

Name MASLD/MASH — and act on it

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The global call to action on MASLD/MASH

The metabolic health crisis is escalating at a dangerous pace around the world, yet one of its most urgent threats – metabolic dysfunction-associated steatotic liver disease (MASLD) and its progressive form, metabolic dysfunction-associated steatohepatitis (MASH)¹ – remains largely invisible in the global health agenda. This silence is not only unacceptable, it is unsustainable.

MASLD and MASH are not niche conditions; they are diseases in their own right, with over a quarter of the world's population living with them, which act as accelerants of cancer, cardiovascular disease, and diabetes in a complex interplay of metabolic conditions. But, critically, they are not two separate diseases; MASLD and MASH exist on a spectrum – just as HIV and AIDS do. Ignoring the early stage of this dynamic spectrum (MASLD), while only acknowledging its advanced stage (MASH), is not only clinically misguided but also a profound failure of prevention.

If the world is serious about reducing premature death and disability from non-communicable diseases (NCDs), then the World Health Organization (WHO) must formally recognise MASLD/MASH as a priority NCD spectrum, alongside other high prevalence diseases, and include it as such in its agenda.²

The fourth United Nations (UN) General Assembly High-Level Meeting on NCDs, held on 25th September 2025 in New York City, marked a major step forward in advancing said recognition and inclusion. However, it was also concerning, as the outdated and stigmatising name non-alcoholic fatty liver disease (NAFLD)³ was used (Fig. 1) and MASLD/MASH was still not recognised as a priority NCD on par with other highly prevalent diseases. This move sends the wrong signal to people living with MASLD/MASH. Thus, a liver-focused metabolic health side-event,⁴ led by the Healthy Livers Healthy Lives Coalition and the Barcelona Institute for Global Health (ISGlo-

bal) Public Health Liver Group, called for decisive global policy to rectify this shortcoming (Box 1).

WHO sets the tone and direction for global health policy through normative guidance, action plans, and strategies. Without clear disease recognition and guidance from WHO, the mandate, metrics, and momentum needed to act decisively will remain elusive. The result? Hundreds of millions of people worldwide remain undiagnosed, unsupported, and at risk of preventable disease progression.

Elevating the voices that matter most

One of the clearest gaps in liver and metabolic health policy is the lack of representation of people living with MASLD/MASH. They are too often underdiagnosed, underprioritised, and left out of conversations that shape their care. Progress begins with listening.⁵

WHO should actively support frameworks for the meaningful involvement of people with lived experience in policy and programme design. Their testimonies cut through statistics, highlighting barriers to care, stigma in health systems, and the human toll of a late diagnosis. Cross-collaboration among patient advocates, NCD organisations, medical associations, and researchers can unify voices and create a movement too strong to ignore. The GMHR Series embodies this and was endorsed by the City University of New York Graduate School of Public Health and Health Policy (CUNY SPH), the Fatty Liver Alliance, the Global Think-tank on Steatotic Liver Disease, the International Diabetes Federation (IDF), the International Liver Cancer Movement (ILCM), the MASH Cities Coalition, and UNITE, the Parliamentarians Network for Global Health.

Advocates – from liver health, diabetes, and obesity organisations to broader NCD coalitions – now stand ready to champion this MASLD/MASH cause. Clinical practice guidelines^{6–11} and patient guidance^{12,13} for MASLD/MASH exist, but without proper recognition by the UN and WHO,

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efforts remain fragmented and underpowered. WHO's inclusion of MASLD/MASH as a unified disease spectrum would provide the legitimacy, accountability, and global signal needed to unlock investment, mobilise governments, and accelerate action at every level.

To correct the MASLD/MASH course, a blueprint for WHO action should include:

- Recognise MASLD and MASH as a single dynamic disease spectrum, so that prevention and treatment strategies cover the full continuum.
- Embed MASLD/MASH explicitly into NCD normative guidance and action plans.
- Establish epidemiological targets and indicators to monitor MASLD/MASH progress, as is already done for other major NCDs.
- Name MASLD/MASH in the implementation of WHO “best buys”, including in fiscal policies, food environment reforms, the regulation of marketing of unhealthy products, front-of-pack labelling on ultraprocessed foods and sugar-sweetened beverages, and health-promoting taxation.
- Integrate MASLD/MASH into digital health, primary care, and screening strategies, as part of person-centred and equitable care across all health systems.
- Institutionalise engagement so that lived experience shapes policy from the start, instead of being an afterthought.

Our call is simple but urgent: the UN and WHO must name MASLD and MASH for what they are – a dynamic continuum of metabolic liver disease – and place them at the centre of the

global NCD agenda, alongside other major NCDs.^{14,15} Anything less risks condemning hundreds of millions of people to preventable disease and undermines the global pledge to reduce premature NCD deaths by 2030. The world cannot wait. The time for WHO to act is now.

Box 1. The Global Metabolic Health Roundtable Series: Addressing the Public Health Threat of MASLD/MASH and Other Major Non-Communicable Diseases.

The Global Metabolic Health Roundtable (GMHR) Series: Addressing the Public Health Threat of MASLD/MASH and Other Major Non-Communicable Diseases (NCDs) was initiated by the Barcelona Institute for Global Health (ISGlobal) Public Health Liver Group, in partnership with the Healthy Livers Healthy Lives Coalition of the American Association for the Study of Liver Diseases (AASLD), Asian Pacific Association for the Study of the Liver (APASL), European Association for the Study of the Liver (EASL), Latin American Association for the Study of the Liver (ALEH), and Society on Liver Disease in Africa (SOLDA). The series brings together diverse stakeholders – researchers, clinicians, policymakers, and people with lived experience – to foster dialogue, knowledge exchange, and policy action on metabolic health.

In June 2025, three virtual regional roundtables – in **Latin America and the Caribbean**, the **Middle East and North Africa**, and **Asia and the Pacific** – identified MASLD/MASH regional priorities and contributed to a shared global agenda. These discussions fed into preparations for the **United Nations General Assembly High-Level Meeting on NCDs** (held on 25th September 2025), during which the GMHR convened an in-person liver focused side-event in New York City. Roundtable discussions at the gathering focused on 4 questions, starting with: What is your most powerful idea to:

- Make MASLD and MASH a priority NCD for the World Health Organization (WHO) and other stakeholders, alongside other major NCDs?
- Strengthen the meaningful involvement of people with lived experience in metabolic health policy?
- Advocate for cities and states to include MASLD and MASH in their action plans and strategies?
- Transform policies to incorporate digital health and telehealth models to improve person-centred metabolic care?

The series also complemented activities during the **World Health Assembly** (held in May 2025) and culminated with a session at the **World Health Summit** (held in October 2025).

Together, these efforts are helping to advance recognition of MASLD/MASH, alongside other major NCDs, in the global health agenda, and shape momentum for integrated, person-centred approaches to metabolic health policy and care.

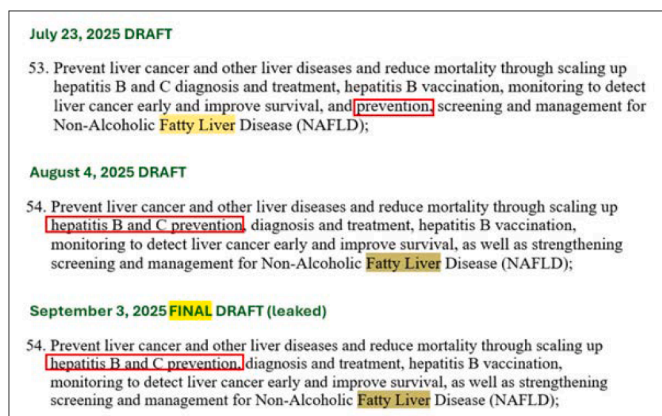


Fig. 1. The evolution of NAFLD's inclusion in the draft political declaration of the fourth United Nations General Assembly High-Level Meeting on non-communicable diseases.

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Conflicts of interest

JVL acknowledges grants to his institution from AbbVie, Boehringer Ingelheim, Echosens, Gilead Sciences, Madrigal Pharmaceuticals, MSD, Novo Nordisk, Pfizer, and Roche Diagnostics, consulting fees from Echosens, GSK, Novavax, Novo Nordisk, Pfizer, and Prosciento, and payment or honoraria for lectures from AbbVie, Echosens, Gilead Sciences, Janssen, Moderna, MSD, Novo Nordisk, and Pfizer, outside of this work. He also serves as chair of the Healthy Lives, Healthy Lives coalition of American Association for the Study of Liver Diseases (AASLD), Latin American Association for the Study of the Liver (ALEH), Asian Pacific Association for the Study of the Liver (APASL), European Association for the Study of the Liver (EASL), and Society on Liver Disease in Africa (SOLDA) and as Director of the Global Think-tank on Steatotic Liver Disease. MGP acknowledges grants from GSK, consulting fees from Boehringer Ingelheim, GSK, and Novo Nordisk, and payment or honoraria for lectures from Novo Nordisk, outside of this work. He also serves as Vice-President of ALEH. DLS has undertaken consultancies for Alfa Sigma, Norgine Pharmaceuticals Ltd, EnteroBiotix, MRM Health, Satellite Biosciences, Apollo Therapeutics Ltd, and Genfit, outside of this work. She also serves as Secretary General of EASL. PS reports no financial relationships with commercial entities relevant to this work. He also serves as President of the International Diabetes Federation (IDF). These roles are non-commercial and have not influenced the content of this editorial. GLS serves as president of AASLD. SB declares no potential conflicts of interest. His research projects are funded by the Mexican Ministry of Science and Technology, UNICEF, the NIH, and Bloomberg Philanthropies. He also serves as President of the World Obesity Federation (WOF).

Please refer to the accompanying ICMJE disclosure forms for further details.

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