

BRUSSELS CALL TO ACTION ON LIVER CANCER

Joint Advocacy Statement from the International Liver Cancer Association (ILCA) Annual Conference 2026 Brussels, Belgium | 3–5 September 2026

The global liver cancer community gathered at the ILCA Annual Conference 2026

- *Building upon* the 2025 United Nations Political Declaration on noncommunicable diseases and mental health, which recognizes liver disease and calls for measures to prevent liver cancer through hepatitis B and C prevention, diagnosis and treatment, hepatitis B vaccination, and the prevention, early detection, and management of metabolic liver disease;
- *Recalling* the resolution adopted by the Seventy-ninth World Health Assembly in 2026 on steatotic liver disease, which recognizes its potential progression to fibrosis, cirrhosis and liver cancer;
- *Recognizing* that liver cancer is one of the leading causes of cancer death worldwide, with approximately *840,000 new cases and 730,000 deaths in 2024* and that new cases and deaths are projected to increase by *more than 55% by 2040* without stronger action;
- *Recognizing further* that a substantial proportion of liver cancer cases can be prevented and liver cancer mortality reduced through hepatitis B vaccination; prevention, diagnosis and treatment of hepatitis B and C; prevention and management of alcohol-related and steatotic liver disease; evidence-based surveillance of eligible populations at increased risk; and earlier diagnosis and treatment;
- *Deeply concerned* by inequalities in access to prevention and care, including that *fewer than 5%* of people living with chronic hepatitis B were receiving antiviral treatment in 2024 and by major gaps in surveillance, early diagnosis, treatment, transplantation, palliative care and access to clinical trials, particularly in low- and middle-income countries and underserved populations across all income settings;
- *Concerned also* by the substantial economic burden of liver cancer, estimated at approximately *US\$142 billion in global welfare losses in 2021*, with projected macroeconomic losses of approximately *INT\$1.65 trillion between 2020 and 2050*, and by evidence that patients and families in some settings experience catastrophic and impoverishing health expenditure;
- *Acknowledging* that liver cancer prevention and control require an integrated approach across cancer, viral hepatitis, steatotic and metabolic liver disease, alcohol-related liver disease, immunization, primary health care and broader packages of universal health coverage while recognizing the distinct prevention, diagnosis, treatment and care pathways of hepatocellular carcinoma and intrahepatic cholangiocarcinoma;
- Emphasizing that innovation should support equitable delivery of evidence-based prevention and care, with meaningful patient involvement throughout policy development, research and implementation;

- *Recognizing further* the potential of artificial intelligence and digital technologies to support risk assessment, surveillance, early detection, diagnosis and clinical decision-making, while emphasizing the need for clinical validation, equity, transparency, human oversight and protection of patient rights;

WE CALL UPON THE UN AND WHO SECRETARIATS, GLOBAL AND REGIONAL HEALTH AUTHORITIES, PUBLIC-PRIVATE PARTNERS AND STAKEHOLDERS TO:

1. **Prioritize Liver Cancer.** Mainstream liver cancer within health agendas and financing architecture at national, regional and global levels aligning action with existing cancer, non-communicable diseases (NCD) and viral hepatitis commitments.
2. **Elevate Liver Cancer in High-Level Dialogue.** Advance liver cancer across relevant platforms, including the World Health Assembly, UN General Assembly, G7/G20, ministerial summits, WHO Regional Committees, the World Health Summit and other major health and development forums, including the World Economic Forum, to secure sustained political commitment and catalyze coordinated national and global action.
3. **Mobilize Financing and Improve Affordability.** Engage international financial institutions, development banks, global health partnerships and innovative financing mechanisms - including, where mandates align, Gavi, the Global Fund and Unitaid - to strengthen prevention, diagnostics, health-system capacity and affordable access to essential interventions to ensure sustainability of national programs and stronger financial protection for patients and families.

WE CALL UPON NATIONAL GOVERNMENTS AND HEALTH AUTHORITIES TO:

1. **Prioritize Liver Cancer.** Make liver cancer an explicit priority within national cancer and NCD strategies, viral hepatitis and liver-health programs, universal health coverage packages, research agendas and health budgets, and translate the 2025 UN Political Declaration and 2026 WHA resolution on steatotic liver disease into measurable national action. Assign responsibility for implementation and establish funded, time-bound national targets. Accelerate progress towards existing viral hepatitis elimination goals, including hepatitis B vaccination and prevention of mother-to-child transmission, and strengthen policies addressing harmful alcohol use, tobacco, obesity and metabolic risk.
2. **Generate and Strengthen National Data.** Strengthen routine health information systems, cancer registries and surveys to measure liver cancer incidence, mortality, surveillance coverage in eligible populations, stage at diagnosis, access to appropriate treatment, survival, inequalities and financial burden, and to inform cost-benefit analyses. Tailor data priorities to country context and existing systems, including risk-factor exposure where burden estimates are unreliable, and progressively strengthen data collection, analysis and use for decision-making. Integrate NCD surveillance and screening into health-emergency and disaster-management systems where feasible. Adapt and operationalize a core set of internationally agreed indicators at the national level, establish baselines and targets, and report regularly on progress, including disparities within countries.
3. **Guarantee an Essential Package.** Integrate an evidence-based *Minimum Package of Essential Interventions for Liver Cancer Prevention and Control* into universal

health coverage benefit packages and relevant programs, financed through domestic budgets and public and/or private health insurance schemes. The package should cover prevention, identification of people at risk, evidence-based surveillance, timely diagnostic assessment, multidisciplinary treatment, and supportive and palliative care, with defined referral pathways for specialist services.

4. **Ensure Affordable and Equitable Access.** Reduce inequalities in access to quality-assured diagnostics, surgery, liver transplantation, locoregional therapies, radiotherapy and systemic therapies, including immunotherapy and targeted therapies, according to clinical indication and evidence of benefit. Ensure timely multidisciplinary assessment and referral to appropriate expertise, including access to molecular testing where it informs established treatment selection. Strengthen health workforce and treatment capacity, integrate management of underlying liver disease and supportive and palliative care, and protect against catastrophic health expenditure.
5. **Act at Sub-national Level.** Where health policy is decentralized, ensure equitable implementation of comprehensive liver cancer programs at state, provincial, regional and other sub-national levels with clear responsibilities, referral networks and monitoring of geographical and socioeconomic disparities.
6. **Accelerate Research and Responsible Innovation.** Expand clinical research in underrepresented populations and invest in implementation research, health-economic evaluation and real-world outcomes to improve delivery of effective interventions. Support digital health, telemedicine and artificial intelligence where clinical validation demonstrates improvements in access, quality or efficiency, with safeguards for equity, transparency, data protection and human oversight.
7. **Put Patients at the Center.** Ensure meaningful engagement of patients, people at risk, and their family/community networks in policy, research, and service design. Strengthen health literacy, culturally appropriate communication, patient navigation, and shared decision-making. Building on successes in other public health programs (e.g., HIV, cholangiocarcinoma), address personal, community, and institutional stigma associated with hepatitis and liver disease to reduce barriers to healthcare and encourage evidence-based clinical care over alternative treatments. Combat stigma through education and awareness campaigns targeting the public, patients, communities, healthcare providers, policymakers, media, and opinion leaders, using social media and other communication channels.

WE CALL UPON NATIONAL AND REGIONAL PARLIAMENTS AND INTER-PARLIAMENTARY ASSEMBLIES TO:

1. **Legislate and Fund Action.** Support evidence-based laws, policies and adequate budgets for liver cancer prevention and control, including measures addressing preventable risk factors, equitable access to essential services and financial protection.
2. **Advance Political Commitments.** Adopt national, regional and inter-parliamentary resolutions and other political instruments that prioritize liver cancer and hold governments accountable for implementation through regular review of expenditure, service coverage, outcomes and inequalities against agreed national targets.

3. **Create Dialogue Platforms.** Convene parliamentary dialogue on the burden of liver cancer and policy solutions to ensure equitable access to quality and affordable prevention, diagnosis, treatment and care with meaningful participation of patients, communities and health professionals.
4. **Invest in Research.** Increase public investment in liver cancer research through national and regional research programs and foundations, including prevention, early detection, treatment and implementation research relevant to underserved populations.

WE CALL UPON ILCA AND THE GLOBAL LIVER CANCER COMMUNITY, OVER THE NEXT 12 MONTHS, TO:

1. **Define the Package.** Establish an international multidisciplinary working group, with strong patient and low- and middle-income country representation, to develop international consensus on a *Minimum Package of Essential Interventions for Liver Cancer Prevention and Control* across the care continuum and a phased approach to implementation adapted to country resources, including indicators for access, outcomes, equity and financial protection.
2. **Measure the Burden.** Strengthen collaboration with WHO, IARC, IHME, cancer registries and other partners to improve measurement of the global, regional and national burden of liver cancer, including its economic and household financial burden, such as out-of-pocket expenditure and catastrophic health expenditure. Agree on a concise set of core indicators and a common reporting framework to enable countries to establish baselines, set measurable targets and monitor progress through existing health information and reporting systems.
3. **Mobilize Political Champions.** Engage governments and parliamentarians to accelerate implementation of existing UN and WHO commitments and establish measurable liver cancer outcomes, while advancing the visibility of liver cancer within WHO, UN, G7/G20, EU and other regional and global policy processes. Identify country partners to initiate implementation, and publish a progress report at the end of the 12-month period, outlining achievements, outstanding gaps, responsible partners and next steps.
4. **Mobilize Financing and Improve Affordability.** Engage international financing, immunization and market-shaping partners - including, where mandates align, development banks, Gavi, the Global Fund, Unitaaid and other funding institutions - to expand hepatitis prevention, diagnostics, health-system capacity and affordable access to essential interventions.
5. **Democratize Innovation.** Build partnerships with patients, academic institutions, research funders, industry and technology organizations to expand clinical trials in underserved populations, develop responsible and affordable AI applications and ensure that innovation reaches low-resource settings. Support affordable, evidence-based innovations across prevention, diagnosis and treatment, and prioritize their evaluation and implementation across diverse health systems to enable equitable and sustainable access to effective innovations in low-resource settings.

6. **Develop Guidance on Research-Based Liver Cancer Management.** Develop practical, evidence-based guidance for integrated liver cancer pathways, linking risk identification and appropriate surveillance, timely diagnosis, referral to multidisciplinary teams, treatment of underlying liver disease, supportive and palliative care, and patient navigation. Define service standards and referral pathways adaptable to national contexts and resources, and promote responsible use of artificial intelligence and other innovative technologies to support risk identification, early detection, diagnosis and clinical decision-making. Evaluate implementation and impact through clinical outcomes, equity and cost-effectiveness, supported by appropriate safeguards and robust real-world evidence.