
WORLD HEALTH ASSEMBLY RESOLUTION ON SKIN DISEASES

KEY MESSAGES FOR HEALTHCARE PROFESSIONALS AND PROFESSIONAL ORGANISATIONS

Skin diseases are now a global health priority; this represents an opportunity to reduce their impact and improve care. A [resolution](#) from the 78th World Health Assembly recognises skin diseases as a global health policy priority. It calls for improved prevention, detection and treatment; emphasises the need to develop a global action plan on skin diseases; and requests that member states establish national plans and strategies to support implementation.

Changes in policy may improve some aspects of care, but multi-stakeholder partnerships and on-the-ground action will be needed to significantly improve the diagnosis and management of skin diseases, and to achieve outcomes that matter most to people with skin diseases. Patient advocates, healthcare professionals and industry partners alike have a role to play in maximising the impact of the resolution and helping ensure that its recommendations are taken forward, and that governments are held accountable.

This document was developed to help partners of the World Skin Health Coalition implement the resolution's recommendations.

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HEALTHCARE PROFESSIONAL TRAINING

RECOMMENDATION

Strengthen education for healthcare professionals in primary care to support the identification and management of skin diseases and their comorbidities, and to achieve timely referrals of complex cases.

CONTEXT

More than two in five countries report inadequate or extremely poor access to dermatologists, and almost 80% of dermatologists are based in urban centres.¹ Without access to dermatologists, primary care management of skin diseases is critical. Unfortunately, knowledge of skin diseases is frequently inadequate among primary care providers, and dermatology training for general practitioners is often extremely limited.²⁻⁴ Even people with common skin conditions struggle to receive a correct diagnosis and guideline-based treatment, especially those living in underserved and rural areas.

Healthcare professional organisations can help address these challenges by:

- developing and/or implementing dermatology training courses and materials for primary care providers and community health workers
- advocating for mandatory formal dermatology training in education programmes for primary care providers.

KEY MESSAGES

- Strengthening dermatology training for primary care providers will lead to faster and more accurate diagnosis of skin conditions and help reduce avoidable referrals.
- Properly trained community health workers can address unmet skin health needs in underserved and rural areas.

DIGITAL TECHNOLOGIES

RECOMMENDATION

Digital technologies may support healthcare workers by helping diagnose skin diseases and increase access to specialist services.

CONTEXT

Digital tools can visually assess skin lesions to triage clinical decision-making.^{5 6} However, further evidence of their safety, effectiveness and value for money is urgently needed to support universal roll-out.⁵ The images used to train AI must incorporate a wide range of skin tones; this remains a recognised gap in even the most advanced skin analysis tools.⁶

Teledermatology services – including real-time virtual consultations and tools that allow a primary care provider to send photos to a dermatologist – are increasingly being used. These tools reduce the need for in-person consultations and provide access to dermatology specialists for people in underserved and rural areas.^{6 7} This is particularly valuable for rare but high-impact genetic conditions.

Healthcare professionals and professional organisations can support the implementation of digital technologies by:

- contributing anonymised data to dermatology image databases – for example, [DermNet](#) – to be used for reference and for training AI models
- participating in teledermatology services locally, and/or as part of voluntary global health programmes
- supporting and sharing reliable, evidence-based tools, such as the World Health Organization’s Skin NTDs app
- refining guidelines to include appropriate use of digital tools.

KEY MESSAGES

- Digital tools support faster triage and improve the accuracy of skin disease assessments while providing continuous educational opportunities for healthcare workers.
- AI tools must be trained on diverse skin tones to ensure accurate and safe care.
- Teledermatology supports access to specialist care for underserved and rural communities.

INTEGRATION INTO WIDER POLICIES

RECOMMENDATION

Services for skin diseases should be integrated into disability, rehabilitation and mental health policies.

CONTEXT

People living with skin diseases frequently experience related – often debilitating – conditions and symptoms, including depression and anxiety.⁸⁻¹⁰ The psychosocial and mental health aspects of living with a skin condition are often caused or exacerbated by social isolation and stigma. The links between skin diseases, systemic metabolic conditions and mental health challenges must be recognised in policy and addressed through integrated, multidisciplinary care models.

Healthcare professionals can support the implementation of this recommendation by:

- designing and delivering integrated care services for skin diseases, including mental health support and holistic assessment
- working with patient advocates to call for the inclusion of skin diseases in relevant health system policies and strategies.

KEY MESSAGES

- Integrating mental health and rehabilitation services into dermatology care will ensure that patients receive holistic, coordinated care.
- National policies must recognise the mental health burden of skin diseases to reduce stigma and improve quality of life.
- Multidisciplinary care models help people access physical, psychological and social support in one place, making care more effective and easier to navigate.

RESEARCH AND INNOVATION

RECOMMENDATION

Research on skin diseases should be conducted in collaboration with patient organisations, and academic and research institutions to produce safe, effective and affordable diagnostics and treatments, and to shed light on their social and economic impacts.

CONTEXT

While there has been significant innovation recently, there are still over 1,000 skin diseases without approved treatments, leaving the people living with them no options aside from symptom management.¹¹ Rare diseases (including rare skin diseases) and underserved populations are underprioritised and underrepresented in clinical research, highlighting the need for greater advocacy and investment.¹¹⁻¹³

Healthcare professionals and professional organisations can help address gaps in research by:

- participating in research studies, for example by providing anonymised data or administering patient surveys
- partnering with patient organisations to ensure that research studies are developed with patient needs and preferences as key drivers.

KEY MESSAGES

- Over 1,000 skin conditions lack approved therapies; investment in research is essential.
- Real-world data and clinical insights improve the quality and relevance of dermatology research.
- Research that includes rare skin conditions and underrepresented communities leads to more equitable care and better outcomes.
- Partnering with patient organisations ensures that research reflects real-world needs and priorities.

DATA COLLECTION AND SURVEILLANCE

RECOMMENDATION

Data collection and proactive surveillance of skin diseases should be strengthened to identify gaps and develop targeted prevention and management strategies.

CONTEXT

While some condition-specific registries are in place, they are not comprehensive and under-reporting can be common, so most data on skin diseases come from research studies.^{14 15} As a result, the toll and impact of skin diseases are underestimated, especially in marginalised populations. National or regional surveillance that includes hospital and outpatient services should be incorporated, with appropriate ethical considerations, into health system planning strategies to inform prevention and treatment interventions.

Healthcare professionals and professional organisations can support the implementation of this recommendation by:

- consistently reporting skin diseases to registries
- supporting the implementation of data collection initiatives in underserved and low-income populations
- supporting and advising on the development of minimum standard data sets to make sure they include key skin disease-specific metrics and patient-reported outcome measures (PROMs). Measures should include patient-reported impact of dermatological diseases (PRIDD), the first fully validated dermatology impact measure applicable to all skin conditions. In dermatology, PRIDD was the first PROM developed and validated in partnership with people with skin diseases.

KEY MESSAGES

- Accurate and consistent reporting of skin diseases strengthens surveillance and improves understanding of the disease's true toll.
- Better skin disease data can inform targeted prevention and treatment strategies.
- Skin conditions should be included in national and regional surveillance systems to identify unmet needs, especially in underserved communities.
- Standardised data sets that capture key skin-specific metrics and PROMs will support more accurate planning and evaluation.

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