
WORLD HEALTH ASSEMBLY RESOLUTION ON SKIN DISEASES

KEY MESSAGES FOR INDUSTRY PARTNERS

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 disease. 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 to account.

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.

Industry can help address these challenges by:

- supporting the development of educational resources for primary care and community health workers
- advocating for policy change and health system transformation that allows for seamless coordination between primary and specialist care.

KEY MESSAGES

- Investing in high-quality dermatology education and tools for primary care supports earlier and more accurate diagnosis.
- Collaborating on training initiatives helps primary care manage common skin diseases and recognise when specialist referral is needed.
- Strengthening dermatology capacity in primary care expands access to timely, equitable care.

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.

Industry can support the implementation of digital technologies by:

- advocating for inclusion of skin diseases in existing digital health frameworks
- partnering with patient organisations and medical societies to develop digital tools
- partnering with medical societies to incorporate the use of digital tools into clinical guidelines.

KEY MESSAGES

- Evidence-based digital tools can strengthen and expand access to diagnosis and treatment for people with skin diseases.
- AI tools must be trained on diverse skin tones to ensure accurate and safe care.
- Partnerships with patient organisations and medical societies help ensure that digital tools reflect real-world needs and clinical workflows.

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.

Industry can support the implementation of this recommendation by:

- partnering with patient organisations and medical societies to highlight the need for multidisciplinary approaches to skin diseases
- supporting training and educational initiatives that help healthcare providers recognise and address the wider impacts of skin diseases
- advocating for the inclusion of skin diseases in disability, rehabilitation and mental health frameworks at national and global levels.

KEY MESSAGES

- Integrated care models that address both physical and mental health needs improve outcomes and quality of life for people living with skin diseases.
- Collaboration with patient organisations and healthcare professionals helps shape policies that reflect the real-world experiences of people affected by skin diseases.
- Recognising the full impact of skin diseases creates opportunities for innovative, holistic treatment approaches.

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,¹¹ leaving the people living with them no options aside from symptom management. 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

Evidence of health system value is also critical to secure reimbursement and broad uptake. Clinical trials and health system research should assess the links between timely and appropriate treatment with better health outcomes and patient-reported outcome measures (PROMs), as well as economic outcomes including productivity and resource use.

Industry can help address gaps in research by:

- working with policymakers to establish appropriate incentives for research and development in rare skin diseases
- partnering with research institutions and government bodies to conduct clinical research, ensuring that mutually acceptable funding arrangements are in place
- advocating for PROMs as an acceptable measure of health system value.

KEY MESSAGES

- Investing in research for underrepresented and rare skin diseases is essential to closing gaps in care and advancing therapeutic innovation.
- Partnering with academic centres, research institutions and patient organisations ensures that clinical research reflects real-world priorities.
- Evidence on health outcomes, PROMs and economic impact supports reimbursement decisions and the wider adoption of new treatments.
- Inclusive research leads to more equitable, generalisable and effective solutions across health systems.

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} Economic data, including the direct and indirect costs of disease alongside quality of life and other PROMs, are rare.¹⁶ As a result, policymakers underestimate the impact of skin diseases, and payers may not be able to assess the value of new diagnostics and treatments. National or regional surveillance that includes hospital and outpatient services should be incorporated into health system planning strategies to inform prevention and treatment interventions.

Industry can support the implementation of this recommendation by:

- working with patient organisations to advocate for more robust data collection – including economic data – on skin diseases
- communicating with payers about the value and use of real-world evidence.

KEY MESSAGES

- Improving data collection on skin diseases strengthens the case for investment in new diagnostics and treatments.
- Robust economic and real-world evidence helps payers understand the value of innovative solutions, and supports reimbursement and access decisions.
- Standardised data sets that capture clinical outcomes, PROMs and economic impact make it easier to demonstrate treatment value across health systems.

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