

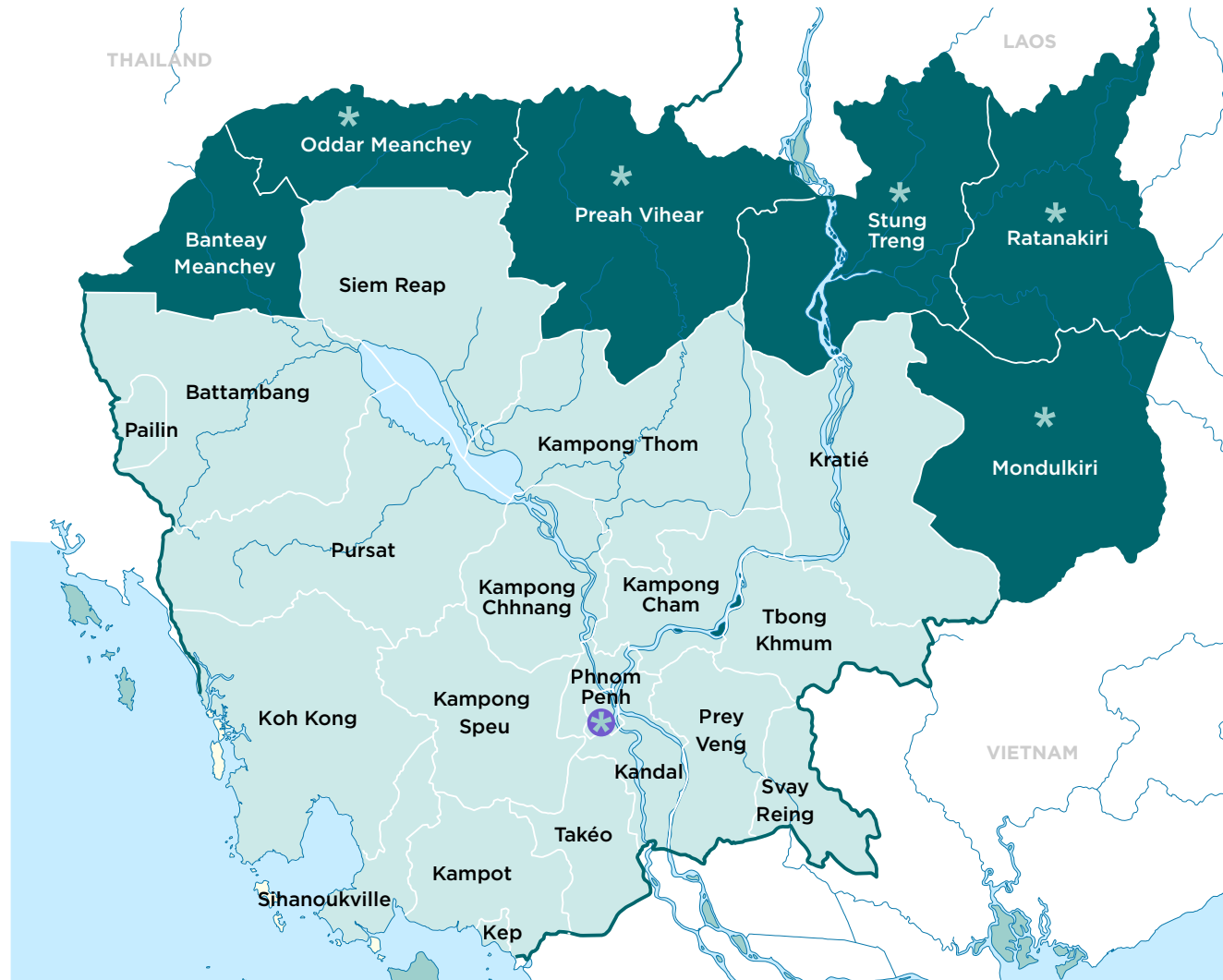


**malaria
consortium**
disease control, better health

CAPACITY STATEMENT

Malaria Consortium Cambodia

Areas of focus



- Active projects
- Capital
- ✱ Malaria Consortium office

Malaria Consortium is a leading research and implementation organisation in Cambodia, with a presence in the country since 2003. Our country office in Phnom Penh opened in 2009. We also operate from our provincial offices in Stung Treng and Ratanakiri, as well as seven field offices in six northern provinces.

In support of the Cambodian government's efforts to eliminate malaria by 2025, we are leading the way in reaching unreached populations who have limited access to healthcare. Alongside conducting operational research, enhancing surveillance systems and capacity, and designing social and behaviour change (SBC) interventions, we collaborate closely with the National Center for Parasitology, Entomology and Malaria Control and the Ministry of Health (MoH) to provide technical assistance and promote

knowledge sharing among national and provincial health staff. Malaria Consortium's expert support in Cambodia was recognised by the MoH in 2015 with a certificate of merit for high performance in malaria elimination-focused implementation.

Working with the MoH and the Ministry of Education, Youth and Sport, we have developed locally adapted vector control strategies combined with social interventions to combat the spread of dengue. We have expanded our support to the MoH to identify and address barriers to the prevention and treatment of cervical cancer among remote, mobile and migrant populations. We are also actively working with the MoH through its Antimicrobial Resistance (AMR) Working Group to advocate for an integrated and holistic One Health approach to address the growing burden of AMR.

Supporting and sustaining malaria elimination

Cambodia has reported zero malaria deaths since 2018 and recorded just 34 cases in 2023.^[1] However, populations living in the most remote and forested areas still lack equitable access to health services, representing a significant barrier to malaria elimination in the country. We work closely with the National Malaria Programme and other stakeholders to improve health services access and accelerate progress towards elimination.

Working with remote populations to eliminate malaria

We are supporting the MoH to implement the Regional Artemisinin-resistance Initiative 4 Elimination (RAI4E) project among mobile and migrant populations in Cambodia. RAI4E builds on the high-quality implementation and successful results achieved under RAI-ICC, RAI2E and RAI3E to deliver early diagnosis and treatment for malaria.

The project aims to detect and treat 100 percent of malaria cases and provide effective personal protection to at least 90 percent of people at risk of malaria through proactive and reactive case detection (where high-risk individuals are located and tested, and confirmed cases are treated, respectively). We are also intensifying interventions to interrupt transmission and eliminate all human malaria parasite species by 2025.

Trained mobile malaria workers (MMWs) conduct case detection, providing essential services including active fever screening, early diagnosis, treatment, referrals, health education and surveillance in their assigned areas. Established mobile malaria posts at entry points to forests enable MMWS to provide 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 are swiftly responding to residents' movement patterns and delivering targeted interventions. Additionally, we support MMWs to collect GPS data for positive cases to improve our knowledge of the epidemiology of malaria, enabling us to target malaria-endemic areas more effectively and efficiently.

Further reading: bit.ly/rai4e

Elevating data quality for rapid response

Data-informed strategies are key to achieving the World Health Organization's global target of reducing malaria cases by 90 percent by 2030. We support the government to strengthen surveillance systems by improving the collection and use of high-quality data. These data, in turn, lead to improved case management and more effective outbreak response.

Strengthening malaria surveillance for responsiveness

To support the government's target of eliminating malaria, we collaborated with the National Malaria Programme to develop and implement its malaria information system (MIS).

In 2014, we upgraded the MIS, supporting the MoH to transition from a local to a web-based reporting system to facilitate the capture of elimination-focused, case-based data. New functionality enabled data visualisation and improved data quality, while ensuring that the MIS remained responsive to country-specific needs and incorporated flexibility to allow for possible future changes in policy or operation.

The MIS now processes case-based malaria data from all levels of service provision and provides health staff with the information necessary to respond to malaria outbreaks and individual cases as the country moves towards elimination.

Further reading: bit.ly/2MS1rj7



Mobile malaria detection post

Community collaboration for equitable impact

To advance the achievement of universal health coverage, we support health systems to implement innovative community engagement approaches that enable active participation and strengthen health systems at all levels.

Protecting women's health and wellbeing

Cervical cancer is mostly preventable through vaccination against its primary cause, human papilloma virus (HPV), and is also one of the most treatable forms of cancer if detected early and managed effectively.^[2] Yet, it remains the most common form of cancer among women in Cambodia, where more than 1,500 women develop the disease and 795 die from it every year.^[3]

We are implementing the Supporting Health and Equity for Rural Cervical Cancer Access in Northern Cambodia (SHERCAN) project to reduce the burden of cervical cancer among women and girls in Cambodia. We are working with the MoH and partners to explore strategies for improving access to and uptake of prevention, screening and treatment services among selected hard-to-reach and marginalised populations. We are also assessing the health system's readiness for cervical cancer care and evaluating the feasibility and outcomes of screening and management in targeted provinces.

In parallel, through our HPV Catch-up project, we are working to increase the demand for primary prevention services by raising awareness of cervical cancer and HPV vaccination among schoolgirls and their communities. Using community dialogues, an innovative communication approach pioneered by Malaria Consortium, ensures that our interventions are sustainable and culturally appropriate.

Further reading: bit.ly/SHERCAN and bit.ly/HPVcatchup



Health promotion meeting at Boeng Sokrum village

Controlling vectors and engaging communities to prevent dengue

Dengue is the most rapidly spreading mosquito-borne viral disease in the world and is a key public health issue in Cambodia. To reduce the spread of dengue, we implemented a socioecological vector control strategy among rural populations in Kampong Cham province.

The strategy supported communities to produce affordable mosquito traps using recycled plastic water bottles and to set up community-managed guppy fish nurseries to target mosquito larvae in water containers near schools and homes. To ensure the sustainability of the intervention, we engaged communities to develop locally owned strategies for vector control in dengue-endemic areas. This included engaging local schools and other community influencers who could improve health education at the community level.

The initiative's 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 this socioecological vector control approach was highly effective in reducing entomological indicators for dengue.

Further reading: bit.ly/2X1MyPn

Promoting national ownership of policies and programmes

We engage with diverse stakeholders to advocate for evidence-based policies and public health programmes. Furthermore, we actively participate in national fora to share our experiences and expertise, thereby informing programme improvement and promoting the adoption of policies into national agendas.

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 implementation and monitoring and evaluation, we have demonstrated that working in forests and at family plantations in forested areas is associated with a significantly higher risk of malaria infection. This has informed investment in remote areas as part of the country's strategy to eliminate malaria by 2025.

Additionally, we contributed to a study led by the Institut Pasteur du Cambodge that assessed the effectiveness of forest-based malaria control interventions in Cambodia. The study aimed to determine which interventions are acceptable to forest goers and how existing strategies to detect and treat malaria can be optimised. This research enabled the National Malaria Programme to strengthen surveillance methods for elimination of drug-resistant malaria parasites.

Advocating for multisectoral approaches to mitigate antimicrobial resistance

We are actively engaged in the MoH AMR Working Group. The group brings together diverse stakeholders who are technically knowledgeable about, or whose work directly relates to, AMR. Through the working group, we advocate for comprehensive approaches to prevent and mitigate the impact of AMR through a One Health approach, which seeks to mobilise multiple sectors, disciplines and communities to collaborate and address threats to health of humans, domestic and wild animals, plants and the broader environment.

References

1. World Health Organization. World Malaria Report 2024. Geneva, Switzerland: WHO, 2024.
2. Ferley J, Colombet M, Soerjomataram I, et al. Cancer statistics for the year 2020: An overview. *International Journal of Cancer*, 2021; 149(4): 778–789.
3. Cambodia Ministry of Health. National Action Plan for Cervical Cancer Prevention and Control 2019–2023. Phnom Penh, Cambodia: MoH, 2019.



Collaborations and strategic partnerships

We collaborate closely with the Cambodian government, specifically the MoH and the National Center for Parasitology, Entomology and Malaria Control, and have established strong working relationships with the provincial health departments of Banteay Meanchey, Kampot, Kep, Monduliri, Oddar Meanchey, Preah Vihear, Ratanakiri, Stung Treng and Takeo.

Our activities in Cambodia are made possible thanks to the generous funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria and WHO's Tropical Diseases Research Unit. The success of our projects is also due to the vital contributions of our 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 (CSOs).

As part of our work to eliminate malaria in the Greater Mekong Subregion (GMS), we actively engage in the work of the Asia Pacific Malaria Elimination Network. This group prioritises and seeks solutions to national and regional vector control challenges faced by Asia Pacific countries.

We are a member of the RAI4E Global Fund GMS CSO platform, which aims to increase the value to communities and stakeholders of Global Fund implementation. At the national level, we engage with international NGOs in Cambodia on the Global Fund Country Coordination Committee, which monitors TB, HIV/AIDS and malaria programmes within the country.



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Cover image: San, a mobile malaria worker, tests a boy for malaria, Cambodia

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