

CDC in Cambodia



The Centers for Disease Control and Prevention (CDC) established an office in Cambodia in 2002. CDC Cambodia works closely with the Ministry of Health (MoH) and other partners to build capacity for surveillance and outbreak investigation, to build quality laboratory systems, and to strengthen public health programs in HIV/AIDS, tuberculosis, influenza, immunization, and injury prevention.

HIV/AIDS

CDC provides technical and financial support to the MoH and the National Center for HIV/AIDS, Dermatology, and STDs to prevent mother-to-child HIV transmission, strengthen blood safety activities, increase voluntary confidential counseling and testing, and improve and expand HIV care and treatment programs. CDC also provides technical leadership and assistance to the MoH to strengthen epidemiologic analysis, surveillance, and operations research, and to improve laboratory and workforce capacity.

Tuberculosis (TB)

CDC is helping to improve laboratory diagnosis of TB by and multidrug resistant TB by strengthening existing programs and introducing liquid culture and GeneXpert. CDC worked with partners in Cambodia, Vietnam, and Thailand to conduct clinical research on TB screening and diagnosis among people living with HIV. Once an improved, evidence-based approach was identified, CDC assisted the Cambodian MoH in revising guidelines and implementing the activities that will lead to better diagnosis and earlier treatment to prevent TB-related mortality. CDC is supporting the MoH in improving TB infection control and biosafety practices in facilities and laboratories.

Influenza

CDC contributes to WHO's Global Influenza Network; addresses the U. S. government strategy for preparedness, communication, surveillance, and response; and helps to build country capacity to respond to seasonal and pandemic influenza. In addition, CDC works with the Cambodian government and partners to identify and characterize circulating influenza viruses and to support early identification of novel influenza viruses such as avian influenza.

Malaria and Other Vector-Borne Diseases

As a partner in the President's Malaria Initiative in the Greater Mekong Subregion which includes Cambodia, CDC provides technical assistance to strengthen malaria control activities including guidance for operations research, monitoring, and evaluation. CDC staff also collaborate with WHO on the Artemisinin Resistance Containment Project, which addresses the regional problem of resistance to

Staff

CDC office (physical presence)
6 U.S. Assignees
21 Locally Employed

At a Glance

Population: 14,406,000
Per capita income: \$2,360
Life expectancy at birth
women/men: 64/61 yrs
Under 5 mortality: 45/1000
live births

Source: Population Reference Bureau Fact Sheet, 2013

Top 10 Causes of Death

1. Lower-Respiratory Infection 5%
2. Ischemic Heart Disease 5%
3. Lower-Respiratory Infection 5%
4. Stroke 4%
5. Malaria 3%
6. HIV 3%
7. Lower Back Pain 3%
8. Pre-term Birth Complications 3%
9. Chronic Obstructive Pulmonary Disease 3%
10. Major Depressive Disorder 3%

Source: GBD Compare
(<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010





artemisinin, an antimalarial drug. To address the problem of Japanese encephalitis (JE), CDC collaborates with the National Immunization Program of the Cambodian MoH to conduct population-based meningoencephalitis surveillance in two provinces. CDC is assisting the MoH monitor disease rates before and after a mass vaccination campaign to assess the proportion of meningoencephalitis prevented by the JE vaccine.

Immunization

CDC provides guidance to the MoH and WHO to develop strategies and to provide ongoing guidance for monitoring Cambodia's progress towards achieving the WHO Western Pacific Region's twin goals of measles elimination and hepatitis B control. CDC also provides technical assistance in developing strategies to maintain the polio-free status of the region, including Cambodia. Although Cambodia was certified as polio free in 2000, low coverage with polio vaccine and substandard acute flaccid paralysis surveillance has resulted in the country being at high risk for wild polio importation.

Injury Prevention

CDC is working with the Asia Injury Prevention Foundation to reduce the number of fatalities, serious brain traumas, and injuries due to road traffic crashes in Cambodia. CDC supports surveillance activities and surveys to assess knowledge, attitudes and actual helmet use to inform programmatic activities. CDC is also supporting the implementation and analysis of a survey to measure violence against children in Cambodia.

Health Systems Strengthening

In partnership with the MoH and WHO, CDC is implementing a six-month training program to develop local competencies for disease surveillance and outbreak response. CDC is also supporting the establishment of a similar program for animal health workers and is assisting in the development of joint outbreak investigation protocols and improved communication during zoonotic disease outbreaks.

Health Security

In 2013, a CDC-supported assessment of 28 laboratories identified key gaps in biosafety and security. In partnership with the MoH and laboratory network, CDC is providing support to develop a national action plan and developing local capacity to monitor and maintain critical equipment such as biosafety cabinets.

Impact in Cambodia

- Surveillance capacity enhanced—the national reference laboratory routinely carries out tests for seasonal and pandemic influenza and has capacity to detect MERS-coronavirus.
- 80% of patients with TB tested for HIV and 85% of patients with HIV screened for TB.
- Rapid, point-of-care HIV testing provided in the community and at health centers.
- Carried out assessment of biosafety and biosecurity needs in 28 laboratories.
- Collaborated on more than 100 professional and technical documents about public health in Cambodia.

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