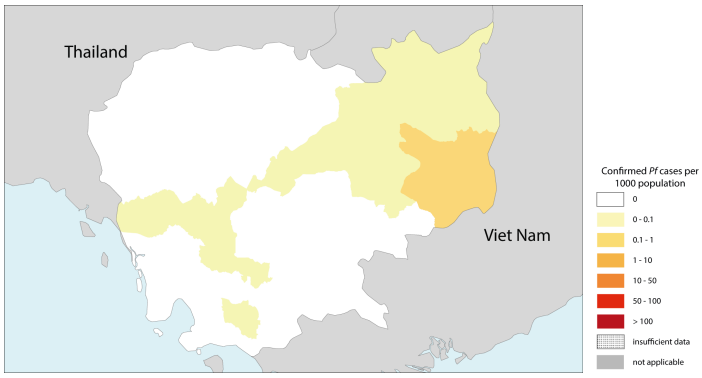
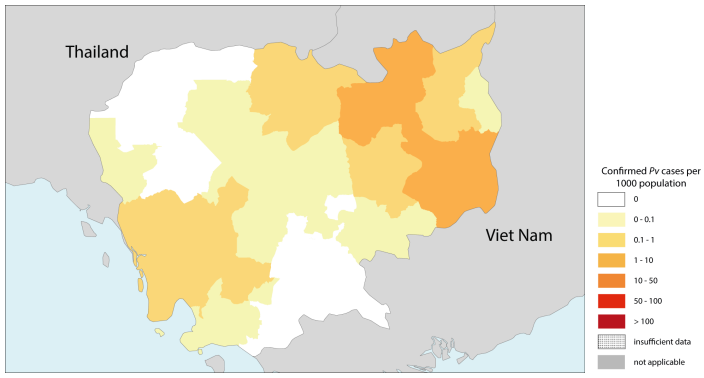
Cambodia

Western Pacific Region





I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	8.4M	48
Low transmission (0-1 case per 1000 population)	4M	23
Malaria free (0 cases)	5M	29
Total	17.4M	

Parasites and vectors	
Major plasmodium species (indigenous cases):	*P. falciparum*: 3 (%)*, *P. vivax*: 95 (%)
Major anopheles species:	*An. dirus s.l., An. minimus s.l., An. maculatus s.l.*

*includes mixed infections and other species of Plasmodium

Reported cases and deaths	
Presumed and confirmed cases	1384
Reported indigenous confirmed cases:	1382
Confirmed cases from public sector:	525
Confirmed cases from private sector:	-
Confirmed cases at community level:	859
Confirmed cases in combined health sectors:	-
Indigenous deaths:	0

Estimates	
Estimated cases:	6K [5.2K, 7.1K]
Estimated deaths:	2

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITN distributed by mass campaign	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	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2010
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	2000
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2001
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2005
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of *P. falciparum*	Yes	2012
	Primaquine is used for radical treatment of *P. vivax*	Yes	2019
	G6PD test is a requirement before treatment with primaquine	Yes	2021
	Directly observed treatment with primaquine is undertaken	Yes	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2000
Surveillance	Malaria is a notifiable disease	Yes	2018
	ACD for case investigation (reactive)	Yes	2016
	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 investigation undertaken	Yes	2016
	Foci investigation undertaken	Yes	2016
	Case reporting from private sector is mandatory	No	-

Yes* = Policy adopted, but not implemented in 2023
Disc = Discontinued
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AS+MQ	2022
First-line treatment of *P. falciparum*	AS+MQ+PQ	2022
Second-line treatment *P. falciparum*	AS-PYR	2022
Treatment of severe malaria	AS; QN; ASMQ	2022
Treatment of *P. vivax*	AS+MQ+PQ	2022
Dosage of primaquine for radical treatment of *P. vivax*		0.50 mg/Kg (7 days)
Type of RDT used (public)		P.f + P.v specific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2018-2020	1.1	7.3	13.5	42 days	2	*P. falciparum*
AS-MQ	2015-2022	0	0	1.9	42 days	17	*P. falciparum*
AS-MQ	2018-2022	0	0	0	28 days	12	*P. vivax*

Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)

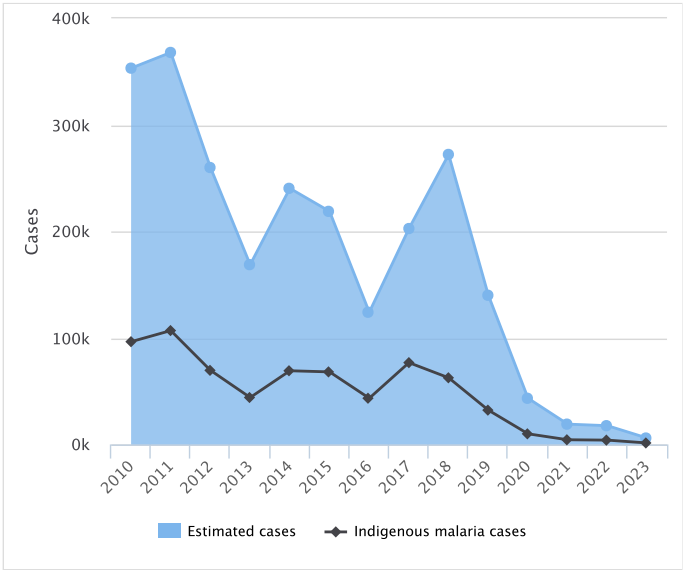
Insecticide class	(%) sites[1]	Vectors[2]	Used[3]
Carbamates			No
Neonicotinoids			No
Organophosphates			No
Pyrethroids	67% (8/12)	*An. barbirostris, An. barbirostris s.l., An. maculatus s.l., An. minimus s.l., An. peditaeniatus, An. philippinensis, An. sundaicus s.s., An. vagus*	Yes

[1]Percent of sites for which resistance is confirmed and total number of sites that reported data
[2]Vectors reported to exhibit resistance to insecticide class
[3]Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

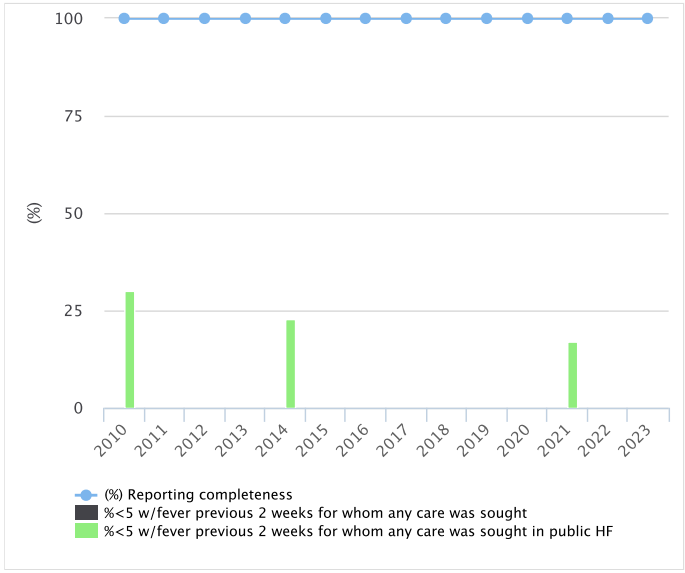
World Health Organization

III.

Estimated and reported cases



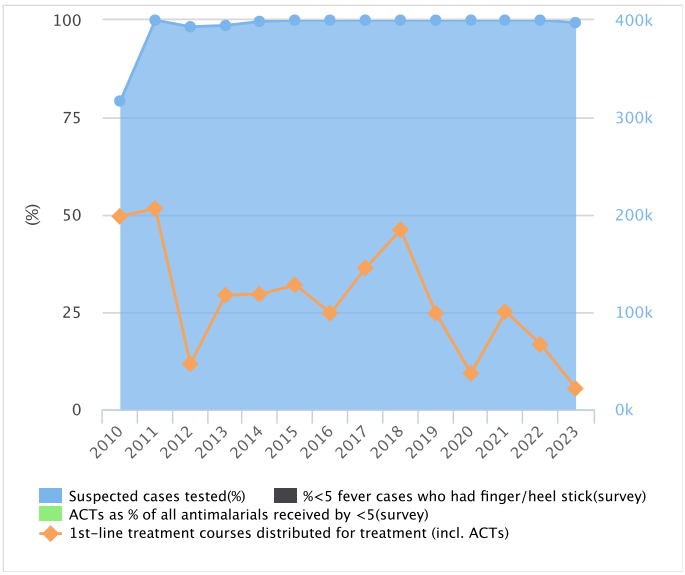
Treatment seeking and reporting completeness



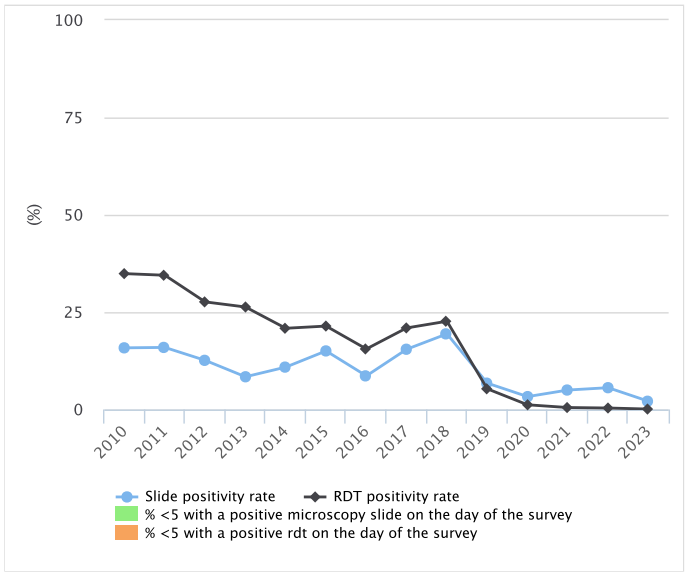
Source: 2010,2014,2021

IV.

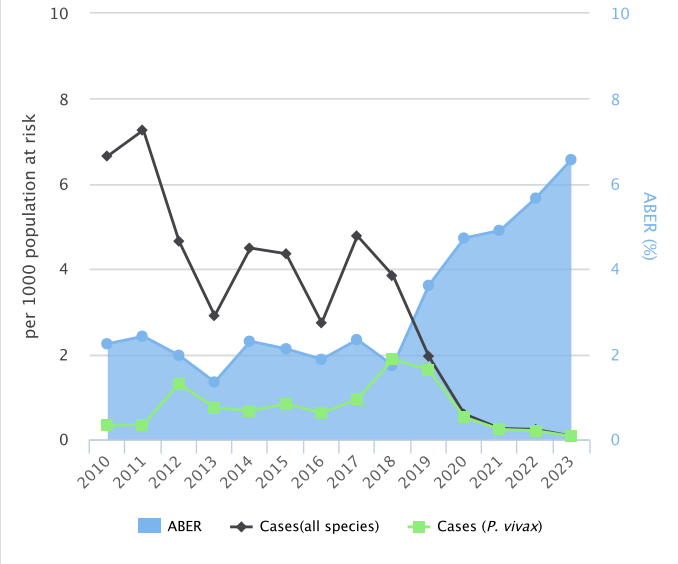
Cases tested and treated



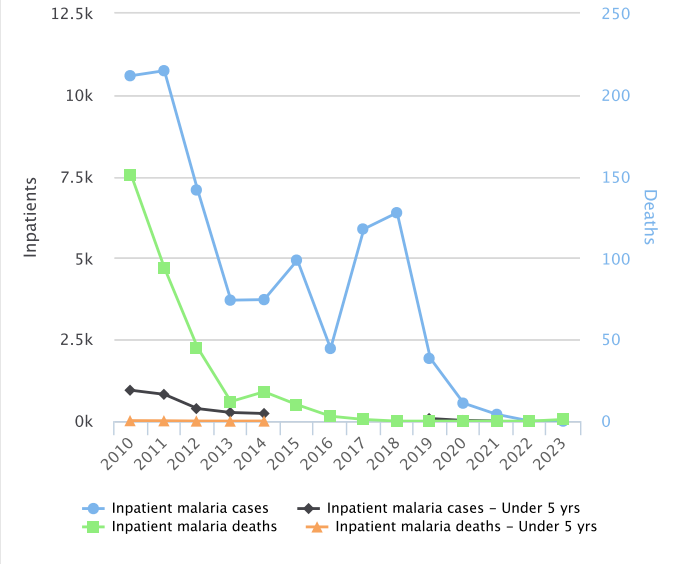
Test positivity



V. Confirmed malaria cases per 1000 population at risk and ABER

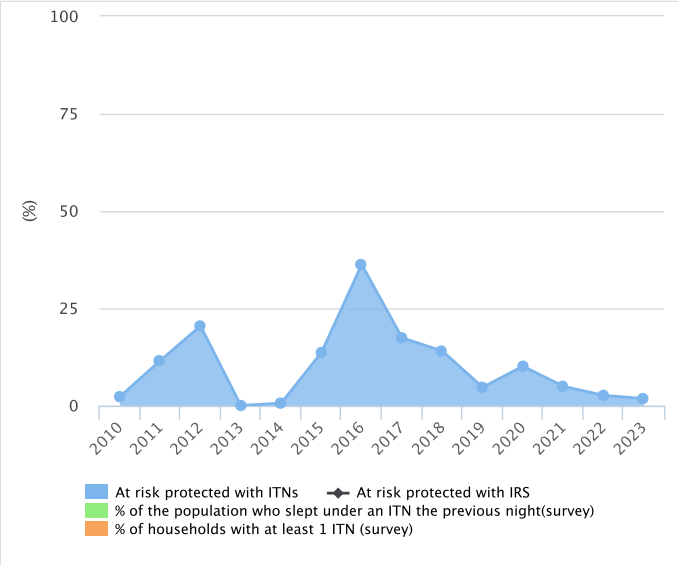


Malaria inpatients and deaths

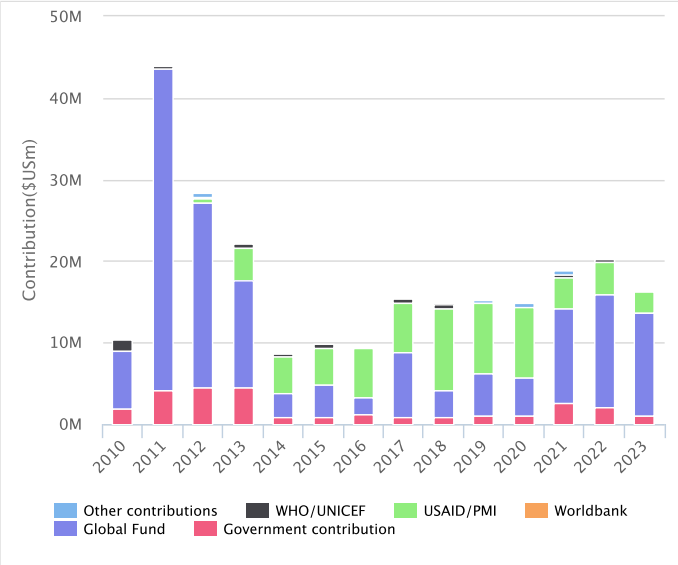


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

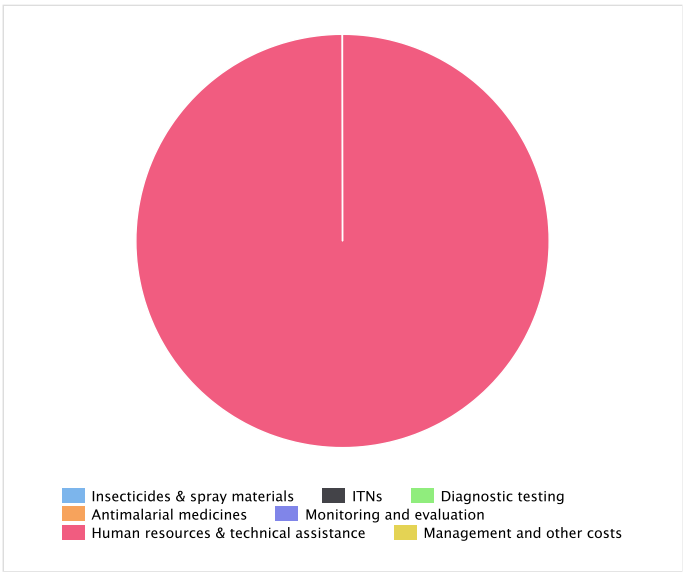
V. Coverage of ITN and IRS



Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.
Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided mpac-april2018-erg-report-malaria-burden-session6.pdf (who.int)