



Mobile malaria worker performs malaria blood test for forest worker. Photo by consultant for CRS

# Cambodia Malaria Program

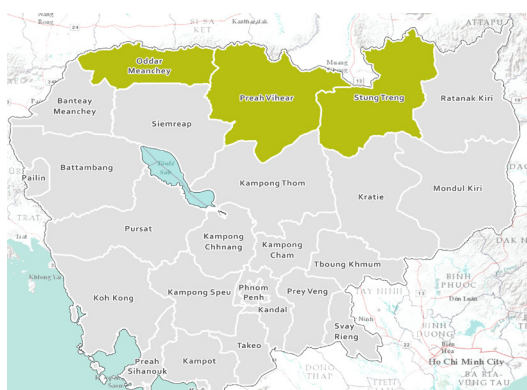
MOVING TOWARDS MALARIA ELIMINATION BY 2025

## BACKGROUND

While malaria in Cambodia has halved in the last decade, it remains endemic in 21 out of 25 provinces. Increasing malaria parasite resistance to artemisinin drugs remains a challenge. The National Strategic Plan for Elimination of Malaria (2011-2025) set the aim of eliminating all species of malaria by 2025.

In close collaboration with the Cambodia National Malaria Control Programme (CNM) and subnational health structures, Catholic Relief Services (CRS) has worked alongside mobile malaria workers (MMWs), as well as village malaria workers (VMWs) who focus on reaching hard-to-reach populations including mobile/migrants and forest workers in remote areas since 2015. In the current project Regional Artemisinin Initiative 2 Elimination (RAI2E, 2018-2020), through capacity strengthening, information education and communication, and supply chain management, CRS works to ensure timely and high-quality delivery of malaria services at health centers, local communities, and among mobile and migrant

populations. CRS covers a population 616,476 in three provinces (Oddar Meanchey, Preah Vihear and Stung Treng) that have some of the highest malaria prevalence.



## ACHIEVEMENTS

Jan 2018 - Sept 2020



**522,653**

INSECTICIDE-TREATED NETS  
DISTRIBUTED



**1,011**

VMWS AND MMWS TRAINED AND  
ACTIVE (MMWS: 63)



**314,497 (80%)**

MALARIA TESTED CASES



**21,806**

MALARIA CONFIRMED CASES



**21,592 (99%)**

CONFIRMED CASES RECEIVED  
TREATMENT



**537**

MALARIA HIGH RISK VILLAGES  
COVERED

## CRS APPROACH FOR MALARIA ELIMINATION

### HEALTH STRENGTHENING AT SUBNATIONAL-LEVEL TECHNICAL AND MANAGEMENT CAPACITY

CRS provides technical and management support for subnational health staff at Provincial Health Departments, Operational Districts, and Health Centers, including data utilization coaching that uses the annual parasite index (API) to map the communities in need of VMWs and MMWs, as well as routine coordination for efficient resource allocation such as the incentives for community health workers. Based on a keen understanding of national priorities and the health system, CRS' capacity strengthening efforts have motivated and equipped the subnational staff to diligently execute the malaria elimination activities based on evidence-based decision making.

### PROMOTING BEHAVIOR CHANGE AND VECTOR CONTROL IN THE COMMUNITIES



Forest worker received educational leaflet and insecticidal treated net from MMW supported by CRS in Stung Treng Province. Photo by consultant for CRS

CRS works with the government counterparts to organize community mobilization activities to distribute information education materials developed by CNM and encourage community members to adopt good health-seeking behaviors.

Vector control is a vital component of malaria elimination strategies. CRS manages the distribution of long-lasting insecticidal nets (LLINs) from CNM to local health facilities, who then distribute them to households.

### SUPPORTING COMMUNITY HEALTH WORKERS FOR CASE MANAGEMENT



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At the community level, VMWs and MMWs play a crucial role in the distribution of insecticide-treated bed nets, health education, and first-line testing and treatment. To ensure that they can effectively reach

static residents and mobile populations respectively, CRS works with the government to provide training and restock testing and treatment supplies. CRS also supports a mobile payment system that provides

incentives for these health workers and case management quality assurance methods for ongoing monitoring and supervision.

### LESSONS LEARNED FOR BEST PRACTICE

Setting case detection points at malaria hotspots and having MMWs test forest goers in the forests have contributed a great deal to reducing malaria cases in high transmission areas. CRS has found that MMWs play a significant role in malaria elimination.

In Preah Vihear Province, canceling malaria testing fees – originally ranging from 0.1-0.5 USD – has increased testing. In March 2019 free malaria testing was made mandatory by the local health authority. This has demonstrated the importance of evidence-based policy making and buy-in from local leadership.

### LOOKING AHEAD

Mr. Chhuem Lenh and his wife, Pheun Pho are mobile malaria workers in Kiribasleu, Siem Pang District, Stung Treng Province. They normally ride rural dirt roads into the forest by motorbike to provide malaria services to the forest gatherers



Mr. Chhuem Lenh, Mobile malaria worker. Photo by consultant for CRS

and minority communities in the jungles, who are particularly vulnerable to malaria and account for over two-thirds of total cases in the country due to poor access to public health services.

In the words of Mr. Chhuem Lenh *"In this village, there were no MMWs before me. Since I have become an MMW, I have been able to contribute to reducing the malaria morbidity and mortality in this area, so my villagers are healthy and don't have to spend time going to health centers. This is my key success in 2019."*

Mr. Lenh is proud to be an MMW because of the positive impact his work has in the daily life and health of his own community, ensuring that even in remote places, healthy families can contribute to Cambodia's bright future free from malaria. Building on strong malaria expertise and partnerships, CRS will continue working with Mr. Lenh, through the volunteer network on the ground and supporting the government's malaria elimination agenda through the Global Fund Regional Artemisinin Initiative 3 Elimination (RAI3E) project (2021-2023) in four provinces: Preah Vihear, Stung Treng, Ratanakiri, and Mondulakiri. In addition to continuing the proven approaches, CRS will expand its role to health system grants management and information system management support.