When Mabruka was 18, she came home from school one day and started coughing up blood. She had been feeling sick for about two months, and when she went to a health clinic, she described symptoms such as weight loss, fatigue, shortness of breath, fever, night sweats, chills, loss of appetite, and pain when breathing and coughing. Mabruka was diagnosed with tuberculosis (TB) and prescribed a daily regimen of 9-10 pills. The treatment lasted six months, and during that time she could not attend school.

Shockingly, Mabruka's experience was almost the same as that of someone contracting TB in the 1950s, when the first treatments were discovered. Owing to a lack of therapeutic innovation since then, poor living conditions, and widespread poverty, millions of people around the world are still being deprived of their right to live free of TB.

More than ten million people contract the disease each year. Despite being preventable and curable, it is the leading cause of death among people living with HIV, and the most common cause of death by an infectious agent in modern times. The standard treatment for TB is unacceptably antiquated. The process is so long, and the side effects so unpleasant, that, in the absence of community-based treatment programs, many people with TB stop taking their medicines midway through the regimen. One consequence has been a rise in antimicrobial resistance (AMR), which is now a top global health threat.

In 2016, multidrug-resistant TB killed 240,000 people. More than half of those with MDR-TB do not have access to effective treatment. And for those who do, treatment often lasts for at least two years, assuming a drug can be found to fight the resistant bacteria.

The United Nations Sustainable Development Agenda aims to eliminate TB by 2030. Yet the global leadership and investment needed to achieve that goal has been sorely lacking. At the current rate of progress, it will take us until 2180 to end one of the world's oldest public-health threats.

The international community needs to take five specific actions to eliminate the scourge of TB once and for all. For starters, the gaps in existing health systems must be closed, so that all people have access to services for preventing, diagnosing, and treating TB. Political and civil-society leaders need to do more to champion health as a human right. And they should focus especially on AMR, which poses a threat to current and future generations alike.

Second, policymakers and health-care providers must transform the standard response to TB to make it more equitable, rights-based, non-discriminatory, and people-centered, not just in health settings but also in workplaces, schools, and jails. This is especially important for vulnerable populations, including children and people living with HIV. But, more broadly, the ultimate goal should be universal health coverage, in order to protect people from the potentially catastrophic health expenditures associated with TB and MDR-TB.

Third, we must commit to making the investments necessary to end TB, recognizing that the right thing to do also makes financial sense. The UN estimates that, over the long term, “Every dollar spent on TB generates up to $30 through improved health and increased productivity.”

The fourth priority is to leverage the private sector. To fuel innovation and new discoveries, we urgently need more partnerships between governments, businesses (particularly drug makers), and civil-society organizations. The goal should be to develop better, less toxic treatment regimens that work faster than what is currently available.

Finally, the international community must commit to more decisive and accountable global leadership. Without accountability, goals and commitments have little meaning. Governments need to be pressured to improve living standards. That means ensuring access to nutritious food, a clean environment, and education, and fostering healthy economic conditions. Meeting those objectives will go a long way toward reducing the burden of TB.

Major global health organizations such as The Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid, the US President’s Emergency Plan for AIDS Relief, and others are supporting countries in this agenda. But with a global funding gap of $2.3 billion per year, the effort to end TB cannot be left to just a few organizations.

Over the past 15 years, countries that have made significant progress in the fight against TB are the exception. To make progress the global norm, we will need to create a critical mass of countries that have both addressed the structural determinants of TB and appropriated adequate funding for treatments. Specifically, that means identifying the 40% of TB cases – 60% of which are among people living with HIV – that are missed each year.

On September 26, the UN General Assembly will hold its first-ever High-Level meeting on TB, and member states will issue a political declaration of intent to tackle this issue. We would urge them to reflect on the five action items above. The path to a TB-free world starts there.

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