

## CAMBODIA



### AT A GLANCE

Population (2016):  
**15.9 million<sup>1</sup>**

Population at risk of malaria  
(2014): **71%<sup>2</sup>**

Malaria incidence/1,000  
population at risk (2013): **11<sup>3</sup>**

Confirmed malaria cases  
(2014): **25,152<sup>2</sup>**

In-patient malaria deaths  
(2014): **18<sup>2</sup>**

Artemisinin resistance status:  
**Confirmed**

1 U.S. Census Bureau, International Data Base 2015

2 World Health Organization (WHO), World Malaria Report 2015

3 WHO, World Health Statistics 2016

### 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 the GMS during the past 10 years, malaria remains a major concern for the international community and ministries of health in the region. This is due primarily to the development and possible spread of resistance to artemisinin drugs, the principal component of the combination therapies for malaria that now are the first-line treatment for malaria throughout the GMS and the world. *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; and an early warning sign of artemisinin resistance – prolongation of parasite clearance times – has been reported throughout the region.

Over the last decade, many of Cambodia's key health indicators have improved as the country's economy has developed. Significant progress has also been achieved in malaria prevention and control; since 2009, malaria incidence, malaria cases, and malaria deaths have all decreased. Despite the successes, artemisinin resistance and mobile at-risk populations remain challenges to reaching national elimination goals. Malaria predominantly affects adult males, many of whom are workers who move from low to high transmission areas and lack access to malaria services and education, which makes them more vulnerable to infection. In 2014, Cambodia developed a Malaria Elimination Action Framework, which has a goal of national elimination of *P. falciparum* by 2020. This framework lays out a phased approach whereby districts progressively transition from implementing burden control activities to malaria elimination activities.

### 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.

Burma Malaria Indicators	CMS 2004 <sup>1</sup>	CMS 2007	CMS 2010	CMS 2013
Malaria prevalence by microscopy	4.4%	2.6%	0.9%	0.1 <sup>2</sup>
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 2015 and cumulatively across the key intervention areas.

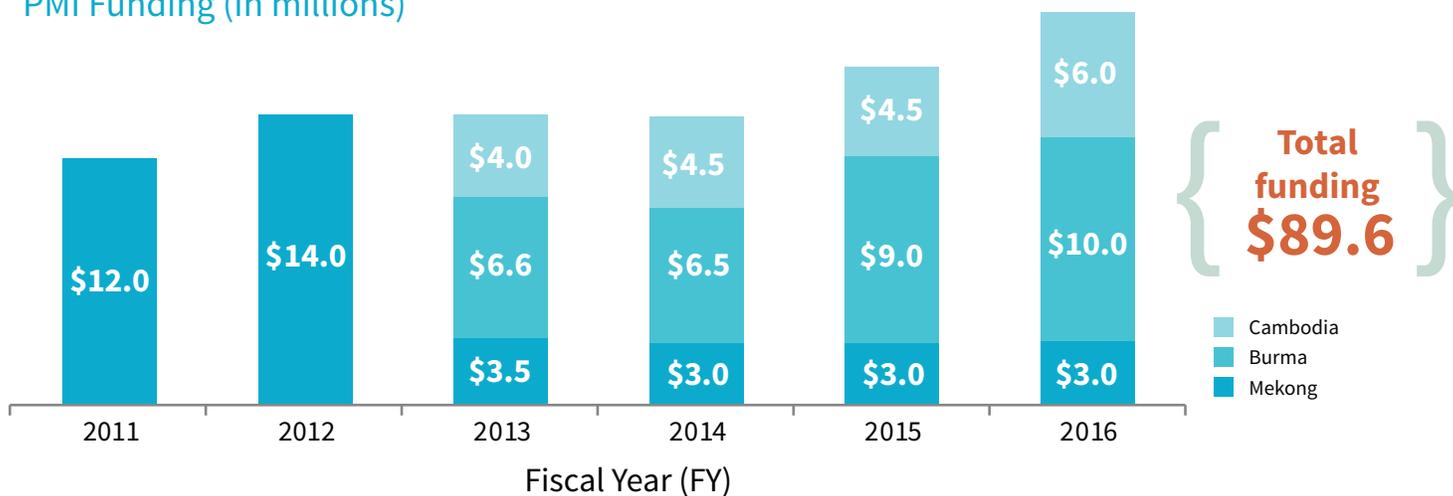
		PMI CONTRIBUTIONS <sup>1</sup>	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	50,000	180,000
		ITNs distributed	122,811	192,353 <sup>2</sup>
Rapid Diagnostic Tests		RDTs procured	285,500	285,500
		RDTs distributed	285,500	296,350 <sup>2</sup>
Artemisinin-based Combination Therapy		ACTs procured	140,190	140,190
		ACTs distributed	0	0
Health Workers		Health workers trained in treatment with ACTs	939	n/a <sup>3</sup>
		Health workers trained in malaria diagnosis	988	n/a <sup>3</sup>

1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 This is the second 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 2016 PMI activities in Cambodia, please see the [Greater Mekong Subregion Malaria Operational Plan](#).



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U.S. President's Malaria Initiative