<table>
<thead>
<tr>
<th>Goal</th>
<th>Critical Factors</th>
<th>Crosscutting Barriers</th>
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<tbody>
<tr>
<td>End transmission</td>
<td>• No vaccine</td>
<td>• Only about 50% of chronically infected individuals have been diagnosed.</td>
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<td></td>
<td>• Comprehensive drug and alcohol programs</td>
<td>• Poor, marginalized, and hard-to-reach populations are difficult to enroll and retain in care.</td>
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<td></td>
<td>• Reaching individuals who inject drugs with harm-reduction programs</td>
<td>• Most new infection is associated with injection drug use, the group most affected is difficult to screen.</td>
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<td></td>
<td>• Treating individuals transmitting the virus to prevent new infection</td>
<td>• Surveillance is sporadic and underfunded.</td>
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<td></td>
<td>• Reducing the possibility of reinfection</td>
<td>• The high cost of direct-acting antiviral drugs makes universal treatment unfeasible.</td>
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<tr>
<td>Eliminate chronic infection</td>
<td>• Understanding the role of treatment adherence</td>
<td>• HCV is not a public priority.</td>
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<td></td>
<td>• Increasing access to treatment</td>
<td>• Stigma keeps highest-risk individuals away from care.</td>
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<td></td>
<td>• The threat of antiviral resistance</td>
<td>• Prison health systems have limited capacity to treat HCV-infected inmates.</td>
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<tr>
<td>Reduce morbidity and mortality</td>
<td>Slow progression to cirrhosis</td>
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<tr>
<td>attributable to ongoing infection</td>
<td>Reduce deaths</td>
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<td></td>
<td>• HIV, obesity, alcohol use can aggravate disease progression</td>
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<td>• Problems assessing and staging fibrosis</td>
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<td></td>
<td>• Eradicating the virus before progression to advanced fibrosis can almost eliminate complications and risk of death</td>
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<td>• Need for reliable models of disease progression</td>
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HCV = hepatitis C virus; Source: NASEM, 2016