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. |