

STOP-AMDR

Nigeria

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

Nigeria Protecting the effectiveness of malaria treatment

Scaling the Optimal Use of Multiple ACTs to Prevent Antimalarial Drug Resistance (STOP-AMDR) is a four-year initiative supported by Unitaid and implemented by Jhpiego and partners in Burkina Faso, the Democratic Republic of the Congo, Kenya, Nigeria, Rwanda and Uganda.

In Nigeria, STOP-AMDR works with the National Malaria Elimination Programme (NMEP), state governments, researchers, civil society and communities to introduce and sustain multiple first-line therapies (MFTs).

The pilot uses three artemisinin-based combination therapies (ACTs)—artemether–lumefantrine (AL), dihydroartemisinin–piperaquine (DP) and artesunate–pyronaridine (ASPY)—in six Local Government Areas (LGAs) in Kwara and Enugu States to inform future scale-up.

Why this matters

ACTs are the cornerstone of treatment for uncomplicated Plasmodium falciparum malaria. Emerging artemisinin partial resistance in parts of Africa threatens their effectiveness and progress in reducing malaria illness and deaths.

Nigeria has one of the world's largest malaria burdens and has used ACTs as first-line treatment since 2005. The Nigeria research protocol reports no confirmed ACT-resistant malaria in the country to date, but inappropriate use, supply-chain gaps and weak surveillance require proactive action.

Diversifying first-line treatment reduces reliance on a single ACT and aims to preserve the effectiveness of existing medicines.

Nigeria's MFT strategy

Nigeria's simultaneous, age-segmented MFT model deploys AL, DP and ASPY concurrently, moving away from reliance on a single dominant ACT.

Implementation covers six LGAs in Kwara and Enugu States:

- **Enugu State:** Enugu North, Nsukka and Awgu.
- **Kwara State:** Moro, Irepodun and Asa.

The pilot will assess how this model works within routine health services and identify adaptations needed for expansion.

The STOP-AMDR approach

Introducing MFTs requires coordinated changes across malaria policies, medicine supply, service delivery and community engagement. STOP-AMDR supports:

Policy and strategy: Integrating MFTs into treatment policies, guidelines and implementation plans.

Medicines and supply chains: Strengthening quantification, procurement, distribution and inventory management for multiple ACTs.

Service-delivery readiness: Equipping providers and facilities through training, supervision, job aids and prescribing support.

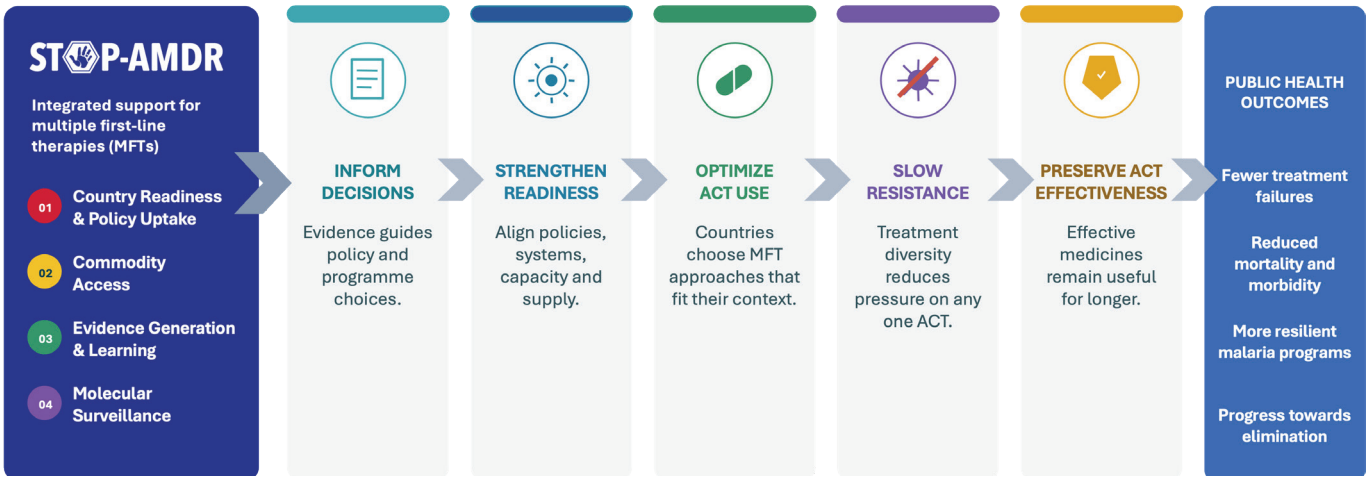
Data and monitoring systems: Strengthening HMIS, LMIS and routine monitoring to track ACT availability and use.

Community engagement: Building understanding and trust in age-segmented treatment through civil society, providers and communities.

Research and learning: Assessing feasibility, acceptability, fidelity, costs and system adaptations for sustainable scale-up.

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STOP-AMDR Pathway to Public Health Outcomes



Generating evidence for scale-up

Implementation research will identify what makes ACT diversification feasible, acceptable, affordable and sustainable, examining:

- Feasibility, acceptability, provider adherence and implementation fidelity.
- Supply-chain readiness, ACT availability and policy and governance adaptations.
- Community awareness, trust and treatment-seeking behaviour.
- Private-sector antimalarial availability, pricing and market share through ACT-Watch Lite.
- Costs, cost drivers, budget implications and requirements for sustainable scale-up.

Research also includes molecular surveillance of P. falciparum markers associated with resistance to artemisinin and ACT partner drugs, including integration into routine systems. Findings will guide implementation adjustments, national treatment-policy and expansion decisions, and wider learning on MFTs.

Partners

National Malaria Elimination Programme (NMEP): Leads national MFT strategy, planning, ACT quantification and state coordination.

Unitaid: Funds STOP-AMDR and supports sustainable introduction of innovative health approaches and products.

Jhpiego: Leads project implementation and technical support for MFT operationalization, health-system readiness and evidence generation.

Association of Civil Society for Malaria, Immunization and Nutrition in Nigeria (ACOMIN): Leads community engagement, mobilization, accountability and feedback.

Centre for Malaria and Other Tropical Diseases, University of Ilorin: Provides research and technical leadership in Kwara State.

Calabar Institute for Tropical Diseases Research and Prevention, University of Calabar: Provides research expertise for implementation research in Enugu State.

From diversification to sustained impact

By combining ACT diversification, national and state leadership, stronger health systems, community engagement, research and resistance surveillance, STOP-AMDR aims to establish a sustainable model for Nigeria—protecting effective malaria treatment for future generations.