

Post-2015 tuberculosis strategies in a pre-2015 world

The future starts today, not tomorrow.
—Pope John Paul II

IN 2006, the Stop TB Partnership, in harmony with the United Nations Millennium Development Goals, established targets of halving tuberculosis (TB) prevalence and deaths by 2015.¹ If one makes the somewhat questionable decision to exclude the devastating impact of the human immunodeficiency virus (HIV) co-epidemic in Africa, these targets will likely be met globally.² As a result, the Stop TB Partnership and the TB control community are now vigorously debating the most appropriate 'post-2015 TB strategy'.³

While setting TB control targets for 2025 and 2050 is an important endeavor, emphasizing a post-2015 strategy downplays an important point: it's not yet 2015. While the TB community discusses whether elimination is feasible 35 years into the future, members of the HIV control community have called for placing 15 million people on antiretroviral therapy by 2015.⁴ In that same time, the Global Malaria Action Plan aims to reduce malaria deaths to near zero.⁵ The TB community should follow their lead.

By allowing post-2015 discussions to take the spotlight away from pre-2015 TB control, we invite inertia for the next three years. Between now and the end of 2015, an estimated 4 million people will die of TB (including HIV-associated TB). We cannot allow a population nearly twice the size of Paris to die quietly while debating a time (2050) as far removed from today as a world without laptop computers or a disease known as the acquired immune-deficiency syndrome. Instead, we should set aggressive targets for the next three years that make a clear statement: it is always unacceptable that so many people suffer and die from a curable disease, and bringing 7-year-old goals within reach for parts of the world does not justify a 'free pass' for the next three years.

Three such ambitious targets (in keeping with the '15' theme) would be:

- 150 000 patients with multidrug-resistant TB initiated on appropriate treatment every year by 2015;
- 15 million people living with HIV screened for TB annually (with effective TB therapy or isoniazid preventive therapy, as appropriate) by 2015; and
- a 15% increase in bacteriologically confirmed case notifications compared to 2012.

Relative to placing 15 million people on antiretroviral treatment or eliminating preventable deaths from malaria, all of these targets are eminently achievable, even modest.

Ultimately, the one thing we cannot afford in the fight against TB is complacency, and the best antidote is a sharp focus on the time period we most directly control: the present. Goals anchored 20 years in the past or 35 years into the future are helpful in charting a long-term course, but aggressive short-term goals will have the strongest influence on policy today. We should not debate post-2015 targets without first shaping pre-2015 goals to better reflect today's TB pandemic and the tools—new drugs, integrated HIV-TB services, and molecular diagnostics—that we now have to fight it. The year 2015 is still a long way away, with millions of lives in the balance, and there is much work to be done in the meantime.

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References

- 1 Stop TB Partnership, World Health Organization. Global Plan to Stop TB 2006–2015. WHO/HTM/STB/2006.35. Geneva, Switzerland: WHO Press, 2006.
- 2 Lönnroth K, Castro K G, Chakaya J M, et al. Tuberculosis control and elimination 2010–50: cure, care, and social development. *Lancet* 2010; 375: 1814–1829.
- 3 Stop TB Partnership. Development of post-2015 TB strategy. Geneva, Switzerland: Stop TB Partnership, 2012. <http://www.stoptb.org/assets/documents/about/cb/meetings/22/2.12-12%20TB%20strategy%20and%20targets%20post%202015/2%2012-12.0%20Summary%20TB%20strategy%20post%202015%20targets.pdf> Accessed December 2012.
- 4 Granich R, Williams B, Montaner J. Fifteen million people on antiretroviral treatment by 2015: treatment as prevention. *Curr Opin HIV AIDS* 2013; 8: 41–49.
- 5 Roll Back Malaria Partnership. The Global Malaria Action Plan. Geneva, Switzerland: WHO Press, 2008.