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From European Policy to National Action: Romania Sets Out a Roadmap for MASLD

Experts call for active identification of liver fibrosis, a nationally adapted patient referral pathway, an integrated multidisciplinary model of care, and the implementation of a National Action Plan for MASLD.

The article, entitled Metabolic Dysfunction-associated Steatotic Liver Disease in Romania: A Multidisciplinary Position Paper on Prevalence, Clinical Spectrum, Prevention, Screening and Management, initiated and coordinated by Prof. Liana Gheorghe and accepted for publication in the Journal of Gastrointestinal and Liver Diseases, brings together the available scientific evidence, estimates for Romania, the 2024 EASL–EASD–EASO recommendations, and health policy documents into ten consensus recommendations.

A major public health challenge

Approximately 30–33% of Romania's adult population — around 5 million people — may have metabolic dysfunction-associated steatotic liver disease (MASLD). Of these, an estimated 240,000–420,000 adults may have metabolic dysfunction-associated steatohepatitis (MASH) with a risk of fibrosis progression.

The key clinical challenge is to identify patients with progressive fibrosis, which can lead to cirrhosis, liver cancer, liver transplantation, and premature death.

„Romania already has the tools needed to identify patients at risk of fibrosis progression, including those who are still asymptomatic. The challenge is to use these tools in a timely and coordinated manner, before liver disease reaches advanced stages. A National Action Plan for MASLD offers us the opportunity to translate scientific evidence into concrete interventions and change the course of liver disease in Romania. To turn this opportunity into actions with real impact, we need a common and sustainable effort that brings together professionals from multiple specialties, civil society, patient organisations, and policymakers. ”

— Prof. Liana Gheorghe, initiator and coordinator of the Position Paper

From scientific consensus to a national model of care

Participants in the 3rd Romanian Forum on Metabolic Hepatology also considered the adoption of the WHO Resolution on steatotic liver disease, through which liver diseases were formally recognised as part of the global burden of noncommunicable diseases (NCDs) and integrated into the international NCD agenda — a historic milestone for global NCD policy and a turning point for liver health worldwide.

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At the end of April 2026, the second EASL–Lancet Commission on liver health in Europe, chaired by Prof. Tom Karlsen, on which Prof. Liana Gheorghe served as a Commissioner, highlighted the major health and economic burden of liver disease in Europe and called on relevant institutions, particularly medical societies and European and national bodies, to develop and update action plans, moving from recommendations to implementation.

The Romanian initiative also connects with work coordinated by Prof. Jeffrey V. Lazarus, co-author of the Position Paper and coordinator of the series on chronic liver diseases in The Lancet Regional Health – Europe. In 2026, Prof. Lazarus, Prof. Gheorghe, and colleagues from the European MASLD Collaboration Group reported significant gaps across Europe in national MASLD/MASH policies, models of care, and their implementation.

The Multidisciplinary Position Paper on metabolic dysfunction-associated steatotic liver disease in Romania directly addresses this need by proposing a model tailored to the national context.

Without firm and coordinated measures, the burden of MASLD will continue to place pressure on the healthcare system, affect the quality of life of people living with chronic liver disease, and have significant consequences for the economy and workforce productivity.

The Position Paper calls for the following ten priority actions to be integrated into a National Action Plan for MASLD:

1. Recognise chronic liver disease as a major medical and socioeconomic challenge requiring a coordinated national strategy.
2. Adopt the international nomenclature for steatotic liver disease (SLD), including MASLD, MASH, and MetALD, in clinical practice, diagnostic coding, and medical education.
3. Close the gap between disease prevalence and the healthcare system response by improving detection, raising awareness, and developing national structures for surveillance and care.
4. Differentiate simple steatosis from progressive MASH associated with fibrosis, so that monitoring and treatment can focus on patients at greatest risk.
5. Recognise the synergistic impact of metabolic dysfunction and alcohol consumption, together with the dynamic assessment and management of MetALD.
6. Integrate MASLD into the broader framework of noncommunicable diseases, as part of the cardio-renal-hepatic-metabolic spectrum.
7. Use a targeted two-step strategy to identify patients with significant fibrosis, beginning with FIB-4 and followed, when indicated, by liver elastography or other validated non-invasive tests.
8. Develop an integrated, multidisciplinary model of care, including interdisciplinary prescribing frameworks relevant to cardiometabolic therapies and liver disease-specific treatments.
9. Establish a national clinical pathway for patients with MASLD, defining referral thresholds and responsibilities at each level of care.
10. Develop a National Action Plan for MASLD, including reimbursement mechanisms, a national registry, integration into broader health strategies, alcohol policy measures, awareness and education initiatives, and assessment of quality of life.

From recommendations to implementation

Some of these principles are already being translated into practice through LIVE(RO)4, a national programme dedicated to liver health, focusing on prevention, screening, early diagnosis, risk stratification, and ensuring patient access to care.

Prof. Liana Gheorghe, initiator and coordinator of the Position Paper, is also Project Manager of LIVE(RO)4. The Position Paper defines what needs to be done, while LIVE(RO)4 provides an opportunity to translate some of these recommendations into clinical practice.

The central message is clear: advanced liver disease is not inevitable. Identifying fibrosis before the development of cirrhosis and hepatocellular carcinoma is increasingly a matter of organisation and implementation, rather than the availability of technology.

The paper:

Gheorghe L-S, Lazarus JV, Wedemeyer H, Reau N, Pop C, Ratziu V, Trifan A, Mega I, Bumbăcea D, Dumitra G, Gheonea D, Grijac L, Hainăroșie R, Ismail G, Lupescu I, Moșneagă L, Obrișcă B, Rimbaș R, Sîrbu A, Șirli R, Udrescu M, Vinereanu D, Vladu M, Diaconu S, Huiban L, Dumitrașcu D, Iacob S. Metabolic Dysfunction-associated Steatotic Liver Disease in Romania: A Multidisciplinary Position Paper on Prevalence, Clinical Spectrum, Prevention, Screening and Management. Journal of Gastrointestinal and Liver Diseases. Forthcoming September 2026. DOI: 10.15403/jgld-7454

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