BACKGROUND

A critical part of the Asia Pacific Leaders Malaria Elimination Roadmap (‘the Roadmap’) endorsed in 2015 was the decision to develop a mechanism to track progress and achievements in malaria control and elimination across Asia and the Pacific.

The APLMA Leaders’ Dashboard is the mechanism to help countries track progress towards the 2030 goal. It highlights bottlenecks, encourages prompt action, serves as a key advocacy tool to demonstrate progress in the region, and leverages Governments’ and partners continued support for financing malaria elimination.

The Dashboard offers clear milestones for each of the Roadmap’s six priority actions.

The first section of the Leaders’ Dashboard (Progress towards elimination) is focused on basic indicators to track the disease. These indicators, taken from the WHO World Malaria Report 2022, are designed to give a simple snapshot of the current malaria situation each of our counties, and collectively as a region.

The second section of the Leaders’ Dashboard (Roadmap Priority Areas 1-6) has key policy milestones that are color-coded according to the countries’ own plans:

- **Green**: countries that have already reached or exceeded the milestone.
- **Yellow**: countries that are in the process of moving towards the milestone according to the countries planned implementation date.

In 2022, APLMA underwent consultation with national programmes and experts to refine three existing milestones to better reflect the progress made towards the elimination goal. This includes focus on:

- Formal system for sub national malaria elimination certification exists or processes in place to actively prepare for national certification from WHO.
- Post-marketing quality surveillance of malaria commodities conducted routinely in both public and private sectors.
- Specific strategies to address the importation of malaria implemented for elimination and / or prevention of reintroduction.

The Technical Annex to the Dashboard offers a more detailed breakdown of technical parameters and epidemiology of malaria elimination in each country, based on the WHO World Malaria Report 2022 and data from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). Each parameter is color-coded:

- **Green**: On track/Yes
- **Yellow**: Progress but more effort needed
- **Red**: Not on track/ No

The Dashboard is updated annually and the APLMA Senior Officials Meeting (SOM) will provide an official forum to review progress along the Dashboard milestones.

An interactive version of the Dashboard, allowing users to navigate the data by indicators and countries, is available online at dashboard.aplma.org.
## Progress Towards Elimination

### 1. Unite national efforts and regional action
- **System for subnational elimination certification in place or active preparations for national certification from WHO**
- **Administrative units free of malaria (%)**
- **Functional elimination task force (or equivalent) in place**

### 2. Map, prevent, test and treat the disease everywhere
- **Case reporting from all providers**

### 3. Ensure high quality malaria tests, medicines, nets and insecticides
- **Post-marketing quality surveillance of malaria commodities conducted routinely**

### 4. Improve targeting and efficiency to get the most impact
- **Legislation in place to make malaria a notifiable disease within 24-48 hrs**

### 5. Mobilize domestic financing and leverage external support
- **Elimination financing sustainability plan developed**

### 6. Innovate for elimination
- **Innovative tools/approaches supported or implemented**

### Country Progress

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<tr>
<th>Country</th>
<th>Indigenous malaria deaths 2021</th>
<th>Indigenous malaria cases 2021</th>
<th>Administrative units free of malaria (%)</th>
<th>Functional elimination task force (or equivalent) in place</th>
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**Significant change since previous year**

1. Nationally, India is in malaria control mode; malaria to be notifiable disease as states move to malaria elimination mode and as of March 2023, 33 states have made it notifiable.
## Progress Towards Elimination

### 1. Unite national efforts and regional action

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<th>Country</th>
<th>Indigenous malaria deaths 2021</th>
<th>Indigenous malaria cases 2021</th>
<th>Administrative units free of malaria (%)</th>
<th>Functional elimination task force (or equivalent) in place</th>
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### Targeting Elimination By 2025

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<th>Post-marketing quality surveillance of malaria commodities conducted routinely</th>
<th>Strategies to address the importation of malaria implemented for elimination and/or POR</th>
<th>Elimination financing sustainability plan developed</th>
<th>Innovative tools/approaches supported or implemented</th>
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### Targeting Elimination By 2030

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![Significant change since previous year](https://via.placeholder.com/150)

1. Nationally, India is in malaria control mode; malaria to be notifiable disease as states move to malaria elimination mode and as of March 2023, 33 states have made it notifiable.
APLMA Dashboard: “Progress towards elimination” indicator descriptions

The first section of the Dashboard is focused on basic indicators to track the disease. These indicators are designed to give a simple snapshot of the current malaria situation each of our counties, and collectively as a region. A more complete picture of the malaria situation for each country can be found in the Technical Annex.

1. Indigenous malaria deaths 2021
All confirmed malaria deaths reported in the country minus imported deaths for countries with case investigation (i.e. cases not proven to be imported by case investigation are assumed indigenous).

**Source:** World Malaria Report 2022 (WMR 2022) Annex 4-J

**Scoring:** WHO (originally for African Leaders’ Malaria Alliance [ALMA])

- **< 10**
- **10 - 50**
- **> 50**

2. Indigenous malaria cases 2021
All confirmed malaria cases reported in the country minus imported cases for countries with case investigation (i.e. cases not proven to be imported by case investigation are assumed indigenous).

**Source:** WMR 2022 Annex 4-I.

**Scoring:** WHO (originally for ALMA)

- **< 1,000**
- **1,000 - 50,000**
- **> 50,000**

3. Administrative units free of malaria (%)
The percentage of administrative units that did not report indigenous cases of malaria in the last reporting year (2022 for country reported figures and 2017 for data taken from WMR for DPRK and Myanmar).

**Source:** Country Programs (2022 data) / WMR Country Profiles (2017 data for DPRK and Myanmar)

**Scoring:** APLMA

- **> 60%**
- **< 60%**
## TECHNICAL ANNEX

### Data Source

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### Epidemiology

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### Resistance

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### Quality assurance oversight by reference laboratory

- **On track/Yes**
- **Progress but more effort needed**
- **Not on track/ No**
- **Not applicable**
- **No data**

▲▼ = Significant change since previous year

---

**Data Source**

- WHD
- WMR 2022 Regional Profiles
- WMR 2022 Annex 4-A
- WMR 2022 Annex 4-B
- WMR 2022 Annex 4-C
- WMR 2022 Annex 4-D
- WMR 2022 Annex 4-E
- WHO (Yellow symptoms)
### TECHNICAL ANNEX

#### Data Source

- **Viet Nam**: [Viet Nam](#)
- **Guinea**: [Guinea](#)
- **Papua New Republic**: [Papua New Republic](#)
- **India**: [India](#)
- **Bangladesh**: [Bangladesh](#)
- **Afghanistan**: [Afghanistan](#)
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- **Solomon Islands**: [Solomon Islands](#)
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### Epidemiology

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#### Vector Control

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### BY STATUS

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#### Quality assurance oversight by reference laboratory

- **On track/Yes**
- **Progress but more effort needed**
- **Not on track/ No**
- **Not applicable**
- **No data**

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**Note**: ▲ ▼ = Significant change since previous year
**Technical Annex Indicator Descriptions**

1. **Achieving Global Technical Strategy for Malaria (GTS) milestone to reduce malaria incidence by 40% in 2021 (vs 2015)**
   Best available indicator with near term predictions for all APLMA countries based on the GTS milestones. Going forward this indicator will be replaced by the GTS indicator of 90% reduction by 2030. There are currently no published “on track / off track” indicators for all APLMA countries estimating progress towards elimination in 2030.

   **Source:** WMR 2022 Regional Profiles

   **Scoring:** WHO

   - ![Reduction](<40% reduction)
   - ![Reduction](<40% reduction)
   - ![Increase](increase)

2. **WHO estimated indigenous malaria cases**
   WHO does a country by country estimate of indigenous malaria cases based on modeling and country reported data which for high burden countries is often very different from the cases reported by the countries own surveillance system.

   **Source:** WMR 2022 Annex 4-F

   **Scoring:** WHO (originally for ALMA)

   - ![Cases](<1,000)
   - ![Cases](1,000 – 50,000)
   - ![Cases](>50,000)

3. **Confirmed malaria cases**
   All confirmed malaria cases reported in the country.

   **Source:** WMR 2022 Annex 4-G showing reported cases by place of care. For some countries there is a need to make adjustments where private sector and community cases were also included in the public sector column.

   **Scoring:** WHO (originally for ALMA)

   - ![Cases](<1,000)
   - ![Cases](1,000 – 50,000)
   - ![Cases](>50,000)

4. **Indigenous malaria deaths**
   All confirmed indigenous (for countries with case investigation) malaria deaths reported in the country.

   **Source:** WMR 2022 Annex 4-J

   **Scoring:** WHO

   - ![Deaths](<10)
   - ![Deaths](10 - 150)
   - ![Deaths](>150)

5. **Indigenous malaria cases**
   All confirmed malaria cases reported in the country minus imported cases for countries with case investigation (i.e. cases not proven to be imported by case investigation are assumed indigenous). For countries with very low percentage of cases investigated (indicator 10) this indicator will be very close to indicator 2 (Confirmed malaria cases).

   **Source:** WMR 2022 Annex 4-I.

   **Scoring:** WHO (originally for ALMA)

   - ![Cases](<1,000)
   - ![Cases](1,000 – 50,000)
   - ![Cases](>50,000)

6. **Confirmed Plasmodium falciparum (Pf) cases**
   Confirmed Pf cases reported in the country (indigenous for countries with case investigation).

   **Source:** WMR 2022 Annex 4-I

   **Scoring:** WHO (originally for ALMA)

   - ![Cases](<1,000)
   - ![Cases](1,000 – 50,000)
   - ![Cases](>50,000)

7. **Confirmed malaria cases per 1000 population**
   Number of reported confirmed malaria cases per 1000 population at risk (uses UN populations).

   **Source:** WMR 2022 Regional Profiles

   **Scoring:** WHO (originally for ALMA)

   - ![Cases](<10)
   - ![Cases](10 - 50)
   - ![Cases](>50)

8. **Test positivity rate (Slide/RDT)**
   Percentage of Rapid Diagnostic Test (RDT) / Slide that are positive.

   **Source:** WMR 2022 Annex 4-H

   **Scoring:** WHO (originally for ALMA)

   - ![Positivity Rate](<5%)
   - ![Positivity Rate](5% - 10%)
   - ![Positivity Rate](>10%)
9. Suspected malaria cases tested with RDT or microscopy (%)
WHO does a calculation of suspected cases and compares this with the number of tests.

Source: WMR 2022 Annex 4-H

Scoring: WHO (originally for ALMA)

- > 80%
- 40% - 80%
- < 40%

10. Confirmed malaria cases investigated (%)
Number of cases investigated as a percentage of total cases reported. Some countries, including those who are not in elimination stage, have yet to implement case investigation. For those, it is assumed that zero cases are investigated (red).

Source: WHO (2020 data)

Scoring: APLMA

- > 80%
- 40% - 80%
- < 40%

11. Population at high risk potentially protected by Insecticide Treated Nets (ITNs) / Indoor Residual Spray (IRS) (%)
Estimate of number of high risk people protected by ITN or IRS.

Source: WMR 2022 Annexes 4-D & 4-G

Scoring: APLMA

- > 80%
- 40% - 80%
- < 40%

12. Therapeutic efficacy monitoring undertaken for Pf and results shared (2020/2021)
Has the country undertaken Therapeutic Efficacy Studies for Pf in the latest two years and the results shared with WHO. This indicator is not relevant for countries with no or very low numbers of Pf.

Source: WHO Global Malaria Program (GMP)

Scoring: WHO

- Yes
- Ongoing
- No

13. Multidrug resistance identified
Does the country have confirmed multidrug resistance?

Source: WHO Global Malaria Program (GMP)

Scoring: WHO

- No
- Artemisinin resistance only
- Yes

14. Insecticide susceptibility monitored (2019-21) and reported to WHO
Does the country undertake insecticide susceptibility monitoring?

Source: WHO Global Malaria Program (GMP)

Scoring: APLMA

- 3 years
- 1 or 2 years
- None

In addition to the color coding the number of classes with mosquito resistance confirmed since 2010 is shown as a number

15. Malaria program financing funded by domestic sources (%)
Percentage of malaria program financing from national government

Source: WMR 2022 Annex 4-C

Scoring: No scoring at present – for information only

16. Malaria is a notifiable disease (<48hrs)
Does the country mandate by law that each individual case of malaria must be reported within 24-48hrs.

Source: WMR 2022 country report policy section

Scoring: APLMA

- Yes
- No
17. Case reporting from private sector mandatory
Does the country require private sector facilities to report all cases of malaria?

Source: WHO

Scoring: APLMA

- Yes
- No

18. Foci and case investigation undertaken
Does the country have policies to undertake case and foci investigation?

Source: WHO

Scoring: APLMA

- Yes
- Case investigation only
- No

19. Treatment of Plasmodium falciparum (Pf) with primaquine
Does the country have a policy to use a Single low dose of primaquine with ACT to reduce transmissibility of Pf.

Source: WMR 2022 Annex 4-A

Scoring: APLMA

- Yes
- Not implemented / no supporting data
- No

20. Treatment of Plasmodium Vivax (Pv) with primaquine
Does the country have a policy to use Primaquine is used for radical treatment of Pv cases?

Source: WMR 2022 Annex 4-A

Scoring: APLMA

- Yes
- Not implemented / no supporting data
- No

21. Quality assurance oversight by reference laboratory
Does the country have diagnostic quality assurance oversight by a reference laboratory?

Source: WHO

Scoring: APLMA

- Yes
- No

The APLMA Leaders’ Dashboard is the mechanism to help countries track progress towards the 2030 goal. It highlights bottlenecks, encourages prompt action, serves as a key advocacy tool to demonstrate progress in the region, and leverages governments’ and partners continued support for financing malaria elimination.

For more information, please visit [www.aplma.org](http://www.aplma.org)