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 2019, are designed to give a simple snapshot of the current malaria situation in each of the countries, 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.

The Dashboard will be revised over time, as progress is made. Milestones will require greater specificity as we get closer to the 2030 goal and countries implement each of the agreed actions.

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 2019 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 APLMA Secretariat works closely with countries and partners, including the WHO and the GF, to implement the Dashboard process. This includes the revision and refinement of the proposed milestones, and making sure these are technically sound, aligned with the latest guidance from WHO, achievable and directly link to the Roadmap.

The milestone data will be updated annually and the APLMA Senior Officials Meeting (SOM) will continue to provide an official forum for countries to review progress of the Dashboard milestones before it is published via the APLMA website.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Indigenous malaria deaths 2018</th>
<th>Indigenous malaria cases 2018</th>
<th>Administrative units free of malaria (%)</th>
<th>Functional elimination task force (or equivalent) in place</th>
<th>Costed malaria elimination plan in place and adopted</th>
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**1** = Significant change since previous year

**2020** = ON TRACK
**2021** = PROGRESS BUT MORE EFFORT NEEDED
**2022** = NOT ON TRACK
**2023** = ACHIEVED IN 2019

---

**1. Map, prevent, test and treat the disease everywhere:**
- Case reporting from all providers
  - 2020: ON TRACK
  - 2021: PROGRESS BUT MORE EFFORT NEEDED
  - 2022: NOT ON TRACK
- Legislation in place to make malaria a notifiable disease within 24-48 hrs
  - 2020: No date set
  - 2021: No date set
  - 2022: No date set

**2. Ensure high quality malaria tests, medicines, nets and insecticides:**
- Formal quality monitoring system implemented to ensure the quality of antimalarial commodities and other priority products
  - 2020: ON TRACK
  - 2021: PROGRESS BUT MORE EFFORT NEEDED
  - 2022: NOT ON TRACK
- Targeting interventions based on up to date malaria risk stratification
  - 2020: No date set
  - 2021: No date set
  - 2022: No date set

**3. Improve targeting and efficiency to get the most impact:**
- Elimination financing sustainability plan developed
  - 2020: No date set
  - 2021: No date set
  - 2022: No date set

**4. Mobilize domestic financing and leverage external support:**
- Innovative tools / approaches supported or implemented
  - 2020: No date set
  - 2021: No date set
  - 2022: No date set

---

Nationality, India is in malaria control phase; malaria is to be made notifiable disease as states move into elimination phase. As of April 2020, 27 states have made it notifiable.
## Progress Towards Elimination

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<thead>
<tr>
<th>Country</th>
<th>Indigenous malaria deaths 2018</th>
<th>Indigenous malaria cases 2018</th>
<th>Administrative units free of malaria (%)</th>
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</table>

★ = Significant change since previous year

1. Nationally, India is in malaria control phase; malaria is to be made notifiable disease as states move into elimination phase. As of April 2020, 27 states have made it notifiable.
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 2018
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).

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

2. INDIGENOUS MALARIA CASES 2018
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 2019 Annex 3-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. Imported cases taken from Annex WMR 2018 Annex 3-H.

Scoring: WHO (originally for ALMA)

3. ADMINISTRATIVE UNITS FREE OF MALARIA (%)
The percentage of administrative units that did not report indigenous cases of malaria in the last reporting year (2019 for country reported figures and 2017 for data taken from WMR for Bhutan, DPRK, Myanmar, Pakistan)

Source: Country Programs (2019 data) / WMR Country Profiles (2017 data for Bhutan, DPRK, Myanmar, Pakistan)
Scoring: APLMA suggested
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</table>

Above table indicates the progress made towards malaria elimination targets.
## TECHNICAL ANNEX

<table>
<thead>
<tr>
<th>Status</th>
<th>WHO Estimate</th>
<th>Vector Control</th>
<th>Resistance</th>
<th>Financial</th>
<th>Surveillance</th>
<th>Treatment</th>
<th>Quality assurance oversight by reference laboratory</th>
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</tbody>
</table>

* ▲ = Significant change from previous year

---

**On track/Yes**  
**Progress but more effort needed**  
**Not on track/No**  
**Not applicable**  
**No data**
1. ON TRACK IN 2018 TO ACHIEVE GLOBAL TECHNICAL STRATEGY FOR MALARIA (GTS) MILESTONE TO REDUCE MALARIA INCIDENCE BY 40% BY 2020 (VS 2015)

Best available indicator with near term predictions for all APLMA countries based on the GTS milestones. It is expected that 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 2019 Regional Profiles

Scoring: WHO

- ≥ 40% reduction
- < 40% reduction
- 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 2019 Annex 3-F

Scoring: WHO (originally for ALMA)

- < 1,000
- 1,000 – 50,000
- > 50,000

3. CONFIRMED MALARIA CASES

All confirmed malaria cases reported in the country.

Source: WMR 2019 Annex 3-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)

- < 1,000
- 1,000 – 50,000
- > 50,000

4. INDIGENOUS MALARIA DEATHS

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

Source: WMR 2019 Annex 3-J

Scoring: WHO

- < 10
- 10 - 150
- > 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 2019 Annex 3-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. Imported cases taken from WMR 2019 Annex 3-H.

Scoring: WHO (originally for ALMA)

- < 1,000
- 1,000 – 50,000
- > 50,000

6. CONFIRMED PLASMODIUM FALCIPARUM (Pf) CASES

Confirmed Pf cases reported in the country (indigenous for countries with case investigation). Only cases from health facilities are counted as currently the WMR does not provide a species breakdown for cases from community or private sector reporting.

Source: WMR 2019 Annex 3-I showing reported cases by species.

Scoring: WHO (originally for ALMA)

- < 1,000
- 1,000 – 50,000
- > 50,000

7. CONFIRMED MALARIA CASES PER 1000 POPULATION

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

Source: WHO

Scoring: WHO (originally for ALMA)

- < 10
- 10 - 50
- > 50

8. TEST POSITIVITY RATE (SLIDE/RDT)

Percentage of Rapid Diagnostic Test (RDT) / Slide that are positive.

Source: WMR 2019 Annex 3-H

Scoring: WHO (originally for ALMA)

- < 5%
- 5% - 10%
- > 10%
9. SUSPECTED MALARIA CASES TESTED WITH RDT OR MICROSCOPY (%)  
WHO does a calculation of suspected cases which is compared with the number of tests  
Source: WMR 2019 Annex 3-H / Annex 3-I  
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  
Scoring: APLMA suggested  
- > 80%  
- 40% - 80%  
- < 40%  

11. POPULATION AT HIGH RISK POTENTIALLY PROTECTED BY INSECTICIDE TREATED NETS (ITN) / INDOOR RESIDUAL SPRAY (IRS)(%)  
Estimate of number of high risk people protected by ITN or IRS.  
Source: WMR 2019 Annex 3-D / WMR 2019 App  
Scoring: APLMA suggested  
- > 80%  
- 40% - 80%  
- < 40%  

12. THERAPEUTIC EFFICACY MONITORING UNDERTAKEN FOR Pf AND RESULTS SHARED (2018/2019)  
Has the country undertaken Therapeutic Efficacy Studies (TES) 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) database  
Scoring: WHO  
- Yes  
- Ongoing  
- No  

13. MULTIDRUG RESISTANCE IDENTIFIED  
Does the country have confirmed multidrug resistance?  
Source: WHO Global Malaria Program (GMP) database  
Scoring: WHO  
- No  
- Artemisinin resistance only  
- Yes  

14. INSECTICIDE SUSCEPTIBILITY MONITORED (2016-18) AND REPORTED TO WHO  
Does the country undertake insecticide susceptibility monitoring?  
Source: WHO Global Malaria Program (GMP)  
Scoring: APLMA suggested  
- 3 years  
- 1 or 2 years  
- None  

In addition to the color coding the number of classes with mosquito resistant 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: Global Fund to Fight AIDS Tuberculosis and Malaria (non GF countries, China, Malaysia, Republic of Korea and Vanuatu, WMR 2019 Annex 3-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: WHO  
Scoring: APLMA suggested  
- 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 suggested

Yes No

18. FOCI AND CASE INVESTIGATION UNDERTAKEN
Does the country have policies to undertake case and foci investigation?
Source: WMR 2019
Scoring: APLMA suggested

Yes Case investigation only No

19. TREATMENT OF PLASMODIUM FALCIPARUM (PF) WITH PRIMAQUINE
Does the country have a policy to use a single dose of primaquine as gametocidal medicine for Pf.
Source: WMR 2019 Annex 3-A
Scoring: APLMA suggested

Yes No

20. TREATMENT OF PLASMODIUM VIVAX (Pv) WITH PRIMAQUINE
Does the country have a policy to use Primaquine for the radical treatment of Pv cases?
Source: WMR 2019 Annex 3-A
Scoring: APLMA suggested

Yes No

21. QUALITY ASSURANCE OVERSIGHT BY REFERENCE LABORATORY
Does the country have diagnostic quality assurance oversight by a reference laboratory?
Source: WHO
Scoring: APLMA suggested

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.