

Roadmap to improved psoriatic care in Asia

A tool to support patient associations
amplify action on psoriatic disease
and improve the lives of people with
psoriatic disease.



From Roadmap to Reality

Let's ensure all people with psoriatic disease in Asia live better lives by 2026

The goals of the Roadmap are:

Improved access to treatment and care

Recognition of mental health in psoriatic disease and clinical treatment and care

Effective, holistic care for psoriatic disease and its comorbidities

Greater awareness about psoriatic disease and support for individuals, their families, and caregivers to better cope with a chronic disease

COVER IMAGE: (Left to right) Elisa Martini, IFPA, Dr Azura Mohd Affandi, Consultant Dermatologist and Deputy Head of Department at Hospital Kuala Lumpur, and Sofia Lovi Ramasamy, Secretary, Psoriasis Association Malaysia and Chiara Lionel Salim, IFPA Ambassador and founder of Psoriasis Indonesia

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About the Roadmap

This Roadmap provides a clear set of advocacy demands and practical strategies to guide efforts to improve psoriatic care in Asia. These include actions for patient associations to raise awareness of the psoriatic disease burden and its impact and calls for higher prioritization of the disease within national and regional policies. By doing so, the Roadmap strives to map a path towards improved overall health and well-being for people living with psoriatic disease.

Psoriatic disease is a health care priority

Asia is home to an estimated 10 million people living with psoriatic disease who require access to lifelong treatment and care¹. However, the current burden of psoriatic disease and its impact on individuals, their families, and communities is significantly underestimated. This is due to underreporting, misdiagnosis,² and the presence of severe, chronic, and debilitating comorbid conditions.

There is an urgent need to take action and address psoriatic disease on a larger scale. The IFPA Forum Asia 2023 provided a platform for patient advocates, their associations, family members, policymakers, health care professionals, and the private sector to come together and discuss, inspire, and motivate collaboration toward action for improving the well-being of those affected by psoriatic disease.

HALF of the world's population lacks access to essential health services³. Without health care access, people with psoriatic disease cannot live a stress-free and healthy life with their condition.

Patient advocates and their organizations must pursue opportunities and amplify the messages that lead to policy change for improving the treatment and care of people with psoriatic disease.



(Left to right) Rocyie Wong, psoriasis advocate Malaysia, Chiara Lionel Salim, IFPA Ambassador and Founder of Psoriasis Indonesia, and Jannarie Zarsoso, Miss Universe Philippines Finalist and President of the Psoriasis Philippines (PsorPhil) Youth Association.



“Policymakers need patient organizations to be the voice that advocates for Universal Health Coverage. A top-down approach isn't going to work; it must be a grassroots movement. You need to be the voice that amplifies the message, asking and demanding from policymakers access to UHC.”

Dr Rabindra Abeyasinghe
World Health Organization
Representative and Head of
Country Office to Malaysia,
Brunei and Singapore

1. Parisi R, Iskandar IYK, Kontopantelis E, Augustin M, Griffiths CEM, Ashcroft DM. National, regional, and worldwide epidemiology of psoriasis: systematic analysis and modelling study. *BMJ*. 2020;369:m1590. 2. Global Psoriasis Atlas. Psoriasis statistics: Prevalence. <https://www.globalpsoriasisatlas.org/en/statistics>. Published 2022. Accessed March, 2022. 3. World Health Organization and World Bank. Universal Health Coverage: 2017 Global Monitoring Report

Roadmap to improved psoriatic care in Asia

Access to care

Addressing and managing comorbidities

Mental health and psoriatic disease

Social and familial impact of psoriatic disease

Access to care

People with psoriatic disease should have access to comprehensive, individually adapted treatment, including professional medical care, but this is not the reality for many people living in Asia.

Goal:

Improve access to treatment and care for people with psoriatic disease

Priority asks

- Increase awareness of psoriatic disease** among health care professionals, especially primary care frontline health workers.
- Develop guidelines and protocols** for diagnosing and managing psoriatic disease, including recommendations for early diagnosis, routine screening, and appropriate, adequate, and timely treatment.
- Address health care system challenges** that prevent equitable access to treatment and care.
- Improve access to biologic therapies** and other advanced treatments for psoriatic disease, including reducing barriers to reimbursement and increasing the availability of these therapies in Asia.

ACCESS ACTIONABLE IDEAS AND TACTICS

Addressing and managing comorbidities

Individuals with psoriatic disease face a higher risk of comorbidities, including mental, physical, and metabolic conditions. Individuals, especially those at high risk, must be detected early and receive an accurate diagnosis and comprehensive care before their health worsens.

Goal:

Seek to ensure effective, holistic care for psoriatic disease and its comorbidities

Priority asks

- Increase awareness among health care professionals:** Train professionals to screen for comorbidities in psoriatic disease patients and refer them for treatment when necessary.
- Promote patient education and awareness of comorbidities and their risk factors:** Educate patients about regular check-ups, screening for comorbidities, the importance of early detection and lifestyle modifications, and risk reduction strategies.
- Improve access to care:** Improve access to care, especially in rural and underserved areas, by increasing the number of trained health care professionals, improving diagnostic and treatment facilities, and using digital technologies.
- Encourage person-centered and multidisciplinary care:** Encourage a multidisciplinary approach that includes patients in treatment decisions, involving collaboration between specialists to address the disease's physical and psychological aspects.

ACCESS ACTIONABLE IDEAS AND TACTICS

Mental health and psoriatic disease

Psoriatic disease and mental health are closely linked. Psychological effects like anxiety, depression, embarrassment, and shame may even lead to thoughts of or attempts of suicide. Suicidal ideation can be relatively common among people with psoriatic disease in Asia.^{1,2}

Goal:

Work towards the recognition of mental health in psoriatic disease and clinical treatment and care

Priority asks

- 1. Help capacitate health care providers to identify and address mental health needs:** Encourage that patients are screened, provided counseling, psychiatric evaluation referrals, and that mental health care be integrated into treatment plans.
- 2. Motivate individuals with psoriatic disease to seek out mental health care and support:** Set up and facilitate participation in support groups. Capacitate patients to talk with their health care providers about mental health topics, explore therapy options, and advocate for their mental health needs.
- 3. Raise awareness about mental health, reduce stigma and discrimination:** Advocate for increased access to mental health care and support for people with psoriatic disease. Support public education campaigns and patient support groups to reduce stigma and raise awareness about the mental health impact of psoriatic disease.
- 4. Campaign government and policymakers for increased funding and policy support:** Ask for integrated mental health care while encouraging the formation of mental health professionals at all levels, including community-based professionals.

ACCESS ACTIONABLE IDEAS AND TACTICS

Social and familial impact of psoriatic disease

Psoriatic disease significantly impacts a person's quality of life, affecting social activities, work, and family time. Social stress worsens psoriasis, leading to flare-ups, mental distress, and potential mental health issues, impairing employment prospects. In Asia, family members frequently have caregiver responsibilities that may cause emotional and financial challenges.

Goal:

Advocate for greater awareness about psoriatic disease and support individuals, their families, and caregivers to better cope with a chronic disease

Priority asks

- 1. Educate employers about creating a supportive workplace:** Ask employers to provide a flexible work environment with accommodations such as flexible working hours, remote work options, and ergonomic equipment. Raise awareness about the disease and its impact on individuals to foster understanding among employees and their families.
- 2. Highlight the need for policymakers to promote social and familial support:** Make policymakers aware of the necessity to provide access to affordable health care and mental health services, promote workplace accommodations, and allocate resources to reduce stigma and discrimination.
- 3. Provide a community for patient association members:** Consider ways to reduce social isolation for people with psoriatic disease. Offer opportunities for learning, sharing experiences, and emotional support with support groups for people with psoriatic disease as well as caregivers/family members.
- 4. Encourage family members related to a person with psoriatic disease and friends to provide support:** Teach them how to offer understanding, empathy, and emotional support, and encourage seeking professional help. Help reduce social isolation by inviting loved ones to social events and activities. Connect with other families to receive and offer support.

ACCESS ACTIONABLE IDEAS AND TACTICS

1. Online. 2020 Survey on psoriasis Philippines. 2. Chen X, Zheng L, Zhang H, Zhang J, Zhang C. Burden of disease and Quality of life in patients with psoriasis: a web-based questionnaire. *Chinese Journal of Dermatology*. 2019;52(11).

Access to care

Goal:

Improve access to treatment and care for people with psoriatic disease

PRIORITY ASK

THREE-YEAR ACTION PLAN

2024 (year 1)

2025 (year 2)

2026 (year 3)

Increase awareness of psoriatic disease among health care professionals, especially primary care frontline health workers.

- Make a list of educational tools you currently use to raise awareness among health care professionals and improve their knowledge of psoriatic disease. Next list the types of tools that would be beneficial to develop. Try to learn from what other patient associations have done.
- Start to collate available reputable tools that could aid in the training of primary health care professionals. Consider how these tools could be distributed or shared with health care providers to educate them and prevent misdiagnosis.

- Develop the education and communication materials for health care professionals identified as relevant in your context (e.g., brochures or booklets about psoriatic disease, posters for waiting rooms, etc.). Some educational materials or tools, such as an App may require a longer timeframe to develop so you may want to plan them over a two-to-three-year period.

- Plan and action your outreach to health care professionals with the tools and materials collated and developed.

Develop guidelines and protocols for diagnosing and managing psoriatic disease, including recommendations for early diagnosis, routine screening, and appropriate, adequate, and timely treatment.

- Identify other partners interested in developing national guidelines on psoriatic disease, where they are absent or need to be updated.
- Promote practices that include routine screening to ensure early identification of psoriatic arthritis to prevent joint deterioration, pain, and loss of mobility.

- Establish a formal collaboration with partners identified and initiate guideline development.
- Ensure routine screening practices are reflected within clinical guidelines and protocols.

- Work with partners to produce a guideline document.
- Review whether clinical guidelines or protocols should be updated.



“Legislation is important because it becomes difficult to remove from society when you legislate a policy. The moment you institutionalize an action within a policy, it becomes a yearly appropriation in a country’s budget that is mandated to policymakers as the voice of the people. Therefore, institutionalizing care for psoriatic disease is the voice of the people.”

Hon. Ray T. Reyes
Anakalusugan Party List
Representative, Philippines

PRIORITY ASK

Address health care system challenges that prevent equitable access to treatment and care.

THREE-YEAR ACTION PLAN

2024 (year 1)

- Learn from the COVID-19 pandemic experience. Do some research into new ways of using digital technologies to improve access and address systemic challenges, including unequal or inequitable care.
- Find ways to expand research on direct and indirect costs of psoriatic disease to help uncover the socioeconomic burden and inequities.
- Identify entry points and plan how to approach policymakers to motivate for the inclusion of legislation on psoriatic disease treatment and management within the Universal Health Coverage (UHC) framework to ensure health care access and protection of the most vulnerable.

2025 (year 2)

- Compile and share better practices of novel approaches and learning from COVID-19 with health care providers and health care decision-makers.
- Organize a workshop or roundtable event with different stakeholders where you ideate about how digital technologies, teledermatology and telehealth can help to improve access to care.
- Find out how patient associations can become involved in contributing insights into health service provision (e.g., through established hospital boards or health care facility decision-making bodies that include patient association members).
- Plan a campaign to include legislation on psoriatic disease treatment and management within UHC.

2026 (year 3)

- Promote teledermatology at events, roundtable meetings and conferences to help bridge gaps in care in rural or underserved areas and provide equitable access to treatment (e.g., by lessening transport costs).
- Use access to the various boards and platforms available to motivate for ways that will make it easier for patients with psoriatic disease to access these services.
- Action the campaign.



Xingxiang Shi, China Mutual Assistance of Psoriasis Patients (Founder and Director) and Chronic Skin Disease Fund (Deputy Director and Secretary-General)

PRIORITY ASK

THREE-YEAR ACTION PLAN

2024 (year 1)

Improve access to biologic therapies and other advanced treatments for psoriatic disease, including reducing barriers to reimbursement and increasing the availability of these therapies in Asia

- Increase awareness of the barriers to access to biological treatment.
- Establish how to effectively track clinical research underway globally/regionally to identify gaps that may affect the future treatment supply (e.g., EUROPSO is developing a clinical research platform called the EUROPSERVATORY).
- Determine whether working with partners in your country or region to build an investment case would be a feasible project for your patient association. Identify potential partners.
- Support knowledge-building around precision medicine that can be used to increase understanding, acceptance, funding and further development, and inclusion of this approach into clinical practice.

2025 (year 2)

- Work with partners to promote the inclusion of biological treatment in the National drug formulary.
- Set up a system to track clinical research and communicate potential gaps and implications to pharmaceutical partners and the research community.
- If an investment case is a longer term project your patient association is interested in, then start by learning about how other countries approach/overcome reimbursement and health care financing constraints and whether any lessons can be applied nationally.
- Identify better practice examples where precision medicine is being used in clinical practice to treat people with psoriatic disease.

2026 (year 3)

- Develop a policy brief with a clear set of demands that can be presented to policymakers.
- Use the data on available clinical research to support campaigns (e.g., a campaign motivating for biologic therapies to be included within public health insurance schemes).
- Plan and develop the investment case. Investigate whether there are opportunities to use the investment case to start a conversation around collaboration between countries in the region around achieving more affordable medicine prices.
- Share the better practice examples of precision medicine use and research conducted to build understanding of this area with interested health care professionals, researchers and policymakers within your sphere of influence.



Sofia Lovi Ramasamy, Malaysia

Addressing and managing comorbidities

Goal:

Seek to ensure effective, holistic care for psoriatic disease and its comorbidities

PRIORITY ASK

THREE-YEAR ACTION PLAN

2024 (year 1)

2025 (year 2)

2026 (year 3)

Increase awareness among health care professionals: Train professionals to screen for comorbidities in psoriatic disease patients and refer them for treatment when necessary.

- Share better practices on models of care with health care professionals as inspiration for how screening for comorbidities such as cardiovascular disease or diabetes is conducted elsewhere (e.g., Learn more about the [Psoriasis Unit, National Skin Centre, Singapore](#) or Integrated Care Center of Psoriatic Disease, Taichung Veterans General Hospital, Taiwan).

- Support research in your local population on inflammation, psoriatic disease, and other comorbidities.

Promote patient education and awareness of comorbidities and their risk factors: Educate patients about regular check-ups, screening for comorbidities, the importance of early detection and lifestyle modifications, and risk reduction strategies.

- Inform patient association members and other patients about the increased risk for comorbidities, especially as they age. Encourage patients to periodically ask their doctor to screen for comorbidities, especially if they are at higher risk.

- Ask health care providers for screening for metabolic diseases to be part of routine clinical practice through dermatologists and primary care (e.g. Singapore has initiated a system called Chronic Skin Disease Right-siting where general practitioners are educated and supported to provide shared care with dermatologists).

- Highlight the role of inflammation in psoriatic disease and other comorbid conditions in communication with health care professionals.

- Consider novel ways to bring awareness and educational messaging across to people with the condition, including those at risk for comorbidities. Think about the audience, how they consume media, the types of messages they respond to, and their life stage (e.g., Film for youth about relationships or including statements within standup comedy).

- Highlight opportunities to health care providers for routine screening of metabolic disease at the primary care level (e.g., share better practices from other settings such as Singapore where general practitioners receive digital reminders).

- Investigate whether screening for inflammation can be included as part of clinical practice (e.g., C-Reactive Protein test to identify inflammation).

- Develop a communication plan around the novel educational materials you brainstormed.



“It is important that patients are screened according to the clinical guidelines, and it is important, therefore, for physicians to take a holistic approach to managing psoriasis. This requires a multidisciplinary approach – nurses, physiotherapists, endocrinologists, and cardiologists may be involved – which is the best approach to care.”

Dr Colin Theng
Dermatologist and
President of the Singapore
Psoriasis Association

PRIORITY ASK**THREE-YEAR ACTION PLAN**

2024 (year 1)

2025 (year 2)

2026 (year 3)

Improve access to care: Improve access to care, especially in rural and underserved areas, by increasing the number of trained health care professionals, improving diagnostic and treatment facilities, and using digital technologies.

- Investigate funding opportunities or approaches to educate or train more health care professionals and potentially advocate for increased funding within institutions or at a national level (e.g., legislation on state-funded scholarship programs for health care professionals, including specialties).

- Identify partners within health departments (e.g., Minister of Health) and local or international partners and opportunities available to organize health care professional training (e.g., the patient association Psoriasis Philippines set up Caravan of Hope in association with various partners to train rural doctors in every province in preparation for UHC).

- Collaborate with health departments and local or international partners to organize health care professional training.

Encourage person-centered and multidisciplinary care: Encourage a multidisciplinary approach that includes patients in treatment decisions, involving collaboration between specialists to address the disease's physical and psychological aspects.

- Emphasize the importance of holistic care for people with psoriatic disease and comorbidities as the best approach.

- Explore digital health opportunities, and determine if there are overlaps in other disease areas where patient associations are active.

- Promote the use of digital health to facilitate access to a multidisciplinary care team or coordination between team members.



Dr Hazel Oon, Psoriasis Unit,
National Skin Centre, Singapore

Mental health and psoriatic disease

Goal:

Work towards the recognition of mental health in psoriatic disease and clinical treatment and care

PRIORITY ASK

THREE-YEAR ACTION PLAN

2024 (year 1)

2025 (year 2)

2026 (year 3)

Help capacitate health care providers to identify and address mental health needs:

Encourage that patients are screened, provided counseling, psychiatric evaluation referrals, and that mental health care be integrated into treatment plans.

- Support research to help policymakers and the medical community better understand the relationship between mental health and psoriatic disease, treatment use, and practical care approaches.
- Identify gaps in access to trained psychologists capable of identifying and treating mental health that patients can be referred to.

- Use the research conducted to inform health care decision-makers about the importance of mental health and psychosocial well-being in managing psoriatic disease, from an early age.
- Speak with primary care staff, including general practitioners about how mental health issues affect people with psoriatic disease and how they can raise the conversation about mental health with a patient and be capable of conducting appropriate assessments.

- Promote the inclusion of routine mental health assessments in clinical treatment guidelines at meetings with health decision-makers, conferences or even organize a meeting to discuss the issue.
- Support the development and use of digital health technology that improves access to consultations with primary care providers, psychological counseling, and other mental health services such as peer support.

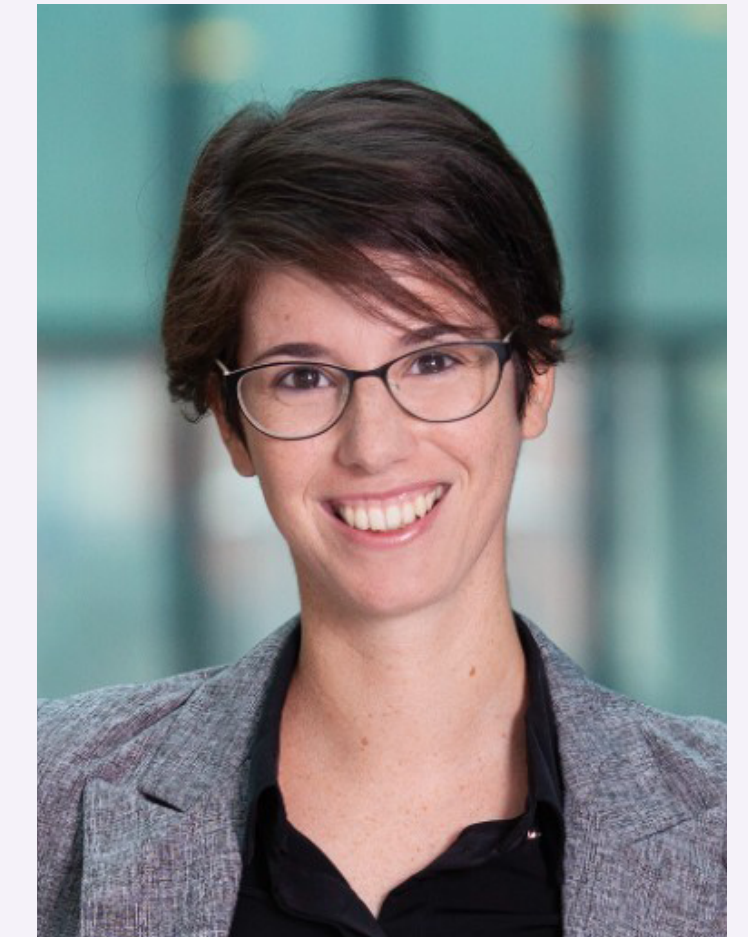
Motivate individuals with psoriatic disease to seek out mental health care and support:

Set up and facilitate participation in support groups. Capacitate patients to talk with their health care providers about mental health topics, explore therapy options, and advocate for their mental health needs.

- Encourage people with psoriatic disease to take personal responsibility for their physical, emotional, and mental health.

- Provide inspiration, tools, and insights that will allow people with psoriatic disease to positively reframe their life purpose and take action needed to care for their health.

- Educate people with psoriatic disease about the signs and symptoms of poor mental health, why it must be addressed and that they should proactively seek help. Provide a list of available health care resources.



“The mental health burden in psoriatic disease is much more than in the general population. The good news is that world leaders know that mental health is important, and the WHO has developed three targets for mental health as part of the WHO Comprehensive Mental Health Action Plan that runs until 2030.”

Elisa Martini
Policy and Advocacy
Manager, IFPA

PRIORITY ASK**Raise awareness about mental health,
reduce stigma and discrimination:**

Advocate for increased access to mental health care and support for people with psoriatic disease. Support public education campaigns and patient support groups to reduce stigma and raise awareness about the mental health impact of psoriatic disease.

**Campaign government and policymakers
for increased funding and policy support:**

Ask for integrated mental health care while encouraging the formation of mental health professionals at all levels, including community-based professionals.

THREE-YEAR ACTION PLAN**2024 (year 1)**

- Conduct public awareness campaigns aimed at changing perceptions about the disease. Tell people that psoriatic disease affects a person's physical and mental health to help destigmatize the condition.
- Recruit potential patient advocates willing to share their experience of living with psoriatic disease and how it has impacted their mental health and management of the condition.
- Establish patient support groups to provide education and psychosocial support to patients and their family members.

- Develop health economic arguments that can be presented to policymakers. Highlight the financial burden for society when people with psoriatic disease suffer from mental health issues and cannot work, perform at work or contribute as community members.

2025 (year 2)

- Formulate clear messaging to communicate with policymakers and health care professionals about psychosocial issues and psoriatic disease management.
- Provide patient advocates with skills and training. Empower them to effectively convey key messages about the relationship between mental health and psoriatic disease using their personal stories to create an emotional connection with their audience.
- Host or facilitate regular patient support group meetings.

- Identify potential partners among advocacy organization working in the area of mental health or non-communicable diseases where there are synergies with psoriatic disease advocacy aims.

2026 (year 3)

- Identify and propose measures to health care professionals to address psychosocial issues and support those struggling to cope.
- Help patient advocates to identify platforms that allow them to tell people about psoriatic disease and mental health (e.g., pageants, talk shows, comedy shows, Congress/Parliament).
- Work with advocacy organizations from other disease areas to campaign for increased funding and policy support for integrated mental health care services and mental health professionals' education, including community-based professionals.



Edmund Lau, Psoriasis
Association of Singapore

Social and familial impact of psoriatic disease

Goal:

Advocate for greater awareness about psoriatic disease and support individuals, their families, and caregivers to better cope with a chronic disease

PRIORITY ASK

THREE-YEAR ACTION PLAN

2024 (year 1)

2025 (year 2)

2026 (year 3)

Educate employers about creating a supportive workplace: Ask employers to provide a flexible work environment with accommodations such as flexible working hours, remote work options, and ergonomic equipment. Raise awareness about the disease and its impact on individuals to foster understanding among employees and their families.

- Develop a report on the experiences of people with psoriatic disease in the workplace (e.g., see the report from the Canadian Psoriasis Network called "[Working it out](#)" for inspiration).

- Develop additional tools and promote the findings and actions proposed in the report to employers so that they can be informed on how to improve working conditions for people with psoriatic disease.

- Use the report as a conversation-opener to meet with other patient organizations working for people with disabilities to discuss opportunities to raise issues of equity in the workplace together.

Highlight the need for policymakers to promote social and familial support: Make policymakers aware of the necessity to provide access to affordable health care and mental health services, promote workplace accommodations, and allocate resources to reduce stigma and discrimination.

- Adapt the findings from the workplace report into a policy brief/s or white paper analyzing the local policy landscape that can be used in advocacy with policymakers.

- Set up meetings to share findings and recommendations with policymakers.

- Map policies and programs related to employment and disability that affect people with psoriatic disease in the workplace.



“My dream as a little girl was to be a pageant finalist, but I felt like my dream was shattered when got psoriasis. Until I asked myself: Why can’t I speak up for myself and on behalf of others by using the pageantry as a platform for good? Therefore, I made it my mission to enter pageants and put a brave and beautiful face on psoriasis.”

Jannarie Zarzoso
Miss Universe Philippines
Finalist and President of
the Psoriasis Philippines
(PsorPhil) Youth Association

PRIORITY ASK**THREE-YEAR ACTION PLAN**

2024 (year 1)

2025 (year 2)

2026 (year 3)

Provide a community for patient

association members: Consider ways to reduce social isolation for people with psoriatic disease. Offer opportunities for learning, sharing experiences, and emotional support with support groups for people with psoriatic disease as well as caregivers/family members.

- Identify patient advocates to tell their stories of hope/inspiration to build empathy and understanding with their audience.

- Organize outreach to schools and/or communities to provide awareness of psoriatic disease, invite a patient advocate.

- Set up a local hospital or community based support group where patients, families, and caregivers can connect with one another.

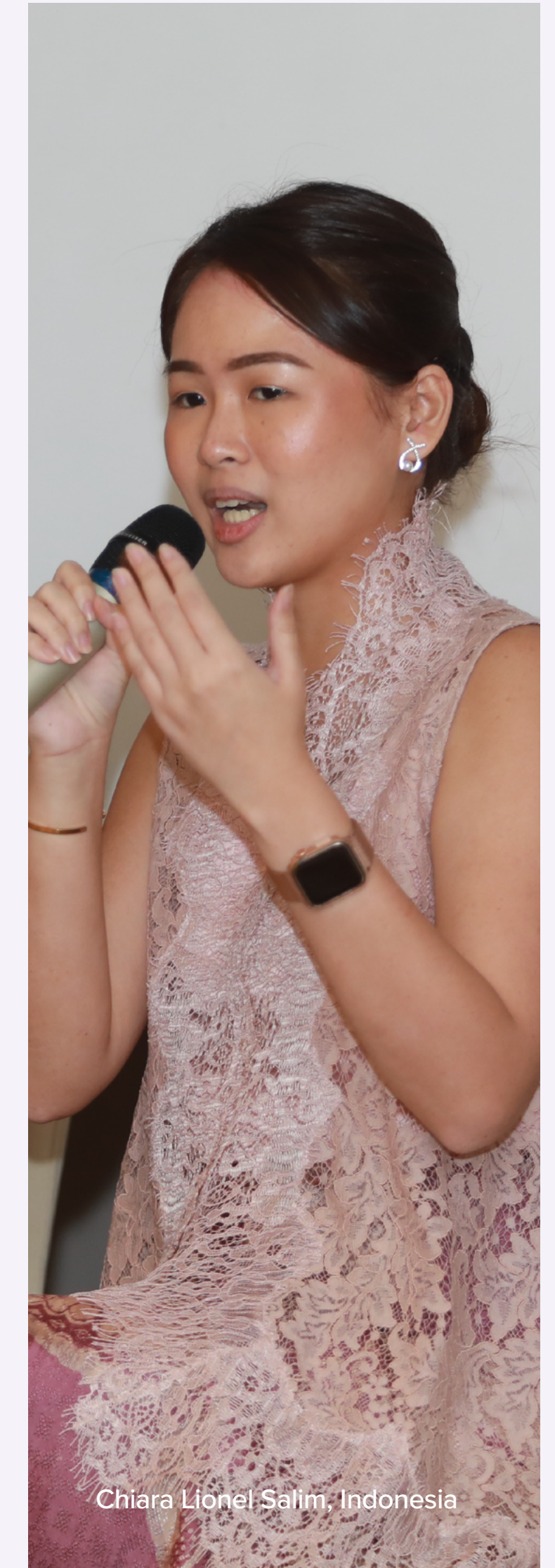
Encourage family members related to a person with psoriatic disease and friends to provide support:

Teach them how to offer understanding, empathy, and emotional support, and encourage seeking professional help. Help reduce social isolation by inviting loved ones to social events and activities. Connect with other families to receive and offer support.

- Develop educational materials for caregivers addressing issues and concerns they may have.

- Establish peer support for caregivers/family members so that they can better cope with the demands of caregiving.

- Invite caregivers to share their experiences of caring for a person with psoriatic disease as a way to encourage and support others in similar circumstances.



Chiara Lionel Salim, Indonesia

Acknowledgments

This Roadmap synthesizes the valuable ideas and insights shared by patient association members and advocates from the Asia region. These were generously given during the Forum preparations and by those who spoke up on the day.

IFPA and PsorAsia would like to acknowledge and thank the following individuals for contributing with their knowledge, experience, and expertise at the Forum.

IFPA

Hoseah Waweru, President of IFPA

Frida Dunger Johnsson, Executive Director IFPA

Elisa Martini, Policy and Advocacy Manager, IFPA

PsorAsia

Josef de Guzman, Founder of Psoriasis Philippines (PsorPhil) and Psoriasis Asia (PsorAsia) Pacific and IFPA board member

Paul Mendoza, President of PsorAsia Pacific and Psoriasis Philippines (PsorPhil)

Health care community and policymakers

Dr Azura Mohd Affandi, Consultant Dermatologist, Hospital Kuala Lumpur, Malaysia

Dr Chung Yang Yen, Integrated Care Center of Psoriatic Disease, Taiwan

Dr Colin Theng, Consultant Dermatologist, The Skin Specialists & Laser Clinic President, Psoriasis Association of Singapore

Dr Hazel Oon, Psoriasis Unit, National Skin Centre, Singapore

Dr Rabindra Abeyasinghe, WHO Representative and Head of Country Office to Malaysia, Brunei and Singapore

Hon. Ray T. Reyes, Anakalusugan Party List Representative, Philippines

Patient association representatives and advocates

Chiara Lionel Salim, Founder of Psoriasis Indonesia and IFPA Global Ambassador, Indonesia

Jannarie Zarzoso, Miss Universe Philippines Finalist and President of the Psoriasis Philippines (PsorPhil) Youth Association

Masanori Okuse, Japan Psoriasis Association

Sofia Lovi Ramasamy, Secretary of the Psoriasis Association of Malaysia

SungKi Kim, Korea Psoriasis Association

Xingxiang Shi, China Mutual Assistance of Psoriasis Patients (Founder and Director) and Chronic Skin Disease Fund (Deputy Director and Secretary-General)

Yi Li, Project manager, Mutual Assistance of Psoriasis Patients, China and Deputy Director of China Chronic Skin Disease Fund in Asia



Masanori Okuse, Japan Psoriasis Association

IFPA Regional Forums

IFPA is working to strengthen national and regional advocacy efforts by organizing forums worldwide. The IFPA Forum Asia was the second regional forum, the first was held in Europe in 2022.

Learn more about the IFPA Regional Forums and keep up to date on news of future forums at:



The Roadmap development was supported by:

IFPA

IFPA is the global organization representing all people living with psoriatic disease – regardless of where they live, what type of psoriatic disease they have, or how it impacts their lives. IFPA's members represent over 60 million people living with psoriatic disease. Together, they advocate for progress.

PsorAsia

Founded in 2012, PsorAsia is a regional organization in the Asia Pacific for psoriatic disease associations. PsorAsia is the regional arm of IFPA, and they represent the interests of millions of people living with psoriatic disease in the region.