24 April 2012 | **Geneva** – On the eve of **World Malaria Day 2012**, the World Health Organization (WHO) hails global progress in combating malaria but highlights the need to further reinforce the fight. WHO's new initiative,
T3: Test. Treat. Track
, urges malaria-endemic countries and donors to move towards universal access to diagnostic testing and antimalarial treatment, and to build robust malaria surveillance systems.

"In the past ten years, increased investment in malaria prevention and control has saved more than a million lives," says Dr Margaret Chan, WHO Director-General. "This is a tremendous achievement. But we are still far from achieving universal access to life-saving malaria interventions."

A massive acceleration in the global distribution of mosquito nets, the expansion of programmes to spray the insides of buildings with insecticides, and an increase in access to prompt antimalarial treatment has brought down malaria mortality rates by more than a quarter worldwide, and by one third in Africa since 2000. But simply maintaining current rates of progress will not be enough to meet global targets for malaria control.

T3: Test. Treat. Track.

WHO therefore urges the global health community to further scale up investments in diagnostic testing, treatment, and surveillance for malaria in order to save more lives and to make a major push towards achieving the health-related Millennium Development Goals in 2015.

Endemic countries should be able to ensure that every suspected malaria case is tested, that every confirmed case is treated with a quality-assured antimalarial medicine, and that the disease is tracked through timely and accurate surveillance systems.

WHO has published technical guidance for all three pillars of *T3: Test. Treat. Track*. – releasing the final two documents of the package,
Disease Surveillance for Malaria Control,
and
Disease Surveillance for Malaria Elimination
, today.

“Until countries are able to test, treat, and report every malaria case, we will never defeat this disease,” says Dr Margaret Chan, who is in Namibia for World Malaria Day this year. "We need strong and sustained political commitment from all countries where malaria is endemic, and from the global health community, to see this fight through to the end.”

- In half of all malaria-endemic countries in Africa, over 80% of cases are still being treated without diagnostic testing. Universal diagnostic testing will ensure that patients with fever receive the most appropriate treatment, and that antimalarial medicines are used rationally and correctly. Countries that have already scaled up diagnostic testing (such as Senegal) are saving hundreds of thousands of treatment courses every year.
- Many countries have made significant progress in improving access to antimalarials. In 2010, 60 governments were providing artemisinin-based combination therapies (ACTs) free of charge to all age groups. But millions of people still lack ready access to appropriate treatment. The effort must be scaled up to ensure that every confirmed malaria case gets treated.
- Improved surveillance for malaria cases and deaths will help countries determine which areas or population groups are most affected. It will also help ministries of health to identify resurgences and map new trends - thus maximizing the efficiency of prevention and control programmes. Better surveillance will also allow for a more effective delivery of international aid programmes.

“*T3. Test. Treat. Track* aims to galvanize endemic countries and their partners to build on the success of malaria prevention efforts over the past decade,” says Dr Robert Newman, Director of WHO’s Global Malaria Programme. “In recent years, there has been major progress in the development of new diagnostic tools and highly effective antimalarial medicines. The challenge now is to ensure these tools get used, and that countries accurately measure their public health impact.”

Malaria progress, 2000-2010

During the past decade, global malaria prevention and control efforts have been scaled up, with notable progress in sub-Saharan Africa, where the vast majority of malaria cases occur. The number of long-lasting insecticidal nets delivered to malaria-endemic countries in sub-Saharan Africa increased from 5.6 million in 2004 to 145 million in 2010. Programmes to spray the interiors of buildings with insecticides were also expanded, with the number of people protected in sub-Saharan Africa rising from 10 million in 2005 to 81 million in 2010.

The availability of rapid diagnostic tests has made it possible to improve and expand diagnostic testing for malaria. The rate of testing - in the public sector in Africa - rose from less than 5% in 2000 to 45% in 2010. Meanwhile, the number of ACTs procured worldwide by government health departments also increased exponentially: from 11 million in 2005 to 181 million in 2010.

However, malaria transmission still occurs in 99 countries around the world, and the malaria burden continues to cripple health systems in many African countries. In 2010, this entirely preventable and treatable disease caused an estimated 655,000 deaths worldwide. About 560,000 of the victims were children under five years of age, which means malaria killed one child every minute.

“Sustaining recent gains in Africa will require continued political commitment and funding,” said Dr Thomas Teuscher, Executive Director a.i., Roll Back Malaria Partnership. "An estimated 3 million lives can be saved between now and 2015, if we continue to work in partnership and if governments in endemic countries redouble their efforts to provide people with essential health services.”

World Malaria Day was instituted by the World Health Assembly at its 60th session in May 2007 to recognize the global effort to provide effective control of malaria. It is celebrated on 25 April ever year.