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SOUTHEAST ASIA REGIONAL REPORT

Skin Disease Landscape in Southeast Asia

A Summary of Southeast Asia Contributions from the GlobalSkin Asia Pacific Regional Workshop

GlobalSkin, the International Alliance of Dermatology Patient Organizations, along with its 350+ Members, is dedicated to improving the lives of people living with skin conditions worldwide. Through contributions from representatives of skin patient organizations across Southeast Asia, GlobalSkin identified common areas of need shaping the diagnosis, care, treatment, and daily lives of people living with skin diseases in the region. This work was conducted as part of GlobalSkin's Regional Engagement Workshop Series, a global initiative to understand patient priorities across all six World Health Organization (WHO) regions and to support the community's input into the development of the WHO Global Action Plan on Skin Diseases, along with member advocacy efforts for implementation of the Skin Diseases Resolution. This report presents the findings from the Asia Pacific region workshop, held on February 11, 2026, and is intended to support GlobalSkin's Southeast Asian members in identifying advocacy, awareness, and research priorities. Regional groupings in this report follow WHO regional classifications. Some countries that are geographically and politically part of Southeast Asia and ASEAN, including Malaysia, Singapore, Indonesia, the Philippines, Vietnam, and others, are reflected under the Western Pacific Region in line with the WHO regional classification.

The six areas of need identified in Southeast Asia are: skin conditions sidelined from non-communicable disease (NCD) frameworks; absence of data infrastructure and a weak research evidence base; a sparse specialist workforce and geographic barriers creating inequitable access to care; financial burden and lack of insurance coverage leaving advanced therapies out of reach; cultural myths and stigma driving discrimination and a lack of psychodermatology in care; and a need to strengthen patient and community education. These areas are deeply interrelated and largely stem from a persistent tendency to regard skin diseases as cosmetic or non-serious conditions, rather than as complex, chronic, and often systemic disorders that significantly affect patients, families, and health systems. Policy implications of these six themes are discussed along with suggested actions participants identified as the region’s most pressing priorities.

The contributors to this report served as proxies for their broader skin patient communities, representing conditions including albinism, eczema, ichthyosis, psoriasis, vitiligo, and rare skin diseases, from countries including India, Nepal, and Sri Lanka. While the challenges described are common across the region, there is variability in political support, healthcare system structure, and patient organization capacity, leading to these needs manifesting differently across countries and conditions.

Across contributions globally, a consistent finding emerged: there is a need for greater recognition of the burden of skin diseases at both the individual and societal levels. Increased awareness would lead to resource allocation, the creation of dedicated policy frameworks, proportional research investment, a stronger and better-trained workforce, equitable access to care and innovation, and greater empowerment for patients and their families. Without this recognition, the cycle of underinvestment and under-prioritization continues. This report aims to make that burden visible and to translate the lived experiences of people across Southeast Asia into actionable priorities for policymakers, researchers, health systems, and the dermatology community.

Methodology

In 2026, GlobalSkin conducted an exploration of the needs of people living with skin conditions by engaging directly with its members across all regions. Participants reflected a wide range of experiences and perspectives, serving as proxies for their broader communities. The engagement aimed to understand patients' priorities, identify regional differences, and map the strengths and gaps in the health system for the prevention, diagnosis, treatment, and long-term management of skin conditions.

Information was gathered through the Regional Engagement Workshop Series, which included two-hour virtual regional meetings, interactive prioritization of needs, interviews, and offline/post-workshop written contributions. Discussions were structured around topics including data collection, data sharing, research, affordability and accessibility of care, local healthcare, innovative service models, patient empowerment, and social awareness. Insights from these sessions were documented and reviewed to identify common themes, regional variations, and priority areas for action. Workshops were organized for the following regions: Africa, Asia Pacific, Eastern Mediterranean, Europe, Latin America, and North America. The Asia Pacific regional workshop was held on February 11, 2026. Contributions were reported separately for the Western Pacific and Southeast Asia regions following WHO regional classifications. Eight of GlobalSkin's Southeast Asia members contributed to this report through live interventions and written contributions representing conditions including albinism, eczema, ichthyosis, psoriasis, vitiligo, and rare skin diseases, from countries including India, Nepal, and Sri Lanka.

The findings summarized herein provide a regional overview of the Southeast Asian skin community's priorities and are intended to support GlobalSkin's Southeast Asian members in identifying advocacy, awareness, and research priorities, as well as supporting national, regional, and global policy advocacy efforts, such as consultations into the development of the World Health Organization Global Action Plan on Skin Diseases.

Results

The following six themes were identified as the key areas of need across skin disease communities in the WHO Southeast Asia region.

1. Skin conditions sidelined from NCD frameworks, leaving communities without support
2. Absence of data infrastructure leads to a weak research evidence base
3. Sparse specialist workforce and geographic barriers create inequitable access to care
4. Financial burden and lack of insurance coverage leave advanced therapies out of reach
5. Cultural myths and stigma drive discrimination, and psychological support absent in care
6. Patient and community education needed to increase and improve interactions with the healthcare system

1. Skin conditions sidelined from NCD frameworks, leaving communities without support

A persistent and foundational challenge identified across contributions from Southeast Asia is the systemic exclusion of skin conditions from national health priorities. Despite substantial prevalence and burden, both common and rare dermatological conditions are frequently absent from the non-communicable disease (NCD) frameworks that govern public health resourcing, service planning, and policy development across the region. Multiple contributors from India highlighted that this exclusion is an important advocacy focus for the region.

Contributors representing rare skin conditions in Nepal described a situation of near-total policy invisibility. Rare skin conditions are not included in government policies, have no priority designation, and receive limited or no government funding. There are no dedicated treatment or research centers, and these conditions are not reportable – meaning the health system generates no data on their prevalence or impact. This creates a cycle in which the absence of data perpetuates the absence of policy attention.

Furthermore, a contributor representing the ichthyosis community in India noted the particular challenge faced by uncommon conditions that are excluded from rare disease lists; these conditions fall through the cracks in policy, program planning, and treatment development.

Across the region, contributors called for skin conditions to be formally recognized as public health priorities and for national health strategies to be updated to reflect the true burden of dermatological disease, including rare skin conditions. Involving patients and families in the development of treatment and research policies was identified as both an ethical imperative and a practical necessity for designing effective responses.

2. Absence of data infrastructure leads to weak research evidence base

A weak, fragmented data ecosystem is one of the most significant structural barriers to progress on skin health in Southeast Asia. Across countries and conditions, contributors described the absence of national registries, limited surveillance infrastructure and financial allocation, and a research culture unmotivated to generate the evidence needed to drive policy action. There is also a widespread misconception that skin disease does not contribute to mortality. This results in limited investment in research from both the pharmaceutical industry and national research programs.

Contributors from Sri Lanka highlighted the absence of national-level data systems for skin diseases. There are currently no health registries to track common conditions such as eczema, psoriasis, and vitiligo, nor structured mechanisms for collecting and processing raw data to inform decision-making. This gap is compounded by limited funding and a lack of institutional support for research.

In India, there is an absence of nationally representative data. Most available studies are hospital-based, urban-centric, and conducted on small sample sizes. There are no nationwide population-based surveys for common conditions such as eczema, fungal infections, psoriasis, or rare skin diseases. Skin conditions are excluded from major surveillance platforms such as the

Integrated Disease Surveillance Programme,[1] which focuses primarily on infectious disease outbreaks. Research efforts are isolated, institution-specific, and non-standardized, with weak linkages between dermatologists, public health specialists, and data scientists. Rural, tribal, and low-income populations remain systematically understudied, and research on skin of color is limited globally.

In Nepal, the primary challenge relates to rare skin diseases. These conditions are not reportable and are not recognized as national health priorities, resulting in limited visibility in policy and planning. There is no national registry, and data on disease burden, including quality of life and stigma, are largely absent. This creates significant gaps in understanding the full impact of rare skin conditions on patients and families.

Across the countries, a weak research culture was emphasized. Healthcare professionals often have limited time and incentives to engage in research beyond postgraduate training, and there is low enthusiasm for research within health promotion, prevention, and curative sectors. In fact, one contributor from India cited that only around 15% of dermatological clinical practice guidelines originate from Asia, underscoring both a geographic and clinical evidence gap that undermines region-appropriate care.[2] Establishing a National Skin Health Coalition encompassing priority conditions, including eczema, fungal infections, psoriasis, vitiligo, and rare skin conditions, was identified as an important step toward formal inclusion. A coalition would help address fragmentation within the community and build a shared vision among relevant stakeholders.

Contributors across countries outlined possible solutions, with a central recommendation being the establishment of national and, where appropriate, regional registries for both common and rare skin diseases to enable systematic data collection. This includes developing standardized datasets with agreed-upon case definitions and core indicators, including diagnosis, severity, and treatment outcomes. Integrating a selected minimal set of dermatological conditions into existing national surveillance systems was also proposed as a practical step to improve visibility and monitoring. For rare skin diseases, creating unified registries that capture multiple conditions was suggested as a way to better demonstrate their collective burden and advocate for policy recognition.

Strengthening the research ecosystem is another priority, including increasing funding, fostering collaboration between clinicians, public health experts, and data scientists, and creating supportive environments that enable research beyond postgraduate training. Contributors also highlighted the importance of operational research to better understand patient adherence, health literacy, and differences in outcomes between public and private care systems.

Additional recommendations include improving routine data recording and reporting systems, ensuring that underserved populations are better represented in research, and establishing a center specializing in rare disease treatment and research in the region.

3. Sparse specialist workforce and geographic barriers create inequitable access to care

Access to specialist dermatological care is severely limited across Southeast Asia, driven by a combination of workforce shortages, geographic barriers, and inadequate integration of dermatology into primary care systems. These challenges are felt most acutely by patients in rural

and remote areas, who must often travel long distances at considerable personal cost to access any specialist attention.

In Sri Lanka, contributors noted that approximately 110 board-certified dermatologists serve the entire public sector, a figure wholly inadequate to meet population needs. Patients outside of Colombo, Kandy, Galle, and other major cities rely predominantly on general practitioners who may lack the expertise to accurately diagnose or manage chronic dermatological conditions. This leads to delays, misdiagnosis, and interrupted care. Clinic overcrowding, long waiting times, and transport costs compound these difficulties for patients requiring long-term follow-up. Additionally, in the public health system, many tertiary care hospitals struggle to maintain a continuous supply of basic drugs.

In Nepal, the challenges are compounded by the country's geographic terrain, which makes it physically difficult for patients to reach care. There are no dedicated centers for rare skin conditions, no national pipeline of expertise in rare dermatology, and limited availability of newer therapies. A contributor from Nepal highlighted that the community health volunteer network represents an underutilized asset for extending reach to underserved populations, and called for capacity-building programs to develop national-level expertise.

In India, despite a high prevalence of skin disease, dermatological care is concentrated in urban centers and disconnected from primary care. Out-of-pocket costs in the private sector, which is largely unregulated, remain prohibitive for many patients. Public facilities are often overcrowded and difficult to access due to distance, restrictive clinic hours, and stigma. There is an over-reliance on self-medication and pharmacists, partly due to the shortage of dermatologists in rural and primary care settings. Care guidelines are described as specialist-focused and not adapted for frontline health workers, limiting the effectiveness of primary care responses. Contributors pointed to the potential of existing national infrastructure, including the National Digital Health Mission[3], to support the scaling of tele-dermatology follow-ups and enable real-time reporting. Community health workers in India, including accredited social health activists (ASHAs), were identified as crucial intermediaries for reaching patients who cannot access formal care.

Contributors pointed to teledermatology, successfully piloted in both India and Thailand, as a promising model for expanding rural access, and called for its scaled adoption across the region. Accessible point-of-care diagnostics with robust referral mechanisms were also identified as priorities, alongside expanded dermatology training, phototherapy centers in remote areas, regional service development, and better integration with community health systems.

4. Financial burden and lack of insurance coverage leave advanced therapies out of reach

The financial burden of skin disease is substantial across Southeast Asia, with contributors from all countries represented, describing a significant gap between available therapies and patients' ability to afford them. This gap is particularly acute for phototherapy, biologics, and other diagnostic tools and advanced therapies, which remain inaccessible to most patients outside of well-resourced urban centers.

In Sri Lanka, despite the existence of a free public health system, limited resources prevent equal access in practice. Biologics and advanced treatments are available in limited stocks at a small

number of government hospitals. The majority of patients depend on the public health system and cannot afford private care, but the sustainability of drug supply within the public sector is an ongoing challenge. The cost of the most modern treatment modalities means that even middle-income patients are frequently unable to access them. Contributors called for changes to global drug trade policies that would improve affordability for less affluent countries.

In India, many treatments are not covered under insurance schemes, and there is significant variability in the quality of care across providers. Contributors highlighted a common pattern of overuse and misuse of steroids and combination creams, often driven by cost constraints that prevent access to more appropriate therapies and contribute to worsening conditions, e.g., difficult-to-treat fungal infections and recalcitrant dermatophytosis. For conditions like psoriasis and vitiligo, modern therapies are not covered by insurance companies, and the classification of these conditions as cosmetic rather than medical is used to justify exclusion. Additionally, industry investment is limited and focuses primarily on high-value biologics. Advocates are actively working to bring skin diseases under insurance coverage frameworks.

Contributors representing the ichthyosis community in India drew attention to a frequently overlooked dimension of financial burden: the cost of basic daily skin management products. Patients lack reliable access to moisturizers and emollients, and the products currently available dry the skin inappropriately. Programs in other countries that provide patients with appropriate emollient products were cited as models worth adapting for the region. The cost of daily skin management products remains prohibitive without systematic support.

Across the region, contributors called for expanding insurance coverage to include dermatological conditions and essential skin management products, as well as improved availability and affordability of advanced therapies in public sector facilities. They also advocated for drug trade policies that benefit less affluent countries and targeted subsidy programs for patients with chronic and rare skin conditions who face disproportionate out-of-pocket costs.

5. Cultural myths and stigma drives discrimination and psychological support absent in care

Stigma and cultural misconceptions represent a pervasive and deeply damaging dimension of the skin disease experience across Southeast Asia. Visible skin conditions, particularly psoriasis, vitiligo, and leprosy-associated conditions, carry significant social stigma, resulting in discrimination, social exclusion, and profound psychological harm. At the same time, psychological support is almost entirely absent from formal care pathways.

In Sri Lanka, vitiligo is frequently perceived as a curse. This association leads to severe social exclusion, with patients sometimes being avoided on public transportation and in social gatherings. The impact on young women is particularly pronounced: the condition creates significant barriers to marriage and relationships, with prospective partners and families rejecting individuals due to visible patches and unfounded fears about heredity. Children with vitiligo face bullying and isolation in schools, with lasting effects on self-esteem and mental health. Persistent myths, such as the belief that vitiligo is caused by bad blood or by consuming certain food combinations, continue to circulate and delay care-seeking. Misconceptions such as 'skin conditions are cosmetic, not medical' or 'they will resolve on their own' reduce treatment adherence. The cultural emphasis on fair, even

skin amplifies the psychological burden of a condition that affects pigmentation. Patients frequently seek help from traditional healers who promise cures rather than accessing evidence-based care, resulting in frustration, further delay, and sometimes worsening of their condition.

Similarly, in India, visible conditions carry deep social stigma, resulting in discrimination, social isolation, and reluctance to seek timely medical help, particularly for women. Together, these factors create a cycle of silence, delayed diagnosis, and poor quality of life, highlighting the urgent need for sustained awareness, stigma reduction, and patient-centered communication strategies.

Contributors called for psychological support to be integrated into routine dermatological care pathways to address the well-documented association between chronic and visible skin conditions and anxiety, depression, and reduced quality of life. This could include introducing mental health screening questions into dermatology consultations.

6. Patient empowerment and education needed to increase and improve interactions with healthcare system

Across countries and conditions, contributors identified patient and community education as one of the most urgent and foundational investments needed to improve skin health outcomes in Southeast Asia. Low health literacy, misinformation, and inadequate patient support tools create a context in which even patients who do access care struggle to benefit fully from it.

In Sri Lanka, a contributor working in clinical practice described seeing approximately fifteen to twenty patients per day with drug-resistant tinea infections, a problem that could be significantly reduced through patient education on treatment adherence and appropriate management. Public health campaigns on chronic skin conditions are limited, and misconceptions persist: patients frequently underestimate the long-term nature of their conditions, turn to home remedies or unregistered treatments, and disengage from evidence-based management. Developing accessible patient education materials and meaningful follow-up guidance focused on treatment adherence and the dangers of self-medication were identified as priorities.

In India and Nepal, individuals living with skin conditions often face confusing or inconsistent medical advice; poor understanding of chronic care (e.g., eczema, psoriasis); limited support for daily management; and low confidence to question or navigate the health system.

In India, these challenges are compounded by linguistic diversity, low literacy rates, and an information ecosystem saturated with misinformation about steroids and home remedies. A contributor representing the ichthyosis community noted that most affected people lack access to education and schooling, highlighting the intersection of skin disease with social disadvantage. Effective patient education tools must be simple, multilingual, visual, mobile-first, culturally relevant, and low-cost or free. Helpful daily care and treatment adherence tools could include simple treatment trackers (paper or mobile), visual routines (e.g., 'morning-evening care steps'), SMS/WhatsApp reminders for medication, and dedicated peer-support groups. Digital patient support platforms could also be leveraged for teledermatology follow-ups, chatbots for basic guidance, and verified content hubs.

In Nepal, the education gap is acute. People in rural areas often do not know they have a diagnosable condition, and no government awareness campaigns exist to help them understand their situation. There is a severe mismatch between what patients need and what government

systems provide. In rare conditions, support groups are largely absent, and patients receive limited support for the daily management of their conditions.

Contributors across the region called for launching of targeted public social media awareness and myth-busting campaigns on common and visible skin conditions; partnering with influencers, patient advocates, and media to normalize conversations around skin health; developing and disseminating simple, multilingual educational materials that are accessible to people with low literacy; using peer support groups and community health workers as education delivery mechanisms; and integrating skin health education into school health curricula to build awareness and reduce stigma from an early age.

Policy Landscape and Recommended Actions

The six thematic areas identified in this report reflect a broader systemic issue: the persistent exclusion of skin diseases from health policy, funding, and governance frameworks across Southeast Asia. Skin conditions that are chronic, rare, or perceived as non-life-threatening are often deprioritized, with dermatological diseases still framed as non-urgent, low-mortality cosmetic issues rather than as significant contributors to disability, psychological distress, and economic burden. This creates a self-reinforcing cycle: without data, the burden remains invisible; without visibility, investment is limited; and without investment, the systems needed to generate evidence and improve care cannot be developed.

These challenges are intensified by resource constraints, geographic and linguistic diversity, and competing health priorities. The consequences fall disproportionately on already underserved groups, including rural populations and those relying on under-resourced public systems. Patient organizations are often left to fill critical gaps without adequate support or inclusion in decision-making processes.

Participants emphasized the need for a clear shift in approach. Skin diseases must be recognized as a public health priority for research, data collection, and health financing systems, as well as integrated into national frameworks for noncommunicable and rare diseases. This will require both policy reform and a broader change in perspective, ensuring that patients and patient organizations are meaningfully involved in decision-making. Regional collaboration was also identified as an important opportunity to strengthen coordination, build evidence, and drive accountability across countries.

Priorities for Policy Action

- Explicit integration of skin diseases, including rare conditions, into NCD frameworks and rare disease plans across all Southeast Asian countries to increase recognition as a public health priority
- Development of national skin health coalitions and advisory bodies to advocate for the formal inclusion of skin conditions in national health strategies
- Establishment of national skin disease registries and integration into existing surveillance systems, with standardized data collection covering prevalence, severity scales, and treatment outcomes across rural, tribal, and low-income communities

- Publicly funded research investment linked to the actual burden of skin diseases, with research agendas that include preventive care, health promotion, and consideration of psychosocial, economic, and quality-of-life impacts
- Investment in dermatology workforce development, including expanded training pipelines at regional and district hospital levels, community health worker upskilling, and teledermatology infrastructure to address geographic barriers
- Investment in accessible point-of-care diagnostics and strengthened referral pathways to connect patients in primary and community care settings to specialist services
- Ensuring a consistent and sustainable supply of essential medicines for skin conditions in public health facilities, with particular attention to continuity of care for chronic conditions
- Expansion of insurance coverage to include essential skin condition treatments, biologics, and daily skin management products
- Recognition of psychological care as an essential, reimbursable health service for people living with skin diseases, with integration of mental health screening into dermatology care pathways
- National public awareness campaigns addressing stigma, cultural misconceptions, and the medical nature of skin conditions, with particular attention to visible conditions
- Development of accessible, multilingual patient education tools adapted for low-literacy populations, with community health workers and peer support networks as key delivery mechanisms
- Roles for patients and families in informing treatment standards and research design

Conclusion

Contributions from patient organization representatives across Southeast Asia tell a consistent and urgent story: skin diseases remain significantly underrecognized, underfunded, and poorly served by fragmented health systems operating under severe resource constraints. This reflects systemic policy failures, insufficient evidence infrastructure, and a persistent cultural tendency to frame skin conditions as cosmetic rather than serious and life-affecting.

Despite variation across countries, the same core problems recur: exclusion from NCD frameworks, absence of data, geographic and financial barriers to care, under-recognized mental health burden, pervasive stigma, and inadequate patient and community education. Patient organizations are doing essential work with limited resources, frequently without compensation and without formal inclusion in the policy processes that shape their members' lives.

The pathway forward requires coordinated action across clinical, national, and regional policy levels: formal inclusion of skin conditions in health strategies and surveillance systems; proportional research funding; investment in the workforce and digital care infrastructure; strengthened insurance coverage; and meaningful patient partnerships throughout.

Skin health must be recognized as an essential component of overall health and human dignity across Southeast Asia, with patient organizations as equal partners in achieving that goal.

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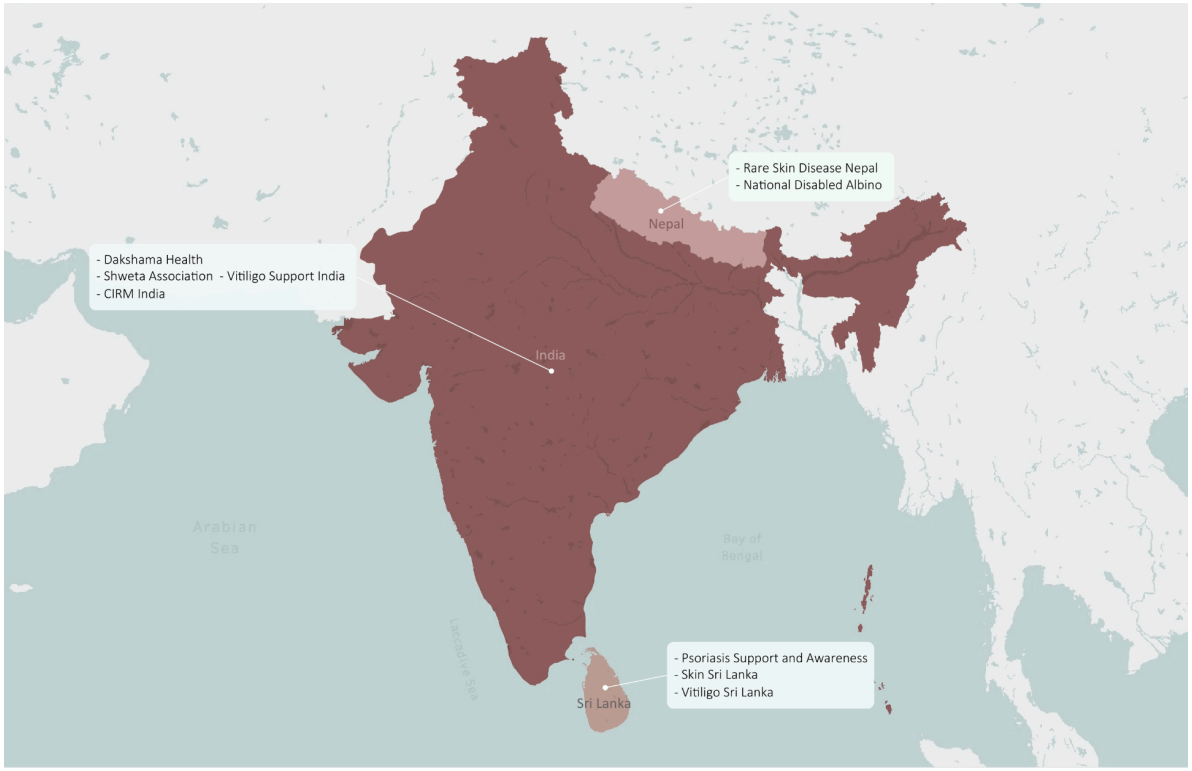
- Rare Skin Disease Nepal
- Shweta Association - Vitiligo Support India
- Skin Sri Lanka
- Vitiligo Sri Lanka (Vitiligo International Patient Organisations Committee - VIPOC)

Southeast Asia Contributor Map



Geographic distribution of contributing organizations across online and offline engagement.