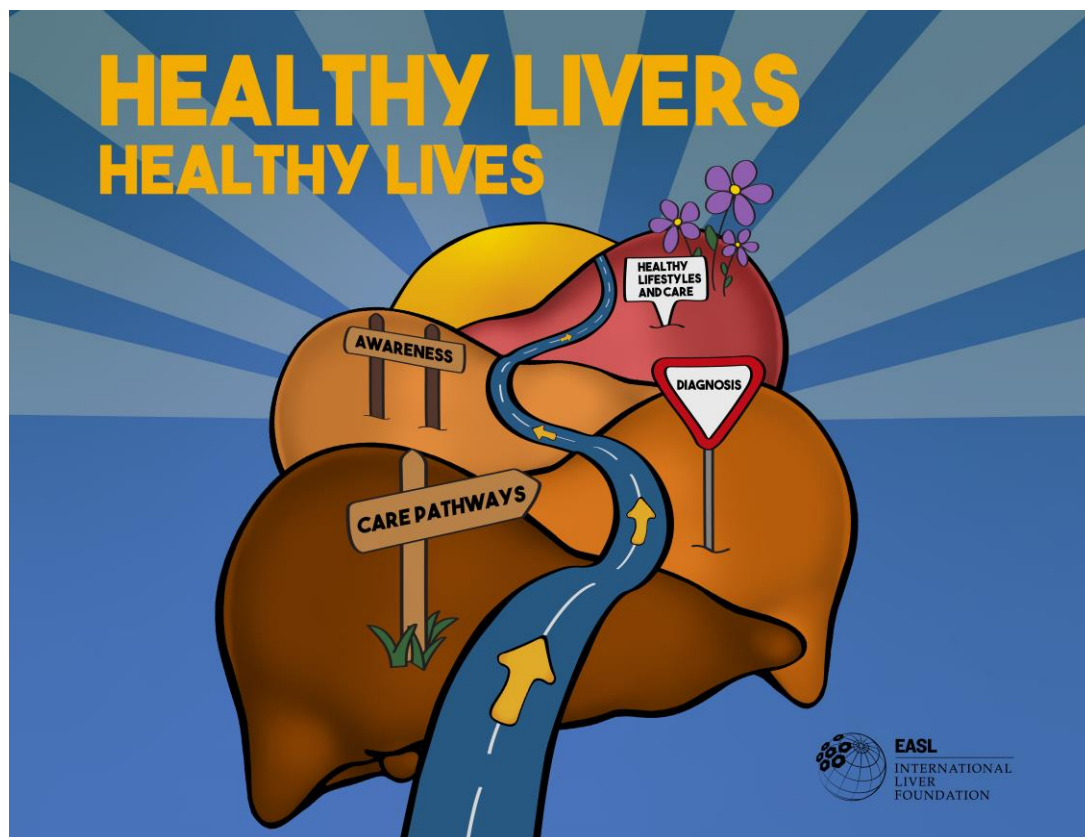




Wilton Park



Report

**Wilton Park virtual dialogue:**

**Towards a public health and policy roadmap for  
NAFLD**

Thursday 9 December 2021 | WP2017V

In partnership with



**EASL**

INTERNATIONAL  
LIVER  
FOUNDATION



## Report

### Wilton Park virtual dialogue:

# Towards a public health and policy roadmap for NAFLD

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#### In partnership with the EASL International Liver Foundation (EILF)

Despite affecting an estimated 2 billion people globally, NAFLD (a fatty liver disease) has received little attention from policymakers, practitioners, and leaders in global health. Like many non-communicable diseases (NCDs), NAFLD requires comprehensive and coordinated responses that span across sectors and disciplines. Moving the discussion beyond the liver health community and health care sector will be crucial to shape and deliver the whole-of-society approaches needed to address this challenge.

In recent years, there has been greater traction with a range of organisations and individuals coming together to consider the various actions needed to address this issue. In collaboration with the EASL International Liver Foundation (EILF), Wilton Park is hosting a series of dialogues on NAFLD<sup>1</sup>. The first of these took place in June 2020 and focused on defining models of care. In December 2020, a 3-day virtual convening looked at NAFLD through a public health lens and laid out what needed to happen to move this agenda forward.

The most recent dialogue took place in December 2021. The discussion focused on the development of a NAFLD public health and policy roadmap to guide and spur action on this neglected public health challenge. This is a summary report of that dialogue.

#### The NAFLD public health and policy agenda

1. NAFLD is a public health challenge that is global, substantial, complex, and largely unaddressed. It is the most prevalent liver disease in the world, affecting roughly 1 in 4 adults globally, with serious health, social and economic implications.
2. Cardio-metabolic diseases, which include NAFLD, and the underlying risk factors are highly prevalent, resulting in a wide range of health implications for affected populations. NAFLD is both a disease—which is a leading cause of cirrhosis and end-stage liver disease— and a risk factor for other conditions, including cancer, diabetes, and heart disease.
3. NAFLD is largely invisible to the general population, policymakers, and the public health community. As a cause and a consequence of this, it remains absent from global public health and development agendas, including the United Nations' Sustainable Development Goals, and few countries have taken concrete action to address it.

“When we look around the world, no country is well prepared to address NAFLD.”

<sup>1</sup> Wilton Park Series: Nonalcoholic Fatty Liver Disease (NAFLD) and Nonalcoholic steatohepatitis (NASH). 2020-2022. <https://www.wiltonpark.org.uk/event/wilton-park-series-nonalcoholic-fatty-liver-disease-nafld-and-nonalcoholic-steatohepatitis-nash-wp1736/>

4. Increasing awareness of the health, social and economic implications of NAFLD is a critical step in ensuring greater action on the disease. This will require careful consideration of how to communicate the message to different target groups, from the general public to policy-makers.
5. A lack of data on NAFLD is an enduring challenging, especially on the disease burden and economic impact. Data availability in some countries has improved in recent years, but concerted efforts are needed to identify and fill the knowledge gaps.
6. The EASL-Lancet Commission on Liver Disease in Europe has broad relevance to ongoing discussions about developing a NAFLD policy and public health roadmap, including the multistakeholder approaches needed to address this public health challenge, and where NAFLD sits within a whole-of-liver approach.<sup>2</sup>
7. Involving professional and patient organisations from other disciplines, such as obesity and diabetes, will be critical to advance this agenda and will enable learning across these communities.
8. There is a dearth of strategic guidance on NAFLD at the global, regional, and national levels. A global policy review of 102 countries highlighted the lack of strategic guidance and action plans in all countries, with one-third scoring zero on a policy preparedness index. This shows the low baseline from which the public health community is starting with this agenda.<sup>3</sup>
9. During 2021, 218 experts from 98 countries contributed to the development of a consensus statement to advance the NAFLD public health and policy agenda, setting out 37 statements and 26 recommendations across a broad range of areas; the finds are relevant to policy-makers, practitioners, patient groups and advocates.<sup>4</sup>
10. Focus for this agenda now turns to how the advances during the past 2 years, and key outputs such as the global NAFLD consensus statement, NAFLD policy review and EASL-Lancet Commission on liver disease, can be used to develop a roadmap that drives public health action on this issue. The roadmap should be a guiding framework for the field and should include a focus on the networks that need building and strengthening, and how a large, multidisciplinary coalition can be forged to take this forward.

### Health system responses and models of care

11. Multidisciplinary, patient centred care approaches are critical to address the burden of cardio-metabolic conditions, including NAFLD.
12. A recently published expert opinion paper provided 8 recommendations to policy-makers and practitioners about the design and delivery of comprehensive models of care.<sup>5</sup>
13. The lack of data, including on the effectiveness and cost-efficient of care pathways, has been an enduring challenge and a barrier to bringing others onboard, especially those from other disciplines.
14. There is a lack of consensus amongst professional associations on the use of

“There is very little published evidence on which multi-disciplinary models of care work.”

<sup>2</sup> Karlsen TH, Sheron N, Zelber-Sagi S, Carrieri P, Dusheiko G, Bugianesi E, et al (2021) The EASL–Lancet Liver Commission: protecting the next generation of Europeans against liver disease complications and premature mortality. *The Lancet* 399, 10319, P61-116. DOI: [https://doi.org/10.1016/S0140-6736\(21\)01701-3](https://doi.org/10.1016/S0140-6736(21)01701-3)

<sup>3</sup> Lazarus JV, Mark HE, Villota-Rivas M, Palayew A, Carrieri P, Colombo M, et al. (2021) The global NAFLD policy review and preparedness index: Are countries ready to address this silent public health challenge? *J Hepatol*. DOI: 10.1016/j.jhep.2021.10.025.

<sup>4</sup> Lazarus, JV., Mark, HE., Anstee QM, Arab JP, Batterham RL, Castera L, et al. Advancing the global public health agenda for NAFLD: a consensus statement. *Nat Rev Gastroenterol Hepatol* (2021). <https://doi.org/10.1038/s41575-021-00523-4>

<sup>5</sup> Lazarus, JV, Anstee QM, Hagström H, Kusi K, Cortez-Pinto H, Mark HE, et al. Defining comprehensive models of care for NAFLD. *Nat Rev Gastroenterol Hepatol* 18, 717–729 (2021). <https://doi.org/10.1038/s41575-021-00477-7>

screening and active case finding amongst at-risk groups. Defining such groups is challenging, given the high prevalence of risk factors, such as obesity and diabetes, the absence of well-defined care pathways and the lack of approved pharmacological treatments specifically for NASH, the most severe form of NAFLD.

15. NAFLD can be difficult to diagnose, and there is also a lack of consensus on the liver tests, including cut-off values for non-invasive tests, to use in different settings, such as primary care and diabetes clinics.
16. In many health systems, patients will first present in primary care, making general practitioners an important stakeholder. However, liver disease is not well addressed in primary care and needs to be positioned as one part of broad patient-centred multimorbidity management.
17. Diabetes and obesity professionals know NAFLD is a major issue, but the challenge is the lack of integrative pathways for high-risk patients and awareness about the importance of testing for NAFLD.
18. Diabetes clinics are a suitable entry point for screening people at high-risk of advanced fibrosis. Incorporating a liver check within the annual diabetes check is a consideration which, in many, settings could be feasibly introduced.
19. Consideration must also be given to associated conditions, including mental health. Stigma around liver disease and their principle causal factors remains prominent in many societies and needs to be addressed directly within health systems and public health responses.
20. Consideration should also be given to the role of digital health technology within the NAFLD roadmap; digital technologies hold great potential to inform and guide the responses.
21. Professional associations have a central role to achieve consensus around which high-risk groups should be the focus of case finding efforts. Building the evidence based around the cost-effectiveness of different approaches will be beneficial.
22. The field is evolving quickly, and guidelines require regular updating to reflect current knowledge.
23. Health service commissioners should also be engaged in the design and development of care pathways, with the benefits of liver care pathways for broader metabolic health, including cardiovascular health, clearly outlined.

“We are going to have to do a hard sell to primary care.”

### **Positioning NAFLD within the NCD agenda**

24. NAFLD shares many common risk factors with other highly prevalent non-communicable diseases with substantial overlap in the approaches needed to prevent and manage these conditions, yet NAFLD is largely absent from national and international NCD strategies and action plans.
25. In conceptualising a whole-of-society response to NAFLD, the Sustainable Development Goals provide a framework to consider the various sectors and disciplines that need to be engaged. A recent paper presented a NAFLD-SDG framework to help guide thinking on multisectoral and multidisciplinary responses.<sup>6</sup>
26. SDG17 relates to global partnerships and is of critical importance in positioning NAFLD in the NCD agenda, which requires a process of building partnerships and collaborations beyond the liver health community and the health sector more broadly.
27. In seeking to achieve collaborative responses to NAFLD and other NCDs, there is

“In the absence of [NAFLD/NASH] guidance from WHO, we are filling that void.”

<sup>6</sup> Lazarus JV, Mark HE, Colombo M, Demayo S, Dillon JF, George J, et al. (2021) A Sustainable Development Goal framework to guide multisectoral action on NAFLD through a societal approach. *Alimentary Pharmacology & Therapeutics*.

a need to establish shared visions, common platforms and aligned measures of success.

28. Shared language across disciplines and an understanding of the mutual benefits of shaping and delivering comprehensive responses to NAFLD will be key.
29. There is a lot of ongoing work in the NCD space, and the liver health community needs to engage in existing efforts, identifying where the NAFLD/NASH community can lead efforts, and where it can support and amplify the work of others.
30. Obesity, as a common denominator for many cardio-metabolic conditions, is one possible area for collaboration and for the convening of organisations across disciplines. World Obesity Day (March 4) is one easy way for the liver community to engage in and amplify their own and others' calls to action.
31. The national collaboration childhood obesity research (NCCOR) is a platform for public and private obesity research funders in the United States which coordinates research funding and priorities in the US to maximise research investments and has evolved into a 'think-tank' – 'do-tank'. Such a model could be useful to advance and coordinate NAFLD research and knowledge generation and drive this agenda forward.
32. A collective impact model could provide a framework for the liver health community to start leading multi-disciplinary efforts and to create a common agenda across the NCD space.

### **Mutli-disciplinary collaboration**

33. Preventing and managing the burden of NAFLD will require concerted collaborative efforts. The most closely related disciplines for the liver health community to engage are those working on diabetes, obesity, and heart disease.
34. Paediatrics and adolescent health groups, primary care societies, cancer groups, food systems and nutrition societies are also key stakeholders. There is also interest from the HIV community, which is increasingly focused on the impact of metabolic diseases on people living with HIV.
35. While many disciplines are aware of NAFLD, the dearth of NAFLD information on the websites of patient and professional organisations working on diabetes and obesity is indicative of the lack of joined-up approaches.
36. Engaging with and supporting patient groups to be involved in all discussions relevant to them is critical to success.
37. The liver community must take the lead to establish collaborations with other disciplines. In doing this, it is key to understand the perspectives of others, to have a clear ask of them and to understand what the benefit is to them.
38. With regards to the obesity field, the liver health community can support efforts to develop the obesity specialisation and have obesity formally and internationally recognised as a disease.
39. Data are critically important in fostering the collaborations. Good quality data linking the prevalence of NAFLD to other diseases and showing the impact on patient outcomes will be a powerful advocacy tool; such data are emerging, but efforts are needed to expand this.
40. Cross-disciplinary research partnerships can be a powerful tool which can lead to wider collaborations across organisations.

### **Priorities for the NAFLD public health and policy roadmap**

41. The NAFLD public health roadmap will be a strategic global document which outlines how to operationalise the consensus recommendations. Development of

“By mobilising more than 180 patient association around the world the voice [for viral hepatitis] became much louder.”

“The roadmap should be a guiding framework for all organisations wanting to move this agenda forward.”

the roadmap will require a multisectoral, multi-stakeholder process with policymakers, clinicians, academics, civil society, and the private sector all engaged.

42. The experience of building a movement for viral hepatitis, including through ELPA, the World Hepatitis Alliance and ACHIEVE, can provide important lessons including how to progressively influence national and global policy.
43. The 26 aforementioned consensus statement recommendations provide a basis for the roadmap, which will focus on how to operationalise these.<sup>7</sup>
44. Developing short-, medium- and long-term strategic goals for the roadmap will help to guide efforts while also building momentum.
45. Incorporating NAFLD into existing and future national, regional, and global strategies and guidance on diabetes, obesity, cancer, and cardiovascular disease will be a critical step.
46. Gaining traction with the World Health Organization and having NAFLD incorporated into relevant strategic documents and guidance should be a priority.

This meeting was held on 9 December 2021 in partnership with the EASL International Liver Foundation.

This report was written by Henry Mark, Wilton Park and Jeffrey V Lazarus, EASL International Liver Foundation and the Barcelona Institute for Global Health (ISGlobal)

Wilton Park | January 2022

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<sup>7</sup> Lazarus, JV., Mark, HE., Anstee QM, Arab JP, Batterham RL, Castera L, et al. Advancing the global public health agenda for NAFLD: a consensus statement. *Nat Rev Gastroenterol Hepatol* (2021). <https://doi.org/10.1038/s41575-021-00523-4>