



IFPA
FORUM
AMERICAS 2025

Toward more equitable psoriatic disease care in the Americas

Access to care and early detection

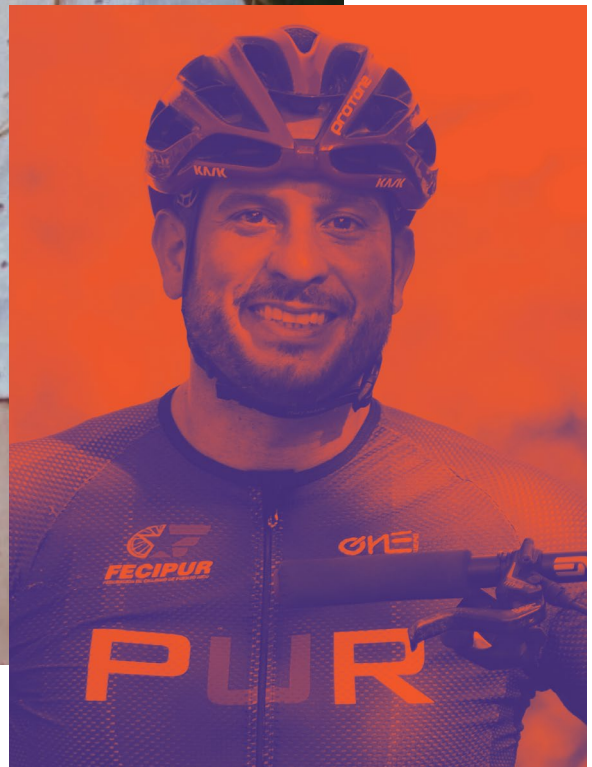
People with psoriatic disease face barriers to care, influenced by factors like income, race, insurance coverage, and geographic location

Psoriatic disease and non-communicable diseases

Addressing comorbidities like heart disease and diabetes can improve treatment efficacy and reduce costs

Collaborative research

More research is essential for improving treatment and understanding the impact of psoriatic disease



IFPA has facilitated
the development of
this briefing document.

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IFPA Forum

IFPA launched the Regional Forums to address the unmet needs of people living with psoriatic disease. These forums aim to create consensus on key issues and align with the recommendations put forward in the World Health Organization's (WHO) 2016 Global Report on Psoriasis. The forums offer a platform to discuss regional challenges and find solutions by facilitating collaboration and strengthening networks. Following successful forums in Asia and Europe, the upcoming Americas Forum aims to drive collaboration and meaningful change in the Americas.

**Scan the QR code
for details on
the IFPA Forums.**



"Americas" refers to the WHO Americas Region in this briefing document. The WHO Americas Region comprises 35 UN Member States and is home to approximately 1.01 billion people.



Foreword

We are approaching the Fourth High-level Meeting of the UN General Assembly on the prevention and control of non-communicable diseases (NCDs). As part of the NCD community, IFPA is working hard to ensure that world leaders hear our demands and take the necessary steps to build a more equitable world for people living with psoriatic disease.

Recently, we celebrated the 10th anniversary of the World Health Assembly resolution on psoriasis adopted in 2014 – a significant “win” for all those living with psoriatic disease. This resolution proved that inclusivity in global health policies is achievable. While we warmly acknowledge this success, when we reflect on what still needs to be achieved, we are all too aware that the resolution did not solve all the problems facing people with psoriatic disease. In many countries, progress is too slow.

This year, we are excited to host the IFPA Forum 2025 in the Americas, our third regional forum. This event will unite experts, policymakers and advocates to address the region’s unique challenges and outline actionable steps toward achieving more equitable healthcare solutions. The Forum is also a not-to-be-missed opportunity to create regional action and strategy as we prepare to be heard at the High-level Meeting.

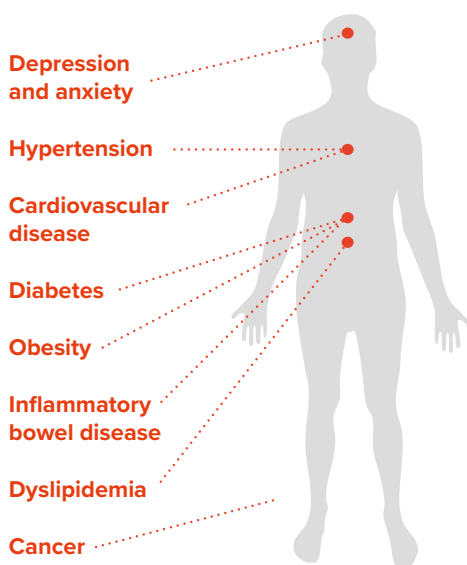
Our members in the Americas have been vital advocates at the World Health Assembly and, in recent years, some of them, have led the way in driving national legislation that recognizes psoriatic disease within healthcare frameworks. By bringing their experience to the table with stakeholders across the region, we have a critical opportunity to formulate a roadmap for advocacy that outlines how we tackle shared challenges in managing psoriatic disease.

Ingvar Ágúst Ingvarsson
Acting President, IFPA

Frida Dunger
Executive Director, IFPA

Effective management minimizes the physical and psychological impacts of psoriatic disease

Early intervention in psoriatic disease is especially important to prevent disease-associated comorbidities:¹



What are biologics and biosimilars?

Biologics are medications used to treat psoriatic disease that target specific immune system components to reduce inflammation and prevent psoriatic disease progression.²

Biosimilars are highly similar, lower-priced versions of biologics with no clinically meaningful differences. Both effectively manage moderate-to-severe cases, offering targeted action, superior long-term symptom control and improved quality of life.²

INTRODUCTION

About psoriatic disease

Psoriatic disease is a systemic condition affecting multiple body sites. It is a chronic, non-communicable, painful, disfiguring and disabling disease for which there is no cure.

Skin and joint symptoms are different manifestations of the same disease. They may manifest independently. A third of people with skin manifestations of psoriatic disease (psoriasis) will develop a type of inflammatory arthritis affecting joints and tendons (psoriatic arthritis). In some people, joint symptoms develop before the skin lesions. In addition to skin and joint symptoms, psoriatic disease is characterized by increased risk of developing related non-communicable diseases.³

Psoriatic disease is treated with topical medication, non-steroidal anti-inflammatory drugs, light therapy, disease-modifying anti-rheumatic drugs and biologics. If psoriatic disease – particularly psoriatic arthritis – is not treated effectively early on, **it can permanently damage the joints and surrounding structures**, significantly affecting mobility and quality of life.⁴

Psoriasis can take many forms, with unique manifestations:⁵



Plaque psoriasis: Occurs in ~90% of patients and is marked by inflamed, flaky skin plaques.



Guttate psoriasis: Small, raised, scaly spots affecting ~8% of those with psoriasis.



Inverse psoriasis: Occurs in skin folds, affecting 3-7% of those with psoriasis.



Pustular psoriasis: Presents as an acute, subacute or chronic pustular eruption, impacting ~3% of people with psoriasis.



Erythrodermic psoriasis: A life-threatening condition impacting ~2% of people with psoriasis, involving widespread erythema and scaling.

EVALUATING THE BURDEN

Psoriatic disease in the Americas



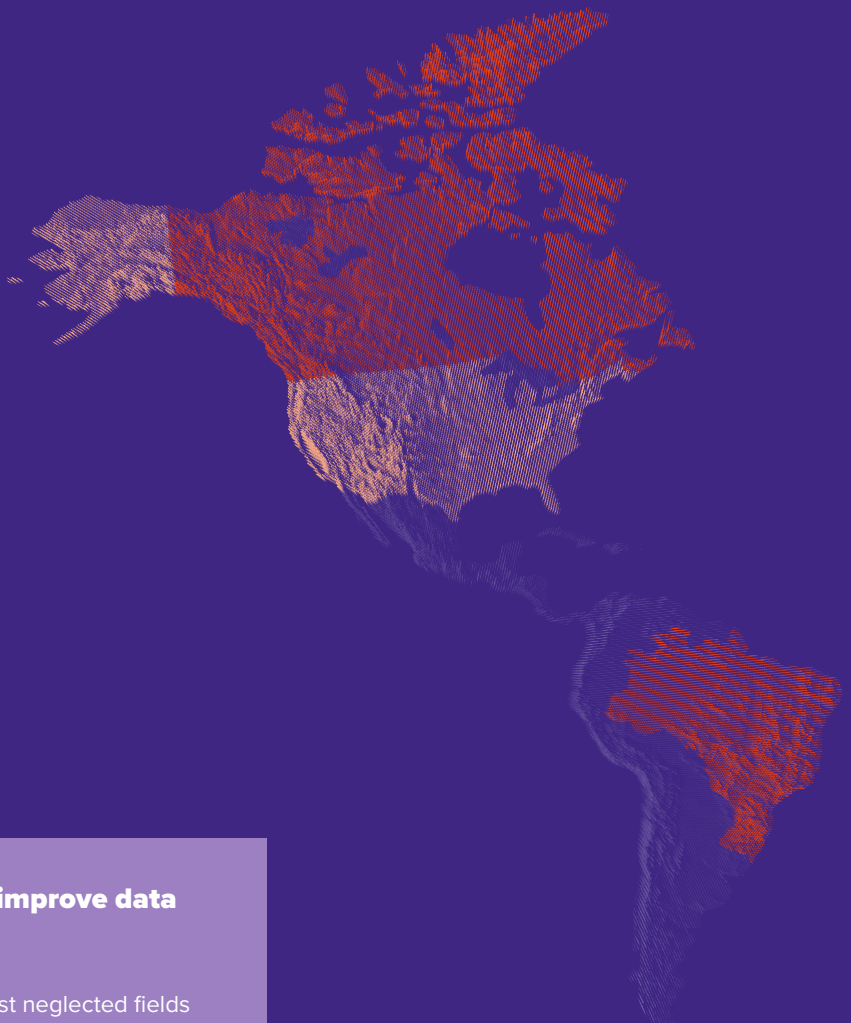
The burden of psoriatic disease in the Americas is marked by significant regional and demographic differences, further complicated by gaps in available data.⁶

An estimated **8.2 m** people live with psoriasis in the Americas⁷

According to the Global Psoriasis Atlas, the prevalence of psoriasis varies across the Americas. In Canada and the United States (US), psoriasis affects about 1.7% and 1.4% of the population respectively. In contrast, the prevalence is lower in other regions, with 0.69% in Central America and the Caribbean, 0.81% in Brazil, and 1.1% in Uruguay, Chile and Argentina.⁷

Similarly, studies show that psoriatic arthritis is more common in North America than in other regions.⁶ Research from the US and Canada estimates that between 68 and 230 respectively out of every 100,000 people are affected by this disease.⁶

There are noticeable differences in disease burden across regions outside of North America. Central America has the highest burden of psoriasis and psoriatic arthritis, while South America has the lowest.⁸



There is a need to expand and improve data collection methods

Psoriatic disease remains one of the most neglected fields of epidemiological study, **with only 19% of countries worldwide reporting its prevalence.**⁹

This leaves significant gaps, particularly in low- and middle-income regions.³ More robust studies and standardized data collection methods are needed to gain deeper insights into the condition and allow for better comparison and tracking of global psoriasis trends.¹⁰

Number of studies reporting on the prevalence of psoriasis according to region:⁹

- **2-5 studies**
- **6-8 studies**
- **0 studies**

EVALUATING THE BURDEN

Psoriatic disease significantly impacts quality of life

People living with psoriatic disease often endure chronic pain, fatigue and skin discomfort, alongside psychological distress such as anxiety and depression. These effects frequently lead to reduced work productivity, social isolation and diminished self-esteem, profoundly impacting daily life.¹³

High costs and reduced functionality

Psoriatic disease affects people during their most economically active years, resulting in high direct costs for diagnosis and treatment, but also societal costs such as lost productivity, absenteeism and reduced functionality.¹⁴ **In the US, one-third of individuals with psoriatic arthritis reported missing work in the past year**, with many unable to maintain full-time employment.¹⁵ **In Latin America, only 39.6% of individuals with psoriatic arthritis were employed**, and employment rates declined as disease severity increased. Longer periods of work disability often correlate with higher unemployment and early retirement.¹⁶⁻¹⁸

The more severe the disease, the greater the impact

Research shows a clear connection between disease severity and quality of life (QoL). In Peru, moderate QoL impairment among those with psoriatic disease was strongly linked to the severity of their condition.¹⁹ Similarly, studies in Chile found poorer QoL was more prevalent among men, younger individuals and those with more widespread disease.²⁰ For people with psoriatic arthritis in Latin America, factors such as age, sex, body mass index and disease severity significantly affected QoL.²¹

In Brazil, among individuals with psoriasis:¹¹

80%

reported **pain and discomfort**

86%

had **anxiety and depression**



In Canada, more than **50% of respondents** to a survey on psoriatic disease stated that **they worried about how their condition will affect their ability to remain in employment.**¹²

Reena

from Toronto, Canada



“When I think about how much I spend on psoriasis over my life, I mean, minimum, a hundred thousand dollars. If I didn’t have the compassionate program, each injection would be tens of thousands of dollars annually. It’s a very expensive treatment. I wouldn’t be able to afford it if I didn’t have this compassionate program.

“I don’t think that just because I live somewhere, I should have different treatment than someone living in a different place. I think we should all have access to the same care, so we can get on with our lives and not base everything we do on psoriasis.”

Reena Ruparelia
Patient advocate

Scan the QR code to listen to Reena’s full story: A Right to Health.



The importance of managing psoriatic disease early and effectively to prevent progression and prolonged inflammation

Left unchecked, psoriatic disease worsens physical and mental well-being and imposes significant social and economic burdens.

Addressing the disease early is key to preserving QoL and reducing its broader impacts.

us\$100 billion each year²² 

In the US, the economic burden of psoriasis, including medication, doctor visits and lost productivity, could exceed \$100 billion each year.²²

Work productivity lost¹⁶

19.5%

for people with skin symptoms of **psoriatic disease**

31.9%

for people with joint symptoms of **psoriatic disease**

MANAGEMENT AND CARE

Access to care and early detection



27%

of people in Latin America living with diseases affecting the skin have to **travel to another city for medical care.**²³



26%

of people in Latin America living with diseases affecting the skin spend **2 to 10 hours traveling** for each health care appointment.²³



Delaying a rheumatologist visit by just six months after symptoms begin can lead to joint damage and long-term physical disability.²⁴



Managing psoriatic disease involves equitable access to care and early detection facilitated by coordination among dermatologists, rheumatologists and primary care providers. In the Americas, significant differences in health systems and treatment affordability underscore the need for tailored solutions to support individuals with psoriatic disease.

Equitable access to care

People living with psoriatic disease in the Americas often face challenges in accessing proper healthcare. These challenges are influenced by factors such as income level, race and insurance coverage.²⁵

In the US, non-Caucasian individuals who have lower incomes or lack sufficient insurance are more likely to be hospitalized due to their condition.²⁵ A study of nearly 28,000 patients found that **African Americans, despite having more severe psoriatic disease, were less likely to receive proper treatment.**^{26,27} Similarly, Asian Americans tended to visit dermatologists less often and faced worse health outcomes, including higher hospitalization rates and longer hospital stays.²⁵

In Latin America, access to care is also affected by social inequalities.²⁸⁻³⁴ For example, **in Brazil, people with higher incomes and private health insurance are more likely to seek medical care** than those relying on the public healthcare system.³⁵

Early diagnosis and treatment

Getting diagnosed and starting treatment early for psoriatic disease is essential for better health and QoL.^{36,37} However, many people experience long delays, especially when it comes to psoriatic arthritis. These delays happen both in getting a diagnosis and in starting treatment after receiving a prescription.³⁸⁻⁴⁰

For example, a 2018 survey in Brazil found that nearly 60% of people with psoriatic arthritis waited more than a year to see a rheumatologist. Additionally, half of them were not diagnosed until more than a year after their first symptoms appeared.⁴¹ In contrast, in Canada, a survey from 2022 found that 32% of people diagnosed

To facilitate earlier access, there is a need for enhanced dermatological training among general practitioners



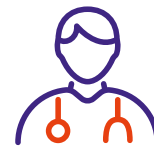
General practitioners are often the first point of contact for individuals with psoriatic disease. Improved training helps them recognize symptoms earlier, preventing delays in treatment.⁵⁰

with plaque psoriasis received their diagnosis within three months, but nearly the same percentage of people with psoriatic arthritis received their diagnosis after five years.⁴²

People with psoriatic disease are most often diagnosed by dermatologists or rheumatologists instead of general practitioners. However, there is a growing shortage of these specialists worldwide, especially in rural areas. As a result, **many people face long waiting times and have to travel long distances to get the care they need.**⁴³⁻⁴⁵

In Mexico, for example, there is only one dermatologist available for every 68,000 people.⁷ Similarly, across Latin America, there is just one rheumatologist for every 106,838 people, making access to specialized care even more challenging.⁴⁶ Recent data from Canada report a density of 1.86 dermatologists per 100,000 people, although their distribution is not even across the country.⁴⁷

Implementing psoriasis guidelines in primary care across Latin America could expedite diagnosis, improve disease management and alleviate pressure on tertiary care centers.⁴⁸ Telemedicine presents a cost-effective solution, allowing primary care providers to consult dermatologists for treatment guidance or referrals. These strategies aim to accelerate treatment, reduce delays and enhance QoL for individuals with psoriatic disease.⁴⁹



Mexico
89%

were diagnosed by a **dermatologist**⁴⁸

versus



United Kingdom
82%

received treatment in a **primary care setting**⁵¹

Despite their high costs, biologics have been shown to reduce other healthcare expenses

Comparing the economic impact of psoriasis before and after the introduction of biologics found that, while total costs increased, there was a substantial decrease in direct expenses related to hospital admissions.

This suggests that biologics can help reduce the need for more intensive healthcare services, even though they carry higher upfront costs.⁵²

In the US, a study revealed that patients who switched (they had a prescription for a biologic other than their index biologic) or discontinued their biologics faced higher healthcare utilization and medical expenses than those who stayed on their original treatment.⁵³

1.2x higher total costs for people who switched their prescription

1.4x higher medical costs for people who discontinued their treatment

Access to biologics

Biologics have transformed treatment outcomes for people living with psoriatic disease, reducing work capacity deterioration and enabling many individuals to achieve near-complete skin clearance.^{21,54}

Although international guidelines recommend biologics for moderate-to-severe psoriasis, there is a significant gap between these recommendations and the treatment available to patients across the Americas.^{27,55}

In Latin America, people with psoriatic disease face several challenges in accessing and maintaining treatment. These **challenges include high treatment costs, medication waste due to improper storage and lack of adherence to treatment.**

One major issue is the limited availability and lack of insurance coverage for biologic treatments, which are essential for managing moderate-to-severe psoriasis. In Brazil, 22.2% of adults surveyed reported difficulties in accessing biologics, while in Chile, this figure was much higher at 67.9%.⁵⁵

Proper storage of biologic medications is also a concern. A study in Argentina found that **90% of outpatients questioned were unaware of the correct temperature range for storing their medications.** Additionally, more than half of them frequently experienced power outages, which disrupted the storage conditions and affected medication effectiveness.⁵⁶

Adherence to treatment is another challenge. Studies from Mexico, Colombia, Argentina and Brazil found that between 14.6% and 28.4% of those asked did not follow their prescribed treatment plans.⁵⁷⁻⁶⁰ **The most common reason for stopping treatment was difficulty accessing pharmacies and medication.**⁴¹

Legislation introduced in Argentina to promote access to care

2022

Psoriasis was included in Argentina's Mandatory Medical Program, ensuring coverage for specific and costly treatments for people with psoriatic disease.

2023

The Argentine government implemented additional regulations to strengthen the diagnosis and treatment of psoriasis that focused on improving access to treatments and promoting awareness about the disease.

MANAGEMENT AND CARE

Psoriatic disease and non-communicable diseases (NCDs)

Identifying and managing health conditions that often occur alongside psoriatic disease – such as cardiovascular disease, obesity and type 2 diabetes – can help slow disease progression and improve how well treatments work.⁶¹ A holistic approach to these related conditions allows healthcare providers to enhance long-term health outcomes and reduce overall healthcare costs.⁶²

People with psoriatic disease have an increased risk of developing other NCDs

In 2014, the World Health Assembly recognized that people with psoriasis are at higher risk of developing other conditions, such as cardiovascular disease, diabetes and obesity.⁶³ This relationship has been observed across all countries in the Americas.^{20,64} For example, a study in Mexico found that people with psoriasis were significantly more likely to have metabolic syndrome – a cluster of conditions that increase the risk of heart disease and other health issues – compared to those without psoriasis.⁶⁴

Addressing comorbidities in psoriatic disease

Proactively managing health conditions that often occur alongside psoriatic disease can lead to significant cost savings and better use of healthcare resources. Research shows that **people with psoriatic disease and additional health conditions, such as heart disease or diabetes, face significantly higher medical costs** – on average, \$2,184 more over six months – compared to those without these conditions.⁶⁵

Additionally, individuals with both psoriatic disease and other health conditions are hospitalized more than twice as often within the same period, highlighting the importance of early and comprehensive management to improve health outcomes and reduce healthcare expenses.⁶⁶

People with psoriatic disease have a:^{67,68}



62%

higher risk of a serious **heart attack or stroke** if their disease is severe



2x

greater chance of **developing type 2 diabetes**



People with psoriatic disease are more likely to have **obesity or higher body weight** compared to people without psoriatic disease.⁶⁷ The odds of having obesity increase with the severity of psoriatic disease.

MANAGEMENT AND CARE

Advocating for change

The WHA Resolution on Psoriasis (WHA 67.9), adopted at the 67th World Health Assembly in 2014, was instrumental in advocating for the rights of people with psoriatic disease. The resolution provided the impetus for advocacy, resulting in several countries acknowledging the unmet needs of people living with psoriatic disease.

Panama success story —

Panama was key in getting psoriasis on the agenda and recognized by the WHA. After the resolution passed, the Panama Psoriasis Foundation, led by Mónica Chapman, founder and president of the association, achieved another win. The organization's advocacy efforts led to national law recognizing psoriatic disease as a disease of national interest, ensuring medical attention and promoting research, early detection, and comprehensive treatment.

“I think that currently, many laws have been approved, and the topic is discussed. I feel that doctors have also specialized more in this disease, and we have received a little more information and support at this time.”

Gabriela Montes

Person living with psoriatic disease in Panama



Scan the QR code to explore all success stories from Resolution to National Action.

— Puerto Rico success story

Building on the WHA Resolution on Psoriasis, the Puerto Rican Association for Helping Psoriasis Patients (APAPP) successfully advocated for government recognition of October 29th as National Psoriasis Awareness Day.

“The resolution of WHA has been very important in raising awareness in Puerto Rico and ensuring that the community knows the importance and seriousness of the disease.”

Leticia Lopez

Executive Director of the Puerto Rican APAPP

— Argentina success story

In 2019, Argentina presented the WHA Resolution and the WHO Global Report on Psoriasis as support documents for advocating to the Argentina Health Services Superintendent to include psoriasis and psoriatic arthritis on the list of catastrophic diseases, thus including psoriatic disease in the solidarity fund of reimbursement of the social unions healthcare.

When managing comorbidities in psoriatic disease, guidelines consistently emphasize the importance of:^{69,70}



Regular screening

Implementing routine assessments for common comorbidities in people living with psoriatic disease.



Integrated care

Encouraging collaboration among dermatologists, rheumatologists, primary care physicians, and other specialists to provide holistic patient management.



Personalized treatment

Adjusting therapeutic approaches based on the presence of comorbid conditions, to enhance efficacy and safety.



One-third of people with joint symptoms of psoriatic disease in Brazil, Argentina, Mexico and Colombia were found to have hypertension, type 2 diabetes, metabolic syndrome, dyslipidemia or obesity.⁷¹

Joint American Academy of Dermatology–National Psoriasis Foundation guidelines for screening for cardiovascular (CV) risk

The Joint American Academy of Dermatology and National Psoriasis Foundation guidelines recommend that dermatologists inform psoriasis patients of their increased CV risk and ensure engagement with their primary care doctor or cardiologist.⁷⁰

The guidelines advise using a 1.5 multiplier when calculating a 10-year CV risk score for those with psoriasis affecting more than 10% of their body surface area or who are candidates for systemic therapy or phototherapy.⁷⁰



Collaborative research

There are considerable differences in the burden of psoriasis across demographic groups within countries in the Americas

A study in the US has shown psoriasis prevalence of:⁷²

3.6% in Caucasian individuals

2.5% in Asian individuals

1.9% in Hispanic individuals

1.5% in Black individuals

In Brazil, the prevalence varied across regions:⁷³

The prevalence of psoriasis of the **indigenous peoples** living predominately in the north was **0.92%**

The prevalence of psoriasis of the people with **European heritage** living in the south and southeast was **1.88%**

Ongoing research is crucial to help doctors choose the best treatments and improve the lives of people with psoriatic disease.⁷⁴ There is still much to learn in the Americas about how many people are affected and how the disease impacts their health. Currently, limited information is available on how psoriatic disease and related conditions, such as heart disease and diabetes, affect different populations.

By strengthening medical guidelines and recommendations, healthcare providers can rely on real-world evidence to deliver better care. This ensures that treatment approaches are up to date and based on the latest scientific findings.

Expanding research

Current research suggests that psoriatic disease is less common in Latin America and the Caribbean than in North America.⁸ However, studies from Argentina, Brazil and Colombia show significant differences in prevalence – sometimes more than 20 times higher in one country than another. These variations make it difficult to compare regions accurately.⁶

To better understand and address these differences, it is important to develop comprehensive health databases across the region.

These databases can help support future research and improve clinical decisions.^{22,75} Additionally, **long-term studies are needed to gather more accurate data on underrepresented populations and identify and overcome barriers to care.**⁷⁴

Standardizing tools

Standardized guidelines, recommendations and national registries are essential tools for improving the management of psoriatic disease in the Americas. They ensure that people with psoriatic disease receive high-quality, evidence-based care while supporting research efforts and healthcare system optimization.

Multinational psoriatic disease network for safety and efficacy data

As in many countries, the patents for some biologic medications have already expired or will expire soon. As a result, biosimilars – affordable alternatives to these expensive treatments – are becoming increasingly popular across the region. They offer a cost-effective option, making advanced treatment more accessible to patients. However, despite the growing demand, the adoption of biosimilars in Latin America faces several challenges, including:⁷⁶



Inconsistent regulatory frameworks across the region



Limited awareness and acceptance among healthcare stakeholders



Insufficient safety monitoring systems

National recommendations for latent tuberculosis screening

In many Latin American countries, routine annual screening for latent tuberculosis infection (LTBI) is not included in national healthcare guidelines.⁷⁷ This is a major concern, because treatment with certain biologic agents, in particular tumor necrosis factor-alpha (TNF- α) inhibitors, is associated with an increased risk of tuberculosis (TB), and screening and treatment for LTBI in people undergoing such treatment is therefore indicated.

Guidelines from organizations such as the American College of Rheumatology recommend annual LTBI re-screening.⁷⁸ However, many Latin American countries do not follow this practice, which presents risks.

This gap in healthcare policies highlights the urgent need for standardized screening procedures to protect people with psoriatic disease and ensure they receive the safest possible treatment.

Prevalence of **latent tuberculosis** in people with psoriasis:

Argentina⁷⁹
16%

Venezuela⁸⁰
10.4%

Prevalence of **latent tuberculosis** in people with psoriatic arthritis:

Latin America^{41,81}
35.7%

US⁸²
4.4%

Universal health coverage



UHC will be central to discussions at the Fourth High-level Meeting on NCDs scheduled for September 2025

The High-level Meeting will focus on integrating the prevention and control of NCDs into UHC, with the aim of strengthening health systems globally and reducing the burden of NCDs.

Universal health coverage (UHC) ensures that everyone, regardless of age, sex, financial situation or living standards, can access the health services they need without experiencing financial hardship.

UHC encompasses various services, including neonatal, child and adolescent care, sexual and reproductive care, maternal health, health promotion, prevention, communicable diseases and NCDs, and palliative care. UHC aims to provide high-quality, affordable health services to all, ensuring that no one is left behind and that health expenditures do not push individuals into poverty.

Key features of UHC

Equity in access: Ensures that marginalized and poor populations receive necessary health services.

Quality of care: Health services must be of high quality, including accurate prevention strategies, prompt and correct diagnosis, and necessary interventions.

Affordability: Health services should be affordable, preventing financial hardship due to health expenditures.

Progressive universalism: Countries can start with essential interventions and expand coverage as more resources become available.

Psoriatic disease and UHC

Psoriatic disease is a chronic, lifelong disease that significantly impacts individuals' lives. UHC is crucial for people living with psoriatic disease for several reasons:

Access to comprehensive care: UHC ensures access to a broad range of health services, including prevention, treatment, rehabilitation and palliative care, which are essential for managing NCDs, including psoriatic disease.

Financial protection: UHC prevents financial hardship by reducing out-of-pocket expenses for treatments and medications, which can be exceptionally high for chronic conditions such as psoriatic disease.

Holistic management: UHC promotes a person-centered model of care, addressing not only the physical symptoms of the disease but also associated mental health issues such as stress, anxiety and depression.

Equity and inclusion: UHC aims to provide equitable access to health services, ensuring that vulnerable populations, including those with psoriatic disease, receive the care they need without discrimination.

Health workforce preparedness: UHC emphasizes the importance of a well-trained health workforce capable of managing complex conditions such as psoriatic disease, ensuring timely diagnosis and effective treatment.

Access to medicines: UHC improves the availability and affordability of essential medicines, including advanced treatments for psoriatic disease, ensuring that patients receive the best possible care.

UHC is a vital commitment to achieving health and well-being for all, including those living with psoriatic disease. By ensuring access to comprehensive, high-quality, and affordable health services, UHC helps manage the complexities of psoriatic disease, reduces financial burdens and promotes a healthier, more productive population.

The political declaration on UHC, along with the WHA Resolution on Psoriasis and the WHO Global report on Psoriasis, provides a robust framework for advocating for better care and improved lives for people with psoriatic disease worldwide.

**Scan the QR code
to access IFPA's
advocacy resources
for UHC.**



WHAT'S NEXT?

Key advocacy asks

People living with psoriatic disease face significant challenges in accessing timely diagnosis, effective treatment and comprehensive care. Many struggle with delayed diagnoses, limited treatment options, financial barriers, and a lack of awareness and support in their communities. These unmet needs impact not only their physical health but also their overall well-being and quality of life.

Building on the WHA Resolution on Psoriasis and the recommendations in the WHO Global Report on Psoriasis, we are calling for urgent action to address these challenges. Our advocacy efforts focus on three key areas to ensure that every person with psoriatic disease – no matter where they live or their financial situation – can access the care they need to live healthier, more fulfilling lives.

Equitable access to early diagnosis and quality treatment

Resources and programs should be readily accessible to healthcare providers in under-served areas, ensuring that appropriate care and quality treatment options are available for all individuals, irrespective of where they live. To promote equitable access, policies should eliminate financial barriers and ensure that emerging therapies are within reach for all patients, regardless of their socioeconomic status.

Equitable access for all people living with NCDs

Promoting the integration of psoriatic disease, alongside other NCDs, into UHC frameworks is essential to ensure equitable access. This should be combined with integrated care models for psoriatic disease and NCDs to provide comprehensive support for those who need it most. Advocacy and awareness campaigns are also necessary to educate people living with psoriatic disease and the general public about these conditions, putting them on the map as serious conditions.

Collaborative research for bridging knowledge gaps and improving care

Multi-disciplinary research initiatives, investment in research, and collaboration among researchers and the healthcare community are needed to deliver studies into the different aspects of psoriatic disease, including its prevalence, availability and access to care. It is also critical to strengthen and standardize guidelines, recommendations and national registries to provide comprehensive, evidence-based care and up-to-date treatment.



Our vision and mission

Founded in 1971, IFPA is the international federation of psoriatic disease associations. It is the only global organization representing and uniting all people living with psoriatic disease – regardless of where they live, the type of psoriatic disease they have or how it impacts their lives.

Vision

A future where all people living with psoriatic disease enjoy good health and well-being, free from stigma and preventable disability and comorbidities.

Mission

Unite, strengthen, and lead the global psoriatic disease community to improve the lives of all people affected by psoriatic disease.

Acknowledgments

IFPA MEMBER ORGANIZATIONS IN THE AMERICAS

FULL MEMBERS

ARGENTINA

Silvia Fernandez Barrio and Martin Petrocco
Asociación Civil para el Enfermo de Psoriasis (AEPSO)

BRAZIL

Gladis Lima de Souza and José Célio Peixoto Silveira
Psoríase Brasil

CANADA

Helen Crawford
Psoriasis Canada

COLOMBIA

Guillermo Gutiérrez
Fundapso

DOMINICAN REPUBLIC

Steffanie Marie Camilo Tertulien and Feliciano Peralta
Fundación de Apoyo a Pacientes con Psoriasis (FUNAPAPSO)

EL SALVADOR

Evelyn Roxana Azucena de Aguirre
Psoriasis Nueva Vida El Salvador (PSONUVE)

PANAMA

Mónica Chapman and Yuythel Aguilar
Fundación Psoriasis de Panama

PERU

María del Pilar Aranibar
Asociación de psoriasis y artritis psoriásica (APAPSO)

PUERTO RICO

Leticia López
Asociación Puertorriqueña de Ayuda al Paciente de Psoriasis (APAPP)

UNITED STATES

Leah McCormick Howard and Kathleen L. Gallant
National Psoriasis Foundation (NPF)

URUGUAY

Gustavo Di Genio
Asociación Psoriasis Uruguay (APSUR)

ASSOCIATED MEMBERS

CANADA

Brenda Delodder
Canadian Spondylitis Association (CSA)

OUR PARTNERS

Dr. Claudia de la Cruz (Chile) and Dr. Cesar Gonzales (Colombia)
International Psoriasis Council (IPC)

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