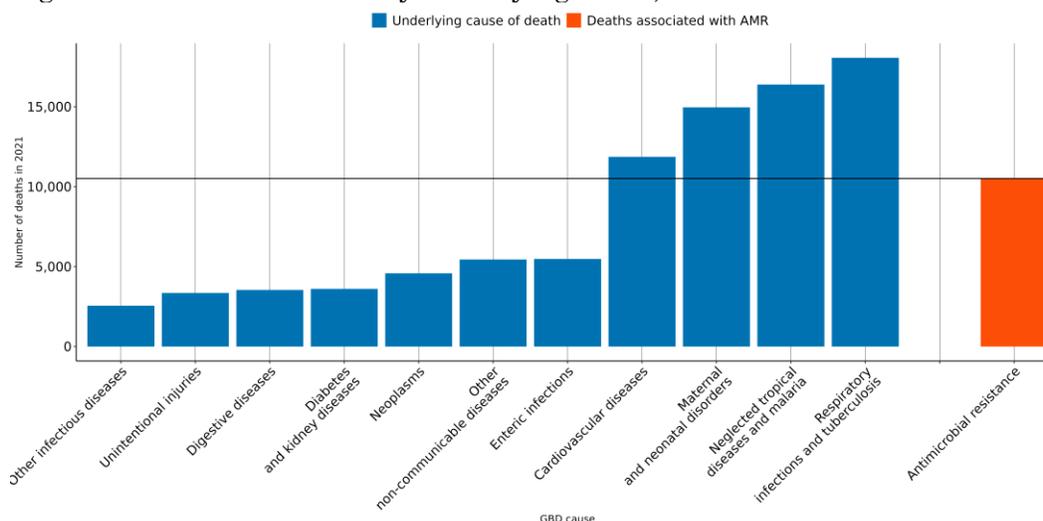


# The burden of antimicrobial resistance (AMR) in Benin

## Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **3,000 lives** have been lost each year since 1990 in Benin due to AMR.
- In 2021, there were an estimated **2,550 UI (1,860-3,240)** deaths attributable to AMR and **10,500 UI (7,750-13,300)** deaths associated with AMR in this location.
- The largest number of deaths associated with AMR in 2021 occurred among those aged **under 5** in the country.
- Among the most deadly pathogen-drug combinations in 2021 were *Staphylococcus aureus* resistant to methicillin, *Klebsiella pneumoniae* resistant to aminoglycosides and *Klebsiella pneumoniae* resistant to carbapenems.

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



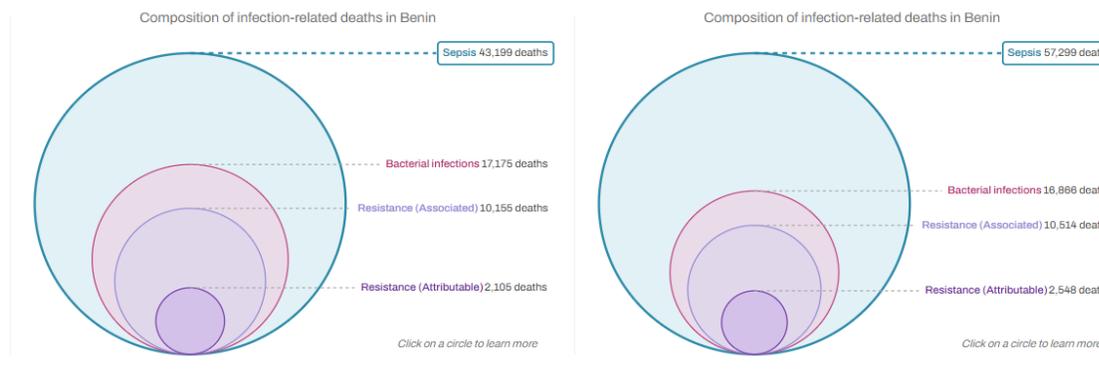
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Benin, a 10% reduction means to decrease the number of deaths associated with AMR to **10,100**, but currently the trend for this country could reach up to **12,400 UI [8,530-17,600]** AMR-associated deaths in 2030.

## AMR in Benin

### 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 Benin between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Benin** in 2021, there were an estimated **2,550 UI (1,860-3,240)** deaths attributable to AMR and **10,500 UI (7,750-13,300)** 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, **Benin has the 38th highest** 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	UI (range)	Change	Bacteria	UI (range)	Change	Bacteria	UI (range)	Change
	Klebsiella pneumoniae	2,280 UI (1,810-2,760)	↑	Klebsiella pneumoniae	2,060 UI (1,620-2,510)	↑	Klebsiella pneumoniae	607 UI (469-746)	↑
	Streptococcus pneumoniae	2,250 UI (1,680-2,820)	↓	Streptococcus pneumoniae	1,780 UI (1,220-2,350)	↓	Acinetobacter baumannii	363 UI (291-435)	↑
	Mycobacterium tuberculosis	1,760 UI (1,080-2,440)	↓	Escherichia coli	1,490 UI (1,060-1,920)	↑	Escherichia coli	362 UI (243-481)	↑
	Escherichia coli	1,560 UI (1,120-2,010)	↑	Acinetobacter baumannii	992 UI (772-1,210)	↓	Streptococcus pneumoniae	285 UI (164-406)	↓
	Pseudomonas aeruginosa	1,470 UI (1,170-1,770)	↑	Staphylococcus aureus	960 UI (631-1,290)	↑	Staphylococcus aureus	277 UI (186-368)	↑
	Staphylococcus aureus	1,440 UI (1,150-1,720)	↑	Pseudomonas aeruginosa	894 UI (618-1,170)	↑	Pseudomonas aeruginosa	218 UI (142-294)	↑
	Acinetobacter baumannii	1,080 UI (848-1,300)	↓	Serratia spp.	408 UI (299-518)	↑	Serratia spp.	103 UI (72-134)	↑
	Non-typhoidal Salmonella	984 UI (465-1,500)	↑	Group B Streptococcus	317 UI (210-423)	↑	Enterobacter spp.	87 UI (68-106)	↑
	Group B Streptococcus	822 UI (605-1,040)	↑	Enterobacter spp.	258 UI (203-313)	↑	Group B Streptococcus	37 UI (19-56)	↑
	Serratia spp.	465 UI (351-578)	↑	Salmonella Typhi	202 UI (41-363)	↑	Citrobacter spp.	37 UI (26-48)	↑

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)

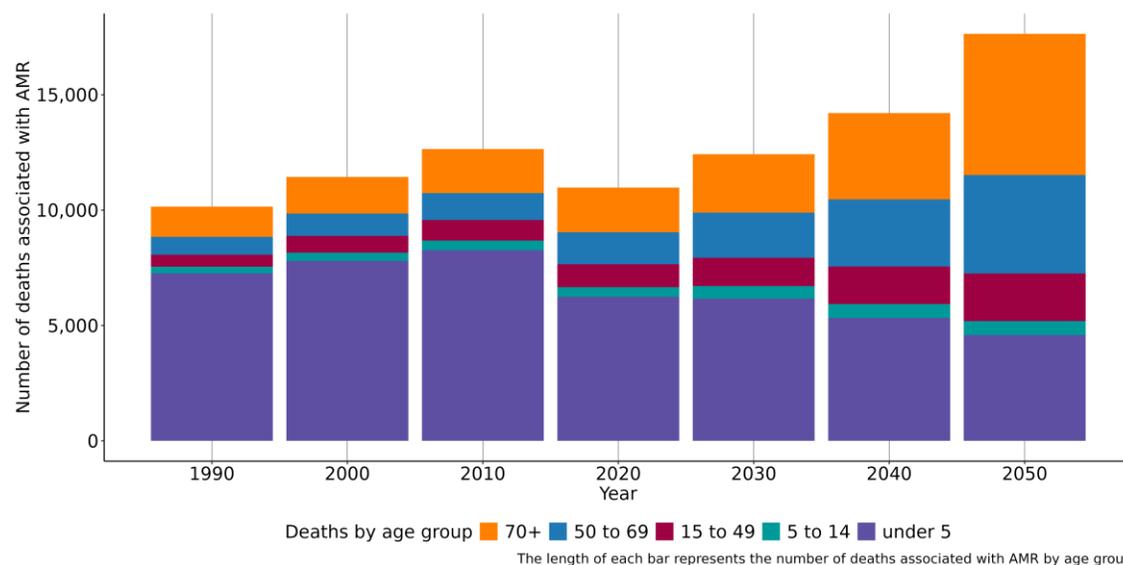
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated			Attributable		
	Combination	UI (range)	Change	Combination	UI (range)	Change
	Klebsiella pneumoniae TMP-SMX	1,900 UI (1,480-2,330)	↑	Klebsiella pneumoniae Carbapenems	254 UI (182-326)	↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib.	1,830 UI (1,380-2,270)	↑	Staphylococcus aureus Methicillin	201 UI (128-273)	↑
	Streptococcus pneumoniae TMP-SMX	1,470 UI (940-2,010)	↓	Klebsiella pneumoniae Aminoglycosides	103 UI (71-135)	↑
	Klebsiella pneumoniae Aminoglycosides	1,380 UI (1,030-1,740)	↑	Streptococcus pneumoniae Fluoroquinolones	97 UI (34-160)	↓
	Escherichia coli Aminopenicillin	1,210 UI (694-1,720)	↓	Escherichia coli 3GC	96 UI (46-146)	↑
	Escherichia coli Beta-Lactam/Lactamase Inhib.	1,200 UI (848-1,560)	↑	Klebsiella pneumoniae TMP-SMX	92 UI (48-137)	↑
	Escherichia coli 3GC	1,190 UI (792-1,580)	↑	Escherichia coli Carbapenems	84 UI (36-133)	↑
	Klebsiella pneumoniae Carbapenems	1,180 UI (908-1,450)	↑	Acinetobacter baumannii 3GC	76 UI (59-94)	↓
	Escherichia coli TMP-SMX	1,160 UI (812-1,500)	↑	Pseudomonas aeruginosa Anti-pseudomonal	76 UI (50-101)	↑
	Escherichia coli Fluoroquinolones	945 UI (618-1,270)	↑	Acinetobacter baumannii Carbapenems	72 UI (36-108)	↑

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 (9,360 UI (7,120-11,600)), lower respiratory infection (excl. COVID) (8,450 UI (6,510-10,400)), diarrhea (4,290 UI (2,100-6,470)), tuberculosis (1,760 UI (1,080-2,440)) and meningitis (1,480 UI (808-2,160)).

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



- In Benin, people aged under 5 saw the largest number of deaths associated with AMR both in 1990 and 2021, which indicates that under 5 continues to be particularly vulnerable to infections which are resistant to antibiotics. In 2021, the number of deaths associated with AMR among the under 5 was 5,840 UI (3,970-7,710), whereas the mortality rate per 100,000 was 845 UI (677-1,010).

### Data sources for Benin

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 Benin by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	2010-2021	3,784	Study-year datapoints
Microbial or laboratory data without outcome	2010-2021	98	Isolates
Literature studies	1990-2021	27,013	Cases/isolates/susceptibility tests

## 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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