

APLMA Dashboard Report 2026

Asia Pacific Leaders Malaria Alliance
September 2026

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Executive Summary

The APLMA Malaria Elimination Roadmap was developed and endorsed by the Heads of 18 East Asia Summit Member States in 2014, aiming to catalyse regional collaboration and accelerate national efforts towards achieving the goal of a malaria-free APAC by 2030. Six Roadmap Priorities were identified:

1. Unite national efforts and regional actions
2. Map, prevent, test, and treat the disease everywhere
3. Ensure high-quality malaria services, tests, medicines, nets, insecticides
4. Improve targeting and efficiency to maximize impact
5. Mobilise domestic financing and leverage external support
6. Innovate for elimination

Progress in these areas is currently reported annually to the APLMA Secretariat to ensure continued momentum and country support. The Leaders' Dashboard was developed in 2015 to track progress and identify areas requiring attention, while allowing visibility of progress at national and regional levels.

In 2024, APLMA's Dashboard saw its first large-scale refresh in a decade, with a revamped user interface and new data foci in the form of thematic areas – key areas related to malaria elimination, namely Financing and Border Malaria (previously Cross-Border). Following its initial success at launch, APLMA's focus on thematic areas crystallised, with the two areas subsequently developed as standalone dashboards.

In 2025, APLMA added dashboards dedicated to Gender Equality, Disability and Social Inclusion (GEDSI) and Climate Change, alongside a Sandbox containing data aggregated by APLMA over the years, drawn from a variety of sources. In particular, the Sandbox provides users with the ability to customise their own data visualisations, while allowing for further data analysis through a data export – something not previously available in previous dashboard iterations.

In 2026, a new dashboard focused on the Greater Mekong Subregion (GMS) was developed for the 10th Asia Pacific Leaders' Summit for Malaria Elimination in Vientiane, providing a focused look at a region of high importance. Several case studies were also published on APLMA's website, in relation to key thematic areas like GEDSI, climate change, and border malaria.

APLMA intends to maintain and foster a community-driven approach to the further development of its dashboards. The usage and needs of our stakeholders will shape future iterations of the dashboards, with consultations planned to take place to gather feedback.

The Leaders' Dashboard can be found online at <https://www.aplma.org/ourwork/dashboard>.

Background

Developed in 2014, the APLMA Malaria Elimination Roadmap was endorsed by the Heads of 18 East Asia Summit Member States, aiming to catalyse regional collaboration and accelerate national efforts towards achieving the goal of a malaria-free APAC by 2030. Six Roadmap Priorities were identified:

1. Unite national efforts and regional actions
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5. Mobilise domestic financing and leverage external support
6. Innovate for elimination

Progress in these areas is currently reported annually to the APLMA Secretariat to ensure continued momentum and country support, with a 5-year progress report submitted at the 15th East Asia Summit in 2020.

The Leaders' Dashboard was developed in 2015 to track progress and identify areas requiring attention, while allowing visibility of progress at national and regional levels.

A revamp in 2024 focused on illustrating the evolution of malaria elimination in the region and improving the granularity of the current indicators. As part of this process, APLMA carried out multiple consultations and feedback sessions with diverse stakeholders, including national programmes and leading regional experts.

In 2026, the dashboards were used to generate a monthly series of case studies on APLMA's website. Drawing on available data, the case studies provided regional and country overviews, together with analyses of key thematic areas including climate change, GEDSI, and border malaria.

Under the theme "Committed to 2030: Regional Action for the Last Mile", the 10th Asia Pacific Leaders' Summit on Malaria Elimination was held in Vientiane on the 5th of June 2026, with an exceptional focus on the GMS. In keeping with the theme, a GMS-centric dashboard was developed, containing key facts and figures from the region.

Dashboard 2026

In 2025, the successful development of the gender equality, diversity, and social inclusion (GEDSI) and Climate Change dashboards, together with the Sandbox tool, marked a major milestone in the development of APLMA's data offerings. Together with the existing thematic dashboards (Border Malaria and Financing), they will collectively:

1. Consolidate data on specific areas key to malaria elimination
2. Offer key insights on significant thematic milestones and gaps
3. Enable data-driven decision-making in accelerating malaria elimination efforts in the region

In 2026, the Greater Mekong Subregion (GMS) dashboard was developed to provide a comprehensive look at a region, primarily containing data on the region's epidemiology and policies, together with funding figures across grant cycles. Developed for the 10th Asia Pacific Leaders' Summit, it marks APLMA's first launch of a region-specific, tailored dashboard. The GMS dashboard was made publicly accessible at the event's website in the immediate period before and after it took place; its screenshots can be viewed in Chapter 1 and the Annex.

Building on the depth and breadth of data now available, a series of case studies were published monthly over a six-month period, supported by key facts and figures across the dashboards. The articles' subjects were chosen to for thematic alignment with significant dates occurring from month to month:

January: Integrated Policy Responses: Shaping Vanuatu's Approach Towards Eliminating Malaria (In commemoration of World Neglected Tropical Diseases Day)

February: Elimination in the Greater Mekong Subregion

March: Malaria Elimination in Pregnant Women (In commemoration of International Women's Day)

April: *Plasmodium knowlesi* in Southeast Asia (In commemoration of World Malaria Day)

May: Malaria and Climate in Bangladesh

June: Malaria in Papua New Guinea: Current Landscape and A Strengthened Push Towards Elimination

Abridged versions of selected case studies have been included in Chapter 2 of this Report.



Cambodia - VMW setting up LLIN hammock in Stung Treng
© World Health Organization/ A. Raab, 2021

Report 2025/2026

Data in all images taken from the World Malaria Report 2025, The Global Fund's Data Explorer, Grant Cycle 8's GMS Allocation Letters, the Mekong Malaria Elimination Programme, and information from country programs collected in Mar 2026

Chapter 1: Regional Update

The Leaders' Dashboard currently contains data from the World Malaria Report 2025, the Global Fund, and data contributed by the National Malaria Programs of the 22 countries in the Asia Pacific region during a data collection exercise from March-June 2026:

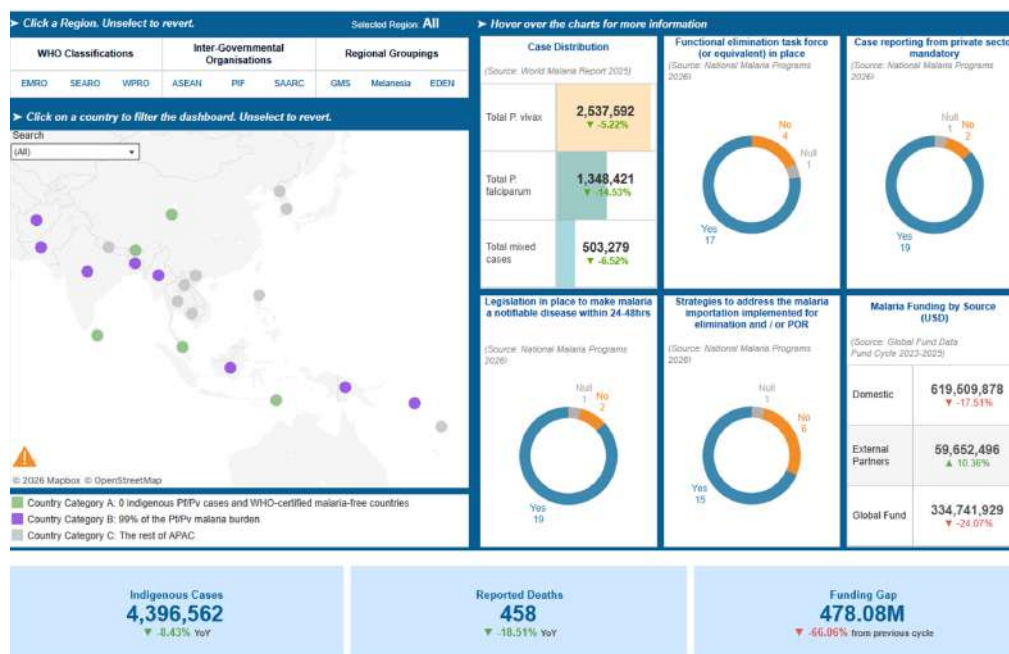


Figure 1.1: A screenshot of the region's key indicators, as displayed on the Leaders' Dashboard

Notably, 4,396,526 indigenous cases in 2024 ensured there would not be a third consecutive year of increased cases across the region, with cases falling 8.4% from 2023. That same year, 458 reported deaths among the region's 22 countries marked an 18.5% drop from 562 in 2023 – a similar improvement in circumstances after 2 consecutive years of rising deaths attributed to malaria.

General reductions in *Plasmodium vivax*, *Plasmodium falciparum*, and mixed cases were similarly observed that year, on the back of significant case reductions in Pakistan, which saw nearly 640,000 fewer cases than the year before, and the Solomon Islands, with nearly 20,000 fewer cases.

Country ↑↓	Indigenous Cases	Reported Deaths	Total P. falciparum Cases	Total P. vivax Cases	Total Mixed Cases	API	Functional Elimination Task Force in Place	Private Sector Mandated to Report All Cases	Legislation to make Malaria a notifiable disease in 24-48h	Strategies implemented to address malaria importation	Funding Gap	Domestic Funding (USD)	External Funding - Global Fund (USD)	External Funding - Other (USD)
Afghanistan	257,524	0	9,725	247,100	699	9.6	Yes	Yes	Yes	Yes				
Bangladesh	13,070	6	6,264	6,042	764	0.7	No	Yes	Yes	No	65.1%	11,905,615	20,091,193	300,000
Bhutan	0	0	0	0		0.0	Yes	Yes	Yes	Yes	8.9%	6,142,107	1,373,076	473,109
Cambodia	322	0	2	295		0.1	Yes	Yes	Yes	Yes	10.8%	1,873,468	30,614,061	13,500,000
China	0	0	0	0	0		Yes	Yes	Yes	Yes				
DPR Korea	5,233	0		5,233		1.2								
India	246,696	86	146,708	95,955	4,032	0.2	Yes	Yes	Yes	Yes	28.0%	266,470,830	65,000,000	0
Indonesia	543,625	132	275,503	187,743	69,327	21.3	Yes	Yes	Yes	Yes	28.8%	91,239,685	35,622,272	4,728,477
Lao PDR	328	0	39	277	12	0.0	Yes	Yes	Yes	No	52.9%	7,839,757	16,392,000	888,990
Malaysia	0	3	0	0	0		Yes	Yes	Yes	Yes				
Myanmar	189,303	1	16,417	173,018	2,091	4.0	Yes	Yes	Yes	No	15.1%	69,709,835	44,320,999	31,185,903
Nepal	37	2	5	32		0.3	Yes	Yes	Yes	Yes	16.9%	17,636,853	2,277,311	120,000
Pakistan	2,105,015	12	539,553	1,538,641	26,821	8.6	Yes	Yes	Yes	No	74.3%	5,369,606	34,424,959	1,000,000
Papua New Guinea	910,747	195	314,222	206,016	390,231	102.5	No	No	No	No	27.2%	9,852,275	37,440,753	3,037,000
Philippines	8,952	12	6,866	1,801	241	16.0	No	Yes	Yes	Yes	30.3%	22,368,541	6,953,360	0
Republic of Korea	640	0	0	632		0.0	Yes	Yes	Yes	Yes				
Solomon Islands	105,373	7	32,239	64,133	8,984	195.3	Yes	No	No	No	26.7%	3,600,000	7,236,394	0
Sri Lanka	0	0	0	0	0		No	Yes	Yes	Yes				
Thailand	7,879	2	230	7,577	36	2.3	Yes	Yes	Yes	Yes	14.0%	37,483,422	15,418,999	3,510,000
Timor-Leste	0	0	0	0	0	0.0	Yes	Yes	Yes	Yes	21.7%	1,603,428	3,028,553	191,517
Vanuatu	1,579	0	0	1,577		5.8	Yes	Yes	Yes	Yes				
Viet Nam	239	0	111	51		0.1	Yes	Yes	Yes	Yes	8.5%	66,414,456	14,547,999	717,500

Figure 1.2: A table containing epidemiological and policy data, as displayed on the Leaders' Dashboard

(Based on the results of a recent data collection exercise, the region's National Malaria Programmes have adopted policy responses in line with the Roadmap priorities – a strong indicator of the political will to ensure malaria is eliminated.)

Chapter 2: GMS Dashboard

A brand-new dashboard featuring the Greater Mekong Subregion, the GMS dashboard was developed for the 10th Asia Pacific Leaders' Summit on Malaria Elimination, held in Vientiane on 5 June 2026 and with a special focus on the subregion.

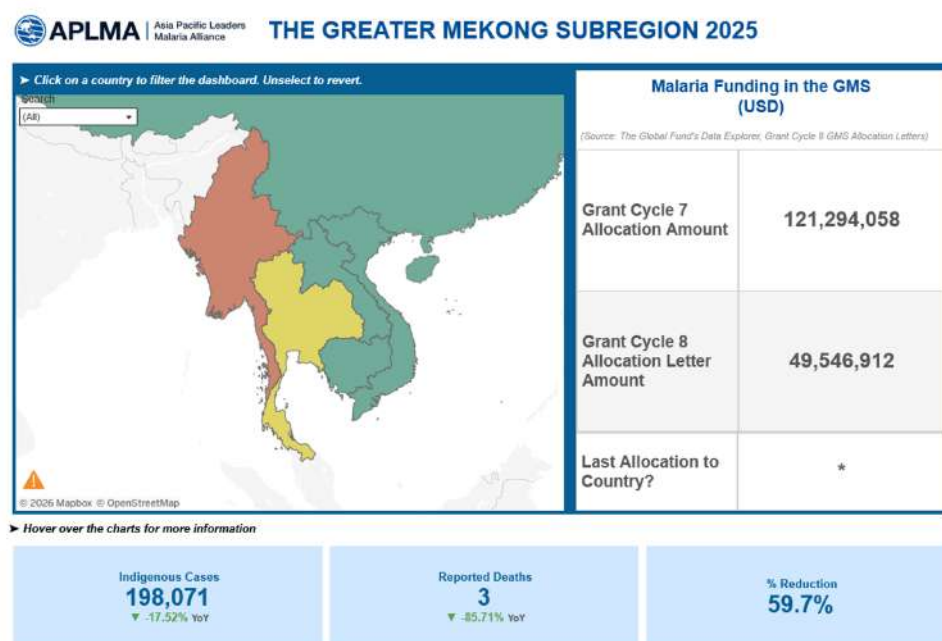


Figure 2.1: A screenshot of the region's key indicators, as displayed on the Leaders' Dashboard

Containing data obtained from The Global Fund's Data Explorer and Grant Cycle 8's Allocation Letters for respective Global Fund-eligible GMS countries (Cambodia, Lao PDR, Myanmar, Thailand, and Viet Nam), Tab 1 (Fig. 1.1) illustrates the difference between the amounts allocated in Grant Cycles 7 and 8. The map allows for interactivity, with users able to click on countries to view their allocation amounts. Below the map, indigenous cases, reported deaths, and the percentage reduction in funding make up a trio of key indicators relevant to the subregion.

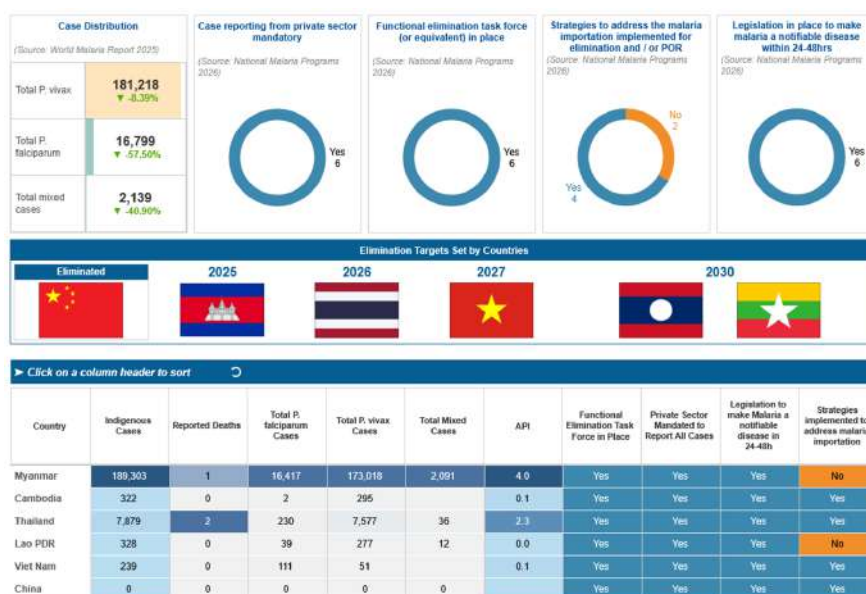


Figure 2.2: Additional epidemiological and policy data, as displayed on the GMS' Dashboard

Like the Leaders' Dashboard, the latest available key epidemiological figures and policy indicators make up the rest of Tab 1 (Fig. 1.2), containing key facts about the region at a glance.

With a focus on *P. falciparum* and *P. vivax*, Tab 2 provides a look at regional elimination efforts over the last decade, using illustrative subnational data obtained from the WHO Mekong Malaria Elimination (MME) Programme (Fig. 1.3):

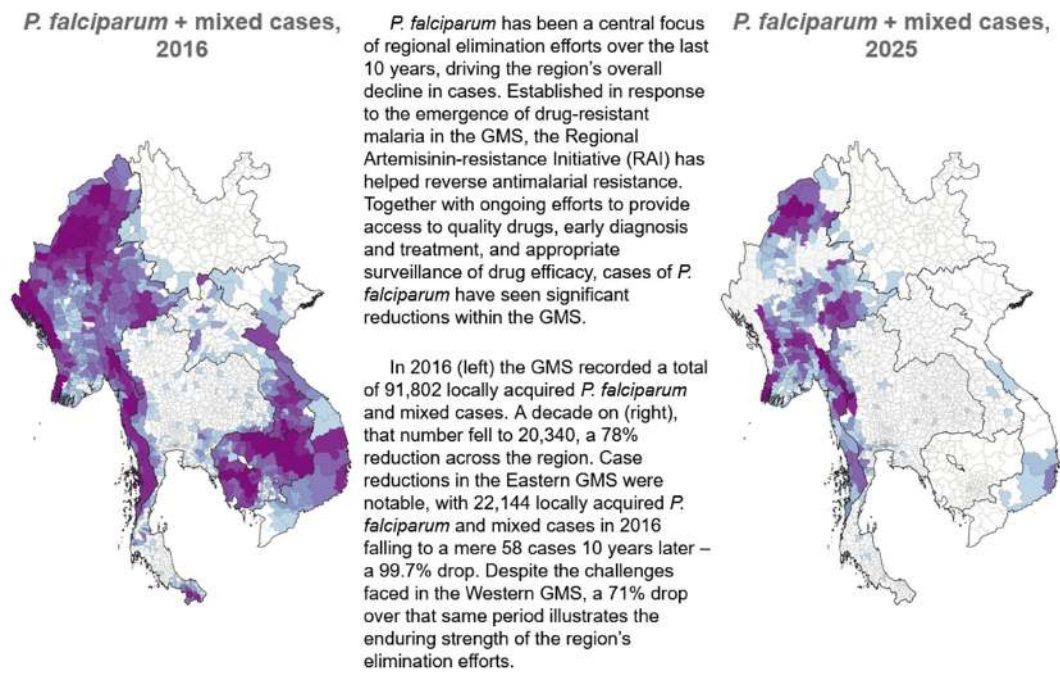


Figure 2.3: A side-by-side illustration of the reduction in *P. falciparum* and mixed cases over a decade

A similar illustration and its supporting information was provided in relation to *P. vivax* (Fig. 2.4):

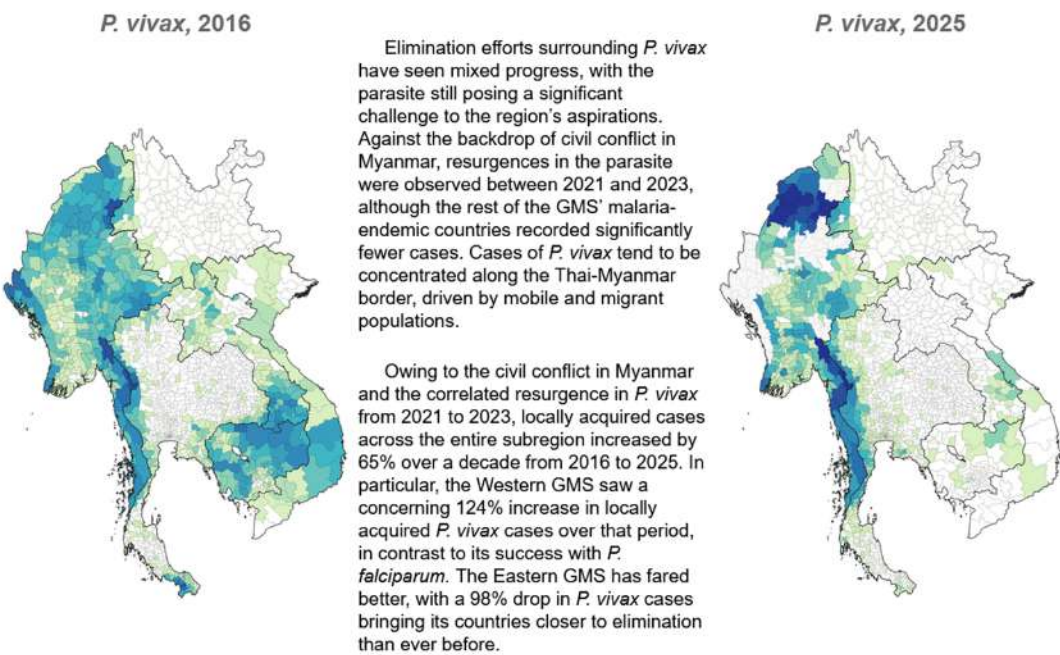


Figure 2.4: A side-by-side illustration of the reduction in *P. vivax* over a decade

The third and final tab on the GMS dashboard illustrates the reality of funding reductions in the subregion, with decreases observed across the board (Fig 2.5):

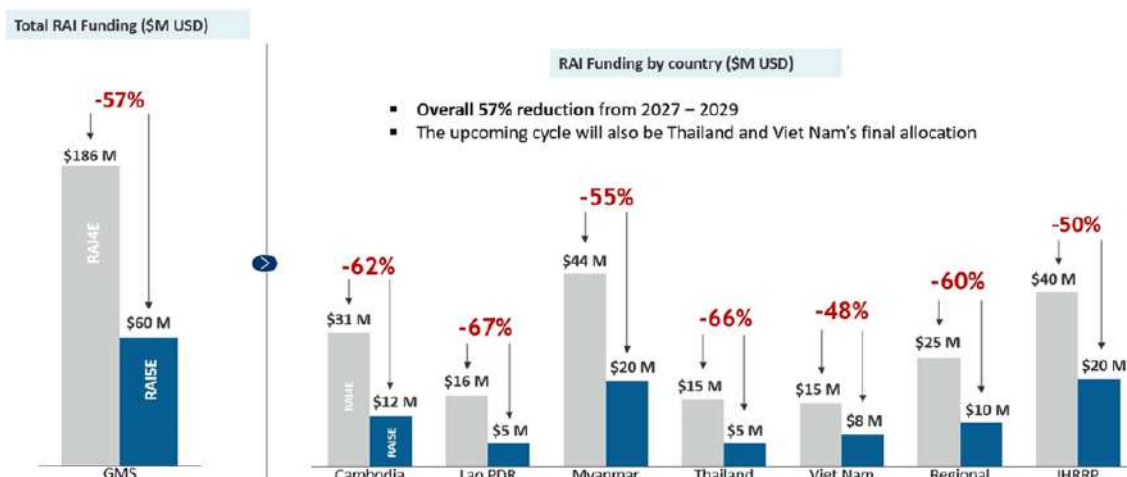


Figure 2.5: An illustration of the funding reduction in the GMS across funding cycles

The tab concludes with a call to action on a subregional scale, with countries exhorted to mobilize increased domestic resources for their malaria programmes while maintaining regional accountability.

Chapter 3: Case Studies

3.1: Case Study: Integrated Policy Responses: Shaping Vanuatu's Approach Towards Eliminating Malaria

In 2016, Vanuatu successfully eliminated lymphatic filariasis, a neglected tropical disease that like malaria is transmitted by different types of mosquitos, including Anopheles. Mass Drug Administration (MDA), a strategy that treats entire communities regardless of individual disease status, was the lynchpin of Vanuatu's success. Five rounds of drug administration were successfully carried out over five years from 2000-2004, after which impact assessments indicated the necessary thresholds were reached.

Vanuatu's success in eliminating lymphatic filariasis through mobilising its communities and the similar focus on community engagement in its National Strategic Plan for Malaria Elimination is a clear indication of the country's long-term vision. To this day, Vanuatu continues to reap the benefits of its capacity-building efforts, with the same communities that contributed to lymphatic filariasis elimination, now integrated into larger efforts targeting other diseases.

While Vanuatu saw year-on-year reductions in indigenous malaria cases over five years from 2010 (9,817 cases) to 2015 (571 cases), local communities and their capacity to respond were put to the test in 2016, the same year Vanuatu eliminated lymphatic filariasis. After Tropical Cyclone Pam made landfall in 2015, the country's health systems were abruptly stretched, with its subsequent case count in 2016 (2,243 cases) a 290% surge, threatening a return to the country's disease burden of 2013 when cases totaled 2,883. Yet, the rebound that followed was telling: the surge in cases was swiftly followed by five consecutive years of decline, down to 312 cases in 2021. Nonetheless, the need for faster responses to the unexpected led Vanuatu towards innovations in integrating its malaria policy responses with existing approaches towards disaster preparedness efforts.

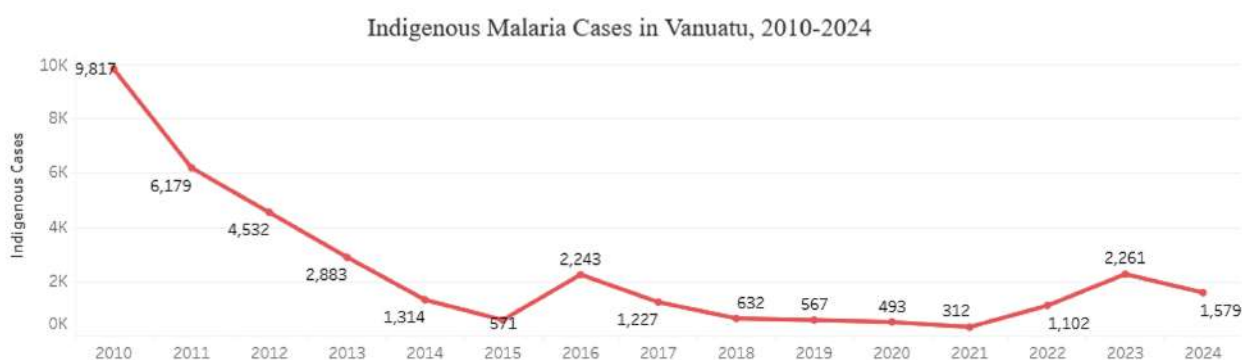


Figure 3.1: A chart of Vanuatu's indigenous malaria cases from 2010-2024

Later on, Tropical Cyclone Harold and the COVID-19 pandemic led to year-on-year increases in 2022 and 2023, with 2023's case count (2,261 cases) being Vanuatu's highest in more than a decade, surpassing the aftermath of Tropical Cyclone Pam. Yet, a 30% decrease to 1,579 cases in 2024 suggests Vanuatu's integrated policy measures are holding, even under pressure, with the country doubling down on its policy responses.

In the aftermath of Tropical Cyclone Harold, Vanuatu integrated its malaria services into broader communicable disease control and disaster preparedness programmes, with disaster response being a key element within the country's National Strategic Plan for Malaria Elimination (2021-2026). These efforts came into play during the COVID-19 pandemic, with its integrated health response plans acting as a base for the country's health sector response.

Its disease notification system, once used to raise awareness around the importance of hand washing after Cyclone Harold, was put towards reinforcing quarantine and case management protocols, while active surveillance efforts facilitated reporting among healthcare staff.

As the country continues to work towards its goal of a malaria-free Vanuatu by 2032, it stands better prepared, and more aware that flexibility is now a permanent requirement. In a region increasingly shaped by climate uncertainty, Vanuatu's experience offers a wider lesson: elimination will not be achieved through single-disease programmes, but through resilient and integrated systems that can bend without breaking.

3.2: Case Study: Malaria Elimination in Pregnant Women

The impact of malaria on pregnant women and children is well documented, with infections caused by *Plasmodium vivax* and *Plasmodium falciparum* driving severe maternal anemia and reductions in mean birth weight, both of which significantly increase the risks of preterm delivery and stillbirth. Low birth weight, in turn, is associated with reduced cognitive performance and scholastic ability, illustrating the ruinous intergenerational impact of malaria in pregnancy.

Every year, millions of pregnancies in the Asia Pacific region occur in areas where transmission of *P. vivax* and *P. falciparum* persist. Yet the healthcare needs of pregnant women in these settings are often under-prioritised, and access to care remains uneven. Asymptomatic infections and missed diagnoses among pregnant women remain common in these settings. Malaria programme efforts are largely focused on addressing the visible drivers of transmission and tailoring interventions towards other vulnerable groups, rather than the less visible burden of malaria in pregnancy.

Despite existing evidence on the burden of malaria in pregnancy, women across the region continue to face significant day-to-day challenges in accessing the care that they deserve. In Central Papua, Indonesia, pregnant women seeking malaria treatment typically require permission from their husbands to do so. Across the border in Papua New Guinea, focus group discussions with pregnant women revealed widespread perceptions of malaria as an expected condition, with heavy domestic workloads frequently cited as the primary contributor for non-adherence to treatment courses. Meanwhile, a study conducted among women along the Thai-Myanmar border found malaria in the first trimester to be a significant risk factor for miscarriage, highlighting the severe consequences of inadequate prevention. Meanwhile, a study in the Philippines revealed gaps in national malaria surveillance practices concerning malaria in pregnant women where key pregnancy-related data were not systematically captured, leaving them vulnerable to the consequences of untreated infection.

At this juncture, regional data on malaria in pregnancy remains sparse. In the World Malaria Report 2023, Papua New Guinea was the only one of the Asia Pacific region's 20 malaria-endemic countries (at the time) to report data on the percentage of pregnant women who received three or more doses of intermittent preventive treatment in pregnancy (IPTp). In addition, only nine of the region's 20 malaria-endemic countries (47%) reported data in relation to key indicators of malaria prevention and treatment among pregnant women, such as the proportion of pregnant women who slept under any type of net (insecticide-treated nets (ITNs) or long-lasting insecticide-treated nets (LLINs)), lived in a dwelling sprayed with indoor residual sprays (IRS) in the past 12 months, or received IPTp (Sulfadoxine/Pyrimethamine or Fansidar) during pregnancy. Moreover, much of the data collected from countries on these metrics is also over 5 years old as of 2026.

Despite the immediate lack of available data, there is significant awareness within the region of the need and urgency to protect vulnerable subpopulations, including pregnant women. In 2024, APLMA conducted a baseline assessment of 15 countries within the Asia Pacific region it supports to document GEDSI-specific metrics within each country's National Strategic Plans (NSPs) and Global Fund funding requests.

APLMA's assessment revealed that 13 of these 15 countries (87%) identified women and pregnant women as vulnerable groups requiring targeted interventions or acknowledged their vulnerability in their respective NSPs. A similar number of countries had Global Fund funding requests containing elimination strategies with women-centric targeted interventions.

The Asia Pacific region continues to advance towards the 2030 malaria elimination goal, but these gains risk being undermined if the needs of vulnerable populations are overlooked. Investing in interventions for pregnant women – alongside other at-risk groups – is a step towards uplifting the region's collective efforts and ensuring none among us is left behind.

3.3: Case Study: Malaria and Climate in Bangladesh

In July 2025, 16 deaths from malaria were recorded in Bangladesh, marking its second-highest death toll in a decade amid an increasingly unpredictable climate. In 2013, Bangladesh recorded 26,891 indigenous malaria cases, marking three consecutive years of declining cases from 2010. This progress was disrupted in 2014, when unusual rainfall patterns contributed to a resurgence with cases more than doubling to 57,480 – a 15-year high for the country.

Intensive malaria control efforts led to an impressive 82% decrease in cases by 2018 (10,482 cases), after which heavy rainfall and widespread flooding across South Asia pushed Bangladesh's indigenous case count further to 17,219 in 2019. A third notable surge occurred in 2022 when cases soared by 150% to 18,233 from 7,288 the year before, again coinciding with periods of heavy rainfall and flooding that year.

Bangladesh faces significant and evolving climate-related risks with implications for malaria control and elimination already being felt. Nearly 90 percent of South Asia's population is projected to be at risk of extreme heat by 2030, while a quarter of the population could be at risk of severe floods. These weather conditions facilitate the population growth of malaria vectors while placing substantial pressure on the health system; flooding can disrupt health facilities, infrastructure, as well as the provision of and access to healthcare services.

While cases in 2019 and 2022 did not reach the levels previously observed in 2014, these surges have nonetheless highlighted the country's vulnerability to climate unpredictability. Data from the Organisation for Economic Co-operation and Development (OECD) on Bangladesh's annual changes in precipitation showed that despite the association between case surges and increased rainfall, annual precipitation in 2014, 2019, and 2022 remained below average precipitation levels. Notably, 2014 and 2022 recorded the second and third lowest annual precipitation over a 44-year period. This observation reflects changing climatic patterns across South Asia, characterised by drier dry seasons, and more intense monsoon rainfalls. In the context of Bangladesh where malaria transmission is seasonal, intensifying monsoon seasons are likely to create more favourable conditions for vector breeding during seasonal transmission periods.

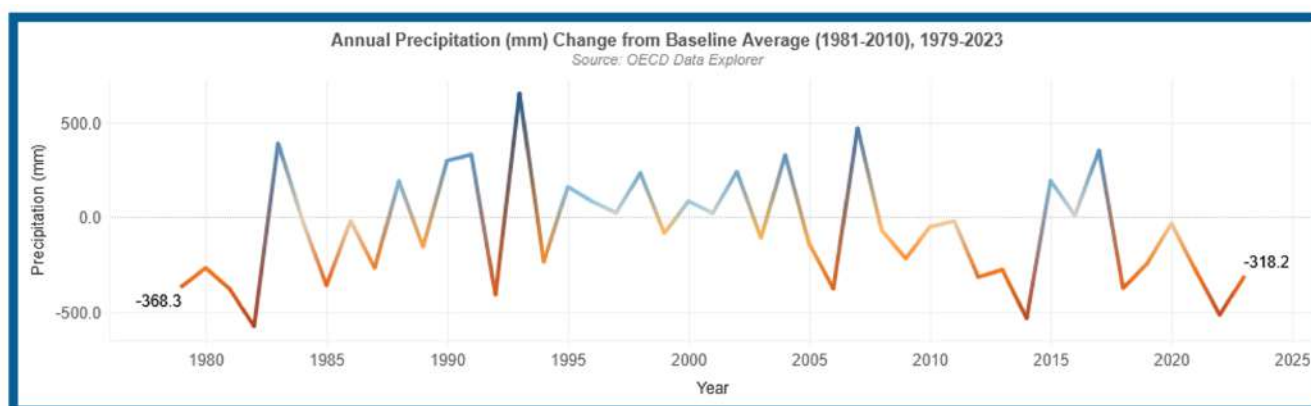


Figure 3.3.1: Bangladesh's annual precipitation changes from its baseline, visualised from 1979-2023

Additional evidence on Bangladesh's drought exposure further illustrates the country's vulnerability to climate conditions. Two of the three years when Bangladesh experienced upsurges in malaria cases coincided with above-average levels of drought conditions, particularly in 2019.

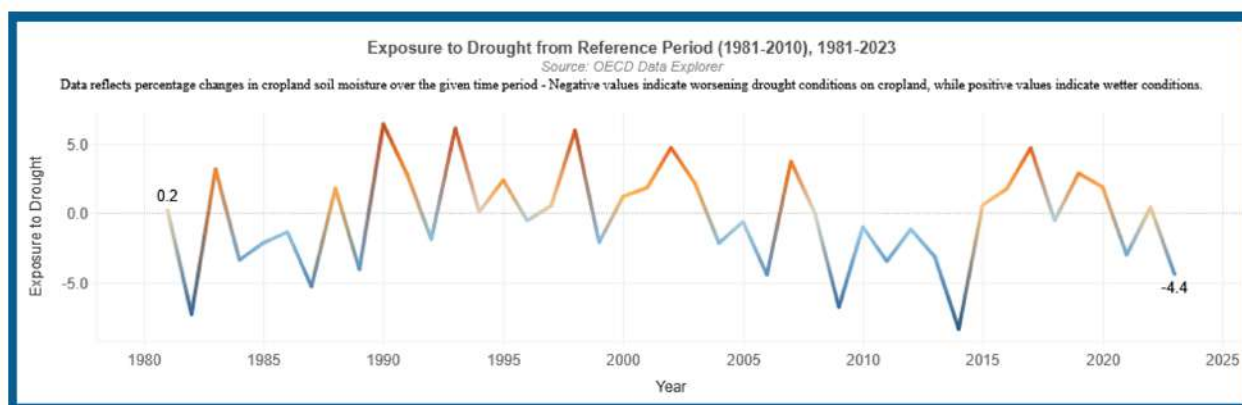


Figure 3.3.2: Bangladesh's exposure to drought from its baseline, visualised from 1979-2023

Rising temperatures further compound the risk of malaria resurgence in Bangladesh. In recent years, Bangladesh has shown an upward trend in average temperature relative to its baseline levels recorded between 1981 to 2010, rising from 0.3°C above baseline in 2014, to 0.6°C above baseline by 2022, and recently approaching nearly a full degree Celsius above baseline in 2023. As warmer temperatures can accelerate the growth cycle of the *Plasmodium* parasite within mosquitoes and increase their biting rates, the warming trends in Bangladesh present a compounding threat to the country's malaria elimination gains.

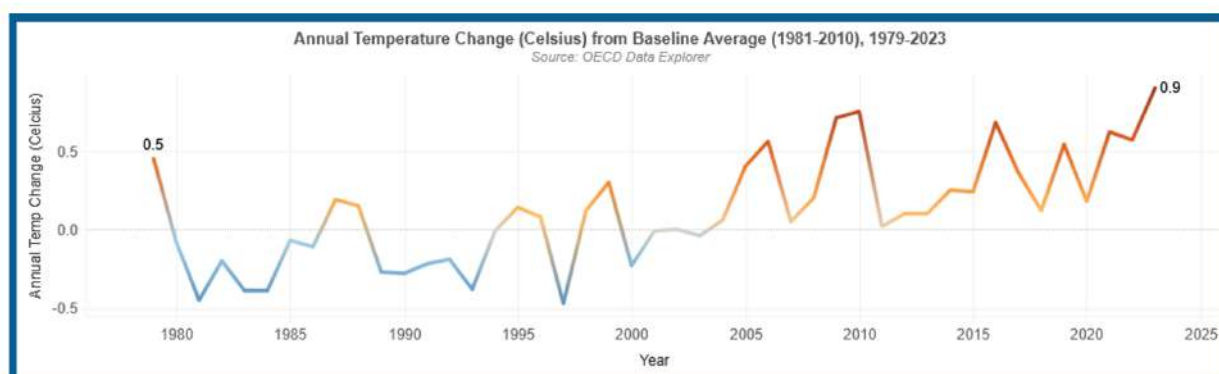


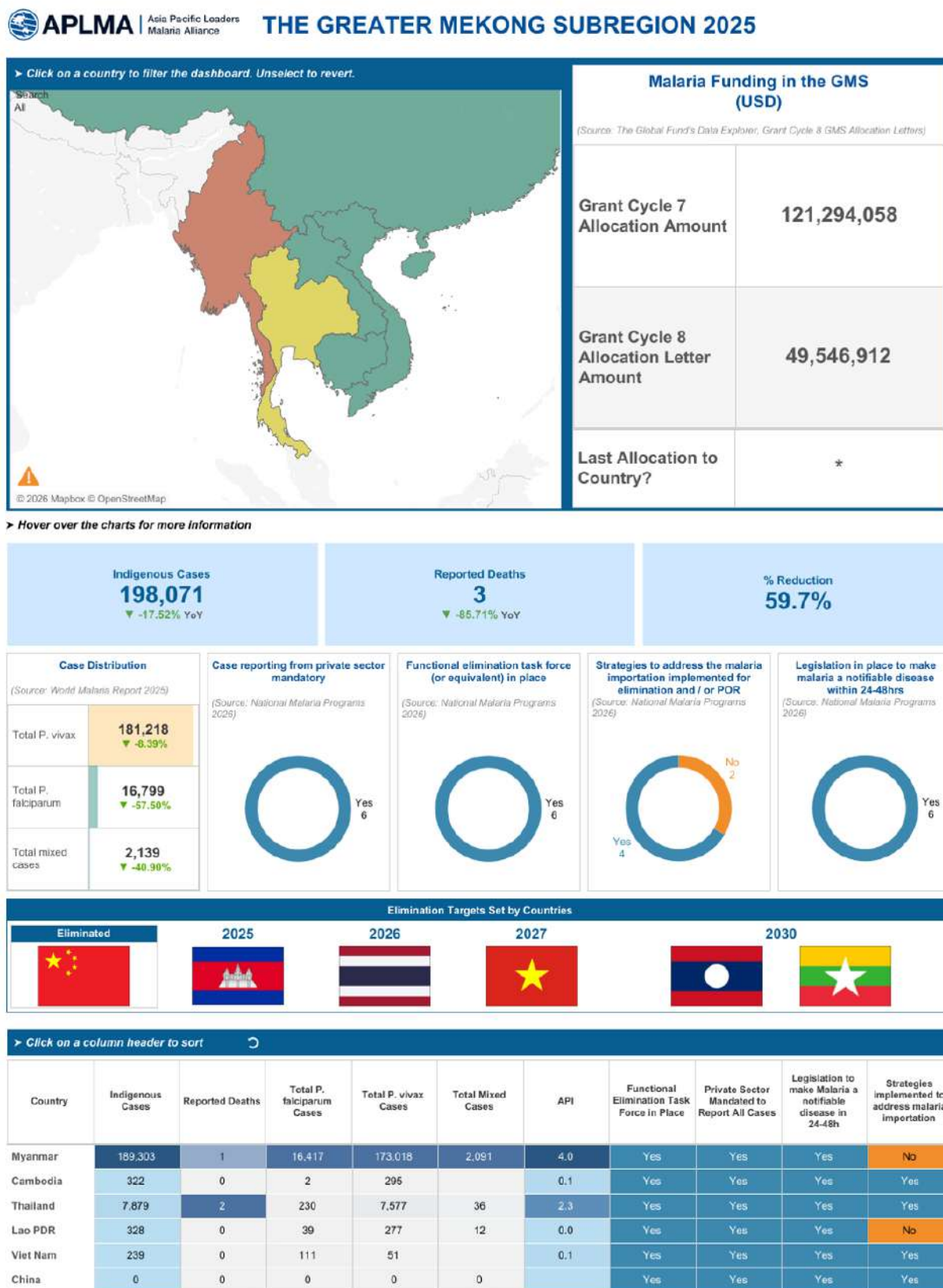
Figure 3.3.3: Bangladesh's annual temperature changes from its baseline, visualised from 1979-2023

Today, Bangladesh continues to put in place measures to mitigate the effects of climate change on malaria transmission, with the development of the country's first Climate-Informed Early Warning surveillance system underway, incorporating artificial intelligence to improve surveillance and response to climate-sensitive diseases, including malaria. Its implementation draws on the aggregated expertise of stakeholders, both domestic and international, illustrating the country's commitment to eliminating malaria through a multi-sectoral approach.

Looking ahead, Bangladesh's malaria elimination trajectory will be increasingly shaped by its capacity to adapt to evolving climate risks. As Bangladesh looks towards the future, the country's established policy frameworks and demonstrated commitment to evidence-based approaches will provide a strong foundation for sustained progress. In the years to come, Bangladesh's malaria elimination journey could well be one of resilience and adaptation in the face of adversity, culminating in an end to the disease within the country.

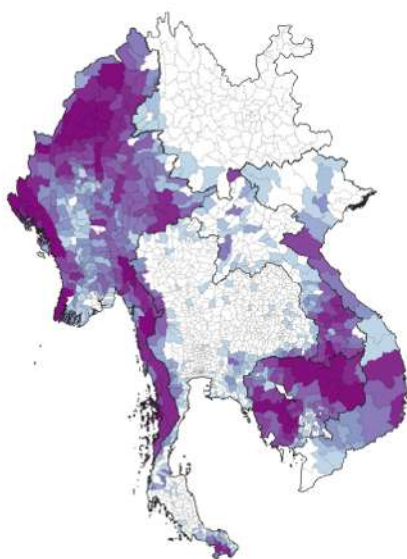
Annex – GMS Dashboard Screenshots

(Data in all images taken from the World Malaria Report 2025, The Global Fund's Data Explorer, Grant Cycle 8's GMS Allocation Letters, the Mekong Malaria Elimination Programme, and information from country programs collected in Mar 2026)



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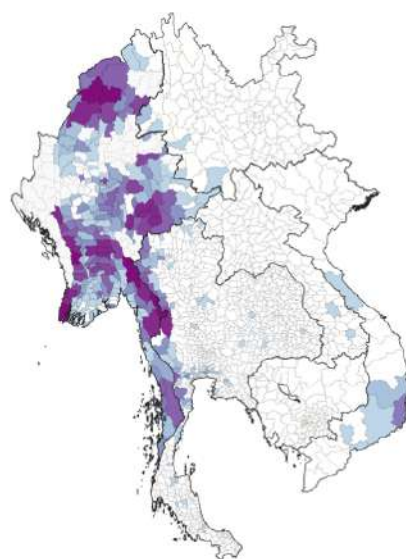
P. falciparum + mixed cases,
2016



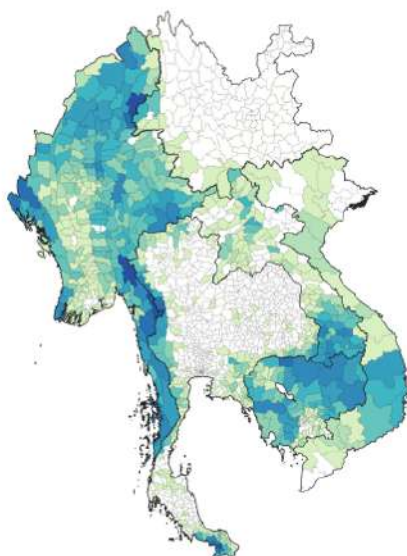
P. falciparum has been a central focus of regional elimination efforts over the last 10 years, driving the region's overall decline in cases. Established in response to the emergence of drug-resistant malaria in the GMS, the Regional Artemisinin-resistance Initiative (RAI) has helped reverse antimalarial resistance. Together with ongoing efforts to provide access to quality drugs, early diagnosis and treatment, and appropriate surveillance of drug efficacy, cases of *P. falciparum* have seen significant reductions within the GMS.

In 2016 (left) the GMS recorded a total of 91,802 locally acquired *P. falciparum* and mixed cases. A decade on (right), that number fell to 20,340, a 78% reduction across the region. Case reductions in the Eastern GMS were notable, with 22,144 locally acquired *P. falciparum* and mixed cases in 2016 falling to a mere 58 cases 10 years later – a 99.7% drop. Despite the challenges faced in the Western GMS, a 71% drop over that same period illustrates the enduring strength of the region's elimination efforts.

P. falciparum + mixed cases,
2025



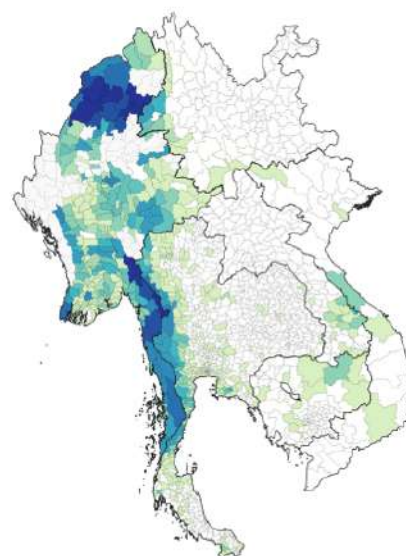
P. vivax, 2016



Elimination efforts surrounding *P. vivax* have seen mixed progress, with the parasite still posing a significant challenge to the region's aspirations. Against the backdrop of civil conflict in Myanmar, resurgences in the parasite were observed between 2021 and 2023, although the rest of the GMS' malaria-endemic countries recorded significantly fewer cases. Cases of *P. vivax* tend to be concentrated along the Thai-Myanmar border, driven by mobile and migrant populations.

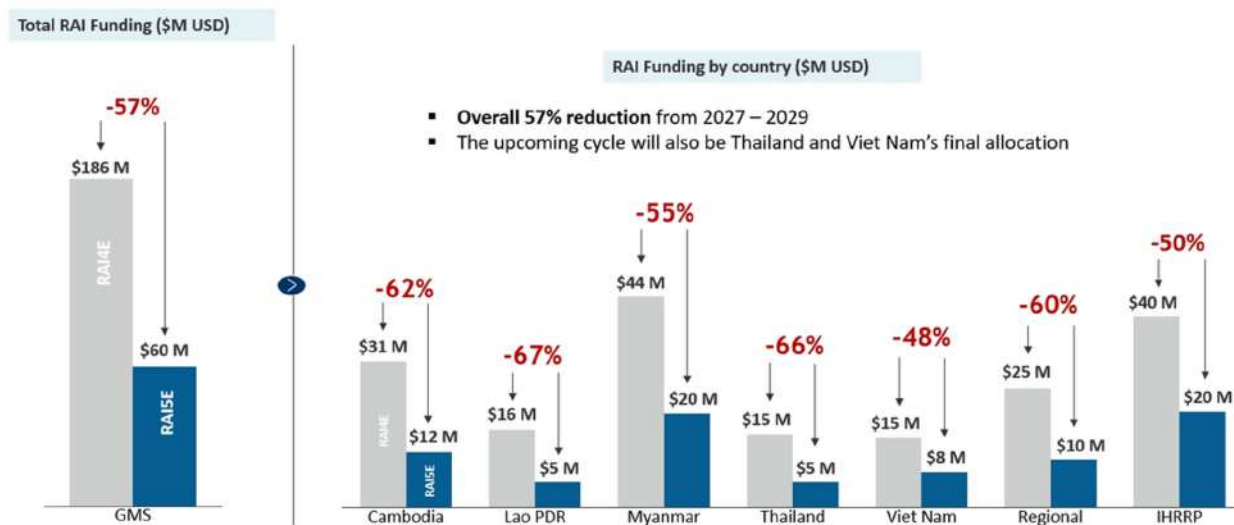
Owing to the civil conflict in Myanmar and the correlated resurgence in *P. vivax* from 2021 to 2023, locally acquired cases across the entire subregion increased by 65% over a decade from 2016 to 2025. In particular, the Western GMS saw a concerning 124% increase in locally acquired *P. vivax* cases over that period, in contrast to its success with *P. falciparum*. The Eastern GMS has fared better, with a 98% drop in *P. vivax* cases bringing its countries closer to elimination than ever before.

P. vivax, 2025



The data illustrates imported and locally acquired cases in 2016 and 2025. *P. falciparum* data includes mixed cases. Data and visualisations provided by the Mekong Malaria Elimination Programme. Copyright © APLMA 2026. Contact dashboard@aplma.org for queries or feedback.

Urgent transition planning is crucial in ensuring the long-term sustainability of malaria programmes in GMS



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