Malaria: total reported cases

The total number of malaria cases reported for each of the 6 years 1996 - 2001 are shown in Figure 11a-f on the basis of unit area designated for each country, based on reporting in the routine national malaria programs, regardless of the method of diagnosis. The database in this instance thus includes cases determined by clinical diagnosis and those for which laboratory diagnosis has been received and recorded. This presentation gives a picture unadjusted for administrative unit area or population size but represents a crude measure of disease burden.

The putting together of the 6 years' data in the one map series permits an overview of a sufficient space of time to see trends at national and regional levels by unit area. Cross reference to the series of internal border maps (Figure 2a-f) provides the names of each of the unit areas concerned and thus permits accurate geographical attribution of malaria patterns. It should be noted that malaria data appear for the first time in 2000 in the Cambodian province of Oddar Meanchey, a fairly newly designated subdivision (number 22 in Figure 2a).

The overall pattern shows uneven clustering of cases in certain parts of the region and within each country, which is not surprising, given population aggregations and environmental variations. Clearly specific conclusions of this kind would require more specific quantitative correlations. However, these foci provide a starting point for improved planning for resource distribution nationally, subnationally and regionally in relation to improvement of control planning and multisectoral management. Using the total reported malaria case numbers focuses on the magnitude of the disease burden each country and the contributions to that burden made by neighboring communities. This knowledge should facilitate closer collaboration thereby, within and beyond national borders.





