



Photo by Mao Daneth/CRS

# CAMBODIA'S JOURNEY TOWARD MALARIA ELIMINATION



# Project Overview



## Timeframe

2014-2026

## Overall budget

USD 218.8 million

## Development Partners

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)  
Ministry of Health (MOH)  
Ministry of Interior (MOI)  
Ministry of National Defense (MOND)  
Ministry of Tourism (MOT)  
Ministry of Women’s Affairs (MOWA)

## Implementing Partners

National Centre for Parasitology, Entomology and Malaria Control (CNM)  
World Health Organization (WHO)  
Clinton Health Access Initiative (CHAI)  
Catholic Relief Services (CRS)  
Malaria Consortium (MC)

# Project context

Cambodia is one of the malaria-endemic countries in the Greater Mekong Subregion (GMS). Malaria cases in Cambodia are mainly caused by *Plasmodium vivax* (Pv) and the deadly *Plasmodium falciparum* (Pf), which can be fatal if not treated promptly. In the early 2000s, Cambodia reported almost 115,000 confirmed cases and more than 450 malaria deaths.

This situation was further complicated by the confirmation of multidrug resistance in Pf malaria in Cambodia in 2008. This posed a significant public health threat not only to Cambodia but also to other neighbouring countries if not eliminated within its borders. To address this challenge, the Regional Artemisinin Resistance Initiative (RAI) was launched in the GMS, aiming to eliminate malaria in all five countries, including Cambodia. In addition to this support, Cambodia is committed to tackling malaria transmission within its borders. In 2011, the Prime Minister of Cambodia endorsed the National Strategic Plan for Malaria Elimination 2011–2025. This plan set an ambitious goal of achieving malaria elimination in Cambodia by 2025.



# UNOPS malaria elimination actions

In line with the malaria elimination goal, UNOPS has been supporting this effort as the Principal Recipient of the RAI grant in Cambodia and the four other GMS countries – Myanmar, Lao PDR, Thailand and Viet Nam – since 2014. UNOPS collaborates with the Ministry of Health, the National Centre for Parasitology, Entomology and Malaria Control (CNM), other government departments and civil society organizations (CSOs) to implement malaria elimination activities in the country.

## Bottom-up approach and capacity building

To manage the country's malaria burden effectively and strengthen the institutional local capacity and national ownership, UNOPS engaged with provincial and operational district health departments for decentralized implementation with support from the embedded specialized CSO staff, and reinforced the capacity of health centres in malaria control nationwide with fully equipped and trained staff. This approach allows the development of a flexible response tailored to the specific needs of each target community, such as focalized interventions including targeted drug administration (TDA) to high-risk populations, intermittent preventive treatment for forest goers (IPTf), and active fever screening.

A tailored 'Last Mile' activity story '[Going the Last Mile](#)' in Chong village, Ratanakiri province, northeast Cambodia, one of the hard-to-reach areas.

At the central level, UNOPS supports the national programme for continually updating guidelines to address multidrug resistance, and regular coordination and technical review meetings with key stakeholders to collaborate and discuss the progress closely. In addition to this, UNOPS also assists in the establishment and enhancement of a real-time information system that allows the implementation of targeted approaches and decision-making.

### July 2024, Ou Krak village, Stung Treng province:

Local authorities, the local mobile malaria worker, health centre staff and CSO staff discuss the population most at risk for malaria transmission within their community. Plans are made to organize community dialogue meetings at selected remote sub-villages and new settlements under their responsibility. Communities are mobilized to tackle local transmission of malaria infections.  
@Malaria Consortium



## Enable service delivery in border and forested locations with strong community engagement

The remaining malaria cases were mainly reported from seven provinces in the northeast and southeast of the country, where provincial/district health departments and CSO partners are implementing aggressive approaches through health centres and community-based care providers. For those remote areas, UNOPS works closely with the CSOs to strengthen community health systems, engaging with village malaria workers (VMWs) and mobile malaria workers (MMWs) to expand malaria prevention, early diagnosis and treatment for high-risk populations in remote areas, particularly the northeastern region of the country along the forested border areas with Viet Nam, Lao PDR, and Thailand, which have the highest malaria burden in the country. The mobile migrant populations, including workers in forests and plantations, and ethnic groups in remote rural areas face the highest risk of malaria and have the least access to formal health services.

Cambodia's '[Empowering local communities' story](#)' on malaria services to reach Indigenous villages in Stung Treng, one of Cambodia's northern provinces.



**July 2024, Ronaeng Krao malaria post, Sen Monorom, Mondulkiri province:** Nhea Pov, a mobile malaria worker (MMW) at the Ronaeng Krao malaria post, tests a father and his two sons returning after a stay in the forest. Although one of the sons did not feel well, he tested negative for malaria. The MMW referred him to seek advice at the health centre. @Malaria Consortium

## Electronic payments of monthly VMW stipends

The process of paying VMWs in Cambodia presented significant challenges for local health authorities due to the reliance on a cash-based system. Managing large amounts of cash and the logistical difficulties of travelling to remote areas to make physical payments led to concerns about accountability and frequent delays. Consequently, VMWs often felt less motivated and committed to their work. To address these issues, UNOPS introduced a pilot e-payment system, which has now been successfully expanded nationwide to cover all public sector health facilities, VMWs and MMWs.

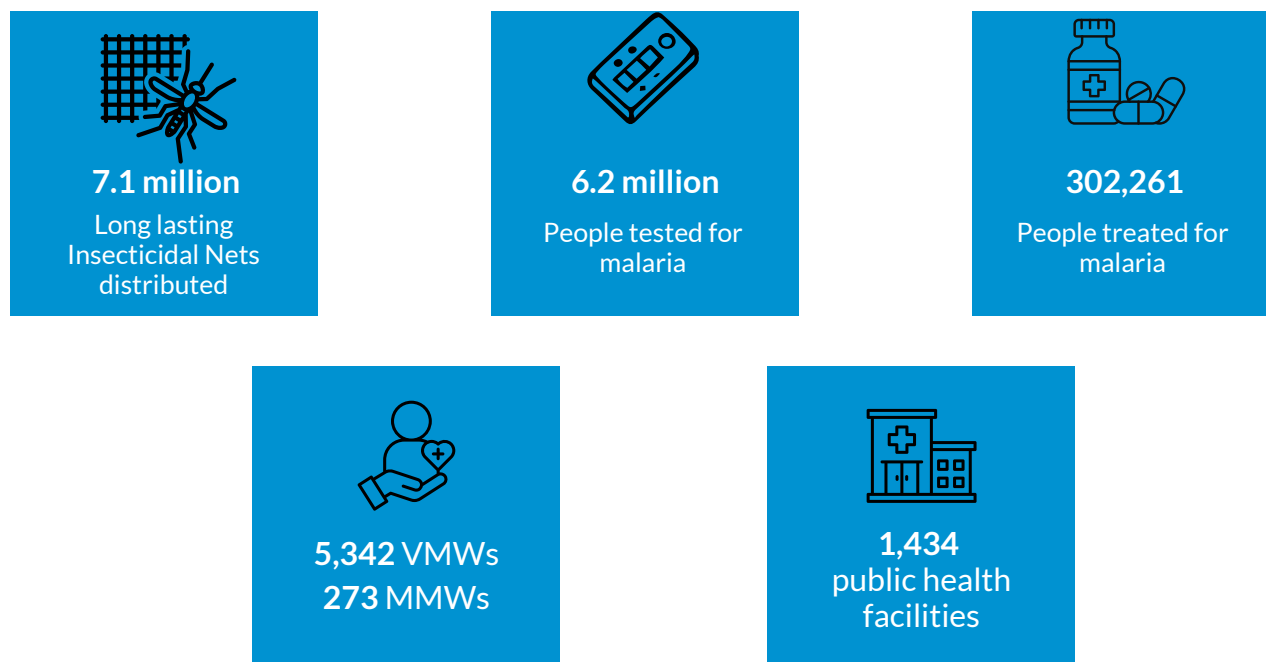


## Web-based malaria information system – real-time reporting on malaria

Accurate and timely data are crucial for programme success, and UNOPS has supported the National Malaria Control Programme (NMCP) in developing a cutting-edge real-time malaria information system (MIS) utilizing a user-friendly app. This system seamlessly connects facility- and community-based reporting on diagnosis, treatment and stock management, revolutionizing data collection and utilization in the fight against malaria.

The MIS has improved the accuracy and efficiency of information gathering, facilitating informed decision-making and significantly contributing to the programme's success by ensuring stakeholders have access to vital and up-to-date information.

## Key results and impacts

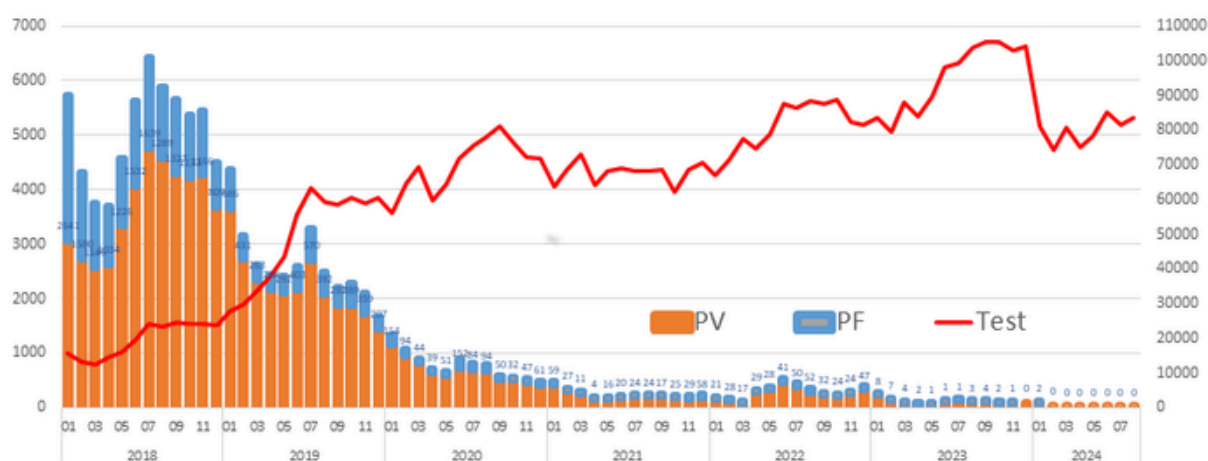


Since 2014, UNOPS has supported malaria prevention interventions through massive and continuous LLIN distribution during the grant implementation. Testing for malaria has increased from 300,000 to over 1 million tests annually over the past several years. Timely detection of cases and provision of effective antimalarial drugs through public health facilities and VMWs/MMWs nationwide have played a major role in reducing the intensity of malaria transmission, paving the way towards elimination.

## Significant achievement in malaria elimination

Cambodia has made great progress in fighting malaria, with a drastic reduction in cases. In 2018, 63,186 cases of malaria were reported. This number decreased annually to 32,275 in 2019 (49% reduction), 9,309 in 2020 (71% reduction), 4,318 in 2021 (53% reduction), 4,053 in 2022 (6% reduction), and 1,384 in 2023 (66% reduction). The trend continued in 2024 with only 290 reported cases of malaria from January to September, indicating a 79% reduction compared to the same period in 2023. Moreover, there have been no malaria deaths reported since 2018. This remarkable progress demonstrates Cambodia's commitment to achieving its goal of malaria elimination, with the country now on track to reach its target of zero malaria by 2025.

### Update on Malaria Epidemiology Jan 2018-Aug 2024



**Malaria epidemiology from January 2018 to August 2024:** After the malaria outbreak in 2018, the number of malaria tests significantly increased, and the number of malaria cases declined. In 2024, no Pf cases have been reported. @UNOPS

## Expanding essential health services in remote areas

Approximately 5,600 VMWs/MMWs (2 per village) play a crucial role in providing malaria testing and treatment services in the community and in forested areas. Recognizing their vital role, Cambodia is integrating them into the public health system, expanding their scope to include other vector-borne diseases, key childhood illnesses, and in prevention of non-communicable diseases. This ensures that the community, especially in remote areas, will be able to get essential health services from them as trusted points of diagnosis and treatment.





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