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Scientific Project Leader

Kenya Medical Research
Institute (KEMRI), Kenya

Consortium partners

- Evangelical Lutheran Church in Tanzania / Haydom Global Health Research Institute (ELCT/HGHR), Tanzania
- Three o'clock (3OC), France
- National Institute for Medical Research (NIMR), Tanzania
- Tanzania Meteorological Authority (TMA), Tanzania
- University of Virginia (UVA), United States (associated partner)
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New clinical trial launches to test targeted antibiotic treatment for malnourished children with acute watery diarrhoea in Kenya and Tanzania

TARGET, a five-year clinical trial funded by the Global Health EDCTP3 Joint Undertaking, officially began on 1 July. The project will enrol 2,800 children aged 2 to 59 months across Kenya and Tanzania to test whether two widely available antibiotics, azithromycin and ciprofloxacin, can reduce death and hospitalisation in children who have both acute watery diarrhoea and malnutrition.

Diarrhoeal disease remains one of the leading causes of death in children under five in sub-Saharan Africa. Current WHO guidelines do not recommend antibiotics for acute watery diarrhoea, yet 25 to 50 percent of cases are caused by bacteria, and children who are also malnourished are more likely to have a bacterial infection and a poor outcome. TARGET was designed to close that gap: a population that current guidelines don't cover, tested in the two countries that carry much of its burden.

"This research, which studies whether targeted antibiotic therapy in children with malnutrition and watery diarrhea can prevent hospital admissions and save lives, could alter diarrhoeal treatment guidelines. I feel very lucky to work with this multidisciplinary and driven group of collaborators on this landmark study in Kenya and Tanzania," said Dr. Vanessa Harris, TARGET Project Coordinator, AUMC.

The trial will run at sites led by the Kenya Medical Research Institute (KEMRI), enrolling 1,800 children, and the Evangelical Lutheran Church in Tanzania's Haydom Global Health Research Institute (HGHR), enrolling 1,000 children. Children will be randomised to azithromycin, ciprofloxacin, or placebo and followed for three months, with researchers tracking hospitalisation, death, and nutritional recovery.



Beyond the trial itself, TARGET will evaluate stool-based biomarkers to identify which children are most likely to benefit from treatment and model how climate change could increase or decrease the treatment effect, and train more than 200 nurses, research associates, and community health workers, alongside at least 18 African scientific leaders and nine graduate students.

Every child deserves treatment guided by evidence rather than assumption. TARGET strives to generate the evidence needed to improve survival among children with watery diarrhoea and malnutrition where the burden is greatest," shared Dr. Richard Omore, Principal Investigator for the Kenya site at KEMRI. "That said, the ultimate success of TARGET will not be measured by publications alone, but by its ability to transform evidence into targeted, equitable, and scalable care that saves the lives of children with watery diarrhoea and malnutrition in the real world."

The trial will also weigh the benefit of treatment against the risk of antimicrobial resistance (AMR). Azithromycin and ciprofloxacin promote resistance through different mechanisms, and little evidence exists on how the two compare. Using genomic sequencing of stool samples collected across the trial, researchers will track resistance gene induction in both disease-causing bacteria and the wider gut microbiome for each treatment arm, producing a risk-benefit ratio intended to inform future guidance on antibiotic choice.

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