



CAMBODIA | JANUARY - SEPTEMBER 2020*

MALARIA SURVEILLANCE BULLETIN



9,749
Suspected cases tested



126
Confirmed positive cases

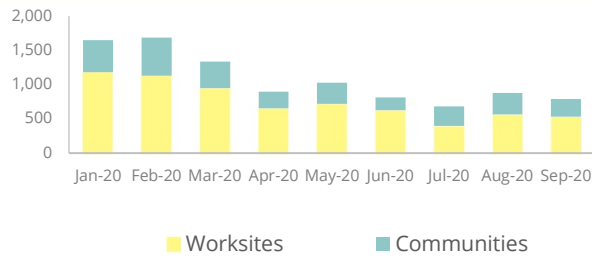


1.3%
Average positivity rate



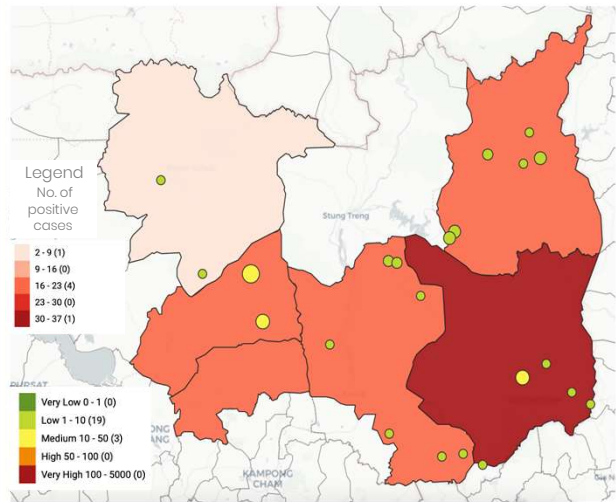
0* MMWs enrolled in GEMS+
39 MMWs transitioned to NMP

Suspected Cases Tested with RDT by Channel

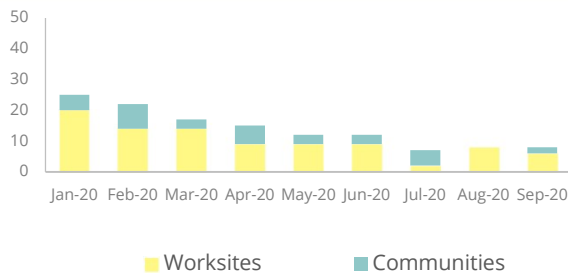


Characteristics & Distribution of Confirmed Positive Cases

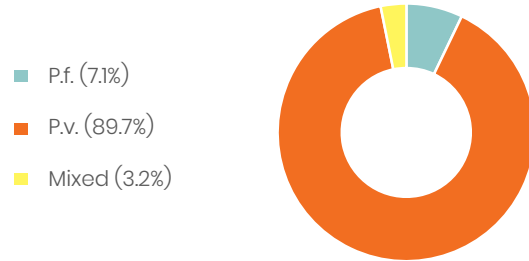
Positive cases detected by outlets



Confirmed Positive Cases by Channel

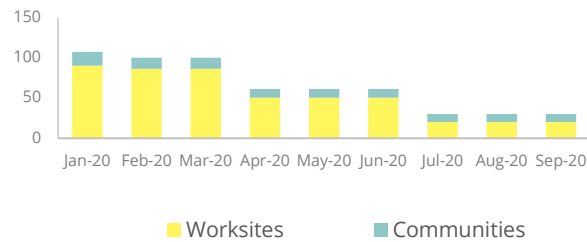


Positive cases by plasmodium species



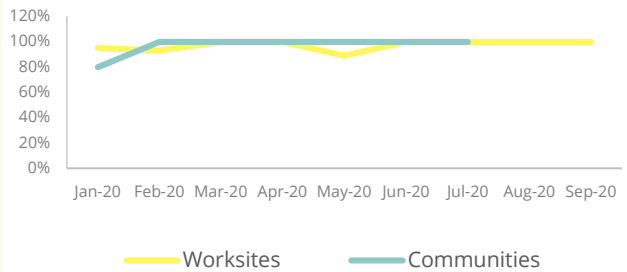
Reporting

Number of worksites and communities reporting



100% Average reporting rate among worksites and communities

Percentage of confirmed cases receiving first-line ACTs



Quality of Case Management

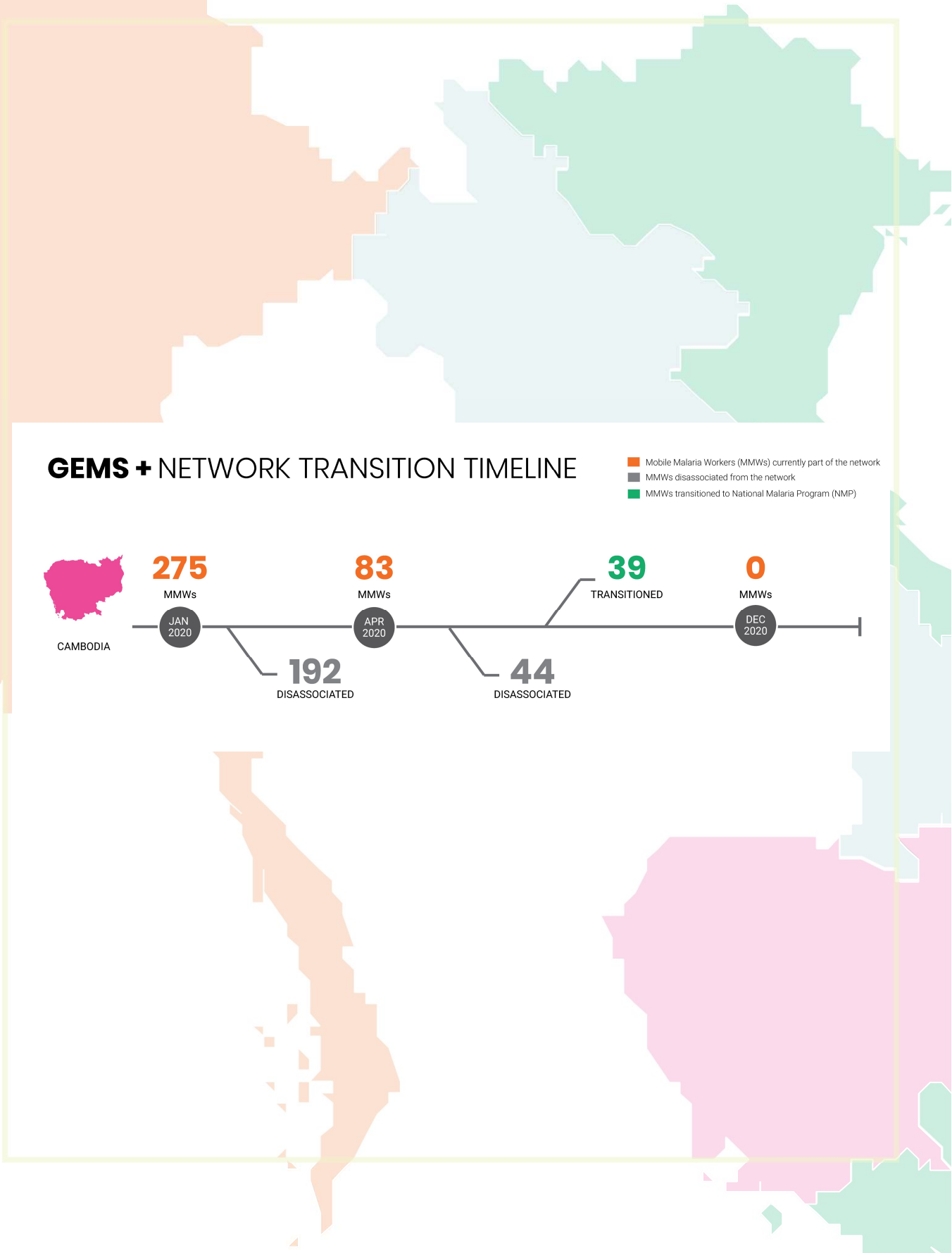
	Worksites	Communities
Suspected cases tested with RDT	100%	100%
Positive cases received ACT	96.7%	97.1%



0 Referrals of confirmed positive cases due to ACT stock-out

*The period of performance in Cambodia was January – September 2020.

* Network size in Cambodia decreased in 2020. Starting with 275 MMWs in January, GEMS+ discontinued support to 236 MMWs and transitioned 39 MMWs to National Malaria Program (NMP) oversight by year-end.





GREATER MEKONG SUB-REGION ELIMINATION OF MALARIA (GEMS+) COUNTRY FACTSHEET: CAMBODIA 2016-2019



PRIVATE SECTOR COVERAGE



8.8%
Baseline coverage (2015)



53%
Midline coverage (2017)



69%
Endline coverage (MMWs) (2019)



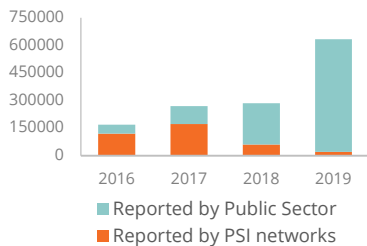
1.3%
National positive caseload detected by PSI (2019)

- Under GEMS+, worksite and community engagement programs received funding from the Bill & Melinda Gates Foundation.
- Until 2018, formal, registered private clinics and health cabinets were authorized to test and treat malaria; private sector coverage stands at 0% as of 2019.
- Mobile malaria workers (MMWs) based in private worksites and surrounding communities are still authorized to test and treat, aligning to the National Center for Parasitology, Entomology and Malaria Control's (CNM) volunteer malaria worker (VMW) model.
- New community based MMWs in new annex villages in or around forests were engaged using participatory methodologies, as well as in support of CNM's Intensification Plan (IP).

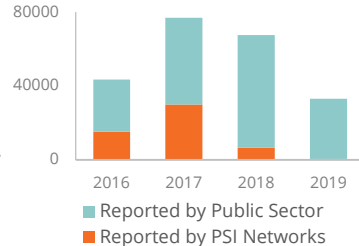
	2016	2017	2018	2019
No. private outlets supported	788	856	915	133
No. suspected cases tested	118,521	171,719	60,063	19,752
No. confirmed positive cases	15,263	29,944	6,575	421

CASE SURVEILLANCE

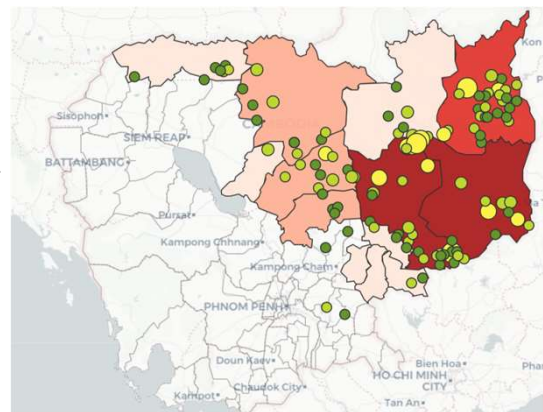
National testing data by sector



National confirmed case data by sector



Confirmed cases reported by PSI networks (2019)

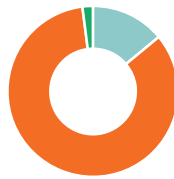


Positive cases by Plasmodium species (2018 | 2019)

- Pf (42% | 14%)
- Pv (56% | 84%)
- Mixed (2% | 2%)



2018



2019

Legend
No. of positive cases

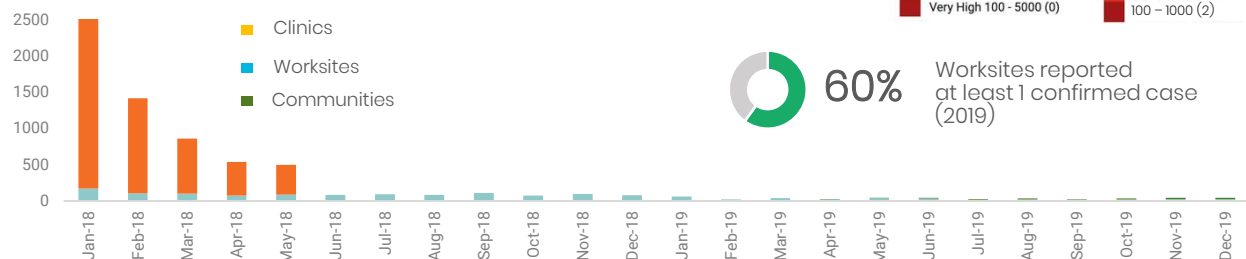
By outlet

- Very Low 0 - 1 (59)
- Low 1 - 10 (50)
- Medium 10 - 50 (14)
- High 50 - 100 (0)
- Very High 100 - 5000 (0)

By operational district

- 0 - 10 (7)
- 10 - 25 (3)
- 25 - 50 (0)
- 50 - 100 (1)
- 100 - 1000 (2)

Confirmed cases reported by the GEMS+ network, by month



60%

Worksites reported at least 1 confirmed case (2019)

SUPPLY CHAIN & CASE MANAGEMENT

- RDTs and ACTs are secured through the national supply chain (Global Fund); PSI facilitates last-mile distribution. PSI stopped social marketing of ACTs in May 2018. PPMs were no longer stocked in 2019.
- Vivax radical cure treatment is only available at health centers, district hospitals and higher, with G6PD test at 4 pilot provinces – Battambang, Pailin, Kampong Chhnang, and Kampong Speu.
- In 2019, PSI worked with CNM to have VMWs collect commodities directly from health centers but in some case, the distances were too great for this to be feasible.



100%

Percentage of cases treated according to guidelines (2019)



98%

Outlets with non-expired RDT & ACT in stock at time of visit (2019)



HNQIS quality of care score (worksites, 2019)

■ Class A (54%)

■ Class B (41%)

■ Class C (5%)

Mystery Client Survey Results (2019)

- The mystery client survey included 2 scenarios: one where the client reported having been to a forest recently, and one where no visit to a forest is reported.
- Across the 2 scenarios, 76.5% of outlets conducted a malaria test unprompted and 97% of outlets conducted a malaria test prompted.
- 100% of MMW/VMW clients received treatment according to guidelines.
- 1 PPM (out of 56 tested) was provided an antimalarial for a non-malaria fever.

PRIVATE SECTOR REPORTING AND INTEGRATION WITH NATIONAL SURVEILLANCE



98%

Reporting rate among Worksites and Communities (2019)

- Historically, PSI has facilitated PPM reporting to the Operational District (OD), where OD staff are responsible for entering case-based data into the CNM MIS – often resulting in under-reporting of case data.
- MMWs are being integrated into the same data flow as VMWs, reporting to Health Centers using CNM's standard MMW form. PSI facilitates reporting because it is not feasible for many MMWs to physically go to health centers to submit reports.
- Mobile case reporting to PSI is ongoing, in parallel to the submission of the paper-based CNM form. 169 worksites and community based MMWs were equipped with mobile phones and an app to report electronically.

ELIMINATION PROTOCOLS

- Case notification and investigation protocols are not yet rolled out in geographies where PSI is operating the GEMS project.
- CNM has requested PSI's support to implement case notification and case investigation in clusters where PSI consortium supports implementation of the CNM malaria surveillance for elimination package through Global Fund.

EVIDENCE, ADVOCACY & OTHER INITIATIVES

- In 2019, PSI implemented CNM's Intensification Plan (IP) in 12 communities, each hosting one MMW.
- Community-led Initiatives for Malaria Elimination (CLIME) interventions designed with communities during Empathy, Insights, Prototype (EIP) process have resulted in 1,412 suspected cases tested and 70 positive cases detected.
- PSI will transition its malaria support program to the government through the first three quarters of 2020.

COMPLEMENTARY MALARIA PROGRAM FUNDING

- Global Fund RAI2E (2018–2020): Provides technical assistance at the subnational level to deliver on the core package of services, including case management, vector control, IEC/BCC, & surveillance.
- USAID Promoting Healthy Behavior (2018–2023): Funding earmarked for malaria activities around social behavior change and IEC/BCC materials.
- USAID IMPACT Malaria (2019 – TBD): Funding anticipated to conduct operational research to assess new inexpensive and operationally simple G6PD screening tests under field conditions.