

#YesWeCanEndTB - Results Canada

 resultscanada.ca/campaign/campaign-1/

“We cannot hope to end TB without dramatically shorter, simpler and better treatments.”

- Mel Spigelman, MD, President and CEO, TB Alliance

In April, we launched the nine-month #GameChangers2030 campaign to advocate for game-changing partnerships, innovations, and people to build a more equal world, especially in the face of mounting and interlocking crises. From July to September, we are calling on Canada to take meaningful action to end tuberculosis – the world’s deadliest infectious disease.

The ask: To end TB and to prepare for future threats, Canada must ensure the highest-level political participation at the United Nations High-Level Meeting on TB this September and commit 0.15% of its overall research and development expenditure annually to developing and delivering new tools to prevent, diagnose, and treat this deadly infectious disease.

Tuberculosis (TB) is one of the oldest diseases in the world. Although the disease has existed for millennia, treatment options for TB are relatively new. Until the 1940s, common “treatments” for TB included home remedies like warmth, rest, and good food, the “royal touch” of kings and queens, and surgically puncturing the infected lung. And then came a turning point in medical history – the discovery of antibiotics.

more about the history of TB treatment in Canada

In Canada, doctors continued to surgically remove TB in Indigenous patients during the 1950s and 60s, even though the procedure was no longer performed on non-Indigenous patients. The use of outdated and unethical TB treatments on Indigenous patients depicts the colonial influences that have shaped the history of TB. The impacts of colonization continue to affect Indigenous communities in Canada, who are disproportionately affected by TB.

The development of an antibiotic for TB in 1943 was a #GameChanger in TB treatment. The decades that followed brought the development of a few more antibiotics that, together, resulted in TB being considered a largely treatable disease. However, in the 1980s, four decades after this groundbreaking discovery, hopes that TB could be eliminated entirely were dashed with the rise of drug-resistant strains, which occur when disease-causing bacteria no longer respond to the drugs designed to treat them.

In response to increasing drug-resistance and the resulting resurgence of TB, the World Health Organization (WHO) declared TB a global health emergency in 1993. Drug-resistant TB continues to devastate the globe, and is defined by higher morbidity and mortality, and thus, higher cost and complexity.

Just as we saw the incidence of TB increase during the pandemic (with 10.6 million people sick with TB in 2021 alone), the burden of drug-resistant TB also increased by 3% between 2020 and 2021. The increasing threat of drug-resistance is an alarming reminder that appropriate treatment of infectious diseases to prevent resistant strains must be a global priority.

more about drug-resistant TB

TB is an airborne infectious disease caused by a bacterium called *Mycobacterium tuberculosis*. There are several different stages of TB, depending on whether someone is actively sick with the disease and if their condition is treatable with drugs. The stages of TB are listed below in order of increasing severity:

- **Latent TB:** People with latent TB infection do not feel sick and do not have any symptoms. They are infected with TB bacteria, but do not have TB disease. People with latent TB still require treatment to prevent the development of active TB disease.
- **Drug-susceptible TB:** People with drug-susceptible TB have active TB disease that responds appropriately to TB treatment.
- **Drug-resistant (DR) TB:** People with drug-resistant TB have active TB disease that does not respond to some TB treatments.
- **Multidrug-resistant (MDR) TB:** People with multidrug-resistant TB have active TB disease that does not respond to many TB treatments.
- **Extensively drug-resistant (XDR) TB:** People with extensively drug-resistant TB have active TB disease that does not respond to almost all TB treatments.

Drug-resistant TB develops when the long, complex, decades-old TB drug regimen is improperly administered, or when people with TB stop taking their medicines before the disease has been fully eradicated from their body. Once a drug-resistant strain has developed, it can be transmitted directly to others. Traditionally, drug-resistant TB was much more difficult to treat, requiring burdensome treatment regimens of up to 2 years, which only cured about half of those treated.

In 2019, there was another #GameChanger for TB treatments when TB Alliance – a non-profit product development partnership dedicated to the discovery and development of new, faster-acting and affordable TB medicines – developed a new treatment regimen for drug-resistant TB. The three-drug, all-oral, six-month regimen, known as BPaL, has shown a treatment success rate of about 89% in clinical trials and has been approved by the WHO. The shorter duration, lower pill burden and higher efficacy of this new treatment can help ease the burden on health systems, while improving treatment outcomes and quality of life for individuals with drug-resistant TB.

the previous standard of care for multidrug-resistant TB

Before the development of BPaL the only treatment for multidrug-resistant TB was incredibly long, complicated, and toxic. It lasted 6-30 months, consisting of more than 14,000 pills and daily injections. This treatment often comes with intense side effects, such as gastrointestinal issues, rash, drug-induced hepatitis, hearing loss, depression or psychosis, and kidney impairment. Even after going through all of this, only about half the people with multidrug-resistant TB around the world are successfully cured with this treatment.



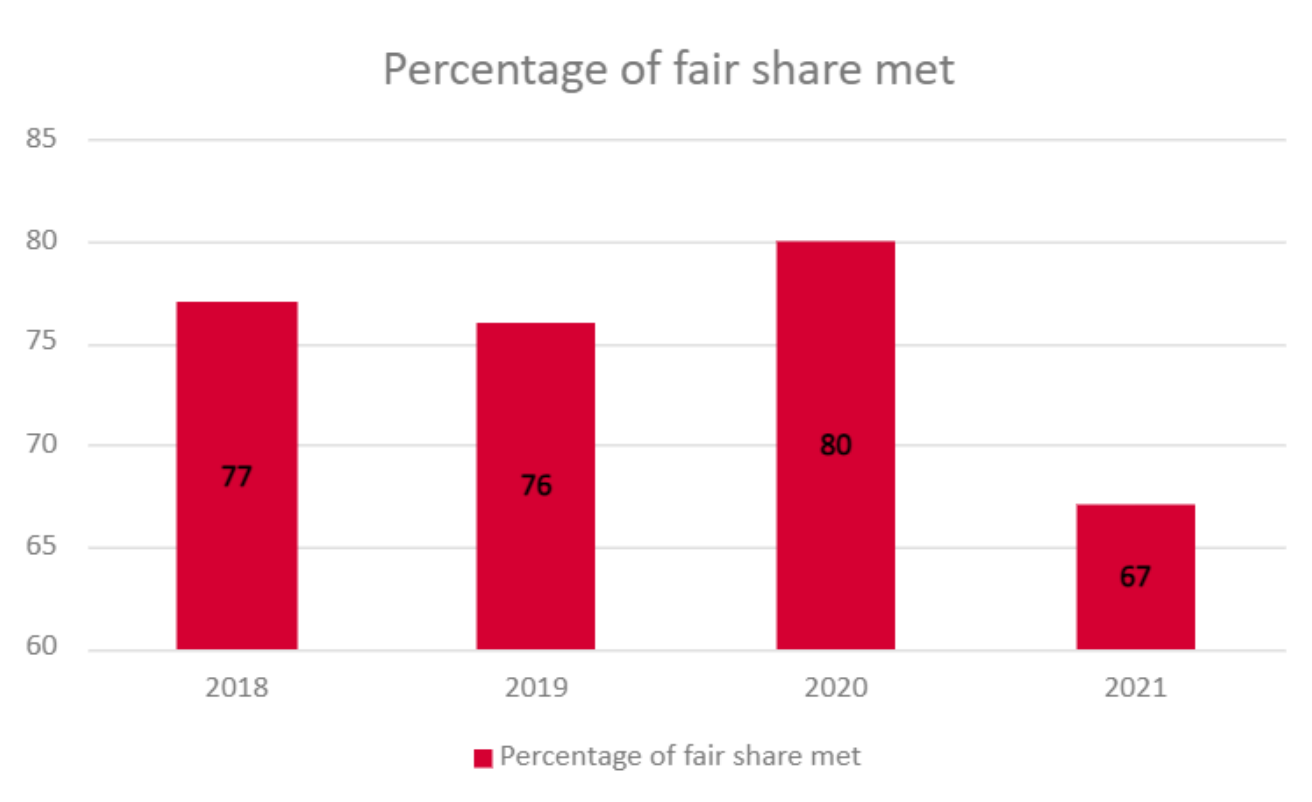
Michele Spatari/AFP

A pharmacist holds two sets of pills in her hand, showing the difference between the amount of tablets a patient takes on the new NIX course (L) versus the old treatment at the Sizwe Tropical Diseases Hospital in Johannesburg, South Africa, on August 05, 2019.

While the science to develop new TB treatments is there, this progress, as well as the timely roll out of new treatments, is threatened by the severe funding shortfall for TB research and development (R&D). In 2018, at the first United Nations High-Level Meeting (UN HLM) on TB, member states committed to providing US\$2 billion annually for TB R&D and for each donor country to contribute its “fair share”: 0.1% of its total R&D expenditure.

Every year since this commitment was made, the world has failed to meet the target even as the burden of TB increased for the first time in two decades. Canada, for example, hasn't contributed its fair share even once – in 2021, it met only 67% of the target.

To make matters worse, the annual funding need for TB R&D has more than doubled due to years of severe underfinancing as well as the impacts of the COVID-19 pandemic on TB programming. The Stop TB Partnership's Global Plan to End TB 2023-2030 calls on funders to contribute US\$5 billion annually for TB R&D. In 2021, only US\$1 billion was raised.



Percentage of fair share target Canada has met since 2018.

That's why we are calling on Canada to reaffirm its commitment to ending TB through Prime Minister Trudeau's meaningful participation at the UN HLM on TB this September. But a political commitment isn't enough. Canada must back its word up with real action by meeting the updated "fair share" target of allocating 0.15% of its total R&D expenditure to TB and champion the development and delivery of new tools to prevent, diagnose, and treat TB. With the funding and political will to promote scientific development, game-changing innovations will bring us closer to a world where no one suffers from TB.

The ask: To end TB and to prepare for future threats, Canada must ensure the highest-level political participation at the United Nations High-Level Meeting on TB this September and commit 0.15% of its overall research and development expenditure annually to developing and delivering new tools to prevent, diagnose, and treat this deadly infectious disease.

latest campaign news

#FreeTheFunds (June):

In June, we launched a campaign in the lead-up to the Global Financing Pact Summit. We asked Prime Minister Justin Trudeau to rechannel Special Drawing Rights and champion the inclusion of natural disaster and pandemic debt suspension clauses in new loans to low- and middle-income countries. The outcome? There was some good, some bad. Find out how it all went at the Paris Summit in our analysis.

story



Aryudiht, extensively drug-resistant survivor, Indonesia

Aryudiht was first diagnosed with drug-susceptible TB in February 2021 in Jakarta, Indonesia. After five months of treatment, his symptoms disappeared, and he was feeling much better. He decided to prematurely stop taking his medications. But a year later, the TB symptoms came back even worse, and he was diagnosed with pre-Extensively Drug-Resistant TB (Pre-XDR TB) - a type of TB that does not respond to certain treatment regimens. This would require stronger drugs than his first round of treatment.

The treatment for Pre-XDR TB can last over 18 months with thousands of pills required and serious side effects. However, Aryudiht was lucky. The doctor informed him he would be receiving BPaL, a new medication with milder side effects and shorter duration, lasting only 6 months. After two weeks of taking BPaL, Aryudiht noticed a reduction in his symptoms and after 6 months of treatment, in January 2023, he was declared cured of TB. This is a huge success and provides hope for others suffering from Pre-XDR TB.

video

Overcoming Drug-Resistant TB in Ukraine

resources

- WHO Global Tuberculosis Report 2022
- TB R&D Report 2022
- Tuberculosis Factsheet
- Global Plan to End TB 2023-2030
- Canada TB Tracker

key dates

9: International Day of the World's Indigenous Peoples

19: World Humanitarian Day

Check out our full key dates calendar.

key words

Tuberculosis

Treatment

Research and Development

COVID-19

Canadian Aid

International Development

hashtags

#EndTB

#YesWeCanEndTB

#2023UNHLM

#StopTheDeadlyDivide

#Canada4Results
#CanadianAid
#Cdnpoli

Twitter tags

@ResultsCda
@JustinTrudeau
@HonAhmedHussen
@markhollandlib
@CanadaDev
@StopTBCanada

invite Trudeau to attend the UNHLM on TB

 [resultscanada.ca/action-button/write-a-letter-to-prime-minister-trudeau-campaign-1/](https://results.canada.ca/action-button/write-a-letter-to-prime-minister-trudeau-campaign-1/)

Call-to-action summary:

To end TB and to prepare for future threats, Prime Minister Trudeau must participate in the United Nations High-Level Meeting on TB this September and commit 0.15% of Canada's overall research and development expenditure annually to developing and delivering new tools to prevent, diagnose, and treat this deadly infectious disease.

To ensure that the United Nations High-Level Meeting on TB is as impactful as possible, we need high-level leadership in attendance. That's why we're calling on Prime Minister Trudeau to attend and re-commit to TB elimination. We need your help to ensure he shows up with strong commitments to help end TB.

Call and/or email the Prime Minister to request his participation at the United Nations High-Level Meeting on TB.

Calling Tips:

- Call the Prime Minister's Hill Office at: 613-992-4211
- If you get the answering machine, leave a message! Try calling again later. But leaving a voice message is very impactful action in and of itself.
- The Prime Minister and his staff care about you and your thoughts on this issue. Do your best to emphasize why this issue is important to you and your personal reasons for supporting it.
- Make sure you leave your contact information (phone and email) with the Prime Minister's staff, and ensure you get their contact information as well to follow-up.
- If their staff asks you a question you're unsure about – don't worry! You don't need to be an expert on this issue. You can simply follow-up with them at a later date or let them know that you're uncertain about the answer.

Emailing tips:

- Email the Prime Minister at: justin.trudeau@parl.gc.ca
- Address your email to the Prime Minister: "Dear Prime Minister Trudeau,..."
- Emphasize why you care about this issue. If you have a personal connection to TB, and you are comfortable doing so, share your story.
- Share why the Prime Minister's attendance at the High-Level Meeting will be impactful.

Take to social media - Results Canada

resultscanada.ca/action-button/use-social-media-campaign-1/

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TB has long been underprioritized and underfunded. Help raise awareness for TB and the need to increase investments in research and development for TB by posting on social media.

enter the #YesWeCanEndTB infographic contest



Despite being the deadliest infectious disease in the world, TB doesn't get much media coverage. In an effort to increase public awareness for TB and put pressure on the Canadian government to increase investments in TB R&D, we are launching the #YesWeCanEndTB infographic contest! Find out more here: <https://resultscanada.ca/enter-the-yeswecanendtb-infographic-contest/>

Tweet instantly (click below)

Current TB treatments are long, complicated, toxic and increase the risk of drug-resistance. Investments in TB R&D are needed to support the development of new treatments & the wide roll out of newer, safer, shorter drug regimens. #EndTB #YesWeCanEndTB #Canada4Results @ResultsCda

The fight to #EndTB is in jeopardy. Canada has an opportunity to help turn this tide & be a leader at the #2023TBHLM this Sept. I call on @JustinTrudeau to announce increased investments in TB R&D to better prevent, diagnose & treat TB. #YesWeCanEndTB #Canada4Results @ResultsCda

There are new, shorter, safer, and more effective cures for drug-resistant TB but many who need them can't get access. Join the movement to Fast Track the Cure by signing this petition today! <https://bit.ly/454r7Pq> #EndTB #YesWeCanEndTB #6MonthsMax #Canada4Results @ResultsCda


Instagram/Facebook/LinkedIn post (copy and paste into your social media)


As the deadliest infectious disease, tuberculosis (TB) is a serious threat to global health. Yet, decades-old drug treatments are failing in the face of drug-resistant TB and years of severe underfunding and COVID-19 have nearly halted progress in eliminating TB. Investing in TB treatments MUST be a global priority.

Canada should step up and champion the research and development of safe and effective TB treatments. I call on @JustinTrudeau to attend the #2023TBHLM this September and fulfill our promised "fair share" of funding for the prevention, diagnosis and treatment of TB.

#EndTB #YesWeCanEndTB #Canada4Results

#GameChangers2030





My Canada invests in
life-saving treatment
that will eradicate
tuberculosis globally

#YesWeCanEndTB

#GameChangers2030

results



**My Canada works to
save the millions of lives
affected by TB here and
around the world**

#YesWeCanEndTB

If you prefer to write your own tweet or post, use our instructions, tips, and resources below.

1. Familiarize yourself with our current call-to-action.
2. Connect our call-to-action, and support your opinion with a newsworthy topic or hook that inspires you. Try these ideas:
 - refer here to our key dates, hashtags, tags and keywords
 - do internet research, read the latest news articles, or use external resources
 - refer to Twitter and our Social Media Wall to see posts from volunteers and others
3. Login to your profile on social media. If you need help, consult our social media tips for Twitter, Facebook, and Instagram
4. If your MP, a Minister or the Prime Minister has social media, you can find their details here.
5. Write your post and personalize it so that it's meaningful to you. Consider these ideas:
 - consult your tools to learn how to use social media powerfully
 - include @ResultsCda in your post so that we can help amplify your voice
6. Hit post and ask your friends to help you spread the word by sharing, commenting and liking.
7. If you belong to a Results group, let your Group Leader know that you took action on social media. If you are not part of a group, consider joining one! Until then, fill out this "actions taken" online form.

read our top tips

1. Be catchy
2. Be bold and respectful
3. Post frequently
4. Always tag @ResultsCda so that we can help amplify your message. If space allows, include the hashtag #Canada4Results

secret tip

When posting on social media, be genuine and speak from the heart. People want to connect with other human beings online, so be yourself and it'll help you get your message across!

See all our resources to help you use social media, along with key dates, hashtags, tags and keywords found on our call-to-action page.

All of our voices together can change the world and the lives that others live.

– Clarecia Christie, former board member

Write a letter to the editor

 [resultscanada.ca/action-button/write-a-letter-to-editor-campaign-1/](https://results.canada.ca/action-button/write-a-letter-to-editor-campaign-1/)

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letter to the editor (LTE)

: a letter written to a newspaper, magazine or other periodical about issues of concern to readers, usually intended to be published in the paper/periodical

The treatments for TB that are used in most regions of the world today take too long to cure, are too complicated to administer, and can be toxic. People with TB must take drugs from 6 months to 2 years or longer – or risk developing more difficult to treat drug-resistant TB. Greater investments are needed to support the development of new treatments for TB and to speed up the roll-out and accessibility of newer, safer, shorter drug treatments as they become available.

Write an LTE on why Canada must increase its investments in TB R&D to enable to development of improved tools to prevent, diagnose, and treat TB.

Be sure to send your LTE to your local community papers for the best chance of being published.

Use our instructions, tips, and resources below to get your LTE published in the media. Refer to past volunteer LTEs but don't fall into the trap of copying other people's styles.

follow these step-by-step instructions to write an LTE

Volunteers on average spend 1-2 hours researching and planning, 30 minutes writing their draft and 15 minutes submitting it to newspapers.

1. Read our current call-to-action and note the "ask".
2. Research the current issue by reading the news or external reliable sources (e.g., the World Health Organization).

3. Draft your LTE. It doesn't have to be perfect, and you don't have to be an expert to have an opinion.
 - o Create an outline of your letter using the EPIC format.
 - o Keep it short – 150-200 words. Being clear and concise will increase your chances of getting published.
 - o Focus on your perspective and speak from the heart while supporting your opinion with evidence from our call-to-action and/or your research.
 - o Remember to state the problem early on and include a solution to the issue which is usually the “ask” in the call-to-action.
 - o Write a catchy title that will draw the reader in.
 - o Review your draft to make sure you are using respectful and inclusive language – see our anti-oppression best practices.
4. Decide if you are sending your LTE to one or many newspapers. If you're emailing multiple newspapers, put their addresses in the BCC field. Use our database of editors' emails for options.
5. Press 'send' – congratulations! Tell your Group Leader you've submitted an LTE. If you are not part of a group, consider joining one.
6. Send your LTE draft to your Member of Parliament (MP) to let them know your opinion.

did you get published?

1. Do an internet search of your name and a key sentence from your LTE for a few weeks after you submit if the newspaper editor didn't notify you that they picked up your LTE.
2. If you got published, complete the “I got published in the media” form.
3. Share it on social media by using #Canada4Results, plus tagging @ResultsCda and your Member of Parliament.
4. Keep submitting LTEs on future calls-to-action and you could become a publishing expert like Dena.

secret tips

- Look at our latest learning session on LTEs (15 mins).
- Get more traction by connecting your LTE to a newsworthy topic or hook that inspires you - refer to our key dates, hashtags, tags, and keywords.
- Respond to a recently published article as a hook for your LTE.
- Collaborate with other volunteers. Nothing is stopping you from submitting a co-written LTE!
- Speak another language? Send your LTE to community newspapers published in that language.
- Consider writing an op-ed if you have lots of research material and 200 words isn't enough!

see an example of an LTE

Canada should invest \$1-billion in the Global Fund: reader

The COVID-19 pandemic has magnified the contribution of frontline community health workers around the world to protect communities. Health workers are the overlooked backbone of any well-functioning health system. Much of the success of the Global Fund is due to the efforts of these health workers—most of whom are women. They identify and fight disease outbreaks, provide vital health services, and prepare communities for future health threats. More than two million community health workers are on the front lines in countries where the Global Fund invests.

To recover from yet another wave of COVID-19 and its devastating impact on AIDS, TB and malaria, and to strengthen systems to build a healthier and pandemic-proof world, Canada must invest a billion dollars in the Global Fund.

Randy Rudolph, Calgary, Publication date: September 26, 2022, The Hill Times

See more published volunteer LTEs.

See all our resources to help you write your LTE, along with key dates, hashtags, tags and keywords found on our call-to-action page.

Before volunteering with Results, I was so intimidated to write a letter to the editor but they gave me the tools to write one about immunizations and it ended up getting published! I feel so empowered to continue making a difference.

– Megan, Results Canada volunteer

sign and share the petition

 [resultscanada.ca/action-button/sign-and-share-the-petition-campaign-1/](https://results.canada.ca/action-button/sign-and-share-the-petition-campaign-1/)

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read full call-to-action

Recently, major scientific breakthroughs have resulted in new, shorter, safer, and more effective cures for drug-resistant TB. But many who need these new cures can't access them today. Old treatments for drug-resistant TB are still being widely used today. These treatments take 18+ months to complete and are successful less than 60% of the time. Those living with drug-resistant TB must be able to access new World Health Organization endorsed six-month treatments, which have a 90% success rate.

Sign this petition now to ask world leaders and partners in the global TB response to commit to providing universal access to new, shorter, and effective six-month drug-resistant TB treatments by 2024.

Join the movement to *Fast Track the Cure* by adding your name to the petition today!