

WORLD HEALTH ASSEMBLY RESOLUTION ON SKIN DISEASES

KEY MESSAGES FOR PATIENT ADVOCATES

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.

TOPICS

Healthcare professional training.....	2
Digital technologies	3
Integration into wider policies.....	4
Research and innovation	5
Data collection and surveillance	6
Support patient organisations.....	7

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

Skin diseases consistently rank among the top ten causes of disability globally and are one of the most common reasons for visiting primary care.¹⁻³ Most cases are caused by a few common conditions, but late diagnosis and misdiagnosis are common.⁴⁻⁶

More than two in five countries report inadequate or extremely poor access to dermatologists, and almost 80% of dermatologists are based in urban centres.⁷ 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.⁸⁻¹⁰ Even people with common skin conditions struggle to receive a correct diagnosis and guideline-based treatment, especially those living in underserved and rural areas.

Patient advocates can help address these challenges by:

- advocating for and supporting the development of more dermatology training in primary care education programmes.

KEY MESSAGES

- Most skin diseases are caused by a few common conditions, which can be diagnosed and treated in primary care.
- 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.
- Everyone living with skin diseases has a right to timely access to healthcare.

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.^{11 12} However, further evidence of their safety, effectiveness and value for money is urgently needed to support universal roll-out.¹¹ 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.¹²

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.^{12 13} This is particularly valuable for rare but high-impact genetic conditions.

Patient advocates can support the implementation of digital technologies by:

- advocating for the inclusion of skin diseases in existing digital health frameworks
- participating in the co-creation of digital technologies wherever possible
- supporting and sharing evidence-based, reliable tools such as the World Health Organization's Skin NTDs app.

KEY MESSAGES

- Digital tools shorten waiting times and help people get the right treatment sooner.
- 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.
- Digital technologies enable equitable access to dermatology care.

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.¹⁴⁻¹⁶ 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.

Patient advocates can support the implementation of this recommendation by:

- highlighting the human experience of living with a skin disease, including debilitating symptoms, social exclusion and mental health challenges
- increasing the visibility of skin diseases in policy discussions about mental health and disability
- responding to public consultations on health system policies beyond skin health, including mental health and multidisciplinary care.

KEY MESSAGES

- Skin disease care must be integrated into disability, rehabilitation and mental health services to ensure that people get support for the full impact of their condition, not just the visible symptoms.
- 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.
- People living with a skin disease need holistic care that addresses both visible and invisible challenges.

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.¹⁷ Rare diseases (including rare skin diseases) and underserved populations are underprioritised and underrepresented in clinical research, highlighting the need for greater advocacy and investment.¹⁷⁻¹⁹

Patient advocates can help address gaps in research by:

- co-creating research study designs as patient and public involvement representatives
- encouraging and facilitating the participation of the skin disease community in clinical research.

KEY MESSAGES

- Over 1,000 skin conditions still lack approved therapies; investment in research is essential.
- 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.
- Everyone living with a skin disease deserves access to evidence-based treatments, not just symptom management.

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 underreporting can be common, so most data on skin diseases come from research studies.^{20 21} 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.

Patient advocates can support the implementation of this recommendation by:

- advocating for the inclusion of skin conditions in relevant surveillance strategies
- 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

- We need better data on skin diseases to find out whether prevention and treatment strategies are working.
- 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 more responsive services.

SUPPORT PATIENT ORGANISATIONS

RECOMMENDATION

Support the formation and sustainability of support organisations for people with skin diseases, and enhance the organisations' active engagement in policy and programme implementation.

CONTEXT

Patient organisations provide peer support, improve health literacy, challenge stigma and ensure that services respond to real-world needs. However, they face many challenges – including limited funding – and they are not always formally recognised as credible stakeholders in shaping health policy.²² Strengthening these organisations, and formally including them in policy development and implementation, helps ensure that their priorities reflect the lived experience of those most affected.

KEY MESSAGES

- Patient organisations are powerful partners in improving outcomes for people with skin diseases.
- Developing patient organisations – and ensuring their sustainability – directly contributes to addressing education, support and research gaps.
- Patient organisations support healthcare delivery through health promotion activities, and capacity and awareness building.
- Partnering with patient organisations ensures that materials are clear, relevant and person-centred.
- Lived experience must be placed at the centre of policy discussions; this includes support from people facing similar health challenges.

REFERENCES

1. Hay RJ, Johns NE, Williams HC, *et al.* 2014. The global burden of skin disease in 2010: an analysis of the prevalence and impact of skin conditions. *J Invest Dermatol* 134(6): 1527-34
2. Karimkhani C, Dellavalle RP, Coffeng LE, *et al.* 2017. Global skin disease morbidity and mortality: an update from the global burden of disease study 2013. *JAMA Dermatol* 153(5): 406-12
3. Finley CR, Chan DS, Garrison S, *et al.* 2018. What are the most common conditions in primary care? *Systemat Rev* 64(11): 832-40
4. Onsoi W, Chaiyarit J, Techasatian L. 2020. Common misdiagnoses and prevalence of dermatological disorders at a pediatric tertiary care center. *J Int Med Res* 48(2): 300060519873490
5. Kirby J, Kim K, Zivkovic M, *et al.* 2024. Uncovering the burden of hidradenitis suppurativa misdiagnosis and underdiagnosis: a machine learning approach. *Front Med Technol* 6: 1200400
6. Abo-Tabik M, Parisi R, Morgan C, *et al.* 2022. Mapping opportunities for the earlier diagnosis of psoriasis in primary care settings in the UK: results from two matched case-control studies. *Br J Gen Pract* 72(724): e834-e41
7. Freeman EE, Yardman-Frank JM, Kilmer J, *et al.* 2026. Global Disparities in Access to Dermatological Care: the Skin Health Observatory. *medRxiv*: 10.64898/2026.02.06.26345759: 2026.02.06.26345759
8. Salas-Walinsundin W, Marasigan TP, Lavadia MA. 2022. Knowledge, attitude, perception and practices of primary care physicians regarding common dermatological diseases: A cross-sectional study. *JPDS* 31(2): 21-30
9. Eedy D. 2015. Dermatology: a specialty in crisis. *Clin Med* 15(6): 509-10
10. Hansra NK, O'Sullivan P, Chen CL, *et al.* 2009. Medical school dermatology curriculum: are we adequately preparing primary care physicians? *J Am Dermatol* 61(1): 23-29. e1
11. National Institute for Health and Care Research. 2022. *Digital technologies for the detection of melanoma*. London: NICE
12. du Crest D, Madhumita M, Enbiale W, *et al.* 2026. AI and Digital Tools in Dermatology: Addressing Access and Misinformation. *JMIR Dermatol* 9: e79044
13. Maddukuri S, Patel J, Lipoff JB. 2021. Teledermatology Addressing Disparities in Health Care Access: a Review. *Curr Dermatol Rep* 10(2): 40-47
14. Yamanaka K. 2021. Special Issue: "Skin Disease and Comorbidities". *J Clin Med* 10(24):
15. Silverberg JL. 2019. Comorbidities and the impact of atopic dermatitis. *Ann Allergy Asthma Immunol* 123(2): 144-51
16. Dalgard FJ, Gieler U, Tomas-Aragones L, *et al.* 2015. The Psychological Burden of Skin Diseases: A Cross-Sectional Multicenter Study among Dermatological Out-Patients in 13 European Countries. *J Invest Dermatol* 135(4): 984-91

17. Drug Target Review. 2025. Inside the search-and-develop model tackling 1,000 untreated skin diseases. [Updated 02/09/25]. Available from:
<https://www.drugtargetreview.com/article/184027/inside-the-search-and-develop-model-tackling-1000-untreated-skin-diseases/>
[Accessed 10/03/26]
18. Seth D, Cheldize K, Brown D, *et al.* 2017. Global Burden of Skin Disease: Inequities and Innovations. *Curr Dermatol Rep* 6(3): 204-10
19. Lim HW, Zhang C, Taylor M, *et al.* 2026. International Expert Consensus on Knowledge Gaps in Care for Dermatologic Disorders in Skin of Color. *Int J Dermatol* 65(1): 41-56

20. Richard M, Paul C, Nijsten T, *et al.* 2022. Prevalence of most common skin diseases in Europe: a population-based study. *J Eur Ac Dermatol Venereol* 36(7): 1088-96
21. Almugti HS, AlMarei S, Jurebi RM, *et al.* 2023. Compliance of primary healthcare workers in Saudi Arabia with the national surveillance system of tropical and non-tropical dermatological diseases. *Cureus* 15(1):
22. Sienkiewicz D, Lingen Cv. 2017. *The added value of patient organisations*. Brussels: European Patients Forum