



## The International League of Dermatological Societies, ILDS

### About us

The ILDS is the global federation of dermatological societies. It was founded formally in the 1930s and in the beginning constituted mainly of national societies of dermatology. Today, the ILDS also has member societies that are international or global, such as the European Society of Dermatological Research (ESDR), the International Society of Dermatology (ISD) or the Society for Investigative Dermatology (SID). Also, specialty societies that dedicate themselves to certain aspects of dermatology, such as the International Forum for the Study of Itch (IFSI), and many others dedicated to particular aspects of skin and dermatology are now ILDS members. All in all, more than 150 societies, in total, make up the ILDS, with more than 150,000 dermatologists being represented.

The ILDS is a non-profit organisation with its official seat in the U.K. It is governed by a board made up of 18 directors (table 1). The board meets twice per year; in 2013 once in Moshi, Tanzania, where the Regional Dermatology Training Centre - supported for decades by the ILDS and IFD as well as many other societies and private donors – is located, and for a second time in Vancouver for the site visit of the next World Congress of Dermatology in 2015. (figure 1)

The office of the ILDS is situated in London, in the same building as the British Association of Dermatologists is located. The office of the ILDS is headed by wonderful Eve Arnold, who coordinates the numerous activities of the ILDS and also handles all finance and administration matters.

The original mission of the ILDS was to organize the World Congress of Dermatology, and this is still one of its major activities. However, over the decades other important missions have been added that may be summarized as the improvement of dermatological care worldwide. Also, the philanthropic arm of the ILDS, the International Foundation of Dermatology, has gained increasing importance and recognition, and its Chairman, Professor Rod Hay, has written a separate chapter, which is published along with this article.

The World Congress of Dermatology takes place every 4 years, and its location is decided by the delegates of the member societies of the ILDS during a world congress. For the world congress 2019, 6 societies have already expressed their interest in organising the next world congress, and the decision will definitely be exciting. Bidders to date (February 2014) in alphabetical order are: Beijing, Dubai, Milan, Mumbai, Prague, and Rio de Janeiro. The ILDS thanks these bidders for their efforts and enthusiasm and without doubt the next World Congress of Dermatology will bring us into a country where dermatology plays an important role and where we can all learn from the local flavour, the experience and knowledge of our colleagues in the host country. This holds true of course for the world congress 2015 that will be held in Vancouver, Canada and again within this issue there will be an article focusing on the preparations, the scope and the contents of this major event.

## **How can the ILDS contribute to the improvement of dermatological care world-wide?**

Currently, we have several on-going activities that all have their specific role in the context of global dermatology and serve to achieve a higher quality in our daily dermatological care to better meet the needs of our patients.

### *ICD-11*

The ILDS has been asked by the World Health Organisation to assist in the revision of the International Classification of Diseases ICD. Thus, the ILDS is now active in reclassifying all diseases of the skin resulting in the ICD-11 version. Professor Robert Chalmers and Professor Michael Weichenthal are spearheading this activity and we are proud to say that these colleagues, together with the working group, have already almost completed the task, and this is the first time that dermatology has been allowed to classify the diseases in its own right. So, in the next ICD-11 classification, many systemic diseases that involve the skin as a major part of their manifestations will now appear in the dermatology classification. Also, in cutaneous oncology, the quality of coding will be much more specific than has been done in the past. Undoubtedly, as the ICD-11 will be used by many hospitals as the coding system world-wide, this will improve the standing of our discipline in the future.

### *ILDS global guidelines*

The ILDS feels that there is a need for high quality guidance, particularly in developing countries, as far as diseases of the skin with high frequency in these areas are concerned. Therefore, the ILDS has started to develop global guidelines with a particular focus on developing countries; these guidelines will be written in a way that they are also of use to general practitioners with interest in dermatology, as the frequency of dermatologists in developing countries may be very low. Also health care workers will benefit from this. Among the first guidelines that have been developed or are under current development are actinic keratoses, acne, scabies, pyoderma and care for albinos. Others are to come and suggestions are welcome.

### *ILDS nomenclature system of skin lesions*

Speaking the same language in a globalised world is of utmost importance. However, when looking into the textbooks of dermatology around the globe, we have noticed that the definition of skin lesions shows unacceptable variations. There is no global definition for the skin lesions that we use to describe diseased skin. Therefore, the ILDS has reactivated the nomenclature committee that, three decades ago, published recommendations for the dermatological terms used to describe skin changes. This nomenclature committee, under the guidance of Professor Jean Bologna and with the further help of Professor Christopher Griffiths and myself, is close to finalizing the second version, after all member societies having had the chance to give their input. We are particularly grateful to the many colleagues around the world who took the time to make highly valuable suggestions. This second version will again be distributed to the member societies, and then hopefully be agreed upon. By the time of the next world congress, the new nomenclature system will be presented to the public and will also be available on the ILDS website.

### *ILDS Global Dermatological curriculum*

The scope of dermatology varies substantially between the different countries, if we regard this on a global scale. For example, allergology is not necessarily part of dermatology and the same is true for oncological dermatology, dermatopathology and phlebology, just to mention a few. In order to harmonize our discipline, the ILDS will provide an ILDS-master curriculum for dermatology training that is currently being finalized by Professor Harald Gollnick. This global curriculum will be presented at the next world congress in Canada and may serve as a template in countries that have a revision of the health care system or that are building-up new health care systems. Without doubt, such an official curriculum will be used by health authorities in respective countries in order to create an internationally accepted education system.

### *Grand Challenges in Global Skin Health*

Knowing more about diseases of the skin is important in developing strategies for the future of our discipline. The ILDS has tackled this issue with a project called “Grand Challenges in Global Skin Health”. Within this project we aim to collect data on skin diseases stratified by age, gender, geographic region, race and social economic background. Collecting these data will allow us to identify major problems on a global scale, and to prioritize them. It will then be possible to develop projects to improve the situation in those areas where we have identified the greatest need. Currently, the infrastructure for collecting data is progressing, and two areas have been identified as being of particular interest; the aspect of skin changes associated with the increasing ageing of our societies, and psoriasis as a major inflammatory skin disease. However, undoubtedly, many challenges will be identified once the data are collected that may be specific for gender, particular age groups or geographic regions, such as the problem of care for albinos in Central Africa. These data will serve as the basis to present the importance of diseases of the skin to the public. The ILDS will also pay more attention to issuing press releases highlighting specific aspects of the importance of healthy and diseased skin. Following, I have cited parts of the GCIOSH charter that has been developed by Profs M. Augustin, R. Hay, Ch. Griffiths and myself after the first GCIOSH meeting in London 2013.

### *Background and Rationales*

There are a large variety of skin diseases across the world which lead to marked disease burden, including negative impact on patient quality of life, economics, societal function and general health in the population. Regardless of the specific continent, state or region, there is a high prevalence of disabling skin diseases and, consecutively, a high need for medical care. Despite their great socio-economic importance, most skin diseases are underestimated, both in the extent of patient burden and societal relevance. Obviously, there is a lack of awareness and knowledge even in common skin diseases about the need for health care and for supporting individuals affected with skin disease. For this, specific campaigns raising awareness and understanding for skin diseases are needed on a global level. Although, due to large geographic variations, the key challenges and health political demands are different, there is a common understanding among dermatologists to intensify the positioning of skin diseases in all regions of the world. The programme, “Grand Challenges on Global Skin Health” initiated by the ILDS and supported by dermatologists, patients groups and non-medical bodies around the world, intends to support global awareness in skin diseases. In particular, it aims to generate robust health care data for skin diseases on geographical levels in order to support the identification and distribution of health political claims.

## *Objectives*

Grand challenges on global skin health (GCIGSH) intends to:

- define and prioritize relevant areas of data needs on health care for skin diseases
- raise research questions on important topics of global skin health care
- collect, generate and publish data on health care for skin diseases around the world
- include all health care data into a single data base with defined access for the public
- avoid double activities and create synergies in data collection
- invite collaboration partners to make use of health care data
- register scientific and political projects related to health care for skin diseases
- support attempts in selected countries or regions for increased awareness and knowledge about health care needs for skin diseases
- network and connect people involved in health care and health care research for defined skin diseases
- include different medical specialties, health professions, patient advocacy groups and health political groups
- support health political demands for improved skin health care
- collaborate with international and national societies representing health care for skin diseases

## *Status, Membership and Collaboration*

GCIGSH is a free collaboration of individuals and societies which support the aims of the GCIGSH agenda. It is organized and coordinated by the ILDS in collaboration with other societies. In the founding phase, cooperating entities are the International Federation of Psoriasis Association (IFPA), the International Psoriasis Council (IPC).

Membership can be applied by individual persons dedicated to improving skin health care as well as by societies and associations. For details of membership, a specific paper will be developed. There is an explicit aim to collaborate with national and international dermatology societies, with other specialties and with health political players across the world. In the light of limited resources, any use of existing data, methods, projects and devices will be welcomed by the GCIGSH.

## **Global skin health day**

In the context of promoting information relevant to the public concerning diseases of the skin, a global skin health day has proved to be very helpful. This action day allows our member societies to start own activities that increase the awareness of diseases of the skin in the general public, but also in governments, health insurances and care providers. We have received a very positive response to this activity, which is jointly cared for with the International Society of Dermatology.

## The ILDS awards and acknowledgements

### *ILDS-certificate of appreciation*

The ILDS honours persons that have made a life-long contribution to international dermatology, by awarding the **ILDS-certificate of appreciation**. Numerous dermatologists have received this certificate of appreciation over the years and for me, as President, it is always a privilege to honour these individuals and to give them recognition for what they have done, as often their work has not been noticed by the larger public.

### *Young Dermatologist International Achievement Award*

This Award, introduced by the ILDS in 2006, is designed to give recognition to young dermatologists who are trying to make a difference, particularly for people with skin disease who are less privileged in this world. Winners will be selected based on the recommendations of our Member and Affiliated Societies. One Award will be given to one Nominee from each of our five regions and all Societies may make **one** Nomination only. Successful nominees will receive: a "YDIAA" Certificate from the ILDS, US\$2,500.00 towards travel and accommodation expenses to attend the World Congress of Dermatology in Vancouver, Canada, 2015 and free registration for the World Congress of Dermatology in Vancouver, Canada 2015. All Awards will be highlighted during the Opening Ceremony of the World Congress of Dermatology in Vancouver, Canada, 2015, although Certificates will not be presented at that time. The winners' names will appear in the ILDS Newsletter and, where possible, in other international journals.

### *ILDS Gold Medal*

Introduced in 2011, this award will be given every four years to honour dermatologists with outstanding lifelong contributions to global dermatology. The first recipient of this award was Prof Alberto Gianotti, Modena, Italy in 2011.

Pr Wolfram STERRY - *ILDS President*

## The ILDS board and members of the Canadian Dermatological Association (Vancouver June 2013)



**Table 1**

<b>Executive Committee Members</b>	
Wolfram Sterry	President and Chair
Yoshiki Miyachi	Secretary-General
Mary E. Maloney	Treasurer
Roderick J. Hay	Chairperson IFD
Jerry Shapiro	President of the next World Congress
Jean Bologna	Chairperson Programme Committee
Christopher E.M. Griffiths	Board Member
<b>International Foundation of Dermatology (IFD)</b>	
Wolfram Sterry	President
Roderick J. Hay	Chairperson
Claire Fuller	Vice Chair
Mary E. Maloney	
Jorge Ocampo Candiani	
David McLean	Co-opted for Hats on for Skin Health Programme
<b>Finance Committee</b>	
Wolfram Sterry	President
Mary E. Maloney	Treasurer
Jean Bologna	
Christopher E.M. Griffiths	
Roderick J. Hay	
Harvey Lui	
David Pariser	
Jerry Shapiro	
<b>Membership and Communications Committee</b>	
Wolfram Sterry	President
Marcia Ramos-e-Silva	Chairperson
Hee Chul Eun	
Chung-Hong Hu	
Harvey Lui	
<b>World Congress of Dermatology Programme Committee</b>	
Wolfram Sterry	President
Jean Bologna	Chair
Hee Chul Eun	
Christopher E.M. Griffiths	
Hemangi R. Jerajani	
Abdul-Ghani Kibbi	
Harvey Lui	
Yoshiki Miyachi	
Marcia Ramos-e-Silva	
Jerry Shapiro	
Georg Stingl	Co-opted
<b>Awards Committee</b>	
Wolfram Sterry	President
Jorge Ocampo Candiani	Chair

Hemangi R. Jerajani	
Abdul-Ghani Kibbi	
Harvey Lui	
Marcia Ramos-e-Silva	
<b>Commissions and International Health Organization Committee (including ICD 11)</b>	
Wolfram Sterry	President
Jean-Hilaire Saurat	Chair
Roderick J. Hay	
<b>ILDS Grand Challenges in Global Skin Health</b>	
Wolfram Sterry	President
Matthias Augustin	
Roderick J. Hay	
Christopher E.M. Griffiths	
<b>ILDS Committee on Nomenclature</b>	
Jean Bolognia	Chair
Wolfram Sterry	
Christopher E.M. Griffiths	
Alexander Nast	
<b>ILDS Global Training Curricula</b>	
Wolfram Sterry	Chair
Harald Gollnick	
<b>ILDS Global Guidelines</b>	
Wolfram Sterry	Chair
Abdul-Ghani Kibbi	
Alexander Nast	
Catherine Smith	
David Pariser	
Claire Fuller	
Brigitte Dreno	
Phyllis Spuls	
Kisali Pallangyo	
Eggert Stockfleth	
<b>Dermlink</b>	
Roderick J. Hay	Chair
Abdul-Ghani Kibbi	
Claire Fuller	