

4th ILDS World Skin Summit

Making Treatment Accessible and Affordable Worldwide

Cape Town, South Africa | 23 - 25 October 2025

Final Report

Report & Key Outcomes 



International League
of Dermatological Societies
Skin Health for the World

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Executive Summary

It gives us great pleasure to present this report of the 4th ILDS World Skin Summit (WSS), which took place in Cape Town, South Africa, in October 2025.

The ILDS World Skin Summit was designed as a forum for leaders of dermatological societies from around the world to discuss common and region-specific challenges and opportunities and to identify potential collaborations and solutions together. The first World Skin Summit was held in Berlin, Germany (2012), followed by meetings in Ho Chi Minh City, Vietnam (2018) and Lima, Peru (2022).

Cape Town was selected as the location for the 4th WSS in recognition of the strong leadership and growing impact of dermatology across Africa, alongside the persistent challenges in access to dermatologic care faced by many populations in the region. Holding the Summit in South Africa provided an important opportunity to centre discussions

on equity, capacity building and the role of dermatology within broader global health agendas.

As we hope you will appreciate from the pages that follow, the 4th ILDS World Skin Summit was a great success. The meeting welcomed over 162 delegates, representing 82 ILDS Member Societies across more than 54 countries, marking a 100% increase in attendance and geographic representation compared with the previous Summit in 2022. Dermatology leaders from all ILDS regions were joined by representatives from patient organisations, the World Health Organization, academia and industry. The programme featured 22 speakers and presenters from 14 countries, bringing diverse perspectives across clinical

	3 rd WSS (2022)	4 th WSS (2025)	% Increase
Participants	119	162	36%
Countries	39	54	38%
Member Societies	43	82	91%



practice, research, policy and patient advocacy, and supporting productive plenary and workshop discussions that will directly inform ILDS strategic planning and programme development in the years ahead.

Key areas of focus included progress towards implementation of the World Health Assembly Resolution on Skin Diseases as a Global Public Health Priority, strengthening global data and surveillance, improving education and training across the dermatology workforce, integrating patient perspectives into research and policy, and addressing emerging global challenges including climate change, crisis-affected health systems and digital innovation in dermatologic care.

The success of the Summit was driven by the active participation of attendees, as well as by valuable

input provided ahead of the meeting. We would like to thank the ILDS Member representatives, patient partners, speakers, moderators and sponsors for their engagement and collaboration. We are especially grateful to our South African hosts for their leadership and warm hospitality, and to the ILDS Board and Secretariat for their outstanding support in ensuring the smooth delivery of the meeting.

We hope this report provides a useful overview of the discussions and outcomes of the 4th World Skin Summit and serves as a foundation for continued collaboration as we work collectively to advance skin health for all.



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Prof Henry W. Lim
ILDS President



A handwritten signature in black ink.

Prof Martin Röcken Co-
Chair, WSS Programme Com-
mittee



A handwritten signature in black ink.

Prof Ncoza Dlova
Co-Chair, WSS Programme
Committee

“Hosting the 4th ILDS World Skin Summit in South Africa was both an honour and a reminder of the responsibility we share as a global dermatology community. Bringing together colleagues from every region of the world demonstrated that, while our challenges may differ, our commitment is the same: to ensure that everyone, everywhere has access to high-quality, affordable skin health care. I hope the conversations and partnerships formed in Cape Town continue to inspire meaningful action long after the Summit has concluded.”



Dr Noufal Raboobee
President, Dermatology Society
of South Africa

Past Summits & Outcomes



Key Priorities Identified at Previous World Skin Summits

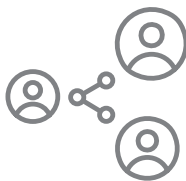
ILDS Strategic Actions in Response



Advocacy for Dermatological Care



- Strengthened engagement with the **WHO**
- Co-founded the **World Skin Health Coalition**
- Advocated for the recently passed **World Health Assembly (WHA) Resolution on Skin Diseases as a Global Public Health Priority** (WHA78.15)
- Expanded **World Skin Health Day (WSHD)** activities



Removing Barriers & Increasing Access to Care



- Created the **Global Access to Skin Health Observatory** (SkinObservatory)
- Formed the **Migrant Health Working Group**
- Convened migrant health mission trips to provide care to those displaced
- Expanded ILDS Grant activities with our **DermLink and DermImpact** programmes



Training, Education & Collaboration



- Launched the **International Alliance for Global Health Dermatology (GLODERM)**
- Established the **Global Partnerships for Education and Care programme (GPEC)**
- Expanded support to regional dermatology training centres, including the **Pacific Dermatology Training Centre** in Suva, Fiji
- Formed **ILDS Education Committee** & launched **global webinar series**



Research, Evidence & Knowledge Sharing



- Introduced the **Grand Challenges in Global Skin Health** and established the **Global Atlases** - GPA, GADA, GLOVA, GHISA (and growing)
- Created the **ILDS Dermatology Gallery**
- Supported **disease registries** (e.g. COVID-19 dermatology registry)

Expectations and Goals

The ILDS World Skin Summit is held in between each World Congress of Dermatology and provides opportunities for ILDS Members to engage with ILDS' projects and activities. Both the goals of the programme and the programme itself are informed through member surveys and discussions by the board. The Summit is not a scientific meeting but rather a 'think-tank' style forum to focus on common actions on relevant policy issues, to participate in capacity building activities and to generate ideas of global projects and programmes to improve skin health globally.

- Develop skills and knowledge to tackle challenges in their countries and/or disease areas.
- Meet fellow dermatology leaders, share experiences, and strengthen networks.
- Develop common strategies to improve global skin health.
- Raise awareness of ILDS' strategies, projects, collaborations, and opportunities for engagement.
- Learn more about ILDS' activities and the World Congress of Dermatology in 2027.

Programme Summary

Opening



ILDS President **Henry W. Lim (USA)** reaffirmed the ILDS' unique strength as a truly global organisation, one that integrates diversity, scientific expertise, and advocacy. Delegates celebrated ILDS's collaborations with WHO, and the exciting development of ILDS initiatives such as the SkinObservatory study and ILDS Dermatology Gallery, and the expanded support of regional dermatology training centres in Tanzania and Fiji.



Dermatology Society of South Africa (DSSA) President and South African Host, **Noufal Raboobee** opened with a powerful call for equality, dignity and inclusivity, reminding attendees that dermatology extends beyond disease management to advancing human rights, social justice, and health equity. He stated, "Let the summit be more than a meeting of minds - it is a catalyst for change."



Martin Röcken (Germany), Chair of the WSS Organising Committee, framed the Summit within a broader global reality: stark inequalities in access, representation, and resources. His message, that dermatology must speak for underserved regions and advocate for affordability and accessibility, resonated throughout the meeting.

Plenaries Day 1

The opening plenary sessions of the 2025 World Skin Summit brought together leading global experts to explore how dermatology can contribute to a more equitable and accessible health landscape worldwide. Each expert speaker highlighted a critical dimension of this year's theme — from policy to climate, pandemics, migration, patient advocacy and essential medicines — underscoring that access to treatment is inseparable from broader social, economic and environmental determinants of health.



Claire Fuller (UK) and **Jennifer Austin (Canada)** opened the Summit by reflecting on the historic *World Health Assembly Resolution on Skin Diseases as a Global Public Health Priority*, adopted in May 2025 – marking the recognition of skin health as a vital part of the global health agenda. They emphasised that political will, partnerships and collective advocacy are essential to turn this resolution into tangible improvements in care, integrating dermatology into universal health coverage and ensuring equitable access for all.



Abel Onunu (Nigeria) followed with a compelling address on the *Health Threats of Climate Change*, outlining how environmental shifts intensify skin diseases and health inequalities, particularly in low-income and vulnerable communities. He called for urgent action to mitigate emissions and adapt health systems to protect populations most at risk.



Salim Abdool Karim (South Africa) then examined *Major Threats Worldwide*, focusing on pandemics and the rise of misinformation (“infodemics”) that undermine public trust. He urged the global health community to ensure that science, data and transparent communication remain central to effective and equitable pandemic preparedness.



Valeska Padovese (Malta) highlighted the *Effects of Socioeconomic Crises, Refugees Overflow and War on Skin Diseases*, describing how conflict and displacement fuel infectious and neglected skin diseases among refugees and internally displaced populations. She showcased the work of the ILDS Migrant Health Working Group, which combines field assessments, capacity building, and teledermatology to expand access to care in vulnerable populations (or low resource environments).



Quarraisha Abdool Karim (South Africa) continued this theme, addressing how *Socioeconomic Crises and Infectious Diseases* intersect to widen health gaps. She called for global solidarity and sustained investment in pandemic preparedness, reminding delegates that “no one is safe until everyone is safe.”



South African patient advocate **Toni Roberts** and **Ritu Jain (Singapore)** from DEBRA International spoke powerfully on the role of Skin Patient Organisations as Partners Supporting Vulnerable Populations. Drawing on their work with people affected by rare skin diseases such as Epidermolysis Bullosa, and personal experience, they highlighted how lived experience can strengthen care, advocacy and support during crises. Roberts emphasised that “patient organisations are often the bridge between communities, clinicians and policymakers,” reinforcing the importance of integrating patient voices into efforts to improve access to care.



Finally, **Lorenzo Moja (Switzerland)** of the WHO closed the plenary series with a session on the Affordability of Essential Medicines. He noted that while the inclusion of key dermatology treatments such as adalimumab and ustekinumab on the WHO Essential Medicines List (EML) represents significant progress, the next challenge lies in ensuring these therapies are truly affordable and available in every country.



Q&A Session

The Q&A brought together key themes from across the Day 1 plenaries. Delegates explored lessons from the HIV response, including approaches to differential and volume-based pricing, and their potential application to dermatology. Speakers also emphasised the importance of working closely with patient organisations and drawing on lived experience, community knowledge and local perspectives to develop solutions that are both effective and appropriate to different settings.

Plenaries Day 2



Ncoza Dlova (South Africa), ILDS Board Member, former dean of the UKZN School of Clinical Medicine and co-chair of the WSS Programme Committee, delivered a plenary on Day 2 on *“Embracing Every Voice: The Power of Inclusive Spaces.”* She highlighted compelling data showing that diverse teams produce better outcomes, more innovation, and improved communication. Yet inequities persist, with >50 dermatologists per million people in Europe compared to <3 in Sub-Saharan Africa. Prof Dlova called for investing in the right people, in the right places, at the right time, emphasising rural retention, mentorship and equitable training opportunities. Her message: that equity is not equality, but correction, reinforced the Summit’s commitment to inclusive, representative global dermatology.



Contribute images to the
ILDS Dermatology Library at
ildsdermgallery.org

Harvey Lui (Canada), Editor-in-Chief, officially launched the ILDS Dermatology Gallery to members during a plenary presentation. The Gallery is a global, open-access initiative led by ILDS to support dermatology education, clinical care and research through high-quality clinical imagery.

Developed in collaboration with the Department of Dermatology and Skin Science at the University of British Columbia, the Gallery aims to become a truly international and inclusive resource, reflecting the diversity of dermatological conditions, skin types, and populations worldwide. The presentation encouraged ILDS Members to engage with the Gallery and begin contributing images, helping to build a freely available resource that will be accessible to clinicians, educators, researchers, and the wider community.

Together, the plenary sessions reinforced the urgency of collective global action to make skin health an integral part of universal healthcare. The discussions called for evidence-based policy, fair pricing, and resilient systems that deliver equitable care — ensuring that everyone, everywhere, has access to safe, affordable and effective treatment for skin diseases.

Feedback

“The sessions on the WHA Resolution and “Drugs Affordable Worldwide” were exceptionally impactful. Framing skin disease as a global health priority elevates our entire field. This macro-level perspective is crucial for driving systemic change, and it was inspiring to see it take center stage alongside cutting-edge science. The segments on “Socioeconomic Crises, Refugees, and War” and “Surgery Under Financial Constraints” were brutally honest and highly necessary. They moved beyond pure biology to address the real-world contexts where dermatology is often practiced. These sessions provided practical, ethical frameworks that are directly applicable to working in underserved settings globally. Highlighting “Skin Patient Organizations as Partners” was a masterstroke. It correctly shifted the view of patients from passive recipients to essential allies in advocacy, support, and education. This is a model all national societies should emulate to strengthen their own outreach and impact.”

“I was pleased to hear about the ILDS Dermatology Gallery which I find it very useful in our practice. It will ease clinical diagnostic challenges in developing countries.”

“All plenary sessions were very interesting and eye openers for me, especially Salim Abdool Karim. He gave an excellent keynote.”

Programme Summary: Workshops

Six interactive workshops with expert presenters and moderators explored access, innovation, and inclusion:

WORKSHOP 1: NEGLECTED TROPICAL AND INFECTIOUS DISEASES.

Moderated by Ramesh Bhat,
Mariel Isa Pimental and Ketty Peris

Deep Fungal & Bacterial Infections and Their Treatment: A Paradigm to Cope with Severe NTD

Wendemagegn Enbiale (Ethiopia)

STIs and AIDS

Koleka Mlisana (South Africa)

Workshop 1, on [Neglected Tropical and](#)

[Infectious Diseases](#), highlighted key barriers such as limited diagnostic tools, lack of data, stigma, antimicrobial resistance, and inadequate access to affordable treatments. Participants proposed collaborative solutions including global data collection through ILDS societies, partnerships for early diagnostic access, use of AI and teledermatology, and industry engagement to make treatments more affordable and sustainable.

WORKSHOP 2: NON-COMMUNICABLE DISEASES (NCD): IMPROVING GLOBAL ACCESS TO OPTIMAL AFFORDABLE CARE.

Moderated by Ncoza Dlova, Luca Borradori and
Jennifer Austin

Atopic Dermatitis and Psoriasis: Burden and Treatment Under Severe Financial Restrictions

Ousmane Faye (Mali)

Lupus Erythematosus, Systemic Sclerosis: How To Treat Severe Systemic Diseases?

Olusola Ayanlowo (Nigeria)

Workshop 2, on [Non-Communicable Skin](#)

[Diseases](#), identified critical gaps in healthcare infrastructure, access to medicines, data, and funding, exacerbated by misinformation, stigma, and uneven healthcare distribution. Participants called for coordinated action through improved education, data collection, local drug manufacturing, mobile clinics, teledermatology, and stronger collaboration among governments, healthcare professionals and patient organisations to enhance equitable access to care.

WORKSHOP 3: SURGERY UNDER FINANCIAL CONSTRAINTS.

Moderated by Jorge Ocampo,
Rashmi Sarkar and Ivonne Arellano

Minimal Requirements for Surgery: Hygiene and Maximal Exploitation of Local Anesthesia

Daudi Mavura (Tanzania)

Skin Trauma & Infections – What is Relevant for Dermatology?

Timothy Hardcastle (South Africa)

Workshop 3, on [Surgery Under Financial](#)

[Constraints](#), focused on optimizing dermatologic surgical care in low-resource settings by emphasizing hygiene, local anaesthesia use and practical solutions for trauma and infection management. Participants highlighted innovation, local capacity-building and collaboration as key strategies to maintain safe, effective surgical outcomes despite financial limitations.

WORKSHOP 4: ESSENTIAL MEDICINES LIST: DRUGS AFFORDABLE WORLDWIDE.

Moderated by Ricardo Romiti,
Antonio Torrelo and Lidia Rudnicka

What Are Essential Medicines – What Is Needed and Who Can Afford Them?

Meciusela Tuicakau (Fiji)

Affordability of Essential Medicines

Esther Kinyeru (WHO, Kenya)

Workshop 4, on **Essential Medicines**, emphasized that over two billion people lack access to affordable dermatologic treatments, with major barriers including import dependency, limited budgets and inequitable pricing. Participants called for coordinated global and national action – through ILDS advocacy, local drug production, fair pricing negotiations and evidence-based inclusion of skin medicines on the EML – to ensure affordable skin health for all.

WORKSHOP 5: NEW DEVELOPMENTS IN ACCESS TO CARE.

Moderated by Venkataraman Mysore and
Trilokraj Tejasvi

SkinObservatory Overview

Esther Freeman (USA)

How Can AI Increase Access To Care?

José Antonio Ruiz Postigo (WHO, Switzerland)

Workshop 5, on **New Developments in Access to Care**, identified critical challenges such as workforce shortages, training gaps, systemic inequities and limited digital infrastructure. Participants emphasised expanding dermatological education to frontline healthcare workers and task-sharing through tele dermatology and developing equitable, ethical AI tools and usage guidelines to strengthen global access, quality and equity in skin health.

WORKSHOP 6: MIGRANT HEALTH.

Moderated by Valeska Padovese
and Claire Fuller

War and Refugees

Abdul-Ghani Kibbi (Lebanon)

Migrant Health

Valeska Padovese (Malta)

Workshop 6, on **Migrant Health**, highlighted the severe strain that conflict, displacement, and system collapse place on healthcare access, using Lebanon as a case study. Participants proposed strengthening cross-sector partnerships, developing standardised toolkits and training programs and collaborating with the International Organisation for Migration to build sustainable, locally led capacity for migrant skin and sexual health initiatives.

Feedback

“The workshops—it is so exciting to hear from many colleagues around the world, discuss together and also learn from each other.”

“The participation was dynamic and inclusive.”

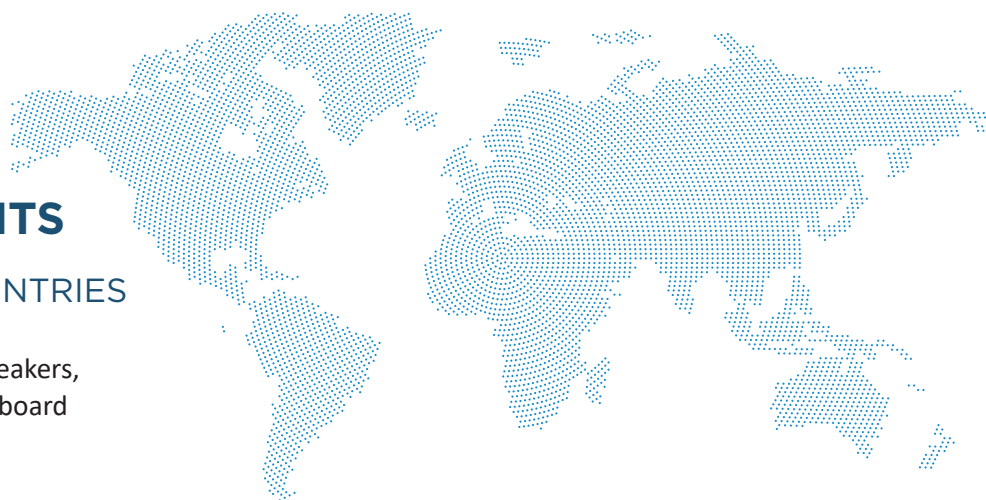
Attendance

162

PARTICIPANTS

FROM **54** COUNTRIES

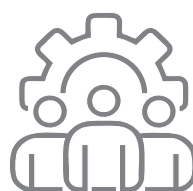
Including delegates, speakers, sponsors, moderators, board members and staff



107

MEMBERS

representing **82**
ILDS Member
Organisations from
47 countries



30

**ILDS
REPRESENTATIVES**
(Board, Secretariat)



22

SPEAKERS & PRESENTERS

from **14** countries, including **6** from
South Africa and **12 (55%)** from Africa

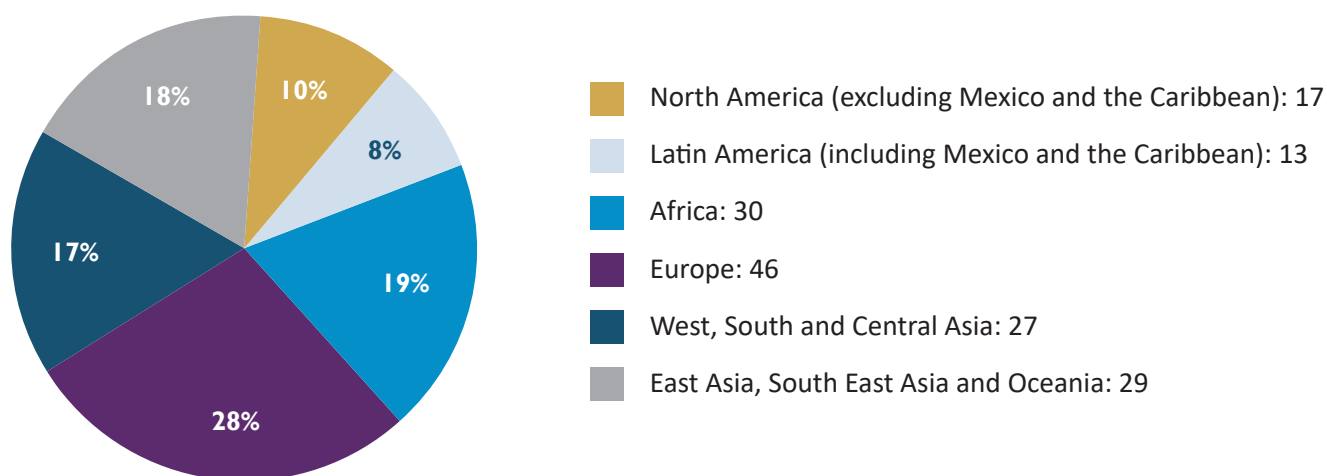
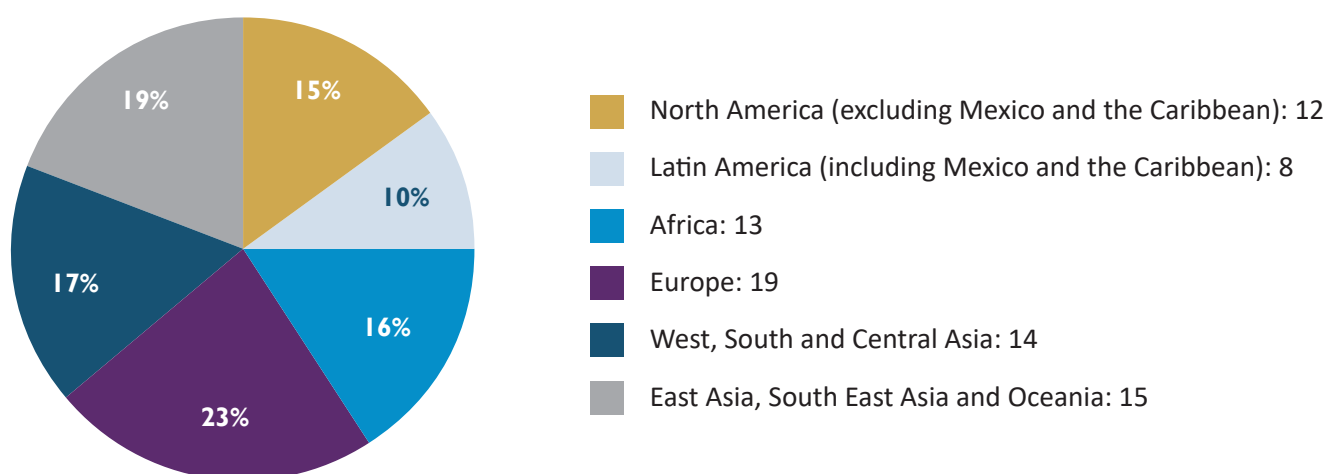


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SPONSORS



**A truly global community working together to advance health,
equity and access for all**

PARTICIPANTS PER ILDS REGION**MEMBER SOCIETIES PER ILDS REGION****LAST YEAR COMPARISON**

The 3rd WSS (2022) was attended by **119** participants from **39** countries, including representatives of **43** Member societies.

The 4th WSS (2025) was attended by **162** participants **(+36%)** from **54** countries **(+38%)**, including representatives of **82** ILDS Member societies **(+91%)**.

Societies Represented

African Dermatopathology Society
African Society of Dermatology and Venerology
American Academy of Dermatology
American Hair Research Society (AHRS)
American Society of Dermatopathology
Angolan College of Dermatology and Venereology
Arab Academy of Dermatology and Aesthetics
Asian Dermatological Association
Asian Society of Dermatopathology
Asian Society of Pediatric Dermatology
Association for Psychoneurocutaneous Medicine of North America
Association of Academic Cosmetic Dermatology
Association of Dermatology of Magna Grecia
Association of Professors of Dermatology
Australasian College of Dermatologists
Australasian Society for Dermatology Research
Austrian Society for Dermatology and Venereology
Bangladesh Academy of Dermatology
Brazilian Society of Dermatology
British Association of Dermatologists
British Dermatological Nursing Group
Canadian Dermatology Association
Caribbean Dermatology Association
Chilean Society of Dermatology and Venereology
Chinese Society of Dermatology
Dermatological Society of Malaysia
Dermatological Society of South Africa
Dominican Dermatology Society
Ecuadorian Society of Dermatology
Egyptian Women's Dermatologic Society
Emirates Dermatology Society
European Academy of Dermatology and Venereology
European Association of Dermato-Oncology
European Society for Dermatological Research
European Society for Photodermatology
German Society of Dermatology
Ghana Society of Dermatology
Hungarian Dermatological Society
Ibero Latin American College of Dermatology
Indian Association of Dermatologists, Venerologists and Leprologists
Indian Society of Teledermatology



Indonesian Society of Dermatology and Venereology
International Chinese Dermatological Association
International Psoriasis Council
International Society of Dermatology
International Society of Dermatopathology
International Society of Digital Health in Dermatology
International Society of Pediatric Dermatology
International Trichoscopy Society
Israel Society of Dermatology & Venereology
Italian Society of Surgical, Oncological, Corrective and Aesthetic Dermatology
Japanese Society for Investigative Dermatology
Japanese Society of Pediatric Dermatology
Kenya Association of Dermatologists
Malagasy Society of Dermatology
Malian Society for Dermatology and Venereology
Maltese Association of Dermatology and Venereology
Middle East International Dermatology & Aesthetic Medicine (MEIDAM) Association
Nigerian Association of Dermatologists
Palestinian Society of Dermatology & Venereology
Panamanian Association of Dermatology
Philippine Academy of Dermatological Surgery Foundation, Inc.
Philippine Dermatological Society
Pigmentary Disorders Society
Polish Dermatological Society
Portuguese Society of Dermatology and Venereology
Psoriasis Awareness Club
Romanian Association of Dermatology and Venereology
Rwanda Dermatology Society
Saudi Society of Dermatology and Dermatologic Surgery
SIDeMaST
Skin of Color Society
Society of Dermatologists, Venereologists and Leprologists of Nepal
South Asian Regional Association of Dermatologists, Venereologists and Leprologists
Spanish Academy of Dermatology and Venereology
Sri Lanka College of Dermatology and Aesthetic Medicine
Swiss Society of Dermatology & Venereology
Taiwanese Dermatological Association
Tanzania Society for Dermatovenereologist (TASOD)
The Japanese Dermatological Association
Tunisian Society of Dermatology and Venereology



Feedback

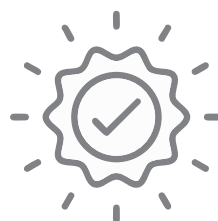
Feedback was collected from 96 completed online surveys, representing 64% of attendees, within two weeks following the 4th LDS World Skin Summit.

**Did the WSS
meet your expectations?**



100%
approval

**Overall, how would you rate your
experience of attending and
participating in the WSS?**



65% excellent, **30%** very
good, **5%** good
(100% positive)

**What feedback or recommendations will you be sharing with your
Society following the WSS?**

- Strengthen global collaboration and ILDS engagement, including alignment with ILDS priorities and use of the WHA Resolution to support national skin-health agendas
- Advance equity and access to care, with a focus on underserved populations, low-resource settings and patient-centred approaches.
- Expand training and capacity building, leveraging teledermatology, AI, digital tools and greater research and knowledge-sharing.
- Increase advocacy, awareness and sustainability efforts, through engagement with patient organisations and attention to climate-related impacts on dermatology.

Feedback on the programme

Overall feedback on the programme was highly positive, with participants describing it as engaging, well-balanced and globally relevant. Plenary sessions were widely praised for their quality and impact, particularly the presentation by Prof Salim Abdool Karim and contributions from WHO and ILDS speakers, which addressed themes such as equity, access to care and global collaboration. Workshops were also valued for their interactive format and opportunities for knowledge exchange, although some participants suggested longer sessions and broader participation. Networking and international exchange were highlighted as key strengths of the Summit, enabling participants to learn from diverse national contexts and build new collaborations. The ILDS Dermatology Gallery was also noted as a particularly valuable resource for clinical practice, especially in resource-limited settings.

“The good news about the WHA resolution which compels our government to add ‘promoting good skin health’ to items on his desk. I will recommend we make use of this unique opportunity to get full government support in providing good skin health in Ghana.”

“The importance of getting involved with ILDS activities, e.g. contributing to the ILDS Dermatology allery and also how we can contribute to the implementation of the WHA resolution on skin diseases as a global public health priority.”

“For our society I will highlight the importance of engaging with ILDS initiatives, focusing on access and education, and organizing follow up workshops locally. I will also recommend stronger cooperation with public health authorities and patient groups.”



“Following the World Skin Summit 2025, our society commits to advancing skin health equity, strengthening dermatology capacity, improving access to affordable treatments, integrating mental health into skin care, and expanding research collaborations. We will continue advocating for national policies that prioritize chronic skin diseases such as psoriasis, and we will invest in solutions that benefit underserved and humanitarian populations.”

“As this was our first time attending such a summit, found the entire program thoroughly enjoyable, particularly the opportunity to gain a broader global perspective.”

“Each one was carefully chosen to represent the most pressing needs of the global dermatology network and were all very well presented.”

Recommendations to the ILDS

Participants widely praised the Summit as well organised and inspiring, while offering several suggestions to strengthen future meetings and maximise impact. Key recommendations included incorporating more interactive and implementation-focused sessions, such as region-specific case studies and structured roundtables to support practical outcomes. Respondents also encouraged greater opportunities for networking and collaboration between societies, broader participation—particularly from low-resource settings—and expanded virtual engagement. Several participants also suggested integrating patient perspectives and developing stronger pre- and post-Summit engagement to sustain momentum and collaboration beyond the event.

The Summit reaffirmed that dermatology is fundamentally a global health issue, reflecting the widespread burden of skin diseases and their intersections with broader public health, social and economic systems. Discussions across the plenaries and workshops highlighted the urgent need to address inequities in access to care and medicines, emphasising that progress will require not only scientific advances but also political commitment, industry engagement, cross-border collaboration and meaningful inclusion of vulnerable populations.

From climate change and conflict to pandemics and pricing, participants underscored that sustainable improvements in skin health depend on evidence-based policy, equitable access to treatments and resilient health systems.

The ILDS community identified three priority actions:

Equity and Access: Embedding fairness, inclusivity, and representation at every level of dermatology to ensure that all people, regardless of geography, income, or skin type, can access timely, affordable, and high-quality care.

Collaboration and Integration: Building stronger partnerships across governments, WHO, academia, industry, and patient organisations to translate global policy into sustainable national action.

Innovation and Implementation: Harnessing data, technology, and locally driven solutions — from teledermatology and AI to new training models — to close gaps in workforce capacity, diagnosis, and treatment delivery worldwide.



“ This resolution is our legacy, but only if we act. Skin health is a human right, and together, we can make it a global reality. continue to inspire meaningful action long after the Summit has concluded. ”

Prof Henry W. Lim
ILDS President

Other Activities at the WSS

Awards Presentation

The WSS 2025 Awards Presentation, delivered by Profs Henry W. Lim, Ivonne Arellano and Venkataram Mysore, highlighted the ILDS' commitment to recognising excellence and leadership in global dermatology. The ceremony featured the ILDS Medal of Achievement in Global Dermatology, ILDS's most prestigious honour that is awarded biennially at the WSS and the World Congress of Dermatology (WCD), as well as the ILDS Young Dermatologist International Achievement

(YDIA) Awards, which recognise emerging leaders from each ILDS region.

The **ILDS Medal of Achievement in Global Dermatology 2025** was awarded to **Prof Hideoki Ogawa**, in recognition of his outstanding contributions to international dermatology, particularly through leadership in global training programmes and advancing dermatological education across Asia, with impact spanning 39 countries and more than 1,000 trained professionals.



The ILDS YDIA Awards 2025 honoured six early-career dermatologists – one from each ILDS region – who have made significant contributions to international dermatology and care for underserved populations.

Dr Olufolakemi Cole-Adeife (Africa) – Consultant dermatologist and skin health advocate from Nigeria, recognised for her clinical research and public education advancing dermatologic care and awareness in underserved populations.

Prof Esther E. Freeman (North America) – Global health dermatology leader and researcher from the U.S., honoured for her pioneering work on access to dermatologic care and international mentorship in resource-limited settings.

Dr Bryan Ko Guevara (East Asia, South East Asia & Oceania) – Board-certified dermatologist and dermatopathologist from the Philippines,

recognised for his leadership in dermatologic research, education and professional training.

Dr Jonathan Ho (Latin America & the Caribbean) – Dermatologist and dermatopathologist from Jamaica, honoured for his contributions to dermatology education, residency training and complex medical dermatology in the Caribbean.

Dr Niraj Parajuli (West, South & Central Asia) – Senior consultant dermatologist from Nepal, recognised for his leadership in skin-related neglected tropical diseases, global dermatology collaboration and digital innovation.

Dr Zenas Yiu (Europe) – Clinician scientist and consultant dermatologist from the U.K., honoured for his impactful research in dermatologic epidemiology and leadership in mapping global clinical practice guidelines.



L-R: Jonathan Ho, Henry W. Lim, Niraj Parajuli, Olufolakemi Cole-Adeife, Esther Freeman, Bryan Ko Guevara, Zenas Yiu, Venkataram Mysore, Ivonne Arellano

Gala Dinner

On the evening of Day 1, Summit participants gathered for the Gala Dinner at GOLD Restaurant, celebrating the cultural diversity of the global dermatology community. Guests were invited to wear national or traditional dress, creating a vibrant and memorable evening. Over a shared feast of traditional African cuisine from across the continent, Ncoza Dlova, WSS Co-Chair and a South African native wearing her own traditional Xhosa dress, hosted a light-hearted celebration of the dress code, inviting participants to showcase their attire. Highlights included traditional dress representing Japan, Saudi Arabia, Mexico, Fiji, India, Panama, Nigeria, Indonesia (including ILDS President Henry Lim), the Philippines, Malaysia, Angola, Hungary, Kenya, Palestine, and the United States.

Attendees experienced outstanding performances throughout the night, including a welcome from Malian puppets and a praise singer, followed by traditional South African warrior dancing and drumming. The celebration concluded with a guitar performance by ILDS Board Member Antonio Torrelo, before guests took to the dance floor and brought the night to a joyful close.





WCD 2027 & WCD 2031 Candidate City Presentations

Following the Annual General Meeting, Day 2 began with a presentation on the upcoming **World Congress of Dermatology (WCD) 2027**, delivered by **Jorge Ocampo Candiani** and **Mariel Isa Pimentel**, who shared an update on preparations for the Congress to be held in **Guadalajara, Mexico**. The presentation highlighted the scientific vision, organisational planning, and strong commitment to delivering a dynamic and inclusive meeting. The ILDS community expressed its enthusiasm for the progress to date and looks forward to welcoming the global dermatology community to Guadalajara in 2027 for what promises to be an outstanding World Congress.



There were also presentations from candidate hosts for the **WCD 2031**, highlighting the global reach, ambition, and diversity of the dermatology community. Bids were presented by **Bali**, led by the Indonesian Society of Dermatology and Venereology (INSADV); **Dubai**, represented by the Emirates Society of Dermatology; **Madrid**, presented by the Spanish Academy of Dermatology and Venereology (AEDV); and **Riyadh**, led by the Saudi Society of Dermatology and Dermatologic Surgery.

Each candidate city outlined its vision for hosting WCD 2031, showcasing strengths in scientific leadership, infrastructure, accessibility and commitment to advancing dermatology education, research and global collaboration. Together, the presentations reflected the vitality of the international dermatology community and its shared commitment to delivering an inclusive, forward-looking World Congress.



Bali



Riyadh



Dubai



Madrid

Candidate host cities that presented at the time of the event. The WCD 2031 bidding process is ongoing; please visit the [ILDS website](#) for the latest updates and additional candidate cities.

Thank Yous

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With a special thanks to
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