

Figure S1 Analytical framework and data flow for assessing pediatric rheumatic heart disease burden from 1990 to 2021

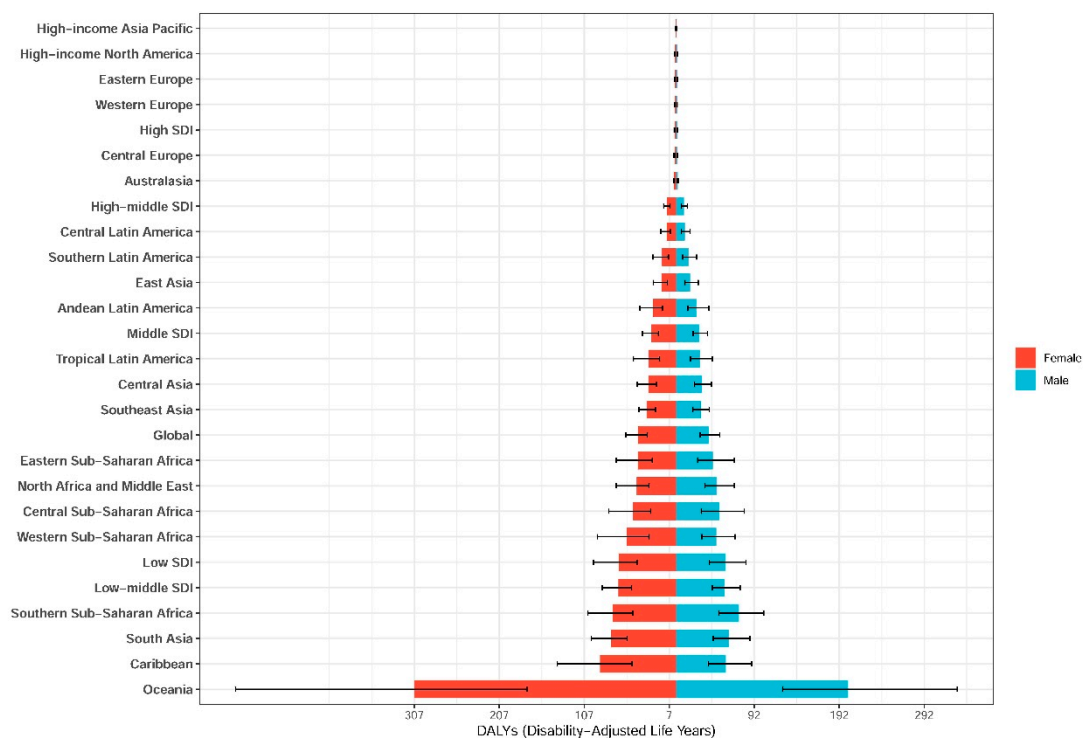


Figure S2 Age-standardized DALY rates of rheumatic heart disease among children aged 0–14 years by sex and region, 2021

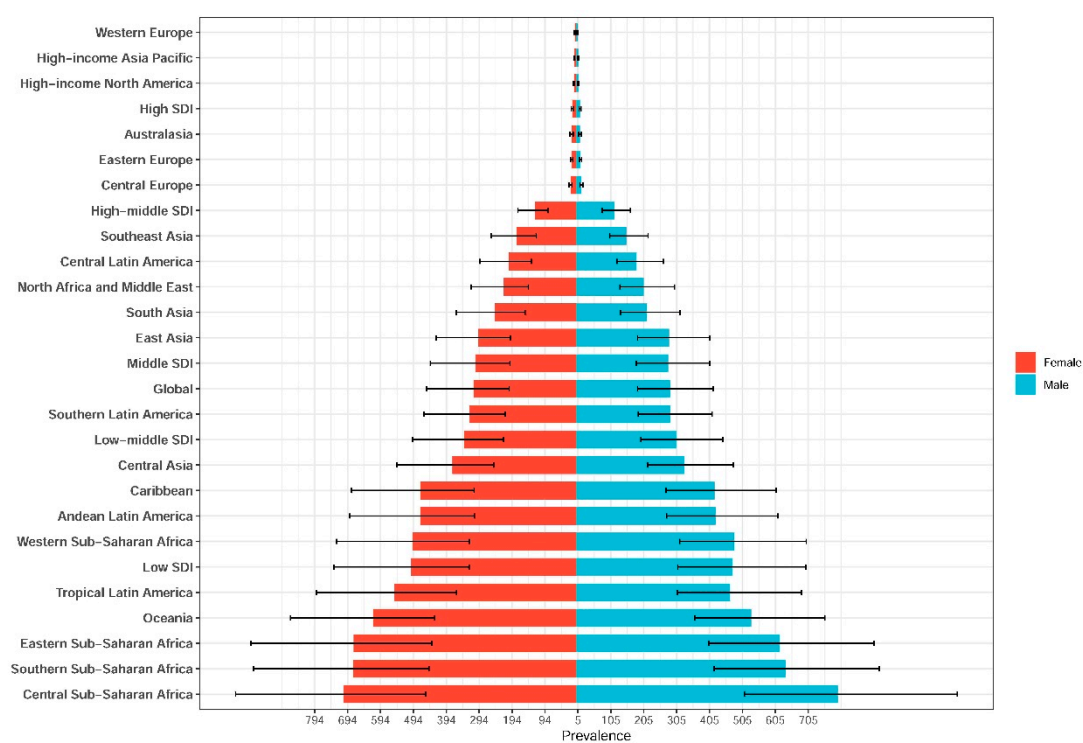


Figure S3 Age-standardized prevalence rates (ASPR) of rheumatic heart disease among children aged 0–14 years by sex and region, 2021

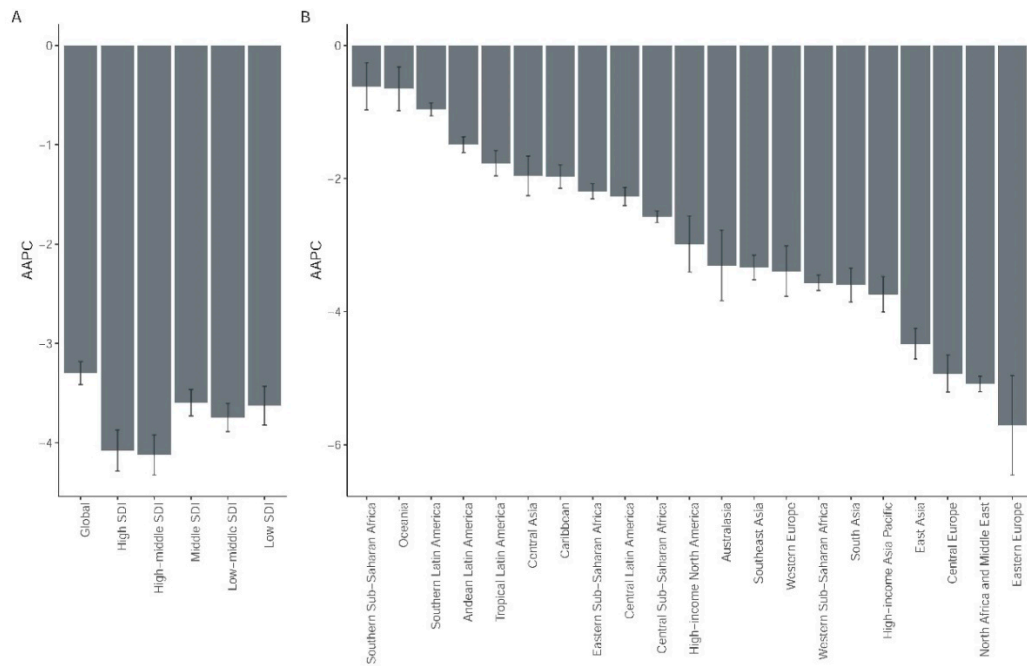


Figure S4 Average annual percentage change (AAPC) in age-standardized disability-adjusted life years (DALYs) rates due to rheumatic heart disease among children aged 0–14 years by region, 1990–2021

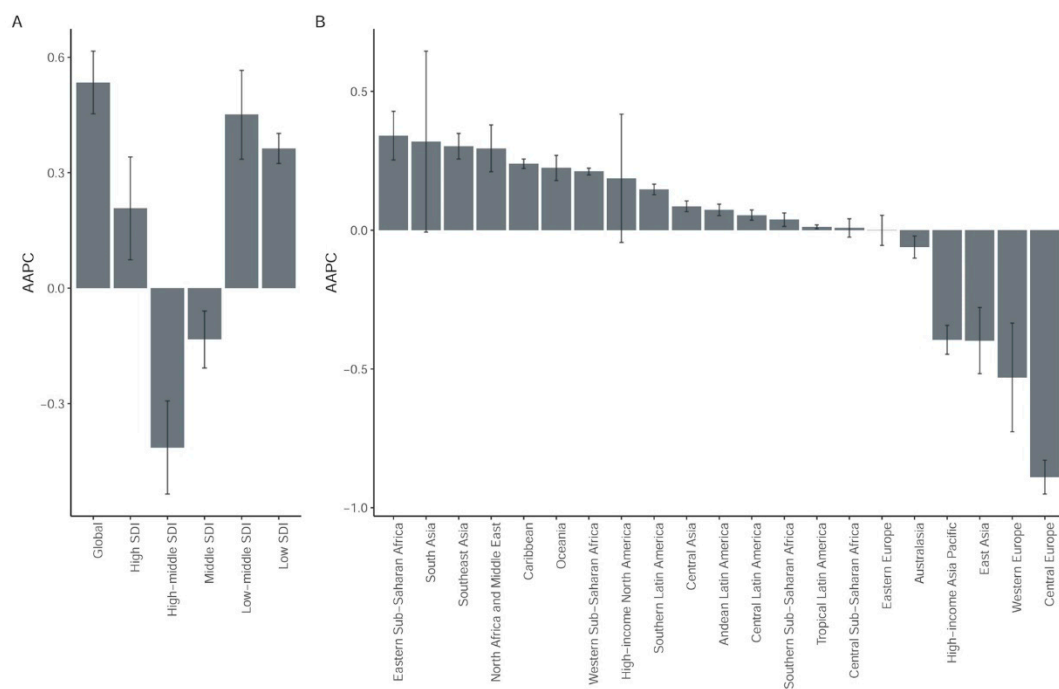


Figure S5 Average annual percentage change (AAPC) in age-standardized prevalence rates due to rheumatic heart disease among children aged 0–14 years by region, 1990–2021

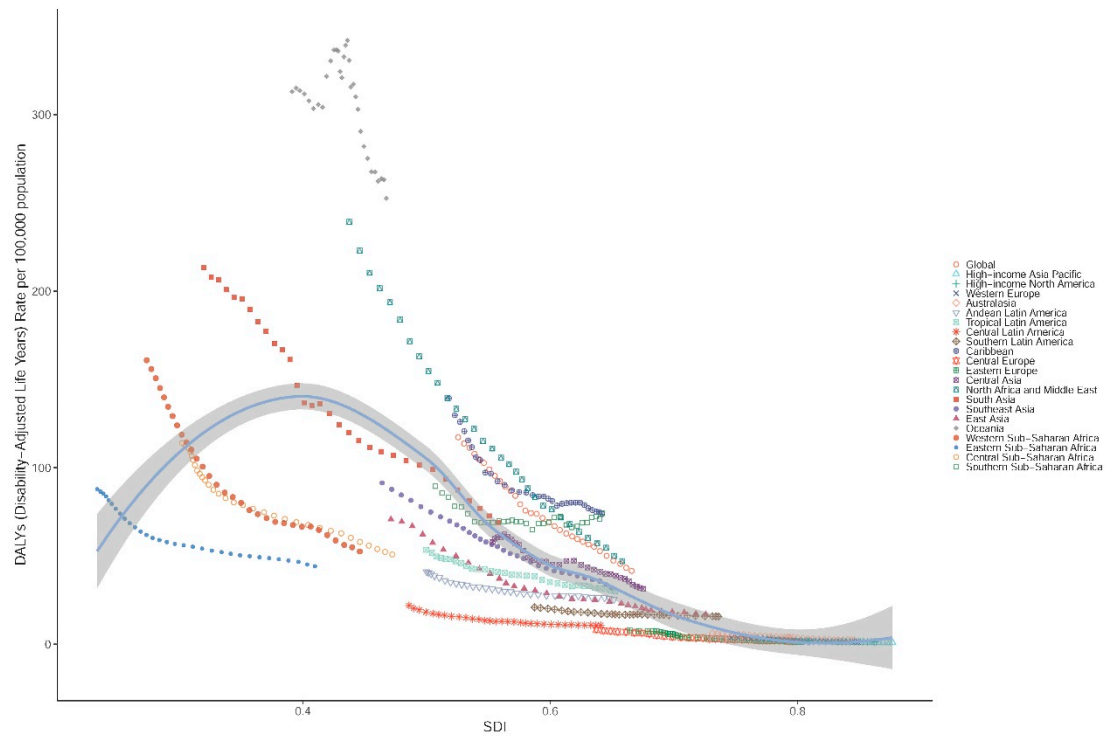


Figure S6 Association between SDI and pediatric RHD DALYs rates by GBD regions, 1990-2021.

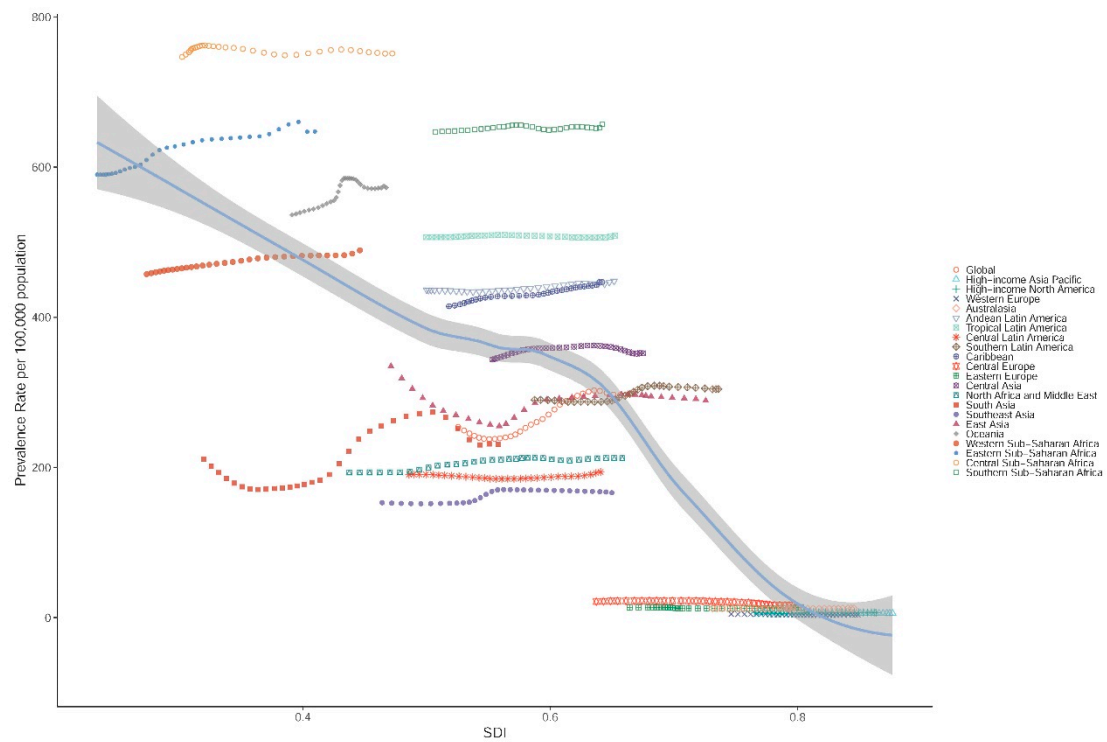
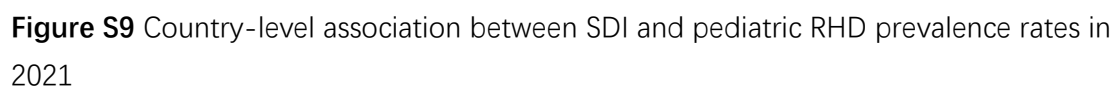
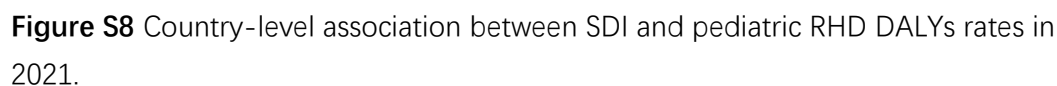


Figure S7 Association between SDI and pediatric RHD prevalence rates by GBD regions, 1990-2021.



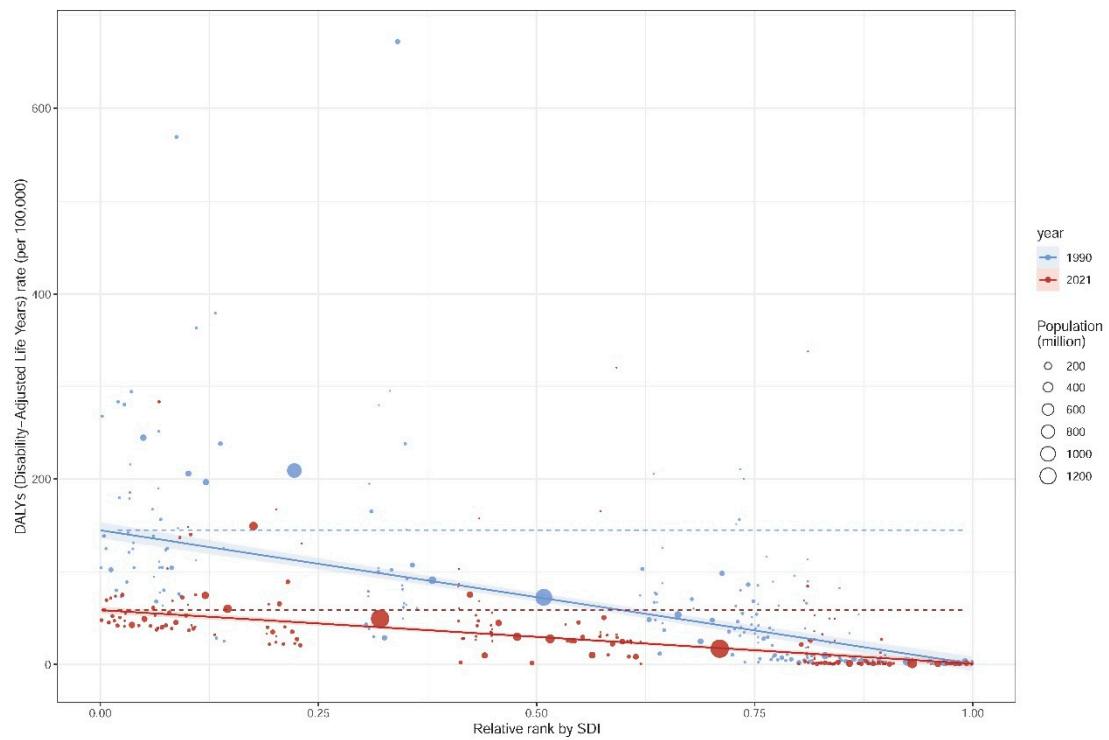


Figure S10 Slope indices of inequality for RHD-related DALYs in children aged 0–14 years, by SDI ranking, 1990 vs. 2021

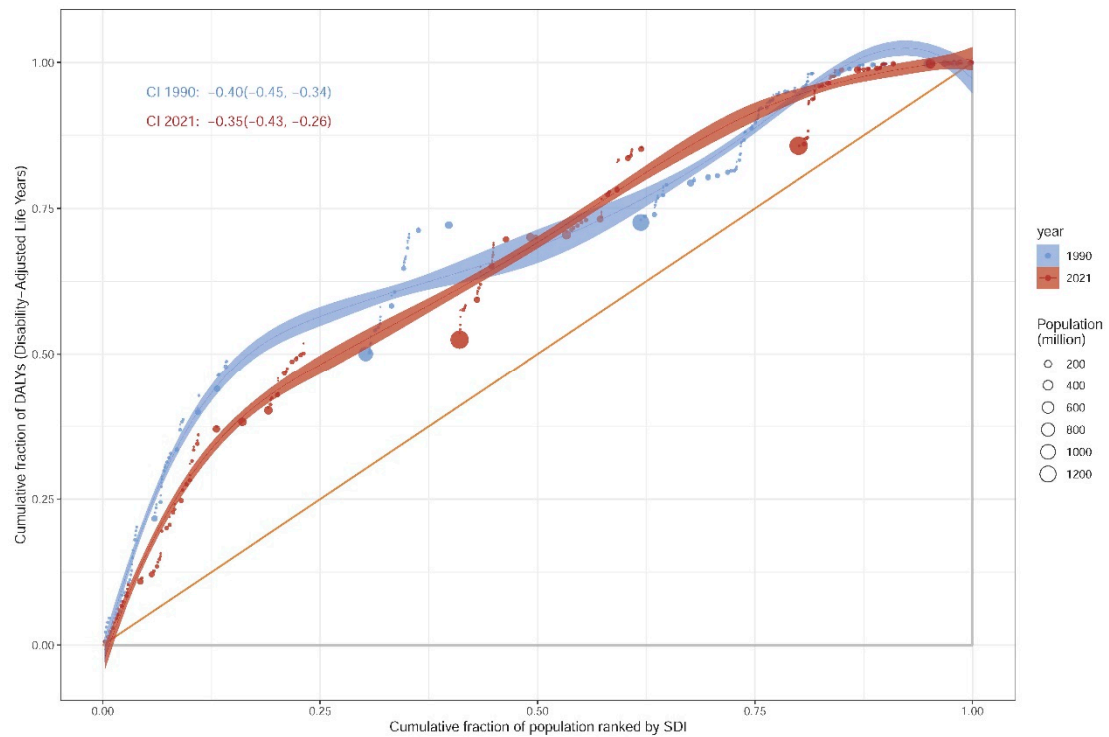


Figure S11 Concentration indices of inequality for RHD-related DALYs in children aged 0–14 years, by SDI ranking, 1990 vs. 2021

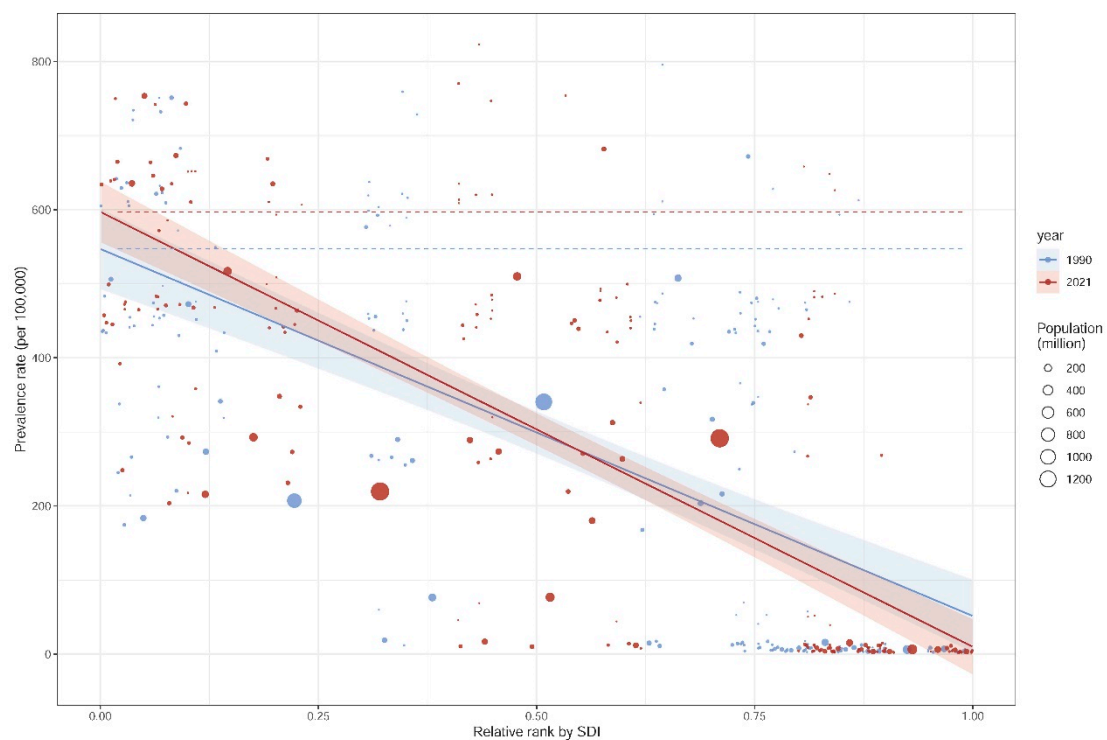


Figure S12 Slope indices of inequality for RHD-related prevalence, in children aged 0–14 years, by SDI ranking, 1990 vs. 2021

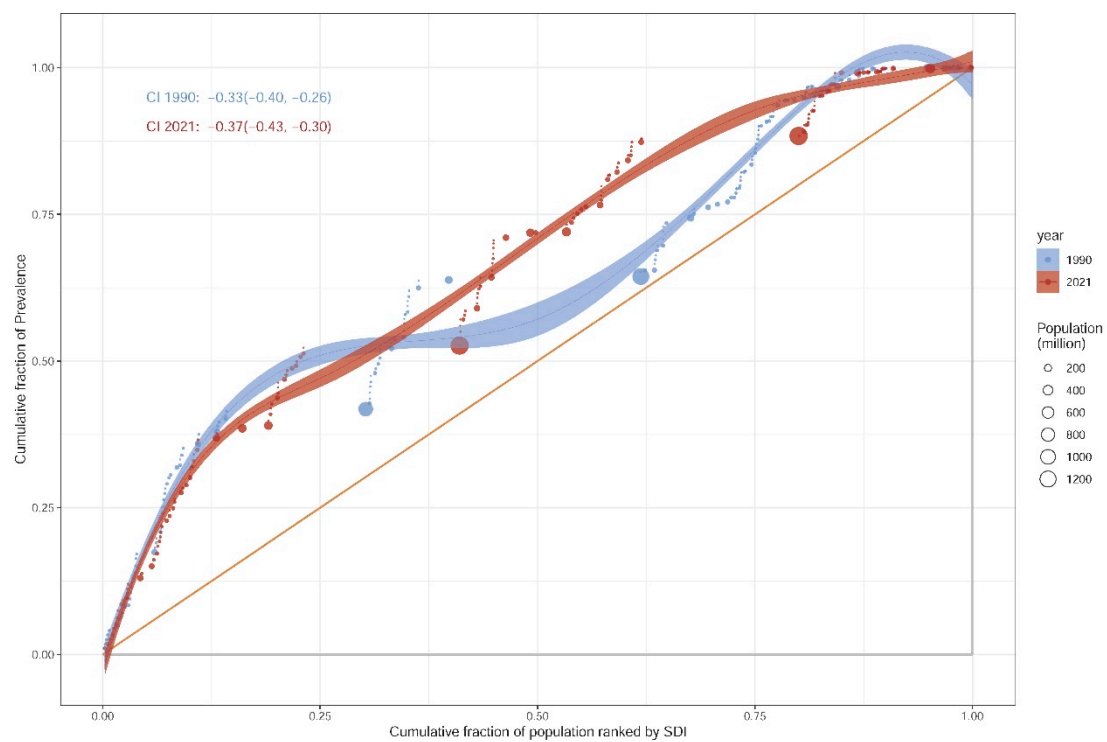


Figure S13 Concentration indices of inequality for RHD-related prevalence in children

aged 0–14 years, by SDI ranking, 1990 vs. 2021