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

**Draft resolution proposed by Armenia, Burundi, Chad, Chile, Egypt,  
Kuwait, Nigeria, Palestine, Paraguay, Qatar, Romania, Tunisia  
and the United Republic of Tanzania**

The Executive Board,

Having considered the report of the Director-General,<sup>1</sup>

RECOMMENDS to the Seventy-ninth World Health Assembly the adoption of the following resolution:

The Seventy-ninth World Health Assembly,

(PP1) Having considered the report by the Director-General on universal health coverage;

(PP2) Recognizing that steatotic liver disease (SLD), formerly referred to as fatty liver disease, comprises metabolic dysfunction – associated steatotic liver disease (MASLD), including its more severe inflammatory form, metabolic dysfunction – associated steatohepatitis (MASH); alcohol-associated liver disease (ALD); and metabolic dysfunction – associated steatotic liver disease combined with increased alcohol intake (Met-ALD),<sup>2,3</sup> 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

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<sup>1</sup> Document EB158/6.

<sup>2</sup> [https://www.journal-of-hepatology.eu/article/S0168-8278\(23\)00418-X/pdf](https://www.journal-of-hepatology.eu/article/S0168-8278(23)00418-X/pdf).

<sup>3</sup> Younossi ZM, Kalligeros M, Henry L. Epidemiology of metabolic dysfunction-associated steatotic liver disease. *Clin Mol Hepatol.* 2025;31(Suppl): S32-S50.

diabetes, and other metabolic risk factors, and in the context of the continued global public-health burden of harmful use of alcohol;<sup>4,5</sup>

(PP3) Noting with concern that SLD encompasses a spectrum of chronic liver disease, with documented risk of progression particularly in higher risk groups, to steatohepatites and fibrosis which, in some cases may progress to cirrhosis and even liver cancer;

(PP4) Recognizing that morbidity and mortality related to steatotic liver disease (SLD) are driven by modifiable risk factors common to major noncommunicable diseases (NCDs), 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 SLD is closely associated with type 2 diabetes, cardiovascular disease, chronic kidney disease and other metabolic conditions, thereby amplifying the overall burden of NCDs and underscoring the need for integrated and comprehensive public-health responses;

(PP5) Acknowledging that SLD is a leading cause of liver-related morbidity and mortality, and a major indication for liver transplantation in high-income countries,<sup>6</sup> 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;

(PP6) Expressing concern at new projections indicating a marked and continuing increase in the global burden of SLD, including progression to decompensated chronic advanced liver disease, and liver cancer, as well as rising demand for specialized care, with serious implications for health systems worldwide;<sup>7</sup>

(PP7) Noting with concern the increasing prevalence of SLD 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;

(PP8) Recognizing that SLD 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 affect populations, including those facing limited access to affordable and equitable care, and to health-promoting environments thereby exacerbating existing health inequities;

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<sup>4</sup> <https://www.who.int/publications/i/item/9789241565639>.

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/37363821>.

<sup>6</sup> [Epidemiology of metabolic dysfunction-associated steatotic liver disease – PMC](#).

<sup>7</sup> Source: Estes, C., Anstee, Q. M., Arias-Loste, M. T., et al. (2018). "Modeling the epidemic of nonalcoholic fatty liver disease demonstrates an exponential increase in burden of disease". *Hepatology*, 67(1), 123–133. DOI: 10.1002/hep.29466.

(PP9) Noting the under-recognition, under-diagnosis, and limited availability of data of SLD within national health systems and globally, thereby hindering timely prevention, early detection and treatment, thereby exacerbating existing health inequities, particularly in developing countries;

(PP10) Noting also that limited awareness of SLD among policy-makers, health professionals, and the public contributes to under-diagnosis, late presentation, limited integration within NCD programmes and challenges in resource allocation;

(PP11) Recalling the United Nations resolutions (A/RES/68/300 2014)<sup>8</sup> and, in particular, the resolution (A/RES/70/1, 2015) “Transforming our world: the 2030 Agenda for Sustainable Development”, which includes Sustainable Development Goal target 3.4, by 2030, reduce premature mortality from NCDs by one third through prevention and treatment against a baseline of 2015;<sup>9</sup>

(PP12) Recalling also, as appropriate, the United Nations political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted by the United Nations General Assembly resolution (A/RES/73/2, 2018),<sup>10</sup> which called for intensified actions on NCD prevention and control and their 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;

(PP13) Recalling, as appropriate, the United Nations 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 by the United Nations General Assembly (A/80/L.34, 2025),<sup>11</sup> which commits Member States to take actions 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 (SLD);

(PP14) Recalling, as appropriate, decision WHA72(11) (2019)<sup>12</sup> “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 WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020<sup>13</sup> 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;

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<sup>8</sup> Available on-line: <https://docs.un.org/en/A/RES/68/300>.

<sup>9</sup> [https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A\\_RES\\_70\\_1\\_E.pdf](https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf).

<sup>10</sup> Available on-line: <https://docs.un.org/en/A/RES/73/2>.

<sup>11</sup> Available on-line: <https://docs.un.org/en/A/80/L.34>.

<sup>12</sup> Available on-line: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf).

<sup>13</sup> Available on-line: [Global action plan for the prevention and control of non-communicable diseases 2013-2020](https://www.who.int/publications/m/item/global-action-plan-for-the-prevention-and-control-of-non-communicable-diseases-2013-2020).

(PP15) Recalling also, as appropriate, the United Nations political declaration of the first high-level meeting on universal health coverage (UHC), adopted by General Assembly resolution (A/RES/74/2, 2019),<sup>14</sup> 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 United Nations political declaration of the second high-level meeting on UHC, adopted by resolution (A/RES/78/4, 2023),<sup>15</sup> which reaffirmed the importance of integrated health responses, and the commitment to leave no one behind;

(PP16) Emphasizing the importance of life-course approaches, primary healthcare, and universal health coverage as enablers for effective health promotion, prevention, and management of SLD within the broader NCDs agenda;

(PP17) 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 NCD risk factors approach, timely diagnostics, and evidence based and cost-effective interventions, that take into account heterogeneity of SLD, together with strengthened health information systems, to improve national and global responses to SLD, in line with individual and population health needs;

(PP18) Emphasizing also the need for integrated, evidence-based, whole-of-government and whole-of-society approaches to the prevention and control of SLD 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 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;

(PP19) Recognizing the importance of the ongoing work of the World Health Organization, in collaboration with Member States and relevant stakeholders, to support evidence-based and cost-effective actions on NCDs and metabolic conditions, and its relevance for SLD prevention and control within these efforts,

(OP)1. ENCOURAGES Member States:<sup>16</sup>

(1) to take actions on SLD, in accordance with national contexts and priorities, and consistent with existing commitments under the relevant United Nations political declarations on NCDs and UHC;

(2) to integrate, or where it is already in place, continue to address SLD into national NCDs strategies, action plans, and monitoring frameworks, ensuring policy coherence and alignment with commitments to accelerate efforts toward achieving Sustainable

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<sup>14</sup> Available on-line: <https://documents.un.org/doc/undoc/gen/n19/311/84/pdf/n1931184.pdf>.

<sup>15</sup> Available on-line: <https://documents.un.org/doc/undoc/gen/n23/306/84/pdf/n2330684.pdf>.

<sup>16</sup> And, where applicable, regional economic integration organizations.

Development Goal target 3.4 by 2030, as appropriate, to national epidemiological and health system context;

- (3) to strengthen multisectoral action addressing shared risk factors of SLD and other NCDs, 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 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 buys” interventions;<sup>17</sup>
- (4) to incorporate, or continue to undertake, health promotion, and SLD 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 SLD 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 SLD within the broader NCD 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 SLD, and to strengthen national reporting, in alignment with existing NCD frameworks and SDG 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 SLD, with particular attention to children;
- (9) to continue to invest in research and innovation, including digital health solutions and cost-effective tools for SLD screening, prevention, diagnosis and management, with the aim to address 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, private sector, and civil society, taking into account, the need to prevent conflict of interest, to advance comprehensive actions on SLD prevention and control , promote knowledge-sharing and innovation, strengthen accountability, and ensure that such collaboration is consistent with global actions on NCDs, national health priorities, and the 2030 Agenda for Sustainable Development;
- (11) to raise awareness regarding SLD and its risk factors within relevant multilateral fora, to ensure sustained and concrete political attention, and explore ways to integrate SLD into health policies and programmes, in line with national strategies and priorities;

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<sup>17</sup> <https://www.who.int/publications/i/item/9789240091078>.

(12) to regularly assess, where applicable, the implementation of their national action plans for NCDs including SLD and, to the extent possible, review their contribution to the implementation of global, and regional action plans related to NCDs;

(OP)2. REQUESTS the Director-General:

- (1) to integrate SLD within the broader context of NCDs prevention, early detection and management, and to strengthen ongoing multisectoral collaboration on SLD through a whole-of-society approach, including through the implementation of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030, and its road map;
- (2) to provide, in line with WHO's Fourteenth General Programme of Work (GPW 14), 2025–2028, and prioritized functions, technical support to Member States, upon request, to strengthen integrated SLD 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 SLD, and facilitating their integration across relevant technical areas, as appropriate;
- (4) to integrate SLD 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 (FENSA), 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 NCDs and relevant to SLD, respecting international rules;
- (5) to continue exercising WHO's leadership and coordination, within existing WHO mandates, in NCDs prevention and control including through the Global Action Plan for the Prevention and Control of Non-communicable 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 United Nations political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs, adopted by the United Nations General Assembly Resolution (A/RES/73/2, 2018), which also will 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 SLD as part of the global NCD agenda.