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# Grand challenges for skin health revisited: the International League of Dermatological Societies skin disease atlases

An author video to accompany this article is available online.

On 24 May 2025, the Seventy-Eighth World Health Assembly (WHA78) adopted a resolution recognizing skin diseases as a global public health priority. This reflects a collective commitment from World Health Organization (WHO) member states to strengthen policies, secure resources and improve care for those affected by skin diseases. This milestone comes a decade after the launch of the Grand Challenges in Global Skin Health initiative (GSHi).[1] Launched in 2015, the Grand Challenges in GSHi, driven by the International League of Dermatological Societies (ILDS), sought to address the burden of skin diseases and their under-representation in global health agendas. Skin diseases are the fourth leading cause of nonfatal disease burden worldwide and exhibit significant disability, stigma, a profound impact on mental health, considerable out-of-pocket costs and important comorbidities, including depression, cardiovascular and allergic diseases.[2] There are also substantial inequities in access to healthcare resources and treatments.

The GSHi initiative outlined four measures to achieve success: (i) research, (ii) education, (iii) real-world clinical application and (iv) the support of those responsible for the management and delivery of healthcare at local and national levels.[3] Significant progress has been made over the past decade, but much remains to be done. There has been significant growth in the availability of treatments for inflammatory skin diseases, with notable advances including biologics and Janus kinase inhibitors. The ILDS and its foundation, International Foundation of Dermatology, has been instrumental in advancing education and care delivery in under-resourced areas. For instance, the Regional Dermatology Training Centre in Moshi, Tanzania, established in 1992, has trained over 290 healthcare professionals from 17 countries.

In addition, the ILDS has brought together four essential tools for research and education that are also leading epidemiological resources for tracking the distribution, frequency and impact of skin diseases, providing a foundation against which progress can be measured. These are four skin disease atlases, covering common, treatable, inflammatory skin diseases: the Global Psoriasis Atlas (GPA), the Global Atopic Dermatitis Atlas (GADA), the Global Hidradenitis Suppurativa Atlas (GHiSA) and the Global Vitiligo Atlas (GLOVA).

The GPA, the oldest of the atlases, now in its 9th year, currently focuses on the epidemiology of psoriasis and generalized pustular psoriasis, early and accurate diagnosis, economic impact and comorbidity. The GPA published a landmark study updating global estimates, revealing that at least 60 million people worldwide have psoriasis.[4] Desktop research is supplemented by detailed field studies, most recently in South Africa.

The GADA, launched in 2024, is working to make recommendations of key criteria to be collected in population-based epidemiological studies and providing standardized digital tools for data collection in fieldwork and registers worldwide.[5] The first AD register using this web-based platform was implemented in Lebanon, marking a significant step towards global harmonization in AD research.

The GHiSA was initiated in 2022 in response to the urgent need for a systematic approach to assess the global epidemiology of hidradenitis suppurativa (HS). Using a novel methodology, this is the first initiative to provide worldwide HS burden estimates, with prevalence surveys conducted in 50 countries across six continents, and plans to expand to studies exploring HS phenotypes.[6]

Finally, GLOVA, launched in 2022, seeks to fill critical gaps in vitiligo burden data with an emphasis on the impact of vitiligo on quality of life and quantifying this impact.[7] GLOVA comprises three separate projects: an epidemiology atlas, an international register to study pharmacovigilance of novel vitiligo drugs, and a global consensus on disease severity and flare-ups.

While each atlas operates independently, cross-atlas collaboration is a key objective moving forwards, with strategic foci including examining the impact of dermatoses on work-related quality of life, exploring the link between climate and inflammatory skin diseases, and conducting fieldwork surveys in countries lacking epidemiological data (Figure 1). These efforts will generate up-to-date burden metrics for common skin diseases, which we hope will be publicly accessible via a global observatory on skin health. While the atlases predate the resolution, the resolution supports their aims and is expected to facilitate initiatives such as a global skin health observatory through collaborations that acknowledge skin diseases as a global health priority.

We take this opportunity to emphasize the critical role of global collaboration in the mission to improve skin health worldwide. The WHA78 resolution, these atlases and the contributions of global partners such as the ILDS, Global Skin and industry demonstrate a joint commitment to advancing global skin health. However, sustaining these efforts requires the collective support of the global community.

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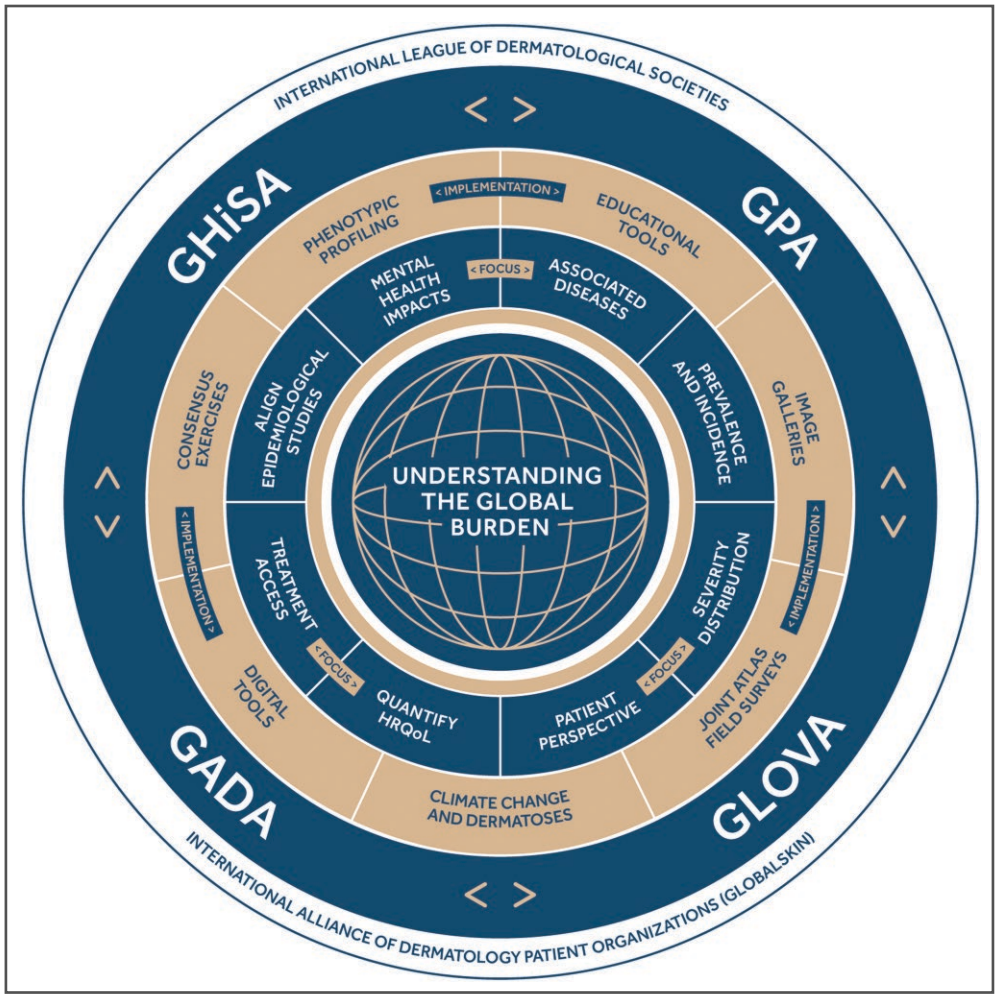


**Figure 1** Overlapping focus areas of the four International League of Dermatological Societies (ILDS) skin atlases, illustrating how these atlases collaborate under the ILDS and with the International Alliance of Dermatology Patient Organizations (GlobalSkin) by addressing shared focus areas and implementation strategies. GADA, Global Atopic Dermatitis Atlas; GHiSA, Global Hidradenitis Suppurativa Atlas; GLOVA, Global Vitiligo Atlas; GPA, Global Psoriasis Atlas; HRQol, health-related quality of life.

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## Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher's website.

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