

Malaria Consortium has established itself as a leading technical research and implementing organisation in Cambodia, with a presence in the country since 2003. Our main office in Phnom Penh opened in 2009. Today, we also operate from our provincial offices in Stung Treng and Ratanakiri, as well as seven field offices in six nothern provinces.

We support the Cambodian government in its efforts towards eliminating malaria by 2025. Working closely with the National Center for Parasitology, Entomology and Malaria Control and the Ministry of Health (MoH), we provide technical assistance, promote the sharing of learning and knowledge among national and provincial health staff, conduct operational research, enhance surveillance and design social and behaviour

change (SBC) interventions. Malaria Consortium's expert support in Cambodia was recognised in 2015 when the MoH awarded us with a certificate of merit for high performance on malaria elimination-focused implementation.

Another core focus of our work in Cambodia is dengue, the most prevalent mosquito-borne viral disease, which is transmitted by *Aedes* mosquitoes. In collaboration with the MoH and the Ministry of Education, Youth and Sport, we have contributed to the development of knowledge and effective strategies among health workers and communities to combat the spread of dengue through locally adapted vector control strategies combined with social interventions.



Areas of focus

Health systems strengthening

Sustainability is key to our programmes, which seek to integrate activities into existing structures to strengthen health systems.

Developing capacity for malaria elimination

Developing the knowledge and skills needed to prevent and manage diseases is at the heart of our mission. In Cambodia, we successfully support the capacity development of provincial,

district and health facility staff in technical and programme management. As a result, staff are able to improve malaria diagnosis and case management, strengthen surveillance and expand multi-sectoral coordination.

Partnering with Population Services International (PSI), Malaria Consortium supported the provinces of Kampot, Kep and Takeo in implementing the National Malaria Control Programme under the Regional Artemisinin Initiative 2 Elimination (RAI2E) grant. In doing so, we helped improve malaria prevention and control services for at-risk individuals at health centres, as well as at the community level via support to village malaria workers. While the number of malaria tests performed by the supported health facilities and village malaria workers increased sharply, the positivity rate decreased drastically over the three years of implementation.

Further reading: bit.ly/2m5LWcW

Tailored interventions

We are committed to working with community members to improve healthcare access for the most excluded groups.

Providing malaria services to hard-to-reach populations

A flexible and culturally tailored approach to delivering early malaria detection and treatment interventions allows Malaria Consortium to reach forest goers as well as mobile and migrant populations in the most remote areas of northern Cambodia. We do this by supporting mobile malaria workers — who are trusted members of the target population — to educate their community about malaria prevention, distribute long lasting insecticidal nets, provide early testing and treatment and investigate all positive cases. Malaria posts are strategically placed at entry points to hard-to-access forests, providing malaria services to passers-by who live and work in these remote areas.

By continually reviewing quantitative data and operational experience, as well as local knowledge and behaviour, we can swiftly respond to residents' movement patterns and deliver the most targeted interventions. After achieving great results under RAI-ICC (2015–2017) and RAI2E (2018–2020), we are continuing our efforts through the RAI3E project, which accelerates coordinated efforts to eliminate malaria in the Greater Mekong Subregion (GMS).

Further reading: bit.ly/388UtBe



Malaria Consortium and health centre staff collaborate at an active case detection event, Srae Sambo village, Stung Treng province. Credit: Luke Duggleby

Engaging communities

Many of our malaria and dengue programmes combine SBC technical expertise with community engagement. Through targeted awareness raising, we promote the sharing of knowledge and learning to support community-led activities and solutions.

Vector control

To reduce the spread of dengue, we implemented a socioecological vector control strategy in the rural Prey Chhor district in Kampong Cham province. We supported communities in producing affordable mosquito traps using recycled plastic water bottles and setting up community-managed guppy fish nurseries to target mosquito larvae breeding in water containers near schools and homes. Through health education, we raised awareness of the importance of removing or covering potential breeding sites, such as empty tins and bottles.

Between 2018 and 2020, we distributed over 26,000 guppy fish to households in Prey Chhor, substantially increasing the proportion of water containers with guppy fish during the first year of the intervention. Between February and August 2019 alone, the community-made traps collected over 353,000 adult mosquitoes.

The initiative's promising potential for scale-up was confirmed by a large-scale cluster-randomised study evaluating the outcomes of community-driven vector control interventions in Kampong Cham. Together with research partners, we showed that the socio-ecological approach was highly effective in reducing entomological indicators for dengue.

Further reading: bit.ly/MJ7mNM

Social and behaviour change

We are implementing the community dialogue approach to establish community networks in a number of remote malaria hotspots in Cambodia. We are currently supporting mobile malaria workers, health centre staff and village chiefs to lead these networks, which provide a valuable platform for promoting behaviour change and the importance of prevention and early diagnosis. The networks also help mobile malaria workers and malaria posts gain insight into population mobility patterns, which helps them to identify appropriate malaria testing locations.

For a broader reach of social and behaviour change communication, we launched a live radio show with panelists from provincial health departments and malaria experts in the Kampot and Takeo provinces under the RAI2E grant. The one-hour programme was broadcast twice per day, five days per week and led to an increase in engagement with community members who were keen to discuss the topics.

Further reading: bit.ly/2m5LWcW

Collaborations and partnerships

We collaborate closely with the Cambodian government — specifically with the MoH and the National Center for Parasitology, Entomology and Malaria Control — to tackle malaria and dengue morbidity in the country. Over the years, we have established particularly strong working relationships with the provincial health departments of Stung Treng, Preah Vihear, Ratanakiri, Mondulkiri, Oddar Meanchey, Banteay Meanchey, Kampot, Kep and Takeo.

Our efforts in Cambodia are made possible thanks to the generous funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Health Organization's Tropical Diseases Research Unit. The success of our projects is also due to the vital contributions of our many partners, including Bournemouth University, the Global Health Asia Institute at Mahidol University, the Institute of Tropical Medicine Antwerp, the Institut Pasteur du Cambodge, the Karolinska Institutet, PSI, the United Nations Office for Project Services and several civil society organisations.

In our efforts to contribute to malaria elimination in the GMS, Malaria Consortium also actively engages in the work of the Asia Pacific Malaria Elimination Network (APMEN) by hosting and chairing the Vector Control Working Group. This group looks at priorities and seeks solutions to national and regional vector control challenges faced by Asia Pacific countries.



The RAI-ICC project targeted malaria interventions to communities living in remote locations, like this family in Ratanakiri province. They are more likely to contract malaria as they often return home in the evening, when mosquitoes are most active. Credit: Luke Duggleby

Building evidence

Malaria Consortium's programmes are based on evidence gathered through cross-cutting research. In Cambodia, we design and conduct operational research in collaboration with the MoH and other key partners.



A village malaria worker returns home from the Nhang Health Clinic, from one of the meetings held during the RAI-ICC project. Credit: Luke Duggleby

Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to save lives and improve health in Africa and Asia through evidence-based programmes that combat targeted diseases and promote universal health coverage.

Assessing the effectiveness of forest-based malaria interventions

Since 2013, we have been building the evidence base that underpins our strategic approach to reaching the most at-risk populations with early malaria diagnosis and treatment services. Through extensive research, we demonstrated that working in forests and at family plantations in forested areas is associated with a significantly higher risk of malaria infection. We also mapped out the impact of cross-border migration on malaria transmission.

Most recently, we contributed to a study led by the Institut Pasteur du Cambodge that assesses the effectiveness of forest-based malaria control interventions in Cambodia. The study seeks to determine which interventions are acceptable to forest goers and how existing strategies to detect and treat malaria can be optimised.

Further reading: bit.ly/2KjznUT

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Cover image: Villagers walk home after a sensitisation meeting, Siam Pang commune. Credit: Luke Duggleby





