Background

Cambodia has made considerable progress in reducing the burden of malaria. Coordinated by the Cambodia National Malaria Program, malaria control efforts have markedly reduced malaria morbidity and mortality in recent years. Control efforts include: improving prevention through distribution of long-lasting insecticide-treated nets (LLIN), strengthening diagnosis and treatment particularly at the community level, and building national capacity in malaria research and program monitoring and evaluation.

Western Cambodia, bordering with Thailand, continues to be a hotspot where malaria parasites have demonstrated reduced efficacy of artemisinin combination therapy (ACT). Several factors contribute to increasing resistance. Monotherapy treatment of uncomplicated malaria is prevalent in most areas of the country. Massive development projects and agri-businesses have resulted in large movements of populations from non-endemic to endemic areas in search of employment opportunities. Weak infrastructure and limited resources have created large gaps in malaria services and counterfeit and substandard antimalarial medicines also reduce treatment success and increase drug resistance.

Approach

In Cambodia, as well as in the high priority countries of Myanmar and Thailand, CAP-Malaria strives for systematic control of malaria in affected border regions, aiming to contain the spread of multi-drug resistant *P. falciparum* malaria in the Greater Mekong Sub-region. The project’s key approaches are:

- **Vector control** including distribution and retreatment of bed nets, increasing use of personal protection against malaria through behavior change communication and monitoring, and promoting early diagnosis and treatment adherence.

- **Early diagnosis and appropriate treatment** particularly through community-level networks, linking them with the public health system for improved service provision and monitoring of cases.

- **Capacity building** of local partners to manage malaria control activities, ranging from improved supportive supervision to increased laboratory capacity.

- **Strategic information** including innovative community- and hospital-based strategies for surveillance of drug-resistant malaria.

In Cambodia, CAP-Malaria is supporting the national malaria control program and local authorities expand innovative interventions in ten operational districts bordering Thailand and Vietnam in
Western Cambodia as well as two operational districts along the Vietnamese border in Eastern Cambodia. CAP-Malaria is scaling up best practices such as community-level diagnosis and treatment, comprehensive malaria services for high-risk mobile and migrant populations (including a net lending scheme), community surveillance for malaria case detection, quality assurance for improving microscopy; and strengthening the quality of malaria services provided by the private sector.

The project has a strong emphasis on engaging community-level malaria workers and volunteers. Through training, supportive supervision, and fostering linkages with the public sector and other local stakeholders, village malaria workers are equipped to deliver comprehensive malaria control interventions such as distribution of insecticide-treated bednets, early diagnosis, and appropriate treatment.

**Highlights of Results to Date**

**Increasing accessibility of malaria diagnosis and treatment to mobile and migrant workers:** CAP-Malaria trained over 80 mobile malaria workers in Western Cambodia on malaria symptoms, use of rapid diagnostic tests, and treatment for simple cases and referral for severe malaria cases, pregnant women and under five children as well as malaria health education.

**Improving the quality of malaria services:** training-refresher training, coaching, and supervision are organized on a regular basis. In addition, health service providers began participating in quarterly reviews to discuss progress on malaria indicators. CAP-Malaria is currently supporting 505 village malaria workers in 272 villages and 78 migrant malaria workers and is working with 125 health facilities. Microscopy quality assurance standard operating procedures, developed with support from CAP-Malaria, are being applied in 60 health centers. Additionally, the project has worked with 167 registered private providers.

**Improving malaria surveillance activities:** CAP-Malaria conducted an entomology study in three districts and is continuing Day 3 surveillance to rapidly identify multi-drug resistant cases at the community level.

**Changing behaviors:** CAP-Malaria has implemented the following behavior change communication (BCC) activities for a multi-pronged approach:

- **Interpersonal communication:** CAP-Malaria is strengthening IPC skills of health and non-health volunteers and facility health workers. In the past six months, 226,838 people received health education through IPC.
- **Community mobilization:** includes World Malaria Day, Malaria week, and health education sessions for migrant workers in endemic areas, including private companies. Additionally, community theatre performances are used by CAP-Malaria to promote malaria messages.
- **Mass media:** key malaria messages are promoted through radio call-in show programs, Billboards, and TV spots.
- **Small media:** Malaria education through the national bus system where BCC materials are distributed.

**Moving toward pre-elimination:** In line with the Cambodian National Malaria Strategy aiming to achieve malaria elimination by 2025 and given the evolution of malaria epidemiology in some areas, CAP-Malaria foresees a move toward malaria pre-elimination/elimination in a number of its target ODs where malaria pre-elimination has already been attained.

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