

Steatotic liver disease: a missing piece in the global noncommunicable disease response

The Seventy-ninth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recognizing that steatotic liver disease, formerly referred to as fatty liver disease, comprises metabolic dysfunction-associated steatotic liver disease, including its more severe inflammatory form, metabolic dysfunction-associated steatohepatitis; alcohol-associated liver disease; and metabolic dysfunction-associated steatotic liver disease combined with increased alcohol intake,^{2,3} and is one of the fastest-growing causes of chronic liver disease, affecting about 1.7 billion people worldwide with substantial prevalence across age groups, with prevalence projected to increase further in parallel with the global rise in obesity, type 2 diabetes and other metabolic risk factors, and in the context of the continued global public health burden of harmful use of alcohol;^{2,4}

Noting with concern that steatotic liver disease encompasses a spectrum of chronic liver disease, with documented risk of progression particularly in higher risk groups, to steatohepatitis and fibrosis which, in some cases may progress to cirrhosis and even liver cancer;

Recognizing that morbidity and mortality related to steatotic liver disease are driven by modifiable risk factors common to major noncommunicable diseases, including but not limited to unhealthy diets, obesity, physical inactivity, tobacco use and the harmful use of alcohol, and noting emerging evidence of additional contributing factors, and further recognizing that steatotic liver disease is closely associated with type 2 diabetes, cardiovascular disease, chronic kidney disease and other metabolic conditions, thereby amplifying the overall burden of noncommunicable diseases and underscoring the need for integrated and comprehensive public health responses;

¹ Document A79/5.

² Rinella ME, Lazarus JV, Ratziu V, Francque SM, Sanyal AJ, Kanwal F, et al., [A multisociety Delphi consensus statement on new fatty liver disease nomenclature](#). *Journal of Hepatology*. 2023; 79, 1542-1556. doi.org/10.1016/j.jhep.2023.06.003.

³ Younossi ZM, Kalligeros M, Henry L. [Epidemiology of metabolic dysfunction-associated steatotic liver disease](#). *Clin Mol Hepatol*. 2025;31(Suppl): S32-S50. doi.org/10.3350/cmh.2024.0431.

⁴ [Global status report on alcohol and health 2018](#). Geneva: World Health Organization; 2018 (accessed 25 March 2026).

Acknowledging that steatotic liver disease is a leading cause of liver-related morbidity and mortality, and a major indication for liver transplantation in high-income countries,⁵ while also imposing a rapidly rising burden in developing countries where early detection, diagnostic and treatment capacity remain constrained by broader health systems resource challenges;

Expressing concern at new projections indicating a marked and continuing increase in the global burden of steatotic liver disease, including progression to decompensated advanced chronic liver disease and liver cancer, as well as rising demand for specialized care, with serious implications for health systems worldwide;⁶

Noting with concern the increasing prevalence of steatotic liver disease among children and adolescents, particularly in association with rising rates of childhood obesity, unhealthy dietary patterns and physical inactivity, which may lead to long-term consequences for health, human capital and sustainable development, particularly in resource constrained settings;

Recognizing that steatotic liver disease has substantial economic consequences, associated with increased healthcare expenditures, as well as the possible reduction of productivity and long-term disability, which places additional burden on health systems and disproportionately affects populations, including those facing limited access to affordable and equitable care and to health-promoting environments, thereby exacerbating existing health inequities;

Noting the underrecognition, underdiagnosis, and limited availability of data of steatotic liver disease within national health systems and globally, which hinders timely prevention, early detection and treatment, thereby exacerbating existing health inequities, particularly in developing countries;

Noting also that limited awareness of steatotic liver disease among policy-makers, health professionals and the public contributes to underdiagnosis, late presentation, limited integration within noncommunicable disease programmes and challenges in resource allocation;

Recalling United Nations General Assembly resolution 68/300 (2014) and, in particular, United Nations General Assembly resolution 70/1 (2015) on transforming our world: the 2030 Agenda for Sustainable Development, which includes Sustainable Development Goal target 3.4 to, by 2030, reduce premature mortality from noncommunicable diseases by one third through prevention and treatment against a baseline of 2015;

Recalling also, as appropriate, the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted through United Nations General Assembly resolution 73/2 (2018), which called for intensified actions on noncommunicable disease prevention and control and the shared risk factors, and emphasized the urgency of accelerating the implementation of evidence-based, cost-effective interventions, strengthening accountability and monitoring, and advancing equity-focused integrated health responses;

⁵ Younossi ZM, Kalligeros M, Henry L. [Epidemiology of metabolic dysfunction-associated steatotic liver disease](#). Clin Mol Hepatol. 2025;31(Suppl): S32-S50. doi.org/10.3350/cmh.2024.0431.

⁶ Estes C, Razavi H, Loomba R, Younossi ZM, Sanyal AJ. [Modeling the epidemic of nonalcoholic fatty liver disease demonstrates an exponential increase in burden of disease](#). Hepatology. 2018; 67(1), 123–133. doi.org/10.1002/hep.29466.

Recalling, as appropriate, the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, adopted through United Nations General Assembly resolution 80/117 (2025), which commits Member States to take action towards preventing liver cancer and other liver diseases, including through scaling up hepatitis B and C prevention, diagnosis and treatment, hepatitis B vaccination, strengthening monitoring for early detection of liver cancer, and improving survival, as well as strengthening screening and management for non-alcoholic fatty liver disease, referred to in the context of this resolution as steatotic liver disease;

Recalling, as appropriate, decision WHA72(11) (2019) on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, which confirmed the objectives of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020⁷ as a contribution towards the achievement of Sustainable Development Goal target 3.4, and extended its implementation to 2030 in alignment with the 2030 Agenda for Sustainable Development;

Recalling also, as appropriate, the political declaration of the high-level meeting on universal health coverage, adopted through United Nations General Assembly resolution 74/2 (2019), which included the commitment to progressively cover one billion additional people by 2023 with quality essential healthcare services and safe, effective, affordable and quality essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030, and the political declaration of the high-level meeting on universal health coverage, adopted through United Nations General Assembly resolution 78/4 (2023), which reaffirmed the importance of integrated health responses, and the commitment to leave no one behind;

Emphasizing the importance of life-course approaches, primary healthcare, and universal health coverage as enablers for effective health promotion, prevention, and management of steatotic liver disease within the broader noncommunicable diseases agenda;

Recognizing the need to invest in research and innovation, including digital health solutions, public health measures on health promotion and disease prevention, within a common noncommunicable disease risk factors approach, timely diagnostics, and evidence-based and cost-effective interventions, that take into account heterogeneity of steatotic liver disease, together with strengthened health information systems, to improve national and global responses to steatotic liver disease, in line with individual and population health needs;

Emphasizing also the need for integrated, evidence-based, whole-of-government and whole-of-society approaches to the prevention and control of steatotic liver disease, including policies to promote healthy diets, increase physical activity, reduce excessive levels of saturated fats and free sugars, alcohol strategies, interventions and policies in line with the WHO global alcohol action plan 2022–2030 to effectively implement global strategies to reduce harmful use of alcohol as a public health priority, while addressing the social and environmental determinants of health and the impact of economic, commercial and market factors in health through coherent and multisectoral policy actions, in line with national priorities and capacities;

Recognizing the importance of the ongoing work of WHO, in collaboration with Member States and relevant stakeholders, to support evidence-based and cost-effective actions on

⁷ See document WHA66/2013/REC/1, resolution WHA66.10 and Annex 4.

noncommunicable diseases and metabolic conditions, and its relevance for steatotic liver disease prevention and control within these efforts,

1. ENCOURAGES Member States:⁸

- (1) to take action on steatotic liver disease, in accordance with national contexts and priorities, and consistent with existing commitments under the relevant United Nations political declarations on noncommunicable diseases and universal health coverage;
- (2) to integrate, or where already in place, continue to integrate steatotic liver disease into national noncommunicable diseases strategies, action plans and monitoring frameworks, ensuring policy coherence and alignment with commitments to accelerate efforts towards achieving Sustainable Development Goal target 3.4 by 2030, as appropriate, to national epidemiological and health system contexts;
- (3) to strengthen multisectoral action addressing shared risk factors of steatotic liver disease and other noncommunicable diseases, including through legislative and regulatory measures that promote healthy diets, increase physical activity, reduce excessive levels of saturated fats and free sugars, alcohol strategies, interventions and policies in line with the WHO global alcohol action plan 2022–2030 to effectively implement global strategies to reduce harmful use of alcohol as a public health priority, and as appropriate, the application of WHO best buy interventions;⁹
- (4) to incorporate, or continue to undertake, health promotion, and steatotic liver disease prevention, screening, early detection, diagnosis and management into essential healthcare service packages within universal health coverage, with a focus on primary healthcare, equity and access, and phased implementation based on national capacity;
- (5) to increase awareness and education initiatives on steatotic liver disease among policy-makers, health professionals and the public, reducing stigma and empowering people and communities to adopt healthier lifestyles;
- (6) to develop, as appropriate, national investment cases for steatotic liver disease within the broader noncommunicable disease agenda, highlighting the economic burden, health inequities and return on investment of prevention and control measures;
- (7) to strengthen national surveillance, monitoring and accountability mechanisms for steatotic liver disease, as well as national reporting, in alignment with existing noncommunicable disease frameworks and Sustainable Development Goal processes, while avoiding duplication of systems;
- (8) to strengthen health systems, particularly through primary healthcare, to ensure universal access to affordable, high-quality and comprehensive healthcare services for people living with steatotic liver disease, with particular attention to children;

⁸And, where applicable, regional economic integration organizations.

⁹[Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition](#). Geneva: World Health Organization; 2024 (accessed 25 March 2026).

(9) to continue to invest in research and innovation, including digital health solutions and cost-effective tools for steatotic liver disease screening, prevention, diagnosis and management, with the aim of addressing individual and population health needs, and to enhance equitable access to affordable, safe, effective and quality-assured diagnostics, therapeutics and technologies, respecting international rules and national rules in line therewith;

(10) to foster collaboration among policy-makers, governmental health and research authorities, academic institutions, clinicians, patient organizations, the private sector, and civil society, taking into account the need to prevent conflicts of interest, to advance comprehensive actions on steatotic liver disease prevention and control, promote knowledge-sharing and innovation, strengthen accountability, and ensure that such collaboration is consistent with global actions on noncommunicable diseases, national health priorities, and the 2030 Agenda for Sustainable Development;

(11) to raise awareness regarding steatotic liver disease and its risk factors within relevant multilateral forums, to ensure sustained and concrete political attention, and explore ways to integrate steatotic liver disease into health policies and programmes, in line with national strategies and priorities;

(12) to regularly assess, where applicable, the implementation of national action plans for noncommunicable diseases including steatotic liver disease and, to the extent possible, review their contribution to the implementation of global and regional action plans related to noncommunicable diseases;

2. REQUESTS the Director-General:

(1) to integrate steatotic liver disease within the broader context of noncommunicable diseases prevention, early detection and management, and to strengthen ongoing multisectoral collaboration on steatotic liver disease through a whole-of-society approach, including through the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and its road map;

(2) to provide, in line with WHO's Fourteenth General Programme of Work, 2025–2028, and prioritized functions, technical support to Member States, upon request, to strengthen integrated steatotic liver disease services within current healthcare service delivery models, workforce capacity, surveillance systems and referral pathways, with particular attention to developing countries and populations at higher risk;

(3) to support Member States by promoting the use of existing WHO guidance and operational tools relevant to steatotic liver disease, and facilitating their integration across relevant technical areas, as appropriate;

(4) to integrate steatotic liver disease into ongoing efforts to strengthen global, regional and national collaboration with relevant partners, academic institutions and civil society, in line with Framework of Engagement with Non-State Actors, as applicable, to mobilize resources, foster research and innovation, promote equitable access to diagnostics, medicines and digital tools, and to facilitate the exchange of technologies for noncommunicable diseases and relevant to steatotic liver disease, respecting international rules;

(5) to continue exercising WHO's leadership and coordination, within existing WHO mandates, in noncommunicable disease prevention and control including through WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, the WHO strategic approach to address cardiometabolic condition and other frameworks, as appropriate, across relevant WHO programmes;

(6) to report biennially on the implementation of this resolution to the World Health Assembly through the report submitted in response to decision WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted through United Nations General Assembly resolution 73/2 (2018), which will also cover the outcome of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the promotion of mental health and well-being, on the progress made in addressing steatotic liver disease as part of the global noncommunicable disease agenda.

Sixth plenary meeting, 22 May 2026
A79/VR/6
