IFPA FORUM AFRICA 2026

THEME **BRIEF**

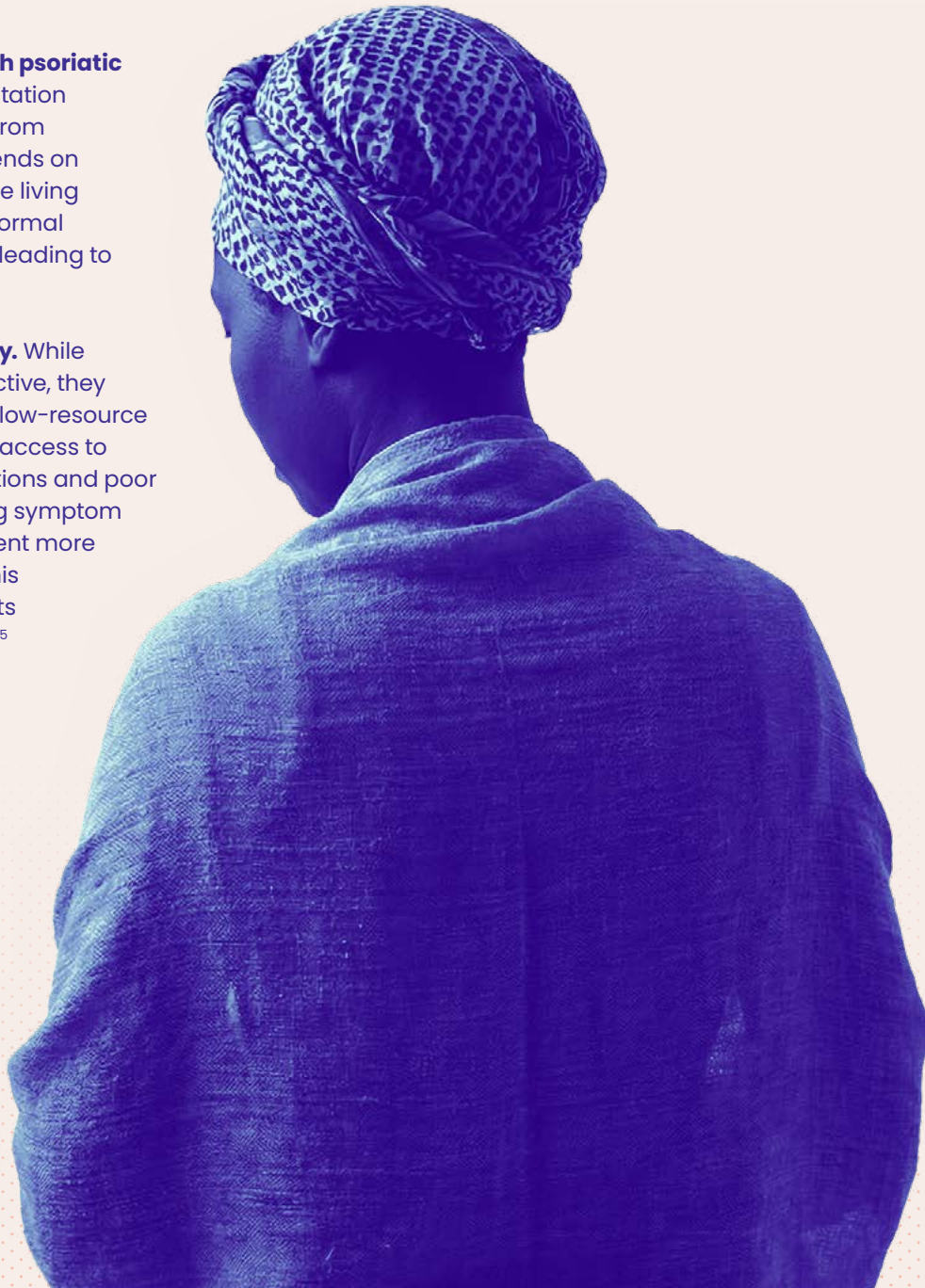
Advance equitable access to psoriatic disease treatment in Africa

Psoriatic disease poses substantial challenges to an individual's ability to work, earn an income, and engage in societal activities. However, with timely diagnosis and appropriate treatment, the progression and complications of the disease can be effectively managed. Unfortunately, in many parts of Africa, access to such vital care remains limited.

Personalized care is crucial, yet many with psoriatic disease remain undertreated. The presentation and impact on health of the disease vary from person to person. Effective treatment depends on disease type and severity, but many people living with psoriatic disease lack the necessary formal assessments and tailored care pathways, leading to unchecked pain and disability.[1]

Psoriatic disease can be a route to poverty. While systemic and biologic treatments are effective, they are often unaffordable and unavailable in low-resource settings.[2,3] Delayed diagnoses and limited access to care can result in serious health complications and poor adherence to treatment regimens, causing symptom resurgence and making future management more difficult during subsequent treatments.[4] This situation not only increases treatment costs but also elevates social stress and anxiety.[5]

Systemic barriers prevent access to care. Supply chain vulnerabilities affect the availability of essential medicines. In Africa, most medicines are imported, but inadequate infrastructure and regulatory issues contribute to shortages and counterfeit drugs.[6] Lacking accessible and effective treatments, many individuals turn to traditional medicine in their quest for symptom relief.



In Rwanda, just **12 dermatologists** serve a population of **13 million people**.

All of them are based in Kigali.[7] Shortages in specialist care put timely diagnosis and care out of reach for most.

IFPA **AMBASSADOR STORY**

In Rwanda, we struggle to access drugs or treatment due to a lack of awareness about the disease, even among hosital staff and dermatologists. At one point, I opted to go to Nairobi for a biologic injection. It cost me 5,000 USD – an entire year's salary."

Pierre Celestin Habiyaremye
IFPA ambassador / Rwanda

Watch the interview online

Our advocacy asks

Develop and implement local clinical guidelines with standardized treatment protocols reflective of African healthcare realities.

Advocate for the inclusion of psoriatic disease care within national essential medicines lists and ensure coverage of treatment in universal health coverage schemes.

Expand access to essential medicines, including affordable biologics and biosimilars, by reforming supply chains, registration processes, and healthcare financing.

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THEME **BRIEF**

Promote recognition of psoriatic disease and NCDs as interrelated

Psoriatic disease is rarely found in isolation. It is often associated with other non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, obesity, mental health issues, inflammatory bowel disease, and certain cancers. This association increases health risks and complicates care.

Inadequate training and guidance contribute to delays in care and poor management. In Africa, many countries lack national guidelines and established care pathways for psoriatic disease.[1] Coupled with a shortage of specialists, unclear referral systems often keep patients in primary care or prompt them to seek alternative remedies.[2-4] Additionally, primary care professionals may not be sufficiently trained to recognize and manage chronic inflammatory conditions.[5]

Awareness of psoriatic disease remains low. When not detected and managed early, the overall burden of psoriatic disease escalates, complicating management.[6] Many people are unaware that chronic NCDs, such as psoriatic disease, can be effectively managed with long-term care. Healthcare providers often lack knowledge about the link between psoriatic disease and other NCDs, as well as about common underlying inflammation risk factors.[6]

Addressing shortcomings in NCD care requires a systemic change in delivery methods. Innovative approaches such as telehealth, task-sharing, digital decision-support tools, and remote consultations can extend expertise to underserved areas.[7] Standardizing care pathways and enhancing training in primary care will facilitate early detection and referrals. With proper investment, these strategies can improve access and outcomes for millions affected by psoriatic disease.[6]

IFPA **AMBASSADOR STORY**

"The main problem impacting people with psoriatic disease is poor awareness. Even healthcare practitioners aren't aware of psoriasis. Doctors and nurses have asked me: 'What's happening to your skin?'"

Pierre Celestin Habiyaremye
IFPA ambassador / Rwanda

Watch the interview online

Our advocacy asks

Increase awareness and education about psoriatic disease and its link to other NCDs among people living with it, healthcare providers, and policymakers to promote early detection and holistic management.

Expand access to integrated, multidisciplinary care models using innovative delivery methods to improve early diagnosis, referrals, and treatment adherence across urban and rural Africa.

Secure a seat for people living with psoriatic disease in NCD and UHC decision-making arenas, empowering their voices to shape policies and healthcare priorities.

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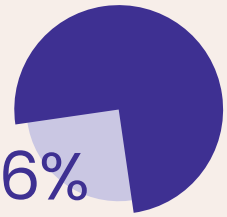
THEME **BRIEF**

Close the research gap: Generate evidence for better psoriatic disease care in Africa

Reliable data and locally led research are crucial to understanding the actual burden of psoriatic disease in Africa. Bridging the research gap will enable the development of tailored policies, improve patient care, and reduce disparities in health outcomes.



76%

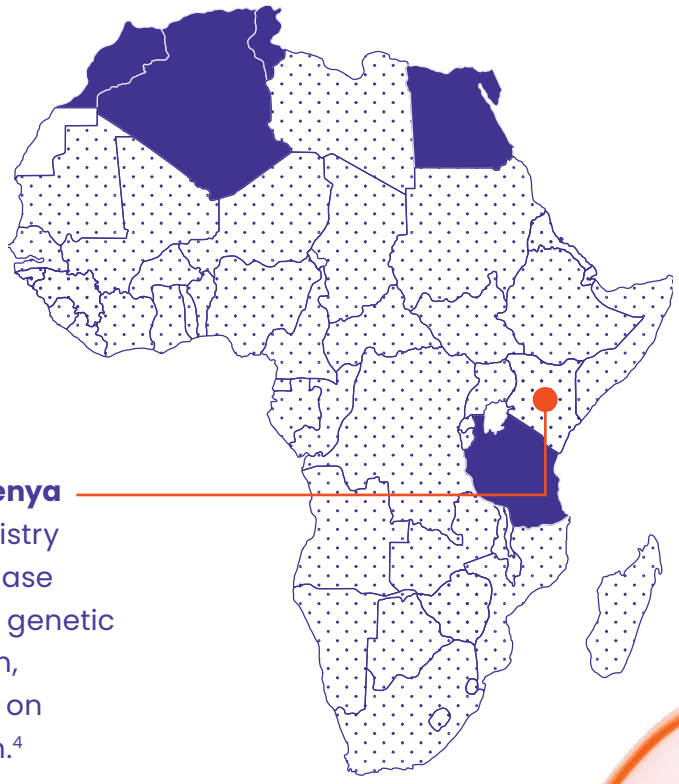
of countries globally lack epidemiological data on psoriatic disease, leaving Africa's burden largely unknown[1]

Epidemiological data are critically lacking. Few representative population surveys or unified registries exist, leaving policymakers without accurate estimates of psoriatic disease prevalence, onset, or progression.[2] Standardized case definitions and routine data collection will better inform healthcare planning.

Economic and policy data gaps hinder progress. Almost no formal cost-of-illness studies specific to Africa exist, and national guidelines or strategies are largely absent, resulting in unequal access to care. Evidence on economic burden and quality of life can drive investment and advocate for integrating psoriatic disease into non-communicable disease (NCD) frameworks.

Clinical research in Africa is limited and unrepresentative. Most psoriatic disease trials are conducted outside of Africa, raising concerns about their relevance due to the differing genetic makeup of individuals and various social and environmental determinants, such as high HIV prevalence.[3] Including African populations in global clinical trials and conducting pharmacogenomic and traditional medicine research will improve knowledge about safety and efficacy. Increasing diversity in clinical trials is critical for ensuring the equitable distribution of resources globally,[3] while research into local beliefs and cultural perceptions can guide targeted education and anti-stigma efforts.

More data are needed on psoriatic disease prevalence in African populations



Countries with population-based data[2]

Countries without population-based data

The first psoriasis patient registry in Kenya has recently been established. The registry aims to enroll people with psoriatic disease over 10 years to analyze the clinical and genetic characteristics of the Kenyan population, ultimately providing crucial information on psoriatic disease in the local population.[4]

Our advocacy asks

Conduct prevalence studies to close the data gap and **establish unified clinical registries** across Africa to generate accurate epidemiological data.

Promote inclusion of African sites in international psoriatic disease clinical trials and pharmacogenomic studies.

Encourage research about the experiences of individuals living with psoriatic disease to support anti-stigma legislation.

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