Conclusions

This report provides a 3-year update of the initial 3-year (1996-1998) database collated in the first Mekong Malaria monograph. Thus it covers a 6-year period (1996-2001) that gives sufficient time to assess some changing strategies for malaria control nationally and regionally in the 6 countries: Cambodia, China/Yunnan, Lao PDR, Myanmar, Thailand, Viet Nam. The advent of the WHO Roll Back Malaria initiative during this period has given stimulus to multi-country coordination, of which RBM/Mekong is a key example.

An important administrative step forward has been the formal establishment of 36 sentinel sites throughout the 6 countries to enable standardization of sampling and monitoring drug efficacy/resistance in populations at risk. Although not all the 36 sites are equally operative yet, the move forward in this respect is already paying some dividends in providing longitudinal assessment in some areas of the counties concerned.

Thus the sentinel sites have particular importance in the evaluation of drug efficacy, although this application has yet to be used as effectively as it should be. What mapped data do highlight clearly is the enormous differences in application of drug policies within and among each of the 6 countries. Within a given country drug efficacy patterns can change quite quickly, so that the regional pattern is subject to the sum of these changes, making the aim of regional dug policy determination difficult. However, there appears to have been a downward trend in malaria mortality overall and no real increase in malaria deaths.

The issue of malaria patterns in the international border regions takes on special importance. The strategy of mapping disease distribution in adjacent unit areas of neighboring countries serves to provide opportunity for administrators at this practical level to work together to try to optimize the utilization of resources available for control. Given the complexity of population mobility across borders throughout the region, this is no easy task. Ascertaining numbers of border crossers at official crossing points is difficult enough; to account for people using unofficial crossing points is currently out of range. Yet in practical terms this high degree of population movement serves to increase the spread of drug-resistant parasite strains regionally and well beyond the Mekong region.

It is not trivial that economic status covers a wide spectrum within individual countries in the region, nor that the differences in socio-economic status between countries in the region are considerable. This means that there is limited equity in application of technical advances across the region. External funding brings with it an undesirable dependency, so ways need to be found to rationalize human, technical and fiscal resources on a regional basis to permit sustainable application of the joint planning process for malaria control.