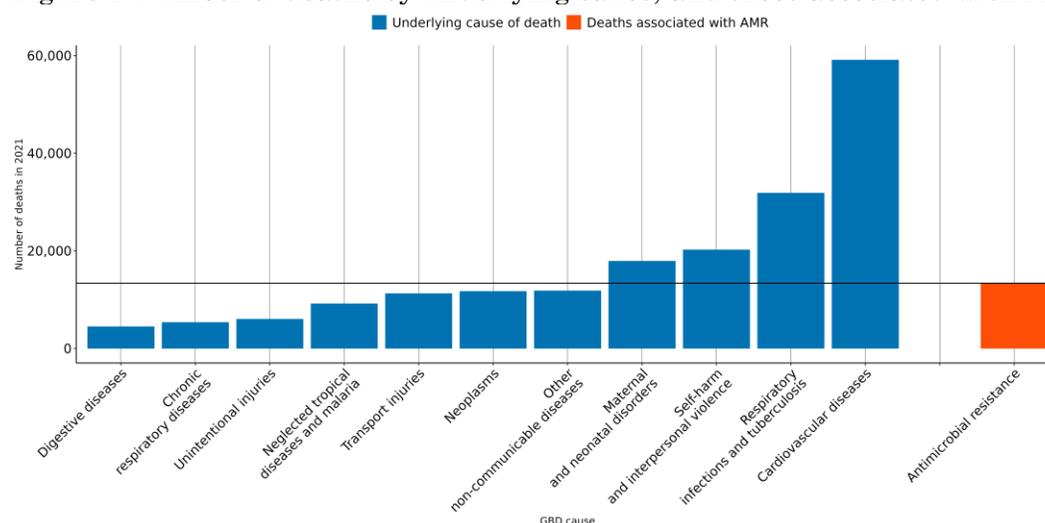


The burden of antimicrobial resistance (AMR) in Yemen

Executive summary

- Antimicrobial Resistance (AMR) is a major global health threat, over **4,000 lives** have been lost each year since 1990 in Yemen due to AMR.
- In 2021, there were an estimated **3,270 UI (2,370-4,180)** deaths attributable to AMR and **13,400 UI (10,100-16,700)** 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 *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



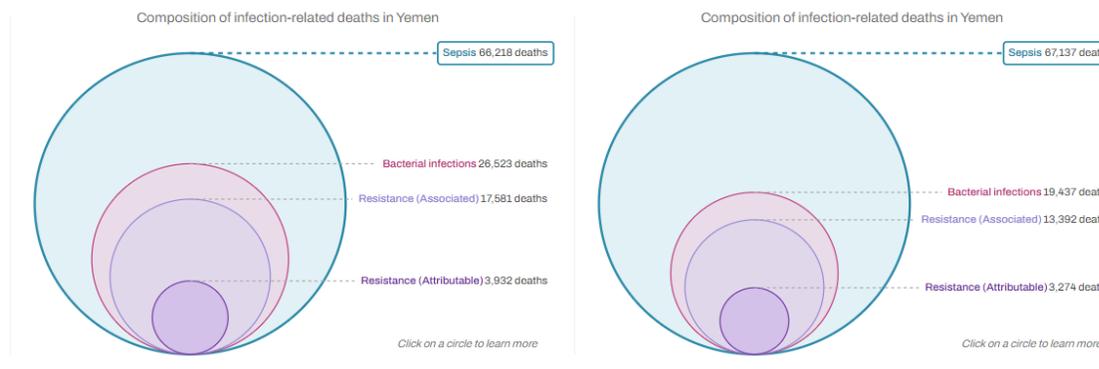
- In 2021, the number of deaths associated with AMR (orange bar in *figure 2*) were high compared to the most relevant underlying causes of death (depicted in blue) in the country. AMR associated deaths occur within multiple Global Burden of Disease (GBD) causes of death and AMR is not an underlying 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 Yemen, a 10% reduction means to decrease the number of deaths associated with AMR to **13,700**, but currently the trend for this country could reach up to **15,000 UI [9,680-22,900]** AMR-associated deaths in 2030.

AMR in Yemen

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 Yemen between 1990 and 2019.



- To look at these and more visualization interactively visit [Measuring Infectious Causes and Resistance Outcomes for Burden Estimation \(MICROBE\)](#)
- In **Yemen** in 2021, there were an estimated **3,270 UI (2,370-4,180)** deaths attributable to AMR and **13,400 UI (10,100-16,700)** 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, **Yemen has the 83rd 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)

	Overall susceptible and resistant	Associated	Attributable
Burden rank	Streptococcus pneumoniae 3,280 UI (2,630-3,920) ↓	Streptococcus pneumoniae 2,410 UI (1,760-3,070) ↓	Klebsiella pneumoniae 573 UI (424-722) ↑
	Klebsiella pneumoniae 2,800 UI (2,250-3,360) ↓	Klebsiella pneumoniae 2,310 UI (1,790-2,820) ↓	Acinetobacter baumannii 546 UI (442-650) ↑
	Staphylococcus aureus 2,500 UI (1,990-3,010) ↑	Staphylococcus aureus 1,730 UI (1,160-2,290) ↑	Staphylococcus aureus 470 UI (276-663) ↑
	Pseudomonas aeruginosa 2,240 UI (1,800-2,680) ↑	Escherichia coli 1,600 UI (1,280-1,930) ↓	Streptococcus pneumoniae 444 UI (277-611) ↓
	Escherichia coli 1,760 UI (1,430-2,090) ↓	Pseudomonas aeruginosa 1,540 UI (1,160-1,920) ↑	Pseudomonas aeruginosa 404 UI (279-529) ↑
	Acinetobacter baumannii 1,480 UI (1,170-1,780) ↓	Acinetobacter baumannii 1,390 UI (1,100-1,680) ↑	Escherichia coli 356 UI (264-448) ↓
	Mycobacterium tuberculosis 877 UI (490-1,260) ↓	Enterobacter spp. 359 UI (281-437) ↑	Enterobacter spp. 109 UI (80-138) ↑
	Group B Streptococcus 692 UI (527-858) ↓	Group B Streptococcus 330 UI (218-442) ↑	Serratia spp. 89 UI (67-111) ↓
	Haemophilus influenzae 559 UI (445-672) ↓	Serratia spp. 326 UI (245-407) ↓	Group B Streptococcus 45 UI (21-69) ↑
	Serratia spp. 533 UI (415-651) ↑	Proteus spp. 230 UI (170-290) ↑	Haemophilus influenzae 41 UI (2-79) ↓

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)

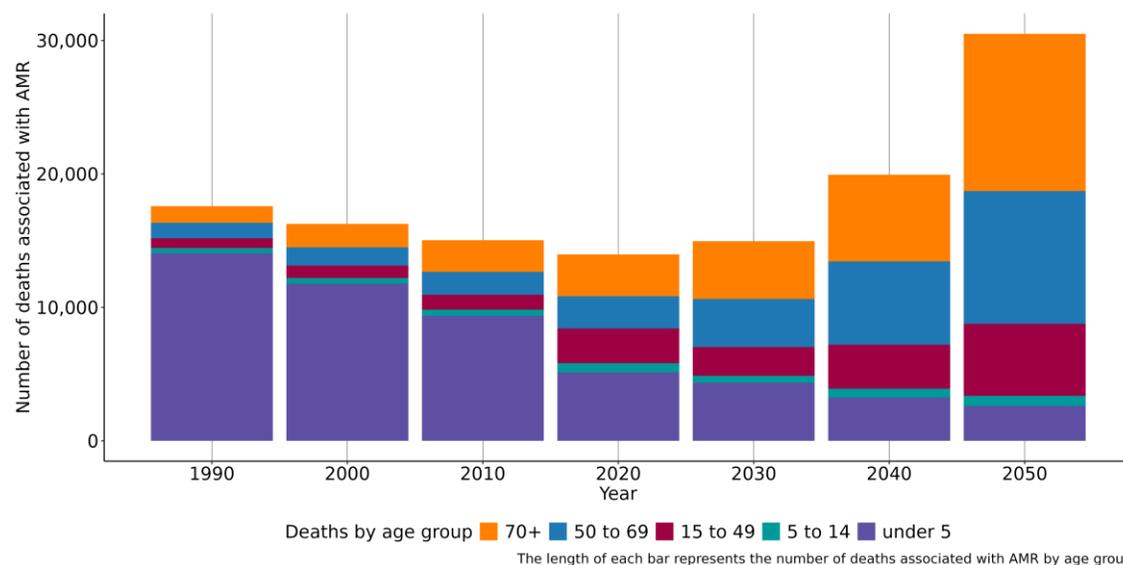
Table 2. Combinations which cause most deaths in 2021 (Number of deaths in parenthesis)

	Associated	Attributable
Burden Rank	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 2,050 UI (1,520-2,580) ↓	Staphylococcus aureus Methicillin 301 UI (147-456) ↑
	Klebsiella pneumoniae TMP-SMX 1,850 UI (1,390-2,320) ↓	Acinetobacter baumannii Carbapenems 246 UI (171-321) ↑
	Streptococcus pneumoniae Macrolides 1,750 UI (1,230-2,260) ↑	Streptococcus pneumoniae Carbapenems 195 UI (98-291) ↓
	Klebsiella pneumoniae Fluoroquinolones 1,690 UI (1,220-2,150) ↑	Pseudomonas aeruginosa Carbapenems 178 UI (104-252) ↑
	Streptococcus pneumoniae TMP-SMX 1,620 UI (959-2,290) ↓	Klebsiella pneumoniae Fluoroquinolones 137 UI (87-187) ↑
	Escherichia coli Aminopenicillin 1,420 UI (856-1,980) ↓	Acinetobacter baumannii Fluoroquinolones 137 UI (106-168) ↑
	Staphylococcus aureus Methicillin 1,330 UI (604-2,050) ↑	Escherichia coli 3GC 123 UI (79-167) ↑
	Klebsiella pneumoniae 3GC 1,320 UI (985-1,650) ↑	Klebsiella pneumoniae Carbapenems 110 UI (76-143) ↑
	Acinetobacter baumannii 4GC 1,310 UI (1,020-1,610) ↑	Klebsiella pneumoniae Beta-Lactam/Lactamase Inhib. 92 UI (38-146) ↓
	Acinetobacter baumannii 3GC 1,300 UI (1,010-1,600) ↑	Pseudomonas aeruginosa Fluoroquinolones 87 UI (55-119) ↑

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) bloodstream infections (12,000 UI (9,310-14,700)), lower respiratory infection (excl. COVID) (11,500 UI (9,010-13,900)), diarrhea (1,760 UI (524-3,000)), peritoneal and intra-abdominal infections (1,110 UI (830-1,390)) and tuberculosis (877 UI (490-1,260)).

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



- In Yemen, 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 4,700 UI (3,310-6,080), whereas the mortality rate per 100,000 was 523 UI (377-670).

Data sources for Yemen

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 Yemen by source type

Source type	Years	Sample size	Sample size units
Antibiotic use	1990-2021	5,217	Study-year datapoints
Microbial or laboratory data without outcome	1990-2021	141	Isolates
Literature studies	1990-2009	2,260	Cases/isolates/susceptibility tests
Single drug resistance profile data	2010-2021	1,469	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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- **LinkedIn:** <https://www.linkedin.com/company/institute-for-health-metrics-and-evaluation>