



MASLD/MASH in Germany: A liver disease country profile

Supported by **ISGlobal** Barcelona
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Global Health

This profile offers an overview of the current policy landscape of metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH) in Germany. MASLD comprises a spectrum of chronic liver disease ranging from simple fat deposits to scarring of the liver (fibrosis), which can result in cirrhosis and liver cancer. The information in this profile was taken from secondary sources only and Economist Impact bears sole responsibility for the content.



Almost 3 in 10 people in Germany are projected to have MASLD by 2030¹

In Germany MASH cases are projected to rise 42% by 2030 (3.3m in 2016, 4.7m in 2030) and MASLD 14% (18.4m to 21m) over the same period.^{1,2}

The health and economic impact of MASLD/MASH in Germany is substantial and rising.^{1,2} Annual direct medical MASLD costs are estimated at US\$4.3bn.³ In 2021, MASH direct healthcare costs were estimated at \$1.38bn with productivity losses of \$18bn, rising to \$2.03bn and \$25.81bn respectively by 2030.⁴



The extensive health and economic impacts of MASLD/MASH in Germany make a clear case for action. Through joint efforts that leverage the association with other NCDs, policy makers can take steps to help prevent, diagnose and treat this condition.

Areas of focus for policy makers in Germany consist of:

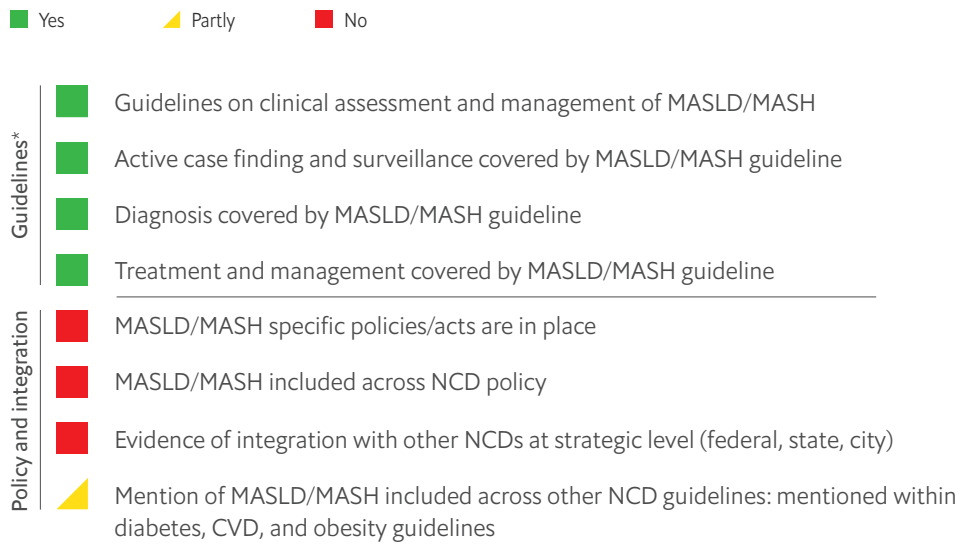
- Incorporating MASH screening into existing primary health care check-ups;
- Integrating MASLD/MASH into non-communicable disease (NCD) policy by leveraging common risk factors and metabolic comorbidities;
- Expanding the existing MASLD registry, strengthening its links with other disease registries and increasing awareness among the general public, high-risk individuals and health professionals.



Current snapshot

MASLD/MASH guidelines, policy and integration in Germany⁵⁻⁷

Our research across the points below looked at whether policies/guidelines are in place. It is important to note that having policies/guidelines in place does not necessarily lead to their implementation



Source: Economist Impact

*Guideline implementation status is unknown

Key policy takeaways and opportunities for MASLD/MASH care and prevention

1. Incorporate MASH screening into existing primary care health check-ups to improve early detection and management.

Primary care doctors do not routinely screen for MASLD/MASH. Guidelines produced by the German Society of Gastroenterology, Digestive and Metabolic Diseases include a screening algorithm, but implementation has been poor.^{1,5} One way to drive up screening numbers is to incorporate screening into the Gesundheitsuntersuchung (health check-up), a primary care health check-up for those with statutory insurance. To address low diagnosis rates of viral hepatitis B and C infection, the Gemeinsamer Bundesausschuss (GB-A, the German health authorities) included hepatitis B and C testing for those aged 35 and over in the check-up.^{8,9} Initially covering only high-risk

groups, testing has expanded to the whole population, resulting in an over 400% increase in screening numbers between 2018 and 2021/22.^{8,10} A similar approach could implement MASH screening in high-risk populations in primary care centres.⁵ These health check-ups provide an existing reimbursement framework for integrating primary care MASH screening, incentivising screening uptake offering a partial solution for financial barriers.⁵

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2. Integrate MASLD/MASH into NCD policy by leveraging common risk factors.

MASLD/MASH have not been incorporated in Germany's chronic disease management programmes, which were introduced in 2002 to improve care quality through cross-sector and provider integration for key NCDs.¹¹ The GB-A could integrate MASLD/MASH into chronic disease management programmes, if not as a standalone policy, then as a risk factor in related programmes such as diabetes. Chronic kidney disease is a good example of a disease that does not have its own management programme, but is well integrated across other NCDs programmes as a risk factor.^{12,13}

There is also a need for the German government to adopt broader policy measures that target risk factors for MASLD/MASH. The European Association for the Study of the Liver, the largest professional body in Europe dedicated to liver health, is advocating for policy measures such as an increase in excise taxes on sugar-sweetened beverages and strengthening food labelling to tackle obesity, which would also impact on MASLD/MASH.¹⁴ Additionally, the World Health Organization (WHO) has introduced Best Buys, policy interventions which target the key risk factors for NCDs such as physical inactivity, unhealthy diet, alcohol and tobacco use.¹⁵

Addressing these risk factors plays an important role in preventing NCDs, including MASLD/MASH.¹⁵⁻¹⁷

Finally, the Ministry of Health is reorganising to include a new Institute for Prevention and Education in Medicine for the prevention of NCDs from January 1st 2025. This presents a time-bound opportunity to have MASLD/MASH recognised as a key NCD and as a risk factor for other NCDs before the independent federal authority launches.¹⁸⁻²⁰ Professional societies and medical associations, such as the German Society for Digestive and Metabolic Diseases, the German Society for the Study of Liver Diseases and the German Liver Foundation, can call for this in the German parliament ahead of the launch. Arguments that emphasise the scale of untreated MASLD/MASH and how its detection and management can be integrated into existing programmes are likely to be most compelling. The integration of MASLD/MASH into NCD policies leverages shared risk factors and could allow for more efficient, comprehensive and cost-effective person-centred care. The management of co-existing conditions can be strengthened by early detection, which can ultimately lead to better health outcomes for people living with MASLD/MASH.



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3. Expand the existing MASLD registry and strengthen links with other disease registries. The German Liver Foundation manages a MASLD registry containing data for nearly 700 people from 26 centres across the country.²¹ Raising awareness of the registry among the Foundation's members and primary care professionals is a priority. This will enable more comprehensive data collection and improved research opportunities specific to MASLD/MASH care and policymaking. In line with other efforts to leverage interconnectedness of NCDs including MASLD/MASH, the German Liver Foundation could explore collaboration with related disease registries to include liver data. The diabetes patient registry and the German aortic valve registry are potential options for integration.^{22,23} Joint registries can improve the clinical management and understanding of diseases with common risk factors and improve identification of high-risk patients.

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4. Increase awareness of MASLD/MASH among the general population and healthcare professionals

a. Among the general population and high-risk individuals: Awareness of MASLD/MASH remains low among the German population, including those at high risk. Increasing awareness and empowering people to seek diagnosis and treatment, could help to turn the tide on the disease. The German Liver Foundation has been active in trying to increase public awareness through initiatives like the German Liver Day (annually on November 20th), which aims to raise awareness of liver disease generally.²⁴ The foundation has also published a “big cookbook for the liver” containing 122 liver-healthy recipes, as well as a book that explains how the liver works, and information on liver disease and treatments presented in a patient-friendly, highly visual format.²¹ The foundation also provides direct support to the public through free telephone consultations and email.²¹ At present the impact of these activities is unknown.

Lessons can be learned from the Federal Centre for Health Education (BZgA), which collaborated with the Robert Koch Institute in 2018 to create a national awareness and prevention strategy on diabetes in Germany.²⁵ The German Liver Foundation and other liver groups could approach the BZgA about similar activities in MASLD/MASH—either standalone or integrated into other disease awareness campaigns. Direct collaboration with groups such as the German Diabetes Association, the Germany Obesity Society or the German Heart Foundation could increase awareness of MASLD/MASH beyond people with diagnosed liver disease. World Liver Day, launched by the Healthy Livers, Healthy Lives coalition, is observed annually on April 19th and provides another opportunity for German liver societies and broader public health organisations to raise awareness about MASLD/MASH.²⁶

b. Among healthcare providers outside of liver specialists: MASLD/MASH awareness remains poor among healthcare providers who



do not specialise in the liver. This leads to late diagnosis and impacts negatively on outcomes.³ Liver specialists believe that there is a lack of awareness among general practitioners, who are often the first point of contact for people living with MASLD/MASH, delaying diagnosis.¹ Another source of delay is unclear referral pathways from primary care onwards.²⁷ The German Liver Foundation is delivering an initiative to promote knowledge exchange, workshops and training sessions between liver research institutions, which could be expanded to include other healthcare professionals, specifically those working in primary care.²¹ Elsewhere, professional societies including the European Association for the Study of the Liver, the European Association for the Study of Diabetes and the European Association for the Study of Obesity have jointly published MASLD/MASH guidelines to elevate visibility

of the disease across clinical specialities and to ensure that patients receive the appropriate treatment and care.²⁸ In addition, the German Diabetes Association published its own guidelines for diabetes and fatty liver in 2021.²⁹ Such integrated guidelines can raise awareness and guide evidence-based best practice. Organisations such as the Germany Obesity Society, the German Cardiac Society and the German Association of General Practitioners could increase MASLD/MASH awareness among the wider healthcare community. Supporting non-liver specialists—with tools, training and resources—to take an active role in the early detection of MASLD/MASH would foster a more integrated approach to care, lower healthcare costs and improved patient outcomes in line with the field’s action priorities to turn the tide on steatotic liver disease.³⁰

Summary of key policy takeaways and opportunities for MASLD/MASH care and prevention in Germany

1. Incorporate MASH screening into existing primary care health check-ups to improve early detection and management.
2. Integrate MASLD/MASH into NCD policy by leveraging common risk factors.
3. Expand the existing MASLD registry and strengthen links with other disease registries.
4. Increase awareness of MASLD/MASH among the general population and healthcare professionals





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This profile was supported by the Barcelona Institute for Global Health (ISGlobal), and supported financially by Novo Nordisk, Boehringer Ingelheim, Echosens, The CUNY Graduate School of Public Health and Health Policy and the CUNY SPH Foundation.

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