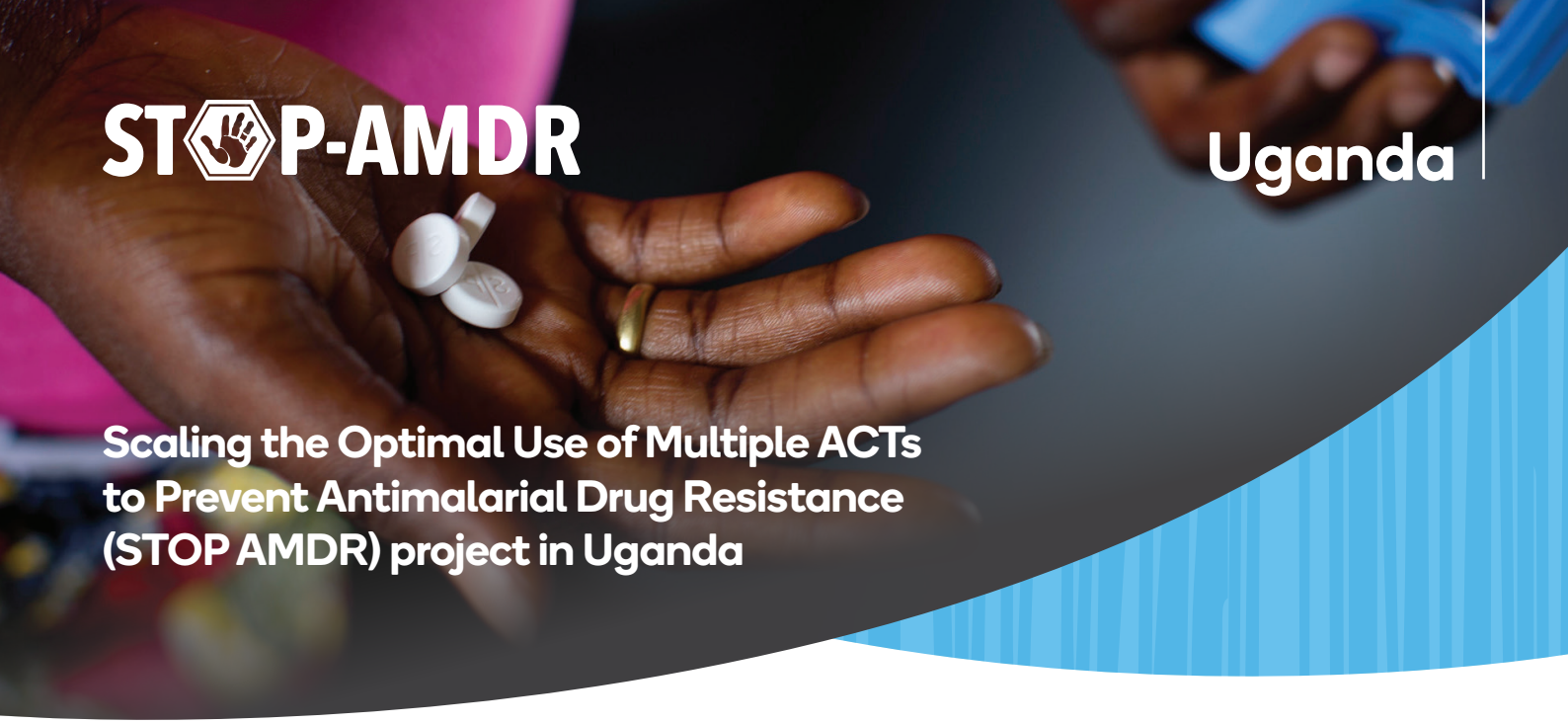


STOP-AMDR

Uganda

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

Background

Uganda continues to experience a high malaria burden, with year-round transmission in most regions. Therapeutic Efficacy Studies (TES) and molecular surveillance have confirmed the presence of partial artemisinin resistance and Pfkelch13 mutations in parts of the country. This poses a significant threat to the continued effectiveness of artemisinin-based combination therapies (ACTs), the cornerstone of malaria case management.

If ACT resistance spreads, Uganda risks higher malaria morbidity and mortality, as well as major economic and health system impacts. As one of the mitigation strategies, the World Health Organization (WHO) recommends Multiple First-Line Therapies (MFTs) – the deliberate, managed use of two or more effective ACTs – to delay drug resistance and extend the useful therapeutic life of these medicines.

The Scaling the Optimal Use of Multiple ACTs to Prevent Antimalarial Drug Resistance (STOP-AMDR) project, funded by Unitaid and led by Jhpiego, is a multi-country implementation research project designed to generate evidence on the feasibility, acceptability, and cost of MFTs to inform their potential scale-up and adoption in Uganda. In Uganda, the project is being implemented in close collaboration with the National Malaria Elimination Division (NMED) of the Ministry of Health, Makerere University School of Public Health, and the Uganda Civil Society Alliance Against Malaria (UCAAM), alongside global technical and market-shaping partners.

Why this matters

Uganda has documented artemisinin partial resistance, making the protection of existing malaria treatments an urgent priority.

Artemisinin-based combination therapies (ACTs) remain central to the treatment of uncomplicated malaria. Heavy reliance on a single ACT increases drug pressure and vulnerability as resistance emerges. Diversifying the ACTs used for first-line treatment can help reduce reliance on any one therapy and preserve the effectiveness of existing medicines.

Uganda's MFT strategy

Uganda is implementing two complementary MFT approaches in Busia and Buikwe districts, providing an opportunity to understand how different diversification strategies can work within the same national malaria programme.

Buikwe District:

Simultaneous MFT

Two ACTs are used concurrently, segmented by patient group:

- Artemether-lumefantrine (AL) for adults
- Dihydroartemisinin-piperaquine (DP) for children

Busia District:

Rotational MFT

Busia begins with:

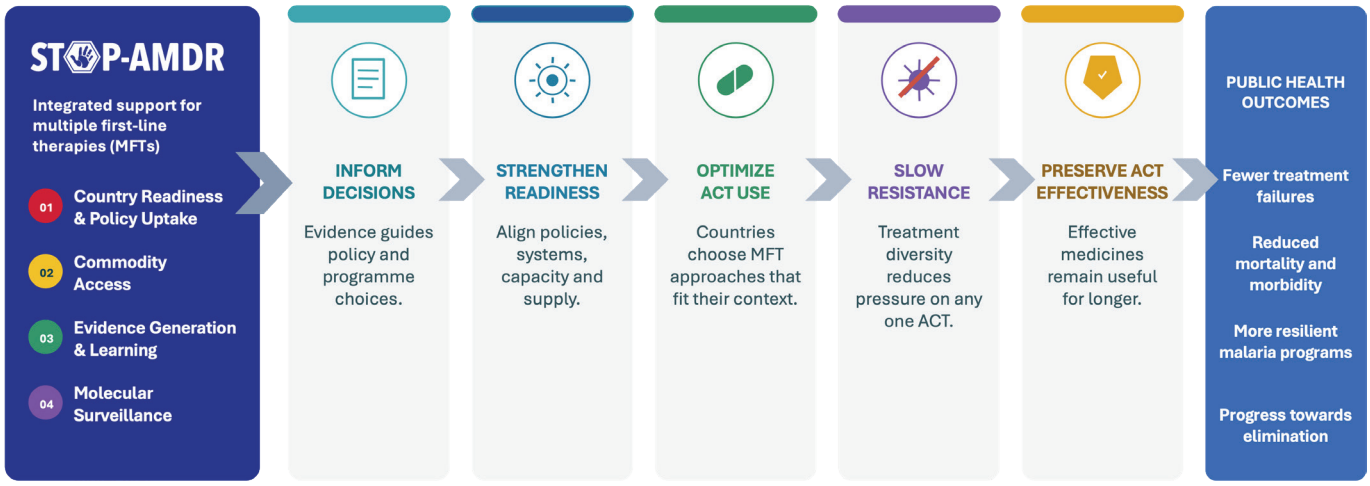
- Artesunate-pyronaridine (ASPY)

The strategy envisages rotation after two years to another ACT, with DP or artesunate-amodiaquine (ASAQ) identified as potential subsequent options. One rotation cycle will be studied through STOP-AMDR.

This combined approach will generate evidence on the practical requirements of implementing both simultaneous and rotational ACT diversification within routine health services.

Unitaid jhpiego

STOP-AMDR Pathway to Public Health Outcomes



What STOP-AMDR is supporting in Uganda

Policy and health-system readiness

Support integration of MFTs into malaria treatment policies, guidelines, health information systems and routine service delivery.

Commodity and supply-chain systems

Strengthen planning, quantification, distribution and monitoring to ensure reliable availability of multiple ACTs.

Health-worker capacity

Support training, supervision and practical guidance so providers can implement the different MFT approaches correctly.

Evidence generation

Conduct implementation research to assess the feasibility, acceptability and cost of MFTs and identify the conditions required for sustainable scale-up.

Molecular surveillance

Strengthen surveillance of molecular markers associated with artemisinin and partner-drug resistance to support evidence-informed treatment decisions.

Private-sector and community engagement

Generate evidence on antimalarial availability and use in the private sector and work with civil-society and community partners to build understanding, acceptance and appropriate use of multiple ACTs.

Expected contribution

Uganda's experience will help demonstrate how different MFT approaches can be operationalized within routine malaria programmes.

By combining simultaneous MFT in Buikwe, rotational MFT in Busia, stronger surveillance, health-system readiness and implementation research, STOP-AMDR aims to generate practical evidence to guide future scale-up of ACT diversification in Uganda and inform other malaria-endemic countries.

The goal is to build a more diversified and resilient malaria treatment system that preserves ACT effectiveness and reduces the threat posed by antimalarial drug resistance.

Uganda Partners

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

National Malaria Elimination Division (NMED), Ministry of Health – Lead government partner

MAKERERE UNIVERSITY
SCHOOL OF PUBLIC HEALTH

Makerere University School of Public Health – Research partner

UCAAM
UGANDA CIVIL SOCIETY ALLIANCE AGAINST MALARIA

Uganda Civil Society Alliance Against Malaria (UCAAM) – Community engagement partner

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