

Supplementary Tables

Table S1

Mode of participant contact at week 4 and week 22 and associated SVR

Mode of Participant Contact	Week 4		Week 22	
	Number (%)	SVR ^a rate (%)	Number (%)	SVR ^a rate (%)
Telephone	341 (85)	94	281 (70)	95
Social Media (WhatsApp®)*	46 (12)	98	46 (12)	98
Other (Text message, email and in-person)	9 (2)	100	8 (2)	100
No contact	3 (1)	100	64 (16)	94

^aSustained virologic response

*All social media contacts in this study were by WhatsApp® messaging

This table shows SVR by different modes of contact at week 4 and week 22. At both time points majority of participants were contacted by telephone 85% at week 4 and 70% at week 22. SVR was above 94% for all groups.

Table S2

Participant characteristics at baseline by adherence status based on suboptimal adherence at week 4 and an overall adherence based on week 4 status and retrospective timely treatment completion.

Participant Subgroup	Total Population Sample N	Remotely Obtained on Treatment Adherence at Week 4		Combined Week 4 Adherence and Retrospective Report of timely Treatment Completion	
		Participants Reporting optimal adherence (100% SOF/VEL) n/N (%)	Participants Reporting sub-optimal adherence (< 100% SOF/VEL) n/N (%)	Participants Reporting overall optimal adherence n/N (%)	Participants Reporting overall suboptimal adherence n/N (%)
Whole Study Sample	399	368 (92)	31 (8)	346 (87)	53 (13)
Country					
Brazil	131	127 (97)	4 (3)	120 (92)	11 (8)
South Africa	12	12 (100)	0 (0)	10 (83)	2 (17)
Thailand	110	108 (98)	2 (2)	104 (95)	6 (5)
USA	131	108 (82)	23 (18)	99 (76)	32 (24)
Uganda	15	13 (87)	2 (13)	13 (87)	2 (13)
Age at enrollment					
Less than 30-years	33	24 (73)	9 (27)	22 (67)	11 (33)
30 years and above	366	344 (94)	22 (6)	324 (89)	42 (11)
Sex at birth					
Female	139	130 (94)	9 (6)	123 (88)	16 (12)
Males	260	238 (92)	22 (8)	223 (86)	37 (14)
Gender Identity					

Cisgender	377	348 (92)	29 (8)	327 (87)	50 (13)
Transgender Spectrum	22	20 (91)	2 (9)	19 (86)	3 (14)
Time from HCV Diagnosis					
≤1 year	110	99 (90)	11 (10)	95 (86)	15 (14)
>1 year	289	269 (93)	20 (7)	251 (87)	38 (13)
HIV Status					
HIV-1 not present	233	214 (92)	19 (8)	200 (86)	33 (14)
HIV-1 present	166	154 (93)	12 (7)	146 (88)	20 (12)
Self-reported IDU status					
Current	15	13 (87)	2 (13)	10 (67)	5 (33)
Previous	121	109 (90)	12 (10)	104 (86)	17 (14)
Never/Not evaluated	263	246 (94)	17(6)	232 (88)	31 (12)
Self-Reported Alcohol Use					
Current, daily	11	11 (100)	0 (0)	10 (91%)	1 (9%)
Current, not daily	150	133 (89)	17 (11)	125 (83%)	25 (17%)
Previous/Never	236	222 (94)	14 (6)	209 (89%)	27 (11%)
Not evaluated	2	2 (100)	0 (0)	2 (100%)	0 (0%)
Self-Reported Cannabis Use					
Current/Previous	193	169 (88)	24 (12%)	159 (82%)	34 (18%)
Never/Not evaluated	206	199 (97)	7 (3%)	187 (91%)	19 (9%)
Self-Reported Substance Use^a					
Current	56	49 (88)	7 (13%)	42 (75%)	14 (25%)

Previous/Never/Not evaluated	343	319 (93)	24 (7%)	304 (89%)	39 (11%)
Ongoing Psychoactive Medication Use^β					
Yes	61	52 (85)	9 (15%)	46 (75%)	15 (25%)
No	338	316 (93)	22 (7%)	300 (89%)	38 (11%)
Non-ART Polypharmacy^γ					
≥5 Medications	56	51 (91)	5 (9%)	46 (82%)	10 (13%)
<5 Medications	343	317 (92)	26 (8%)	300 (87%)	43 (13%)

^αDrug use was collected using the WHO ASSIST Questionnaire. Current use is defined as self-reported use at least once in the past 3 months prior to study entry. Substance use was defined as any current or previous usage of amphetamines, hallucinogens, cocaine, opioids, or sedatives not prescribed for a medical condition. Two participants were not evaluated for drug use at study entry due to site error and participant declining.

^βOngoing psychoactive medication use was defined as use of any prescribed medication prescribed for any diagnosis. Anti-addiction and anticonvulsant medications are excluded from psychoactive medications.

^γProphylaxis for HIV is included as 1 medication; ARVs are excluded from non-ART polypharmacy.

All those with missing information due to inability to contact and or loss to follow up are included in the non-optimal adherence groups

Table S3:

Reasons for Incomplete Adherence Provided by Participant Via Remote Contact at Week 4

Adherence Response and Reason for	USA (N =	Brazil	Thailand	Uganda	Total
Sub-optimal adherence	20)	(N=3)	(N=2)	(N=2))N=27)

Most. Did not have medication	3 (15%)	0 (0%)	1 (50%)	0 (0%)	4 (15%)
Most. Experienced side effects	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)
Most. Forgot to take medication	11 (55%)	2 (67%)	1 (50%)	2 (100%)	16 (59%)
Most. Forgot to take medication. Did not have medication	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)
Most. Other illness unrelated to HCV or study medications	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)
Most. Unwilling to take medication	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)
Most. Unwilling to take medication. Did not have medication. Experienced side effects	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)
Some. Experienced side effects	0 (0%)	1 (33%)	0 (0%)	0 (0%)	1 (4%)
Some. Lost medication	1 (5%)	0 (0%)	0 (0%)	0 (0%)	1 (4%)

This table was based on free text answers provided by participants on reasons for suboptimal adherence at week 4, similar responses were combined.

Table S4 Table showing remote collected week 4 adherence responses by country.

Adherence at week 4	Total N=395	USA (N=128)	Brazil (N=130)	Thailand (N=110)	Uganda (N=15)	South Africa (N=12)
All	368 (93%)	108 (84%)	127 (98%)	108 (98%)	13 (87%)	12 (100%)
Most	25 (6%)	19 (15%)	2 (2%)	2 (2%)	2 (13%)	0 (0%)

Some	2 (1%)	1 (1%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
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The information in the above table was based on responses to standardized question; “during the past 4 weeks, how much of the study medication did you take?” Available responses were “All, Most, Some, or None”. None of those contacted reported none to the question. 4 individuals could not be contacted at week 4.