



## EASL Statement for the 72<sup>nd</sup> Session of the WHO Regional Committee for Europe: implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025: progress report

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Chairperson, Distinguished Delegates

The European Association for the Study of the Liver (EASL), as an NSA in official relations with WHO, welcome this opportunity to provide a written statement at RC72 and strongly support the efforts for the prevention and control of Noncommunicable Disease in the WHO European Region 2016-2025.

Non-Alcoholic Fatty Liver Disease (NAFLD) is not mentioned by name in the Action Plan, nor in any key global or national NCD strategy. NAFLD is the most prevalent liver disease in human history, with prevalence estimates indicating it affects almost two billion people globally, most of them unaware it exists. With this statement, EASL would like to highlight this major NCD, named by the hepatologist *the silent epidemic*. NAFLD is a condition in which fat builds up in the liver. It is often associated with obesity and diabetes. Some patients progress to the inflammatory subtype called non-alcoholic steatohepatitis (NASH) which can lead to cirrhosis, and to primary liver cancer.

Diet and lifestyle are the strongest risk factors for NAFLD. The prevalence of obesity in the European region has risen in almost every country since 2013, resulting in an increasing prevalence of NAFLD. NAFLD is already the most common liver disease worldwide, affecting as much as a quarter of the global adult population, with a prevalence of 23.7% (95% CI 16.1–33.5) in Europe. Studies show that the burden of advanced liver disease due to NAFLD will more than double during 2016–2030, and the annual predicted economic burden of NAFLD in Europe will be more than €35 billion in direct costs and a further €200 billion in societal costs.

Despite the serious health, economic and social implications of the condition, it has received little attention from policymakers or the public health community. A survey from 2019 shows that a comprehensive public health response to NAFLD is lacking in all European countries. This public health response should include policy in the form of a strategy, clinical guidelines, awareness campaigns, civil society involvement, and health systems organisation, including registries.

NAFLD exemplifies the need for collaboration between hepatologists, diabetologists, dietitians, cardiologists, and general practitioners (GPs), and a public health action on prevention. At a health system level, chronic disease management is driving the need to reorient health systems away from siloed disease-centric models towards multidisciplinary patient-centred care. The liver community can spearhead this process through collaboration with others working on metabolic disease management, but we need the support of the WHO and national institutions, and we need it now.

Given the relationship between NAFLD, obesity and other highly prevalent NCDs, namely type 2 diabetes and heart disease, integration of NAFLD within the NCD agenda makes sense from both strategic and operational perspectives. There is an urgent need to create and implement health systems and public health responses that will rise to this challenge.



EASL has four specific asks:

1. WHO and national institutions should incorporate NAFLD into their technical materials such as the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region.
2. NAFLD should be integrated into the national strategy or action plan, NCDs policy, targets and indicators that integrate the major NCDs and their shared risk factors, focusing specifically on an unhealthy diet, physical inactivity and harmful alcohol consumption.
3. WHO and national institutions should include NAFLD among their priority NCDs.
4. The Sustainable Development Goals (SDGs) targets should be acknowledged as relevant to preventing and treating NAFLD. For instance, NAFLD should be explicitly mentioned in indicator 3.4.1 of the SDG on NCD mortality rates. This indicator currently includes cardiovascular disease, cancer, diabetes and chronic respiratory disease.

Thank you.