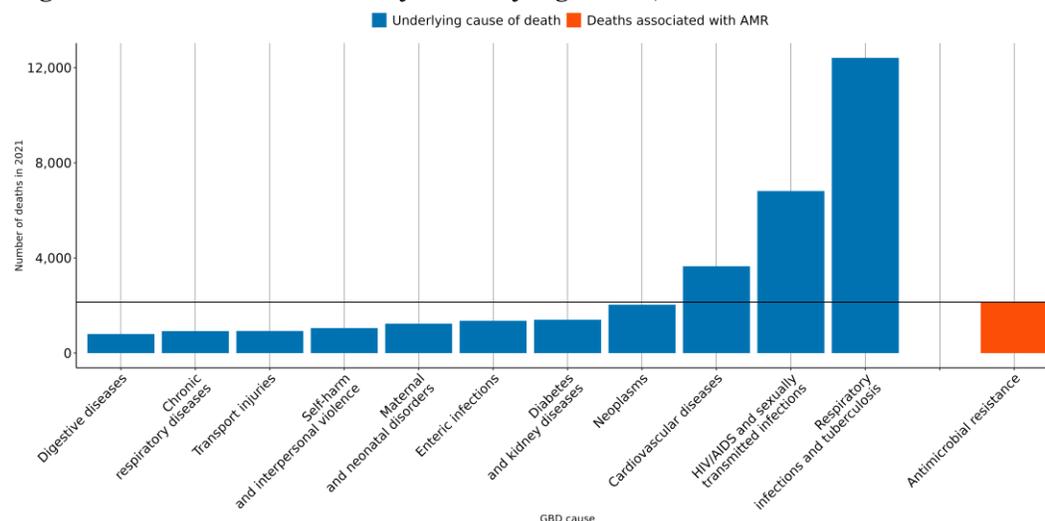


The burden of antimicrobial resistance (AMR) in Lesotho

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **600 lives** have been lost each year since 1990 in Lesotho due to AMR.
- In 2021, there were an estimated **517 UI (266-768)** deaths attributable to AMR and **2,140 UI (1,510-2,770)** deaths associated with AMR in this location.
- The largest number of deaths associated with AMR in 2021 occurred among those aged **50 to 69** in the country.
- Among the most deadly pathogen-drug combinations in 2021 were multi-drug resistant *Mycobacterium tuberculosis* (excluding extensive drug-resistance), *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



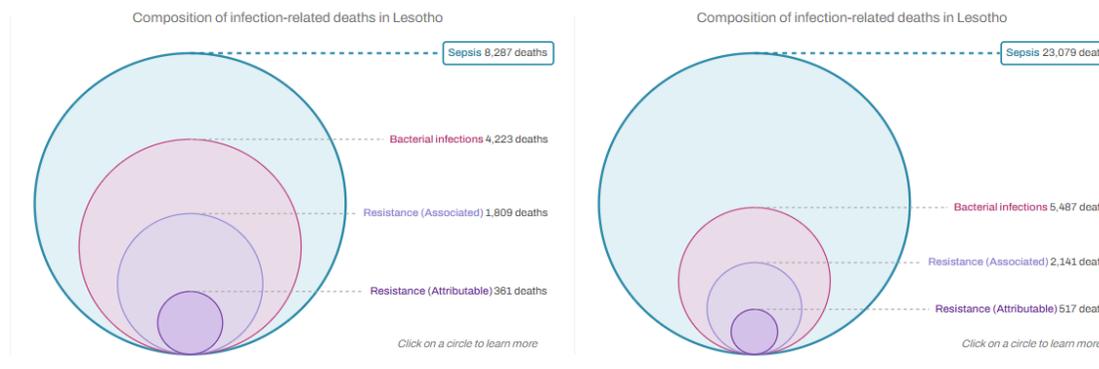
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Lesotho, a 10% reduction means to decrease the number of deaths associated with AMR to **2,160**, but currently the trend for this country could reach up to **2,060 UI [1,490-2,890]** AMR-associated deaths in 2030.

AMR in Lesotho

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 Lesotho between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Lesotho** in 2021, there were an estimated **517 UI (266-768)** deaths attributable to AMR and **2,140 UI (1,510-2,770)** 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, **Lesotho was among the highest 10 countries** in 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
	Mycobacterium tuberculosis 2,740 UI (1,880-3,600) ↑	Streptococcus pneumoniae 395 UI (286-505) ↓	Mycobacterium tuberculosis 110 UI (0-317) ↑
Streptococcus pneumoniae 505 UI (403-608) ↓	Klebsiella pneumoniae 359 UI (269-448) ↑	Streptococcus pneumoniae 83 UI (50-116) ↓	
Klebsiella pneumoniae 455 UI (359-551) ↑	Mycobacterium tuberculosis 270 UI (75-636) ↑	Klebsiella pneumoniae 78 UI (55-102) ↑	
Escherichia coli 312 UI (252-371) ↓	Escherichia coli 269 UI (206-332) ↑	Acinetobacter baumannii 62 UI (49-74) ↑	
Pseudomonas aeruginosa 297 UI (235-358) ↑	Staphylococcus aureus 202 UI (131-272) ↑	Escherichia coli 53 UI (34-72) ↑	
Staphylococcus aureus 290 UI (229-351) ↑	Pseudomonas aeruginosa 165 UI (114-215) ↑	Pseudomonas aeruginosa 40 UI (25-55) ↑	
Acinetobacter baumannii 154 UI (121-187) ↑	Acinetobacter baumannii 152 UI (119-184) ↑	Staphylococcus aureus 29 UI (17-41) ↑	
Shigella spp. 118 UI (56-181) ↓	Shigella spp. 56 UI (17-95) ↑	Serratia spp. 16 UI (12-20) ↓	
Group B Streptococcus 94 UI (71-117) ↑	Serratia spp. 56 UI (43-69) ↓	Enterobacter spp. 14 UI (9-18) ↑	
Serratia spp. 74 UI (57-90) ↑	Enterobacter spp. 46 UI (35-58) ↓	Shigella spp. 6 UI (0-12) ↑	

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% (darkest red)

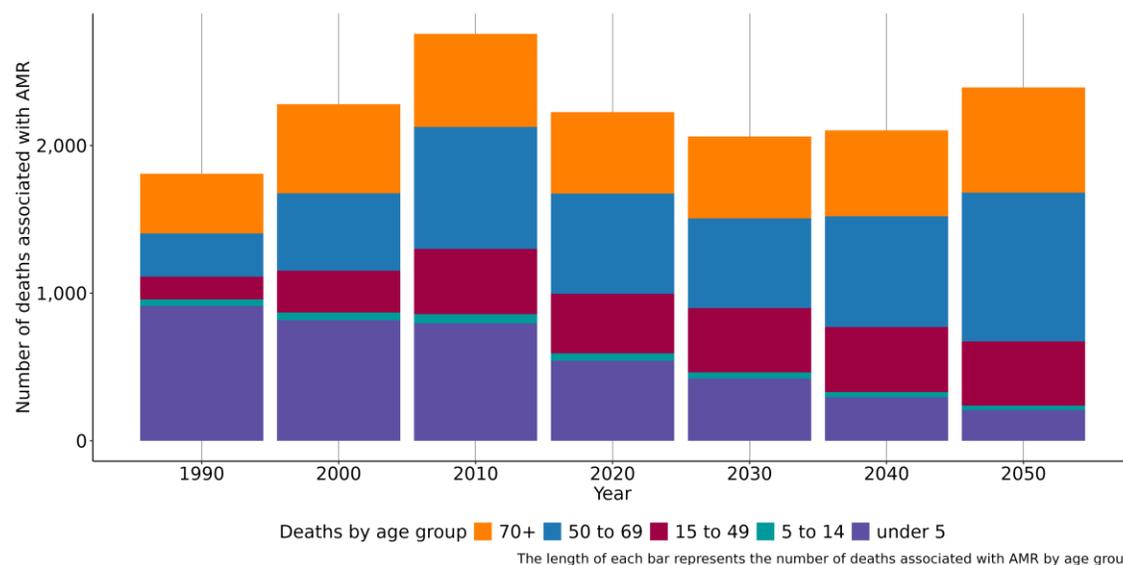
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated	Attributable
	Klebsiella pneumoniae TMP-SMX 337 UI (253-420) ↑	Mycobacterium tuberculosis MDR excluding XDR 107 UI (0-312) ↑
Streptococcus pneumoniae TMP-SMX 332 UI (221-444) ↓	Acinetobacter baumannii Carbapenems 42 UI (32-51) ↑	
Mycobacterium tuberculosis MDR excluding XDR 267 UI (74-627) ↑	Streptococcus pneumoniae Carbapenems 42 UI (21-62) ↑	
Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 259 UI (168-349) ↑	Klebsiella pneumoniae Fluoroquinolones 21 UI (12-30) ↑	
Klebsiella pneumoniae Fluoroquinolones 258 UI (178-338) ↑	Klebsiella pneumoniae TMP-SMX 17 UI (9-26) ↓	
Streptococcus pneumoniae Beta-Lactam/Lactamase Inhib. 225 UI (126-325) ↑	Staphylococcus aureus TMP-SMX 13 UI (7-18) ↑	
Escherichia coli TMP-SMX 224 UI (175-273) ↓	Pseudomonas aeruginosa Anti-pseudomonal 12 UI (8-17) ↓	
Escherichia coli Aminopenicillin 204 UI (77-330) ↑	Pseudomonas aeruginosa Fluoroquinolones 12 UI (8-17) ↑	
Streptococcus pneumoniae Macrolides 199 UI (125-272) ↑	Acinetobacter baumannii Fluoroquinolones 12 UI (9-15) ↑	
Escherichia coli Beta-Lactam/Lactamase Inhib. 170 UI (132-208) ↑	Streptococcus pneumoniae Beta-Lactam/Lactamase Inhib. 12 UI (6-18) ↑	

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% (darkest red)

- Independently of antimicrobial resistance, the infectious syndromes accounting for the most deaths in 2021 were as follows (estimated thousands of deaths in parenthesis) tuberculosis (2,740 UI (1,880-3,600)), lower respiratory infection (excl. COVID) (1,910 UI (1,520-2,300)), diarrhea (1,350 UI (775-1,930)), bloodstream infections (1,340 UI (1,040-1,650)) and meningitis (166 UI (120-213)).

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



- In Lesotho, people aged under 5 experienced the largest number of deaths associated with AMR in 1990 but this changed by 2021 as the largest number of deaths occurred among the 50 to 69. This indicates that prevention of infections among the under 5 has contributed to the reduction in the number of AMR associated deaths. In 2021, the number of deaths associated with AMR among the 50 to 69 was 646 UI (407-885), whereas the mortality rate per 100,000 was 1,060 UI (811-1,310).

Data sources for Lesotho

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 Lesotho by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	2010-2021	404	Study-year datapoints
Microbial or laboratory data without outcome	2010-2021	734	Isolates
Literature studies	2010-2021	247	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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