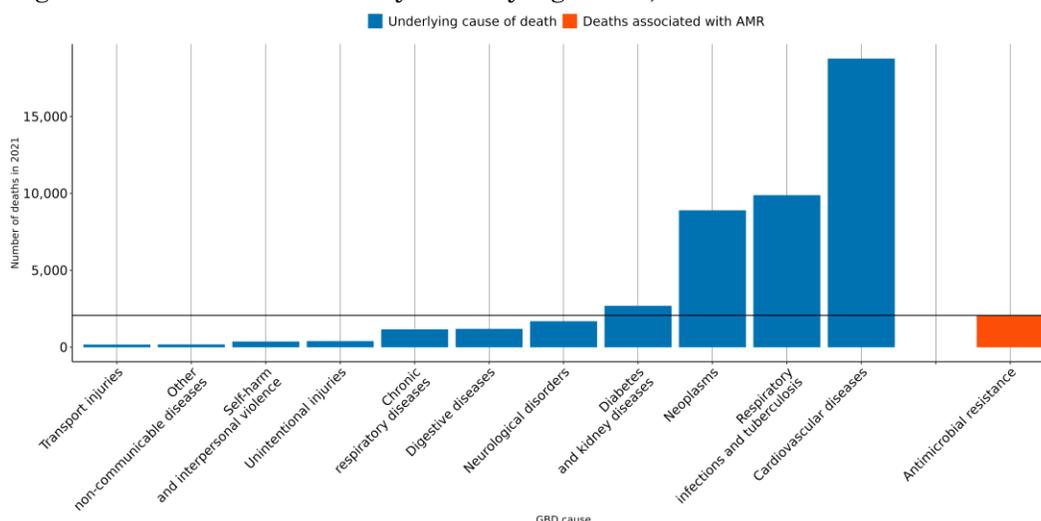


The burden of antimicrobial resistance (AMR) in Bosnia and Herzegovina

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **500 lives** have been lost each year since 1990 in Bosnia and Herzegovina due to AMR.
- In 2021, there were an estimated **487 UI (385-588)** deaths attributable to AMR and **2,080 UI (1,670-2,490)** 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 carbapenems.

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



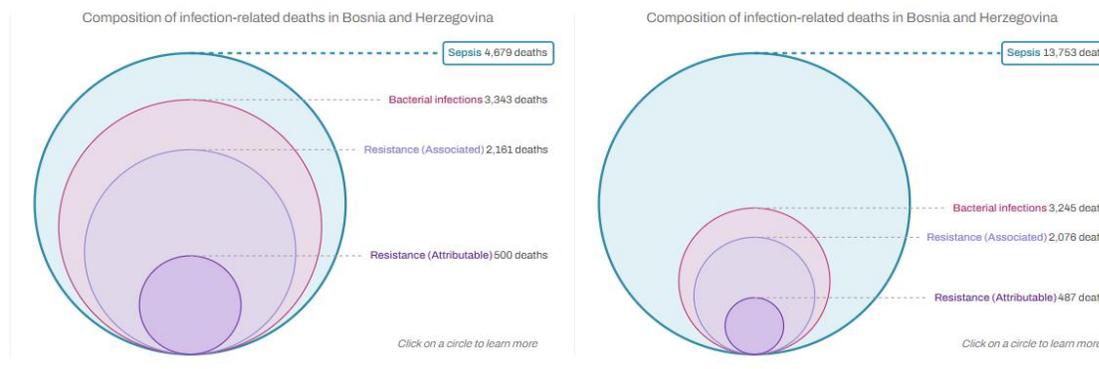
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Bosnia and Herzegovina, a 10% reduction means to decrease the number of deaths associated with AMR to **2,050**, but currently the trend for this country could reach up to **2,160 UI [1,630-2,720]** AMR-associated deaths in 2030.

AMR in Bosnia and Herzegovina

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 Bosnia and Herzegovina between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Bosnia and Herzegovina** in 2021, there were an estimated **487 UI (385-588)** deaths attributable to AMR and **2,080 UI (1,670-2,490)** 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, **Bosnia and Herzegovina has the 50th 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)

	Overall susceptible and resistant	Associated	Attributable
Burden rank	Staphylococcus aureus 693 UI (580-807) ↑	Escherichia coli 486 UI (403-568) ↑	Escherichia coli 90 UI (69-111) ↑
	Escherichia coli 617 UI (519-715) ↑	Staphylococcus aureus 348 UI (250-445) ↓	Staphylococcus aureus 73 UI (50-95) ↑
	Pseudomonas aeruginosa 290 UI (241-339) ↓	Klebsiella pneumoniae 212 UI (171-253) ↓	Acinetobacter baumannii 70 UI (59-81) ↓
	Streptococcus pneumoniae 278 UI (229-328) ↓	Pseudomonas aeruginosa 203 UI (153-252) ↓	Klebsiella pneumoniae 62 UI (50-74) ↓
	Klebsiella pneumoniae 256 UI (213-299) ↓	Streptococcus pneumoniae 184 UI (132-235) ↓	Pseudomonas aeruginosa 52 UI (36-67) ↓
	Acinetobacter baumannii 177 UI (146-207) ↓	Acinetobacter baumannii 174 UI (143-204) ↓	Streptococcus pneumoniae 46 UI (31-62) ↓
	Enterococcus faecalis 163 UI (136-190) ↑	Enterococcus faecalis 120 UI (100-141) ↑	Enterobacter spp. 26 UI (16-36) ↑
	Enterobacter spp. 127 UI (105-149) ↑	Enterobacter spp. 105 UI (86-124) ↑	Enterococcus faecalis 20 UI (13-27) ↑
	Mycobacterium tuberculosis 113 UI (88-139) ↓	Enterococcus faecium 59 UI (48-70) ↑	Enterococcus faecium 14 UI (10-17) ↑
	Group A Streptococcus 102 UI (78-127) ↑	Proteus spp. 55 UI (39-71) ↑	Serratia spp. 11 UI (9-14) ↓

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

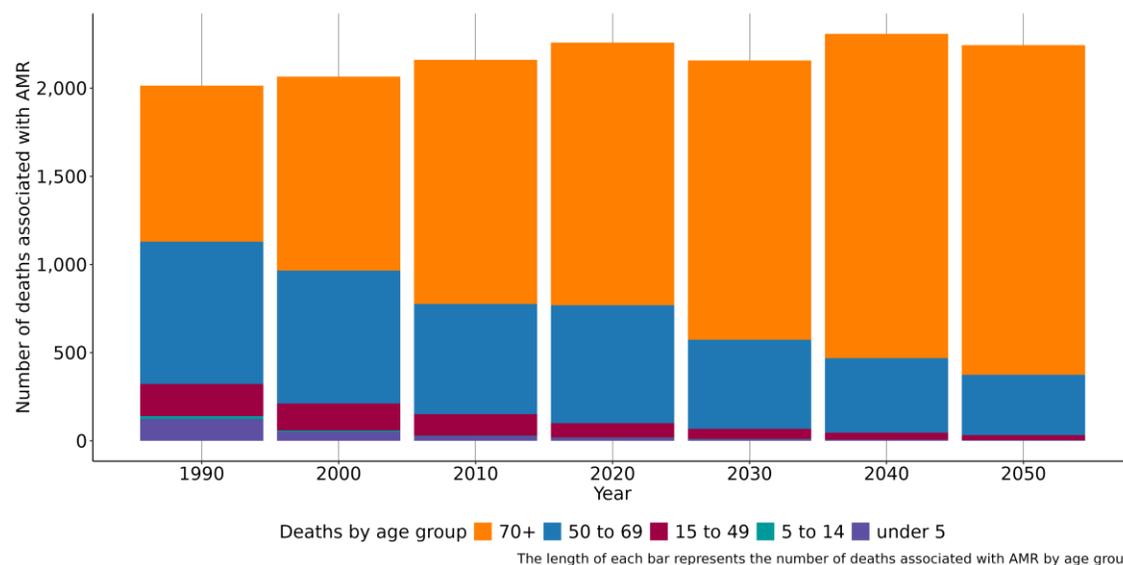
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Escherichia coli Aminopenicillin 453 UI (359-547) ↑	Staphylococcus aureus Methicillin 43 UI (26-60) ↑
	Escherichia coli TMP-SMX 315 UI (218-412) ↑	Acinetobacter baumannii Carbapenems 36 UI (28-45) ↑
	Staphylococcus aureus Macrolides 282 UI (202-361) ↓	Streptococcus pneumoniae Carbapenems 30 UI (17-44) ↓
	Escherichia coli Beta-Lactam/Lactamase Inhib. 258 UI (199-317) ↑	Acinetobacter baumannii Fluoroquinolones 21 UI (17-25) ↑
	Escherichia coli Fluoroquinolones 212 UI (146-278) ↑	Klebsiella pneumoniae Carbapenems 20 UI (15-25) ↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 182 UI (137-227) ↓	Pseudomonas aeruginosa Carbapenems 20 UI (11-28) ↑
	Staphylococcus aureus Methicillin 181 UI (109-254) ↑	Escherichia coli 3GC 19 UI (11-27) ↑
	Klebsiella pneumoniae 3GC 171 UI (139-203) ↓	Enterococcus faecalis Fluoroquinolones 18 UI (11-25) ↑
	Escherichia coli 3GC 170 UI (126-214) ↑	Escherichia coli TMP-SMX 17 UI (9-25) ↑
	Acinetobacter baumannii 4GC 168 UI (138-199) ↓	Escherichia coli Aminopenicillin 15 UI (8-22) ↑

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

- 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 (2,160 UI (1,820-2,500)), lower respiratory infection (excl. COVID) (975 UI (773-1,180)), peritoneal and intra-abdominal infections (499 UI (403-596)), infections of the skin and subcutaneous systems (220 UI (157-284)) and urinary tract infections and pyelonephritis (117 UI (79-155)).

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



- In Bosnia and Herzegovina, 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 1,370 UI (1,110-1,640), whereas the mortality rate per 100,000 was 353 UI (284-422).

Data sources for Bosnia and Herzegovina

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 Bosnia and Herzegovina by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	354	Study-year datapoints
Literature studies	1990-2009	45	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	22,273	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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