

Skin diseases as a global public health priority

Draft decision proposed by Cote d'Ivoire, Micronesia (Federated States of), Nigeria and Togo

The Executive Board, having considered the report by the Director-General,¹

Decided to recommend to the Seventy-eighth World Health Assembly the adoption of the following resolution:

The Seventy-eighth World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Recalling Member States' commitment to achieve universal health coverage, including access to essential healthcare services for all;

(PP3) Acknowledging that skin diseases encompass a wide range of conditions, including infectious, inflammatory-autoimmune disorders, congenital dermatosis, chronic and rare conditions, malignant skin tumours, and climate and environmental sensitive dermatology conditions, which often remain undiagnosed and untreated, particularly in developing countries;

(PP4) Highlighting the efforts to prevent, improve early detection and treatment of, reduce the burden of, eliminate, and raise awareness of various types of skin diseases and conditions;

(PP5) Recalling the relevant resolutions pertaining to some skin diseases: WHA57. (2004) (Surveillance and control of *Mycobacterium ulcerans* disease [Buruli ulcer]); WHA60.13 (2007) (Combatting leishmaniasis); WHA64.16 (2011) (Eradication of dracunculiasis); WHA66.12 (2013) (Neglected tropical diseases); WHA67.9 (2014) (Psoriasis); WHA69.21 (2016) (Mycetoma); WHA75.20 (2022) (The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections);

¹ Document EB156/9.

(PP6) Recalling other relevant resolutions such as WHA69.19 (2016) (Global strategy on human resources for health: workforce 2030); WHA68.7 (2015) (Antimicrobial resistance); WHA69.25 (2016) (Addressing the global shortage of medicines and vaccines); WHA76.5, (2023) (Strengthening diagnostics capacity); WHA76.6 (2023) (Strengthening rehabilitation in health systems); WHA77.18 (2024) (Climate change and health aspects of global public health);

(PP7) Concerned about discrimination and violence against persons affected by skin diseases and their families;

(PP8) Concerned that the prevalence of emerging infectious diseases is increasingly reflected through skin manifestations and noting the importance of recognizing these signs as critical indicators for early detection and response to public health challenges;

(PP9) Acknowledging that the resulting economic, social and emotional consequences of skin diseases cause stigma and discrimination and can lead to mental health comorbidities, particularly depression and anxiety, exacerbating the physical effects of the conditions^{2,3} and affect human development across the entire life course;

(PP10) Concerned that awareness and knowledge of skin diseases is generally low across all levels of society, which delays diagnosis and treatment, and that the lack of routine surveillance may underestimate the burden of skin diseases, especially in hard-to-reach communities;

(PP11) Noting that the Global Burden of Disease Study 2021 identified 4.69 billion incident cases of skin and subcutaneous diseases, responsible for 41.9 million DALYs and forming one of the top 10 causes of disability;⁴

(PP12) Acknowledging that the majority of the skin diseases burden in any community is caused by about 10 common general skin diagnoses and that, with the essential medicines, the right training and support, local health teams could effectively care for these patients;

(PP13) Mindful that, given the inadequate numbers of health and care workers, including specialist practitioners, efforts to strengthen the health and care workforces in primary health care settings should ensure competencies to provide services related to dermatology, including managing common skin diseases and timely referral of complex cases;

(PP14) Recognizing that the impact of skin diseases can hinder progress towards Universal Health Coverage, and emphasizing the need to strengthen health systems to

² Seth D, Cheldize K, Brown D, Freeman EF. Global burden of skin disease: inequities and innovations. *Curr Dermatol Rep.* 2017;6:204–10. doi:10.1007/s13671-017-0192-7.

³ Ahmed A, Leon A, Butler DC, Reichenberg J. Quality-of-life effects of common dermatological diseases. *Semin Cutan Med Surg.* 2013;32(2):101–9. doi: 10.12788/j.sder.0009. PMID: 24049968.

⁴ GBD 2021 Diseases and Injuries Collaborators. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet.* 2024;403(10440):2133–2161.

improve primary care for skin conditions, improving access for all individuals to necessary care so that no one is left behind;

(PP15) Acknowledging the existence of WHO normative documents to guide Member States to address this resolution: Fourteenth General Programme of Work, 2025–2028 (GPW 14); strategic framework for integrated control and management of skin-related neglected tropical diseases; global leprosy strategy 2021–2030; global action plan for the prevention and control of noncommunicable diseases 2013–2030 and Comprehensive Mental Health Action Plan 2013–2030,

(OP)1. URGES Member States, according to national context, resources and priorities to:

- (1) dedicate adequate resources and prioritize skin diseases and their comorbidities, particularly those in specific global initiatives, through integrated efforts to prevent, detect and treat them within national health programmes including health promotion measures and Universal Health Coverage policies;
- (2) strengthen national surveillance, data collection and mapping of skin diseases to promote targeted interventions;
- (3) strengthen competency-based education for the health workforce in primary health care settings in the identification and management of skin diseases and their comorbidities, as well as self-care education when appropriate for patients and their families, thus empowering them with skills to enhance long-term outcomes;
- (4) strengthen laboratory diagnostic capacities to provide accurate and affordable diagnosis of skin diseases, contain antimicrobial resistance and detect emerging skin diseases, including those related to environmental factors, and using basic and advanced methodologies (e.g. immunology, histopathology and microbiology);
- (5) promote equitable access to cost effective, affordable and high-quality treatment, especially to essential medicines and wound care materials, as appropriate, to reduce out-of-pocket payments;
- (6) take measures to integrate services for skin diseases into current disability, rehabilitation and mental health policies;
- (7) consider innovative integrated service delivery models, including telemedicine platforms and training for digital assessments, to strengthen dermatology services, especially in remote and hard-to-reach areas;
- (8) accelerate efforts to achieve the skin NTD road map targets by 2030, with as a central strategy through integrated approaches;
- (9) support as appropriate the formation and sustainability of skin disease patient support organizations and enhance their active engagement in policy and programme implementation;
- (10) promote research on skin diseases in collaboration with academic and research institutions as appropriate;

(OP)2. CALLS UPON the international community and relevant stakeholders including, inter alia, international organizations, bodies of the specialized agencies of the United Nations system, donors, nongovernmental organizations, foundations and research institutions:

- (1) to support Member States and WHO in implementing the resolution;
- (2) to support advocacy efforts to highlight the medical, social, economic and public health burden of skin diseases;
- (3) to cooperate at global, regional and national levels to reduce stigma, discrimination and mental health problems caused by skin diseases, as well as those resulting from mental disorders;
- (4) to foster collaboration among these organizations, academia, civil society and the private sector to advance access to affordable prevention tools, diagnostics and treatments of all skin diseases to reduce the financial burden to the patients and families as well as to governments;
- (5) to support institutions in the promotion of social interactions and acceptance, including tackling stigma;

(OP)3. REQUESTS the Director-General:

- (1) to develop a results-based, needs-oriented and capabilities-driven Global Plan of Action on public health responses to skin diseases within existing resources, as feasible, ensuring a coordinated approach across all three levels of WHO with the full participation of Member States and in consultation with other relevant stakeholders in line with FENSA, as applicable; with clear goals and targets – for consideration by the Eightieth World Health Assembly, through the Executive Board;
- (2) to support Member States, upon their request, to develop or revise, and implement national plans and strategies on skin diseases, covering areas such as:
 - (a) capacity-building and training for healthcare professionals and workers on skin diseases, including through the WHO Academy and other technical training platforms, and identification of centres of excellence, including WHO Collaborating Centres, in various WHO regions;
 - (b) digital technologies, in adherence with relevant national guidelines, and assistance to healthcare workers in managing skin diseases with the support of remote specialists including by promoting the availability of relevant data for the development and testing of such technologies;
 - (c) diagnostic capacity and surveillance for skin diseases;
 - (d) multidisciplinary research on high-quality, safe, effective and affordable diagnostics and treatments, and promoting their equitable access as well as research into their social and economic impacts;
 - (e) environmental factors, including climate change, and their effect on the prevalence, spread and control of skin diseases;

(f) emerging and reemerging infectious diseases and their impact on the prevalence, spread and control of skin diseases, with an emphasis on strengthening surveillance systems for early detection and monitoring, to improve response times and prevent potential outbreaks;

(g) sustainable prevention strategies to reduce the burden of skin diseases through comprehensive approaches that may include UV protection with regards to skin cancers, access to basic water supply, sanitation, and hygiene, and One Health approach to reducing transmission of certain skin diseases such as lymphatic filariasis, onchocerciasis, cutaneous leishmaniasis, tungiasis as feasible;^{5,6,7}

(3) to report on progress in the implementation of this resolution to the World Health Assembly in 2027, 2029, and 2031.

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10674387/>.

⁶ [Cutaneous Leishmaniasis in Pakistan: a neglected disease needing one health strategy - PubMed.](#)

⁷ <https://www.who.int/publications/i/item/9789240051423>.