

Psoriasis 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, 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 psoriasis 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 psoriasis as patients 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.

Psoriasis 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 psoriasis and related comorbidities are critical.

What's more, early psoriasis screening can also help address onset of other NCDs. Health professionals should consider screening people living with psoriasis for diabetes and cardiovascular disease, due to their heightened risk of developing these co-morbidities. Even when basic care can be accessed, patients 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/clinical outcomes.

Treatment for psoriasis and psoriatic arthritis can be life-long, constituting reason for significant financial commitment if not financed by universal health coverage schemes. Self-funding can be challenging in case for the patient and her/his 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 psoriasis are either unavailable or are not reimbursed, even those on the WHO Model List of Essential Medicines.

The commitment that world's leaders took in 2015 through the adoption of the SDGs, 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 psoriasis.

This means enabling people living with psoriasis 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 psoriasis would in turn allow favor social and economic inclusion, generating important return on investments for the overall society.