#### Maternal Mortality Burkina Faso 2000-2020

Internationally comparable MMR estimates by the Maternal Mortality Inter-Agency Group (MMEIG): WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

Year	$\mathrm{MMR}^{\mathrm{a}^*\dagger}$	$\mathrm{PM}^{\mathrm{b}^{*}\dagger}$	HIV-related indirect deaths †	Live births <sup>c</sup> (Thousands)	Maternal deaths $^{\dagger}$
2000	506 [399, 633]	$0.18 \ [0.15, \ 0.23]$	72	537	2715
2005	417 [332, 516]	$0.15 \ [0.12, \ 0.19]$	63	614	2560
2010	357 [271, 459]	0.15 [0.11, 0.19]	32	697	2491
2015	295 [205, 415]	$0.13 \ [0.09, \ 0.18]$	16	751	2214
2020	264 [169, 394]	$0.11 \ [0.07, \ 0.16]$	9	777	2049

Table 1: Estimates

<sup>a</sup> Maternal mortality ratio (MMR) defined as maternal deaths per 100,000 live births for women of reproductive age (15-49 years).

<sup>b</sup> Proportion maternal (PM) defined as the proportion of all-cause deaths for women of reproductive age (15-49 years) that are due to maternal causes.

<sup>c</sup> UN Population Division, Department of Economic and Social Affairs. World Population Prospects. New York; 2022.

<sup>\*</sup> The uncertainty intervals (UI) for all estimates refer to the 80% uncertainty intervals (10th and 90th percentiles of the posterior distributions). This was chosen as opposed to the more standard 95% intervals because of the substantial uncertainty inherent in maternal mortality outcomes.

<sup>†</sup> Figures presented in the table are estimates based on national data, such as surveys or administrative records, or other sources, produced by the international agency when country data for some year(s) is not available, when multiple sources exist, or when there are data quality issues.

Period	Annual rate reduction <sup>*</sup>	Percent change in $MMR^*$
$2000, 2020 \\ 2010, 2020$	$\begin{array}{c} 3.26 \ [1.27, \ 5.41] \\ 3.11 \ [0.27, \ 6.05] \end{array}$	$\begin{array}{c} 47.94 \ [22.44, \ 66.14] \\ 26.7 \ [2.66, \ 45.42] \end{array}$

\* Figures presented in the table are estimates based on national data, such as surveys or administrative records, or other sources, produced by the international agency when country data for some year(s) is not available, when multiple sources exist, or when there are data quality issues.

## Data from civil registration vital statistics system (CRVS)

No data available

### Excluded data from CRVS

No data excluded

#### Data from other sources

Study period <sup>*</sup>	Source	Source type	Maternal deaths <sup>a</sup>	Preganancy- related deaths <sup>b</sup>	Female deaths, 15-49	Maternal PM <sup>c</sup>	Pregnancy- related PM <sup>d‡</sup>	MMR per 100,000 lb <sup>e</sup>	Adjusted MMR per 100,000 lb	$\mathrm{F}+^{\mathrm{f}\dagger}$	F- <sup>g†</sup>	$\mathrm{U}+^{\mathrm{h}\dagger}$
[1992.03, 1999.03)	DHS 1998 - 1999	Survey	NA	NA	NA	NA	0.2048152	591.3229	562.1381	NA	NA	NA
[2003.7, 2010.7)	DHS 2010	Survey	NA	NA	NA	NA	0.1726778	451.3851	435.1724	NA	NA	NA
[2005.96, 2006.96)	Census	Census	NA	NA	NA	NA	0.1300000	346.8023	327.9719	NA	NA	NA

Table 3: Data from other sources

<sup>a</sup> Maternal deaths defined according to the ICD-10.

<sup>b</sup> Pregnancy-related deaths defined according to ICD-10.

<sup>c</sup> Maternal PM is calculated when deaths are defined as maternal.

<sup>d</sup> Pregnancy-related PM is calculated when reported deaths are defined as pregnancy related deaths.

<sup>e</sup> The MMR in this column is calculated from the PM.

<sup>f</sup> False positive: true non-maternal death which may be incorrectly labeled as a maternal death.

<sup>g</sup> False negative: maternal death which may be incorrectly classified as a non-maternal death.

<sup>h</sup> Maternal deaths not registered in the CRVS.

\* Kindly note the interpretation of notation: for a period [a,b) the observation starts on date a and ends before date b; thus a period covering 1st January 2000 through 31st December 2000 is denoted [2000,2001).

<sup>†</sup> Calculated from studies which undertake specialized analyses of routine reporting of maternal deaths.

<sup>‡</sup> Survey data has been adjusted by 1.1 for underreporting and standardized by age when obtained using the direct sisterhood method.

# Data from studies excluded in regression

No data excluded

#### Predictor variables used in the model

Year	GDP <sup>a*</sup> (Per capita, PPP)	$GFR^{b}$ (Per 1000 women ages 15-49)	${}^{\mathrm{SBA^{c}}}_{(\%)}$
2000	1313	200	42
2005	1513	190	58
2010	1718	190	72
2015	1949	170	80
2020	2173	150	85

Table 4: Predictor variables used in the model

<sup>a</sup> WHO, MMEIG. Gross domestic product (GDP) per capita measured in purchasing power parity (PPP) equivalent dollars using 2017 as the baseline year were taken from World Bank's World Development Indicators (WDI) database, and in instances supplemented by unofficial estimates derived by MMEIG using growth rates in United Nations GDP data and/or previous MMEIG GDP estimates. Geneva; 2021.

- <sup>b</sup> General fertility rate (GFR) from UN Population Division, Department of Economic and Social Affairs. World Population Prospects. New York; 2022.
- <sup>c</sup> Skilled Birth Attendant (SBA) from WHO, UNICEF joint SBA database. Geneva; 2022. In some instances, supplemented with unofficial estimates derived by MMEIG. Annual series were estimated by fitting a multilevel time series (AR1) model with region- and country-specific intercepts and slopes.

<sup>\*</sup> A 5-year moving average was calculated.

### Estimates

(Input data) The following adjustments were applied to maternal deaths depending on the source type:

- 1. An age-standardization was applied to population based surveys that obtained data from the direct sisterhood method.
- 2. An upward adjustment of 10% was applied to all input data that were not obtained from CRVS or specialized studies, to account for underreporting.

(Model adjusted data) The following model adjustments were applied to maternal deaths depending on the source type and the definition of reported deaths

- 1. A model adjustment derived from BMis was applied to maternal deaths obtained from CRVS.
- 2. A model adjustment was applied to observations of pregnancy-related deaths to remove accidental/incidental (non-maternal) deaths from the count.

