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CANADA

ANTIMICROBIAL RESISTANCE: CONFRONTING A SILENT PANDEMIC

Report of the Standing Committee on Health

Sukh Dhaliwal, Chair

**OCTOBER 2026
45th PARLIAMENT, 1st SESSION**

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**Sukh Dhaliwal
Chair**

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NOTICE TO READER

Reports from committees presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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THE STANDING COMMITTEE ON HEALTH

has the honour to present its

SIXTH REPORT

Pursuant to its mandate under Standing Order 108(2), the committee has studied antimicrobial resistance and has agreed to report the following:

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LIST OF RECOMMENDATIONS

As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Recommendation 1

That the Government of Canada:

- **work with provinces and territories to set measurable outcomes and associated timelines for the *Pan-Canadian Action Plan on Antimicrobial Resistance* while ensuring that the action plan is sufficiently funded to achieve these outcomes; and**
- **appoint a national coordinator for antimicrobial resistance, who will be responsible for overseeing and monitoring progress in the implementation of the *Pan-Canadian Action Plan on Antimicrobial Resistance*.**

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Recommendation 2

That the Government of Canada work with provinces and territories to strengthen integrated surveillance on antimicrobial resistance and use, focusing on:

- **supporting increased monitoring in long-term care and community care settings;**
- **addressing data gaps on antimicrobial resistance and use in animals; and**
- **advancing the *Public Health Agency of Canada's Environmental Surveillance Strategic Framework for Antimicrobial Resistance*.**

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Recommendation 3

That the Government of Canada work with provinces and territories to improve vaccine access and uptake. 14

Recommendation 4

That the Government of Canada work with provinces and territories to better support infection prevention and control programs in hospitals and other health care settings. 14

Recommendation 5

That the Government of Canada, when procuring personal protective equipment for the National Emergency Strategic Stockpile, continue efforts to prioritize Canadian products and ensure adherence to ethical, safety and labour standards. 15

Recommendation 6

That the Government of Canada work with provinces and territories to enhance antimicrobial stewardship, focusing on:

- supporting existing stewardship programs in acute care facilities and the development of programs in long-term care facilities and community care settings;
- expanding access to rapid diagnostic tests for infectious diseases; and
- promoting awareness campaigns on appropriate antimicrobial use targeted to health care professionals and the public.

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Recommendation 7

That the Government of Canada review the Special Access Program with the aim of reducing administrative burdens and expediting access to antimicrobials. 18

Recommendation 8

That the Government of Canada address regulatory barriers preventing access to antimicrobials, including by:

- **exploring “pull” incentives to encourage companies to bring new antimicrobials to the Canadian market; and**
- **leveraging regulatory decisions made by trusted foreign authorities.** **20**

Recommendation 9

That the Government of Canada expand investments in research and development regarding antimicrobial resistance, with a focus on supporting the commercialization of discoveries. **22**

Recommendation 10

That the Canadian Institutes of Health Research establish a dedicated peer-review panel on antimicrobial resistance and increase targeted funding for research in this area. **22**

Recommendation 11

That the Government of Canada work with provinces and territories to clarify jurisdictional responsibilities within the *Pan-Canadian Action Plan on Antimicrobial Resistance*. **23**

Recommendation 12

That the Government of Canada increase support for international collaborations aimed at reducing the global threat of antimicrobial resistance. **24**

Recommendation 13

That Health Canada review the regulatory pathways for veterinary antimicrobials and alternative products to identify efficiencies. **26**

Recommendation 14

That Health Canada systematically consult veterinarians on any proposed amendments to antimicrobial policies and regulations. **26**

Recommendation 15

That the Government of Canada work with provinces and territories to better support the training, integration and retention of professionals in the veterinary workforce.

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ANTIMICROBIAL RESISTANCE: CONFRONTING A SILENT PANDEMIC

INTRODUCTION

On 23 September 2025, the House of Commons Standing Committee on Health (the committee) adopted the following motion:

That, pursuant to Standing Order 108(2), the Committee undertake a study on antimicrobial resistance, which, according to the World Health Organization, is one of the 10 greatest threats to global public health facing humanity. That the committee hold a minimum of four meetings; that additional meetings be added to the committee's schedule if the committee deems it necessary; that the committee report its findings and recommendations to the House; and that pursuant to Standing Order 109, the committee request a comprehensive response to the report by the government.¹

The committee held five meetings on this study between 2 December 2025 and 3 February 2026, heard from 27 witnesses and received 11 written briefs. Among those who provided evidence were government officials; physicians; pharmacists; veterinarians; experts in infectious diseases, microbiology and biomedical sciences; representatives from the pharmaceutical, manufacturing and agricultural industries; and patient advocacy groups.

This report discusses key themes that emerged from the testimony, including the serious consequences of antimicrobial resistance (AMR) and the need to implement the *Pan-Canadian Action Plan on Antimicrobial Resistance (Action Plan)*² to address these threats. It describes witness testimony on the five pillars of the Action Plan: research and innovation, surveillance, stewardship, infection prevention and control, and leadership. Additionally, it outlines evidence received on AMR in agriculture. Finally, the report offers the federal government recommendations on ways to strengthen Canada's efforts in each of these areas.

1 House of Commons, Standing Committee on Health (HESA), *Minutes of Proceedings*, 23 September 2025.

2 Public Health Agency of Canada (PHAC), *Pan-Canadian Action Plan on Antimicrobial Resistance*, 22 June 2023.



ANTIMICROBIAL RESISTANCE: A SILENT PANDEMIC

Antimicrobials are medicines designed to kill or block the growth of infection-causing microbes, including bacteria (antibiotics), viruses (antivirals), fungi (antifungals) and parasites (antiparasitics). The committee heard that these drugs have helped to extend human life expectancy and play a crucial role in modern medicine. Antibiotics are used not only to treat infections but also to help prevent infectious complications associated with medical interventions, such as surgery, chemotherapy and dialysis.³

AMR occurs when microbes change in ways that make antimicrobial drugs less effective. Although AMR can occur naturally, it is accelerated by factors such as overuse or inappropriate use of antimicrobials in humans, animals or crops, and decreased vaccine uptake.⁴

Multiple witnesses characterized AMR as a “silent pandemic,”⁵ given that it generally spreads unnoticed, while having direct socio-economic and health impacts. The committee heard that microbes with AMR can pass between humans, animals, crops and the environment, and that “the threat of AMR transcends borders due to the global movement of people, animals and goods.”⁶

According to Jennifer Buckley, from Innovative Medicines Canada, AMR is not a “future threat” but a “present crisis.”⁷ She was among the witnesses who highlighted the serious consequences of AMR on public health, health care systems, the agricultural industry and the economy, both in Canada and around the world, as illustrated by the following statements:

3 HESA, [Evidence](#), 27 January 2026, 1550 (Dr. Karl Weiss, Chief, Division of Infectious Diseases and Microbiology, Jewish General Hospital, as an individual).

4 HESA, [Evidence](#), 9 December 2025, 1220 (Nancy Hamzawi, President, PHAC); and HESA, [Evidence](#), 27 January 2026, 1640 (Dr. Victor Leung, Infectious Diseases Physician and Medical Microbiologist, as an individual).

5 HESA, [Evidence](#), 2 December 2025, 1120 (Kevin Stinson, Program Manager, Infection Prevention and Control, Waterloo Regional Health Network, Infection Prevention and Control Canada); HESA, [Evidence](#), 2 December 2025, 1125 (Dr. Sameer Elsayed, Infectious Diseases Physician, Western University); and HESA, [Evidence](#), 3 February 2026, 1535 (Dr. Dao Nguyen, Professor, McGill AMR Centre, as an individual).

6 HESA, [Evidence](#), 9 December 2025, 1220 (Nancy Hamzawi).

7 HESA, [Evidence](#), 4 December 2025, 1125 (Jennifer Buckley, Senior Director, Regulatory Affairs and Clinical Research Transformation, Innovative Medicines Canada).

- “The impact of AMR on Canadians is clear In 2018, AMR was estimated to have caused 5,400 deaths, cost the health care system about \$1.4 billion and reduced GDP by \$2 billion.”⁸
- “According to the Canadian Council of Academies, 26% of the infections in 2018 were resistant to first-line antibiotics, a number projected to rise to 40% by 2050. If nothing changes, AMR will result in nearly 400,000 Canadian deaths and hundreds of billions of dollars in health system and economic losses. More importantly, it threatens the foundation of modern medicine, cancer care, organ transplantation, neonatal care and even common surgeries.”⁹
- “A recent study published in The Lancet estimated that there are about 4.7 million deaths per year in which AMR plays some role. To put that into context and perspective, that’s more deaths than from HIV, TB and malaria combined.”¹⁰
- “If we look at the World Organisation for Animal Health, they have estimated that by 2050, if AMR is unchecked, food production losses will be the equivalent of the food needs of 750 million to two billion people. That’s a staggering number.”¹¹

The committee also heard that AMR represents a growing health security concern. For example, according to Dr. Isaac Bogoch, a large proportion of the combat wound infections in the war in Ukraine are resistant to conventional antibiotics, and biological weapons programs can include drug-resistant pathogens.¹²

Further, AMR was said to disproportionately impact certain population groups, such as older adults, residents of long-term care facilities and dialysis patients.¹³ For example, a brief submitted by researchers at the Université de Montréal noted that a

8 HESA, [Evidence](#), 9 December 2025, 1220 (Nancy Hamzawi).

9 HESA, [Evidence](#), 4 December 2025, 1120 (Sameeh Salama, Chief Scientific Officer and Chair, Canadian Antimicrobial Innovation Coalition, Fedora Pharmaceuticals Inc.).

10 HESA, [Evidence](#), 27 January 2026, 1540 (Dr. Isaac Bogoch, Professor of Medicine, University of Toronto, as an individual).

11 HESA, [Evidence](#), 3 February 2026, 1545 (Dr. Scott Weese, Professor, University of Guelph and Director, Centre for Public Health and Zoonoses, as an individual).

12 HESA, [Evidence](#), 27 January 2026, 1540 (Dr. Isaac Bogoch).

13 HESA, [Evidence](#), 27 January 2026, 1645 (Dr. Karl Weiss); HESA, [Evidence](#), 27 January 2026, 1540 (Dr. Isaac Bogoch); and HESA, [Evidence](#), 9 December 2025, 1220 (Nancy Hamzawi).



higher-than-average proportion of seniors is one reason why Quebec appears to be more vulnerable to AMR compared to other regions.¹⁴ The researchers estimate that, if additional action is not taken to address AMR, it could cause between 1,500 and 3,000 deaths per year by 2050 in Quebec alone, “resulting in annual losses of \$2.6 to \$4.2 billion to Quebec’s gross domestic product (GDP), including \$1.2 to \$1.7 billion in additional costs for the health care system.”¹⁵

Kim Neudorf, representing Patients for Patient Safety Canada, highlighted the “profound human tragedy behind the science” of AMR, underscoring the psychosocial burdens it places on patients and their families through outcomes such as prolonged hospital stays, limb amputations or death.¹⁶

Overall, witnesses and briefs stressed the urgent need for action to avert the impacts of AMR.¹⁷ The committee was informed that effective mitigation measures will not only save lives but also reduce the economic ramifications of AMR.¹⁸ In the words of Dr. Bogoch, “We can act now, or we can face far greater consequences in the future.”¹⁹

IMPLEMENTING THE PAN-CANADIAN ACTION PLAN ON ANTIMICROBIAL RESISTANCE

In 2018, the committee published a report on the status of antimicrobial resistance in Canada that contained 10 recommendations for a forthcoming pan-Canadian action plan.²⁰ The Action Plan was launched in 2023 and developed in collaboration with federal, provincial and territorial partners.²¹ It establishes commitments on AMR from

14 François Arès, Caroline Raymond and François M. Castonguay, School of Public Health, Université de Montréal Department of Health Management, Evaluation and Policy, *The Socio-economic Impacts of Antimicrobial Resistance in Quebec by 2050*, Brief submitted to HESA.

15 Ibid.

16 HESA, *Evidence*, 27 January 2026, 1605 (Kim Neudorf, Patient Partner, Patients for Patient Safety Canada).

17 HESA, *Evidence*, 3 February 2026, 1540 (Dr. Joseph Rubin, Professor of Veterinary Microbiology, Western College of Veterinary Medicine, University of Saskatchewan, as an individual); HESA, *Evidence*, 3 February 2026, 1535 (Dr. Dao Nguyen); and Doctors Without Borders, *Antimicrobial Resistance (AMR)*, Brief submitted to HESA, 9 January 2026.

18 François Arès, Caroline Raymond and François M. Castonguay, School of Public Health, Université de Montréal Department of Health Management, Evaluation and Policy, *The Socio-economic Impacts of Antimicrobial Resistance in Quebec by 2050*, Brief submitted to HESA.

19 HESA, *Evidence*, 27 January 2026, 1540 (Dr. Isaac Bogoch).

20 HESA, *A Study on the Status of Antimicrobial Resistance in Canada and Related Recommendations*, Sixteenth report, May 2018.

21 PHAC, *Pan-Canadian Action Plan on Antimicrobial Resistance*, 22 June 2023.

2023 to 2027, outlining priority actions across five pillars: surveillance, infection prevention and control, stewardship, research and innovation, and leadership. The Action Plan adopts a “One Health” approach to addressing AMR, meaning that “actions to limit the emergence and spread of AMR must consider each sector and the close interplay between humans, animals, crops, and their shared environment.”²²

The Public Health Agency of Canada (PHAC) has published progress reports for the first two years of the Action Plan.²³

Over the course of the study, witnesses generally conveyed support for the principles of the Action Plan, describing it as an important foundational step that identifies key priorities for action. However, the committee also heard that the Action Plan has not been adequately implemented and lacks funding, measurable outcomes and timelines.²⁴ Further, the evidence highlighted specific areas that could be strengthened, such as support for innovation across all pillars,²⁵ incorporation of patient voices and experiences,²⁶ and the explicit integration of tuberculosis.²⁷

Dr. Dao Nguyen, of the McGill AMR Centre, was among those who advocated for strengthening investment in the Action Plan. In her words, “we need sustained investment commensurate with the ambitions set out in the plan. If the investment is insufficient, it will not be surprising if the plan fails, given those ambitions.”²⁸ Dr. Nguyen emphasized that “political will” is necessary to “unlock the necessary resources” and proposed the creation of an “antimicrobial resistance czar” to oversee efforts in this area.²⁹

22 Ibid.

23 PHAC, [Pan-Canadian Action Plan on Antimicrobial Resistance: Year 1 Progress Report \(June 2023 to May 2024\)](#); and PHAC, [Pan-Canadian Action Plan on Antimicrobial Resistance: Year 2 Progress Report \(June 2024 to May 2025\)](#).

24 HESA, [Evidence](#), 2 December 2025, 1115 (Dr. Rita Dhami, Chief Pharmacy Officer, Canadian Society of Healthcare-Systems Pharmacy); HESA, [Evidence](#), 4 December 2025, 1120 (Sameeh Salama); HESA, [Evidence](#), 2 December 2025, 1130 (Dr. Terry Wuerz, Infectious Diseases Physician, Winnipeg Regional Health Authority); and HESA, [Evidence](#), 3 February 2026, 1730 (Dr. Dao Nguyen).

25 HESA, [Evidence](#), 4 December 2025, 1120 (Sameeh Salama).

26 HESA, [Evidence](#), 27 January 2026, 1605 (Kim Neudorf).

27 Results Canada and Stop TB Canada, [Antimicrobial Resistance](#), Brief submitted to HESA, February 2026.

28 HESA, [Evidence](#), 3 February 2026, 1730 (Dr. Dao Nguyen).

29 Ibid., 1640.



Dr. Bogoch stressed the importance of identifying and measuring desired outcomes. He noted that these measurements can be broader than mortality and morbidity and that they could include, for instance, the number of established training programs or improvements in timely drug access.³⁰

Therefore, the committee recommends:

Recommendation 1

That the Government of Canada:

- **work with provinces and territories to set measurable outcomes and associated timelines for the *Pan-Canadian Action Plan on Antimicrobial Resistance* while ensuring that the action plan is sufficiently funded to achieve these outcomes; and**
- **appoint a national coordinator for antimicrobial resistance, who will be responsible for overseeing and monitoring progress in the implementation of the *Pan-Canadian Action Plan on Antimicrobial Resistance*.**

Surveillance

The testimony emphasized the importance of surveillance data in understanding and responding to the threat of AMR. Witnesses discussed the strengths and weaknesses of Canada's national surveillance of resistant organisms and antimicrobial use. Nancy Hamzawi, president of PHAC, told the committee that Canada's experience in integrated AMR surveillance spans 20 years. In particular, she noted that "the Canadian antimicrobial resistance surveillance system, CARSS, tracks trends in resistance and antibiotic use across humans, animals, food and the environment in order to guide national action."³¹ The system consolidates data from 10 other surveillance programs that are managed by PHAC,³² including:

30 HESA, [Evidence](#), 27 January 2026, 1700 (Dr. Isaac Bogoch).

31 HESA, [Evidence](#), 9 December 2025, 1220 (Nancy Hamzawi).

32 Ibid., 1240. See also, Government of Canada, [Antimicrobial use and resistance surveillance](#).

- the Canadian Nosocomial Infection Surveillance Program (a network of hospitals that conduct surveillance of health care-associated infections); and
- the Canadian Integrated Program for Antimicrobial Resistance Surveillance (a national integrated surveillance program that captures trends in antimicrobial use and AMR for certain bacteria from humans, animals and retail meat).

Witnesses raised various concerns regarding the current surveillance systems, including data fragmentation, lags and gaps. For example, Dr. Victor Leung identified fragmented surveillance systems as “the biggest problem” nationally.³³ He told the committee that data lags of one to two years in the Canadian nosocomial infection surveillance program are common, and that there are issues with the timeliness of data collation, aggregation and sharing in provincial surveillance programs for other infections. According to Dr. Leung, “[t]his defeats the purpose of a rigorous surveillance program in Canada.”³⁴

Kevin Stinson, a microbiologist from Infection Prevention and Control Canada, highlighted the broad nature of national monitoring data, noting that it does not have the depth or granularity required to identify local trends.³⁵ Other witnesses recommended that surveillance data be expanded to include:

- long-term care and community care settings (i.e., outside of hospitals), where most antibiotics are prescribed;³⁶
- environmental monitoring data, including wastewater surveillance, which can capture resistance patterns circulating in the community;³⁷ and
- imported foods, companion animals and wildlife.³⁸

33 HESA, [Evidence](#), 27 January 2026, 1545 (Dr. Victor Leung).

34 Ibid.

35 HESA, [Evidence](#), 2 December 2025, 1120 (Kevin Stinson).

36 HESA, [Evidence](#), 27 January 2026, 1715 (Dr. Karl Weiss); and HESA, [Evidence](#), 27 January 2026, 1655 (Dr. Makeda Semret, Associate Professor of Medicine, Infectious Diseases and Medical Microbiology, McGill University Health Centre).

37 HESA, [Evidence](#), 4 December 2025, 1115 (Dr. Judith Fafard, Medical Doctor, as an individual).

38 HESA, [Evidence](#), 3 February 2026, 1540 (Dr. Joseph Rubin).



PHAC officials told the committee about recent expansions in the agency's surveillance programs designed to address data gaps outside of hospital settings.³⁹ Additionally, in December 2025, PHAC launched its environmental surveillance strategic framework for AMR.⁴⁰

Witnesses also discussed barriers preventing the sharing of AMR data. Dr. Leung cited data privacy as an important obstacle, suggesting data management through the “data federation” process as one approach to addressing this issue.⁴¹ Some witnesses agreed that interoperable electronic data systems could help to improve data monitoring and sharing in medical and laboratory settings.⁴² According to Dr. Makeda Semret, electronic prescribing systems could facilitate the systematic measurement of outcomes from infectious diseases.⁴³

Therefore, the committee recommends:

Recommendation 2

That the Government of Canada work with provinces and territories to strengthen integrated surveillance on antimicrobial resistance and use, focusing on:

- **supporting increased monitoring in long-term care and community care settings;**
- **addressing data gaps on antimicrobial resistance and use in animals; and**
- **advancing the *Public Health Agency of Canada's Environmental Surveillance Strategic Framework for Antimicrobial Resistance*.**

39 HESA, [Evidence](#), 9 December 2025, 1255 (Nancy Hamzawi).

40 HESA, [Evidence](#), 9 December 2025, 1240 (Dhurata Ikonomi, Executive Director, Antimicrobial Resistance [AMR] Task-Force, Public Health Agency of Canada); and Government of Canada, [Public Health Agency of Canada's Environmental Surveillance Strategic Framework for Antimicrobial Resistance](#), 8 December 2025.

41 HESA, [Evidence](#), 27 January 2026, 1730 (Dr. Victor Leung).

42 HESA, [Evidence](#), 27 January 2026, 1725 (Dr. Victor Leung); and HESA, [Evidence](#), 27 January 2026, 1730 (Dr. Karl Weiss).

43 HESA, [Evidence](#), 27 January 2026, 1700 (Dr. Makeda Semret).

Infection Prevention and Control

A theme identified in the testimony was the need to strengthen infection prevention and control initiatives, which are central to reducing the spread of resistant organisms and the need for antimicrobial use. According to Dr. Karl Weiss, the value of such efforts tends to be overlooked. He stated that, “in a system in constant deficit, it’s always difficult to see prevention as a profitable investment from the outset.”⁴⁴ Specific initiatives discussed in the testimony include:

- vaccination;
- health care-based infection prevention and control programs;
- personal protective equipment (PPE); and
- public awareness campaigns.

Vaccination

Some witnesses highlighted the benefits of vaccines for preventing infections, as well as related hospitalizations and hospital-acquired infections.⁴⁵ For example, pneumococcal vaccines help to prevent infections caused by the bacterium *Streptococcus pneumoniae*.⁴⁶ Nevertheless, Dr. Weiss pointed out delays in offering public coverage for pneumococcal vaccines to seniors, despite the risks of pneumococcal septicemia in this age group.⁴⁷

Witnesses also discussed the issue of low vaccine uptake more broadly. Dr. Leung told the committee that, beyond vaccine hesitancy, one key factor limiting uptake is the way that vaccines are distributed by provincial public health systems. He highlighted “big gaps” in opportunities to vaccinate people in hospital settings.⁴⁸ He further advocated for changes to the supply chain funding model in public health budgets and for

44 HESA, [Evidence](#), 27 January 2026, 1650 (Dr. Karl Weiss).

45 HESA, [Evidence](#), 2 December 2025, 1120 (Kevin Stinson); HESA, [Evidence](#), 27 January 2026, 1640 (Dr. Victor Leung); and HESA, [Evidence](#), 27 January 2026, 1650 (Dr. Karl Weiss). See also Kevin J. Stinson, Infection Prevention and Control, [Antimicrobial Resistance \(AMR\) in Canada, with a focus on infection control and surveillance needs in human healthcare systems](#), Brief submitted to HESA, 16 December 2025.

46 HESA, [Evidence](#), 27 January 2026, 1640 (Dr. Victor Leung).

47 HESA, [Evidence](#), 27 January 2026, 1650 (Dr. Karl Weiss).

48 HESA, [Evidence](#), 27 January 2026, 1640 (Dr. Victor Leung).



consideration of a national approach to vaccine procurement and distribution, to improve vaccine uptake.⁴⁹

Therefore, the committee recommends:

Recommendation 3

That the Government of Canada work with provinces and territories to improve vaccine access and uptake.

Infection Prevention and Control Programs

The committee heard that there are workforce and resource deficits in infection prevention and control programs administered in various Canadian health care settings. Kevin Stinson saw inconsistencies across Canada, particularly in rural areas and outside of acute care settings, regarding the way such programs are run and their ability to staff trained infection control personnel. Further, he noted that systemic resource pressures on hospital systems can contribute to shortcuts in basic infection prevention and control practices, such as hand hygiene and the wearing of PPE.⁵⁰

Therefore, the committee recommends:

Recommendation 4

That the Government of Canada work with provinces and territories to better support infection prevention and control programs in hospitals and other health care settings.

Personal Protective Equipment

The committee heard about the quality of the PPE in Canada, regarding both the supplies used in hospitals and the PPE stored in the National Emergency Strategic Stockpile (NESS). Scot Magnish, representing ATMIS, warned against reliance on imported isolation gowns, arguing that some products made abroad may not comply with industry standards and are

49 HESA, [Evidence](#), 27 January 2026, 1545 (Dr. Victor Leung); and HESA, [Evidence](#), 27 January 2026, 1640 (Dr. Victor Leung).

50 HESA, [Evidence](#), 2 December 2025, 1120 (Kevin Stinson); HESA, [Evidence](#), 2 December 2025, 1310 (Kevin Stinson); and Kevin J. Stinson, Infection Prevention and Control, [Antimicrobial Resistance \(AMR\) in Canada, with a focus on infection control and surveillance needs in human healthcare systems](#), Brief submitted to HESA, 16 December 2025.

potentially linked to forced labour.⁵¹ Mr. Magnish stated that certain gowns procured for the NESS during the COVID-19 pandemic were “substandard” or “highly flammable” and that the gowns that went unused are now expired.⁵² He underscored the importance of ensuring that PPE procured by the federal government complies with standards established by the Association for the Advancement of Medical Instrumentation and the *Fighting Against Forced Labour and Child Labour in Supply Chains Act*.⁵³

Regarding procurement of PPE for the NESS, officials from PHAC told the committee that the stockpile is replenished when products expire, that a “buy Canadian strategy” is being implemented, and that, of the items currently in the stockpile, only the gloves come from China and Malaysia.⁵⁴ Further, according to the president of PHAC, provinces are responsible for purchasing gloves for hospitals, and the NESS serves as a “backstop” for provincial emergency stockpiles.⁵⁵

Therefore, the committee recommends:

Recommendation 5

That the Government of Canada, when procuring personal protective equipment for the National Emergency Strategic Stockpile, continue efforts to prioritize Canadian products and ensure adherence to ethical, safety and labour standards.

Antimicrobial Stewardship

Dr. Terry Wuerz defined antimicrobial stewardship as “the coordinated effort to ensure the right antibiotic is used only when necessary at the correct dose and duration.”⁵⁶ His testimony highlighted the effectiveness of stewardship programs, noting that they save lives, reduce adverse drug events, shorten hospital stays and slow the emergence of resistant pathogens, while also resulting in cost savings for the health care system.⁵⁷

51 HESA, [Evidence](#), 2 December 2025, 1110 (Scot Magnish, Director of Communications and Public Affairs, ATMISS); and HESA, [Evidence](#), 2 December 2025, 1150 (Scot Magnish).

52 Ibid., 1110.

53 *Fighting Against Forced Labour and Child Labour in Supply Chains Act*, S.C. 2023, c. 9.

54 HESA, [Evidence](#), 9 December 2025, 1210 (Nancy Hamzawi); HESA, [Evidence](#), 9 December 2025, 1305 (Stephen Bent, Vice-President, Regulatory, Operations and Emergency Management Branch, President, Public Health Agency of Canada); and HESA, [Evidence](#), 9 December 2025, 1255 (Nancy Hamzawi).

55 HESA, [Evidence](#), 9 December 2025, 1305 (Nancy Hamzawi).

56 HESA, [Evidence](#), 2 December 2025, 1130 (Dr. Terry Wuerz).

57 Ibid.



Antimicrobial stewardship practices have been an accreditation requirement for acute care facilities in Canada since 2013.⁵⁸ According to Dr. Makeda Semret, effective stewardship programs in these settings have been found to reduce antimicrobial use by about 15% to 20% within the first few years of implementation.⁵⁹

The committee heard that, despite evidence of their effectiveness, stewardship programs in acute care facilities are “chronically underfunded”⁶⁰ and vary considerably between facilities and across provinces in terms of expertise, data access, staffing and infrastructure.⁶¹ Dr. Semret explained that a key challenge is the programs’ aim of preventing negative outcomes, which makes their impact less visible than that of other acute-care interventions.⁶² Further, she noted that outcomes from infectious disease are not systematically measured and suggested that information technology, such as electronic prescribing systems, could help to track useful metrics.⁶³

Another concern raised in the testimony was the lack of stewardship programs in long-term care facilities and community care settings, particularly given the large proportion of antibiotics used outside of hospital settings.⁶⁴ Recommendations put forward to address this concern included:

- supporting sustainable and high-quality programs across health care settings, including in long-term care, primary care and rural communities;⁶⁵
- expanding public education on infections, AMR and antimicrobial use;⁶⁶ and

58 HESA, [Evidence](#), 2 December 2025, 1125 (Dr. Sameer Elsayed).

59 HESA, [Evidence](#), 27 January 2026, 1600 (Dr. Makeda Semret).

60 HESA, [Evidence](#), 2 December 2025, 1130 (Dr. Terry Wuerz).

61 HESA, [Evidence](#), 2 December 2025, 1115 (Dr. Rita Dhami).

62 HESA, [Evidence](#), 27 January 2026, 1600 (Dr. Makeda Semret).

63 Ibid., 1700.

64 HESA, [Evidence](#), 2 December 2025, 1125 (Dr. Sameer Elsayed); and HESA, [Evidence](#), 2 December 2025, 1115 (Dr. Rita Dhami).

65 HESA, [Evidence](#), 2 December 2025, 1115 (Dr. Rita Dhami).

66 HESA, [Evidence](#), 27 January 2026, 1605 (Kim Neudorf); Kim Neudorf, Patients for Patient Safety Canada, [Brief and speaking notes submitted to the Brief submitted to The House of Commons Standing Committee on Health](#), 11 December 2025; and HESA, [Evidence](#), 3 February 2026, 1650 (Dr. Dao Nguyen).

- engaging in outreach to primary care physicians and pharmacists to encourage appropriate use of antimicrobials.⁶⁷

Additionally, some witnesses spoke in favour of increasing access to rapid diagnostic tests,⁶⁸ which would enable practitioners to more quickly prescribe the most appropriate and effective agent and rely less on “guesswork”⁶⁹ while they wait one or more days for lab culture results.⁷⁰

Therefore, the committee recommends:

Recommendation 6

That the Government of Canada work with provinces and territories to enhance antimicrobial stewardship, focusing on:

- **supporting existing stewardship programs in acute care facilities and the development of programs in long-term care facilities and community care settings;**
- **expanding access to rapid diagnostic tests for infectious diseases; and**
- **promoting awareness campaigns on appropriate antimicrobial use targeted to health care professionals and the public.**

Research and Innovation

A recurring theme in the testimony was the need to improve access to antimicrobials in Canada. The committee heard that, “[b]etween 2010 and 2021, Canada secured access to only three of the 18 new antibiotics that were launched globally.”⁷¹ In particular, witnesses discussed the need to improve the Special Access Program, address regulatory barriers, and implement “push” and “pull” incentives to foster the development and

67 HESA, [Evidence](#), 27 January 2026, 1715 (Dr. Karl Weiss); and HESA, [Evidence](#), 2 December 2025, 1215 (Dr. Terry Wuerz).

68 HESA, [Evidence](#), 4 December 2025, 1245 (Dr. Judith Fafard); and HESA, [Evidence](#), 27 January 2026, 1650 (Dr. Karl Weiss).

69 HESA, [Evidence](#), 3 February 2026, 1535 (Dr. Dao Nguyen).

70 HESA, [Evidence](#), 2 December 2025, 1230 (Dr. Terry Wuerz).

71 HESA, [Evidence](#), 4 December 2025, 1125 (Jennifer Buckley).



commercialization of new technologies and to encourage the industry to market products in this country.

Special Access Program

Clinicians often rely on Health Canada's Special Access Program to import antibiotics that are unavailable on the Canadian market. For example, when first- and second-line medicines have been ineffective in treating a patient's infection, physicians may turn to third- or fourth-line antibiotics, which are often not available in Canada.⁷²

Several physicians affirmed that obtaining medicines through the Special Access Program is an outdated, slow process with a high administrative burden, involving phone calls, faxes and paperwork.⁷³ Importing these medicines also entails shipping costs.⁷⁴ Further, the committee was informed that it can take up to three weeks to secure access to necessary antimicrobial agents, resulting in delays to appropriate treatment for patients facing rapidly progressing and potentially life-threatening infections.⁷⁵ Overall, witnesses called for changes to the Special Access Program to make it more efficient and transparent for physicians requesting antimicrobial agents. For example, Dr. Sameer Elsayed recommended replacing the current "manually labour intensive" system with an online portal.⁷⁶

Therefore, the committee recommends:

Recommendation 7

That the Government of Canada review the Special Access Program with the aim of reducing administrative burdens and expediting access to antimicrobials.

Regulatory Pathways and Pull Incentives

The testimony highlighted several factors contributing to limited access to new antimicrobials in Canada. Witnesses cited impediments caused by Canada's relatively

72 Ibid., 1205.

73 HESA, [Evidence](#), 2 December 2025, 1210 (Dr. Terry Wuerz); HESA, [Evidence](#), 2 December 2025, 1140 (Dr. Sameer Elsayed); HESA, [Evidence](#), 27 January 2026, 1615 (Dr. Victor Leung); and HESA, [Evidence](#), 27 January 2026, 1700 (Dr. Isaac Bogoch).

74 HESA, [Evidence](#), 2 December 2025, 1140 (Dr. Sameer Elsayed).

75 HESA, [Evidence](#), 2 December 2025, 1210 (Dr. Terry Wuerz).

76 HESA, [Evidence](#), 2 December 2025, 1140 (Dr. Sameer Elsayed).

small market size and the lengthy, multi-step pathway from a product’s regulatory approval to its listing on a public health plan formulary.⁷⁷ Further, Jennifer Buckley, from Innovative Medicines Canada, highlighted the unique nature of the antimicrobial market, explaining that since effective antimicrobial stewardship requires sparing use of new antimicrobials, sales volumes for these medicines are inherently low.⁷⁸

Several witnesses recommended the implementation of “pull” incentives to encourage companies to market innovative antimicrobials in Canada. For example, Ms. Buckley told the committee that these initiatives aim to correct the “market failure” inherent in the stewardship model for antimicrobials.⁷⁹ Some witnesses pointed to pull incentives implemented in other countries, such as the United Kingdom’s antimicrobial subscription model, which guarantees a revenue independently of sales volumes.⁸⁰ In addition, the committee heard that the European Union is considering a model that involves transferable exclusivity, permitting a company to have a longer period of exclusive market access for another treatment in exchange for bringing a new antimicrobial to market.⁸¹

Jennifer Buckley asserted that “incentives alone are not enough.”⁸² Explaining that it takes an average of two and a half years before such medicines are approved for coverage on public health plan formularies, she advocated for efficiencies in the processes that follow market authorization. Additionally, various stakeholders expressed support for reliance on approval decisions or processes from trusted foreign regulators to accelerate access to new antimicrobials in Canada.⁸³ In December 2025,

77 HESA, [Evidence](#), 4 December 2025, 1125 (Jennifer Buckley); HESA, [Evidence](#), 3 February 2026, 1625 (René Roy, Chair, Canadian Pork Council); and HESA, [Evidence](#), 2 December 2025, 1145 (Dr. Rita Dhami).

78 HESA, [Evidence](#), 4 December 2025, 1145 (Jennifer Buckley); and HESA, [Evidence](#), 4 December 2025, 1210 (Jennifer Buckley).

79 Ibid., 1225.

80 HESA, [Evidence](#), 4 December 2025, 1225 (Jennifer Buckley); and HESA, [Evidence](#), 4 December 2025, 1145 (Sameeh Salama).

81 HESA, [Evidence](#), 4 December 2025, 1145 (Sameeh Salama).

82 HESA, [Evidence](#), 4 December 2025, 1125 (Jennifer Buckley).

83 HESA, [Evidence](#), 4 December 2025, 1125 (Jennifer Buckley); HESA, [Evidence](#), 3 February 2026, 1555 (René Roy); HESA, [Evidence](#), 3 February 2026, 1550 (David Wiens, Director, Canadian Federation of Agriculture); and Brad Deleeuw, National Cattle Feeders’ Association, [Input for study on antimicrobial resistance](#), Brief submitted to HESA, 9 February 2026.



Health Canada launched a consultation on a proposal to leverage decisions made by other trusted regulators in the review of drug submissions.⁸⁴

Therefore, the committee recommends:

Recommendation 8

That the Government of Canada address regulatory barriers preventing access to antimicrobials, including by:

- **exploring “pull” incentives to encourage companies to bring new antimicrobials to the Canadian market; and**
- **leveraging regulatory decisions made by trusted foreign authorities.**

Discovery, Commercialization and Push Incentives

Overall, witnesses stressed the importance of innovation for the development of new antimicrobials and other technologies to combat AMR. In the words of Sameeh Salama, Chair of the Canadian Antimicrobial Innovation Coalition, “Innovation is not one pillar of the AMR strategy; it is the backbone that enables all others.”⁸⁵ He observed that even though Canada performs well in the scientific development of new technologies, financial, regulatory and operational barriers prevent these innovations from reaching the market. For instance, the committee was told that Canada lacks domestic manufacturing capacity for antibiotics and active pharmaceutical ingredients. In a brief, Sameeh Salama called the gap between academic discovery and manufacturing the “valley of death.”⁸⁶

To bridge this gap, some witnesses advocated for “push” incentives to support innovation. Such incentives could include expanding early-stage funding for research and development.⁸⁷ Professor Gerry Wright pointed out the small business research innovation program in the United States, which provides grants to support companies in the commercialization of discoveries.⁸⁸ He argued that a similar program in Canada

84 Health Canada, [*Health Canada Opens Formal Consultations on Red Tape Reduction Initiatives to Improve Access to Drugs*](#), 19 December 2025.

85 HESA, [*Evidence*](#), 4 December 2025, 1120 (Sameeh Salama).

86 Sameeh Salama, Canadian Antimicrobial Innovation Coalition, [*Study on Antimicrobial Resistance*](#), Brief submitted to HESA, 4 December 2025.

87 HESA, [*Evidence*](#), 4 December 2025, 1120 (Sameeh Salama).

88 HESA, [*Evidence*](#), 27 January 2026, 1555 (Gerry Wright, Professor, McMaster University, as an individual).

would foster entrepreneurship in the biotechnology industry, create jobs and accelerate innovation related to AMR. Further, he characterized increased funding for fundamental discoveries through the Canadian Institutes of Health Research (CIHR) as a “classic push mechanism.”⁸⁹

The committee heard that the CIHR lacks a dedicated AMR funding panel to review grants; instead, AMR is merged with research on bacteriology, mycology and parasitology. According to Professor Wright, this structure “completely disincentivizes” early career researchers from pursuing AMR research.⁹⁰ A CIHR official told the committee that the agency has invested \$93 million in AMR research.⁹¹ Dr. Dao Nguyen noted that targeted funding for the CIHR AMR initiative is much lower, at \$1.8 million per year.⁹² As a point of comparison, she noted that CIHR invests \$21 million per year in the initiative on HIV/AIDS and sexually transmitted and blood-borne infections. Further, Dr. Karl Weiss remarked that Canada trails other G7 countries in terms of research investment relative to its gross national product.⁹³

The evidence also highlighted the importance of broadening innovations beyond traditional antimicrobials, including

- novel antimicrobial diagnostics, such as molecular-based diagnostic tests to identify AMR,⁹⁴ and
- alternative therapies, such as phage therapy (which uses viruses to target bacteria) and antifungal vaccines.⁹⁵

Therefore, the committee recommends:

89 Ibid., 1655.

90 Ibid., 1555.

91 HESA, [Evidence](#), 9 December 2025, 1300 (Charu Kaushic, Scientific Director, Institute of Infection and Immunity, Canadian Institutes of Health Research).

92 HESA, [Evidence](#), 3 February 2026, 1535 (Dr. Dao Nguyen).

93 HESA, [Evidence](#), 27 January 2026, 1630 (Dr. Karl Weiss).

94 HESA, [Evidence](#), 27 January 2026, 1630 (Dr. Karl Weiss); and HESA, [Evidence](#), 3 February 2026, 1650 (Dr. Dao Nguyen).

95 HESA, [Evidence](#), 27 January 2026, 1715 (Dr. Isaac Bogoch); and HESA, [Evidence](#), 4 December 2025, 1120 (Sameeh Salama).



Recommendation 9

That the Government of Canada expand investments in research and development regarding antimicrobial resistance, with a focus on supporting the commercialization of discoveries.

Recommendation 10

That the Canadian Institutes of Health Research establish a dedicated peer-review panel on antimicrobial resistance and increase targeted funding for research in this area.

Leadership

The federal government's leadership role, both nationally and internationally, was a topic of discussion in the evidence.

National Coordination

The committee heard several times about the need to avoid fragmentation and silos, and the necessity for collaboration across sectors and jurisdictions, to address the complex threat of AMR. As Dr. Nguyen put it, “without coordination, everyone does their own thing, which causes a great deal of inconsistency and inefficiency.”⁹⁶ PHAC officials outlined the federal government's current collaborative efforts, emphasizing the fact that the Action Plan is a joint federal–provincial/territorial (FPT) initiative, and that the governance structure for AMR efforts includes an FPT committee and interdepartmental One Health committee.⁹⁷ Some witnesses pointed to opportunities for improved collaboration, such as enhanced communication networks between different orders of government.⁹⁸ Dr. Nguyen also observed that there is a lack of clarity regarding how the Action Plan will be implemented, given the areas of shared jurisdiction.⁹⁹

Furthermore, the evidence highlighted the need to account for local circumstances in coordination efforts. For example, René Roy, of the Canadian Pork Council, cited disease pressure in certain regions as one of the reasons for ensuring that strategies reflect

96 HESA, [Evidence](#), 3 February 2026, 1730 (Dr. Dao Nguyen).

97 HESA, [Evidence](#), 9 December 2025, 1240 (Nancy Hamzawi); and HESA, [Evidence](#), 9 December 2025, 1240 (Dhurata Ikononi).

98 HESA, [Evidence](#), 3 February 2026, 1705 (Dr. Scott Weese); and HESA, [Evidence](#), 3 February 2026, 1730 (Dr. Dao Nguyen).

99 HESA, [Evidence](#), 3 February 2026, 1620 (Dr. Dao Nguyen).

“realities on the ground.”¹⁰⁰ Dr. Judith Fafard stated that financial pressure in Quebec’s health care system and elsewhere in Canada can cause resources to be diverted to more urgent priorities and emergencies rather than to AMR initiatives.¹⁰¹ According to Dr. Scott Weese, coordination need not be directive; it should be educational, and it can recommend actions rather than mandate them.¹⁰²

Therefore, the committee recommends:

Recommendation 11

That the Government of Canada work with provinces and territories to clarify jurisdictional responsibilities within the *Pan-Canadian Action Plan on Antimicrobial Resistance*.

International Collaboration

In testimony and briefs, some stakeholders encouraged the federal government to demonstrate leadership on the international stage.¹⁰³ The evidence underscored the need for global efforts to address the threat posed by the spread, through travel and trade, of resistant pathogens across countries and continents. The committee heard that Canada has committed to several global initiatives in this respect, including the 2024 United Nations General Assembly political declaration on AMR.¹⁰⁴ Dr. Isaac Bogoch discussed worldwide reductions in funding for AMR initiatives, such as programs run by the World Health Organization and the United States Centers for Disease Control and Prevention.¹⁰⁵ While acknowledging that these reductions increase vulnerability to AMR, he stated that “it also presents a major opportunity for Canada to fill the vacuum as a global leader in health care, public health and health security, with a focus on combatting AMR.”¹⁰⁶

100 HESA, [Evidence](#), 3 February 2026, 1635 (René Roy).

101 HESA, [Evidence](#), 4 December 2025, 1200 (Dr. Judith Fafard).

102 HESA, [Evidence](#), 3 February 2026, 1705 (Dr. Scott Weese).

103 HESA, [Evidence](#), 27 January 2026, 1540 (Dr. Isaac Bogoch); HESA, [Evidence](#), 27 January 2026, 1555 (Gerry Wright); HESA, [Evidence](#), 4 December 2025, 1125 (Jennifer Buckley); and Doctors Without Borders, [Antimicrobial Resistance \(AMR\)](#), Brief submitted to HESA, 9 January 2026.

104 HESA, [Evidence](#), 9 December 2025, 1225 (Nancy Hamzawi).

105 HESA, [Evidence](#), 27 January 2026, 1540 (Dr. Isaac Bogoch).

106 Ibid.



In a brief, Doctors Without Borders expressed concern regarding Canada's recent funding cuts to global health, noting that global resources dedicated to combatting AMR are inadequate.¹⁰⁷ Similarly, Dr. Joseph Rubin emphasized the importance of helping to combat AMR in areas of the world where it is rapidly emerging, both to protect vulnerable populations in these regions and to safeguard Canadians.¹⁰⁸ He emphasized that it was "in our best interest to assist low- and middle-income countries to build regulatory, diagnostic and stewardship capacity in the veterinary and human health sectors."¹⁰⁹

Therefore, the committee recommends:

Recommendation 12

That the Government of Canada increase support for international collaborations aimed at reducing the global threat of antimicrobial resistance.

Agriculture

The committee heard that managing antimicrobial use in agriculture is an essential part of addressing AMR. Globally, an estimated 70% to 80% of all antibiotics are consumed by animals, often to promote their growth for economic purposes.¹¹⁰ Various witnesses noted that the Canadian agricultural sector differs from certain other regions of the world in its use of antimicrobials because of stricter regulations and stewardship practices.¹¹¹ Notably, in 2018, Canada restricted the use of medically important antibiotics for growth promotion in livestock.¹¹² According to Health Canada regulations, such antibiotics are to be used for disease prevention or treatment in animals and require a prescription from a veterinarian.¹¹³ In addition, agricultural representatives highlighted industry stewardship standards and biosecurity measures designed to

107 Doctors Without Borders, [Antimicrobial Resistance \(AMR\)](#), Brief submitted to HESA, 9 January 2026.

108 Ibid.

109 HESA, [Evidence](#), 3 February 2026, 1540 (Dr. Joseph Rubin).

110 HESA, [Evidence](#), 27 January 2026, 1615 (Dr. Isaac Bogoch).

111 HESA, [Evidence](#), 3 February 2026, 1615 (Dr. Scott Weese); and HESA, [Evidence](#), 3 February 2026, 1615 (René Roy).

112 HESA, [Evidence](#), 3 February 2026, 1600 (Dr. Tracy Fisher, President, Canadian Veterinary Medical Association); and HESA, [Evidence](#), 3 February 2026, 1615 (René Roy).

113 Government of Canada, [Responsible use of Medically Important Antimicrobials in animals](#).

enhance infection control and prevention.¹¹⁴ The committee also heard that producers participate in surveillance activities through the Canadian Integrated Program for Antimicrobial Resistance Surveillance.¹¹⁵

When questioned about data indicating a higher volume of antimicrobials sold for animals in Canada compared to the European average, some veterinary specialists considered such a comparison unfair, pointing to significant differences between the two markets, notably in terms of subsidies, housing facilities and export guidelines.¹¹⁶ For example, Dr. Tracy Fisher, from the Canadian Veterinary Medical Association, noted that the European Union has “much smaller” herd sizes generally and handles animals differently.¹¹⁷

For his part, Dr. Scott Weese suggested that even if a direct comparison could not be made, there is value in learning from the strengths of other systems to help improve practices in Canada.¹¹⁸ In a brief, World Animal Protection Canada noted that the European Union has banned the routine prophylactic use of antibiotics in farming. The organization recommended that Canada phase out such use of antimicrobials and called for improvements to animal welfare, arguing that intensive livestock practices, such as high stock densities, contribute to increased use of prophylactic antibiotics.¹¹⁹

Access to Veterinary Medicines

Animal health experts and agricultural stakeholders expressed concerns regarding lack of access to veterinary antimicrobials and their alternatives, such as vaccines, phages and probiotics.¹²⁰ The committee heard that the number of licensed veterinary medicines available in Canada decreased by about 40% between 2017 and 2022.¹²¹ Two bovine

114 HESA, [Evidence](#), 3 February 2026, 1555 (René Roy); and HESA, [Evidence](#), 3 February 2026, 1550 (David Wiens).

115 HESA, [Evidence](#), 3 February 2026, 1540 (Dr. Joseph Rubin).

116 HESA, [Evidence](#), 3 February 2026, 1605 (Dr. Egan Brockhoff, Chief Veterinary Officer, Canadian Pork Council); and HESA, [Evidence](#), 3 February 2026, 1610 (Dr. Tracy Fisher).

117 HESA, [Evidence](#), 3 February 2026, 1610 (Dr. Tracy Fisher).

118 HESA, [Evidence](#), 3 February 2026, 1625 (Dr. Scott Weese).

119 Leanne McConnachie, World Animal Protection Canada, [Submission to the House of Commons Standing Committee on Health](#).

120 HESA, [Evidence](#), 3 February 2026, 1600 (Dr. Tracy Fisher); HESA, [Evidence](#), 3 February 2026, 1545 (Dr. Scott Weese); HESA, [Evidence](#), 3 February 2026, 1550 (David Wiens); HESA, [Evidence](#), 3 February 2026, 1555 (René Roy); and HESA, [Evidence](#), 3 February 2026, 1610 (Dr. Egan Brockhoff).

121 HESA, [Evidence](#), 3 February 2026, 1600 (Dr. Tracy Fisher).



vaccines against bacterial infections are also unavailable in Canada.¹²² Furthermore, Dr. Fisher stated that Health Canada's proposed reclassification of certain antimicrobials will make it harder for veterinarians to use these medicines to treat animals.¹²³

To address these concerns, the Canadian Veterinary Medical Association recommended the systematic integration of input from veterinarians and animal health experts on antimicrobial policy and drug regulatory development.¹²⁴ It also recommended improving the agility of regulatory pathways to encourage manufacturers to supply approved products in Canada. Similarly, Dr. Egan Brockhoff, Chief Veterinary Officer for the Canadian Pork Council, asserted that "[r]egulatory flexibility is absolutely critical in this space."¹²⁵

Therefore, the committee recommends:

Recommendation 13

That Health Canada review the regulatory pathways for veterinary antimicrobials and alternative products to identify efficiencies.

Recommendation 14

That Health Canada systematically consult veterinarians on any proposed amendments to antimicrobial policies and regulations.

Veterinary Workforce

Some witnesses drew attention to shortages in the veterinary workforce in Canada.¹²⁶ The committee heard that lack of veterinary capacity results in delays in treating farm animals.¹²⁷ The evidence comprised several recommendations aimed at bolstering the

122 Canadian Veterinary Medical Association, *The Essential Role of Veterinarians in Antimicrobial Stewardship in Canada*, Brief submitted to HESA, January 2025.

123 HESA, *Evidence*, 3 February 2026, 1600 (Dr. Tracy Fisher); and HESA, *Evidence*, 3 February 2026, 1655 (Dr. Tracy Fisher).

124 HESA, *Evidence*, 3 February 2026, 1600 (Dr. Tracy Fisher); and Canadian Veterinary Medical Association, *The Essential Role of Veterinarians in Antimicrobial Stewardship in Canada*, Brief submitted to HESA, January 2025.

125 HESA, *Evidence*, 3 February 2026, 1610 (Dr. Egan Brockhoff).

126 HESA, *Evidence*, 3 February 2026, 1555 (René Roy); and HESA, *Evidence*, 3 February 2026, 1645 (Dr. Tracy Fisher).

127 HESA, *Evidence*, 3 February 2026, 1710 (Dr. Tracy Fisher).

veterinary workforce, such as increasing domestic capacity to train veterinarians, facilitating the integration of veterinarians trained abroad, including veterinarians in the student loan forgiveness program for rural professionals, and supporting the mental health of practising veterinarians to encourage retention.¹²⁸

Therefore, the committee recommends:

Recommendation 15

That the Government of Canada work with provinces and territories to better support the training, integration and retention of professionals in the veterinary workforce.

CONCLUSION

AMR represents a significant and urgent threat to public health and well-being. The threat is inherently global and cross-sectoral, as resistant pathogens spread across countries and pass between animals, humans and the environment. Consequently, a sustained, multi-sectoral, cross-jurisdictional response is required to address AMR. The evidence heard during this study underscores the pressing need to fully implement the Action Plan. This plan must include measurable outcomes, timelines for action and sufficient funding. Further, the testimony highlighted areas for improvement in each of the five pillars of the plan. The recommendations made in this report outline the actions that the Government of Canada can take to close gaps in surveillance systems, increase support for infection prevention and control initiatives, enhance antimicrobial stewardship efforts, improve access to new antimicrobials and other innovations, and take a clear leadership role nationally and internationally.

128 HESA, [Evidence](#), 3 February 2026, 1645 (Dr. Tracy Fisher); and Canadian Veterinary Medical Association, [The Essential Role of Veterinarians in Antimicrobial Stewardship in Canada](#), Brief submitted to HESA, January 2025.

APPENDIX A: LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee's [webpage for this study](#).

Organizations and Individuals	Date	Meeting
ATMIS Scot Magnish, Director of Communications and Public Affairs	2025/12/02	15
Canadian Society of Healthcare-Systems Pharmacy Dr. Rita Dhami, Chief Pharmacy Officer	2025/12/02	15
Infection Prevention and Control Canada Dr. Kevin Stinson, Program Manager, Infection Prevention and Control, Waterloo Regional Health Network	2025/12/02	15
Western University Dr. Sameer Elsayed, Infectious Diseases Physician	2025/12/02	15
Winnipeg Regional Health Authority Dr. Terry Wuerz, Infectious Diseases Physician	2025/12/02	15
As an individual Dr. Judith Fafard, Medical Doctor	2025/12/04	16
Fedora Pharmaceuticals Inc. Dr. Sameeh Salama, Chief Scientific Officer and Chair, Canadian Antimicrobial Innovation Coalition	2025/12/04	16
Innovative Medicines Canada Jennifer Buckley, Senior Director, Regulatory Affairs and Clinical Research Transformation	2025/12/04	16
Canadian Institutes of Health Research Dr. Charu Kaushic, Scientific Director, Institute of Infection and Immunity	2025/12/09	17

Organizations and Individuals	Date	Meeting
Public Health Agency of Canada Stephen Bent, Vice-President, Regulatory, Operations and Emergency Management Branch Dr. Natasha Crowcroft, Acting Chief Public Health Officer and Vice-President, Infectious Diseases and Vaccination Programs Branch Nancy Hamzawi, President Dhurata Ikononi, Executive Director, Antimicrobial Resistance Task-Force	2025/12/09	17
As an individual Dr. Isaac Bogoch, Professor of Medicine, University of Toronto Dr. Victor Leung, Infectious Diseases Physician and Medical Microbiologist Dr. Karl Weiss, Chief, Division of Infectious Diseases and Microbiology, Jewish General Hospital Dr. Gerry Wright, Professor, McMaster University	2026/01/27	18
McGill University Health Centre Dr. Makeda Semret, Associate Professor of Medicine, Infectious Diseases and Medical Microbiology	2026/01/27	18
Patients for Patient Safety Canada Kim Neudorf, Patient Partner	2026/01/27	18
As an individual Dr. Dao Nguyen, Professor, McGill AMR Centre Dr. Joseph Rubin, Professor of Veterinary Microbiology, Western College of Veterinary Medicine, University of Saskatchewan Dr. Scott Weese, Professor, University of Guelph and Director, Centre for Public Health and Zoonoses	2026/02/03	19
Canadian Federation of Agriculture Scott Ross, Executive Director David Wiens, Director	2026/02/03	19
Canadian Pork Council Dr. Egan Brockhoff, Chief Veterinary Officer René Roy, Chair	2026/02/03	19

Organizations and Individuals	Date	Meeting
Canadian Veterinary Medical Association Dr. Tracy Fisher, President	2026/02/03	19

APPENDIX B: LIST OF BRIEFS

The following is an alphabetical list of organizations and individuals who submitted briefs to the committee related to this report. For more information, please consult the committee's [webpage for this study](#).

Arès, François

Canadian Antimicrobial Innovation Coalition

Canadian Veterinary Medical Association

Castonguay, François M.

Doctors Without Borders

Infection Prevention and Control Canada

Macia, Nicolas

Melville, Janet

National Cattle Feeders' Association

Patients for Patient Safety Canada

Raymond, Caroline

Results Canada

Stop TB Canada

World Animal Protection

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this report.

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 15 to 19 and 35](#)) is tabled.

Respectfully submitted,

Sukh Dhaliwal
Chair

