

The logo for Results Canada, featuring the word "results" in white lowercase letters inside a red speech bubble shape.

results

Submission to the Standing Committee on Science and Research

Antimicrobial Resistance

Results Canada
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Introduction

Antimicrobial resistance (AMR) has emerged as one of the greatest public-health challenges of our time. Resistant pathogens undermine the effectiveness of our current antimicrobial medicines, threaten health systems, increase healthcare costs, and imperil global progress toward the Sustainable Development Goals. As the tuberculosis (TB) crisis illustrates, AMR is fundamentally a systems challenge, not simply a laboratory or pharmaceutical one.

TB remains the deadliest infectious disease pathogen globally, causing an estimated [1.25 million](#) deaths in 2023. Drug-resistant TB (DR-TB) is one of the biggest drivers of AMR-associated illness, with TB accounting for one third of all deaths related to drug-resistance. The WHO has also [added TB bacteria](#) to its list of drug-resistant bacteria most threatening to human health.

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. Although several new anti-TB medicines have been introduced in recent years, insufficient action to address the broader determinants of resistance means AMR is advancing faster than the public-health response. 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:

- monitoring and responding to TB requires the same infrastructure, surveillance, stewardship, diagnostics and treatment-completion systems as a broader AMR response - and 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 also classic drivers of AMR across pathogens.

Failing to include TB in an AMR strategy therefore risks a major blind-spot; achieving resistance-resilient systems means tackling TB head-on.

Although Canada's domestic TB burden is low in the global context, the consequences of global TB transmission and resistance have direct implications for Canadian health security. The continued spread of resistant TB strains anywhere in the world affects everyone, including people in Canada, and can erode the global progress that Canadians actively support through international health partnerships and commitments. Moreover, embedding TB into Canada's AMR strategy strengthens the business case for investments in research, diagnostics, vaccines, and health-system resilience that yield cross-pathogen benefits, and will bolster Canada's already thriving research ecosystem.

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 drug-resistant TB, and aligning surveillance systems so that TB and other AMR pathogens share diagnostic, laboratory, reporting, and data platforms. Integrating antimicrobial 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.

2. Invest in research and development for global health and TB

Dedicated funding streams for TB research – spanning vaccines, diagnostics, treatments, and implementation science – will deliver major AMR dividends. Canada should support needs-driven global product development partnerships (PDPs) such as the [International AIDS Vaccine Initiative \(IAVI\)](#), which is advancing new TB-vaccine candidates; the [TB Alliance](#), which is developing faster, simpler cures for all forms of TB; and [FIND](#), which is improving TB diagnostics in underserved settings.

Partnerships with organizations like [Unitaid](#) ensure these innovations reach countries with high burden of TB. Investments in TB innovation are direct investments in AMR resilience: new vaccines reduce reliance on antibiotics, better diagnostics guide appropriate treatment, and shorter, more effective cures prevent the emergence of drug resistance.

3. Strengthen global health investments and partnerships

Recognizing AMR as a shared global public health security issue, 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](#), Canada can advocate for alignment of TB, AMR, and broader health-system strengthening in partner countries, ensuring every dollar yields multiple returns. A renewed, ambitious and sustained investment in the Global Fund would reaffirm Canada's leadership in addressing both TB and AMR, while advancing global health equity and security.

4. Build resilient diagnostic, surveillance, and stewardship systems

To reinforce health systems, Canada should build resilient diagnostic, surveillance, and stewardship systems with TB as a tracer condition for AMR. Strengthening TB laboratory networks, including drug-susceptibility testing and genomic surveillance, creates infrastructure that benefits all AMR pathogens. Expanding access to point-of-care and rapid molecular

diagnostics for TB will improve case detection, while enhanced stewardship in TB care, ensuring correct regimens, supporting adherence, and avoiding off-label antibiotic use, can serve as a model for a unified AMR stewardship approach.

5. Improve global health equity

Finally, Canada must ensure equitable access and strengthen global health equity within its AMR response. 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 antimicrobial resistance.

Conclusion

For Canada, an AMR strategy that sidelines TB is incomplete. TB is both a major AMR driver and a model for how to build integrated surveillance, diagnostics, treatment completion systems, and global innovation flows. By incorporating TB explicitly into its national AMR framework and leveraging Canada's investment and leadership in global health R&D and partnerships, Canada can strengthen its own health security, advance global equity, and accelerate progress toward ending TB and AMR globally.