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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 C 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 chronic hepatitis C, Survey/surveillance	The national prevalence of chronic hepatitis C, or hepatitis C viremia, 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 (%)
Estimated number of new cases	The estimated number of incident hepatitis C cases based on national surveillance or other nationally represented survey approach. The estimated number of new cases for 2015 and the most recent year available are presented (when available). For many countries, this data is not available.	Number
Mortality rate (per 100,000)	Estimated hepatitis C-related death rate per 100,000 populations 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 C-related deaths include deaths due to acute hepatitis C, cirrhosis and other chronic liver diseases attributable to hepatitis C, and liver cancer attributable to hepatitis C.	Number per 100,000
Number of hepatitis C-related deaths	The number of hepatitis C-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. Hepatitis C-related deaths include deaths due to acute hepatitis C, cirrhosis and other chronic liver diseases attributable to hepatitis C, and liver cancer attributable to hepatitis C.	Number
Status of program planning and service delivery		
Number of needles-syringes distributed per year per person who injects drug	Estimated number of needles/syringes distributed per person who injects drugs (PWID) per year. This indicator is a performance measure for WHO hepatitis B/hepatitis C elimination targets. The WHO target is 200 syringes/needles per PWID per year by 2020.	Number

	The main reference for this indicator was Larney et al, 2017: Larney S, Peacock A, Leung J, et al. Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. Lancet Glob Health. 2017;5(12):e1208-e1220. doi:10.1016/S2214-109X(17)30373-X. Accessible at: https://pubmed.ncbi.nlm.nih.gov/29074410/		
Proportion of people living with hepatitis C diagnosed (%)	The proportion of all people living with chronic hepatitis C 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 C who have been treated (%)	An estimate of the proportion of persons living with hepatitis C who have been treated, including those who have been cured. This indicator is used for WHO Hepatitis Elimination 2025 and 2030 goals.	Percentage (%)	
Proportion of people diagnosed with hepatitis C who have been treated (%)	An estimate of the proportion of persons who have been cured out of all persons diagnosed with hepatitis C. The Path to Elimination criteria uses this indicator.	Percentage (%)	
Policy environment			
<i>Hepatitis C national planning</i>	<i>Adopted</i>	<i>Partially Adopted</i>	<i>Not Adopted</i>
Hepatitis C elimination goal	The country has committed to hepatitis C 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.
Hepatitis Action Plan that includes hepatitis C	The country has a written document that includes goals, objectives, targets, or activities for prevention, testing, and/or treatment of hepatitis C, either in combination with hepatitis B 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 C, either in combination with hepatitis B 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 C, either in combination with hepatitis B or independently.
<i>Hepatitis C strategic information</i>	<i>Adopted</i>	<i>Partially adopted</i>	<i>Not adopted</i>
Routine official reports to monitor hepatitis C mortality	The Ministry of Health, national public health agency, or other government department collects estimates of hepatitis C-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 C-related mortality.
Routine official reports to monitor hepatitis C incidence	The Ministry of Health, national public health agency, or other government department collects estimates of new cases of acute hepatitis C, 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 C cases.
Routine official reports to monitor hepatitis C prevalence	The Ministry of Health, national public health agency, or other government department releases routine reports on estimates for the national prevalence of	The last estimate for either hepatitis C 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 hepatitis

	anti-hepatitis C or chronic hepatitis C, up to every 5 years. The last survey was conducted within the last 5 years.		C prevalence (either anti-HCV or chronic hepatitis C).
Estimates of hepatitis C 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 C.	Hepatitis C economic estimates are in development.	No economic estimates for hepatitis C are available.
Monitoring hepatitis C testing and treatment	National patient registry is in place for hepatitis C testing and treatment monitoring. The Ministry of Health, national public health agency, or other government department releases annual updates on the number of persons tested and treated for hepatitis C.	The system is in development or only tracks hepatitis C testing or hepatitis C treatment numbers or only for select regions.	No system is in place to track the number of persons diagnosed and treated for hepatitis C.
<i>Access to hepatitis C testing</i>	<i>Adopted</i>	<i>Partially adopted</i>	<i>Not adopted</i>
Universal antenatal hepatitis C screening recommendations	National policy /recommendations in place for universal anti-HCV or HCV PCR testing in pregnancy	If the antenatal hepatitis C screening policy or recommendation comes from the state/province level, a partial score is given if the policy does not exist in every state/province.	No antenatal hepatitis C screening policy or recommendations is in place.
Risk-based hepatitis C screening recommendations	The country has national recommendations for anti-HCV 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 anti-HCV or HCV RNA or core antigen (cAg) 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 HCV screening policy exists.
Expanded hepatitis C screening recommendations: birth cohort, age cohort, other special group, or universal	All countries are assessed if they have hepatitis C 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 C screening policy has been developed but has not been implemented yet (awaiting funding, healthcare worker training, etc.).	There is no other hepatitis C screening recommendation beyond risk-based screening.
No patient co-payments for hepatitis C antibody screening	The costs of anti-HCV 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 anti-HCV screening out-of-pocket.
Approval of point-of-care RNA testing to detect HCV	At least point-of-care PCR platform and test kit is registered in the country for HCV RNA and is approved for use, such as the GeneXpert.	Registration approval is in progress for a point-of-care RNA test for HCV, 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 HCV RNA is approved for use.
<i>Access to hepatitis C treatment</i>	<i>Adopted</i>	<i>Partially adopted</i>	<i>Not adopted</i>

National hepatitis C treatment guidelines	National clinical guidelines for hepatitis C treatment are available from the Ministry of Health or national, professional society of hepatology/study of liver disease and are based on use of direct acting antivirals.	Guidelines for hepatitis C treatment are not fully rolled out and implemented and/or guidelines are under development.	No hepatitis C treatment guidelines have been developed.
Simplified hepatitis C care algorithm: fewer than 2 clinic visits during treatment	National clinical guidelines for hepatitis C treatment recommend fewer than 2 visits during treatment monitoring, including SVR testing at 12 weeks post treatment. This indicator does not include diagnostic visits or pre-treatment evaluation visits, which can be a barrier in other countries.	Guidelines for hepatitis C treatment are being updated to be simplified and remove monthly monitoring requirements.	Guidelines for hepatitis C treatment require monthly monitoring during hepatitis C treatment.
Simplified hepatitis C care algorithm: non-specialists can prescribe treatment	National guidelines and reimbursement criteria for the public sector insurance scheme allow non-specialists, i.e., general practitioners, primary care doctors, to prescribe hepatitis C DAAs and monitor treatment.	Guidelines for hepatitis C treatment and/or reimbursement criteria only permit non-specialists to prescribe hepatitis C DAAs under certain circumstances or there is variation across states/provinces.	Only specialists can prescribe hepatitis C treatment.
Simplified hepatitis C care algorithm: no patient treatment co-payments	When there is a public insurance scheme, the costs of hepatitis C treatment are fully covered so there is no cost to patients. In the absence of a public insurance scheme, this policy would not be adopted.	There is variation in co-payment policies across states/provinces or by patient population.	Patients must pay for hepatitis C treatment out-of-pocket. In the absence of a public insurance scheme, this policy would not be adopted.
Simplified hepatitis C care algorithm: no fibrosis restrictions to treatment initiation	No restrictions on reimbursement for hepatitis C treatment based on fibrosis stage, preferably based on public insurance reimbursement criteria. When public reimbursement criteria were not available, clinical guidelines may be referenced.	There is variation in fibrosis restrictions across states/provinces.	Fibrosis restrictions for hepatitis C treatment remain in place nationally.
Simplified hepatitis C care algorithm: no sobriety restrictions to treatment initiation	No restrictions on reimbursement for hepatitis C treatment based on sobriety, preferably based on public insurance reimbursement criteria. When public reimbursement criteria were not available, clinical guidelines may be referenced.	There is variation in sobriety restrictions across states/provinces.	Sobriety restrictions for hepatitis C treatment remain in place nationally.
Simplified hepatitis C care algorithm: no genotyping required for treatment initiation	Local hepatitis C treatment guidelines and public sector reimbursement criteria remove genotyping as standard pre-evaluation criteria when pan-genotypic drugs are available.	Guidelines for hepatitis C treatment or public sector reimbursement criteria are in the process of being updated to remove genotyping or there is variation in policy across states/provinces.	Genotyping is still required by both guidelines for hepatitis C treatment and public sector reimbursement criteria.
<i>Equity in access to hepatitis C prevention and care services among disproportionately affected populations</i>	<i>Adopted</i>	<i>Partially adopted</i>	<i>Not adopted</i>
National strategy addresses disproportionately affected populations (e.g. PWID,	The National Strategy on viral hepatitis acknowledges populations affected by disparities in burden of hepatitis C and	The National Strategy on viral hepatitis is being developed or updated. It will acknowledge populations affected by disparities in burden of hepatitis C and	The National Strategy on viral hepatitis does not acknowledge populations affected by disparities in burden of

Indigenous, MSM, Co-infected, etc.)	access to care and provides specific interventions to address these disparities.	access to care and provide specific interventions to address these disparities.	hepatitis C and access to care and provides specific interventions to address these disparities.
Laws preventing discrimination against people living with hepatitis C	National laws protect people from discrimination, including employment discrimination, based on hepatitis C 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 C.
Harm reduction for people who inject drugs included in national policy	Harm reduction services are included in national policy and service packages for people who inject drugs.	A national policy related to access to harm reduction services for persons who inject drugs is under development. Or there is no national policy, but some states/provinces have adopted policies.	There is no national policy related to access to harm reduction services for persons who inject drugs.
Policy for syringe and needle syringe program in federal prisons	Needle/syringe programs are available in federal prisons as a matter of national policy.	A policy on access to syringes/needles in federal prisons is under development.	Needle/syringe programs are not available in federal prisons.
Decriminalization of possession of syringes and associated paraphernalia	Federal law avoids criminalizing possession of syringes and associated paraphernalia	No federal law exists, and policy varies by state/province.	There is no federal or state/province law decriminalizing possession of syringes and paraphernalia.
Decriminalization of drug use	Federal law refrains from criminalizing drug use or possession of drugs, including opioids, for personal consumption.	No federal law exists and policy varies by state/province. Or federal law refrains from criminalizing drug use or possession for personal consumption but may still impose punitive civil sanctions.	There is no federal or state/province law decriminalizing use or possession of drugs, including opioids, for personal consumption
<i>Financing</i>	<i>Adopted</i>	<i>Partially adopted</i>	<i>Not adopted</i>
Public budget line for hepatitis C prevention, testing, and treatment	National government budget has explicit funding dedicated to hepatitis C prevention, testing, and/or treatment. This funding supports direct program delivery.	The national budget covers hepatitis C prevention, testing, or treatment; There has been one-time support of the national program without the guarantee of sustained funding over time; or only certain states/provinces have adopted hepatitis C budgets.	There is no national budget for hepatitis C testing or treatment.
Global Fund support used for co-infected patients or harm reduction, as relevant	The country is eligible for Global Fund for AIDS, TB, and Malaria grant funding and this funding is being used to fund hepatitis C testing and/or treatment for co-infected patients or used for harm reduction prevention activities.	The country is eligible for Global Fund for AIDS, TB, and Malaria 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 C 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 for AIDS, TB, and Malaria grant funding but this funding is not being used to support any hepatitis C testing or treatment or harm reduction.

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

Criteria	Search Term
Hepatitis C	(HCV) OR (Hepatitis C Virus) OR (Hepatitis C) OR (Hepatitis C infection) OR (chronic infection) OR (Hepatitis C, Chronic)
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 (needles-syringes) 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 (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 (fibrosis restrictions) OR (sobriety restrictions) OR (genotyping) OR (treatment algorithm) OR (out-of-pocket payments) OR (key populations) OR (disproportionately affected) OR (people who inject drugs) OR (disproportionately affected populations) OR (harm reduction) OR (needle-syringe exchange) OR (NSP) OR (opioid substitution therapy) OR (OST) OR (decriminalization) 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 National 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)
	Leandro Sereno	Pan-American Health Organization

Brazil	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 Nuradiyah	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 Adesuwa	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 Viricas en España (AEHVE)
	Jeffrey L. Lazarus	Barcelona Institute for Global Health (ISGlobal), Alianza para la Eliminación de las Hepatitis Viricas 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
	Niramom 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
The Philippines	Chris Munoz	Yellow Warriors Society 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

Supplementary Table 5. Hepatitis C Elimination Policies, by Country and Territory

Country	WHO Region	Income level	Hepatitis C elimination goal	Hepatitis action plan that includes hepatitis C	Routine official reports to monitor hepatitis C mortality	Routine official reports to monitor hepatitis C incidence	Routine official reports to monitor hepatitis C prevalence	Estimates of hepatitis C economic burden	Monitoring of hepatitis C diagnosis and treatment	Universal antenatal hepatitis C screening recommendations
Argentina	AMR	Upper middle-income	Yes	Yes	Adopted	Partially Adopted	Partially Adopted	Adopted	Adopted	Adopted
Australia	WPRO	High-income	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted
Bangladesh	SEARO	Lower-middle income	Yes	Yes	Partially Adopted	Not Adopted	Not Adopted	Not Adopted	Not Adopted	Not Adopted
Brazil	AMR	Upper middle-income	Yes	Yes	Adopted	Adopted	Partially Adopted	Not Adopted	Adopted	Adopted
Canada	AMR	High-income	Yes	Yes	Not Adopted	Adopted	Adopted	Adopted	Partially Adopted	Partially Adopted
China	WPRO	Upper middle-income	Yes	Yes	Partially Adopted	Partially Adopted	Not Adopted	Adopted	Partially Adopted	Adopted
Colombia	AMR	Upper middle-income	Yes	Yes	Partially Adopted	Adopted	Adopted	Adopted	Adopted	Not Adopted
Egypt	EMRO	Lower-middle income	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted
England	EURO	High-income	Yes	Yes	Adopted	Adopted	Adopted	Adopted	Adopted	Not Adopted

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

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

Country	WHO Region	Income category	Approval of point-of-care RNA testing to detect HCV	Risk-based hepatitis C screening recommendations	Expanded hepatitis C screening recommendations: birth cohort, age cohort, or other special group	Expanded hepatitis C recommendations: universal	No patient co-payments for anti-HCV testing	National hepatitis C treatment guidelines	Simplified care algorithm: Fewer than 2 clinic visits during treatment	Simplified care algorithm: Non-specialists can prescribe treatment	Simplified care algorithm: No treatment co-payments
Argentina	AMR	Upper middle-income	Not Adopted	Adopted	Not Applicable	Adopted	Adopted	Developed	Adopted	Adopted	Adopted
Australia	WPRO	High-income	Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Developed	Adopted	Adopted	Adopted
Bangladesh	SEARO	Lower-middle income	Not Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted	Partially Developed	Adopted	Not Adopted	Partially Adopted
Brazil	AMR	Upper middle-income	Adopted	Adopted	Adopted	Not Adopted	Adopted	Developed	Adopted	Adopted	Adopted
Canada	AMR	High-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Adopted	Developed	Adopted	Not Adopted	Partially Adopted
China	WPRO	Upper middle-income	No Data	Adopted	Not Adopted	Not Adopted	Partially Adopted	Developed	No Data	Adopted	Partially Adopted
Colombia	AMR	Upper middle-income	Not Adopted	Adopted	Adopted	Not Applicable	Partially Adopted	Developed	Not Adopted	Not Adopted	Adopted
Egypt	EMRO	Lower-middle income	Adopted	Adopted	Not Applicable	Adopted	Adopted	Developed	Adopted	Adopted	Adopted
England	EURO	High-income	Adopted	Adopted	Partially Adopted	Not Adopted	Adopted	Developed	Partially Adopted	Adopted	Adopted
Ethiopia	AFRO	Low-income	Not Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted	Developed	Not Adopted	Adopted	Not Adopted

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

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

Country	WHO Region	Income category	Simplified care algorithm: no fibrosis restrictions for treatment initiation	Simplified care algorithm: no sobriety restrictions for treatment initiation	Simplified care algorithm: No genotyping requirements for treatment initiation	National strategy addresses disproportionately affected populations	Laws preventing discrimination against people living with hepatitis C	Harm reduction for people who inject drugs included in national policy	National policy for syringe and needle exchange in federal prisons	Decriminalization of possession of syringes and associated paraphernalia	Decriminalization of drug use
Argentina	AMR	Upper middle-income	Adopted	Adopted	Partially Adopted	Adopted	Partially Adopted	No Data	No Data	No Data	No Data
Australia	WPRO	High-income	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted
Bangladesh	SEARO	Lower-middle income	Adopted	Partially Adopted	Not Adopted	No Data	Not Adopted	Adopted	Not Adopted	Adopted	Not Adopted
Brazil	AMR	Upper middle-income	Adopted	Partially Adopted	Not Adopted	Adopted	Partially Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted
Canada	AMR	High-income	Partially Adopted	Adopted	Partially Adopted	Adopted	Partially Adopted	Adopted	Adopted	Adopted	Not Adopted
China	WPRO	Upper middle-income	Adopted	Adopted	Adopted	Adopted	Adopted	Adopted	Not Adopted	Adopted	Not Adopted
Colombia	AMR	Upper middle-income	Adopted	Partially Adopted	Adopted	Adopted	Partially Adopted	Adopted	Not Adopted	Adopted	Partially Adopted
Egypt	EMRO	Lower-middle income	Adopted	Adopted	Adopted	Adopted	Partially Adopted	Partially Adopted	Not Adopted	No Data	Not Adopted
England	EURO	High-income	Adopted	Adopted	Adopted	Adopted	No Data	Adopted	Not Adopted	Adopted	Not Adopted
Ethiopia	AFRO	Low-income	Adopted	Not Adopted	Adopted	Adopted	Not Adopted	Adopted	Not Adopted	Not Adopted	Not Adopted

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

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

Country	WHO Region	Income category	Public budget line for hepatitis C prevention, testing, and treatment	The Global Fund support used to support prevention, screening, or treatment for patients with co-infections, or harm reduction, as relevant
Argentina	AMR	Upper middle-income	Adopted	Not Applicable
Australia	WPRO	High-income	Adopted	Not Applicable
Bangladesh	SEARO	Lower-middle income	Not Adopted	Adopted
Brazil	AMR	Upper middle-income	Adopted	Adopted
Canada	AMR	High-income	Adopted	Not Applicable
China	WPRO	Upper middle-income	Partially Adopted	Not Applicable
Colombia	AMR	Upper middle-income	Adopted	Partially Adopted
Egypt	EMRO	Lower-middle income	Adopted	Partially Adopted
England	EURO	High-income	Adopted	Not Applicable
Ethiopia	AFRO	Low-income	Adopted	Adopted
Georgia	EURO	Upper middle-income	Adopted	Adopted

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

Rwanda	AFRO	Low-income	Adopted	Adopted
Senegal	AFRO	Lower-middle income	Adopted	Not Adopted
South Africa	AFRO	Upper middle-income	Partially Adopted	Adopted
Spain	EURO	High-income	Adopted	Not Applicable
Switzerland	EURO	High-income	Partially Adopted	Not Applicable
Taiwan	WPRO	High-income	Adopted	Not Applicable
Thailand	SEARO	Upper middle-income	Adopted	Partially Adopted
Ukraine	EURO	Lower-middle income	Adopted	Adopted
United States	AMR	High-income	Adopted	Not Applicable
Vietnam	WPRO	Lower-middle income	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 C Diagnosis Coverage, by Country and Territory, by Year and Progress towards 2025 WHO Diagnosis Target

Country	Diagnosis Coverage of Persons Living with Hepatitis C (%)	Year	Progress towards WHO 2025 Target	Source
Argentina	8	2022	<60% (Below WHO 2025 Target)	1
Australia	81	2022	>60% (Met WHO 2025 Target)	2
Bangladesh	No Data		No Data	-
Brazil	36	2022	<60% (Below WHO 2025 Target)	1
Canada	91	2022	>60% (Met WHO 2025 Target)	1
China	25	2020	<60% (Below WHO 2025 Target)	3
Colombia	12	2022	<60% (Below WHO 2025 Target)	1
Egypt	87	2023	>60% (Met WHO 2025 Target)	4
England	No Data		No Data	-
Ethiopia	8	2022	<60% (Below WHO 2025 Target)	1
Georgia	83	2024	>60% (Met WHO 2025 Target)	5
Ghana	5	2022	<60% (Below WHO 2025 Target)	1
Indonesia	14	2022	<60% (Below WHO 2025 Target)	1
Italy	44	2020	<60% (Below WHO 2025 Target)	6
Japan	95	2020	>60% (Met WHO 2025 Target)	7
Mexico	16	2022	<60% (Below WHO 2025 Target)	1
Myanmar	17	2022	<60% (Below WHO 2025 Target)	8
Nigeria	5	2022	<60% (Below WHO 2025 Target)	1

Pakistan	36	2022	<60% (Below WHO 2025 Target)	1
Peru	5	2022	<60% (Below WHO 2025 Target)	1
The Philippines	19	2022	<60% (Below WHO 2025 Target)	1
Portugal	8	2019	<60% (Below WHO 2025 Target)	9
Republic of Korea	70	2022	>60% (Met WHO 2025 Target)	10
Rwanda	>95*	2022	>60% (Met WHO 2025 Target)	1
Senegal	9	2022	<60% (Below WHO 2025 Target)	1
South Africa	24	2022	<60% (Below WHO 2025 Target)	1
Spain	71	2017-18	>60% (Met WHO 2025 Target)	11
Switzerland	68	2022	>60% (Met WHO 2025 Target)	1
Taiwan	48	2020	<60% (Below WHO 2025 Target)	12
Thailand	28	2022	<60% (Below WHO 2025 Target)	1
Ukraine	7	2022	<60% (Below WHO 2025 Target)	1
United States	68	2020	>60% (Met WHO 2025 Target)	14
Vietnam	13	2022	<60% (Below WHO 2025 Target)	1

Note: Estimates have been rounded to the nearest whole number; *WHO reports Rwanda's hepatitis C diagnosis coverage as 100% (last accessed 5 May 2025); 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 7. Hepatitis C Treatment Coverage, by Country and Territory and Year, and Progress towards 2025 WHO Treatment Target and Path to Elimination Tier

Country	Treatment Coverage of Persons Diagnosed with Hepatitis C (%)	Year	Progress Towards WHO Bronze Path to Elimination Tier	Source	Treatment Coverage of Persons Living with Hepatitis C (%)	Year	Source	Progress Towards WHO Target
Argentina	55	2022	>50% 2025 Target	1	5	2022	1	<50% 2025 Target
Australia	68	2024	>50% 2025 Target	2	55	2022	1	>50% 2025 Target
Bangladesh	No Data	-	No Data	-	No Data	-	-	No Data
Brazil	67	2022	>50% 2025 Target	1	24	2022	1	<50% 2025 Target
Canada	43	2022	<50% 2025 Target	1	40	2022	1	<50% 2025 Target
China	No Data	-	No Data	-	No Data	-	-	No Data
Colombia	16	2022	<50% 2025 Target	1	2	2022	1	<50% 2025 Target
Egypt	94	2021	>50% 2025 Target	3	93	2022	1	>50% 2025 Target
England	80	2022	>50% 2025 Target	4	No Data	2022	1	No Data
Ethiopia	16	2022	<50% 2025 Target	1	1	2022	1	<50% 2025 Target
Georgia	86	2024	>50% 2025 Target	5	67	2024	5	>50% 2025 Target
Ghana	8	2022	<50% 2025 Target	1	0	2022	1	<50% 2025 Target
Indonesia	7	2022	<50% 2025 Target	1	1	2022	1	<50% 2025 Target
Italy	65	2019	>50% 2025 Target	6	No Data	-	-	No Data
Japan	77-99	2020	>50% 2025 Target	7	72-83	2020	7	>50% 2025 Target
Mexico	81	2022	>50% 2025 Target	1	4	2022	1	<50% 2025 Target
Myanmar	No Data	-	No Data	-	No Data	2022	8	<50% 2025 Target
Nigeria	15	2022	<50% 2025 Target	1	1	2022	1	<50% 2025 Target

Pakistan	54	2022	>50% 2025 Target	1	20	2022	1	<50% 2025 Target
Peru	17	2022	<50% 2025 Target	1	1	2022	1	<50% 2025 Target
The Philippines	3	2022	<50% 2025 Target	1	1	2022	1	<50% 2025 Target
Portugal	71	2019	>50% 2025 Target	9	5	2019	9	<50% 2025 Target
Republic of Korea	81	2022	>50% 2025 Target	1	45	2022	1	<50% 2025 Target
Rwanda	94*	2023	>50% 2025 Target	10	50*	2022	1	>50% 2025 Target
Senegal	15	2022	<50% 2025 Target	1	1	2022	1	<50% 2025 Target
South Africa	3	2022	<50% 2025 Target	1	1	2022	1	<50% 2025 Target
Spain	90	2024	>50% 2025 Target	11	No Data	-	-	No Data
Switzerland	47	2022	<50% 2025 Target	1	36	2022	1	<50% 2025 Target
Taiwan	80	2020	>50% 2025 Target	12	No Data	-	-	No Data
Thailand	19	2022	<50% 2025 Target	1	5	2022	1	<50% 2025 Target
Ukraine	11	2022	<50% 2025 Target	13	4	2022	1	<50% 2025 Target
United States of America	43	2020	<50% 2025 Target	14	35	2020	13	<50% 2025 Target
Vietnam	62	2022	>50% 2025 Target	1	8	2022	1	<50% 2025 Target

Note: Estimates have been rounded to the nearest whole number; No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders; *This estimate for Rwanda from the WHO Global Health Observatory is not aligned with the WHO estimate for diagnosis coverage (>95%) and reported treatment coverage of those diagnosed from the government's annual report (94%) (reference 10). The Global Health Observatory reported that hepatitis C treatment coverage of those diagnosed was only 28% in Rwanda, which is not aligned with the 50% treatment coverage of persons of those with hepatitis C. The 50% treatment coverage of those with hepatitis C may be an underestimate based on the government report (reference 10) but is reported here as there was a lack of a data point for this indicator in the government report.

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Supplementary Table 8. Number of Needles-Syringes Distributed per Person Who Inject Drugs (PWID) Per Year, by Country and Territory

Country	Number of Needles-Syringes per PWID per year	Progress Towards WHO 2025 Target	Year	Source
Argentina	20	<200 2025 Target	2015	Dirección de Sida, ETS, Hepatitis y TBC, Secretaría de Gobierno de Salud, Ministerio de Salud y Desarrollo Social Argentina. Respuesta a las hepatitis virales: Plan Estratégico Nacional 2018-2021. 2018
Australia	636	>200 2025 Target	2021-2022	King, J, McManus, H, Kwon, A, Gray, R & McGregor, S 2022, HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2022, The Kirby Institute, UNSW Sydney, Sydney, Australia. http://doi.org/10.26190/sx44-5366
Bangladesh	300	>200 2025 Target	2018	Harm Reduction International (2020) Global State of Harm Reduction 2020. London: Harm Reduction International.
Brazil	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Canada	291	>200 2025 Target	2016	Action Hepatitis Canada. Progress Towards Viral Hepatitis Elimination By 2030 In Canada: 2021 Report. Toronto, ON. Available at:
China	246	>200 2025 Target	2020	UNAIDS. Country: China. Last accessed 2 June 2023.
Colombia	22	<200 2025 Target	2020	Ministerio de Salud y Protección Social (2020). " In 2021, the Ministry of Health Will Provide Hepatitis B Vaccine for Adults." Last accessed 21 July 2022.
Egypt	260	>200 2025 Target	2022	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.
England	No Data*	No Data	2020	UK Health Security Agency (2023). Hepatitis C in England, 2023: Working to eliminate hepatitis C as a public health problem.
Ethiopia	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a

				systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Georgia	131	<200 2025 Target	2024	Tohme RA, Shadaker S, Adamia E, et al. Progress Toward the Elimination of Hepatitis B and Hepatitis C in the Country of Georgia, April 2015–April 2024. MMWR Morb Mortal Wkly Rep 2024;73:660–666. DOI: http://dx.doi.org/10.15585/mmwr.mm7330a1
Ghana	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Indonesia	2 (1 - 2)	<200 2025 Target	2014-2021	Larney S, Peacock A, Leung J, et al. (2017). Global, regional, and country-level coverage of interventions to prevent and manage HIV and hepatitis C among people who inject drugs: a systematic review. Lancet Glob Health; published online Oct 23.
Italy	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Japan	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Mexico	5	<200 2025 Target	2018	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Myanmar	351	>200 2025 Target	2019	Ministry of Health and Sports Myanmar, National AIDS Program (2020). Annual Progress Report 2019.
Nigeria	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Pakistan	12	<200 2025 Target	2017	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Peru	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X

The Philippines	0	<200 2025 Target	2013	Hepatology Society of the Philippines. (2013). Prevention and Control of Hepatitis B and Hepatitis C in the Philippines: A Call to Action.
Portugal	86	<200 2025 Target	2021	European Monitoring Centre for Drugs and Drug Addiction (2024). European Drug Report 2024: Trends and Developments, Publications Office of the European Union, Luxembourg
Republic of Korea	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Rwanda	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Senegal	No Data	No Data	-	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
South Africa	32 (9-112)	<200 2025 Target	2017	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Spain	119	<200 2025 Target	2020	European Monitoring Centre for Drugs and Drug Addiction (2019). Monitoring the elimination of viral hepatitis as a public health threat among people who inject drugs in Europe: the elimination barometer, Technical Reports, Publications Office of the European Union, Luxembourg.
Switzerland	139	<200 2025 Target	2020	UNAIDS (2020). Country Fact Sheet: Switzerland.
Taiwan	200	>200 2025 Target	2016	Taiwan Ministry of Health and Welfare. National Hepatitis and Liver Cancer Prevention and Control Plan (2021-2025).
Thailand	14	<200 2025 Target	2014	National AIDS Committee. Thailand AIDS Response Progress Report, 2015. Mueang Nonthaburi: Ministry of Public Health; 2015.
Ukraine	41	<200 2025 Target	2021	UNAIDS. AIDSinfo: Country Factsheets, Ukraine 2021. Last accessed. 9 June 2023.
United States	28 (14-55)	<200 2025 Target	2018	Colledge-Frisby S, Ottaviano S, Webb P, et al. Global coverage of interventions to prevent and manage drug-related harms among people who inject drugs: a systematic review. The Lancet Global Health. 2023;11(5):e673-e683. doi:10.1016/S2214-109X(23)00058-X
Vietnam	176 (142 - 231)	<200 2025 Target	2016	Le TV, Vu TTM, Mai HT, Nguyen LH, Truong NT, Hoang CL, Nguyen SH, Nguyen CT, Nguyen BC, Tran TH, et al. Social Determinants of Stigma and Discrimination in Vietnamese Patients with Chronic Hepatitis B. International

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*In England, 62.7% of PWID reported receiving adequate NSP for their needs. Ref: [UK Health Security Agency \(2023\). Hepatitis C in England, 2023: Working to eliminate hepatitis C as a public health problem.](#); No Data refers to where data missing or conflicting data was found across sources and consensus could not be reached among stakeholders.

Supplementary Table 9. Hepatitis C Policy Scores for Policy Categories and Total Score, by Country and Territory

Country	Income classification	Hepatitis C national planning (max score=2)	Hepatitis C strategic information (max score=5)	Access to hepatitis C screening (max score=5)	Access to hepatitis C treatment (max score=7)	Equity in access to hepatitis C prevention and care services among vulnerable populations (max score=6)	Hepatitis C financing (max score =1)	Overall hepatitis C policy score (max score=26)
Argentina	Upper middle-income	2.0	4.0	4.0	6.5	1.5	1.0	19.0
Australia	High-income	2.0	5.0	4.0	7.0	3.0	1.0	22.0
Bangladesh	Lower middle-income	2.0	0.5	1.0	3.5	2.0	0.0	9.0
Brazil	Upper middle-income	2.0	3.5	5.0	5.5	2.5	1.0	19.5
Canada	High-income	2.0	3.5	2.5	4.5	4.5	1.0	18.0
China	Upper middle-income	2.0	2.5	2.5	5.5	4.0	0.5	17.0
Colombia	Upper middle-income	2.0	4.5	2.5	4.5	4.0	1.0	18.5
Egypt	Lower middle-income	2.0	5.0	5.0	7.0	2.0	1.0	22.0
England	High-income	2.0	5.0	3.0	6.5	3.0	1.0	20.5
Ethiopia	Low-income	2.0	1.0	2.0	4.0	2.0	1.0	12.0
Georgia	Upper middle-income	2.0	3.0	4.5	6.0	2.0	1.0	18.5
Ghana	Lower middle-income	0.5	1.5	1.5	5.0	3.0	0.0	11.5
Indonesia	Upper middle-income	2.0	3.0	1.5	4.5	2.5	0.5	14.0
Italy	High-income	1.5	3.5	4.0	4.5	5.0	1.0	19.5
Japan	High-income	2.0	5.0	4.0	5.5	1.5	1.0	19.0

Mexico	Upper middle-income	2.0	3.5	3.5	7.0	3.5	1.0	20.5
Myanmar	Lower middle-income	2.0	3.5	3.5	6.5	3.5	1.0	20.0
Nigeria	Lower middle-income	2.0	2.5	2.0	5.5	2.5	0.5	15.0
Pakistan	Lower middle-income	2.0	2.0	4.5	7.0	1.5	1.0	18.0
Peru	Upper middle-income	1.0	0.0	2.0	6.0	2.0	1.0	12.0
The Philippines	Lower middle-income	1.0	0.0	3.0	4.5	1.0	0.0	9.5
Portugal	High-income	2.0	4.0	3.5	5.0	4.5	1.0	20.0
Republic of Korea	High-income	1.5	4.5	4.5	6.5	2.5	1.0	20.5
Rwanda	Low-income	2.0	4.0	5.0	6.0	2.0	1.0	20.0
Senegal	Lower middle-income	2.0	2.5	0.0	2.0	2.5	1.0	10.0
South Africa	Upper middle-income	1.5	1.0	2.5	4.0	2.0	0.5	11.5
Spain	High-income	2.0	5.0	4.5	6.0	4.5	1.0	23.0
Switzerland	High-income	2.0	3.0	3.0	5.5	4.0	0.5	18.0
Taiwan	High-income	2.0	5.0	3.0	5.0	4.0	1.0	20.0
Thailand	Upper middle-income	2.0	3.0	4.0	6.5	3.0	1.0	19.5
Ukraine	Upper middle-income	2.0	2.5	4.5	6.0	1.5	1.0	17.5
United States	High-income	2.0	4.5	5.0	5.0	3.0	1.0	20.5
Vietnam	Lower middle-income	2.0	3.5	2.0	4.5	3.0	0.0	15.0

Supplementary Table 10. Mean Hepatitis C Policy Scores for Policy Categories and Total Score, by Income Classification ($\pm$ Standard Deviation)

	All countries and territories (n=33)	High-income countries and territories (n=11)	Upper middle-income countries (n=11)	Low and lower middle-income countries (n=11)	p-value
Hepatitis C national planning (n=2 policies)	1.8 ($\pm$ 0.4)	1.9 ($\pm$ 0.2)	1.9 ($\pm$ 0.3)	1.8 ($\pm$ 0.5)	0.98
Hepatitis C strategic information (n=5 policies)	3.2 ($\pm$ 1.5)	4.4 ($\pm$ 0.7)	2.8 ($\pm$ 1.3)	2.4 ($\pm$ 1.6)	0.0020**
Access to hepatitis C testing (n= 4 policies)	3.2 ($\pm$ 1.3)	3.7 ($\pm$ 0.8)	3.3 ($\pm$ 1.2)	2.7 ($\pm$ 1.2)	0.16
Access to hepatitis C treatment (n=7 policies)	5.4 ($\pm$ 1.2)	5.5 ($\pm$ 0.9)	5.6 ($\pm$ 1.0)	5.0 ($\pm$ 1.6)	0.45
Equity in access to hepatitis C prevention and care services among vulnerable populations (n=7 policies)	2.8 ($\pm$ 1.1)	3.6 ($\pm$ 1.1)	2.6 ($\pm$ 0.9)	2.3 ($\pm$ 0.7)	0.014**
Hepatitis C financing (n= 1 policy)	0.8 ($\pm$ 0.4)	1.0 ($\pm$ 0.2)	0.9 ($\pm$ 0.2)	0.6 ($\pm$ 0.5)	0.096
Overall hepatitis C policy score (n=26 policies)	17.3 ($\pm$ 4.0)	20.1 ($\pm$ 1.5)	17.0 ($\pm$ 3.1)	14.7 ($\pm$ 4.7)	0.007**

**Statistically significant at the 95% confidence interval; Categories of national planning, strategic information, financing, and overall hepatitis C policy score were found to not be normally distributed with a Shapiro-Wilk test of normality. The non-parametric Kruskal-Wallis test was used to test for statistical significance in differences of mean policy scores for these categories.

Supplementary Table 11. Achievement of WHO 2025 Hepatitis C Targets, by Income Classification

WHO 2025 200 Needles-Syringes Per Person Who Injects Drugs				
	Below Target	Met Target	No Data	p-value
High-income countries and territories	4 (36%)	3 (27%)	4 (36%)	0.27
Upper middle-income countries	8 (73%)	1 (9%)	2 (18%)	
Low- and lower middle-income countries	3 (27%)	3 (27%)	5 (45%)	
All Countries and territories	15 (45%)	7 (21%)	11 (33%)	
WHO 2025 60% Hepatitis C Diagnosis Coverage				
	Below Target	Met Target	No Data	p-value
High-income countries and territories	3 (27%)	7 (64%)	1 (9%)	0.028**
Upper middle-income countries	10 (91%)	1 (9%)	-	
Low- and lower middle-income countries	8 (73%)	2 (18%)	1 (9%)	
All countries and territories	21 (64%)	10 (30%)	2 (6%)	
WHO 2025 50% Hepatitis C Treatment Coverage (Of Persons Living with Hepatitis C)				
	Below Target	Met Target	No Data	p-value
High-income countries and territories	5 (46%)	2 (18%)	4 (36%)	0.33
Upper middle-income countries	9 (82%)	1 (9%)	1 (9%)	
Low- and lower middle-income countries	8 (73%)	2 (18%)	1 (9%)	
All countries and territories	22 (67%)	5 (15%)	6 (18%)	
WHO 2025 ≤ 3 per 100,000 Mortality Rate				
	Below Target	Met Target	No Data	p-Value
High-income countries and territories	7 (64%)	4 (36%)	-	0.609
Upper middle-income countries	5 (46%)	6 (55%)	-	
Low- and lower middle-income countries	7 (64%)	4 (26%)	-	
All countries	19 (58%)	14 (42%)	-	

**Significant at the 95% confidence level. 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 12. Estimated Hepatitis C Path to Elimination Status for Harm Reduction, Diagnosis, and Treatment Targets¹

	National harm reduction policy	Number of needles-syringes distributed per person who injects drugs per year	Diagnosis Coverage of Persons with Hepatitis C (%)	Treatment Coverage of Persons Diagnosed with Hepatitis C (%)	Estimated Hepatitis C Path to Elimination Tier*
Argentina	No Data	20	8	55	-
Australia	Adopted	636	81	68	Silver
Bangladesh	Adopted	300	No Data	No Data	No Data
Brazil	Adopted	No Data	36	67	-
Canada	Adopted	291	91	43	No Data
China	Adopted	246	25	No Data	No Data
Colombia	Adopted	22	12	16	-
Egypt	Partially Adopted	260	87	94	Gold
England	Adopted	No Data	No Data	80	No Data
Ethiopia	Adopted	No Data	8	16	-
Georgia	Adopted	131	83	86	Silver
Ghana	Adopted	No Data	5	8	-
Indonesia	Adopted	2	14	7	-
Italy	Adopted	No Data	44	65	-
Japan	Not Adopted	No Data	95	77-99	-
Mexico	Partially Adopted	5	16	81	-
Myanmar	Partially Adopted	351	17	No Data	No Data
Nigeria	Adopted	No Data	5	15	-
Pakistan	Not Adopted	12	36	54	-
Peru	No Data	No Data	5	17	No Data

The Philippines	Not Adopted	No Data	19	3	-
Portugal	Adopted	86	8	71	-
Republic of Korea	Not Adopted	No Data	70	81	-
Rwanda	No Data	No Data	>95	94	No Data
Senegal	Adopted	No Data	9	15	-
South Africa	Partially Adopted	32	24	3	-
Spain	Adopted	119	71	90	Silver
Switzerland	Adopted	139	68	47	-
Taiwan	Adopted	200	48	80	-
Thailand	Adopted	14	28	19	-
Ukraine	Adopted	41	7	11	-
United States	Adopted	28	68	43	-
Vietnam	Adopted	176	13	62	-

¹ Path 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, needle-syringe exchange present, ≥60% diagnosis coverage of persons living with hepatitis C, ≥50% treatment coverage of persons diagnosed with hepatitis C; **Silver Tier criteria:** 100% blood safety coverage, 100% injection safety coverage, needle-syringe exchange and opioid agonist therapy (OAT) present, ≥70% diagnosis coverage of persons living with hepatitis C, ≥60% treatment coverage of persons diagnosed with hepatitis C; **Gold Tier criteria:** 100% blood safety coverage, 100% injection safety coverage, ≥150 needles/syringes/year in PWID, (or OAT coverage for PWID >20% in countries with defined opioid epidemics, ≥80% diagnosis coverage of persons living with hepatitis C, ≥70% treatment coverage of persons diagnosed with hepatitis C, and establishment of sentinel surveillance program for hepatitis sequelae. All countries were assumed to meet blood and infection safety targets.

For the harm reduction policy, partially adopted or adopted was considered sufficient for meeting the policy requirements for the Bronze and Silver Tiers. OAT data was not collected as part of the profiles, so harm reduction targets were evaluated based on needle-syringe exchange targets. Sentinel surveillance for sequelae of hepatitis was also not available, thus the Gold tier indications are suggestive, pending confirmation of this information.

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. For The harm reduction policy, partially adopted or adopted was considered sufficient for meeting the policy requirements. 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 Estimated Tier when either diagnosis or treatment coverage data was not available or if at least information on a national harm reduction policy was not available.

Supplementary Table 12. Profile Recommendations for Next Steps to Accelerate Hepatitis C Elimination, by Income Classification

	High-income (n=11)			Upper middle-income (n=11)			Low- and lower-middle-income (n=11)			All countries and territories (n=33)			p-value
	Next step reported in profile specific to hepatitis C	Next step reported in profile for both hepatitis B and C	Next step reported in profile specific for hepatitis C or both hepatitis B/hepatitis C	Next step reported in profile specific to hepatitis C	Next step reported in profile for both hepatitis B and C	Next step reported in profile specific for hepatitis C or both hepatitis B/hepatitis C	Next step reported in profile specific to hepatitis C	Next step reported in profile for both hepatitis B and C	Next step reported in profile specific for hepatitis C or both hepatitis B/hepatitis C	Next step reported in profile specific to hepatitis C	Next step reported in profile for both hepatitis B and C	Next step reported in profile specific for hepatitis C or both hepatitis B/hepatitis C	
Strategic information	3 (27%)	6 (55%)	7 (64%)	1 (10%)	8 (80%)	8 (80%)	-	11 (92%)	11 (92%)	4 (12%)	25 (76%)	26 (79%)	0.28
Prevention	1 (9%)	4 (36%)	5 (45%)	2 (20%)	6 (60%)	7 (70%)	-	5 (42%)	8 (67%)	3 (9%)	15 (45%)	20 (61%)	0.50
Engagement and advocacy	2 (18%)	6 (55%)	7 (64%)	1 (10%)	4 (40%)	5 (50%)	2 (17%)	8 (67%)	9 (75%)	5 (15)	18 (55%)	21 (64%)	0.54
Diagnosis and treatment	9 (81%)	7 (64%)	10 (91%)	8 (80%)	7 (70%)	10 (100%)	2 (17%)	10 (83%)	11 (92%)	19 (58%)	24 (73%)	31 (94%)	1.00
Health equity and disparities	5 (45%)	4 (36%)	7 (64%)	2 (18%)	3 (30%)	4 (40%)	4 (33%)	5 (42%)	7 (58%)	11 (33%)	12 (36%)	18 (55%)	0.62
Financing	1 (9%)	2 (18%)	3 (27%)	-	1 (10%)	1 (10%)	-	6 (50%)	6 (50%)	1 (3%)	9 (27%)	10 (30%)	0.16

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.