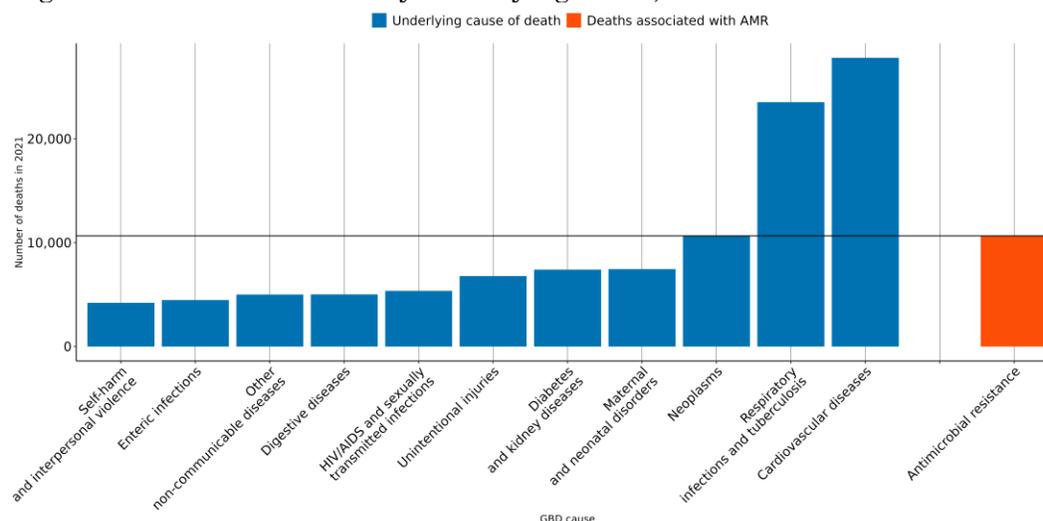


The burden of antimicrobial resistance (AMR) in Haiti

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **2,000 lives** have been lost each year since 1990 in Haiti due to AMR.
- In 2021, there were an estimated **2,480 UI (1,800-3,160)** deaths attributable to AMR and **10,700 UI (8,000-13,300)** 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 *Pseudomonas aeruginosa* resistant to carbapenems, *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



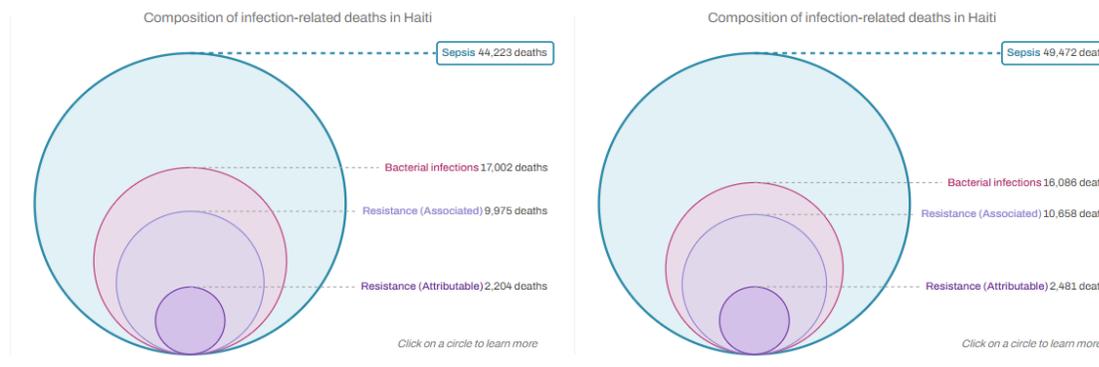
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Haiti, 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 **12,000 UI [8,110-18,000]** AMR-associated deaths in 2030.

AMR in Haiti

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 Haiti between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Haiti** in 2021, there were an estimated **2,480 UI (1,800-3,160)** deaths attributable to AMR and **10,700 UI (8,000-13,300)** 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, **Haiti has the 23rd 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
	Streptococcus pneumoniae	3,210 UI (2,460-3,950)	↓	Streptococcus pneumoniae	2,320 UI (1,600-3,040)	↓	Acinetobacter baumannii	564 UI (454-675)	↑
	Klebsiella pneumoniae	2,350 UI (1,860-2,840)	↑	Klebsiella pneumoniae	1,960 UI (1,510-2,400)	↑	Klebsiella pneumoniae	445 UI (327-563)	↑
	Mycobacterium tuberculosis	1,600 UI (720-3,590)	↓	Acinetobacter baumannii	1,440 UI (1,110-1,760)	↑	Streptococcus pneumoniae	423 UI (243-602)	↓
	Acinetobacter baumannii	1,550 UI (1,210-1,890)	↑	Escherichia coli	1,300 UI (981-1,620)	↓	Pseudomonas aeruginosa	284 UI (195-373)	↑
	Pseudomonas aeruginosa	1,500 UI (1,180-1,820)	↑	Pseudomonas aeruginosa	1,090 UI (831-1,350)	↑	Escherichia coli	260 UI (180-340)	↓
	Escherichia coli	1,430 UI (1,090-1,760)	↓	Staphylococcus aureus	955 UI (679-1,230)	↑	Staphylococcus aureus	204 UI (128-280)	↑
	Staphylococcus aureus	1,340 UI (1,050-1,630)	↑	Enterobacter spp.	286 UI (221-350)	↑	Enterobacter spp.	71 UI (55-87)	↑
	Group B Streptococcus	490 UI (381-600)	↓	Serratia spp.	255 UI (193-316)	↓	Serratia spp.	64 UI (49-80)	↓
	Serratia spp.	379 UI (298-459)	↑	Enterococcus faecalis	180 UI (131-229)	↑	Enterococcus faecalis	30 UI (18-43)	↑
	Enterobacter spp.	367 UI (289-446)	↑	Group B Streptococcus	173 UI (115-231)	↑	Citrobacter spp.	25 UI (17-34)	↑

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

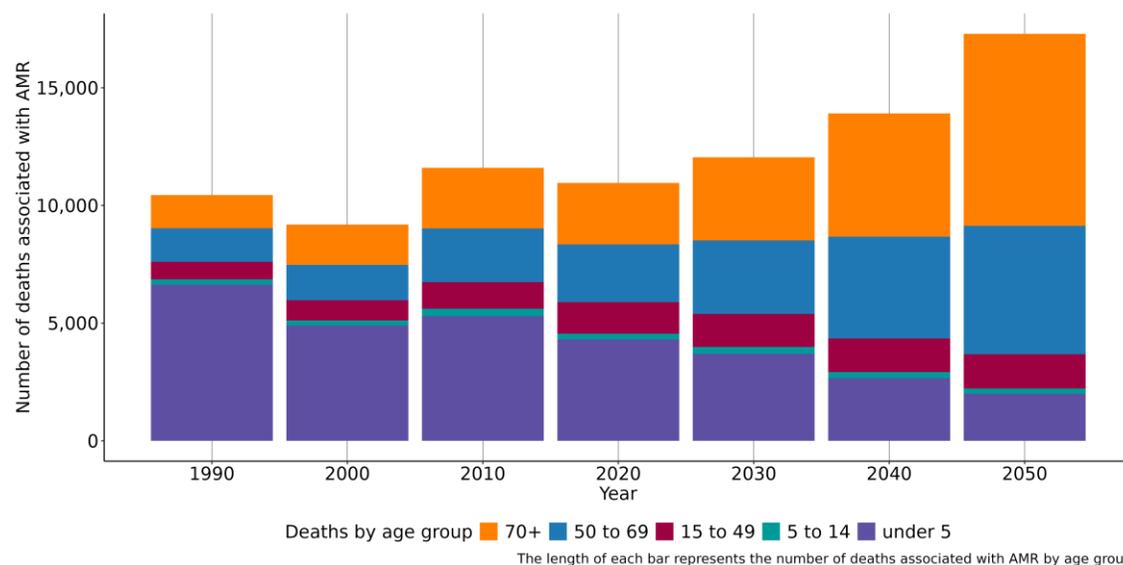
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated			Attributable		
	Combination	UI (range)	Change	Combination	UI (range)	Change
	Streptococcus pneumoniae TMP-SMX	1,780 UI (1,090-2,470)	↓	Acinetobacter baumannii Carbapenems	247 UI (171-324)	↑
	Klebsiella pneumoniae TMP-SMX	1,760 UI (1,350-2,180)	↑	Streptococcus pneumoniae Carbapenems	182 UI (86-278)	↓
	Klebsiella pneumoniae Fluoroquinolones	1,570 UI (1,170-1,980)	↑	Pseudomonas aeruginosa Carbapenems	161 UI (100-221)	↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib.	1,500 UI (1,060-1,950)	↓	Acinetobacter baumannii Fluoroquinolones	140 UI (107-173)	↑
	Acinetobacter baumannii 3GC	1,360 UI (1,040-1,690)	↑	Klebsiella pneumoniae Fluoroquinolones	125 UI (78-171)	↑
	Acinetobacter baumannii Anti-pseudomonal	1,350 UI (1,040-1,650)	↑	Staphylococcus aureus Methicillin	106 UI (53-158)	↑
	Streptococcus pneumoniae Macrolides	1,330 UI (857-1,800)	↑	Klebsiella pneumoniae Aminoglycosides	84 UI (56-113)	↓
	Klebsiella pneumoniae Aminoglycosides	1,330 UI (985-1,670)	↑	Acinetobacter baumannii Aminoglycosides	83 UI (56-109)	↓
	Acinetobacter baumannii 4GC	1,300 UI (979-1,630)	↑	Streptococcus pneumoniae Penicillin	80 UI (47-114)	↓
	Acinetobacter baumannii Carbapenems	1,150 UI (821-1,480)	↑	Klebsiella pneumoniae TMP-SMX	77 UI (38-116)	↓

Annualized rate of change (1990-2021): <-3% (blue), -3% to -1.5% (light blue), -1.5% to 0% (light blue), 0% to 1.5% (pink), 1.5% to 3% (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 (8,310 UI (6,590-10,000)), lower respiratory infection (excl. COVID) (8,210 UI (6,160-10,300)), diarrhea (4,510 UI (2,820-6,200)), tuberculosis (1,600 UI (720-3,590)) and peritoneal and intra-abdominal infections (915 UI (644-1,190)).

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



- In Haiti, 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 4,090 UI (2,970-5,220), whereas the mortality rate per 100,000 was 891 UI (655-1,130).

Data sources for Haiti

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 Haiti by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	1,902	Study-year datapoints
Literature studies	2010-2021	986	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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