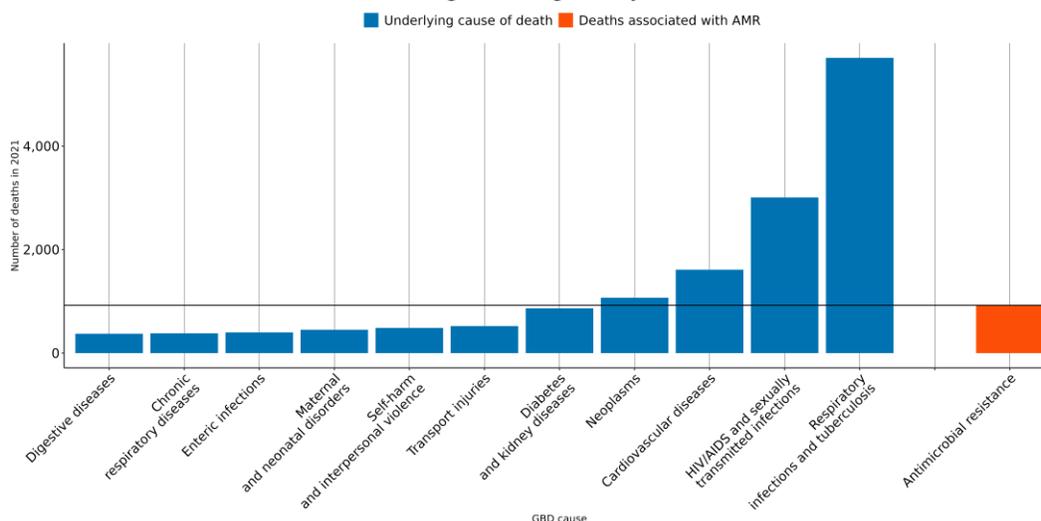


Umtswalo wokumelana nama-antimicrobial (AMR) e-Eswatini

Isifinyezo esiphezulu

- I-Antimicrobial Resistance (AMR) iyingozi enkulu yezempilo yomhlaba wonke, izimpilo ezingaphezu **kuka-300** zilahlekile minyaka yonke kusukela ngo-1990 e-Eswatini ngenxa ye-AMR.
- Ngo-2021, bekulinganiselwa **ku-224 UI (114-334)** ukufa okubangelwa yi-AMR kanye **ne-925 UI (623-1,230)** ukufa okuhlobene ne-AMR kule ndawo.
- Inani elikhulu kunawo wonke lokufa okuhlobene ne-AMR ngo-2021 lenzeke phakathi kwalabo abaneminyaka **engama-50 kuya kwengama-69** ezweni.
- Phakathi kwezinhlanganisela ezibulala kakhulu ze-pathogen-izidakamizwa ngo-2021 kwakukhona *i-Mycobacterium tuberculosis engamelana* nezidakamizwa eziningi (ngaphandle kokumelana nezidakamizwa eziningi), *i-Acinetobacter baumannii* emelana nama-carbapenems kanye *ne-Streptococcus pneumoniae* emelana nama-carbapenems.

Umdwebo 1 Inani labantu abafa ngembangela eyisisekelo, nalabo abahlobene ne-AMR ngo-2021



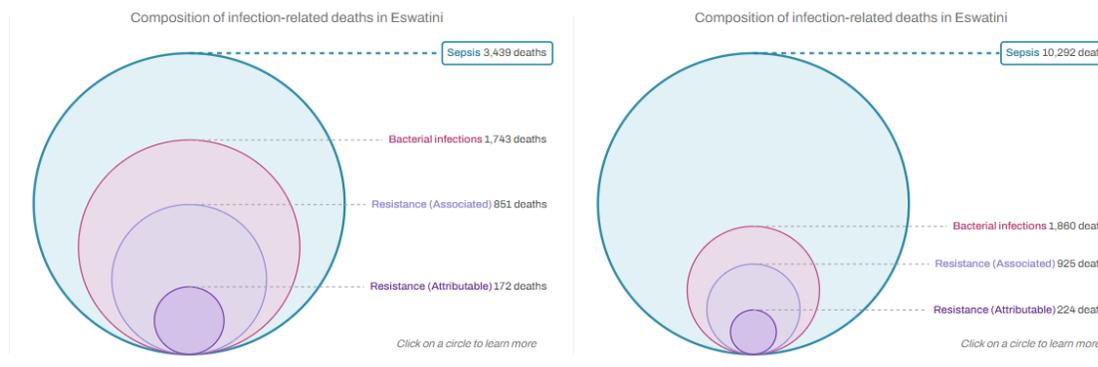
- Ngo-2021, inani lokufa okuhambisana ne-AMR (ibha ye-orange *ku-figure 2*) laliphakeme uma kuqhathaniswa nezimbangela ezifanele kakhulu zokufa (ezikhonjiswe ngombala oluhlaza okwesibhakabhaka) ezweni. Ukufa okuhlobene ne-AMR kwenzeka ngaphakathi kwezimbangela eziningi zokufa kwe-Global Burden of Disease (GBD) futhi i-AMR akuyona imbangela yokufa ngokwayo.
- [Emhlanganweni ophakeme we-2024 we-United Nations General Assembly mayelana nemithi elwa namagciwane Ukumelana](#), amalungu ezwe avumile ukuhlolose **ukwehliswa okungu-10%** uma kuqhathaniswa nesisekelo se-2019 (**kusuka ku-4.95 kuya ku-4.45 million**) kwinqanaba lomhlaba jikelele lokufa okuhambisana ne-AMR ngo-2030. Kepha [isibikezelo sethu](#) sikhombisa ukuthi uma kungekho senzo esihlangene, ukufa okuhambisana ne-AMR kungafinyelela **ezigidini ezingama-5.5** (UI 4.8 - 6.2) uma izitayela zamanje ziqhubeka. Ku-Eswatini, ukwehliswa kwe-10% kusho ukwehlisa inani lokufa okuhlobene ne-AMR **ku-941**, kepha njengamanje ukuthambekela kwaleli zwe kungafinyelela **ku-964 UI [619-1,450]** ukufa okuhlobene ne-AMR ngo-2030.

I-AMR e-Eswatini

Izinto ezibalulekile

- I-Antimicrobial Resistance (AMR) iyingozi enkulu yezempilo yomhlaba wonke, izimpilo ezingaphezu *kwesigidi* zilahlekile minyaka yonke kusukela ngo-1990.
- Emhlabeni jikelele, ukufa kwezigidi ezingama-4.71 (95% Uncertainty Interval (UI) 4.2-5.2) kwakuhlotshaniswa nezifo ezingamelana nezidakamizwa ngo-2021.
- Futhi ukufa kwezigidi ezingu-1.14 (UI 1 - 1.3) kwakubangelwa ukutheleleka okungamelana nezidakamizwa ngonyaka ofanayo.
- *Ukufa kwezigidi ezingama-39 (i-UI 33 - 46)* kulindeleke ukuthi kwenzeke phakathi kuka-2025-2050 ngaphandle kokuthi kuthathwe izinyathelo ezihlangene. Lokhu kufana nokufa kwabantu abathathu ngomzuzu ngamunye.

Umdwebo 2 Ukuqhathanisa iminyaka engama-30 yokufa okuhlobene nokutheleleka, nalezo ezihlobene ne-AMR e-Eswatini phakathi kuka-1990 no-2019.



- Ukubheka lokhu nokuningi ukubukwa ngokubambisana vakashela [Ukulinganisa Izimbangela Ezithathelwanayo kanye Nemiphumela Yokumelana Nokulinganisa Umthwalo \(MICROBE\)](#)
- **E-Eswatini** ngo-2021, kwakukhona ukufa **okulinganiselwa ku-224 UI (114-334)** okubangelwa yi-AMR kanye **ne-925 UI (623-1,230)** ukufa okuhlobene ne-AMR. Lapha "*ukufa okubangelwa*" kubhekwa njengalezo ebezingavinjelwa ukube amagciwane amelana nezidakamizwa abangela izifo awazange amelane nezidakamizwa. "*Ukufa okuhambisanayo*" kubhekwa njengalezo ebezingazange zenzeke ukube ukutheleleka bekuvinjelwe ngokuphelele.
- Emazweni angama-204, **i-Eswatini inezinga lokufa eliphakeme kakhulu le-15** elihambisana ne-AMR ngo-2021.
- *Ithebula 1* likhombisa amagciwane abangela ukufa okuningi ngo-2021 (↑ ikhombisa ukwanda kwesilinganiso sonyaka phakathi kuka-1990-2021, ↓ kukhombisa ukwehla konyaka), futhi *ithebula 2* likhombisa inhlanganisela ye-pathogen-izidakamizwa ezibangele ukufa okuningi ngo-2021.

Ithebula 1. Amagciwane abangela ukufa okuningi ngo-2021 (Inani lokufa kwabazali)

	Overall susceptible and resistant	Associated	Attributable
Burden rank	Mycobacterium tuberculosis 669 UI (398-939) ↑	Streptococcus pneumoniae 170 UI (115-225) ↓	Mycobacterium tuberculosis 47 UI (0-139) ↑
	Streptococcus pneumoniae 220 UI (159-281) ↓	Klebsiella pneumoniae 136 UI (94-178) ↑	Streptococcus pneumoniae 36 UI (22-51) ↓
	Klebsiella pneumoniae 185 UI (133-236) ↑	Mycobacterium tuberculosis 125 UI (36-272) ↑	Klebsiella pneumoniae 32 UI (22-42) ↑
	Staphylococcus aureus 144 UI (104-183) ↑	Escherichia coli 119 UI (84-154) ↓	Acinetobacter baumannii 30 UI (23-37) ↑
	Pseudomonas aeruginosa 135 UI (98-172) ↑	Staphylococcus aureus 95 UI (59-131) ↑	Escherichia coli 23 UI (15-31) ↑
	Escherichia coli 129 UI (93-165) ↓	Acinetobacter baumannii 73 UI (52-94) ↑	Pseudomonas aeruginosa 16 UI (9-23) ↑
	Acinetobacter baumannii 81 UI (58-103) ↑	Pseudomonas aeruginosa 65 UI (42-88) ↑	Staphylococcus aureus 16 UI (9-22) ↑
	Group B Streptococcus 39 UI (27-50) ↑	Serratia spp. 21 UI (15-27) ↓	Serratia spp. 6 UI (4-8) ↓
	Shigella spp. 36 UI (16-55) ↓	Shigella spp. 20 UI (7-33) ↓	Enterobacter spp. 4 UI (3-6) ↓
	Serratia spp. 30 UI (21-38) ↑	Enterobacter spp. 18 UI (13-23) ↑	Shigella spp. 2 UI (0-4) ↓

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

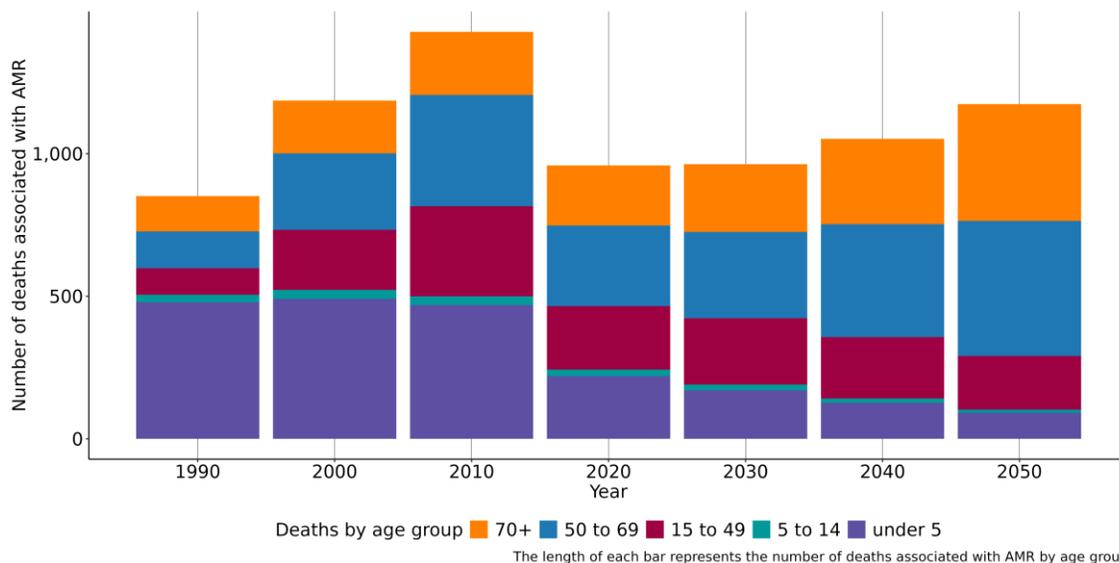
Ithebula 2. Inhlanganisela ebangela ukufa okuningi ngo-2021 (Inani lokufa kwabazali)

	Associated	Attributable
Burden Rank	Mycobacterium tuberculosis MDR excluding XDR 124 UI (36-269) ↑	Mycobacterium tuberculosis MDR excluding XDR 46 UI (0-137) ↑
	Streptococcus pneumoniae Macrolides 119 UI (78-160) ↓	Streptococcus pneumoniae Carbapenems 21 UI (11-31) ↓
	Streptococcus pneumoniae TMP-SMX 119 UI (68-169) ↓	Acinetobacter baumannii Carbapenems 19 UI (14-24) ↑
	Escherichia coli Aminopenicillin 117 UI (79-155) ↓	Klebsiella pneumoniae 3GC 10 UI (5-14) ↑
	Klebsiella pneumoniae 3GC 111 UI (78-144) ↑	Acinetobacter baumannii Fluoroquinolones 7 UI (6-9) ↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 105 UI (66-145) ↑	Klebsiella pneumoniae Aminoglycosides 7 UI (4-10) ↓
	Klebsiella pneumoniae Aminoglycosides 101 UI (69-133) ↑	Klebsiella pneumoniae Fluoroquinolones 7 UI (4-10) ↑
	Klebsiella pneumoniae TMP-SMX 99 UI (66-133) ↓	Staphylococcus aureus TMP-SMX 6 UI (4-9) ↑
	Klebsiella pneumoniae Fluoroquinolones 95 UI (61-128) ↑	Pseudomonas aeruginosa Carbapenems 6 UI (3-9) ↑
	Streptococcus pneumoniae Beta-Lactam/Lactamase Inhib. 89 UI (46-132) ↑	Escherichia coli Fluoroquinolones 5 UI (2-8) ↑

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

- Ngaphandle kokumelana nama-antimicrobial, ama-syndromes athathelwanayo abalwa ukufa okuningi ngo-2021 bekulokhu okulandelayo (kulinganisela izinkulungwane zokufa ku-parenthesis), ukutheluleka okuphansi kokuphefumula (ngaphandle kwe-COVID) (829 UI (601-1,060)), isifo sofuba (669 UI (398-939)), ukutheluleka kwegazi (582 UI (413-751)), isifo sohudo (396 UI (245-547)) kanye ne-meningitis (83 UI (55-111)).

Umdwebo 3. Inani lokufa okuhlobene ne-AMR ngeqembu leminyaka phakathi kuka-1990-2020 no-2050



- E-Eswatini, abantu abaneminyaka engaphansi kwengu-5 bathola inani elikhulu kakhulu lokufa okuhlobene ne-AMR ngo-1990 kodwa lokhu kwashintsha ngo-2021 njengoba inani elikhulu lokufa lenzeka phakathi kwabangu-50 kuya ku-69. Lokhu kukhombisa ukuthi ukujinjelwa kokutheleleka phakathi kwabangaphansi kweminyaka engu-5 kube nomthelela ekunciphiseni inani lokufa okuhlobene ne-AMR. Ngo-2021, inani lokufa okuhlobene ne-AMR phakathi kwabangu-50 kuya ku-69 lalingama-277 UI (181-373), kanti izinga lokufa kwabangu-100,000 lalingama-875 UI (652- 1,100).

Imithombo yedatha ye-Eswatini

Sekukonke, amarekhodi ayizigidi ezingama-520 noma ama-isolates ahlanganisa iminyaka yokufunda eyi-19,513 asetshenziswe njengedatha yokufaka kwinqubo yethu yokulinganisa. I-subset yedatha yokufaka yaleli zwe iboniswe ngezansi.

Ithebula 3. Ukufakwa kwedatha ye-Eswatini ngohlobo lomthombo

Uhlobo lomthombo	Iminyaka	Usayizi wesampula	Amayunithi osayizi wesampula
Ukusetshenziswa kwama-antibiotic	1990-2021	648	Amaphuzu wedatha yonyaka wokufunda
Idatha ye-microbial noma yelaboratri ngaphandle kwemiphumela	1990-2021	4,701	Ukuzihlukanisa

Ulwazi oluthe xaxa

Mayelana ne-GRAM:

Inhloso yephrojekthi Yocwaningo Lomhlaba Wonke Lokumelana Ne-Antimicrobial Resistance (GRAM) **ukukhiqiza izilinganiso ezinembile nezifike ngesikhathi zobukhulu kanye nokuthambekela komthwalo wokumelana nama-antimicrobial (AMR)** emhlabeni wonke, okungasetshenziswa ukwazisa imihlahlandlela yokwelashwa nama-ajenda okwenza izinqumo nocwaningo, ukuthola izinkinga ezivelayo nokuqapha izitayela ukwazisa amasu omhlaba, kanye nokwenza lula ukuhlolwa kokungenelela ngokuhamba kwesikhathi.

I-GRAM yiphrojekthi ye-flagship ye-University of Oxford-IHME Strategic Partnership. I-GRAM yethulwe ngosizo oluvela e-United Kingdom Department of Health and Social Care's Fleming Fund, kanye neWellcome Trust.

Zonke izinsiza:

Ngazo zonke izinsiza ngokuhlaziywa kwe-AMR ku-IHME, vakashela <https://www.healthdata.org/antimicrobial-resistance>.

Ukubheka lokhu nokuningi ukubukwa ngokusebenzisana vakashela [Ukulinganisa Izimbangela Ezithathelwanayo kanye Nemiphumela Yokumelana Nokulinganisa Umthwalo \(MICROBE\)](#).

Imithombo yedatha:

Ukulanda uhlu lwemithombo yokufaka idatha ngezwe, kanye nemiphumela ye-AMR ngesifunda, vakashela [Ukushintshaniswa Kwedatha Yezempilo Yomhlaba Wonke \(GHDx\)](#).

Xhumana nathi:

- Ngemibuzo mayelana nokuhlaziywa nemibuzo evela kwizikhulu zikahulumeni, iminyango yezempilo, noma izikhungo zocwaningo: engage@healthdata.org
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- **I-Bluesky:** @ihmeuw.bsky.social
- **I-Twitter:** @IHME_UW
- **Facebook:** <https://www.facebook.com/IHMEUW>
- **LinkedIn:** <https://www.linkedin.com/company/institute-for-health-metrics-and-ukuhlolwa>