

CAMBODIA



AT A GLANCE

Population (2017):
16.0 million¹

Population at risk of malaria
(2016): **71%²**

Malaria incidence/1,000
population at risk (2015): **13³**

Confirmed malaria cases (2016):
23,492²

In-patient malaria deaths
(2016): **3²**

Artemisinin resistance status:
Confirmed

1 World Bank, Population Estimates & Projections, 2017

2 World Health Organization (WHO), World Malaria Report 2017

3 WHO, World Health Statistics 2017

The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

PMI support extends to the Greater Mekong Subregion (GMS), which is made up of five countries: Burma, Cambodia, Lao People's Democratic Republic, Thailand, and Vietnam.

Regional and Country Context

Although considerable progress has been made in malaria control in Cambodia during the past ten years, malaria remains a major concern. This is primarily due to the development and possible spread of resistance to artemisinin drugs that are the first-line treatment for malaria throughout the GMS. *Plasmodium falciparum* resistance to artemisinin drugs was first confirmed in western Cambodia; treatment failures to artemisinin-based combination therapy (ACT) have been reported from multiple sites on the Thai-Cambodian border. Currently five ACTs are failing in Cambodia.

Over the last decade, many of Cambodia's key health indicators have improved as the country's economy has developed. Significant progress has been achieved in malaria prevention and control. Since 2009, malaria incidence, cases, and deaths have all decreased. Despite the successes, artemisinin resistance and mobile populations remain challenges to reaching national elimination goals. Malaria predominantly affects adult males who move from low to high transmission areas and lack access to malaria services and education, making them more vulnerable to infection.

In 2014, Malaria Elimination in the GMS countries was developed as a coordinated strategy for malaria elimination by 2030. As a result, the Cambodian National Malaria Program updated its national strategic plan to the Malaria Elimination Action Framework 2016–2020 which has the ultimate goal of national elimination of *P. falciparum* and multi-drug resistant malaria by 2020. In 2016, Cambodia moved from control to elimination activities concentrated in 18 operational districts in the northwest of Cambodia. The following surveillance activities will be intensified in the 18 districts: following up on cases, investigating focal areas, and conducting response interventions. The National Malaria Program will develop evidence-based approaches that can be scaled up to these 18 operational districts targeting elimination. PMI supports this national strategy and has been funding a pilot elimination package model in one district.

Progress to Date

Although some of the standard indicators adopted in the GMS differ from those in Africa, several indicators, such as those measuring insecticide-treated net (ITN) ownership and use, remain applicable. The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Cambodia.

Cambodia Malaria Indicators	CMS 2004 ¹	CMS 2007	CMS 2010	CMS 2013
Malaria prevalence by microscopy	4.4%	2.6%	0.9%	0.1 ²
Proportion of households with at least one mosquito net	95%	100%	99%	100%
Proportion of households with at least one ITN	36%	43%	75%	90%
Proportion of persons who slept under an ITN the previous night	29%	25%	53%	60%
Proportion of children under five years old who slept under an ITN the previous night	26%	28%	56%	63%
Proportion of pregnant women who slept under an ITN the previous night	13%	–	59%	62%

1. CMS – Cambodia Malaria Survey

2. 1.5% prevalence by Polymerase Chain Reaction (PCR)

PMI Contributions Summary

Cambodia has received PMI funding since FY 2011. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

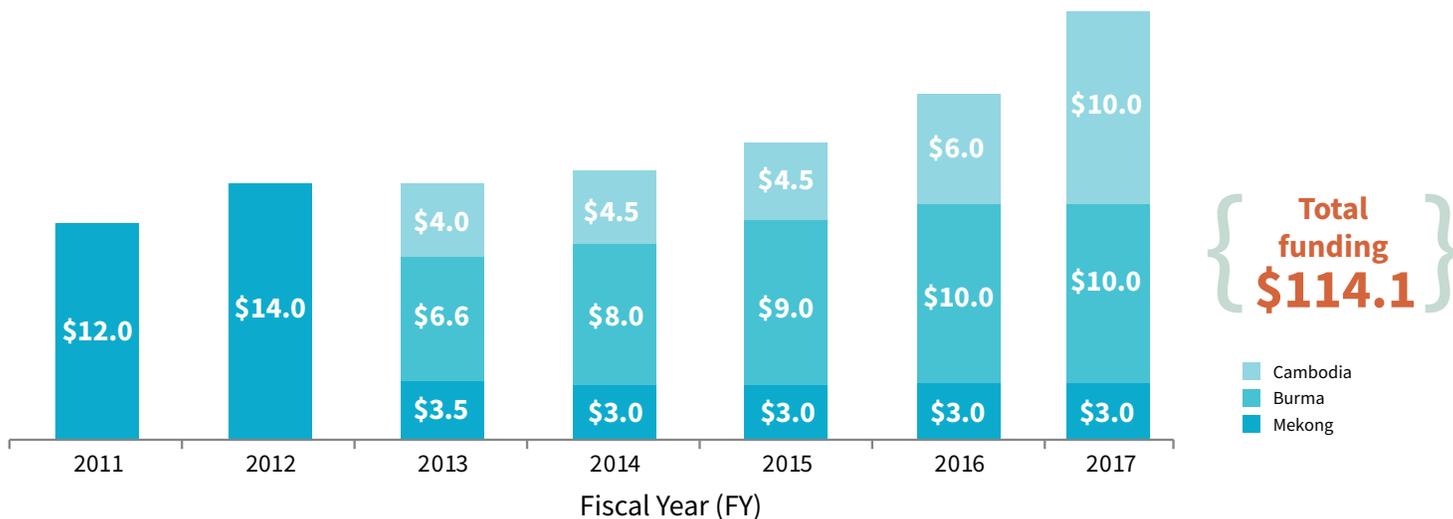
		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	40,000	220,000
		ITNs distributed	17,624	255,719 ²
		ITNs procured by other donors and distributed with PMI support	8,355	9,005
Rapid Diagnostic Tests		RDTs procured	0	285,500
		RDTs distributed	0	303,850 ²
Artemisinin-based Combination Therapy		ACTs procured	0	140,190
		ACTs distributed	0	0
Health Workers		Health workers trained in treatment with ACTs	531	n/a ³
		Health workers trained in malaria diagnosis	562	n/a ³

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the *PMI Annual Report* for year-by-year breakouts of PMI contributions.

2 This is the fourth year that Cambodia is reporting separately from Mekong. ITNs and RDTs distributed exceed the number procured because distributed quantities include some that were reported as procured for the Mekong in previous years.

3 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2018 PMI activities in Cambodia, please see the [Cambodia Malaria Operational Plan](#).