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Supplementary appendix

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Web Appendix for “A 2024 Global Report on National Policies, Programs and Progress towards Hepatitis B Elimination: Findings from 33 Hepatitis Elimination Profiles”

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Supplementary Table 1. National Hepatitis Elimination Profile Data Collection Template

The National Hepatitis Elimination Profile Data Collection Template can be downloaded here: <https://www.globalhep.org/approach-national-hepatitis-elimination-profiles>

Supplementary Table 2. Indicator Definitions

Epidemiologic situation		
Prevalence of HBsAg	The national prevalence of HBsAg in the general population (all ages, both sexes unless otherwise noted) for the most recent year available. If an estimate from a sero-survey is available from the last 5 years, this estimate was used exclusively. If survey estimates from sub-populations were available (i.e., blood donors), then this data was used as part of a range with modeled estimates. In the absence of strong national survey data, modeled estimates based on mathematical modeling or pooled data were used. Estimates from before 2010 are excluded. In some cases, local partners suggested a range of estimates best representing the local situation or alternative estimates are widely accepted by the Ministry of Health. In these cases, the source of the data is shown.	Percentage (%) of Absolute Number depending on national data available
Prevalence of HBsAg, Children < 5 yrs, Survey/surveillance	The national prevalence of HBsAg in children less than 5 years of age for the most recent year available based on either a nationally representative survey, surveillance data, or other government report. Estimates from before 2010 are excluded.	Percentage (%)
Prevalence of HBsAg, Children < 5 yrs (%), Modeled	The national prevalence of HBsAg in children less than 5 years of age for the most recent year available based on a mathematical model or pooled estimate. For the majority of countries, estimates from the Institute of Health Metrics and Evaluation's Global Burden of Disease Study are used for the year 2019. Estimates from before 2010 are excluded.	Percentage (%)
Mortality rate (per 100,000)	Estimated hepatitis B-related death rate per 100,000 population for all ages. When available, estimates from the Ministry of Health or national vital statistics or sentinel surveillance system are presented. When not available, 2019 modeled estimates are presented from the Global Burden of Disease Study from the Institute of Health Metrics and Evaluation. Hepatitis B-related deaths include deaths due to acute hepatitis B, cirrhosis and other chronic liver diseases attributable to hepatitis B, and liver cancer attributable to hepatitis B.	Number per 100,000
Number of hepatitis B-related deaths	The number of hepatitis B-related deaths for all-ages, all sexes the most recent year available. When available, estimates from the Ministry of Health or national vital statistics or sentinel surveillance system are presented. When not available, 2019 modeled estimates are presented from the Global Burden of Disease Study from the Institute of Health Metrics and Evaluation.	Number

	Hepatitis B-related deaths include deaths due to acute hepatitis B, cirrhosis and other chronic liver diseases attributable to hepatitis B, and liver cancer attributable to hepatitis B.		
Status of program planning and service delivery			
Coverage of Infant HepB 3 dose vaccination (%)	Coverage of 3 dose hepatitis B vaccine for infants (<1-year-old) for the most recent year available. For the majority of countries, data was extracted from the WHO Vaccine-Preventable Diseases Monitoring System Database. This data was derived from official reports and in the majority of cases was reported as part of the WHO/UNICEF joint reporting process . In some cases, government reports are cited when more recent data is available or other citations are preferred by government stakeholders. The 2020 WHO interim target is 90% coverage.		Percentage (%)
Coverage of HepB vaccine for newborns (%)	Coverage of hepatitis B vaccine given within 24 hours of birth for the most recent year available. For the majority of countries, data was extracted from the WHO Vaccine-Preventable Diseases Monitoring System Database. This data was derived from official reports and in the majority of cases was reported as part of the WHO/UNICEF joint reporting process . In some cases, government reports are cited when more recent data is available or other citations are preferred by government stakeholders.		Percentage (%)
Proportion of people living with hepatitis B aware of their status (%)	The proportion of all people living with hepatitis B who are aware of their status (received notification of their diagnosis). This indicator is used for WHO Hepatitis Elimination 2025 and 2030 goals, as well as the Path to Elimination criteria.		Percentage (%)
Proportion of persons living with hepatitis B on treatment (%)	An estimate of the proportion of persons living with hepatitis B who are on treatment, among those eligible. This indicator is used for WHO Hepatitis Elimination 2025 and 2030 goals		Percentage (%)
Proportion of eligible persons diagnosed with hepatitis B on treatment (%)	An estimate of the proportion of persons living with hepatitis B who are on treatment out of all persons living with hepatitis B who are diagnosed and eligible for treatment. The Path to Elimination criteria uses this indicator.		Percentage (%)
Policy environment			
Hepatitis B national planning	Adopted	Partially Adopted	Not Adopted
Hepatitis B elimination goal	The country has committed to hepatitis B elimination and set forth a specific year/date it aims to achieve elimination of hepatitis B.	The country has a goal that is in development or has a goal without a specific year/date.	The country does not have a goal that is in development or has a goal without a specific year/date.
Elimination of hepatitis B vertical transmission goal	The country has committed to elimination of vertical transmission of hepatitis B and set forth a specific year/date to achieve elimination.	The country has a goal that is in development or has a goal without a specific year/date.	The country does not have a goal that is in development or has a goal without a specific year/date.
National action plan that includes hepatitis B	The country has a written document that includes goals, objectives, targets, or activities for prevention, testing, and/or treatment of hepatitis B, either in combination with hepatitis C or independently. The Action Plan may be integrated with other infectious diseases. The Action Plan must be current and not expired.	The country has an outdated document that includes goals, objectives, targets, or activities for prevention, testing, and/or treatment of hepatitis B, either in combination with hepatitis C or independently. Or the plan is in development.	The country does not have a written document that includes goals, objectives, targets, or activities for prevention, testing, and/or treatment of hepatitis B, either in combination with hepatitis C or independently.

<i>Hepatitis B strategic information</i>	<i>Adopted</i>	<i>Partially Adopted</i>	<i>Not Adopted</i>
Routine official reports to monitor hepatitis B mortality	The Ministry of Health, national public health agency, or other government department collects estimates of hepatitis B-related mortality through a standardized system, releasing estimates publicly annually or another regular schedule.	The system is under development, if the system exists but there is no routine reporting, or if the system has limitations where case reporting is not complete.	There is no national system from the Ministry of Health, national public health agency, or other government department to collect and report hepatitis B-related mortality.
Routine official reports to monitor hepatitis B incidence	The Ministry of Health, national public health agency, or other government department collects estimates of new cases of acute hepatitis B through a standardized system, releasing estimates publicly annually or another regular schedule.	The system is under development, if the system exists but there is no routine reporting, or if the system has limitations where case reporting is not complete (i.e., only chronic cases are reported).	There is no national system from the Ministry of Health, national public health agency, or other government department to collect and report incident hepatitis B cases.
Routine official reports to monitor hepatitis B prevalence	The Ministry of Health, national public health agency, or other government department releases routine reports on estimates for the national prevalence of HBsAg up to every 5 years. The last survey was conducted during the last 5 years.	The last estimate for hepatitis B prevalence is older than 5 years, or if regional but not nationally representative estimates are available.	A nationally representative sero-survey has never been conducted to estimate the hepatitis B prevalence.
Estimates of hepatitis B economic burden	Estimates on either the costs of elimination, cost-effectiveness of elimination or testing or treatment, or return on investment (disease management costs) have been produced for hepatitis B.	Hepatitis B economic estimates are in development.	No hepatitis B economic estimates are available.
Monitoring of hepatitis B diagnosis and treatment	National patient registry is in place for hepatitis B testing and treatment monitoring. The Ministry of Health, national public health agency, or other government departments release annual updates on the number of persons tested and treated for hepatitis B.	The system is in development or only tracks hepatitis B testing or treatment numbers or only for select regions.	No system is in place to track the number of persons diagnosed and treated for hepatitis B.
<i>Prevention of hepatitis B vertical transmission</i>	<i>Adopted</i>	<i>Partially Adopted</i>	<i>Not Adopted</i>
Universal hepatitis B birth-dose vaccination policy	National policy /recommendation in place for universal hepatitis B vaccination of newborns within 24 hours.	If this type of policy comes from the state/province level, a partial score is given if the policy does not exist in every state/province. If the country has a selective policy for infants born to HBsAg-positive mothers, then a partial score is given.	No HepB birth dose policy is in place.
Universal antenatal hepatitis B screening policy	National policy /recommendation in place for routine HBsAg screening in pregnancy	If the antenatal HBsAg screening policy comes from the state/province level, a partial score is given if the policy does not exist in every state/province.	No antenatal HBsAg screening policy is in place.

<i>Access to hepatitis B testing</i>	<i>Adopted</i>	<i>Partially Adopted</i>	<i>Not Adopted</i>
Risk-based hepatitis B screening recommendations	The country has national recommendations for HBsAg screening of populations known to be at higher risk, i.e., people who inject drugs, men who have sex with men, migrants, etc.	A national recommendation for HBsAg screening of populations known to be at higher risk is in place but not fully adopted or risk-based HBsAg screening policy is only adopted by a limited number of states or provinces.	No national risk-based HBsAg screening policy exists.
Expanded hepatitis B screening recommendations: birth cohort, age cohort, other special group, or universal	All countries are assessed if they have hepatitis B risk-based screening recommendations in place. If additional policies are in place, either age-cohort, special population, or universal, then these recommendations are also acknowledged.	An expanded hepatitis B screening policy has been developed but has not been implemented yet (awaiting funding, healthcare worker training, etc.).	There is no other hepatitis B screening recommendation beyond risk-based screening.
No patient co-payments for HBsAg screening	The costs of HBsAg screening are fully covered by the public sector insurance scheme so there is no cost to patients.	There is variation in co-payment policies across states/provinces or by patient population.	Patients must pay for HBsAg screening out-of-pocket.
Approval of point-of-care PCR testing to detect HBV	At least point-of-care PCR platform and test kit is registered in the country for HBV DNA and is approved for use, such as the GeneXpert.	Registration approval is in progress for a point-of-care DNA test for HBV, registration has been approved for a subset of geographic regions with the country, or approval is limited to select purposes or only for specific populations.	No point-of-care test for HBV DNA is approved for use.
<i>Access to hepatitis B treatment</i>	<i>Adopted</i>	<i>Partially Adopted</i>	<i>Not Adopted</i>
National hepatitis B treatment guidelines	National guidelines for hepatitis B treatment are available from the Ministry of Health or national professional society of hepatology/study of liver disease.	Hepatitis B clinical treatment guidelines are not fully rolled out and implemented and/or if guidelines are under development.	No hepatitis B clinical treatment guidelines have been developed.
Simplified care: Simplified treatment and monitoring algorithm for primary care providers	National guidelines for hepatitis B treatment include simplified algorithms and recommendations for primary care providers to management non-complicated, stable patients without referral to specialty care	Guidance on hepatitis B treatment for primary care providers is in development, has been developed but not implemented, or guidance is limited or not comprehensive.	No guidance on hepatitis B treatment for primary care providers has been adopted.
Simplified care: No patient treatment co-payments	When there is a public insurance scheme, the costs of hepatitis B treatment are fully covered so there is no cost to patients in the public sector.	There is variation in co-payment policies across states/provinces or by patient population.	Patients must pay for hepatitis B treatment out-of-pocket. In the absence of a public insurance scheme, this policy would not be adopted.
<i>Equity in access to hepatitis B prevention and care</i>	<i>Adopted</i>	<i>Partially Adopted</i>	<i>Not Adopted</i>

<i>services among disproportionately affected populations</i>			
National strategy addresses populations most affected (i.e., PWID, Indigenous, MSM, Co-infected, etc.)	The National Strategy on viral hepatitis acknowledges populations affected by disparities in the burden of hepatitis B and access to care and provides specific interventions to address these disparities.	The National Strategy on viral hepatitis is in the process of being developed or updated and will acknowledge populations affected by disparities in burden of hepatitis B and access to care and provide specific interventions to address these disparities.	The National Strategy on viral hepatitis does not acknowledge populations affected by disparities in burden of hepatitis B and access to care and provides specific interventions to address these disparities.
Laws preventing discrimination against people living with hepatitis B	National laws protect people from discrimination, including employment discrimination, on the basis of hepatitis B status.	Discrimination protections are included in general healthcare or other law, i.e., workplace laws, but no discrimination law exists specifically for hepatitis.	There is no national law preventing discrimination against people living with hepatitis B.
National hepatitis B vaccination policy for adults	National recommendations for hepatitis B vaccination of adults, either for healthcare workers, populations at higher risk for infection, specific age-cohort, or all adults.	No federal recommendation exists and policy varies by state/province.	There is no national or state/province recommendation related to adult hepatitis B vaccination.
<i>Hepatitis B financing</i>	<i>Adopted</i>	<i>Partially Adopted</i>	<i>Not Adopted</i>
Public budget line for hepatitis B prevention, testing, and treatment	National government budget has explicit funding dedicated to hepatitis B prevention, testing, and/or treatment. This funding supports direct program delivery.	The national budget covers hepatitis B prevention, testing, or treatment; There has been one-time support of the national program without the guarantee of sustained funding over time; or states/provinces have adopted hepatitis B budgets.	There is no national budget for hepatitis B prevention, testing, or treatment.
Funds from The Global Fund To Fight AIDS, Tuberculosis and Malaria used to support hepatitis B prevention, screening, and treatment for pregnant women or patients with co-infections or harm-reduction services, as relevant	The country is eligible for Global Fund grant funding and this funding is being used to fund hepatitis B prevention, testing and/or treatment for pregnant women or co-infected patients or used for harm reduction prevention activities.	The country is eligible for Global Fund grant funding and this funding is being used to fund a very limited set of activities, i.e., HIV programs that may have a small hepatitis B prevention component. This determination was rarely selected but only where country partners thought Global Fund support was underutilized.	The country is eligible for Global Fund grant funding but this funding is not being used to support any hepatitis B prevention, testing, or treatment or harm reduction.

Supplementary Table 3. Search Terms for National Hepatitis Elimination Profile Literature Review

Hepatitis B	(HBV) OR (Hepatitis B Virus) OR (Hepatitis B) OR (Hepatitis B infection) OR (Hepatitis B, Chronic) OR (HBsAg)
Country	AND ([Insert country name])
Indicator or Policy	AND (elimination) OR (elimination goal) OR (national strategy) OR (prevalence) OR (incidence) OR (mortality) OR (deaths) OR (progress towards elimination) OR OR (strategic information) OR (burden of disease) OR (reporting) OR (treatment) OR (diagnosis) OR (prevention) OR (care cascade) OR (number treated) OR (number screened) OR (HepB vaccine) OR (HepB vaccination) OR (hepatitis B vaccine) OR (hepatitis B vaccination) OR (prevalence under-five) OR (percent diagnosed) or (proportion diagnosed) OR (percent treated) OR (proportion treated) OR (sero-survey) OR (economic) OR (economic burden) OR (cost-effectiveness) OR (return on investment) OR (costing) OR (registry) OR (pregnant women) OR (antenatal screening) OR (birth dose) OR (HepB birth dose) (maternal screening) OR (pregnancy) OR (risk-based screening) OR (screening recommendations) OR (screening guidelines) OR (age-based screening) OR (birth-cohort screening) or (universal screening) OR (point-of-care testing) OR (Point of Care) OR (Point-of-Care) OR (POC) OR (POCT) OR (anti-HCV screening) OR (POC PCR) OR (Point-of-Care PCR) (GeneXpert) OR (Xpert) OR (Cepheid) OR (co-payments) OR (financing) OR (universal health insurance) OR (guidelines) OR (clinical guidelines) OR (care guidelines) OR (treatment guidelines) OR (primary care) OR (treatment algorithm) OR (out-of-pocket payments) OR (key populations) OR (HepB vaccination adults) OR (vaccine recommendations) OR (drug possession) OR (equity) OR (prisons) OR (anti-discrimination law) OR (legal protections) OR (budget) OR (public budget) OR (financing) OR (Global Fund) OR (Global Fund for TB, AIDS, and Malaria) OR (recommendations)
Time Frame	AND ("2010/01/01"[Date - Publication] : "[Insert date of search]"[Date - Publication])

There was no language restriction on the literature search.

Supplementary Table 4. Contributors to Hepatitis Elimination Profiles, by Country and Territory

Note: In some instances, stakeholders preferred their organization or institution to be recognized overall, rather than their individual contributions

<i>Country</i>	<i>Stakeholder</i>	<i>Organization</i>
Argentina	María Eugenia de Feo	Foundation HCV Sin Fronteras
	Ezequiel Mauro	Ministry of Health (Since retired from Ministry of Health)
	Marcelo Silva	Latin American Association for the Study of the Liver
Australia	Mandy Charlton	Department of Health and Aged Care, Australian Government
	Gregory Dore	Kirby Institute, University of New South Wales
	Jason Grebely	Kirby Institute, University of New South Wales
	Behzad Hajarizadeh	Kirby Institute, University of New South Wales
	Katelin Haynes	Hepatitis Queensland
	Robert Kemp	Queensland Health
Bangladesh	Ismail Gazi	Sheikh Russel National Gastroenterology Institute and Hospital
	Mohammad Ali	National Liver Foundation of Bangladesh
	Mamun-Al-Mahtab	Bangabandhu Sheikh Mujib Medical University (BSMMU)
Brazil	Leandro Sereno	Pan-American Health Organization
	Brazil Ministry of Health	
	Carlos Varaldo	Grupo Optismo
Canada	Action Hepatitis Canada	
	Sofia Bartlett	British Columbia Centre for Disease Control

	Canada Federal Public Health Agency	
	Canadian Association for the Study of the Liver	
	Carla Coffin	Snyder Institute, Cumming School of Medicine, University of Calgary
	Melisa Dickie	CATIE (Canadian AIDS Treatment Information Exchange)
China	Chen Zhongdan	WHO Representative Office
	China Liver Health	
	Cui Fuqiang	Peking University
	Disease Control and Prevention Institute of Jinan University team	
	Huiying Rao	Peking University
	Liang Xiaofeng	Chinese Preventive Medicine Association, Jinan University
	Rong Yihui	Peking University
	Wei Lai	China Liver Health
Colombia	Cielo Yaneth Rios-Hincapi	Ministry of Health and Social Protection
England	UK Health Security Agency (UKHSA)	
Egypt	Amr Fahmy	Pharco Pharmaceuticals
	Gamal Esmat	Cairo University
	Imam Waked	National Liver Institute (NLI)
	Manal Hamdy El-Sayed	Ain Shams University
	Mohamed Hassany	Egypt Ministry of Health National Hepatology and Tropical Medicine Research Institute

	Sameera Ezzat	National Liver Institute, Menoufia University
	Wahid Doss	Cairo University, Head of the National Committee for the control of viral Hepatitis
Ethiopia	Hailemichael Desalegn	St. Paul's Hospital Millennium Medical College
	Hanna Abera	St. Paul's Hospital Millennium Medical College, University of Rwanda
	Mengistu Erkie	Addis Ababa University College of Health Sciences, Ethiopia Gastroenterology Association,
	Wegene Adugna	Ministry of Health
Georgia	Georgia Scientific Committee	
	Georgian Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs	
	National Center for Disease Control and Public Health	
	Technical Advisory Group	
	US Centers for Disease Control and Prevention	
Ghana	Atsu Seake-Kwawu	National Viral Hepatitis Control Programme of the Ghana Health Service
	Charles Adjei	Hepatitis Alliance of Ghana
	Kafui Senya	World Health Organization
	Lewis Roberts	Mayo Clinic, US
	Richard Laryea	Hepatitis Foundation of Ghana
	Theobald Owusu-Ansah	Hepatitis Foundation of Ghana, Hepatitis Coalition of Ghana
	Yvonne Nartey	University of Cape Coast
Indonesia	Caroline Thomas	Peduli Hati Bangsa Foundation
	David Muljono	Eijkman Institute for Molecular Biology

	Fatcha Nuraliyah	Ministry of Health
	Indonesia Ministry of Health	
Italy	Alessandro Zanetti	University of Milan
	Alessio Agehmo	The Italian Society for the Study of the Liver
	Antonio Craxi	University of Palermo, Sicily HCV Network
	Felice Nava	FeDerSERD (Federazione Italiana degli Operatori dei Dipartimenti e dei Servizi delle Dipendenze)
	Italian Society for the Study of the Liver	
	Ivan Gardini	EpaC Association
	Loreta A. Kondili	Center for Global Health of the Italian Institute of Health
	Paolo Bonanni	University of Florence
	Massimo Andreoni	Italian Society of Infectious and Tropical Diseases
Japan	Junko Tanaka	School of Biomedical and Health Sciences at Hiroshima University
	Yasu Tanaka-Kumadai	Kumamoto University
Mexico	Alethse de la Torre Rosas	National Center for the Prevention and Control of HIV, National Department of Health
	David Kershenobich Stalnikowitz	Salvador Zubirán National Institute of Medical Sciences and Nutrition (INCMNSZ)
	National Hepatitis Observatory of Mexico (includes Ministry of Health)	
	Nicole Finkelstein	AIDS Healthcare Foundation
Myanmar	Hla Htay	The Burnet Institute
	Khin Pyone Kyi	Myanmar Liver Foundation
	Khin San Tint	CHAI

	Khin Sanda Aung	Myanmar Ministry of Health
	Lynn Thet Su Mon	WHO Myanmar Office
	Thandar Su Naing	CHAI
	WHO Myanmar Office	
	Win Naing	Myanmar Liver Foundation
	Win Win Swe	Myanmar Ministry of Health
Nigeria	Federal Ministry of Health	
	Ifeanyi Damian	Care for Social Welfare
	Oni Adesewa	Rise Against Hepatitis Global Initiative
	Rise Against Hepatitis Global Initiative	
Pakistan	Huma Qureshi	Federal Ministry of Health
	Parsa Trust	
	Saeed Hamid	The Aga Khan University
Peru	Carlos Benites	Ministry of Health
	Edson Aguilar	Voces Ciudadanas
	Kelly Morales	Ministry of Health
	Martin Tagle	Universidad Peruana Cayetano Heredia
Portugal	Ministry of Health	
	Rotary Club	
	Rui Tato Marinho	Lisbon School of Medicine, Coordinator of National Program for Viral Hepatitis

Republic of Korea	Jin Gwack		Korea Disease Control Agency
	Korean Association of the Study of the Liver		
	Sang Hoon Ahn		Yonsei University College of Medicine
	Sook-Hyang Jeong		Seoul National University Bundang Hospital
	Young-Suk Lim		University of Ulsan College of Medicine
Rwanda	The Rwanda Biomedical Center		
Senegal	Fatou Fall	Hôpital Principal de Dakar	
	Francoise Roudot-Thoraval	Hôpital Henri Mondor	
	Judicael Tine	Centre Hospitalier National Universitaire de Fann	
South Africa	Andrew Scheibe	TB/HIV Care	
	Kgomotso Vilakazi-Nhlapo	National Department of Health	
	Mark Sonderup	University of Cape Town	
	Nishi Prabdia-Sing	National Institute for Communicable Diseases	
	C. Wendy Spearman	University of Cape Town	
Spain	Camila Picchio	Barcelona Institute for Global Health (ISGlobal)	
	Javier Garcia-Samaniego	Alianza para la Eliminación de las Hepatitis Víricas en España (AEHVE)	
	Jeffrey L. Lazarus	Barcelona Institute for Global Health (ISGlobal), Alianza para la Eliminación de las Hepatitis Víricas en España (AEHVE)	
	Maria Buti	University Hospital Vall d'Hebron, European Association for the Study of the Liver	
	Teresa Casanovas	ASSCAT	

Switzerland	Francesco Negro	Hôpitaux Universitaires Genève, University of Geneva
	Philip Bruggmann	Swiss Hepatitis, Arud Centre for Addiction Medicine
	Swiss Hepatitis	
Taiwan	Jasmine Pwu	Fu Jen Catholic University, Taipei Medical University
	Ming-Lung Yu	National Sun Yat-sen University
	Ministry of Health and Welfare	
	National Hepatitis Control Program	
Thailand	Cheewanan Lertpiriyasuwat	Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
	Eileen Dunne	Independent Consultant
	Kanchana Srisawat	Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
	Niramorn Punsuwan	Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
	Samart Punpetch	Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
	Rawiporn Saoin	Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
	Kittiyod Poovorawan	Mahidol University
	Chatree Jullapetch	Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
	Suchada Jiamsiri	Division of AIDS and STIs, Department of Disease Control, Ministry of Public Health
	Tanyaporn Wansom	Independent Consultant
	Thitipong Yingyong	Division of Epidemiology, Department of Disease Control, Ministry of Public Health
	Chris Munoz	Yellow Warriors Society Philippines

The Philippines	Diana Alcantaara-Payawal	Fatima University Medical Center
Ukraine	Public Health Center of the Ministry of Health of Ukraine	
United States	American Association for the Study of the Liver (AASLD)	
	Hepatitis B Foundation	
	Norah Terrault	AASLD, Keck School of Medicine, University of Southern California
	National Alliance of State and Territorial AIDS Directors (NASTAD)	
	National Viral Hepatitis Roundtable (NVHR)	
	US Centers for Disease Control and Prevention	
Vietnam	Amy Trang	Vietnam Viral Hepatitis Alliance
	Bethany Holt	Global Primary Care and Social Change, Harvard Medical School
	Binh Nyugen	US CDC Vietnam Office
	Dam Duy Lam	The Partnership for Health Advancement in Vietnam (HAIVN), Harvard Medical School
	David Doung	Global Primary Care and Social Change, Harvard Medical School
	Doan Dao	Vietnam Viral Hepatitis Alliance
	Hoang Nguyen Minh	The Partnership for Health Advancement in Vietnam (HAIVN), Harvard Medical School
	Le Ngoc Bao	Global Primary Care and Social Change
	Pham Thanh Thuy	The Partnership for Health Advancement in Vietnam (HAIVN), Harvard Medical School
	Phuong Thao	The Partnership for Health Advancement in Vietnam (HAIVN), Harvard Medical School
	Thu Huyen Nguyen	The Partnership for Health Advancement in Vietnam (HAIVN), Harvard Medical School

Supplementary Table 5. Hepatitis B Elimination Policies by Country and Territory

Country	WHO Region	Income category	Hepatitis B elimination goal	National action plan that includes hepatitis B	Elimination of hepatitis B vertical transmission goal	Routine official reports to monitor hepatitis B mortality	Routine official reports to monitor hepatitis B incidence	Routine official reports to monitor hepatitis B prevalence	Estimates of hepatitis B economic burden	Monitoring of hepatitis B diagnosis and treatment	Universal hepatitis B birth-dose vaccination policy	Universal antenatal hepatitis B screening recommendations
Argentina	AMR	Upper middle-income	Yes	Yes	Yes	Adopted	Partially Adopted	Partially Adopted	Not Adopted	Adopted	Adopted	Adopted
Australia	WPRO	High-income	Yes	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted
Bangladesh	SEARO	Lower middle-income	Yes	In Development	Yes	Partially Adopted	Not Adopted	Not Adopted	Adopted	Not Adopted	Adopted	Partially Adopted
Brazil	AMR	Upper middle-income	In Development	In Development	Yes	Adopted	Adopted	Partially Adopted	Partially Adopted	Adopted	Adopted	Adopted
Canada	AMR	High-income	Yes	Yes	Yes	Not Adopted	Adopted	Adopted	Adopted	Partially Adopted	Partially Adopted	Adopted
China	WPRO	Upper middle-income	Yes	Yes	Yes	Partially Adopted	Partially Adopted	Adopted	Adopted	Partially Adopted	Adopted	Adopted
Colombia	AMR	Upper middle-income	Yes	Yes	Yes	Partially Adopted	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted
Egypt	EMRO	Lower middle-income	No	Yes	No Data	Adopted	Adopted	Adopted	Not Adopted	Adopted	Adopted	Adopted
England	EURO	High-income	Yes	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Partially Adopted	Partially Adopted	Adopted
Ethiopia	AFRO	Low-income	Yes	Yes	No Data	Not Adopted	Partially Adopted	Adopted	Adopted	Partially Adopted	Partially Adopted	Adopted

Georgia	Adopted	Upper middle-income	Yes	Yes	Partially Adopted	Partially Adopted	Not Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Adopted
Ghana	AFRO	Lower middle-income	No	In Development	No	Partially Adopted	Partially Adopted	Partially Adopted	Not Adopted	Partially Adopted	Not Adopted	Adopted
Indonesia	SEARO	Upper middle-income	Yes	Yes	Yes	Partially Adopted	Not Adopted	Partially Adopted	Not Adopted	Partially Adopted	Adopted	Adopted
Italy	EURO	High-income	In Development	Yes	No	Not Adopted	Adopted	Not Adopted	Adopted	Partially Adopted	Partially Adopted	Adopted
Japan	WPRO	High-income	Yes	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Adopted	Partially Adopted	Adopted
Mexico	AMR	Upper middle-income	No	No	No	Adopted	Not Adopted	Partially Adopted	Not Adopted	Not Adopted	Adopted	Partially Adopted
Myanmar	SEARO	Lower middle-income	Yes	Yes	Yes	Partially Adopted	Partially Adopted	Partially Adopted	Not Adopted	Partially Adopted	Adopted	Adopted
Nigeria	AFRO	Lower middle-income	Yes	Yes	No	Not Adopted	Not Adopted	Adopted	Adopted	Partially Adopted	Adopted	Adopted
Pakistan	EMRO	Lower middle-income	Yes	Yes	No Data	Not Adopted	Not Adopted	Partially Adopted	Not Adopted	Partially Adopted	Partially Adopted	Adopted
Peru	AMR	Upper middle-income	No	Yes	Yes	Adopted	Adopted	Partially Adopted	Not Adopted	Not Adopted	Adopted	Adopted
Philippines	WPRO	Lower middle-income	No	Out of Date	Yes	Not Adopted	Not Adopted	Not Adopted	Not Adopted	Not Adopted	Adopted	Adopted
Portugal	EURO	High-income	Yes	Yes	Yes	Partially Adopted	Adopted	Partially Adopted	Not Adopted	Partially Adopted	Adopted	Adopted

Republic of Korea	WPRO	High-income	Yes	In Development	Yes	Partially Adopted	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted
Rwanda	AFRO	Low-income	Yes	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Adopted	Partially Adopted	Adopted
Senegal	AFRO	Lower middle-income	Yes	Yes	Yes	Not Adopted	Adopted	Adopted	Partially Adopted	Not Adopted	Adopted	Partially Adopted
South Africa	AFRO	Upper middle-income	Yes	In Development	Yes	Not Adopted	Adopted	Not Adopted	Adopted	Not Adopted	Not Adopted	Adopted
Spain	EURO	High-income	Yes	No	No	Adopted	Adopted	Adopted	Not Adopted	Not Adopted	Partially Adopted	Adopted
Switzerland	EURO	High-income	Yes	Yes	No	Not Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted	Partially Adopted	Adopted
Taiwan	WPRO	High-income	Yes	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted
Thailand	SEARO	Upper middle-income	Yes	Yes	Yes	In Development	Not Adopted	Not Adopted	Partially Adopted	Partially Adopted	Adopted	Adopted
Ukraine	EURO	Lower middle-income	Yes	Yes	Yes	Not Adopted	Partially Adopted	Partially Adopted	Adopted	Partially Adopted	Adopted	Adopted
United States	AMR	High-income	Yes	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Partially Adopted	Adopted	Adopted
Vietnam	WPRO	Lower middle-income	Yes	Yes	Yes	Partially Adopted	Partially Adopted	Adopted	Adopted	Partially Adopted	Adopted	Adopted

Country	WHO Region	Income category	Approval of point-of-care DNA testing to detect HBV	Risk-based hepatitis B screening recommendations	Expanded hepatitis B screening recommendations: birth cohort, age cohort, or other special group	Expanded hepatitis B screening recommendations: universal	No patient co-payments for HBsAg screening	National hepatitis B treatment guidelines	Simplified care: simplified treatment and monitoring algorithm for primary care providers	Simplified care: no patient treatment co-payments	National hepatitis B strategy addresses disproportionately affected populations
Argentina	AMR	Upper middle-income	Not Adopted	Adopted	Not Applicable	Adopted	Partially Adopted	Developed	Adopted	Adopted	Adopted
Australia	WPRO	High-income	Partially Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Developed	Adopted	Not Adopted	Adopted
Bangladesh	SEARO	Lower middle-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted	Partially Developed	Not Adopted	Not Adopted	No Data
Brazil	AMR	Upper middle-income	Adopted	Adopted	Adopted	Not Applicable	Adopted	Developed	Not Adopted	Adopted	Adopted
Canada	AMR	High-income	Not Adopted	Adopted	Adopted	Not Applicable	Adopted	No Data	No Data	Adopted	Adopted
China	WPRO	Upper middle-income	No Data	Adopted	Not Adopted	Not Adopted	Adopted	Developed	Adopted	Partially Adopted	Adopted
Colombia	AMR	Upper middle-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Partially Adopted	Developed	Partially Adopted	Partially Adopted	Adopted
Egypt	EMRO	Lower middle-income	Adopted	Adopted	Not Applicable	Partially Adopted	Adopted	Developed	Not Adopted	Adopted	Adopted
England	EURO	High-income	Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Developed	Not Adopted	Adopted	Adopted
Ethiopia	AFRO	Low-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted	Developed	Adopted	Not Adopted	Adopted

Georgia	EURO	Upper middle-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted	Developed	Not Adopted	Not Adopted	Adopted
Ghana	AFRO	Lower middle-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Partially Adopted	Developed	Partially Adopted	Not Adopted	Adopted
Indonesia	SEARO	Upper middle-income	Not Adopted	Partially Adopted	Not Adopted	Not Adopted	Not Adopted	Developed	No Data	Adopted	Adopted
Italy	EURO	High-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Partially Adopted	Partially Developed	Partially Adopted	Adopted	Adopted
Japan	WPRO	High-income	Not Adopted	Adopted	Not Applicable	Adopted	Adopted	Developed	Not Adopted	Partially Adopted	Partially Adopted
Mexico	AMR	Upper middle-income	Adopted	Partially Adopted	Not Adopted	Not Adopted	Partially Adopted	Developed	Adopted	Adopted	Adopted
Myanmar	SEARO	Lower middle-income	Adopted	Adopted	Not Adopted	Not Adopted	Partially Adopted	Developed	Adopted	Not Adopted	Adopted
Nigeria	AFRO	Lower middle-income	Partially Adopted	Partially Adopted	Not Applicable	Partially Adopted	Not Adopted	Developed	Adopted	Not Adopted	Adopted
Pakistan	EMRO	Lower middle-income	Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Developed	Not Adopted	Partially Adopted	Adopted
Peru	AMR	Upper middle-income	Adopted	Adopted	Not Adopted	Not Adopted	No Data	Developed	Not Adopted	No Data	Adopted
Philippines	WPRO	Lower middle-income	Adopted	Adopted	Not Applicable	Partially Adopted	Not Adopted	Developed	Adopted	Not Adopted	Adopted
Portugal	EURO	High-income	Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Not Developed	Not Adopted	Adopted	Partially Adopted

Republic of Korea	WPRO	High-income	Adopted	Adopted	Adopted	Not Applicable	Partially Adopted	Developed	Adopted	Partially Adopted	Adopted
Rwanda	AFRO	Low-income	Adopted	Adopted	Not Applicable	Adopted	Adopted	Developed	Adopted	Adopted	Adopted
Senegal	AFRO	Lower middle-income	Adopted	Not Adopted	Not Adopted	Not Adopted	Not Adopted	Not Developed	Not Adopted	Not Adopted	Adopted
South Africa	AFRO	Upper middle-income	Adopted	Adopted	Not Adopted	Not Adopted	Partially Adopted	Developed	Partially Adopted	Partially Adopted	Adopted
Spain	EURO	High-income	Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Developed	Not Adopted	Adopted	Adopted
Switzerland	EURO	High-income	Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Partially Developed	Not Adopted	Adopted	Adopted
Taiwan	WPRO	High-income	Not Adopted	Partially Adopted	Not Applicable	Adopted	Adopted	Developed	Adopted	Adopted	Adopted
Thailand	SEARO	Upper middle-income	Partially Adopted	Adopted	Adopted	Not Applicable	Adopted	Developed	Adopted	Adopted	Adopted
Ukraine	EURO	Lower middle-income	Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted	Developed	Not Adopted	Partially Adopted	Partially Adopted
United States	AMR	High-income	Not Adopted	Adopted	Not Applicable	Adopted	Adopted	Developed	Adopted	Partially Adopted	Adopted
Vietnam	WPRO	Lower middle-income	Partially Adopted	Adopted	Adopted	Not Applicable	Partially Adopted	Developed	Partially Adopted	Not Adopted	Adopted

Country	WHO Region	Income level	Laws preventing discrimination against people living with hepatitis B	National hepatitis B vaccination policy for adults	Public budget line for hepatitis B prevention, testing or treatment	Funding from The Global Fund to support hepatitis B prevention, screening, and treatment for pregnant women patients with co-infections or harm reduction services
Argentina	AMR	Upper middle-income	Adopted	Adopted	Adopted	Not Applicable
Australia	WPRO	High-income	Adopted	Adopted	Adopted	Not Applicable
Bangladesh	SEARO	Lower middle-income	Not Adopted	Partially Adopted	Not Adopted	Adopted
Brazil	AMR	Upper middle-income	Partially Adopted	Adopted	Adopted	Not Applicable
Canada	AMR	High-income	Partially Adopted	Adopted	Adopted	Not Applicable
China	WPRO	Upper middle-income	Adopted	Partially Adopted	Partially Adopted	Not Applicable
Colombia	AMR	Upper middle-income	Partially Adopted	Adopted	Adopted	Partially Adopted
Egypt	EMRO	Lower middle-income	Partially Adopted	Partially Adopted	Adopted	No Data
England	EURO	High-income	No Data	Adopted	Adopted	Not Applicable
Ethiopia	AFRO	Low-income	Not Adopted	Partially Adopted	Adopted	Adopted

Georgia	EURO	Upper middle-income	No Data	Adopted	Not Adopted	Adopted
Ghana	AFRO	Lower middle-income	Not Adopted	Partially Adopted	Not Adopted	No Data
Indonesia	SEARO	Upper middle-income	Partially Adopted	Adopted	Partially Adopted	Not Adopted
Italy	EURO	High-income	No Data	Adopted	Adopted	Not Applicable
Japan	WPRO	High-income	Adopted	Adopted	Adopted	Not Applicable
Mexico	AMR	Upper middle-income	Partially Adopted	Adopted	Adopted	Not Applicable
Myanmar	SEARO	Lower middle-income	Adopted	Adopted	Partially Adopted	Partially Adopted
Nigeria	AFRO	Lower middle-income	Not Adopted	Partially Adopted	Partially Adopted	Adopted
Pakistan	EMRO	Lower middle-income	Not Adopted	Partially Adopted	Adopted	Adopted
Peru	AMR	Upper middle-income	Adopted	Adopted	Adopted	Adopted
Philippines	WPRO	Lower middle-income	Not Adopted	Adopted	Not Adopted	Adopted
Portugal	EURO	High-income	Adopted	Adopted	Adopted	Not Applicable

Republic of Korea	WPRO	High-income	Partially Adopted	Partially Adopted	Adopted	Not Applicable
Rwanda	AFRO	Low-income	Adopted	Adopted	Adopted	Adopted
Senegal	AFRO	Lower middle-income	Partially Adopted	Partially Adopted	Adopted	Not Adopted
South Africa	AFRO	Upper middle-income	Partially Adopted	Partially Adopted	Partially Adopted	Adopted
Spain	EURO	High-income	Not Adopted	Adopted	Adopted	Not Applicable
Switzerland	EURO	High-income	Not Adopted	Adopted	Partially Adopted	Not Applicable
Taiwan	WPRO	High-income	Adopted	Adopted	Adopted	Not Applicable
Thailand	SEARO	Upper middle-income	Not Adopted	Not Adopted	Adopted	Partially Adopted
Ukraine	EURO	Lower middle-income	No Data	Not Adopted	Adopted	Adopted
United States	AMR	High-income	Partially Adopted	Adopted	Adopted	Not Applicable
Vietnam	WPRO	Lower middle-income	Not Adopted	Partially Adopted	Not Adopted	Adopted

AFRO: African Region; AMR: Region of the Americas; EMRO: Eastern Mediterranean Region; EURO: European Region; SEARO: South East Asia Region; WPRO: Western Pacific Region; Sources for policies are listed on the individual Hepatitis Elimination Profiles at: <https://www.globalhep.org/tools-resources/view-national-hepatitis-elimination-profiles>; No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders.

Supplementary Table 6. Hepatitis B Diagnosis Coverage, by Country and Territory, by Year and Progress towards 2025 WHO Diagnosis Target

Country	Diagnosis Coverage of Persons with Hepatitis B (%)	Year	Progress Towards WHO 2025 Target	Source
Argentina	43	2022	<60% (Below WHO 2025 Target)	1
Australia	73	2021	>60% (Met WHO 2025 Target)	2
Bangladesh	No Data	-	No data	-
Brazil	34	2022	<60% (Below WHO 2025 Target)	1
Canada	71	2022	>60% (Met WHO 2025 Target)	1
China	19	2020	<60% (Below WHO 2025 Target)	3
Colombia	12	2022	<60% (Below WHO 2025 Target)	1
Egypt	6	2022	<60% (Below WHO 2025 Target)	1
England	31-47	2022	<60% (Below WHO 2025 Target)	4
Ethiopia	5	2022	<60% (Below WHO 2025 Target)	1
Georgia	3	2024	<60% (Below WHO 2025 Target)	5
Ghana	<1	2022	<60% (Below WHO 2025 Target)	1
Indonesia	3	2022	<60% (Below WHO 2025 Target)	1
Italy	29	2016	<60% (Below WHO 2025 Target)	6
Japan	95	2020	>60% (Met WHO 2025 Target)	7
Mexico	11	2022	<60% (Below WHO 2025 Target)	1
Myanmar	<1	2022	<60% (Below WHO 2025 Target)	8
Nigeria	<1	2022	<60% (Below WHO 2025 Target)	1
Pakistan	29	2022	<60% (Below WHO 2025 Target)	1
Peru	17	2022	<60% (Below WHO 2025 Target)	1
The Philippines	11	2022	<60% (Below WHO 2025 Target)	1
Portugal	0	2022	<60% (Below WHO 2025 Target)	1
Republic of Korea	83	2022	>60% (Met WHO 2025 Target)	1
Rwanda	67	2022	>60% (Met WHO 2025 Target)	1
Senegal	1	2022	<60% (Below WHO 2025 Target)	1

South Africa	23	2022	<60% (Below WHO 2025 Target)	1
Spain	No Data	-	No Data	-
Switzerland	60	2022	>60% (Met WHO 2025 Target)	1
Taiwan	64	2016	>60% (Met WHO 2025 Target)	9
Thailand	12	2022	<60% (Below WHO 2025 Target)	1
Ukraine	4	2022	<60% (Below WHO 2025 Target)	1
United States	50	2020	<60% (Below WHO 2025 Target)	10, 11
Vietnam	42	2022	<60% (Below WHO 2025 Target)	1

Note: No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders.

Sources:

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Supplementary Table 7. Hepatitis B Treatment Coverage, by Country and Territory, by Year and Progress towards 2025 WHO Diagnosis Target and Progress Towards Elimination¹

Country	Treatment Coverage of Persons Diagnosed with Hepatitis B (%)	Year	Progress Towards WHO Bronze PTE Tier	Source	Treatment Coverage of Persons Living with Hepatitis B (%)	Year	Progress Towards WHO Target	Source
Argentina	6	2022	<50% Target	1	3	2022	<50% 2025 Target	1
Australia	26	2021	<50% Target	2	11	2022	<50% 2025 Target	1
Bangladesh	No Data	-	No Data	-	No Data	-	No Data	-
Brazil	11	2022	<50% Target	1	4	2022	<50% 2025 Target	1
Canada	12	2022	<50% Target	1	8	2022	<50% 2025 Target	1
China	9	2020	<50% Target	3	No Data	-	No data	-
Colombia	8	2022	<50% Target	1	1	2022	<50% 2025 Target	1
Egypt	46	2022	<50% Target	1	3	2022	<50% 2025 Target	1
England	No Data	-	No Data	-	No Data	-	<50% 2025 Target	-
Ethiopia	<1	2022	<50% Target	1	<1	2022	<50% 2025 Target	1
Georgia	No Data	2022	No Data	4	<1	2022	<50% 2025 Target	1
Ghana	4	2022	<50% Target	1	<1	2022	<50% 2025 Target	1
Indonesia	4	2022	<50% Target	1	<1	2022	<50% 2025 Target	1
Italy	No Data	-	No Data	-	No Data	-	<50% 2025 Target	-
Japan	83-84	2020	>50% Target	5	No Data	-	<50% 2025 Target	-
Mexico	8	2022	<50% Target	1	1	2022	<50% 2025 Target	1

Myanmar	3	2015	<50% Target	6	<1	2022	<50% 2025 Target	7
Nigeria	10	2022	<50% Target	1	<1	2022	<50% 2025 Target	1
Pakistan	12	2022	<50% Target	1	3	2022	<50% 2025 Target	1
Peru	8	2022	<50% Target	1	1	2022	<50% 2025 Target	1
The Philippines	2	2022	<50% Target	1	<1	2022	<50% 2025 Target	1
Portugal	No Data	2022	No data	-	<1	2022	<50% 2025 Target	1
Republic of Korea	25	2022	<50% Target	1	21	2022	<50% 2025 Target	1
Rwanda	6	2022	>50% Target	1	4	2022	<50% 2025 Target	1
Senegal	9	2022	<50% Target	1	<1	2022	<50% 2025 Target	1
South Africa	<1	2022	<50% Target	1	<1	2022	<50% 2025 Target	1
Spain	No Data	-	No data	-	No Data	-	No Data	1
Switzerland	8	2022	<50% Target	8	5	2022	<50% 2025 Target	1
Taiwan	28	2016	<50% Target	9	No Data	-	No Data	1
Thailand	6	2022	<50% Target	1	1	2022	<50% 2025 Target	1
Ukraine	<1	2022	<50% Target	10	<1	2022	<50% 2025 Target	1
United States of America	60	2019	>50% Target	11	No Data	-	No Data	-
Vietnam	3	2022	<50% 2025 Target	1	1	2022	<50% 2025 Target	1

¹Coverage rates for hepatitis B treatment are defined based of those diagnosed and those living with hepatitis B that are eligible for treatment based on current guidelines in the country; No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders.

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Supplementary Table 8. HepB Birth Dose and Infant 3-Dose Vaccine Coverage, by Country and Territory, 2022-2023 (%)

Country	Universal HepB-BD Coverage (%) ¹	3-dose HepB Coverage (%)	Year
Argentina	64	66	2023
Australia	No Data	94#	2023
Bangladesh	No Data	98#	2023
Brazil	75*	90#	2023
Canada	No Data	83	2023
China	93**	97#	2023
Colombia	77*	90#	2023
Egypt	95**	96#	2023
England	No Data	92#	2022
Ethiopia	No Data	72	2023
Georgia	92**	93#	2023
Ghana	No Data	95#	2023
Indonesia	88*	83	2023
Italy	No Data	95#	2023
Japan	No Data	95#	2023
Mexico	61	85	2023
Myanmar	17	76	2023
Nigeria	52	62	2023
Pakistan	40	86	2023
Peru	83*	84	2023

Philippines	57	87	2023
Portugal	97**	99#	2023
Republic of Korea	92**	97#	2023
Rwanda	No Data	94#	2023
Senegal	78*	83	2023
South Africa	No Data	79	2023
Spain	No Data	93#	2023
Switzerland	No Data	80	2023
Taiwan	92**	98#	2022
Thailand	89*	92#	2023
Ukraine	55	79	2023
United States of America	75*	93#	2023
Vietnam	82*	65	2023

1. HepB-BD Coverage: Universal HepB birth dose coverage within 24 hours; No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders.

Source: WHO/UNICEF Joint Reporting Form on Immunization (JRF), Last Accessed 24 January 2024

<https://immunizationdata.who.int/pages/coverage/HEPB.html?GROUP=Countries&ANTIGEN=HEPB3&YEAR=&CODE=>; Data for Taiwan from: Centers for Disease Control, R.O.C. (Taiwan). Taiwan National Infectious Disease Statistics System. <https://nidss.cdc.gov.tw/en/Home/Index>; Lu FT and Ni YH (SSSS).

Elimination of Mother-to-Infant Transmission of Hepatitis S Virus: 35 Years of Experience. Pediatric gastroenterology, hepatology & nutrition, S3(4), 311–318.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PS35486S/>

* 2025 HepB BD target $\geq 70\%$

** 2030 HepB BD target $\geq 90\%$

2025 and 2030 3 dose coverage $> 90\%$

Note: Latest year of data available is shown for both HepB-BD

Supplementary Table 9. HBsAg Prevalence Among Children Under-Five Years Old, by Country and Territory, Latest Year Available and Achievement of 2025 WHO Target (<0.5% HBsAg Prevalence)

Country	HBsAg Prevalence Children Under 5 (%)	CI	Year	Source	WHO 0.5% HBsAg Under-5 Target
Argentina	0.02	(0.01-0.03)	2019	IHME. Global Burden of Disease Study. 2019	Met 0.5% Goal
Australia	0.07	(0.06-0.09)	2019	Australia Department of Health and Aged Care. Australia Fifth National Hepatitis C Strategy 202 3-2030 [For consultation]	Met 0.5% Goal
Bangladesh	0.15	(0.12-0.18)	2018	Paul, R. C., Rahman, M., Wiesen, E., Patel, M., Banik, K. C., Sharif, A. R., Sultana, S., Rahman, M., Liyanage, J., Abeysinghe, N., Kamili, S., Murphy, T., Luby, S. P., & Mast, E. E. (2018). Hepatitis B Surface Antigen Seroprevalence among Pre-vaccine and Vaccine Era Children in Bangladesh. The American journal of tropical medicine and hygiene, 99(3), 764–771.	Met 0.5% Goal
Brazil	0.4		2023	Departamento de HIV/Aids, Tuberculose, Hepatites Virais e Infecções Sexualmente Transmissíveis Secretaria de Vigilância em Saúde e Ambiente Ministério da Saúde. Boletim Epidemiológico - Hepatites Virais 2024.	Met 0.5% Goal
Canada	0.27	(0.02-0.34)	2019	Institute of Health Metrics and Evaluation. Global Burden of Disease 2019.	Met 0.5% Goal
China	0.3	-	2017	Cui, F., Shen, L., Li, L., Wang, H., Wang, F., Bi, S., Liu, J., Zhang, G., Wang, F., Zheng, H., Sun, X., Miao, N., Yin, Z., Feng, Z., Liang, X., & Wang, Y. (2017). Prevention of Chronic Hepatitis B after 3 Decades of Escalating Vaccination	Met 0.5% Goal

				Policy, China. Emerging infectious diseases, 23(5), 765–772.	
Colombia	< 0.1	-	2019	Ríos-Hincapié CY, Murad-Rivera R, Tohme RA, et al (2022). Progress towards the elimination of hepatitis B in children in Colombia: A novel two-phase study approach [published online ahead of print, 2022 Jun 16]. J Viral Hepat. 2022;10.1111/jvh.13719.	Met 0.5% Goal
Egypt	0.2	-	2015	Data from Egypt Ministry of Health and presented in WHO report, “ Criteria for validation of elimination of viral hepatitis B and C: report of seven country pilots. Geneva: World Health Organization; 2022.	Met 0.5% Goal
England	<0.1	-	2023	UK Health Security Agency (2023). Hepatitis B in England: Working to eliminate hepatitis B as a public health threat.	Met 0.5% Goal
Ethiopia	1.3	(1.1-1.6)	2019	Institute of Health Metrics and Evaluation (2019). Global Burden of Disease 2019.	Not Met
Georgia	0.03	-	2021	Georgia hepatitis elimination program progress report, 2020-2021	Met 0.5% Goal
Ghana	0.64	(0.50-0.80)	2019	Institute of Health Metrics and Evaluation. Global Burden of Disease Study 2019.	Not Met
Indonesia	1.2	(0.6-2.4)	2023	Badan Kebijakan Pembangunan Kesehatan. Survei Kesehatan Indonesia (SKI) Dalam Angka.	Not Met
Italy	0.03	(0.02-0.03)	2019	IHME (2019). Global Burden of Disease Study 2019. Estimates from July 2020.	Met 0.5% Goal
Japan	0.08	(0.06-0.10)	2019	Institute of Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2019	Met 0.5% Goal

Mexico	0.02	-	2019	Polaris Observatory HCV Collaborators (2017). Global prevalence and genotype distribution of hepatitis C virus infection in 2015: a modelling study. The Lancet Gastroenterology Hepatology; 2(3), 161–176.	Met 0.5% Goal
Myanmar	0.7	(0.53-0.93)	2019	Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2019. Last accessed 10 October 2022.	Not Met
Nigeria	7.15	(5.85-8.66)	2019	Institute of Health Metrics and Evaluation (2019). Global Burden of Disease Study 2019.	Not Met
Pakistan	0.3	-	2019	Presentation by Dr. Huma Qureshi, Ex-Executive Director Pakistan Medical Research Council, Pakistan National Focal Point for Hepatitis. International Meeting for Viral Hepatitis Elimination 2021 (December 3rd).	Met 0.5% Goal
Peru	0.04	-	2019	WHO/UNCIEF Joint Reporting Form. 2019	Met 0.5% Goal
The Philippines	0.8	(0.4-1.7)	2003	Minta , A. A., Silva, M. W. T., Shrestha, A., et al.,(2021). Hepatitis B Surface Antigen Seroprevalence Among Children in the Philippines. Vaccine; 39(14), pp. 1982-1989.	Not Met
Portugal	0.04	(0.02-0.05)	2019	IHME (2019). Global Burden of Disease Study 2019.	Met 0.5% Goal
Republic of Korea	0.1		2014	Korean Association of the Study of the Liver (KASL) (2022). Development of Viral Hepatitis (B·C) Elimination Strategy. Supported by the Korea Disease Control Agency. [In press]	Met 0.5% Goal
Rwanda	0.42	(0.30-0.56)	2019	IHME. Global Burden of Disease Study. 2019	Met 0.5% Goal
Senegal	1.08	(0.78-1.34)	2019	Institute of Health Metrics and Evaluation (2019). Global Burden of Disease Study 2019	Not Met
South Africa	4.83	-	2015-2019	Moonsamy S, Pillay P, Prabdhial-Sing N. Hepatitis B infection status among South Africans attending public	Not Met

				health facilities over a five-year period: 2015 to 2019. <i>PLOS Glob Public Health</i>. 2023;3(9):e0000992. Published 2023 Sep 25.	
Spain	0.03	(0.02-0.04)		Reported by National Hepatitis Elimination Profile Stakeholders	Met 0.5% Goal
Switzerland	0.15	(0.10-0.20)	2017	Richard JL, Schaetti C, Basler S, & Masserey Spicher V (2017). Reduction of acute hepatitis B through vaccination of adolescents with no decrease in chronic hepatitis B due to immigration in a low endemicity country. <i>Swiss medical weekly</i>, 147, w14409.	Met 0.5% Goal
Taiwan	0.16	-	2019	Centers for Disease Control, R.O.C. (Taiwan). (2019) Taiwan National Infectious Disease Statistics System	Met 0.5% Goal
Thailand	0.27	-	2020	WHO. The Global Health Observatory: Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years	Met 0.5% Goal
Ukraine	0.29	(0.23-0.25)	2020	Institute of Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2019	Met 0.5% Goal
United States	0.03	(0.02-0.04)	2019	IHME. Global Burden of Disease Study. 2019	Met 0.5% Goal
Vietnam	0.64	(0.53-0.76)	2019	Institute of Health Metrics and Evaluation (IHME). Global burden of Disease Study 2019	Not Met

Supplementary Table 10. Estimated Path to Elimination Status for Hepatitis B Elimination of Mother-to-Child (Vertical) Transmission (EMTCT)

	HepB-BD Policy ¹	HepB-BD Coverage (%)	HepB 3-Dose Coverage (%)	Hepatitis B Antenatal Screening Policy	Hepatitis B Prevalence Children Under- 5 (%)	Estimated Hepatitis B EMTCT Path to Elimination Tier ²	WHO-defined Eligibility for EMTCT Path to Elimination Validation (Based on general population or under-five prevalence) ³
Argentina	Adopted	64	66	Adopted	0.02	-	No
Australia	Adopted	No Data	94	Adopted	0.07	Bronze	No
Bangladesh	Adopted	No Data	98	Partially Adopted	0.1	Bronze	No
Brazil	Adopted	75	90	Adopted	0.4	Silver	No
Canada	Partially Adopted	No Data	83	Adopted	0.27	-	No
China	Adopted	93	97	Adopted	0.3	Gold	Yes
Colombia	Adopted	77	90	Adopted	< 0.1	Silver	No
Egypt	Adopted	95	96	Adopted	0.2	Gold	No
England	Partially Adopted	No Data	92	Adopted	<0.1	-*	No
Ethiopia	Partially Adopted	No Data	72	Adopted	1.3	-	Yes
Georgia	Adopted	92	93	Adopted	0.03	Full Elimination	No
Ghana	Not Adopted	No Data	95	Adopted	0.64	-	Yes
Indonesia	Adopted	88	83	Adopted	1.2	-	Yes
Italy	Partially Adopted	No Data	95	Adopted	0.03	-*	No
Japan	Partially Adopted	No Data	95	Adopted	0.08	-*	No

Mexico	Adopted	61	85	Partially Adopted	0.02	-	No
Myanmar	Adopted	17	76	Adopted	0.7	-	Yes
Nigeria	Adopted	52	62	Adopted	7.15	-	Yes
Pakistan	Partially Adopted	40	86	Adopted	0.3	-	No
Peru	Adopted	83	84	Adopted	0.04	-	No
The Philippines	Adopted	57	87	Adopted	0.8	-	No
Portugal	Adopted	97	99	Adopted	0.04	Full Elimination	No
Republic of Korea	Adopted	92	97	Adopted	0.1	Full Elimination	No
Rwanda	Partially Adopted	No Data	94	Adopted	0.35	_*	No
Senegal	Adopted	78	83	Partially Adopted	1.08	-	Yes
South Africa	Not Adopted	No Data	79	Adopted	4.83	-	Yes
Spain	Partially Adopted	No Data	93	Adopted	0.03	_*	No
Switzerland	Partially Adopted	No Data	80	Adopted	0.15	-	No
Taiwan	Adopted	92	98	Adopted	0.16	Gold	No ⁴
Thailand	Adopted	89	92	Adopted	0.27	Silver	No
Ukraine	Adopted	55	79	Adopted	0.29	-	No
United States	Adopted	75	93	Adopted	0.03	Silver	No
Vietnam	Adopted	82	65	Adopted	0.64	-	Yes

¹ HepB-BD Policy: National policy for universal HepB birth dose for newborns within 24 hours of birth. Vaccination data source: WHO/UNICEF Joint Reporting Form on Immunization (JRF), Last Accessed 24 January 2024. Note: Latest year of data available is shown for both HepB-BD and HepB 3-dose coverage.

² Estimated eligibility for full elimination of MTCT or PTE criteria was based on data from the Hepatitis Elimination Profiles. The World Health Organization has a formal process for countries to apply to be validated for full elimination or reaching any Tier. This estimation is only suggestive based on available data.

Full EMTCT criteria: For countries with universal HepB-BD, countries must meet an impact target of $\leq 0.1\%$ HBsAg prevalence among children under-five years and intervention targets of $\geq 90\%$ HepB-BD universal, timely vaccine coverage and HepB 3-dose vaccine coverage for two consecutive years. Countries with only targeted HepB-BD must meet an additional impact target of a maternal-child transmission rate of $\leq 2\%$ and greater than 90% coverage with antivirals of pregnant women who are HBsAg positive and eligible for prophylaxis or treatment. Data on these additional indicators was not available to assess potential eligibility for full EMTCT among countries without universal HepB-BD.

Bronze Tier criteria: HepB-BD universal timely vaccine policy adopted, $\geq 90\%$ HepB 3 dose vaccine coverage; **Silver Tier criteria:** $\geq 50\%$ HepB-BD universal, timely vaccine coverage, $\geq 90\%$ HepB 3 dose vaccine coverage, Antenatal hepatitis B screening policy adopted; **Gold Tier criteria:** $\geq 90\%$ HepB-BD universal, timely vaccine coverage, $\geq 90\%$ HepB 3 vaccine dose, $\geq 30\%$ antenatal hepatitis B screening coverage. Antenatal hepatitis B screening coverage data was not available; thus the Gold Tier indications are suggestive, pending confirmation of this information.

³Per WHO's *Guidance for country validation of viral hepatitis elimination and path to elimination*, only counties with a general population prevalence $\geq 5\%$ or a prevalence $\geq 1\%$ among children under-five years old are eligible for verification of EMTCT.

*Path to Elimination criteria require universal, timely HepB-BD policies. Countries with selective (or targeted) HepB-BD policies must meet additional targets for maternal antiviral prophylaxis coverage and reductions in maternal-to-child transmission that are beyond Path to Elimination criteria. When countries achieve this criteria, they are encouraged to apply for full elimination of mother-to-child transmission. See above the additional criteria countries with targeted HepB-BD versus universal HepB-BD must achieve. This additional data was not collected for the profiles.

Note: Coverage and prevalence estimates from the latest year available (from tables above) were used. When a range of coverage values were provided, the lower estimate was used to determine Path to Elimination status. No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders.

⁴Not considered eligible by the World Health Organization.

Supplementary Table 11. Estimated Path to Elimination Status for Hepatitis B EMTCT, Diagnosis, Treatment Targets¹

	HepB-BD policy	HepB-BD coverage	HepB 3 dose coverage	Hepatitis B Antenatal Screening Coverage	Diagnosis Coverage of Persons with Hepatitis B (%)	Treatment Coverage of Persons Diagnosed with Hepatitis B (%)	Estimated Hepatitis B Path to Elimination Tier ¹
Argentina	Adopted	64	66	Adopted	43	6	-
Australia	Adopted	No Data	94	Adopted	73	26	-
Bangladesh	Adopted	No Data	98	Partially Adopted	No Data	No Data	No Data
Brazil	Adopted	75	90	Adopted	34	11	-
Canada	Partially Adopted	No Data	83	Adopted	71	12	-
China	Adopted	93	97	Adopted	19	9	-
Colombia	Adopted	77	90	Adopted	12	8	-
Egypt	Adopted	95	96	Adopted	6	46	-
England	Partially Adopted	No Data	92	Adopted	31-47	No Data	-
Ethiopia	Partially Adopted	No Data	72	Adopted	5	<1	-
Georgia	Adopted	92	93	Adopted	3	No Data	-
Ghana	Not Adopted	No Data	95	Partially Adopted	<1	4	-
Indonesia	Adopted	88	83	Adopted	3	4	-
Italy	Partially Adopted	No Data	95	Adopted	29	No Data	-
Japan	Partially Adopted	No Data	95	Adopted	95	83-84	-
Mexico	Adopted	61	85	Partially Adopted	11	8	-

Myanmar	Adopted	17	76	Adopted	<1	3	-
Nigeria	Adopted	52	62	Adopted	<1	10	-
Pakistan	Partially Adopted	40	86	Adopted	29	12	-
Peru	Adopted	83	84	Adopted	17	8	-
The Philippines	Adopted	57	87	Adopted	11	2	-
Portugal	Adopted	97	99	Adopted	0	No Data	No Data
Republic of Korea	Adopted	92	97	Adopted	83	25	-
Rwanda	Partially Adopted	No Data	94	Adopted	67	6	-
Senegal	Adopted	78	83	Partially Adopted	1	9	-
South Africa	Not Adopted	No Data	79	Partially Adopted	23	<1	-
Spain	Partially Adopted	No Data	93	Adopted	No Data	No Data	-
Switzerland	Partially Adopted	No Data	80	Adopted	60	8	-
Taiwan	Adopted	92	98	Adopted	64	28	-
Thailand	Adopted	89	92	Adopted	12	6	-
Ukraine	Adopted	55	79	Adopted	4	<1	-
United States	Adopted	75	93	Adopted	50	60	-
Vietnam	Adopted	82	65	Adopted	42	3	-

¹Path to Elimination Tier estimated by authors based on data from the Hepatitis Elimination Profiles. The World Health Organization has a formal process for countries to apply to be validated for reaching any Tier. This estimation is only suggestive based on available data. **Bronze Tier criteria:** ≥95% blood safety coverage, ≥95% injection safety coverage, universal and timely HepB birth dose (HepB-BD) vaccine policy adopted,

$\geq 90\%$ HepB 3 dose vaccine coverage, $\geq 60\%$ diagnosis coverage of persons with hepatitis B, $\geq 50\%$ treatment coverage of persons diagnosed with hepatitis B (of those eligible); **Silver Tier criteria:** 100% blood safety coverage, 100% injection safety coverage, $\geq 50\%$ universal, timely HepB-BD vaccine coverage, $\geq 90\%$ HepB 3 dose vaccine coverage, Antenatal hepatitis B screening policy adopted, $\geq 70\%$ diagnosis coverage of persons with hepatitis B, $\geq 60\%$ treatment coverage of persons diagnosed with hepatitis B (of those eligible); **Gold Tier criteria:** 100% blood safety, coverage, 100% injection safety coverage, $\geq 90\%$ universal, timely HepB-BD vaccine coverage, $\geq 90\%$ HepB 3 vaccine dose, $\geq 30\%$ antenatal hepatitis B screening coverage, $\geq 80\%$ diagnosis coverage of persons with hepatitis B, $\geq 70\%$ treatment coverage of persons diagnosed with hepatitis B (of those eligible), and establishment of a sentinel surveillance program for sequelae of hepatitis. All countries were assumed to meet blood and infection safety targets. Antenatal hepatitis B screening coverage data and information on sentinel surveillance for sequelae of hepatitis was not available, thus the Gold Tier indications are suggestive, pending confirmation of this information.

Note: Coverage estimates from the latest year available (from tables above) were used. When a range of coverage values were provided, the lower estimate was used to determine Path to Elimination status. HepB birth dose policy adoption was defined as having a universal HepB-BD policy. A selective policy was not sufficient. No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders. No Data was indicated for the Estimated Tier when either diagnosis or treatment coverage data was not available and the universal HepB birth dose policy was adopted.

Supplementary Table 12. Hepatitis B Policy Scores for Policy Categories and Overall Policy Score, by Country and Territory

Country	Income classification	Hepatitis B national planning (max score=3)	Hepatitis B strategic information (max score=5)	Hepatitis B PMTCT (max score=2)	Access to hepatitis B screening (max score=4)	Access to hepatitis B treatment (max score=4)	Equity in access to hepatitis B prevention and care services among vulnerable populations (max score=3)	Hepatitis B financing (max score =1)	Overall hepatitis B policy score (max score=21)
Argentina	Upper middle-income	3	3	2	2.5	3	3	1	17.5
Australia	High-income	3	5	2	2.5	2	3	1	18.5
Bangladesh	Lower middle-income	2.5	1.5	1.5	1	0.5	0.5	0	7.5
Brazil	Upper middle-income	2	4	2	4	2	2.5	1	17.5
Canada	High-income	3	3.5	1.5	3	1	2.5	1	15.5
China	Upper middle-income	3	3.5	2	2	2.5	2.5	0.5	16
Colombia	Upper middle-income	3	4.5	2	1.5	2	2.5	1	16.5
Egypt	Lower middle-income	1	4	2	3.5	2	2	1	15.5
England	High-income	3	4.5	1.5	3	2	2	1	17
Ethiopia	Low-income	2	3	1.5	1	2	1.5	1	12
Georgia	Upper middle-income	2.5	1.5	2	1	1	2	0	10
Ghana	Lower middle-income	0.5	2	1	1.5	1.5	1.5	0	8
Indonesia	Upper middle-income	3	1.5	2	0.5	2.5	2.5	0.5	12.5
Italy	High-income	1.5	2.5	1.5	1.5	2	2	1	12
Japan	High-income	3	5	1.5	3	1.5	2.5	1	17.5
Mexico	Upper middle-income	0	1.5	1.5	2	3	2.5	1	11.5
Myanmar	Lower middle-income	3	2	2	2.5	2	3	0.5	15
Nigeria	Lower middle-income	2	2.5	2	1.5	2	1.5	0.5	12
Pakistan	Lower middle-	2	1	1.5	3	1.5	1.5	1	11.5

	income								
Peru	Upper middle-income	2	2.5	2	2	1	3	1	13.5
The Philippines	Lower middle-income	1.5	0	2	2.5	2	2	0	10
Portugal	High-income	3	2.5	2	3	1	2.5	1	15
Republic of Korea	High-income	2.5	4.5	2	3.5	2.5	2	1	18
Rwanda	Low-income	3	5	1.5	4	3	3	1	20.5
Senegal	Lower middle-income	3	2.5	1.5	1	0	2	1	11
South Africa	Upper middle-income	2.5	2	1	2.5	2	2	0.5	12.5
Spain	High-income	1	3	1.5	3	2	2	1	13.5
Switzerland	High-income	2	1	1.5	3	1.5	2	0.5	11.5
Taiwan	High-income	3	5	2	2.5	3	3	1	19.5
Thailand	Upper middle-income	3	2	2	3.5	3	1	1	15.5
Ukraine	Upper middle-income	3	2.5	2	2	1.5	0.5	1	12.5
United States	High-income	3	4.5	2	3	2.5	2.5	1	18.5
Vietnam	Lower middle-income	3	3.5	2	3	1.5	1.5	0	14.5

Note: For an expanded screening policy, countries were given a 1 if they adopted an age-based, birth-cohort, or a universal screening policy. Across the seven policy categories, an adoption score was calculated with a zero for no policy, 0.5 score for a partially adopted policy, and a 1 for an adopted policy. The maximum policy score was 21. The policy on whether Global Fund for TB, AIDS, and Malaria (the Global Fund) funds was excluded from the scoring since not all countries are eligible for funding. For an expanded screening policy, countries were given a 1 if they adopted an age-based, birth-cohort, or a universal screening policy.

Supplementary Table 13. Mean Hepatitis B Policy Scores for Policy Categories and Overall Score, by Income Classification ($\pm$ Standard Deviation)

	All countries (n=33)	High-income countries and territories (n=11)	Upper middle- income countries (n=11)	Low- and lower middle- income (n=11)	p-Value
Hepatitis B national planning (n=3 policies)	2.4 ($\pm$ 0.8)	2.5 ($\pm$ 0.7)	2.5 ($\pm$ 0.9)	2.1 ($\pm$ 0.9)	0.39
Hepatitis B strategic information (n=5 policies)	2.9 ($\pm$ 1.4)	3.7 ($\pm$ 1.3)	2.6 ($\pm$ 1.0)	2.5 ($\pm$ 1.4)	0.049**
Prevention of hepatitis B vertical transmission (n=2 policies)	1.8 ($\pm$ 0.3)	1.7 ($\pm$ 0.3)	1.9 ($\pm$ 0.3)	1.7 ($\pm$ 0.3)	0.23
Access to hepatitis B screening (n=4 policies)	2.4 ($\pm$ 0.9)	2.8 ($\pm$ 0.5)	2.1 ($\pm$ 1.0)	2.2 ($\pm$ 1.1)	0.17
Access to hepatitis B treatment (n=3 policies)	1.9 ($\pm$ 0.7)	1.9 ($\pm$ 0.6)	2.1 ($\pm$ 0.7)	1.6 ($\pm$ 0.8)	0.34
Equity in access to hepatitis B prevention and care services among vulnerable populations (n=3 policies)	2.1 ($\pm$ 0.7)	2.3 ($\pm$ 0.4)	2.2 ($\pm$ 0.8)	1.8 ($\pm$ 0.7)	0.1000
Hepatitis B financing (n=1 policy)	0.8 ($\pm$ 0.4)	1.0 ($\pm$ 0.2)	0.8 ($\pm$ 0.3)	0.5 ($\pm$ 0.5)	0.052
Overall hepatitis B policy score (n=21 policies)	14.2 ($\pm$ 3.3)	16.0 ($\pm$ 2.8)	14.1 ($\pm$ 2.6)	12.5 ($\pm$ 3.7)	0.03**

**Statistically Significant at the 95% confidence level; Note: Indicators in each policy category are listed in Table 1. Across the seven policy categories, an adoption score was calculated with a zero for no policy, 0.5 score for a partially adopted policy, and a 1 for an adopted policy. The maximum policy score was 21. The policy on whether Global Fund for TB, AIDS, and Malaria (the Global Fund) funds was excluded from the scoring since not all countries are eligible for funding. For an expanded screening policy, countries were given a 1 if they adopted an age-based, birth-cohort, or a universal screening policy.

The distribution of policy scores in national planning, prevention of vertical transmission, access to treatment, equity, and financing were skewed and not following a normal distribution. A nonparametric test of means, the Kruskal-Wallis test, was used to test for statistical significance in the mean policy score across income levels for these categories.

Supplementary Table 14. Achievement of WHO 2025 Targets, by Income Classification

WHO 2025 0.5% or Less Under-Five HBsAg Prevalence				
	Below Target	Met Target	No Data	p-value
High-income countries and territories	-	11 (100%)	-	0.003
Upper middle-income countries	2 (18%)	9 (82%)	-	
Low- and lower middle-income countries	7 (64%)	4 (36%)	-	
All countries	9 (27%)	24 (73%)	-	
WHO 2025 90% HepB 3 Dose Coverage				
	Below Target	Met Target	No Data	p-value
High-income countries and territories	2 (18%)	9 (82%)	-	0.077
Upper middle-income countries	6 (55%)	5 (46%)	-	
Low- and lower middle-income countries	7 (64%)	4 (36%)	-	
All countries	15 (45%)	18 (55%)	-	
WHO 2025 70% HepB Birth Dose Coverage				
	Below Target	Met Target	No Data	p-value
High-income countries and territories	-	4 (36%)	7 (64%)	0.039**
Upper middle-income countries	3 (27%)	7 (64%)	1 (9%)	
Low- and lower middle-income countries	4 (36%)	3 (27%)	4 (36%)	
All countries	7 (21%)	14 (43%)	12 (36%)	
WHO 2025 60% Hepatitis B Diagnosis Coverage				
	Below Target	Met Target	No Data	p-value
High-income countries and territories	4 (37%)	6 (55%)	1 (9%)	0.011**
Upper middle-income countries	11 (100%)	-	-	
Low- and lower middle-income countries	9 (82%)	1 (9%)	1 (9%)	
All countries	24 (73%)	7 (21%)	2 (6%)	
WHO 2025 50% Hepatitis B Treatment Coverage				
	Below Target	Met Target	No Data	p-Value

High-income countries and territories	8 (73%)	-	3 (27%)	0.54
Upper middle-income countries	10 (91%)	-	1 (9%)	
Low- and lower middle-income countries	9 (82%)	-	2 (18%)	
All countries	27 (82%)	-	6 (18%)	

WHO 2025 $\leq$ 7 per 100,000 Mortality Rate				
	Below Target	Met Target	No Data	p-Value
High-income countries and territories	2 (18%)	9 (82%)	-	0.020
Upper middle-income countries	8 (73%)	3 (27%)	-	
Low- and lower middle-income countries	3 (27%)	8 (73%)	-	
All countries	1 (39%)	20 (61%)	-	

The significance of differences in achievement of WHO 2025 targets across country income levels was assessed at the 95% confidence level using Pearson's chi-square test

Supplementary Table 15. Profile Recommendations for Next Steps to Accelerate Hepatitis B Elimination, by Country and Territory Income Classification

	High-income (n=11)			Upper middle-income (n=10)			Low- and Lower middle-income (n=12)			All countries and territories (N=33)			
	The next step reported in profile specific to hepatitis B	Next step reported in profile for both hepatitis B and hepatitis C	Next step reported in profile specific for hepatitis B or both hepatitis B/hepatitis C	The next step reported in profile specific to hepatitis B	Next step reported in profile for both hepatitis B and hepatitis C	Next step reported in profile specific for hepatitis B or both hepatitis B/hepatitis C	The next step reported in profile specific to hepatitis B	Next step reported in profile for both hepatitis B and hepatitis C	Next step reported in profile specific for hepatitis B or both hepatitis B/hepatitis C	The next step reported in profile specific to hepatitis B	Next step reported in profile for both hepatitis B and hepatitis C	Next step reported in profiles specific for hepatitis B or both hepatitis B/hepatitis C	p-value
Strategic information	2 (18%)	6 (45%)	7 (64%)	1 (10%)	8 (80%)	9 (90%)	-	11 (92%)	11 (92%)	3 (9%)	25 (76%)	27 (82%)	0.23
Prevention	2 (18%)	4 (36%)	5 (45%)	3 (30%)	6 (60%)	7 (70%)	5 (42%)	5 (42%)	8 (67%)	11 (33%)	15 (45%)	20 (61%)	0.50
Engagement and advocacy	-	6 (55%)	6(55%)	1 (10%)	4 (40%)	4 (40%)	-	8 (67%)	8 (67%)	1 (3%)	18 (55%)	18 (55%)	0.47
Diagnosis and treatment	3 (27%)	7 (63%)	9(81%)	3 (30%)	7 (70%)	7 (70%)	3 (25%)	10 (83%)	11 (92%)	9 (27%)	24 (73%)	27 (82%)	0.39
Health equity and disparities	1(9%)	4(36%)	4 (36%)	-	3 (30%)	3 (30%)	-	5 (42%)	5 (42%)	1 (3%)	12 (36%)	12 (36%)	0.90
Financing	-	2 (18%)	2 (18%)	-	1 (10%)	1 (10%)	-	6 (50%)	6 (50%)	-	9 (27%)	9 (27%)	0.23

Recommendations for priority next steps suggested by collaborators are highlighted at the end of each profile. Countries and territories were evaluated whether they have a recommendation related to each descriptive category or not. To examine whether there is a statistically significant association between income level status and the type of recommendations, Pearson's chi-squared test was performed and associations tested at the 95% confidence level. Lastly, the mean policy score for select policy categories was compared for countries and territories with a recommendation related to the policy category or not, to determine if lower policy scores were associated with countries and territories prioritizing recommendations in that policy area.