Supplementary Table (1): Thematic analysis of strategies recommended by healthcare professionals for MASLD preparedness and management in the MENA region.

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| The national MASLD guideline is strongly recommended. Health system policymakers should plan with the national policy regarding the management of MASLD.  |
| Increasing awareness about the condition is crucial.  |
| Involve the Ministry of Health and Population and the Health Insurance Authority. |
| Population awareness. Training doctors. Providing the optimum methods of diagnosis.  |
| Students campaigning to raise public awareness proved effective in our community. Teaming of primary healthcare physicians (e.g. workshops with hands-on practice. Integrate tertiary centers in international research project as they are mainly responsible for awareness dissemination to primary care centers in my country.  |
| To improve patients’ awareness of MASLD. Fast accessibility to hospital referrals. Easily available of new pharmacological drugs and Bariatric surgery. To have national policy for MASLD and to strictly follow it.  |
| Educating the public. Educating primary care. Including fib. At the point of primary care. |
| Increase awareness and education. Early detection and risk stratification. Lifestyle programs. Pharmacological therapies availabilities. Management of co-morbidities. Health system preparedness. Regular follow-ups.  |
| Increase support from MOH. Increase public campaigns and patient support groups. |
| Increase the awareness of physicians about MASLD and the comorbidities and the outcomes of MASLD. Increase public awareness. A national strategy which will be reimbursed and encouraged by the government. |
| Nationwide campaigns for awareness. Raising knowledge among physicians and primary care doctors. Easiness to perform investigations. Including clinical trials. |
| A national guideline must be performed. |
| Awareness association.  |
| Awareness campaign & regular MDT meetings with endocrinologists, bariatric surgeons & hepatologists & nutritionists.  |
| Awareness campaigns. Holistic approach and collaboration between physicians. National guidelines. Epidemiological studies.  |
| Awareness, screening, MDT.  |
| Best management will be focusing on prevention strategies. |
| Better food manufacturing industry.  |
| Involving primary care physicians in the process and reorganizing the referral system. |
| Calculating FIB 4 score automatically for all diabetic patients and elevated BMI. |
| Country guidelines and pathway to treat patients. |
| Develop a local guideline. Patient and physician education in primary health care. More resources to be provided in primary healthcare.  |
| Early referral to specialized clinics.Patient understanding of the potential complications of MASLD.Acceptance of insurance companies to support basic labs, ultrasound, and FibroScan. |
| Education. |
| Education and awareness. |
| An effective and well-published specific action plan demonstrates a definite model of care with available resources and optimum training for primary healthcare physicians.  |
| Enhance education and awareness.Develop care pathways.Establish multidisciplinary care and registries.Enhance access and linkage to care. |
| Epidemiological data. Awareness. Availability of new drugs.  |
| Establishment of a national committee that oversees the development of guidelines, policies, and a clear integrated clinical care pathway with research development.  |
| Established a recites center and organized multidisciplinary teams. |
| Raising public awareness more effectively.Effective national strategies to control obesity (pack labeling). Creation of a multidisciplinary chain for referrals and follow-ups of patients.Provision of funds and adequate resources for the diagnosis and treatment of MASLD.Securing the availability of new drugs for MASLD treatment ensuring their reimbursement by Social Security Organization. |
| Funding.  |
| Health care fund. |
| I recommend performing MASLD screening tests. |
| Implement referral pathways. Initiate screening of high-risk populations. Increase disease awareness. Encourage the formation of patient advocacy groups. Formulate national disease guidelines that are recognized nationwide and adhered to by all stakeholders. |
| Implementing the care pathway. |
| Improve financial state to keep with diet regimen.  |
| Improve health resources. |
| Increase awareness about the disease and encourage MDT management.  |
| Increase awareness among both doctors and the public. Cover investigation and treatment by insurance.  |
| Increase awareness in primary health care to refer this patient to a hepatologist. |
| Increase public and primary care awareness of disease and its consequences. Guidelines and consensus for treatment. Registry of new medications. Forcing insurance companies and systems to cover investigations and treatment.  |
| Increase awareness.  |
| Increasing government funding.Education for healthcare professionals.Involving primary care providers.Establishing specialized hepatology clinics. |
| Increasing patient and doctor awareness.  |
| Informe other physicians. Provide national guidelines.  |
| It is important that the provision of technical and technological opportunities to ensure the implementation of national and international guidelines and the ability to repay. Of course, I think it's very important that health workers and the public are conscious about it. |
| It should be supported by the Ministry of Health and give education to both the public and physicians especially those working at primary care centers and family physicians. |
| Lifestyle.Biologically active substance.Bariatric surgery.  |
| MDT.  |
| MDT. Sufficient funding. More research.  |
| The Ministry of Health should declare MASLD as a metabolic pandemic and start campaigns. TV series scripts should contain any person with MASLD cirrhosis and HCC. Also, in collaboration with the Ministry of Education school’s lectures should be updated.  |
| More training on metabolic disorders. More implications of health care ministry.  |
| National guidelines.  |
| National guidelines.Treatment options.Awareness of patient and physician. |
| National guidelines.Implications for physicians of primary health services.  |
| National guidelines. Availability of drugs like Resmetirom. FibroScan availability.  |
| National program.  |
| Nationwide awareness campaigns. National guidelines and referral systems.  |
| Patient and physician awareness. MDT. |
| Patient awareness. Improving imaging tools. Providing effective treatment.  |
| Physician and patient awareness. Trained staff. Availability of investigation tools across the country. Proper referral system to secondary and tertiary centers. |
| Politics. |
| Programs directed to increase awareness and knowledge of both patients and physicians caring for patients with SLD.  |
| Provide guideline.Improve the hospital infrastructure.Patients’ education. Follow-up. |
| Public and doctor awareness.  |
| Public education. Training primary healthcare physician. Establishing an easy referral system. |
| Raising awareness. Primary healthcare providers’ education. Clear and simple guidelines. Adherence to obligations through the country’s health authorities.  |
| Raising awareness. |
| Provide Awareness campaigns. Improve physician’s disease knowledge. Develop clinical pathways for diagnosis and management of MASLD. Develop a local or adopt an international guideline for MASLD.  |
| Rise disease awareness among patients and physicians.  |
| Scanning programs. Collaboration between endocrinologists, hepatologists, cardiologists, and dietitians and training for diagnosis in primary care. Mobile apps and digital health platforms can help patients track their treatment progress. |
| The presence of a clear clinical pathway for patients with MASLD starting at primary healthcare can risk stratify those patients and refer high-risk patients to secondary and tertiary care.Having easy access to clinical dietitians. Establishing one-stop MALSD clinic (hepatologist, endocrinologist, bariatric surgeon, dietitian, physiotherapist, clinical pharmacist). |
| They should know that the disease is serious and should not delay controls. |
| To establish national policies and awareness of patients as well as proper pathways for management. |
| To increase awareness and education of doctors (particularly general practitioners). To increase using Fib 4 scores and FibroScan examinations. |
| Working on National guidelines and a national strategy. Promoting the awareness of patients. Availability of diagnostic and prognostic tools that must be covered by health insurance.  |