The global non-alcoholic fatty liver disease (NAFLD) preparedness index: are countries ready to tackle the challenge?

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INTRODUCTION

Non-alcoholic fatty liver disease (NAFLD) is a highly prevalent, yet largely underappreciated liver condition which is closely associated with obesity and metabolic disease. Despite affecting 1 in 4 adults globally, NAFLD is largely absent within national and global health agendas, while policy responses have been weak and fragmented.

AIM

To assess how well prepared countries around the world are to address NAFLD.

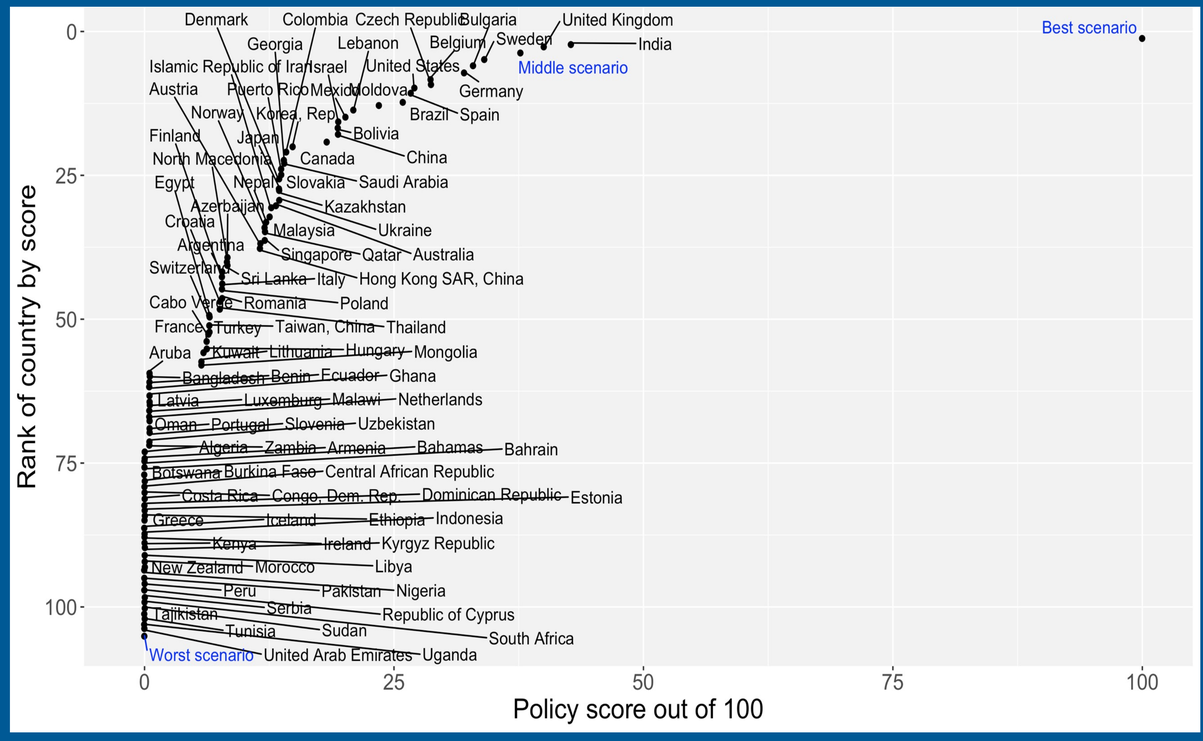
METHOD

Liver health experts from 162 countries were invited to participate in a survey covering relevant national policies and strategies, guidelines, civil society engagement, clinical management and epidemiologic data. Data validation checks were conducted by a core team clarifications sought from country experts where needed. Data were coded into 6 domains (policies, guidelines, civil awareness, epidemiology, detection and management) and responses categorised as high-, medium- or based on predefined criteria. Multiple correspondence analysis (MCA) was conducted and the coordinates along the first dimension were used as raw untransformed scores for each country. Three refence standards (high, medium and low) were included to contextualize responses, with overall policy scores ranging from 0 to 100.

RESULTS

Experts from 102 countries completed the survey (median experts per country team=5; min=1, max=9, IQR=4). No country was in the high-level for all 6 domains. For 5 domains, the smallest proportion of countries were in the high-level category while the largest proportion were in the low-level, the exception being the guidelines domain, where the smallest proportion of countries were in the medium-level. For the policies domain, all countries were in the low-level. For detection, Belgium, the Czech Republic, India, Lebanon and Moldova were in the high-level. For the epidemiology domain, Australia, Germany, Iran and Spain were in the high-level. The first dimension of the MCA explained 52.9% of the variation. India (42.7) had the highest overall preparedness score, followed by the United Kingdom (40.0) and Sweden (34.1). Thirty-two countries (31%) had a preparedness score of zero (Figure 1).

Figure 1: NAFLD Preparedness Index and country rank (n=102).



CONCLUSIONS

No country was found to be well prepared to address NAFLD, with about a third of countries having an overall score of zero. Our findings highlight the need for greater attention for NAFLD within national health agendas. Positive scores do not necessarily indicate policy adoption or implementation and further research is needed in this areas. These results can assist countries in identifying priority actions to improve their NAFLD preparedness. Leadership from international organisations such as World Heath Organization will be critical to support national efforts.

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