

Internal boundaries of Mekong countries

Each of the countries is subdivided internally into various geographical/administrative units of diminishing geographical area and population size. They go by different names in English translation and there are differences in the administrative structure from one country to another. From larger to smaller the administrative (ADM) units are:

Country	ADM 1	ADM 2	ADM 3	ADM 4	ADM 5
Cambodia:	province	district	township	commune	
China:	province	prefecture	county	township	village
Lao PDR:	province	district	village		
Myanmar:	state/division	district	township	village	
Thailand:	province	district	subdistrict	village	
Viet Nam:	province	district	commune		

For the purpose of comparing disease data sets approximations have been used to select the most appropriate decentralized units in each country that have some rough correlation in geographic area and/or population size to allow for visual comparisons between countries and between areas of the same country. These units

Cambodia:	[ADM 1: province]
China :	[ADM 3: county]
Lao PDR:	[ADM 1: province]
Myanmar:	[ADM 2: district]
Thailand:	[ADM 1: province]
Vietnam:	[ADM 1: province]

The internal unit area boundaries for these selected units within each country are shown in Figure 2 together with country unit code numbers: the unit names by code number are listed in full in Appendix 1 for detailed reference. This simplified, uniform coding system was introduced specifically for this project; each country has a different expanded coding system.

These are not necessarily the most convenient units for disease data collection and collation but a great deal of epidemiological data can be distributed satisfactorily on this basis for ready comparison. In some cases the data are stored at lower levels in the mapping program and can be used as such for specific tasks, e.g. displaying disease patterns at local boundary level. For the regional macro level such data sets are too crowded for clarity.

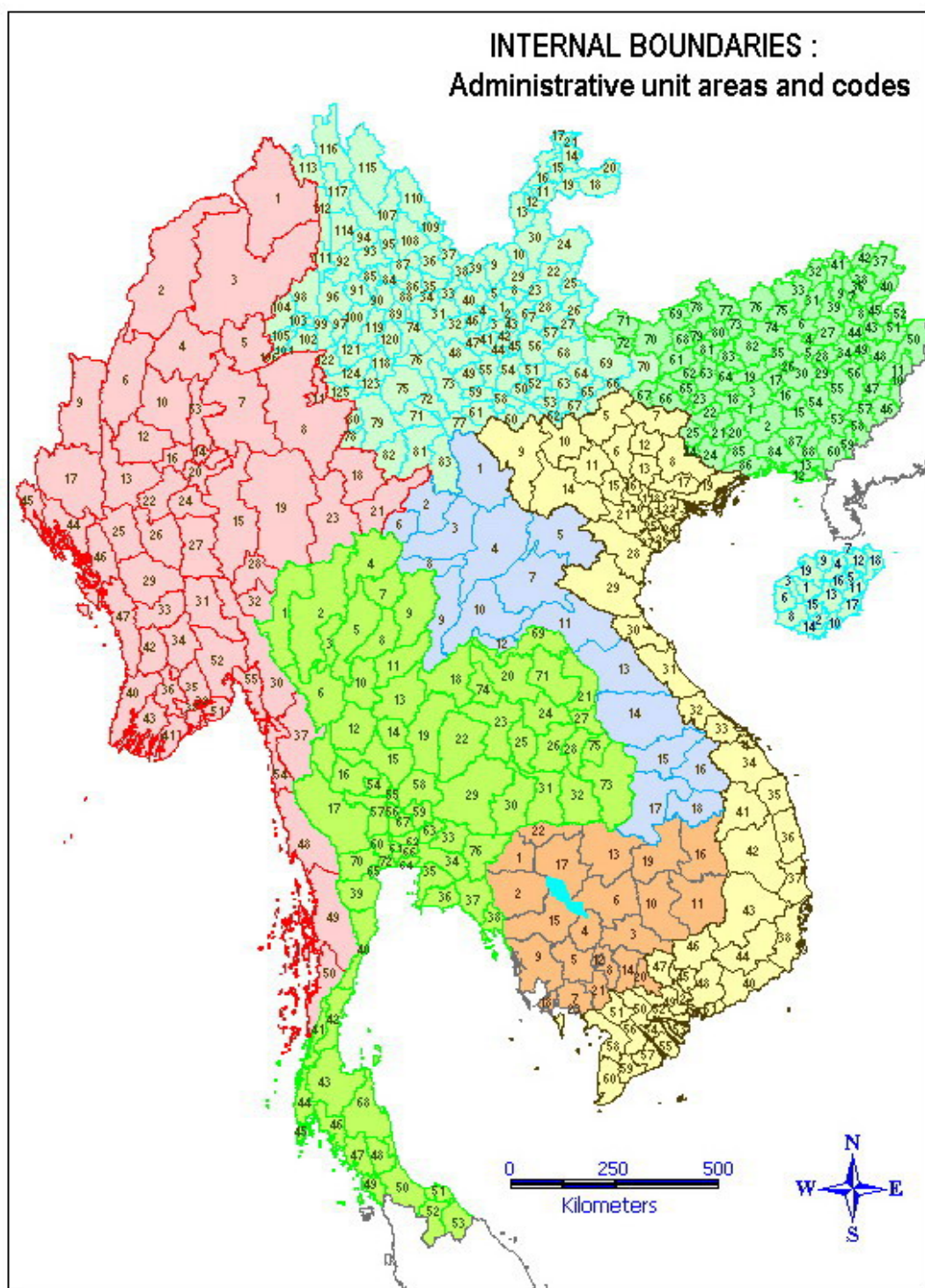


Figure 2.

The data storage level is determined by the unit area used in each country for epidemiological records, the data demonstration level is determined by appropriate regional comparisons for the particular purpose of providing regional patterns. Because the emphasis here is on regional patterns, no general attempt has been made here to utilize different demonstration levels, but the potential is considerable to broaden the application of micro level mapping capability.

Many of the subsequent maps are based on these unit areas: back reference to this code key map is necessary to identify a particular unit area in a particular country. In the operating program, direct access to numerical data can be gained by identifying the particular unit area on the map. The code numbers depicted here have been generated in simplified fashion for ready reference from the map to Appendix 1 to identify the name of each unit area; the full codes used officially in each country, which are generally more complex, are available on request.

Data sources: National databases in tabular form were provided by the health ministries of the 6 countries. Spatial data for the administrative regions of the countries were provided by ACASIAN.