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: Plasmodium: P.falciparum 58 (%), P.vivax 41 (%)

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 (0/25 mg base/kg) 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
GAPD 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 at community level of febrile cases (pro-active) Yes 2016
Mass screening is undertaken Yes 2016
Uncomplicated P. falciparum cases routinely admitted No -
Uncomplicated P. vivax cases routinely admitted No -
Case and foci investigation undertaken 2015
Case reporting from private sector is mandatory Yes 2011

Antimalaria treatment policy Medicine Year adopted
First-line treatment of unconfirmed malaria AS+MQ 2014
First-line treatment of P. falciparum AS+MQ 2014
For treatment failure of P. falciparum QN+T(7d) 2014
Treatment of severe malaria AV/AS/QR 2014
Treatment of P. vivax AS+MQ(Q3-LD) 2011
Dosage of primaquine for radical treatment of P. vivax 0.25 mg/Kg (14 days) -

Therapeutic efficacy tests (clinical and parasitological failure, %)

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Year</th>
<th>Min (weeks)</th>
<th>Median (weeks)</th>
<th>Max (weeks)</th>
<th>Follow-up (days)</th>
<th>No. of studies</th>
<th>Species</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS+MQ</td>
<td>2010-2018</td>
<td>0</td>
<td>0</td>
<td>11.1</td>
<td>42 days</td>
<td>14</td>
<td>P. falciparum</td>
</tr>
<tr>
<td>DHA-PPQ</td>
<td>2010-2017</td>
<td>0</td>
<td>10.5</td>
<td>42 days</td>
<td>27</td>
<td>P. falciparum</td>
<td></td>
</tr>
<tr>
<td>DHA-PPQ</td>
<td>2010-2016</td>
<td>0</td>
<td>5.5</td>
<td>78 days</td>
<td>8</td>
<td>P. vivax</td>
<td></td>
</tr>
</tbody>
</table>

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)

<table>
<thead>
<tr>
<th>Insecticide class</th>
<th>Years</th>
<th>(%) sites</th>
<th>Vectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbamates</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Organochlorines</td>
<td>2014-2016</td>
<td>53.33% (7)</td>
<td>None (secondary only)</td>
</tr>
<tr>
<td>Organophosphates</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pyrethroids</td>
<td>2014-2016</td>
<td>66.67% (5)</td>
<td>An. minimus</td>
</tr>
</tbody>
</table>

1 Percent of sites for which resistance information or total number of sites that reported data on resistance status
2 No. of sites for which resistance information or total number of sites that reported data on resistance status
3 Insecticidal vectors that exhibited resistance
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

V. Impact

Cases treated

Test positivity
V. Impact

Confirmed malaria cases per 1000 and ABER

Malaria admissions and deaths

Footnotes

(est.) - WHO estimates based on the survey

World Malaria Report 2018