I. Epidemiological profile

Population 2015 %
High transmission (> 1 case per 1000 population) 7,400,000 48
Low transmission (0 – 1 cases per 1000 population) 3,400,000 23
Malaria-free (0 cases) 4,600,000 29
Total 15,500,000

Antimalarial treatment policy
First-line treatment of uncomplicated malaria
AS+MQ, DHA-PPQ
DHA-PPQ
First-line treatment of P. falciparum
ORF-T
P. vivax
DHA-PPQ
Dosage of primaquine for radical treatment of P. vivax
8.25 mg/kg (14 days)

Type of RDT used
P. falciparum

II. Intervention policies and strategies

Intervention Policies/strategies Yes/No Adopted
ITN ITNs/LLINs distributed free of charge Yes 2000
IRS AS+MQ
DHA-PPQ+PQ

IPT IPT used to prevent malaria during pregnancy N/A

Larval control Use of larval control recommended No –

Diagnosis Patients of all ages should receive diagnostic test Yes 2008
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 2008
Single dose of primaquine is used as gametocidal medicine for P. vivax No 2014
Primaquine is used for radical treatment of P. falciparum Yes 2012
E6PO test is a requirement before treatment with primaquine Yes 2012
Directly observed treatment with primaquine is undertaken No –
System for monitoring of adverse reactions to antimalarials exists Yes 2010

Surveillance ACD for case investigation (reactive) N/A
ACD of febrile cases at community level (pro-active) N/A
Mass screening is undertaken N/A
Uncomplicated P. falciparum cases routinely admitted No 2010
Uncomplicated P. vivax cases routinely admitted No –

III. Financing

Sources of financing

IV. Coverage

ITN and IRS coverage

Cases tracked

V. Impact

Confirmed malaria cases per 1000 and ABER

Malaria admissions and deaths

CAMBODIA

Western Pacific Region