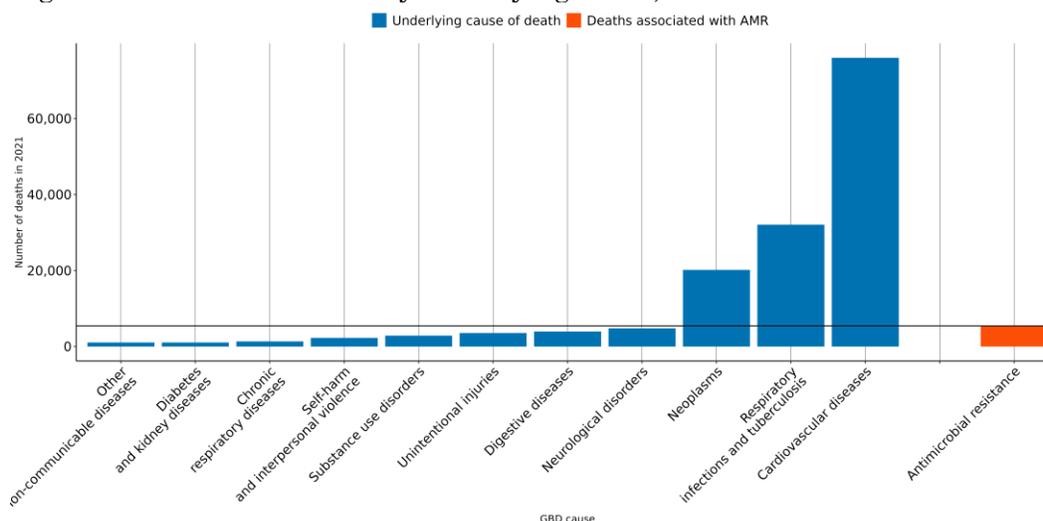


The burden of antimicrobial resistance (AMR) in Belarus

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **2,000 lives** have been lost each year since 1990 in Belarus due to AMR.
- In 2021, there were an estimated **1,320 UI (1,010-1,630)** deaths attributable to AMR and **5,430 UI (4,280-6,580)** deaths associated with AMR in this location.
- The largest number of deaths associated with AMR in 2021 occurred among those aged **70+** in the country.
- Among the most deadly pathogen-drug combinations in 2021 were *Staphylococcus aureus* resistant to methicillin, *Acinetobacter baumannii* resistant to carbapenems and *Streptococcus pneumoniae* resistant to penicillin.

Figure 1 Number of deaths by underlying cause, and those associated with AMR in 2021



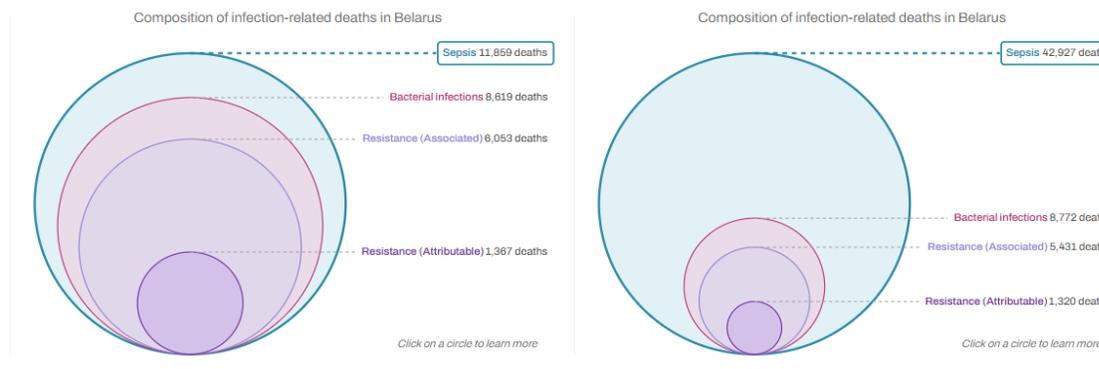
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying cause of death by itself.
- At the [2024 United Nations General Assembly high level meeting on antimicrobial resistance](#), country members agreed to aim for a **10% reduction** compared to 2019 baseline (**from 4.95 to 4.45 million**) in the global number of deaths associated with AMR by 2030. But [our forecast](#) indicates that in absence of concerted action, deaths associated with AMR could reach **5.5 million** (UI 4.8 - 6.2) if current trends continue. For Belarus, a 10% reduction means to decrease the number of deaths associated with AMR to **5,050**, but currently the trend for this country could reach up to **5,630 UI [4,300-7,440]** AMR-associated deaths in 2030.

AMR in Belarus

Key takeaways

- Antimicrobial Resistance (AMR) is a major global health threat, over *a million lives* have been lost each year since 1990.
- Globally, 4.71 (95% Uncertainty Interval (UI) 4.2-5.2) million deaths were associated with bacterial drug-resistant infections in 2021.
- And 1.14 (UI 1 - 1.3) million deaths were attributable to bacterial drug-resistant infection in the same year.
- *39 (UI 33 - 46) million deaths* directly attributable to bacterial AMR are projected to occur between 2025-2050 unless concerted action is taken. This equates to three deaths every minute.

Figure 2 Comparing 30 years of infection related deaths, and those associated with and attributable to AMR in Belarus between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Belarus** in 2021, there were an estimated **1,320 UI (1,010-1,630)** deaths attributable to AMR and **5,430 UI (4,280-6,580)** deaths associated with AMR. Here “*attributable deaths*” are considered to be those that would have been prevented had the drug-resistant bacteria causing the infections not been drug-resistant. “*Associated deaths*” are considered to be those that would not have occurred had the infections been prevented entirely.
- Across 204 countries, **Belarus has the 53rd lowest** age-standardized mortality rate associated with AMR in 2021.
- *Table 1* shows the bacteria which caused most deaths in 2021 (↑ indicates an increasing estimated annual rate between 1990-2021, ↓ indicates a decreasing annual trend), and *table 2* shows the pathogen-drug combinations which caused most deaths in 2021.

Table 1. Bacteria which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden rank	Overall susceptible and resistant		Associated		Attributable	
	Bacteria	Annualized rate of change (1990-2021)	Bacteria	Annualized rate of change (1990-2021)	Bacteria	Annualized rate of change (1990-2021)
	Staphylococcus aureus 2,030 UI (1,690-2,370)	↑	Escherichia coli 944 UI (780-1,110)	↑	Staphylococcus aureus 217 UI (132-301)	↑
	Streptococcus pneumoniae 1,330 UI (1,090-1,560)	↓	Streptococcus pneumoniae 858 UI (621-1,090)	↓	Escherichia coli 208 UI (165-250)	↑
	Escherichia coli 1,100 UI (922-1,290)	↑	Staphylococcus aureus 757 UI (492-1,020)	↓	Acinetobacter baumannii 185 UI (153-216)	↓
	Pseudomonas aeruginosa 872 UI (722-1,020)	↓	Klebsiella pneumoniae 609 UI (492-726)	↓	Klebsiella pneumoniae 160 UI (126-194)	↓
	Klebsiella pneumoniae 719 UI (595-844)	↓	Pseudomonas aeruginosa 577 UI (442-712)	↓	Streptococcus pneumoniae 145 UI (87-203)	↓
	Acinetobacter baumannii 478 UI (392-563)	↓	Acinetobacter baumannii 470 UI (386-555)	↓	Pseudomonas aeruginosa 144 UI (100-189)	↓
	Enterococcus faecalis 383 UI (319-446)	↑	Enterococcus faecalis 261 UI (214-309)	↑	Mycobacterium tuberculosis 71 UI (0-164)	↑
	Enterobacter spp. 296 UI (245-346)	↑	Enterococcus faecium 215 UI (173-257)	↑	Enterobacter spp. 45 UI (34-56)	↓
	Enterococcus faecium 263 UI (216-309)	↑	Enterobacter spp. 203 UI (161-244)	↓	Enterococcus faecalis 44 UI (28-59)	↑
	Mycobacterium tuberculosis 239 UI (190-287)	↓	Mycobacterium tuberculosis 150 UI (86-214)	↑	Enterococcus faecium 38 UI (26-50)	↑

Annualized rate of change (1990-2021): <-3% (dark blue), -3% to -1.5% (medium blue), -1.5% to 0% (light blue), 0% to 1.5% (pink), 1.5% to 3% (red), 3% to 5% (dark red), >5.0% (black)

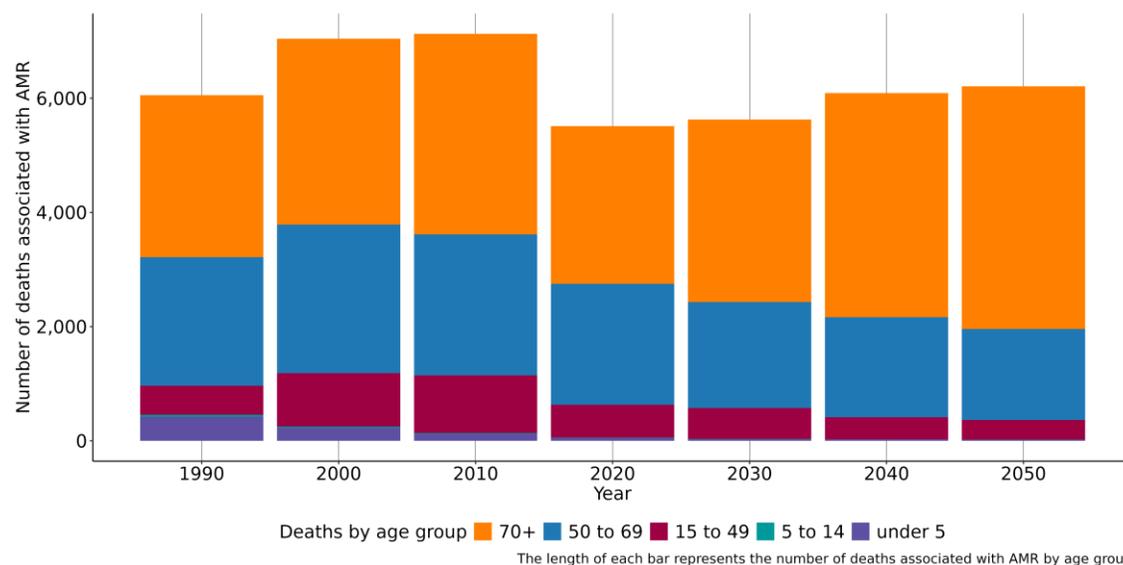
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated		Attributable	
	Combination	Annualized rate of change (1990-2021)	Combination	Annualized rate of change (1990-2021)
	Escherichia coli Aminopenicillin 840 UI (634-1,050)	↑	Staphylococcus aureus Methicillin 159 UI (89-228)	↑
	Escherichia coli Fluoroquinolones 654 UI (441-867)	↑	Acinetobacter baumannii Carbapenems 82 UI (59-105)	↓
	Staphylococcus aureus Methicillin 618 UI (320-915)	↑	Streptococcus pneumoniae Penicillin 58 UI (31-85)	↓
	Klebsiella pneumoniae Fluoroquinolones 600 UI (485-715)	↑	Klebsiella pneumoniae Fluoroquinolones 55 UI (38-72)	↑
	Streptococcus pneumoniae TMP-SMX 569 UI (376-763)	↓	Escherichia coli 3GC 52 UI (30-75)	↑
	Escherichia coli 3GC 524 UI (379-668)	↑	Pseudomonas aeruginosa Carbapenems 50 UI (26-74)	↓
	Streptococcus pneumoniae Penicillin 496 UI (270-722)	↓	Pseudomonas aeruginosa Fluoroquinolones 48 UI (32-64)	↑
	Streptococcus pneumoniae Macrolides 479 UI (349-608)	↓	Mycobacterium tuberculosis MDR excluding XDR 47 UI (0-117)	↑
	Pseudomonas aeruginosa Fluoroquinolones 478 UI (368-589)	↓	Acinetobacter baumannii Fluoroquinolones 47 UI (37-57)	↑
	Escherichia coli TMP-SMX 465 UI (296-634)	↓	Escherichia coli Fluoroquinolones 46 UI (20-72)	↑

Annualized rate of change (1990-2021): <-3% (dark blue), -3% to -1.5% (medium blue), -1.5% to 0% (light blue), 0% to 1.5% (pink), 1.5% to 3% (red), 3% to 5% (dark red), >5.0% (black)

- Independently of antimicrobial resistance, the infectious syndromes accounting for the most deaths in 2021 were as follows (estimated thousands of deaths in parenthesis) bloodstream infections (4,750 UI (3,950-5,550)), lower respiratory infection (excl. COVID) (3,160 UI (2,550-3,780)), peritoneal and intra-abdominal infections (1,430 UI (1,170-1,680)), urinary tract infections and pyelonephritis (1,040 UI (839-1,240)) and infections of the skin and subcutaneous systems (433 UI (337-530)).

Figure 3. Number of deaths associated with AMR by age group between 1990-2020 and 2050 projection



- In Belarus, people aged 70+ saw the largest number of deaths associated with AMR both in 1990 and 2021, which indicates that 70+ continues to be particularly vulnerable to infections which are resistant to antibiotics. In 2021, the number of deaths associated with AMR among the 70+ was 2,700 UI (2,140-3,260), whereas the mortality rate per 100,000 was 283 UI (224-341).

Data sources for Belarus

In total, 520 million individual records or isolates covering 19,513 study-location-years were used as input data to our estimation process. The subset of input data for this country is shown below.

Table 3. Data inputs for Belarus by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	852	Study-year datapoints
Microbial or laboratory data without outcome	2010-2021	39,369	Isolates
Literature studies	1990-2009	80	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	2,338	Antibiotic susceptibility test

More information

About GRAM:

The purpose of the Global Research on AntiMicrobial resistance (GRAM) project is to **generate accurate and timely estimates of the magnitude and trends in antimicrobial resistance (AMR) burden** across the world, which can be used to inform treatment guidelines and agendas for decision-making and research, detect emerging problems and monitor trends to inform global strategies, as well as facilitate the assessment of interventions over time.

GRAM is the flagship project of the University of Oxford–IHME Strategic Partnership. GRAM was launched with support from the United Kingdom Department of Health and Social Care’s Fleming Fund, and the Wellcome Trust.

All resources:

For all resources on AMR analysis at IHME, visit <https://www.healthdata.org/antimicrobial-resistance>.

To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#).

Data sources:

To download the list of data input sources by country, and AMR results by region, visit the [Global Health Data Exchange \(GHDx\)](#).

Contact us:

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