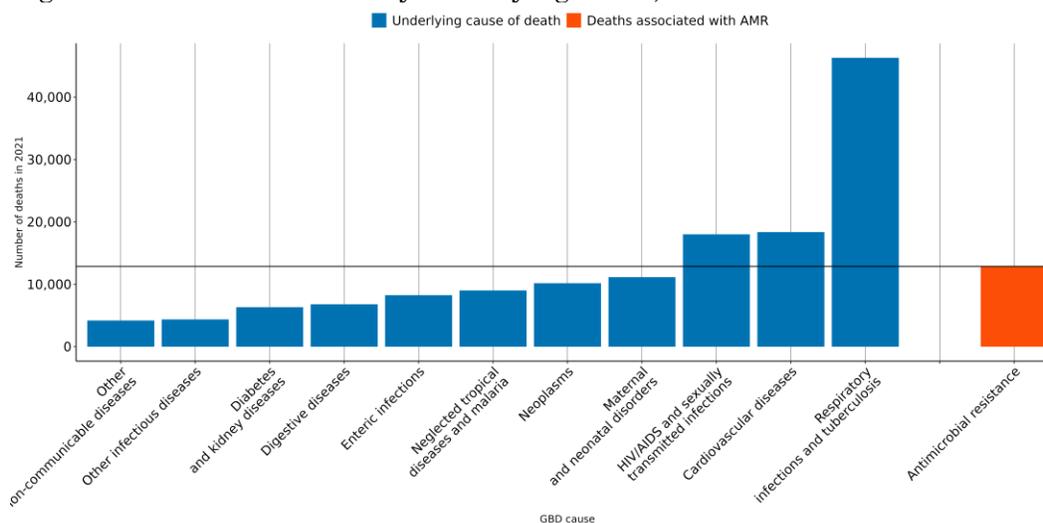


# The burden of antimicrobial resistance (AMR) in Malawi

## Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **5,000 lives** have been lost each year since 1990 in Malawi due to AMR.
- In 2021, there were an estimated **3,080 UI (2,250-3,910)** deaths attributable to AMR and **12,900 UI (9,780-16,000)** 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 *Klebsiella pneumoniae* resistant to third-generation cephalosporins, *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



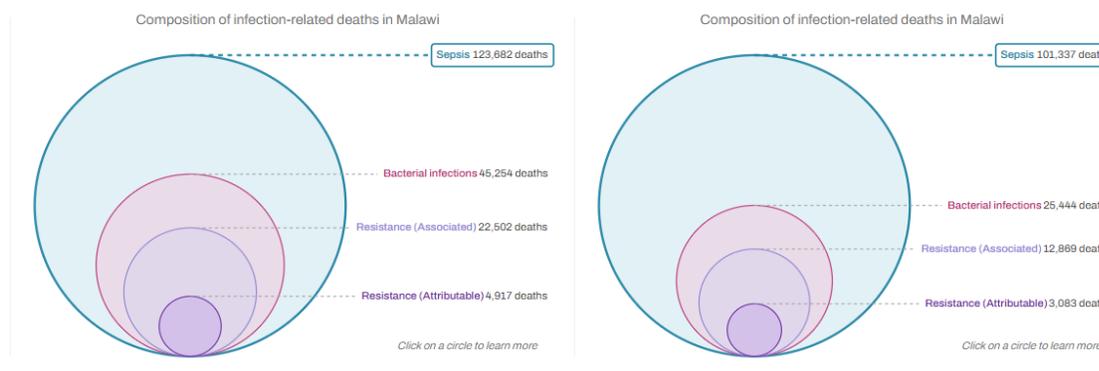
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Malawi, a 10% reduction means to decrease the number of deaths associated with AMR to **12,800**, but currently the trend for this country could reach up to **14,000 UI [10,200-18,500]** AMR-associated deaths in 2030.

## AMR in Malawi

### 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 Malawi between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Malawi** in 2021, there were an estimated **3,080 UI (2,250-3,910)** deaths attributable to AMR and **12,900 UI (9,780-16,000)** 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, **Malawi has the 21st 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	
	Number of deaths (UI)	Annualized rate of change (1990-2021)	Number of deaths (UI)	Annualized rate of change (1990-2021)	Number of deaths (UI)	Annualized rate of change (1990-2021)
	Mycobacterium tuberculosis 6,860 UI (4,180-9,550)	↓	Klebsiella pneumoniae 2,650 UI (2,090-3,210)	↓	Klebsiella pneumoniae 702 UI (542-862)	↓
	Klebsiella pneumoniae 2,880 UI (2,280-3,480)	↓	Escherichia coli 2,100 UI (1,640-2,560)	↓	Streptococcus pneumoniae 472 UI (311-632)	↓
	Streptococcus pneumoniae 2,470 UI (1,910-3,030)	↓	Streptococcus pneumoniae 1,990 UI (1,470-2,520)	↓	Escherichia coli 411 UI (288-534)	↓
	Escherichia coli 2,250 UI (1,760-2,740)	↓	Pseudomonas aeruginosa 1,160 UI (803-1,510)	↓	Acinetobacter baumannii 379 UI (306-452)	↓
	Pseudomonas aeruginosa 1,910 UI (1,520-2,300)	↓	Staphylococcus aureus 1,080 UI (802-1,360)	↑	Pseudomonas aeruginosa 280 UI (179-380)	↓
	Staphylococcus aureus 1,890 UI (1,510-2,270)	↑	Acinetobacter baumannii 959 UI (756-1,160)	↓	Staphylococcus aureus 277 UI (182-371)	↑
	Non-typhoidal Salmonella 1,200 UI (561-1,830)	↓	Serratia spp. 393 UI (298-487)	↓	Serratia spp. 114 UI (86-142)	↓
	Acinetobacter baumannii 1,010 UI (802-1,220)	↓	Mycobacterium tuberculosis 324 UI (70-863)	↑	Mycobacterium tuberculosis 111 UI (0-330)	↑
	Group B Streptococcus 946 UI (706-1,190)	↓	Enterobacter spp. 321 UI (252-391)	↓	Enterobacter spp. 81 UI (54-109)	↓
	Shigella spp. 762 UI (383-1,140)	↓	Haemophilus influenzae 318 UI (230-405)	↓	Haemophilus influenzae 48 UI (34-63)	↓

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% (orange), 3% to 5% (brown)

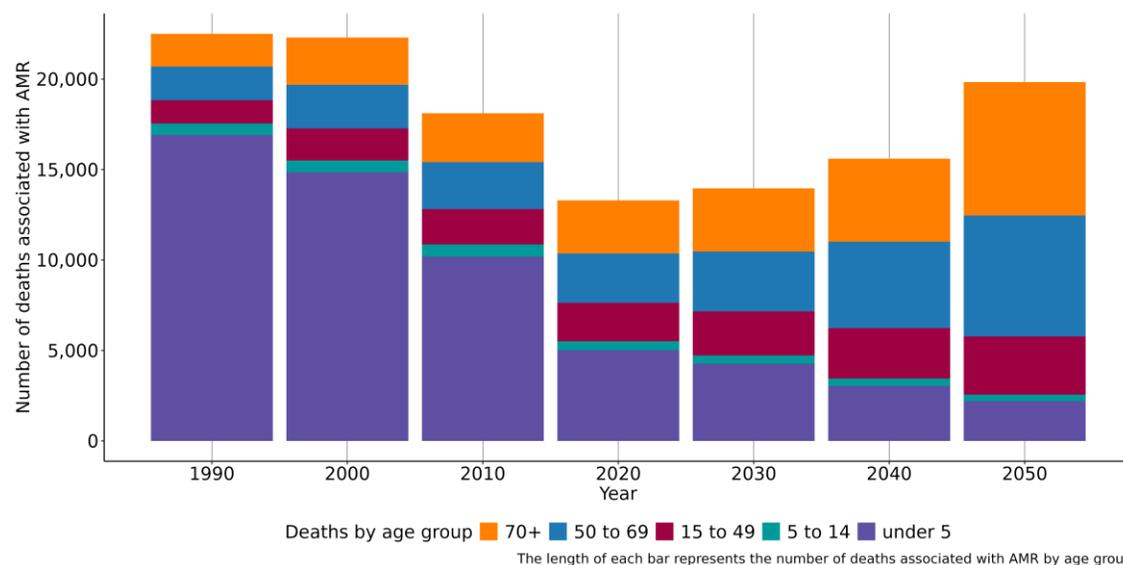
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

Burden Rank	Associated		Attributable	
	Number of deaths (UI)	Annualized rate of change (1990-2021)	Number of deaths (UI)	Annualized rate of change (1990-2021)
	Klebsiella pneumoniae TMP-SMX 2,510 UI (1,970-3,050)	↓	Streptococcus pneumoniae Carbapenems 268 UI (152-385)	↓
	Klebsiella pneumoniae 3GC 2,490 UI (1,960-3,020)	↑	Acinetobacter baumannii Carbapenems 201 UI (143-258)	↑
	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 2,090 UI (1,520-2,660)	↓	Klebsiella pneumoniae 3GC 200 UI (113-286)	↑
	Klebsiella pneumoniae Aminoglycosides 1,910 UI (1,440-2,390)	↓	Staphylococcus aureus Methicillin 183 UI (106-259)	↑
	Escherichia coli Aminopenicillin 1,820 UI (1,340-2,310)	↓	Klebsiella pneumoniae Carbapenems 145 UI (101-190)	↑
	Escherichia coli TMP-SMX 1,800 UI (1,400-2,190)	↓	Klebsiella pneumoniae Aminoglycosides 133 UI (90-176)	↓
	Escherichia coli Beta-Lactam/Lactamase Inhib. 1,730 UI (1,340-2,120)	↓	Klebsiella pneumoniae Fluoroquinolones 114 UI (70-158)	↑
	Streptococcus pneumoniae TMP-SMX 1,680 UI (1,170-2,190)	↓	Klebsiella pneumoniae TMP-SMX 110 UI (55-165)	↓
	Klebsiella pneumoniae Fluoroquinolones 1,540 UI (1,120-1,950)	↑	Mycobacterium tuberculosis MDR excluding XDR 109 UI (0-325)	↑
	Streptococcus pneumoniae Beta-Lactam/Lactamase Inhib. 1,310 UI (785-1,830)	↓	Escherichia coli 3GC 99 UI (35-162)	↓

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% (orange), 3% to 5% (brown)

- 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) (10,800 UI (8,490-13,100)), bloodstream infections (9,950 UI (7,670-12,200)), diarrhea (7,150 UI (4,550-9,750)), tuberculosis (6,860 UI (4,180-9,550)) and meningitis (2,660 UI (1,830-3,490)).

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



- In Malawi, 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 4,660 UI (3,270-6,050), whereas the mortality rate per 100,000 was 915 UI (751-1,080).

### Data sources for Malawi

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 Malawi by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	6,363	Study-year datapoints
Microbial or laboratory data without outcome	1990-2021	113,728	Isolates
Literature studies	1990-2021	20,446	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	33,666	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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