

# Expanding mobile malaria services to hard-to-reach communities in northern Cambodia

Supporting the elimination of *Plasmodium falciparum* by 2023

## Background

In Cambodia, forest goers and mobile and migrant populations contribute to sustained malaria transmission. Their high mobility and seasonal cross-border migration limit their access to community- or facility-based healthcare services. Of these groups, forest goers are at the greatest risk of contracting malaria, given high exposure to mosquitoes while cutting timber, hunting, preparing farmland, foraging and finding resin.

As Cambodia works to eliminate *Plasmodium falciparum*, it is essential to continue to deliver effective malaria prevention and control services, especially to hard-to-reach communities. The Malaria Elimination Action Framework 2 also calls for intensified case investigation and targeted interventions to interrupt transmission in endemic locations. These efforts are of particular importance in light of confirmed resistance to artemisinin — artemisinin-based combination therapies are among the most effective antimalarials in tackling *P. falciparum* — in the Greater Mekong Subregion (GMS).

## Country

Cambodia

## Donor

The Global Fund to Fight AIDS, Tuberculosis and Malaria

## Length of project

January 2021–December 2023

## Partners

Ministry of Health, Cambodia

National Center for Parasitology, Entomology and Malaria Control

Provincial health departments — Stung Treng, Preah Vihear, Ratanakiri, Mondulakiri, Oddar Meanchey and Banteay Meanchey

United Nations Office for Project Services — Cambodia and Myanmar

## Project outline and objectives

Building on the high-quality implementation and successful results achieved under [RAI-ICC](#) (2015–2017) and [RAI2E](#) (2018–2020), Malaria Consortium will continue its efforts through the Regional Artemisinin-resistance Initiative 3 Elimination (RAI3E) project. RAI3E aims to contribute towards Cambodia's goal of eliminating *P. falciparum* by 2023 and *P. vivax* by 2025. It is the third project under the RAI Fund, which strives to accelerate coordinated efforts to eliminate malaria in the GMS.

Malaria Consortium will work closely with the CNM and provincial health departments to implement the project in six CNM-allocated provinces on the border with Thailand, Laos and Vietnam: Stung Treng, Preah Vihear, Ratanakiri, Mondulakiri, Oddar Meanchey and Banteay Meanchey. The project will focus on a zone of 10 kilometres inland from the border, with malaria posts placed at strategic entry/exit points. Specifically, the project aims to:

- provide effective personal protection, such as long lasting insecticidal nets (LLINs) for beds and hammocks, to at least 90 percent of the population at risk nationally
- achieve universal coverage of early malaria detection services and safe treatment of cases among all high-risk populations
- operationalise CNM guidelines to ensure effective case investigation and real-time notification of confirmed cases, and support foci investigations in collaboration with the provincial health departments and operational districts.

## Activities

Malaria Consortium will:

- recruit additional mobile malaria workers (MMWs) — respected and trusted members of the target population who are able to communicate in local languages and have knowledge of the forest and regional topography — in consultation with health centre staff and local authorities to expand services from three to six provinces

- train MMWs to:
  - conduct health promotion activities to raise community awareness of malaria transmission, effective personal protection, testing and treatment
  - distribute LLINs — alongside the mass distribution planned in 2021 — to ensure universal coverage in high-risk areas
  - diagnose and investigate suspected cases, and identify, test and treat confirmed cases among co-travellers in line with national guidelines
  - establish community networks in multiple hotspots, using the [community dialogue approach](#) to promote behaviour change and encourage communities to inform the nearest MMW of febrile patients
  - capture and share quality data with health centre staff, for entry into the malaria information system, as well as our own databases
- arrange regular supervisory visits to assure the quality of MMWs' services, and attend monthly meetings with MMWs to gather data and distribute malaria commodities
- place malaria posts at entry/exit points of large, inaccessible forest areas — e.g. Vireak Chey forest in Stung Treng and Ratanakiri — based on epidemiological indicators, population movement and the seasonal context to provide malaria case detection services to at-risk individuals using malaria rapid diagnostic tests
- support MMWs and malaria posts to identify appropriate testing locations by drawing on community networks' knowledge of population mobility patterns and typical forest-going times
- participate in provincial and district malaria elimination committees; the monthly Provincial Technical Working Group on Health; and bi-monthly malaria meetings, organised by the provincial health departments or operational districts
- monitor services monthly, and assess targets quarterly.

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Cover image: A man drives down the dusty road at Srae Sambo village in Cambodia. Credit: Luke Duggleby.

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