

# ACTIVATE. INTEGRATE. TRANSFORM.

## TURN THE WHA RESOLUTION ON LIVER DISEASE INTO ACTION

From recognition to results: Building a metabolic-health future for all



**~1.7 BILLION** people worldwide are affected by steatotic liver disease



One of the fastest-growing causes of chronic liver disease worldwide



Closely linked to obesity, type 2 diabetes, cardiovascular disease, CKD and harmful alcohol use



The resolution creates a global mandate to integrate liver health into NCD strategies, primary care, UHC and prevention

### 1. WHY THIS RESOLUTION MATTERS



**Historic mandate:** First-ever WHO resolution explicitly placing liver disease alongside CVD, cancer and diabetes in global NCD response.



**Early warning, early opportunity:** Liver fat is an early signal of metabolic dysfunction and can precede type 2 diabetes and CVD by years.



**Preventable burden:** Up to 780 preventable deaths per day in Europe and €55 billion annual economic cost from liver disease.



**Integrated care:** Opens the door to integrated pathways linking liver disease, prediabetes, diabetes, CKD, CVD and obesity.

### 2. THE SCIENCE: ACT EARLY, ACT ON LIVER FAT



MASLD and prediabetes share the same upstream pathology: ectopic fat, hepatic insulin resistance and early beta-cell stress.



**PLIS data:** Prediabetes remission is achievable by reducing visceral and hepatic fat and improving insulin sensitivity.



73% reduced risk of progressing to type 2 diabetes with remission, plus improved kidney and vascular health.



Remission can improve multiple conditions at once: MASLD, prediabetes, hypertension, cardiovascular risk.

### 3. THE GAP WE MUST CLOSE

**Policy white space: upstream drivers not yet named**



Ultra-processed foods, refined carbohydrates and sugar-sweetened beverages



Marketing of unhealthy foods to children



Product formulation and pricing strategies



Retail environments and food system incentives



Corporate accountability and commercial determinants of health

“ The risk is that we medicalise and manage the downstream consequences while the food environments driving the epidemic remain largely intact. We must act upstream.” – Dr. Peter Schwarz ”

### 4. A COHERENT STRATEGY: BEYOND GLP-1, BEYOND TREATMENT



**Lifestyle as the foundation**

Caloric restriction, aerobic exercise and fasting strategies reduce liver fat and improve hepatic insulin sensitivity – even without major weight loss.



**Target visceral fat for remission**

Just 5% body weight loss and 4–7 cm reduction in waist circumference can trigger remission in a meaningful proportion.



**Detect early, intervene early**

Use liver stiffness measurement and MASLD/prediabetes screening in primary care to identify the metabolic tipping point.



**Reform food environments**

Restrict ultra-processed foods, refined carbs and SSBs. Regulate marketing, improve formulation and align pricing with health.



**Integrate NCD pathways**

Link SLD, prediabetes, diabetes, CKD and CVD under a shared metabolic risk framework in primary care.



**Use medications strategically**

GLP-1 RAs reduce liver fat by 30–50% and lower progression from prediabetes to T2D by 61% – but not a stand-alone solution.

### 5. ACTION AGENDA: WHAT WE MUST DO NOW

- 1** Embed liver health in national NCD strategies by end of 2026. Include liver fat, prediabetes remission and integrated care.
- 2** Strengthen primary care as the front line. Equip and train primary care teams for early detection and intervention.
- 3** Track what matters. Include MASLD in NCD surveillance and health information systems.
- 4** Act on food systems and commercial determinants. Regulate UPFs, SSBs, marketing to children, pricing and retail incentives.
- 5** Invest in prevention, not just treatment. Align financing with prevention-centred, value-based care.
- 6** Drive research, innovation and equitable access. Expand access to diagnostics, treatments and digital tools.
- 7** Mobilize public and professional awareness. Make liver health and metabolic health part of the public conversation.

### 6. WHO NEEDS TO BE AT THE TABLE

 Governments & Ministries of Health	 Primary Care Providers	 People with Lived Experience
 Academia & Researchers	 Civil Society & Patient Groups	 Public Health & Professional Societies
 Private Sector (Responsible Industry)	 Food System & Retail Actors	 Multilateral Organizations & Development Partners

### 7. ENABLERS FOR SUCCESS

- Political leadership**  
Make liver health a national priority.
- Smart financing**  
Invest in prevention for long-term savings.
- Accountability**  
Measure, report and act on commitments.
- Policy & regulation**  
Use evidence-based laws and standards.
- Equity at the center**  
Reach the most vulnerable first.



**CALL TO ACTION** | The WHA Resolution is a policy scaffold. Our task is to build the metabolic-health system that saves lives and secures a healthier future for all.



ACT EARLY



ACT TOGETHER



ACT UPSTREAM



ACT NOW



World Health Organization

“When national NCD plans are written, let’s make sure they name liver fat, prediabetes remission, food environments and commercial determinants of health in the same sentence.” – Dr. Peter Schwarz