IFPA
GLOBAL LEADER IN FIGHTING PSORIATIC DISEASE

# PSORIATIC DISEASE AND UNIVERSAL HEALTH COVERAGE

Universal health coverage (UHC) lies at the core of the health-related Sustainable Development Goals. At its core, UHC is the idea that people should be able to gain access to the health care they need without experiencing financial hardship as a result. A key priority for the World Health Organization (WHO), UHC could be seen both as a profitable investment in socio-economic welfare, contributing to prosperous and harmonious societies.

UHC offers an important framework for increasing the effectiveness of psoriatic disease care, especially if implemented through well-equipped quality and accessible primary health care services. Primary health care provides the first point of entry for health-care delivery, linking patients to more specialized health system services. Primary care providers play a critical role as community resources that help tackle social issues: this is particularly relevant for psoriatic disease as people living with it are frequently suffering from stigma and exclusion from basic social environments, often leading to avoidance of social activities, and delays in seeking care and counsel.

Psoriatic disease management requires skilled primary health professionals who are knowledgeable about the disease and to be able to differentiate between common myths and facts related to diagnosis and treatment. Timely diagnosis and treatment for psoriatic disease and related comorbidities are critical.

What’s more, early screening can also help address onset of other noncommunicable diseases. Health professionals should consider screening people living with psoriatic disease for diabetes and cardiovascular disease, due to their heightened risk of developing these co-morbidities. Even when basic care can be accessed, people living with the disease may face additional challenges, including suboptimal knowledge and diagnosis capacity at primary care level or complex health insurance requirements and policies. These may not only delay adequate care but can also lead to bad health or clinical outcomes.

Treatment for psoriatic disease can be life-long, constituting reason for significant financial commitment if not financed by UHC schemes. Self-funding can be challenging for the patient and their household, particularly if the severity of the diseases and/or potential stigma jeopardize the ability of working. WHO noted that in many countries, most treatments for psoriatic disease are either unavailable or are not reimbursed, even those on the WHO Model List of Essential Medicines.

The commitment that world leaders took in 2015 through the adoption of the Sustainable Development Goals aims at dramatically increase access to essential health-care services. Meeting this global commitment would have a significant impact on improving the lives of people, especially those with chronic conditions such as psoriatic disease.

This means enabling people living with psoriatic disease to have access to adequate diagnosis, early, adapted and appropriate treatment as well as affordable long-term supply of medicines and treatments. Reducing the burden of psoriatic disease would in turn allow favor social and economic inclusion, generating important return on investments for the overall society.