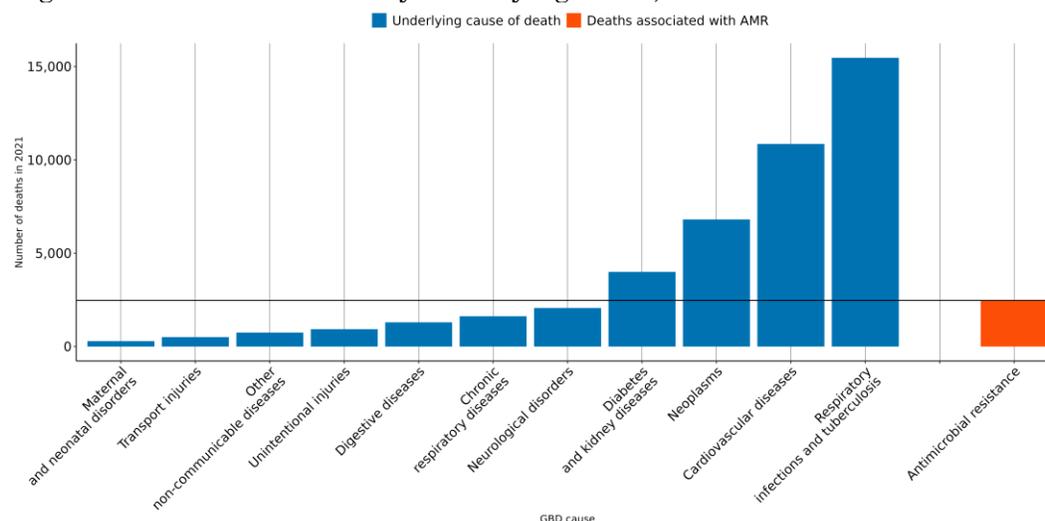


The burden of antimicrobial resistance (AMR) in Lebanon

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **500 lives** have been lost each year since 1990 in Lebanon due to AMR.
- In 2021, there were an estimated **593 UI (452-733)** deaths attributable to AMR and **2,470 UI (1,980-2,960)** 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



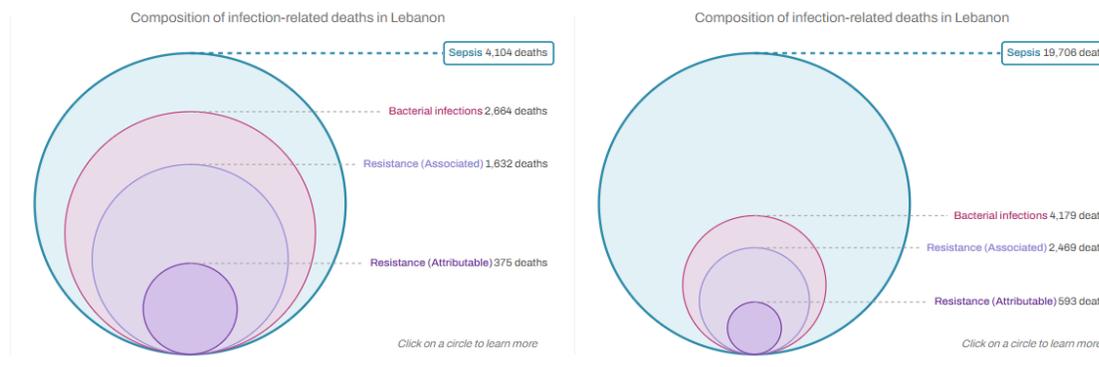
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Lebanon, a 10% reduction means to decrease the number of deaths associated with AMR to **2,250**, but currently the trend for this country could reach up to **2,750 UI [2,060-3,610]** AMR-associated deaths in 2030.

AMR in Lebanon

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 Lebanon between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Lebanon** in 2021, there were an estimated **593 UI (452-733)** deaths attributable to AMR and **2,470 UI (1,980-2,960)** 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, **Lebanon has the 62nd 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 974 UI (830-1,120) ↑	Staphylococcus aureus 514 UI (381-648) ↑	Streptococcus pneumoniae 113 UI (73-154) ↑
	Streptococcus pneumoniae 710 UI (604-816) ↑	Escherichia coli 435 UI (363-507) ↑	Staphylococcus aureus 102 UI (58-147) ↑
	Escherichia coli 515 UI (435-594) ↑	Streptococcus pneumoniae 406 UI (286-525) ↓	Acinetobacter baumannii 92 UI (78-106) ↑
	Pseudomonas aeruginosa 419 UI (358-480) ↑	Klebsiella pneumoniae 271 UI (221-320) ↑	Escherichia coli 91 UI (73-110) ↑
	Klebsiella pneumoniae 385 UI (328-441) ↑	Acinetobacter baumannii 226 UI (194-258) ↑	Klebsiella pneumoniae 66 UI (52-80) ↑
	Acinetobacter baumannii 231 UI (198-264) ↑	Pseudomonas aeruginosa 222 UI (177-266) ↑	Pseudomonas aeruginosa 58 UI (42-73) ↑
	Group A Streptococcus 127 UI (105-149) ↑	Proteus spp. 75 UI (60-89) ↑	Enterobacter spp. 15 UI (12-18) ↑
	Enterococcus faecalis 124 UI (104-144) ↑	Enterococcus faecium 68 UI (56-79) ↑	Enterococcus faecium 14 UI (10-17) ↑
	Enterobacter spp. 113 UI (96-130) ↑	Enterobacter spp. 56 UI (45-66) ↓	Proteus spp. 10 UI (7-13) ↑
	Proteus spp. 104 UI (88-121) ↑	Enterococcus faecalis 47 UI (37-57) ↑	Enterococcus faecalis 8 UI (5-12) ↑

Annualized rate of change (1990-2021) <-3% -3% to -1.5% -1.5% to 0% 0% to 1.5% 1.5% to 3% 3% to 5% >5.0%

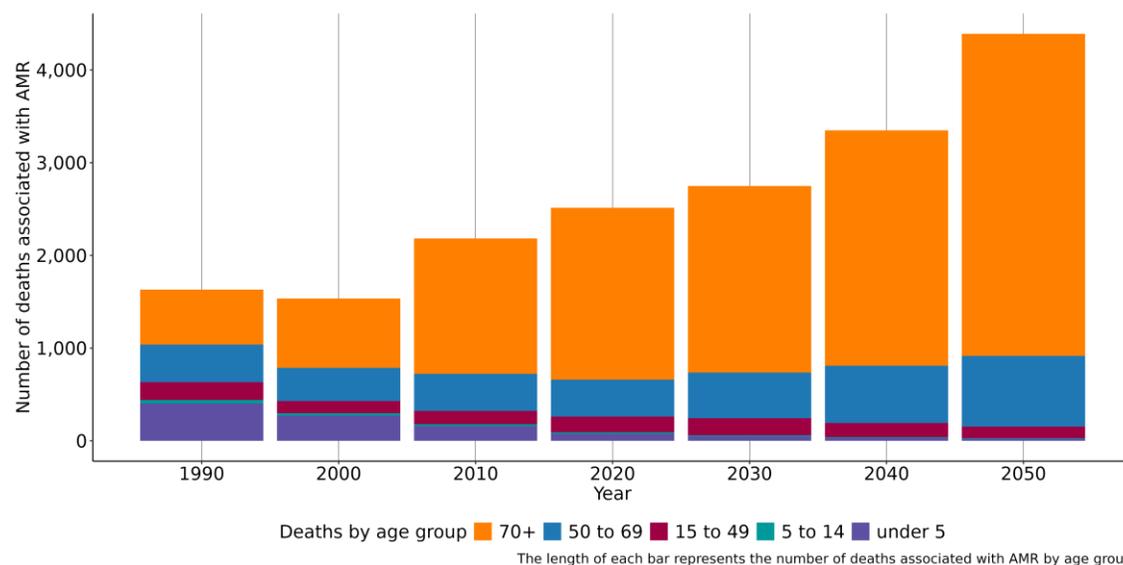
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Staphylococcus aureus Macrolides 417 UI (318-517) ↑	Streptococcus pneumoniae Carbapenems 91 UI (57-124) ↑
	Escherichia coli Aminopenicillin 389 UI (282-496) ↑	Staphylococcus aureus Methicillin 59 UI (24-93) ↑
	Streptococcus pneumoniae Carbapenems 304 UI (202-407) ↑	Acinetobacter baumannii Carbapenems 51 UI (39-63) ↑
	Escherichia coli Fluoroquinolones 291 UI (229-354) ↑	Pseudomonas aeruginosa Carbapenems 30 UI (19-40) ↑
	Staphylococcus aureus Fluoroquinolones 273 UI (195-351) ↑	Escherichia coli 3GC 28 UI (19-38) ↑
	Escherichia coli 3GC 254 UI (208-299) ↑	Acinetobacter baumannii Fluoroquinolones 26 UI (22-31) ↑
	Staphylococcus aureus Methicillin 252 UI (86-418) ↑	Escherichia coli Fluoroquinolones 21 UI (12-29) ↑
	Escherichia coli TMP-SMX 247 UI (197-298) ↑	Staphylococcus aureus Macrolides 19 UI (12-25) ↑
	Escherichia coli Beta-Lactam/Lactamase Inhib. 239 UI (190-288) ↑	Staphylococcus aureus Fluoroquinolones 18 UI (6-31) ↑
	Streptococcus pneumoniae Macrolides 236 UI (157-316) ↓	Klebsiella pneumoniae Aminoglycosides 16 UI (12-21) ↑

Annualized rate of change (1990-2021) <-3% -3% to -1.5% -1.5% to 0% 0% to 1.5% 1.5% to 3% 3% to 5% >5.0%

- Independently of antimicrobial resistance, the infectious syndromes accounting for the most deaths in 2021 were as follows (estimated thousands of deaths in parenthesis) lower respiratory infection (excl. COVID) (2,670 UI (2,250-3,090)), bloodstream infections (1,660 UI (1,420-1,900)), urinary tract infections and pyelonephritis (534 UI (428-641)), peritoneal and intra-abdominal infections (426 UI (353-499)) and infections of the skin and subcutaneous systems (260 UI (208-313)).

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



- In Lebanon, 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 1,820 UI (1,440-2,200), whereas the mortality rate per 100,000 was 473 UI (374-572).

Data sources for Lebanon

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 Lebanon by source type

Source type	Years	Sample size	Sample size units
Microbial or laboratory data without outcome	1990-2009	7,836	Isolates
Microbial or laboratory data with outcome	1990-2021	627	Isolates
Literature studies	1990-2021	81,201	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	106,085	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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