



## The *Lancet* Commission on Skin Health: aligning with WHO priorities

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Skin diseases affect an estimated 4.7–4.9 billion people globally, ranking among the leading causes of years lived with disability worldwide.<sup>1–3</sup> They also contribute 1.79% to the global burden of disability-adjusted life-years,<sup>4</sup> underscoring that skin health is a core component of population health rather than a niche specialty.

Skin diseases comprise about 2000–3000 distinct conditions and are interwoven with multiple domains of health and health systems. They include both communicable and non-communicable diseases, encompassing neglected tropical diseases (NTDs), outbreak-associated dermatoses, chronic inflammatory conditions, and skin cancers. Despite this breadth, less than half of affected individuals are estimated to have access to adequate dermatological care.<sup>5</sup> The visibility of skin disease contributes to stigma with substantial social, psychological, and economic impacts, which may further limit care-seeking behaviours in settings where access is already limited.<sup>6</sup> Over the past few decades, the global burden of skin disease has been shifting, with increasing prevalence of non-communicable skin conditions compounding existing infectious and neglected disease burdens.<sup>7,8</sup> This transition is particularly evident in countries undergoing rapid demographic transitions alongside industrial and socioeconomic change, where health systems often have insufficient trained workforce, diagnostic capacity, and essential medicines needed to respond to these new inflammatory and malignant disease patterns.

Despite its significant and growing global impact, skin disease remains markedly underfunded relative to its share of the global disease burden,<sup>9</sup> and academic research in dermatology has historically remained peripheral to global health agendas.<sup>10</sup> Inequities are stark in remote and underserved regions, including sub-Saharan Africa and the Pacific Islands, where in some countries there is less than one dermatologist per million people,<sup>11</sup> making access to trained dermatologists nearly impossible for entire nations. Front-line health-care workers, who often provide diagnosis and treatments, typically have inadequate training in skin disease.

Global policy frameworks have already recognised the importance of integrated approaches to address skin

disease, exemplified by WHO's 2021–30 roadmap for NTDs, which prioritises approaches based in primary care and multisectoral collaboration for the prevention, diagnosis, and management of skin NTDs with disease-specific targets.<sup>12</sup> However, this landscape is now changing. In May, 2025, for the first time, WHO member states adopted a resolution recognising skin diseases as a global public health priority at the 78th World Health Assembly (WHA 78.15), consistent with the commitment to achieve universal health coverage.<sup>13</sup> The resolution calls for coordinated national strategies encompassing workforce strengthening, stigma reduction, advocacy, and equitable access to timely diagnostics and essential medicines for skin diseases.

Building on this momentum, we announce the first *Lancet* Commission on Skin Health. The Commission brings together a diverse group of Commissioners with expertise in dermatology, disease burden, epidemiology, and implementation science. The membership represents a diversity of WHO regions, includes Commissioners from high-income, middle-income, and low-income settings, and reflects deliberate attention to gender balance and regional equity in leadership and authorship.

The Commission will be guided by a set of interlinked questions that include three areas. First, what is the preventable and addressable burden of skin disease



Courtesy of the International League of Dermatological Societies (ILDS)

across regions and the life course, and what are the key drivers of these transitions? Second, what measurable targets and delivery models can accelerate progress towards universal health coverage for skin health, including stronger community education, primary care integration, and referral pathways? Third, what constitutes an essential package of core skin health services, spanning prevention, education, point-of-care diagnostics, access to essential medicines, digital and tele dermatology services, and psychosocial support?

Throughout our work, the Commission will strive to embed equity, combat stigma, and uphold accountability, while amplifying patient voices through global advocacy and education. We will illustrate priority challenges and actionable solutions through brief cases from different settings, allowing flexibility in local implementation.

We will further explore these key questions through illustrative case studies. First, we will consider how industrialisation, and its associated lifestyle and environmental changes, influences the incidence, progression, and outcomes of skin disease in settings undergoing rapid economic transitions. Second, we will map the global dermatology workforce, uncovering disparities in access to care, and emerging strategies to strengthen capacity, such as task sharing, regional training hubs, and innovative workforce models. Third, we will assess the progress and persistent challenges in reducing the burden of skin NTDs in countries facing a dual burden of infectious and non-communicable skin conditions. Fourth, we will explore opportunities to improve timely detection and management of melanoma and other skin cancers by leveraging inclusive artificial intelligence and other digital tools and technological innovations.

The Commission aims to deliver a comprehensive report and policy toolkit, supported by multisite launches and ministerial roundtables. We will work closely with WHO partners and our patients around the globe to ensure that science, medicine, and policy advance together towards universal skin health coverage, and that dermatology access is not a privilege, but a right.

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