



The path to zero: Cambodia's village and mobile malaria workers have driven the country towards malaria elimination

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Mobile malaria workers and village malaria workers deliver essential malaria prevention, diagnosis and treatment services to Cambodia's hard-to-reach and high-risk communities, making them integral to achieving the country's goal of malaria elimination by 2025.

Introduction

For over 25 years, Cambodia's village malaria workers (VMWs) and mobile malaria workers (MMWs) are providing malaria prevention, diagnosis and treatment in their communities and remote areas. Working within their villages or travelling to hard-to-reach locations, they have led active case detection, net distribution and the delivery of free, quality-assured care. Their flexibility has enabled rapid responses to emerging malaria hotspots. Now that malaria is limited to a few pockets, Cambodia aims for national elimination by 2025 and World Health Organization (WHO) certification within three years. The success of VMWs and MMWs offers valuable lessons for other countries seeking to strengthen community-based health systems and ensure equitable access to care.

Activities driving success

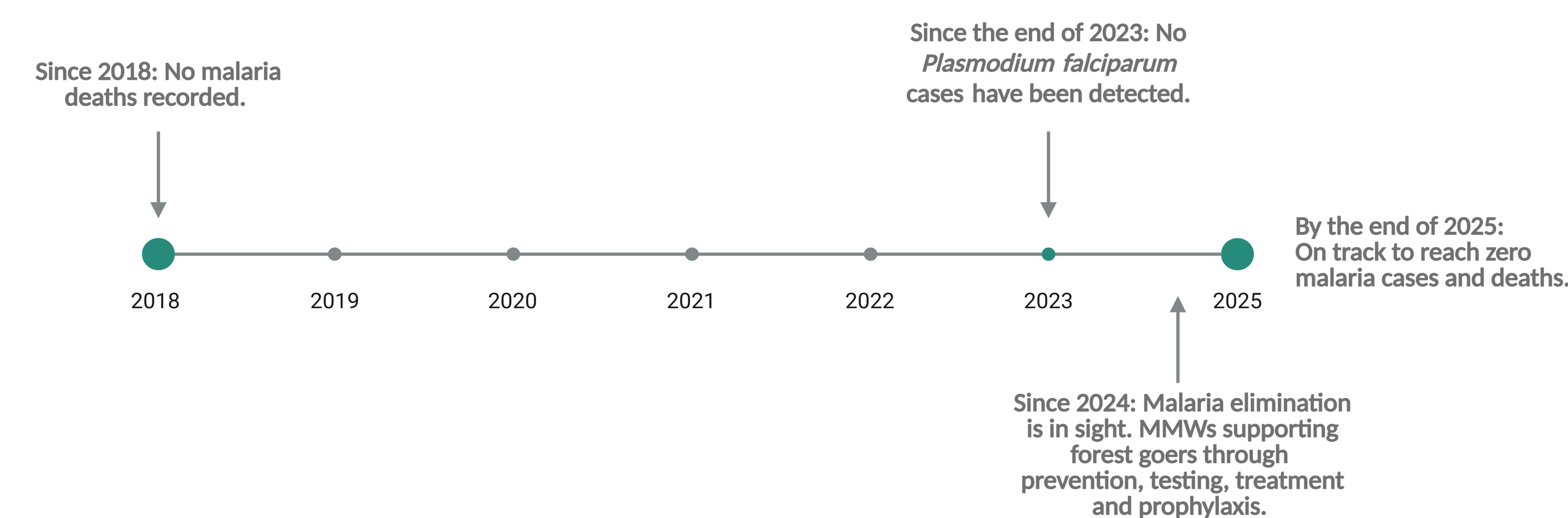
VMWs and MMWs have several key roles and responsibilities within the national malaria programme (CNM) that directly contribute to elimination efforts:

- Delivering community-based malaria services, including preventive tools, diagnosis and treatment to at-risk communities.
- Performing parasitological confirmation using rapid diagnostic tests (RDTs) before treatment to ensure accurate case management. This prevents unnecessary use of artemisinin-based combination therapies (ACTs) in individuals without malaria, reducing drug pressure and the risk of *Plasmodium falciparum* resistance.
- Reporting malaria cases to the formal health service within 24 hours of identification to enable rapid response.
- Applying data-driven strategies to identify high-risk groups and to target interventions efficiently and effectively, such as the provision of long-lasting insecticidal nets to forest workers with increased risk of malaria.

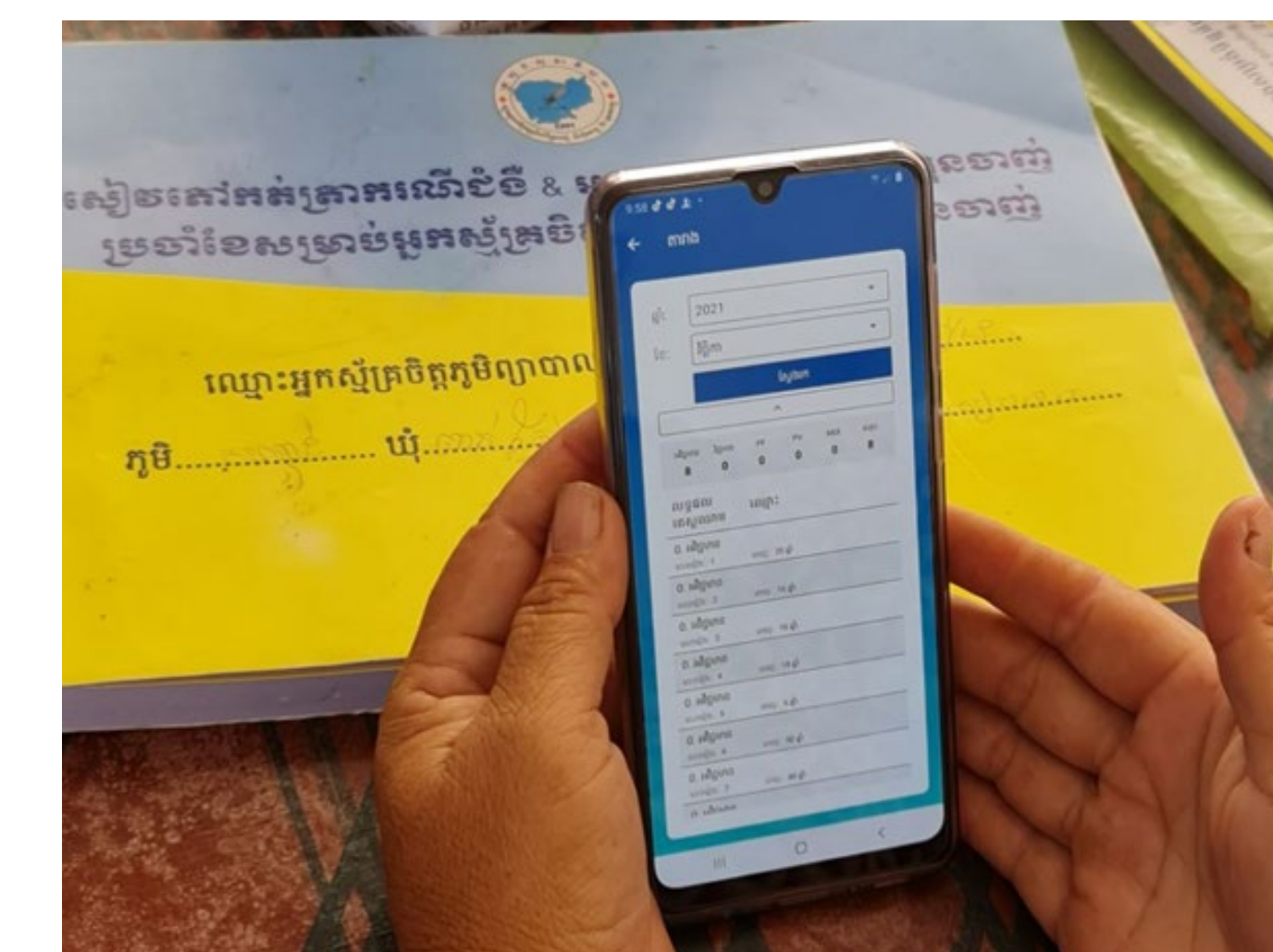
Timeline of VMW and MMW contributions to malaria elimination

- 2001–2023:** The number of villages supported by VMWs expanded to 2,708.
- 2009:** MMWs were introduced to reach mobile and migrant populations. By 2023, MMWs covered 259 locations.
- 2011–2015:** VMWs and MMWs faced drug resistance, requiring adaptations in drug regimens and case management practices.
- 2015:** Mobile malaria posts were established and MMWs were deployed by Malaria Consortium along international borders to reach remote populations.
- 2015–2023:** VMWs and MMWs were included in Cambodia's malaria intensification plan, which prioritised hotspots and forested areas for malaria elimination.

Key successes



VMWs provide malaria services at their houses in the village



VMWs and MMWs digitally report all cases within 24 hours



MMWs provide free malaria testing in areas where at-risk communities work, including plantations

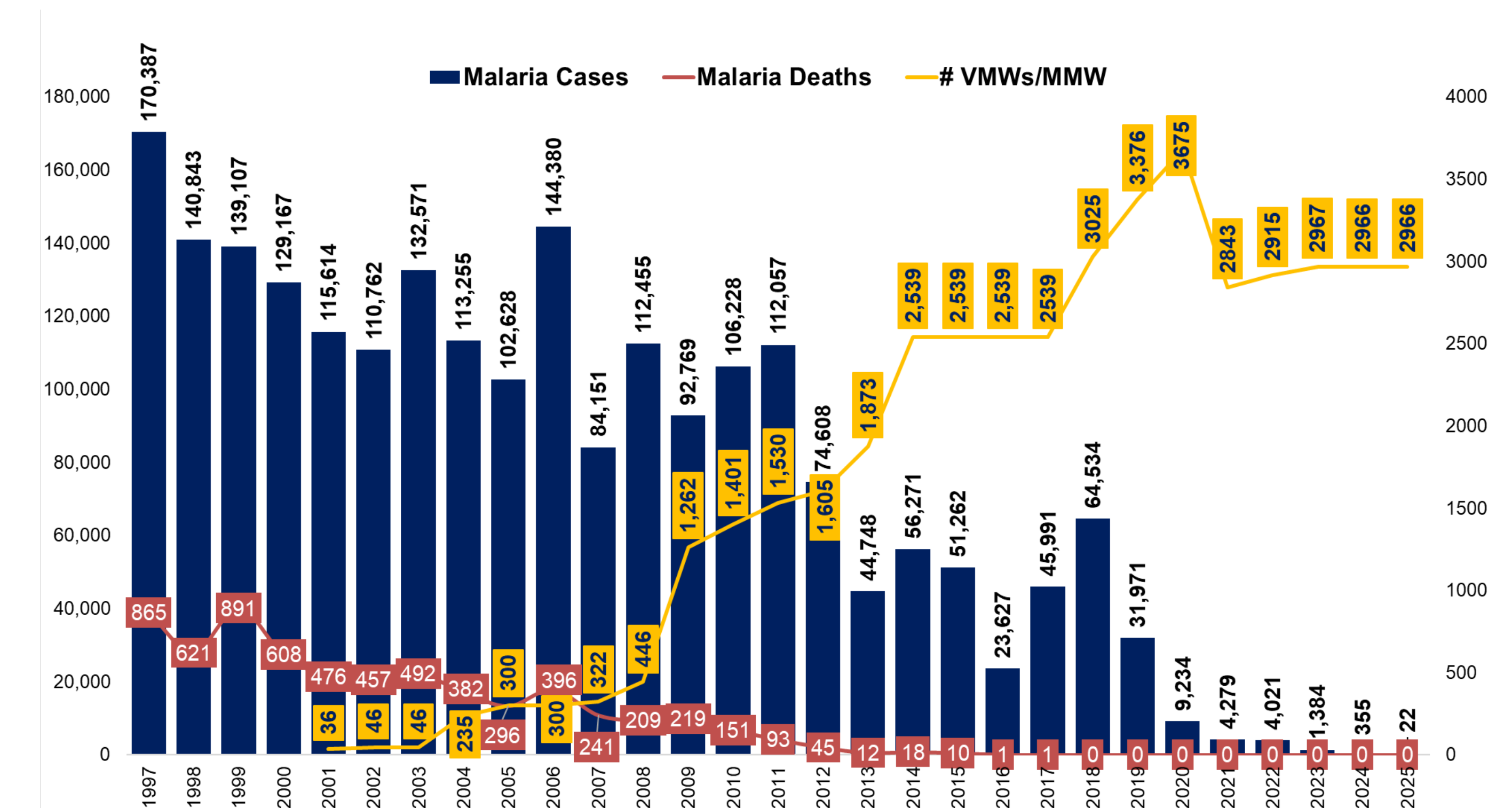
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Sustained efforts have contributed to a more than 99 percent reduction in malaria cases between 2004 and 2024. Since 2018, no malaria-related deaths have been recorded in the country.

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In 2024, 5,414 VMWs and 518 MMWs conducted 72 percent of all malaria tests and diagnosed 55 percent of all malaria cases in Cambodia.

Figure 1. Malaria cases, deaths and number of village and mobile malaria workers, 1997–2025



Conclusion

In Cambodia, community-based approaches have been essential in delivering malaria interventions to hard-to-reach populations. VMWs and MMWs have ensured access to prevention, diagnosis and treatment, which has been critical in reducing residual malaria transmission. Their work has been central to Cambodia's progress towards malaria elimination and provides a model for community-led health service delivery in other relevant contexts.

Acknowledgements

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