Submission to the Standing Committee on Health

Antimicrobial Resistance

Results Canada & Stop TB Canada

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Overview

Antimicrobial resistance (AMR) is one of the most urgent threats to global and Canadian health, undermining the effectiveness of life-saving medicines and straining health systems. Drug-resistant tuberculosis (DR-TB) is a major driver of this crisis, causing substantial mortality worldwide. Although Canada's TB burden is relatively low, cases have surged sharply, with DR-TB rising by 233% over the last 14 years, exposing vulnerabilities in surveillance, diagnostics, and treatment systems and amplifying domestic risk from global transmission. TB and AMR are deeply interconnected: both require robust infrastructure for detection, stewardship, and treatment. Tackling TB is therefore essential not only to control this deadly disease but also to strengthen Canada's broader response to AMR and reinforce overall health system resilience.

Key recommendations:

1. **Integrate TB into the National AMR Framework**

Integrating TB will help leverage existing systems, prevent duplication, and promote faster, more effective antibiotic use.

2. **Invest in Research and Development for TB and AMR**

Funding vaccines, diagnostics, and better treatments will reduce resistance and strengthen health systems and AMR preparedness globally and domestically.

3. **Strengthen Global Health Partnerships and Investments**

Investing and aligning TB and AMR efforts will reduce international transmission of resistant strains while reinforcing domestic resilience.

4. **Build resilient diagnostic, surveillance, and stewardship systems**

Using TB systems as a tracer for AMR to expand diagnostics, surveillance, stewardship, and equitable access, will create a model for a resilient and effective AMR response.

5. **Promote health equity**

Ensuring equitable, culturally safe, and accessible care will address the structural barriers that drive resistance.

Introduction

Antimicrobial resistance (AMR) is one of the most serious and complex public health threats facing the world and Canada. Resistant pathogens undermine the effectiveness of medicines, increase health-care costs, strain health systems, hinder progress toward sustainable development, and threaten Canada's health security. As the tuberculosis (TB) crisis illustrates, AMR is fundamentally a systems challenge, in which failures in surveillance, diagnosis, treatment and stewardship – anywhere in the world – have direct consequences at home.

TB remains the world's deadliest infectious disease, causing an estimated 1.23 million deaths globally in 2024. Drug-resistant TB (DR-TB) is among the most dangerous and costly forms of AMR, accounting for approximately one third of all deaths associated with AMR. The World Health Organization has identified TB bacteria as one of the most threatening drug-resistant pathogens, underscoring its central role in the global AMR crisis.

Although Canada has a relatively low TB burden, global TB transmission and resistance - often driven by the spread of resistant TB in settings with weaker health infrastructure - have direct implications for domestic health security. Resistant strains circulate through travel, migration, and trade. Indeed, the majority of new TB cases in Canada are found among migrants in the population. Additionally domestic outbreaks – such as those recently reported in Edmonton and Nunavik – highlight how global trends intersect with local realities and vulnerabilities in surveillance, diagnosis, and continuity of care, particularly in settings and populations that are most vulnerable to the severe risks these especially virulent pathogens pose. The number of people who fell sick with TB in Canada increased by more than 80%, rising from 1,385 reported cases in 2010 to 2,508 in 2024. As more people are affected by TB, the AMR threat intensifies during the same period, the number of people with DR-TB in Canada increased **by 233%,** signalling a growing domestic risk linked directly to rising pathogen circulation. Global efforts to end TB underscore the immense challenge that AMR presents. Gaps in access to quality healthcare continue to drive the emergence and spread of drug resistance, eroding decades of hard-won progress against the disease. It is evident that efforts to end TB cannot succeed without a strong AMR response – and that no AMR strategy will be complete without tackling TB.

TB and AMR are inextricably linked, and addressing them together strengthens Canada's domestic and global health security:

- Monitoring and responding to TB requires the same infrastructure, surveillance, stewardship - coordinated strategies and interventions to optimize medicine use -, diagnostics and treatment-completion systems as broader AMR responses. TB offers a vital entry point into the AMR agenda.
- Health-system failures that drive TB drug-resistance, such as delayed diagnosis, sub-optimal or incomplete regimens, supply-chain interruptions, and unregulated prescribing, are classic drivers of AMR across pathogens.
- Embedding TB within the AMR framework strengthens the case for research, diagnostics, vaccines, and health-system resilience that benefits multiple diseases simultaneously.
- Investments that reduce TB and drug resistance abroad directly safeguard Canadians, while reinforcing Canada's research ecosystem, global leadership, and preparedness for future infectious disease threats.

To protect Canadians and advance global health, Canada must explicitly integrate TB into its AMR strategy, aligning domestic policies with international efforts and investing strategically to fight TB and AMR together – at home and abroad.

Recommendations for Canada's AMR strategy

1. Explicitly integrate TB into the national AMR framework

TB is one of the world's leading drug-resistant infections, yet it remains siloed from broader AMR policy. Canada's AMR action plan should include TB as a core pillar rather than a parallel program. This means setting measurable targets for preventing, diagnosing, and treating DR-TB, and aligning surveillance systems so that TB and other AMR pathogens share diagnostic, laboratory, reporting, and data platforms. Integrating AMR stewardship efforts with TB programming, such as ensuring rapid identification of TB cases and minimizing unnecessary broad-spectrum antibiotic use, will reduce resistance and improve treatment outcomes. Since TB already has advanced systems for drug susceptibility testing, surveillance, and treatment stewardship, integrating it into the AMR framework avoids duplication, supports faster and more appropriate antibiotic use, and ensures the national plan addresses this major driver of resistance.

2. Invest in research and development for TB and AMR

Investing in TB research delivers substantial returns for AMR prevention and control. Dedicated funding for vaccines, rapid diagnostics, shorter and more effective treatments, and implementation science not only reduces antibiotic use and prevents resistance from emerging but also strengthens health systems, AMR stewardship, and outbreak preparedness. Supporting both global R&D partnerships and domestic research capacity provides a platform for innovation that strengthens Canada's health security while generating tools directly relevant to high-risk populations at home and abroad.

Canada should support needs-driven global product development partnerships (PDPs) such as the International AIDS Vaccine Initiative (IAVI), which is advancing new and promising TB vaccine candidates; the TB Alliance, which is developing faster, simpler, and more effective cures for all forms of TB; and FIND, which is improving access to accurate and rapid TB diagnostics in underserved settings. These partnerships accelerate innovation that benefits high-burden countries while simultaneously strengthening the global knowledge base, product pipelines, and tools available to Canadian health systems. By working with Canadian researchers and institutions or creating opportunities to do so, these PDPs also reinforce Canada's research excellence and innovation leadership.

Domestically, Canada should invest in comprehensive TB and AMR research that spans vaccines, diagnostics, treatments, and implementation science. Priority areas include improving preventive strategies for high-risk populations, such as immigrants from regions with high rates of DR-TB, where current screening and referral programs reach only a fraction of those who could benefit. Strengthening in-country prevention and early intervention for latent TB infection, particularly for individuals exposed to drug-resistant strains, is a critical implementation challenge that can reduce reactivation and transmission. In parallel, Canada should continue to support discovery and clinical research, leveraging existing infrastructure and investments in preparedness to accelerate the development of next-generation vaccines, rapid diagnostics, and novel therapeutics that reinforce national health security and contribute to broader AMR stewardship efforts.

3. Strengthen global health partnerships and investments

Recognizing AMR as a shared global public health security issue, Canada's domestic health security depends on strong systems abroad. Canada's AMR response should be anchored in strong global health investments and partnerships that strengthen both global and domestic resilience. Through mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Coalition for Epidemic Preparedness Innovations (CEPI),

Canada can advocate for alignment of TB, AMR, and broader health-system strengthening in partner countries, ensuring every dollar yields multiple global and domestic returns.

Partnerships with organizations such as Unitaid are essential to ensure that innovations reach countries with the highest TB burden and the weakest health systems – reducing global transmission and the likelihood that resistant strains will spread to Canada. These investments are direct contributions to AMR resilience: new vaccines reduce reliance on broad-spectrum antibiotics, improved diagnostics enable appropriate treatment, and shorter, more effective regimens reduce the risk of resistance emerging or spreading both abroad and at home.

4. **Build resilient diagnostic, surveillance, and stewardship systems**

To reinforce Canada's AMR response, TB should serve as a tracer condition for building resilient diagnostic, surveillance, and stewardship systems. Strengthening TB laboratory networks, including drug-susceptibility testing and genomic surveillance, creates infrastructure that benefits all AMR pathogens. Expanding access to rapid and point-of-care diagnostics will improve TB case detection, while enhanced stewardship – ensuring correct regimens, supporting adherence, reducing off-label antibiotic use, and addressing equitable access to both marketed and unmarketed TB medications – can serve as a model for a unified AMR stewardship approach. Addressing medication shortages and regulatory barriers will further strengthen system resilience and effectiveness.

5. **Promote health equity**

Finally, Canada must ensure equitable access and strengthen global health equity as a core part of its AMR response, recognizing that global inequities directly affect domestic health security. Inequities in access to diagnostics, treatment, and culturally safe care - including persistent challenges in obtaining key TB medications at home - directly contribute to delayed diagnosis, incomplete treatment, and the emergence and spread of resistance.

Innovations supported by Canadian investments should be affordable, accessible, and deployed where they are needed most. Canada can help shape global markets through procurement and regulatory support to lower costs and expand access in high-burden regions. Ongoing monitoring and evaluation, supported by implementation science and data sharing, will ensure that interventions deliver impact across diverse contexts. To succeed, Canada's AMR strategy should promote multi-sectoral coordination, bridging TB, One Health, nutrition, WASH, and social determinants to build a comprehensive, equitable, and sustainable approach to combating AMR.

Domestically, access to TB medications - including some of the most important drugs for treating resistant TB – remains a significant challenge. Ensuring timely access to the full range of TB diagnostics and treatments, particularly for populations most affected, is critical. Canada can support this through measures such as strategic national stockpiles, consolidated expertise via a formal DR-TB consilium - a team of experts from different fields to guide the management of complex drug-resistant TB cases - and streamlined access to evidence-based drugs approved by international regulatory authorities. Equally important is delivering care that is culturally safe, community-led, and tailored to local needs, with investments in outreach, education, and the healthcare workforce to ensure services are trusted, accessible, and acceptable. By addressing both structural and social barriers, Canada can reduce health disparities while strengthening domestic resilience against TB and AMR.

Conclusion

For Canada, an AMR strategy that does not explicitly address TB is incomplete. TB is both a major driver of AMR and a practical tracer for building integrated surveillance, diagnostics, treatment-completion systems, and stewardship frameworks. By embedding TB as a core pillar of its national AMR strategy and investing strategically in research, innovation, and global partnerships, Canada can strengthen domestic health security, reduce the risk of resistant pathogens reaching Canadians, and support equitable global health outcomes. A coordinated approach to TB and AMR will advance Canada's leadership in health security, maximize the impact of investments in research and health systems, and accelerate progress toward ending TB and curbing antimicrobial resistance worldwide.