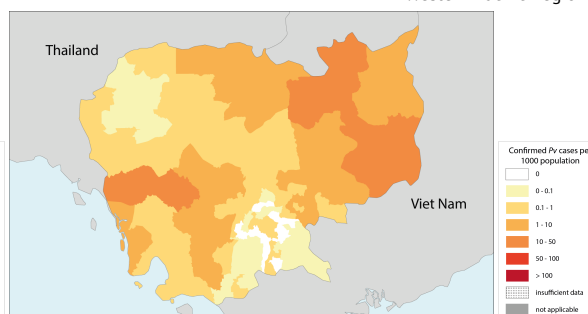
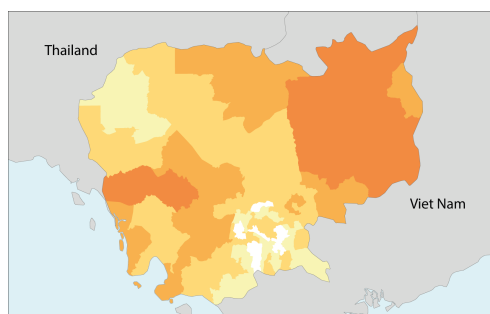


Cambodia

Western Pacific Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	7.7M	48
Low transmission (0-1 case per 1000 population)	3.6M	23
Malaria free (0 cases)	4.7M	29
Total	16M	

Parasites and vectors	
Major plasmodium species:	P.falciparum: 58 (%) , P.vivax: 41 (%)
Major anopheles species:	An. dirus, An. minimus, An. maculatus, An. sandaicus

Reported cases and deaths	
Reported confirmed cases (health facility):	36 932
Confirmed cases at community level:	9658
Confirmed cases from private sector:	30 214
Reported deaths:	1

Estimates	
Estimated cases:	208.3K [185.8K, 236.1K]
Estimated deaths:	345 [27, 590]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITNs/LLINs distributed to all age groups	Yes	2000
IRS	IRS is recommended	No	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	NA	-
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2000
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2000
	The sale of oral artemisinin-based monotherapies (oAMTs) is banned	is banned	2008
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	Yes	2014
	Primaquine is used for radical treatment of P. vivax	Yes	2013
	G6PD test is a requirement before treatment with primaquine	Yes	2012
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2010
	ACD for case investigation (reactive)	Yes	2016
	ACD at community level of febrile cases (pro-active)	Yes	2016
	Mass screening is undertaken	Yes	2016
Surveillance	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	Yes	2015
	Case reporting from private sector is mandatory	Yes	2011

Antimalaria treatment policy	Medicine	Year adopted					
First-line treatment of unconfirmed malaria	-	-					
First-line treatment of P. falciparum	AS+MQ	2014					
For treatment failure of P. falciparum	QN+T(7d)	2014					
Treatment of severe malaria	AM/AS/QN	2014					
Treatment of P. vivax	AS+MQ+PQ(14D)	2011					
Dosage of primaquine for radical treatment of P. vivax	0.25 mg/Kg (14 days)						
Type of RDT used	Pf + Pv specific (Combo)						
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AS+MQ	2010-2018	0	0	11.1	42 days	14	P. falciparum
DHA-PPQ	2010-2017	0	10.35	62.5	42 days	27	P. falciparum
DHA-PPQ	2010-2016	0	0	3.3	28 days	8	P. vivax
Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)							
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³			
Carbamates	-	-	-	No			
Organochlorines	2014-2016	33.33% (3)	None (secondary only)	No			
Organophosphates	-	-	-	No			
Pyrethroids	2014-2016	66.67% (3)	An. maculatus s.l.	Yes			

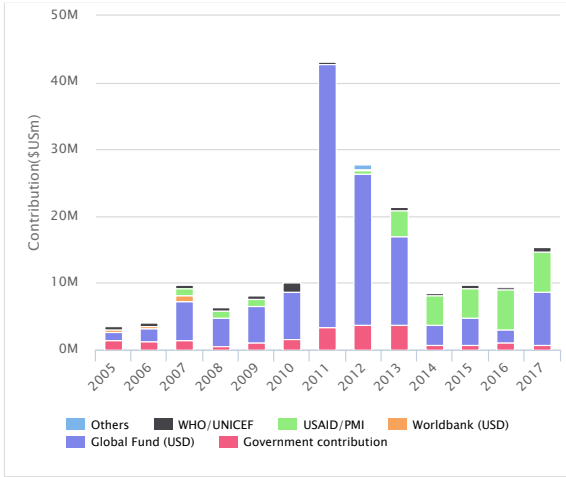
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

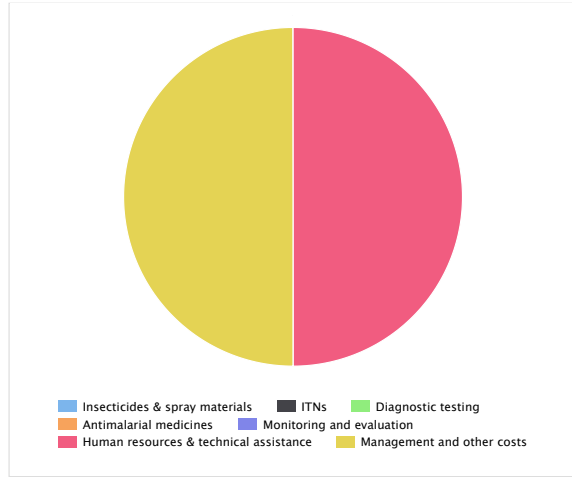
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

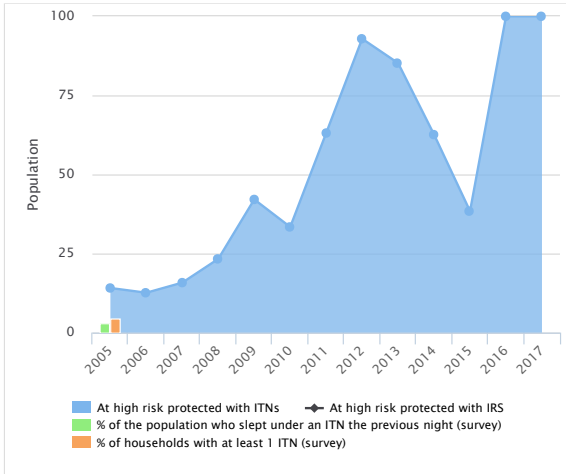


Government expenditure by intervention in 2017

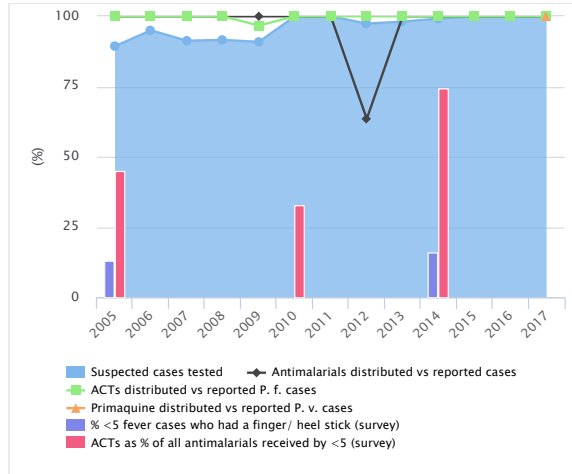


IV. Coverage

Coverage of ITN and IRS



Cases tested and treated in public sector

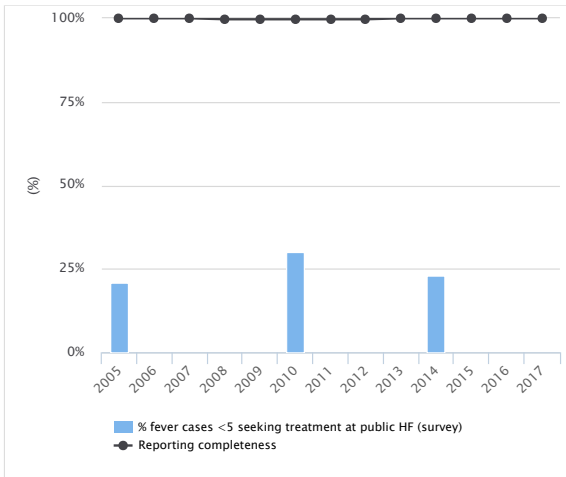


Source: DHS 2005

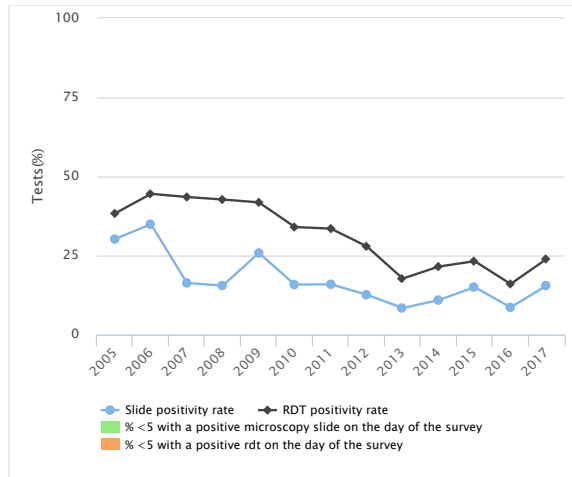
Source: DHS (est.) 2005, 2010, DHS 2014

V. Impact

Cases treated



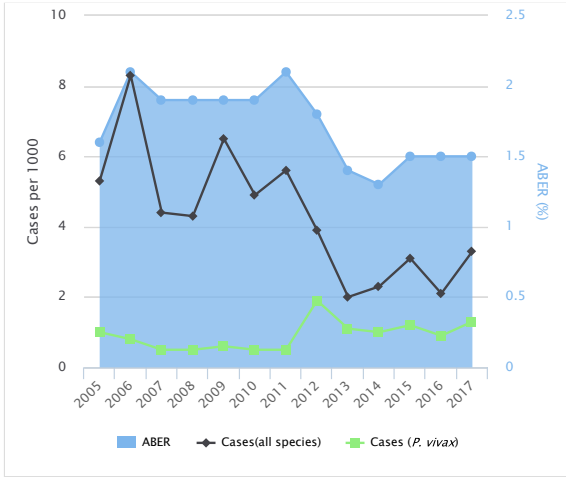
Test positivity



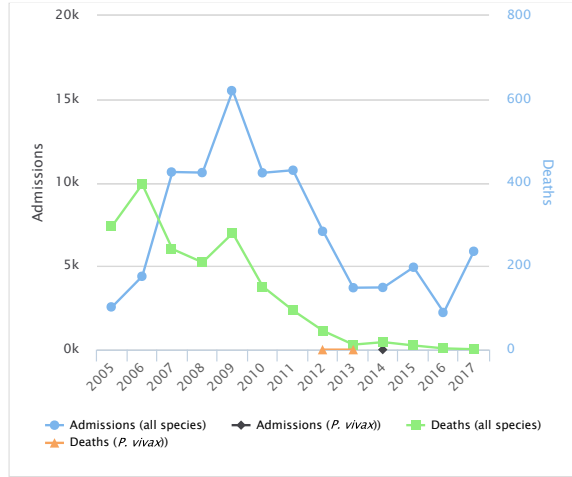
Source: DHS 2005, 2010, 2014

V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Footnotes
(est.) : WHO estimates based on the survey