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

Published **Online**
February 26, 2026
https://doi.org/10.1016/
S0140-6736(26)00365-X

Skin diseases affect an estimated 4·7–4·9 billion people globally, ranking among the leading causes of years lived with disability worldwide.[1–3] They also contribute 1·79% to the global burden of disability-adjusted life-years,[4] 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.[5] 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.[6] 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.[7,8] 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,[9] and academic research in dermatology has historically remained peripheral to global health agendas.[10] 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,[11] 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.[12] 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.[13] 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 teledermatology 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.

The *Lancet* Commission on Skin Health is supported by the Science Fund for Creative Research Groups of the National Natural Science Foundation of China (NSFC; grant 82221002), with funding awarded to and administered by XC's institution. HWL is the President of the International League of Dermatological Societies (ILDS), and a co-author of this Commission; ILDS is a collaborating organisation on the *Lancet* Commission; HWL is also a board member of the CS Livingood Lectureship and Education Fund. EF, SML, and XC are the Co-Chairs of the *Lancet* Commission on Skin Health. EF reports grants to her institution from L'Oreal/CeraVe and the ILDS; royalties from UpToDate; consulting fees from L'Oreal; honoraria for academic lectures from the Chinese Dermatological Society, the Society of Investigative Dermatology, MEIDAM, the New Jersey Allergy Society, GlobalSkin patient advocacy conference, the Australasian College of Dermatologists annual conference, and the International Congress of Dermatology; and is the Vice Chair of the International Foundation for Dermatology (unpaid), Section Editor of *British Journal of Dermatology* section on Global Health and Equity (paid), and Chair of the American Dermato Epidemiology Network (unpaid). SML reports grants to her institution from the UK Medical Research Council, the National Institute for Health and Care Research, the Wellcome Trust, the Canadian Institutes of Health Research, the Canadian Dermatology Foundation, Open Philanthropy, the US Department of Defense, the British Skin Foundation, and EU Horizon 2020 collaborations. VM reports grants to her institution from the National Health and Medical Research Council and the Australian Cancer Research Foundation; speaker fees from L'Oreal paid to her institution; advisory board participation with MSD, L'Oreal, and SkylineDx paid to her institution; and is a member of the Therapeutic Goods Administration Advisory Committee on Medicines and a board member of the Melanoma and Skin Cancer Trials Group (unpaid). AL is the Chair of Workstream 2-Roadmap for a National Targeted Skin Cancer Screening Program, Melanoma Institute of Australia and has been President and President-elect of the Australasian College of Dermatologists and Director of the Council of Presidents of Medical Colleges. SO reports travel support from WHO, the ILDS, and the Nigeria Centre for Disease Control for guideline development and global health meetings and is a member of the WHO Mpox Guideline Development Group on optimisation of standard of care and the Nigeria Centre for Disease Control (NCDC) Mpox Guideline Development Group and NCDC Mpox Technical Working Group and is Vice Chair of the WHO Skin NTD Working Group on Integration at Country Level (all unpaid). XC reports grants from the NSFC and the Ministry of Education of China and serves as a councillor of the International Psoriasis Council. YX reports grants from the Yale–China Association, the International Society for Atopic Dermatitis (ISAD), and the NSFC, and serves as a councillor of the International Psoriasis Council. AA, ND, NP, RB, and VA declare no competing interests.

We thank *The Lancet*'s Asia Executive Editor Helena Wang and *Lancet* Skin Health Commissioners Group, including Ousmane Faye, Joel M Gelfand, Mohsen Naghavi, Liane Ong, and Zhengming Chen, for their substantive input and support during the development of this Comment and the broader Commission proposal.

*Yi Xiao, Victoria Mar, Alice Amani, Niraj Parajuli, Valeria Aoki, Ramesh Bhat, Ncoza Dlova, Adriene Lee, Henry W Lim, Sebastine Oiwoh, Sinéad M Langan†, Esther Freeman†, *Xiang Chen†, on behalf of the* Lancet *Skin Health Commissioners Group*

chenxiangck@126.com

†Co-senior authors.

Department of Dermatology, Xiangya Hospital, Central South University, Changsha, China (YX, XC); Department of Dermatology, Monash University, Alfred Health-Victorian Melanoma Service, Melbourne, VIC, Australia (VM); Department of Dermatology, University Teaching Hospital of Kigali (CHUK), Kigali, Rwanda (AA); National Academy of Medical Sciences, Bir Hospital, Kathmandu, Nepal (NP); Department of Dermatology, Faculdade de Medicina FMUSP, Universidade de São Paulo, São Paulo, Brazil (VA); Department of Dermatology, Father Muller Medical College, Mangalore, India (RB); Department of Dermatology, University of KwaZulu-Natal, Durban, South Africa (ND); Department of Dermatology and Medicine, St Vincent's Hospital, Melbourne University, Melbourne, VIC, Australia (AL); Department of Dermatology, Henry Ford Health, Detroit, MI, USA (HWL); International League of Dermatological Societies (ILDS), London, UK (HWL); Dermatology and Venereology Unit, Department of Internal Medicine, Irrua Specialist Teaching Hospital, Irrua, Edo State, Nigeria (SO); Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, UK (SML); Health Data Research UK (HDR UK), London, UK (SML); Department of Dermatology, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA (EF)

1 Yakupu A, Aimaier R, Yuan B, et al. The burden of skin and subcutaneous diseases: findings from the global burden of disease study 2019. *Front Public Health* 2023; **11:** 1145513.

2 Leng M, Qi P, Li R, Gong F, Wei Z. Burden of immune-related skin diseases worldwide, 1991–2021: insights and prediction from the Global Burden of Disease Study. *Front Immunol* 2025; **16:** 1668840.

3 GBD 2021 Diseases and Injuries Collaborators. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet* 2024; **403:** 2133–61.

4 Karimkhani C, Dellavalle RP, Coffeng LE, et al. Global skin disease morbidity and mortality: an update from the Global Burden of Disease Study 2013. *JAMA Dermatol* 2017; **153:** 406–12.

5 Freeman EE. Global health dermatology: an emerging field addressing the access to care crisis. *Indian J Dermatol Venereol Leprol* 2023; **90:** 3–4.

6 GlobalSkin, the International League of Dermatological Societies. Skin diseases as a global public health priority: no UHC without skin health for all. 2024. https://globalskin.org/doclink/skin-diseases-as-a-global-public-health-priority/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.dWIiOiJza2luLWRpc2Vhc2VzLWFzLWEtZ2xvYmFsLXB1YmxpYy1oZWFsdGgtcHJpb3JpdHkiLCJpYXQiOjE3MTY0OTc4NzksImV4cCI6MTcxNjU4NDI3OX0.1VKfoy3Nd_ZJMr-JI0uCV1cSSI41uCjrDjSrbdMmNk0 (accessed Dec 20, 2025).

7 Wei J, Wang Y, Chen Y, et al. Global burden of psoriasis from 1990 to 2021 and potential factors: a systematic analysis. *J Invest Dermatol* 2025; published online Sept 8. https://doi.org/10.1016/j.jid.2025.08.038.

8 Huai P, Xing P, Yang Y, Kong Y, Zhang F. Global burden of skin and subcutaneous diseases: an update from the Global Burden of Disease Study 2021. *Br J Dermatol* 2025; **192:** 1136–38.

9 Hagstrom EL, Patel S, Karimkhani C, et al. Comparing cutaneous research funded by the US National Institutes of Health (NIH) with the US skin disease burden. *J Am Acad Dermatol* 2015; **73:** 383–91.e1.

10 Yotsu RR, Fuller LC, Murdoch ME, et al. A global call for action to tackle skin-related neglected tropical diseases (skin NTDs) through integration: an ambitious step change. *PLoS Negl Trop Dis* 2023; **17:** e0011357.

11 Global Access to Skin Health Observatory Study. The Global Access to Skin Health Observatory Study. 2026. https://skinobservatory.org/ (accessed Feb 4, 2026).

12 WHO. Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030. Jan 28, 2021. https://www.who.int/publications/i/item/9789240010352 (accessed Dec 21, 2025).

13 WHO. Skin diseases as a global public health priority. Executive Board, 156th Session, 2025. https://apps.who.int/gb/ebwha/pdf_files/EB156/B156_(24)-en.pdf (accessed Dec 20, 2025).