Post-2015 TB targets

The following indicators and targets are currently under consideration for a post-2015 TB control strategy in the context of Universal Health Coverage as defined by WHO[1]. Targets listed below are classified into four different categories:

1. Impact targets, targeting reductions in TB disease burden;
2. Service coverage targets, targeting a high ("universal") coverage of TB services;
3. Service quality targets, targeting a key standard of care;
4. Composite targets based on an index combining indicators from different categories.

Key attributes of targets include measurability of the underlying indicator and ambitiousness in terms of results of TB control interventions. Targets should be inspirational and should contribute to catalyse efforts in the short term. It is also crucial that progress towards targets be measured and monitored at country level based on robust direct measurements rather than uncertain indirect estimates obtained from modelling, to avoid an excess of uncertainty or erroneous statements with regards to national achievements.

1. TB impact targets for 2025

Targets and indicators	Strengths	Limitations
1. Halve mortality by 2025 (baseline 2015)	• Ambitious • HIV-negative TB mortality measured (VR) in 126 countries, sample VR are introduced in other countries	• Baseline measurement will not be available in some countries (only estimated) • HIV-positive TB mortality difficult to measure
2. Halve prevalence by 2025 (baseline 2015)	• Ambitious • Measurable	• Direct measurements of prevalence will not be available in most countries
3. Decline in incidence > 5% per year by 2025	• Ambitious • Incidence is a very popular indicator of TB disease burden	• Many countries will not be able to accurately estimate time changes in incidence due to missing measurements of under-diagnosis and/or under-reporting
4. Decline in case notifications > 5% per year by 2025	• Ambitious • Easily measureable by all countries	• Could reflect an increase in under-reporting of detected cases and/or an increase in under-diagnosis • Needs "certification[a]" of surveillance data to be meaningful

[a] Certification may be based on WHO standards and benchmarks for TB surveillance, under development.

[1] http://www.who.int/health_financing/tools/monitoring/en/index.html

2. Service coverage targets for 2025

Targets and indicators	Strengths	Limitations
5. Ratio[a] of notified/incident cases > 80%	• Very ambitious	• Denominator (incidence) very uncertain in most countries (not directly measurable), assessment of target achievement very weak
6. X[b] TB cases on treatment by 2025	• Simple	• Denominator missing
7. X[b] MDR cases on treatment by 2025	• Simple • Highlights need for scale-up of MDR detection and treatment	• Scale-up focuses on Rif-resistance • MDR definition may change (new drugs) • Denominator missing
8. X[b] drug-resistant cases on treatment by 2025	• Not limited to MDR • Highlights need for scale-up of Dx and Tx	• Resistance to how many drugs?
9. X[b] Rif-resistant cases on treatment by 2025	• On-going diagnostic scale-up focuses on Rif-resistance	• Can we move away from MDR?

[a] a.k.a. "case detection rate", although this is not a rate.

[b] Targeted number to be determined.

3. Service quality targets for 2025

Targets and indicators	Strengths	Limitations
10. Success rate > 90% (all forms of TB)	• Ambitious • Simple, popular, measured by all countries	• Not very different from global 86% (2010 cohort)
11. MDR-TB success rate > 85%	• Very ambitious • New drugs should contribute to improved outcomes • Flexible: future changes in MDR definition not a problem	• Achievability with currently recommended regimen doubtful • Coverage of treatment missing (compared with the number of prevalent MDR-TB cases)

4. Composite targets for 2025

Targets and indicators	Strengths	Limitations
12. *Coverage index*[a] > 70% success rate times ratio notified/incident	• Very ambitious • Complex, not measured by most countries	• Incidence not measured by most countries, estimated indicator values very uncertain

[a] The *coverage index* is the ratio of successfully treated over estimated incident cases, expressed as a percentage. An index of 50% corresponds very roughly to 50% of incident cases having a successful treatment outcome (in reality, some incident cases are treated the year following disease onset, or even later).