be implemented effectively in the DRC. By diversifying the use of first-line artemisinin-based combination therapies (ACTs), MFT aims to reduce sustained pressure on any single treatment, help preserve ACT effectiveness, and strengthen the country's response to antimalarial drug resistance.

The MFT strategy in DRC



DRC is implementing a rotational MFT approach in three health zones: Kingasani, Kenge and Vanga. Rather than relying on the same ACT across all implementation areas, different ACTs are deployed geographically and rotated over time.

The strategy uses three ACTs:

- Artemether-lumefantrine (AL)
- Artesunate-amodiaquine (ASAQ)
- Artesunate-pyronaridine (ASPY)

During the first two-year cycle, Kenge and Vanga use AL, while Kingasani uses ASAQ. In the subsequent cycle, the three health zones transition to ASPY.

This model provides an opportunity to learn what it takes to operationalize ACT diversification in real-world settings, including the implications for medicine procurement and supply, provider practices, routine data systems, pharmacovigilance and community acceptance.

A DRC-led implementation approach

The pilot spans three health zones across Kinshasa, Kwango and Kwilu provinces, providing implementation experience across different service-delivery settings.

Activities include:

- Building national consensus around MFT and supporting multisectoral coordination.
- Preparing health services through provider training, guideline alignment and supportive supervision.
- Strengthening medicine quantification, supply planning and monitoring to maintain continuity of ACT availability.
- Strengthening ACT-specific routine data monitoring, including through DHIS2, and pharmacovigilance.
- Engaging communities, civil society and private-sector providers to build understanding and support for MFT implementation.

The approach is aligned with DRC's evolving malaria treatment policy. DRC treatment guidelines already include multiple ACT options, including ASPY alongside ASAQ and AL, while the national strategic plan incorporates MFT and the intention to expand implementation beyond the demonstration areas. A comprehensive national MFT scale-up plan is still under development.

Learning from the pilot

The project is designed to assess the feasibility and acceptability of MFT, the resources and costs involved, and the health-system and contextual factors that influence successful implementation.

Implementation research and routine monitoring will examine areas including:

- provider practices and adherence to the MFT strategy;
- patient treatment adherence;
- ACT availability and supply continuity;
- facility and health-system readiness;
- routine data availability and quality;
- treatment outcomes;
- community, provider and stakeholder experiences; and
- the resources and costs required to implement the approach.

Molecular surveillance will complement this work by generating evidence on antimalarial resistance and practical lessons on how to incorporate it into routine surveillance activities.

Importantly, the pilot is designed to generate evidence. Findings will help identify practical enablers and bottlenecks, guide adjustments during implementation, and inform national decisions about malaria treatment policy and potential future expansion of MFT.

Working with national partners

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