15th Georg RAJKA International Symposium on Atopic Dermatitis
24th-26th October 2025 Melbourne, Australia

Real-world management of atopic dermatitis in Sub-Saharan Africa,

Fahafahantsoa RAPELANORO RABENJA[1]*, Erereoghor OTROFANOWEI[2], Emmanuel KOUOTOU[3], Ncoza DLOVA[4].

And the AD working group in the management of AD in SSA

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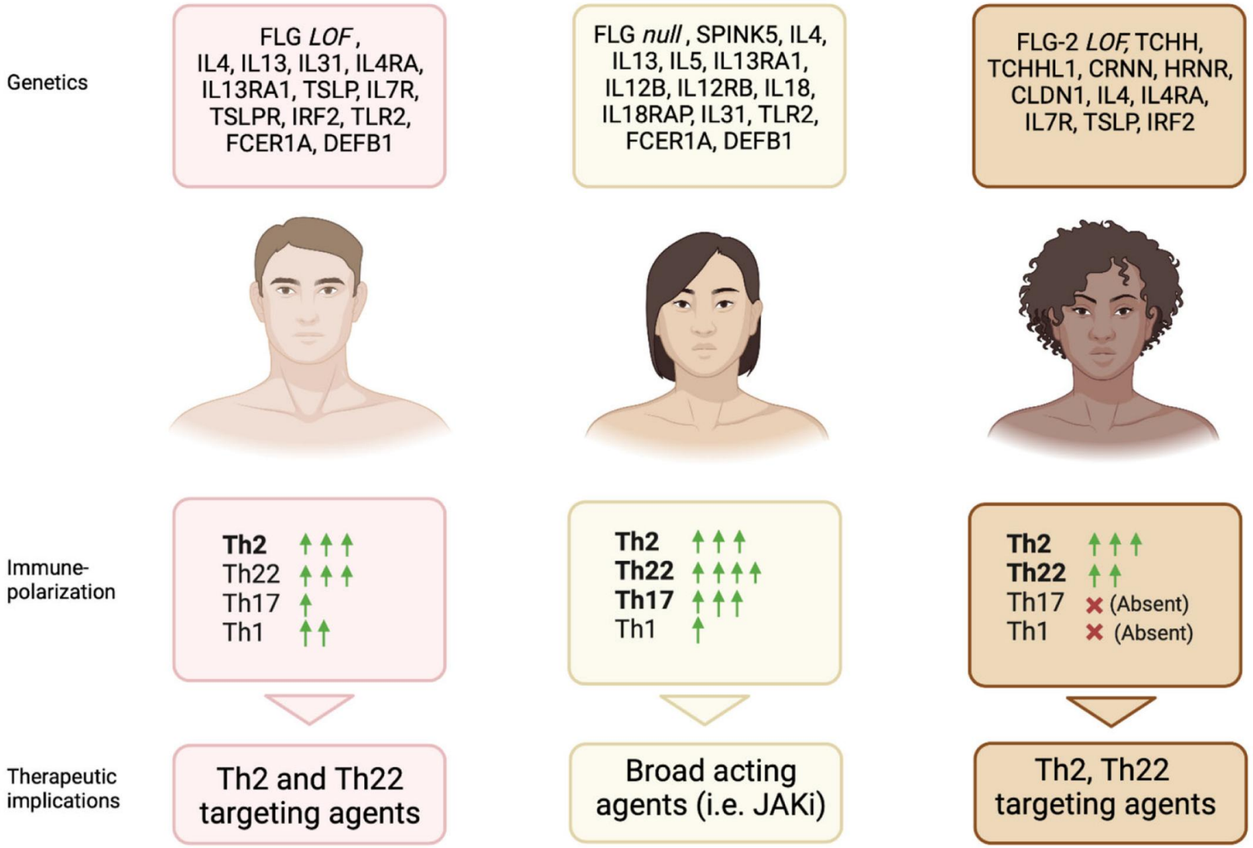
Contact details

No conflict of interest

Overview

- Overview of AD in different ethnic group
- Position of AD in SSA around the world
- Support from ISAD
- XXth SOMADER Congress initiative
  - Epidemiology and clinical specificity in SSA
  - Current management of AD in the 10 SSA countries
- Solutions and perspectives



original article

Allergo J Int
https://doi.org/10.1007/s40629-024-00313-9

Sensitizations to pollen differ between Central European and Sub-Saharan African atopic dermatitis patients

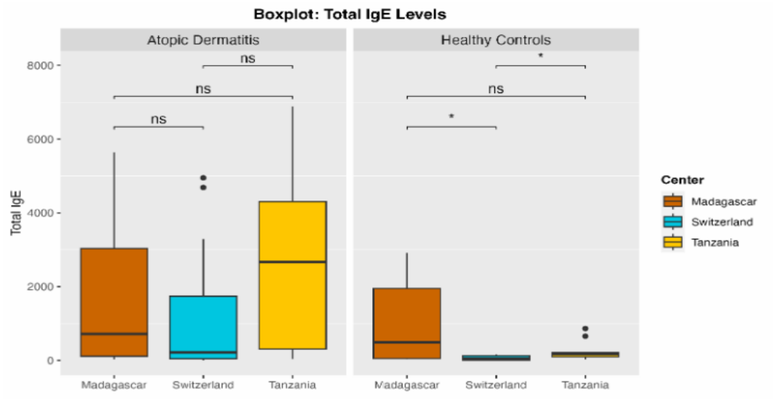
Danielle Fehr · Muriel Rentschler · Fandresena Sendrasoa · Nick Li · Anna White · Meike Distler · Claudia Lang · Gloria Masenga · Nelson Mosha · George Semango · Clara Clemens · Tahinamandranto Rasamoelina · Abel Hermann Soankasina · Fahafahantsoa Rapelanoro Rabenja · Daudi Mavura · John Elisante Masenga · Peter Schmid-Grendelmeier · Marie-Charlotte Brüggen

Received: 4 September 2024 / Accepted: 18 September 2024

Environmental impact and immune responses in AD patients in Central Europe (Zurich) and Sub Saharan Africa (Madagascar and Tanzanie) :
A prospective study: 40 AD cases/40 healthy controls per center

- Total IgE levels were significantly higher in African patients (From Tanzania and Madagascar) compared to the Swiss population.
- The analysis of specific IgE revealed major differences in sensitization patterns between African and Euros individuels especially in inhalative allergens (striking for tree and grass pollen).

Figure 1. Levels of total IgE antibodies in atopic dermatitis patients and healthy control participants.



Review > J Clin Med. 2023 Apr 4;12(7):2701. doi: 10.3390/jcm12072701.

Overview of Atopic Dermatitis in Different Ethnic Groups

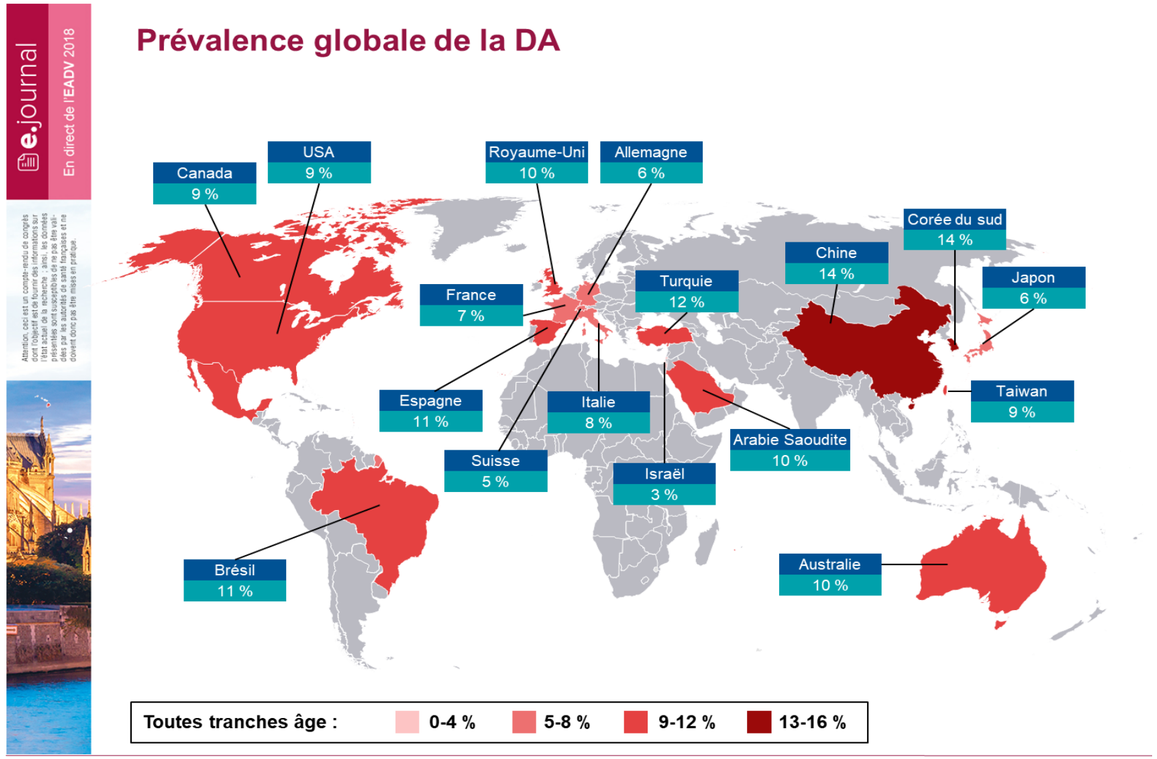
Andrea Chiricozzi [1 2], Martina Maurelli [3], Laura Calabrese [1 2], Ketty Peris [1 2], Giampiero Girolomoni [3]

Affiliations + expand

PMID: 37048783 PMCID: PMC10095524 DOI: 10.3390/jcm12072701

AD in Sub-Saharan Africa

- Atopic Dermatitis (AD) is a prevalent chronic inflammatory skin condition in SSA,
- Affects both children (3-15%) and adults (0.5-2%)
- Rising prevalence probably due to urbanization and pollution
- **Faces numerous challenges which impact patient outcomes**
  - Few data about African skin available
  - Lack of dermatologists in African countries
  - Access of basic medicine limited (emollients)
  - Inadequate education and training for primary healthcare workers
  - Cultural and Community Barriers (Traditional behavior and practice…)
  - Weak Healthcare Infrastructure



Images en Dermatologie

EADV 2018 - D'après Silverberg J et al., abstr. FC01.01, actualisé

DOI: 10.1111/jdv.15972 EADV

POSITION STATEMENT

Position Statement on Atopic Dermatitis in Sub-Saharan Africa: current status and roadmap

P. Schmid-Grendelmeier,[1] R. Takaoka,[2] K.C. Ahogo,[3] W.A. Belachew,[4] S.J. Brown,[5] J.C. Correia,[6] M. Correia,[7] B. Degboe,[8] V. Dorizy-Vuong,[9,10] O. Faye,[11] L.C. Fuller,[12] K. Grando,[1] C. Hsu,[13] K. Kayitenkore,[14] N. Lunjani,[15] F. Ly,[16] G. Mahamadou,[17,9] R.C.F. Manuel,[18] M. Kebe Dia,[19] E.J. Masenga,[20] C. Muteba Baseke,[21] A.N. Ouedraogo,[22] F. Rapelanoro Rabenja,[23] J. Su,[24] J.N. Teclessou,[25] G. Todd,[26] A. Taïeb[9,10]*

Dermatol Ther (Heidelb). 2019 Jun; 9(2): 223–241. PMCID: PMC6522619
Published online 2019 Mar 8. doi: 10.1007/s13555-019-0285-2 PMID: 30850961

Understanding the Burden of Atopic Dermatitis in Africa and the Middle East

Khalid Abdullah Mohammad Al-Afif,[1] Mohamad Ali Buraik,[2] Joerg Buddenkotte,[3] Mohamed Mounir,[4] Robert Gerber,[5] Haytham Mohamed Ahmed,[6] Anna M. Tallman,[7] and Martin Steinhoff[3,8,9,10]

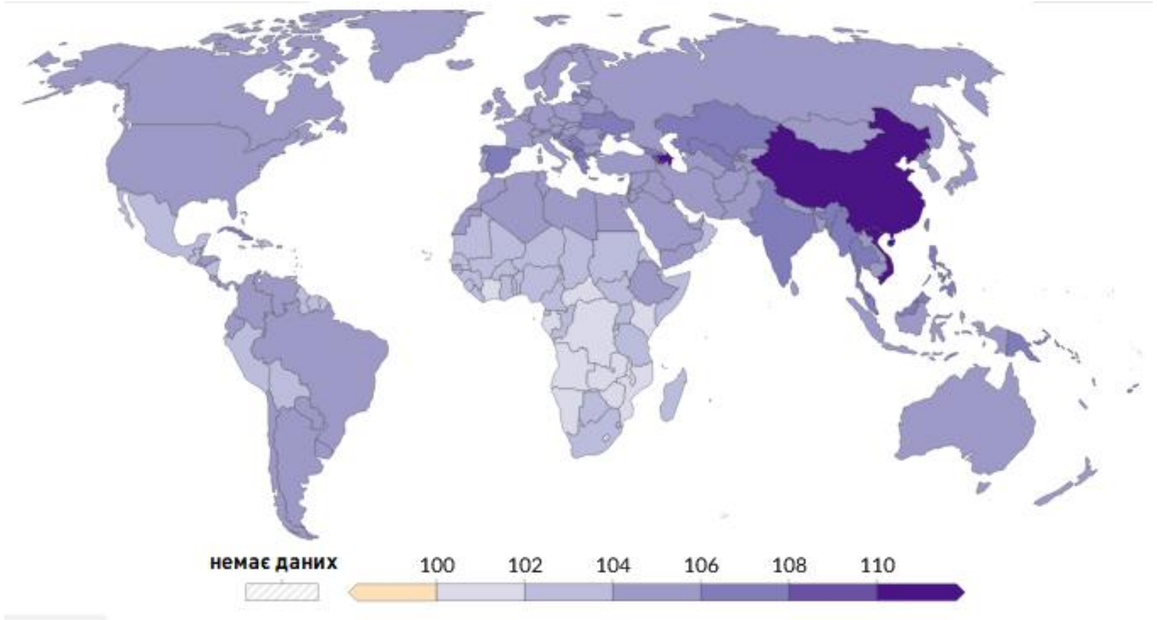
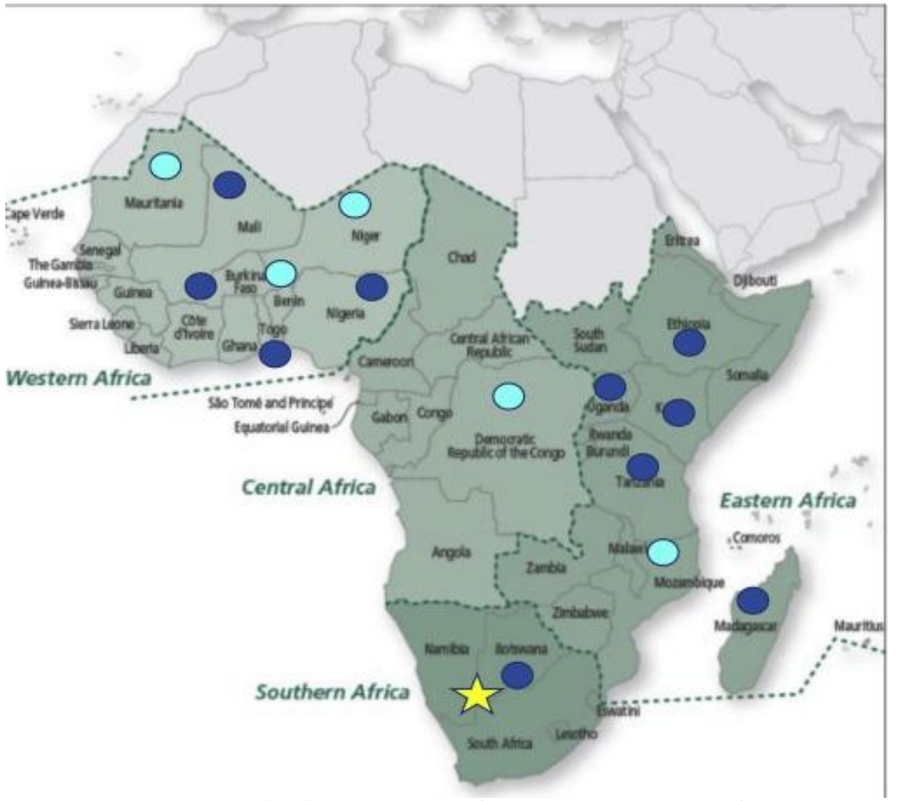
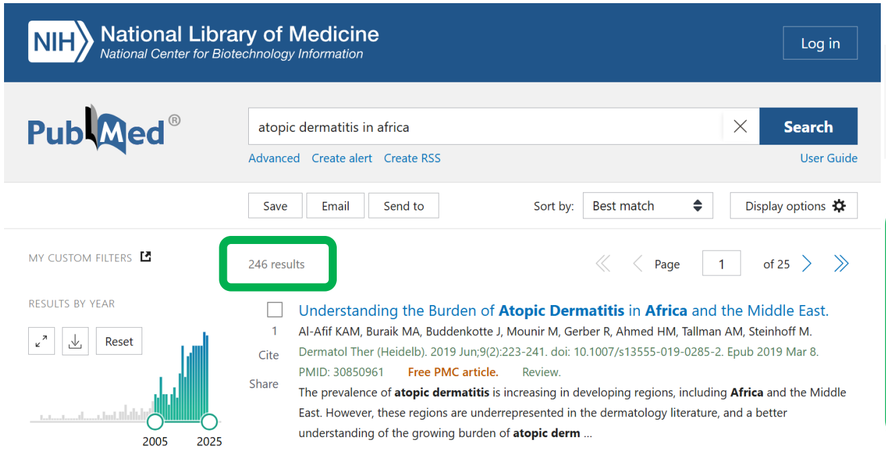


Figure 1 Distribution of the studies included in the statistical analysis by country. Countries with no observed data are white.

JACI The Journal of Allergy and Clinical Immunology





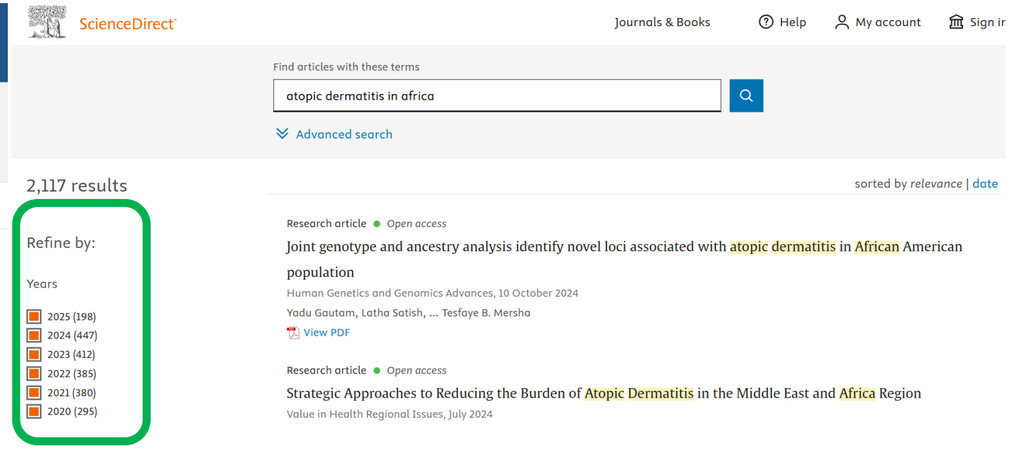


Fig 2 Prevalence of AD and availability of treatment guidelines. This figure indicates the limited availability of epidemiologic data in SSA together with only a small number of countries developing or adapting treatment guidelines. Light blue dots indicate countries with a reported prevalence of 5% to 10%. Dark blue dots indicate countries with a reported prevalence higher than 10%. Yellow asterisk indicates a country with its own AD guideline.


WORLD SKIN HEALTH DAY
MADAGASCAR
EXPERT MEETING ON ATOPIC DERMATITIS (AD)
AND COMMON SKIN DISORDERS
Anosy, Antananarivo,
SOMADER


18/10/2023 08:36


Update of the Roadmap for AD in low resource settings/integration
in the 2022 WHO Strategic Framework on skin NTDs
Gdansk, Radisson Hotel 30 Aug 2023
ISAD
INTERNATIONAL SOCIETY OF ATOPIC DERMATITIS
World Health Organization
WHO Meeting
ISAD Board Meeting

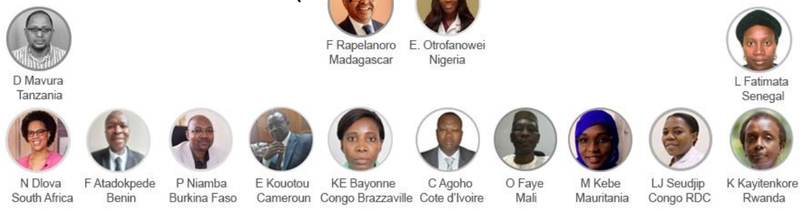
AD in Sub-Saharan Africa

Several solutions have been proposed and implemented to address the challenges of AD in SSA

First meeting of African AD Guidlines Working Group in Gdansk

The 4th Scientific Conference of
The African Society of dermatology and Venereology
24 - 27 April 2024, Palais des Congrès Tunis

Accessibilty of emollient in the managment of Atopic Dermatitis (AD) in SubSaharian Africa



Review > J Eur Acad Dermatol Venereol. 2024 May;38(5):801-811. doi: 10.1111/jdv.19723. Epub 2023 Dec 27.

Atopic dermatitis: A global health perspective

Ousmane Faye [1], Carsten Flohr [2 3], Kenji Kabashima [4 5], Lin Ma [6], Amy S Paller [7], Fahafahantsoa Rabenja Rapelanoro [8], Martin Steinhoff [9 10 11 12 13 14 15], John C Su [16 17], Roberto Takaoka [18 19], Andreas Wollenberg [18 19 20 21], Yik Weng Yew [22], Jose A Ruiz Postigo [23], Peter Schmid-Grendelmeier [18 24 25 26], Alain Taïeb [18 27]

Affiliations + expand

PMID: 38151270 DOI: 10.1111/jdv.19723

> J Eur Acad Dermatol Venereol. 2023 Apr 5. doi: 10.1111/jdv.19096. Online ahead of print.

How to integrate atopic dermatitis in the management of skin neglected tropical diseases in Sub-Saharan Africa?

P Schmid-Grendelmeier [1 2 3 4], F Rapelanoro Rabenja [5], A M Beshah [6], M D Ball [7], N Dlova [8], O Faye [9], C Flohr [10 11], C Hsu [12], D Mavura [13], R C Manuel [14], L S Ramarozatovo [5], F Sendrasoa [5], A Wollenberg [1 15 16], J A Ruiz Postigo [17], A Taïeb [1 18]

Affiliations + expand

PMID: 37016962 DOI: 10.1111/jdv.19096

Received: 9 February 2024 | Revised: 18 June 2024 | Accepted: 4 July 2024
DOI: 10.1111/all.16247

Allergy EAACI WILEY

REVIEW ARTICLE

Navigating the evolving landscape of atopic dermatitis: Challenges and future opportunities: The 4th Davos declaration

Claudia Traidl-Hoffmann[1,2,3] | Jamie Afghani[1] | Cezmi A. Akdis[3,4] | Mübecel Akdis[4] | Handan Aydin[5] | Katja Bärenfaller[4] | Heidrun Behrendt[6] | Thomas Bieber[3,7] | Paul Bigliardi[8] | Mei Bigliardi-Qi[8] | Charlotte Menné Bonefeld[9] | Stefanie Bösch[10,11] | Marie Charlotte Brüggen[3,10,11] | Sebastian Diemert[12] | Hans-Werner Duchna[3,13] | Martina Fähndrich[14] | Danielle Fehr[3,10,11] | Marc Fellmann[15] | Remo Frei[3,16,17] | Lena H. Garvey[18,19] | Raschid Gharbo[20] | Mehmet Gökkaya[1,2] | Karin Grando[3,10,11] | Carole Guillet[10,11] | Erman Guler[21] | Jan Gutermuth[22] | Nadine Herrmann[23] | Dirk Jan Hijnen[24] | Claudia Hülpüsch[1,2,3] | Alan D. Irvine[25] | Erika Jensen-Jarolim[26,27] | Heidi H. Kong[28] | Hillel Koren[29] | Claudia C. V. Lang[3,9,10] | Roger Lauener[30] | Laura Maintz[23] | Pierre-Yves Mantel[3] | Emanuel Maverakis[31] | Matthias Möhrenschlager[13] | Svenja Müller[23] | Kari Nadeau[32] | Avidan U. Neumann[1,2] | Liam O'Mahony[33,34] | Fahafahantsoa Rapelanoro Rabenja[35] | Harald Renz[36] | Claudio Rhyner[3] | Ernst Rietschel[3] | Johannes Ring[37] | Caroline Roduit[16,30] | Mari Sasaki[16] | Mirjam Schenk[3,38] | Jens Schröder[39] | Dagmar Simon[40] | Hans-Uwe Simon[41,42] | Milena Sokolowska[3,4] | Sonja Ständer[43] | Martin Steinhoff[44,45,46,47,48,49,50] | Doris Straub Piccirillo[3] | Alain Taïeb[51] | Roberto Takaoka[52] | Martin Tapparo[53] | Henrique Teixeira[22] | Jacob Pontoppidan Thyssen[54] | Stephan Traidl[55,56] | Miriam Uhlmann[3] | Willem van de Veen[4] | Marianne van Hage[57] | Christian Virchow[58] | Andreas Wollenberg[59,60,61] | Mitamura Yasutaka[4] | Alexander Zink[62,63] | Peter Schmid-Grendelmeier[3,9,10]

25th Expert Committee on Selection and Use of Essential Medicines

The meeting of the 25th WHO Expert Committee on the Selection and Use of Essential Medicines will be held at WHO Headquarters, Geneva, from **5 to 9 May 2025** to revise and update the WHO Model List of Essential Medicines (EML) and the WHO Model List of Essential Medicines for Children (EMLc).

Applications for consideration by the Expert Committee are published below.

Expert reviews, comments and other information related to the meeting of the Expert Committee will also be published here as they become available.

All enquiries regarding the Expert Committee meeting or the application process should be directed to the EML Secretariat.

The Open Session of the meeting will be held on Monday 5 May 2025. Information on how to register to attend the Open Session will be made available at a later date.

The Secretary

Expert Committee on the Selection and Use of Essential Medicines

Medicines Selection, IP and Affordability (MIA)

Department of Health Products Policy and Standards (HPS)

20 Avenue Appia

CH-1211 Geneva 27

Addition of new medicines

New indications for existing medicines

A. 30 Urea- and glycerol-based topical moisturizers – atopic dermatitis

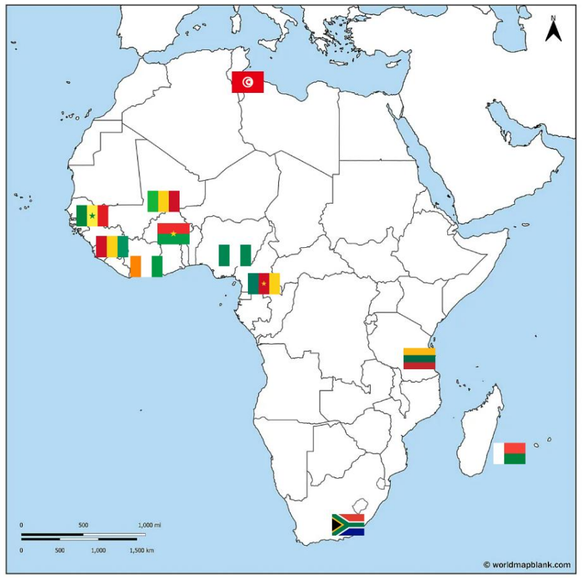
Application, expert reviews and public comments

Application

Expert reviews

XXth SOMADER Congress initiative

- Labelized “World Skin Health Day” (WSHD) held on 1-2nd/10/2025, in Antananarivo, Madagascar. 12.5 credits UEMS
- Highlighted during **one full session dedicated to AD in Sub-Saharan Africa on 1st July 2025**
- With the participation of experts from **10 SSA** countries
- That include: **Madagascar, Burkina Faso, Cameroun, Guinea, Ivory Coast, Mali, Nigeria, Senegal, South Africa, Tanzania, and** North Africa represented **by Tunisia**
- **Aim**: to describe the real-life management of AD in SSA



African Countries that participated to the XXth Congress of the Malagasy Society of Dermatology

Country	Prevalence in Children
Madagascar	Children : 1.2% - Vs 5.6% (20y) Adult: 0.5% (2021)
Ivory coast	Children : 9,8% / Adult: 4.7%
Nigeria (rate)	Community based: 0.3%-7.7% Hospital based: 4.4% to 20.6%
South Africa	8.3% (1999)

Country	Prevalence in Children
Guinea	No data
Burkina Faso	No data
Rwanda	Children :
Cameroun	No reported data
Tanzania	No data


F Rapelanoro
Madagascar


P Niamba
Burkina Faso


E Kouotou
Cameroun


Ibrahima Traore
Guinea


O Faye
Mali

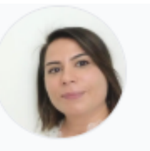

. Otrofanowei
Nigeria


L Fatimata
Senegal


N Dlova
South Africa


C Agoho
Cote d'Ivoire

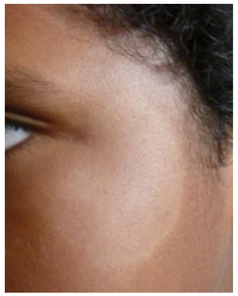

D Mavura
Tanzania


Ines LAHOUEL BEN
Tunisia

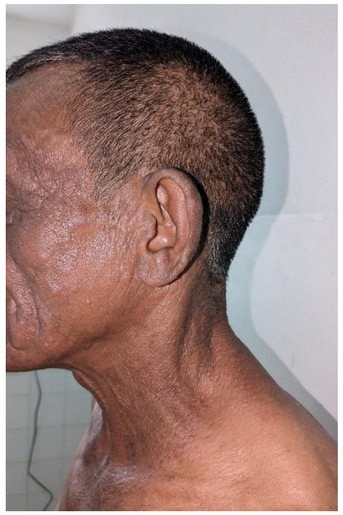
Clinical specificity in SSA

- Phototype IV , V, VI
- **Erythema is mostly “gray**” in darker phototype
- Typical forms in children
- **Characteristics in adult**
  - Involvement of skinfolds
  - Lichenified lesion
  - Xerosis, ichtyosis vulgaris
  - Periorbital hyperpigmentation,, Dennie-Morgan
  - Hyperlinear palms
- **AD Severity**: predominance of moderate AD according to SCORAD
- High frequence of trouble of pigmentation (Post-inflammatory hyperpigmentation, hypopigmentation)
- **Complicated forms** are more common in children (mostly bacterial infection associated)









Current management of AD in Sub-Saharan Africa

- **Who take care of AD in SSA?**
  - **Lack of dermatologist, reported by 10 SSA countries**
    - Madagascar: **1 for 1.5 Millions inhabitants**
    - Ivory Coast: **1 for 240 000 inhabitants**
    - Guinea: 1 for 1.3 Millions inhabitants
    - Nigeria: 1 for 1 Millions inhabitants
    - Tanzania: 1 for 1 Millions inhabitants
    - Burkina Faso: 0,5 for 1 Millions inhabitants
  - **Other healthcare providers, but not trained**
    - Pediatrician
    - General practitioner
    - Nurses
    - Traditional healers

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PMID: 38151270 DOI: 10.1111/jdv.19723

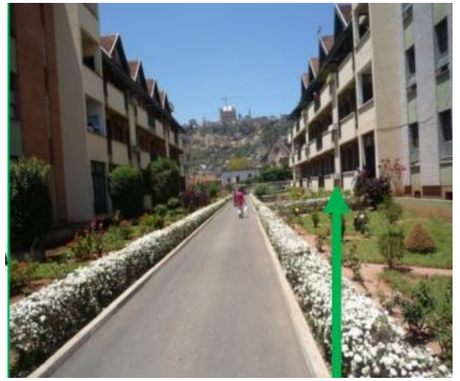

Table 1 Countries represented at the meeting and the number of trained dermatologists

Country	Population (M)/population density in h/km^2	Number of dermatologists	Comments on organization of dermatology in health system
Burkina Faso	20/75	30	14 dermatologists in Ouagadougou, 4 in Bobo-Dioulasso
Mauritania	3.6/3	15	14 dermatologists in Nouakchott
Côte d'Ivoire	25/70	72	65 dermatologists in Abidjan
Mali	18/15	30	23 dermatologists in Bamako
Togo	7/123	15	13 dermatologists in Lome
Niger	21/17	9	6 dermatologists in Niamey
Benin	11/98	14	12 in Cotonou 2 in Parakou
Madagascar	25/43	13	Mostly in Antanarivo
RDC	81/36	18	Dermatologists mostly in Kinshasa
Mozambique	28.8/3.1	15	13 dermatologists in Maputo, 1 in Beira and 1 in Nampula
Rwanda	12.7/486	8	7 dermatologists in Kigali
Senegal	16.2/82	55	42 dermatologists in Dakar
Tanzania	61/64	21	10/21 dermatologists in the two major cities Dar es Salaam and Mwanza
South Africa	58/48	171	Dermatologist in urban areas
Ethiopia	110/99	99	Most dermatologist in Addis Ababa and few in other cities
Uganda	45/183	16 registered	Only 13 practicing dermatologists

DOI: 10.1111/jdv.15972 EADV

POSITION STATEMENT

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Current management of AD in Sub-Saharan Africa

International Journal of Clinical Dermatology
2024; Vol. 7, No. 1, pp. 16-23
https://doi.org/10.11648/j.ijcd.20240701.14

Research Article

Treatment Adherence Among Malagasy Patients with Atopic Dermatitis Seen at the Department of Dermatology, Antananarivo, Madagascar

Naina Harinjara Razanakoto[1, *], Fandresena Arilala Sendrasoa[2], Mendrika Fifaliana Rakotoarisaona[3], Tsiory Iarintsoa Razafimaharo[2], Leophonte Samison Ramily[2], Rakotomanana Mbolatiana Kiady Armando[2], Voahanginirina Nathalie Ralimalala[2], Volatantely Tobiniaina Ratovonjanahary[2], Moril Sata[2], Onivola Raharolahy[2], Malalaniaina Andrianarison[3], Irina Mamisoa Ranaivo[4], Lala Soavina Ramarozatovo[2], Fahafahantsoa Rabenja Rapelanoro[2]

- A prospective, cross-sectional study
- 65 Patients included

Key findings

- **Low treatment adherence**
  - 61.9% of adults and 45.45% of children had low adherence to treatment
- **Influencing Factors**:
  - Treatment adherence was significantly associated older age, low level of education, and being married; indicating socio-demographic influences
- **Lack of access to specific treatments (biotherapy, immunosupressants)**: due to their high cost in madagascar

BMC Dermatol. 2017 Feb 16;17:1. doi: 10.1186/s12895-017-0053-x

Knowledge, attitudes and practices of the medical personnel regarding atopic dermatitis **in Yaoundé, Cameroon**

Emmanuel Armand Kouotou 1,2,3,, Jobert Richie N Nansseu 4, Alexandra Dominique Ngangue Engome 1,2, andra Ayuk Tatah 2,5, Anne Cécile Zoung-Kanyi Bissek 1

PMCID: PMC5314472
PMID: 28209147

100 medical personnel enrolled. Females 62%.

knowledge on AD was moderate (65%). Allergy was the main cause of AD, stated by 64% of participants. Only 43% personnel cited the genetic cause. Asthma was mentioned by 78% as an associated pathology.

Attitudes, (84%) thought that AD is equally common among Black and Caucasian populations; 42% of participants believed that evolution is favorable when appropriate medical treatment is prescribed. These attitudes were considered wrong (64%).

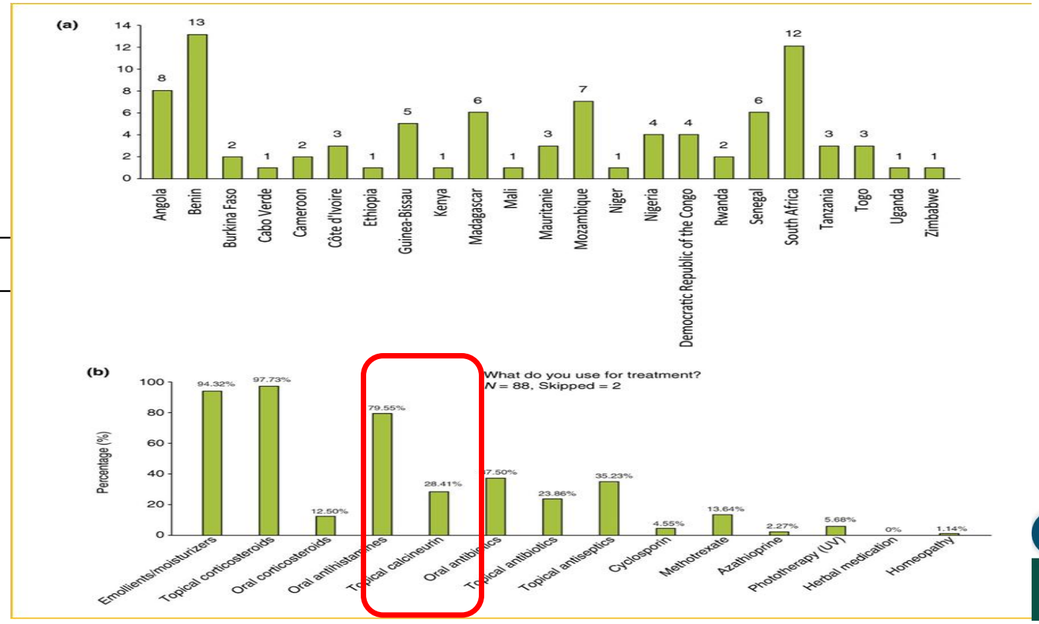
Practice, level was inadequate: 50%.

Levels of knowledge, attitudes and practices of the medical staff regarding AD were poor, implying that management of this condition is non optimal in our setting. practice

Current management of AD in Sub-Saharan Africa

- **Therapeutic approaches available**
  - Pharmacological treatment

Topical treatments	Systemic treatments
− Corticosteroids: widely accessible	− Methotrexate, Cyclosporine, Azathioprine are available but not accessible for everyone
− Calcineurin inhibitors: inconsistent, high cost	− Phototherapy: rarely available , depend on the country
− Emollients ➢ Imported: limited access, ➢ Local/traditional: use non-standardized (cocoa oil, aloe vera in Madagascar; shea butter in Nigeria, Burkina Faso)	− Biologic therapies : occasionally available, high cost restricting their use to patients with severe disease.
− Topical antibiotics	
− « Wet-wrapp » :few practiced because of the difficulty of follow-up	− Oral antihistaminic



Madagascar

Therapeutic Education on Atopic Dermatitis in Madagascar - *African Society of Dermatology and Venereology (ASDV)*

In Madagascar, the grant was used to provide therapeutic education to patients with atopic dermatitis. This education helped patients to better manage their condition and improve their quality of life. [illegible]ing medical education courses on [illegible] physiology of atopic dermatitis

AD Education Program in Abidjan Treichville

AD Education Program in Antananarivo

- **Therapeutic Education+++**

Current management of AD in Sub-Saharan Africa

- **Current standard of care for AD patients in SSA**

  - Mostly limited to topical treatment.

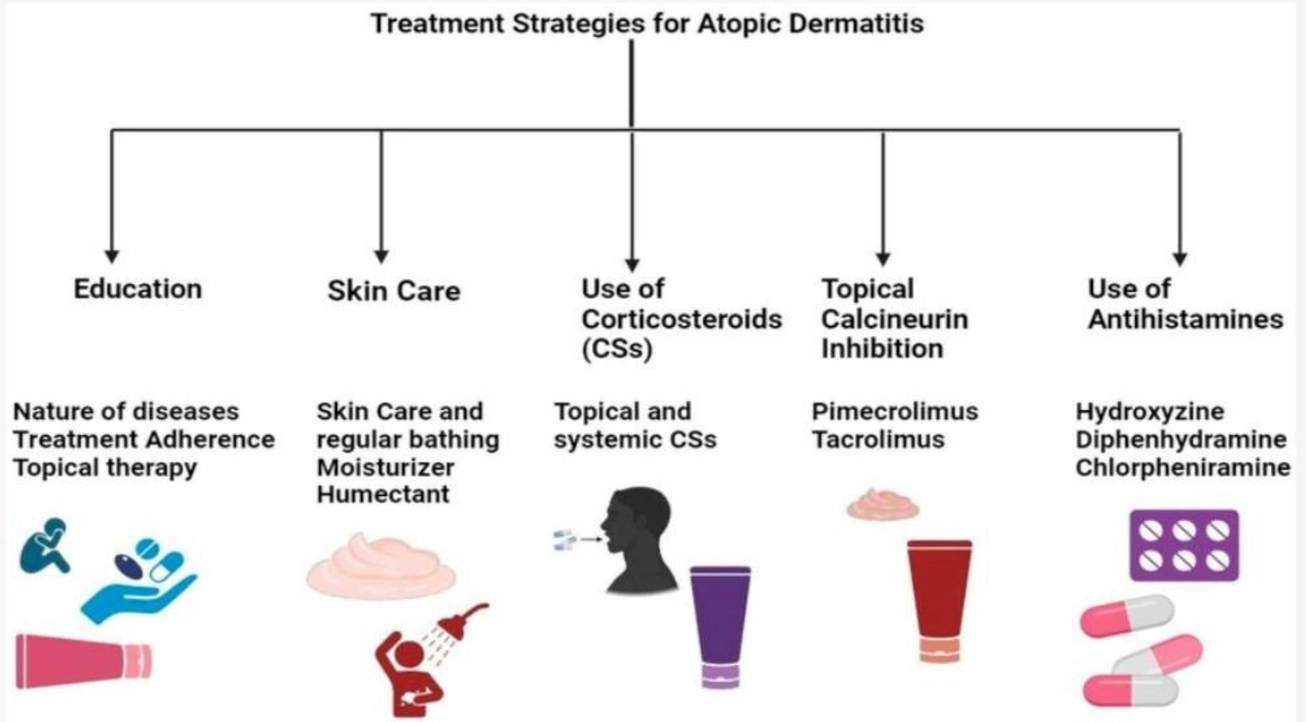
  - Mild AD cases: topical corticosteroids, topical inhibitor of calcineurin, emollients with urea
  - Moderate and severe cases of AD: managed with systemic treatment (mostly Methotrexate, ciclosporin, azathioprine)

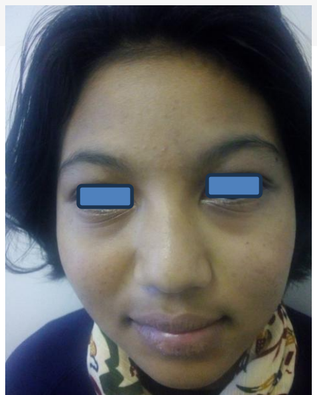
  ° Biotherapy is available only occasionally

  ° Lost of sleep: Oral Antihistamines

  ° Secondary infections: antibiotics

  - Personal therapeutic Education is always given to the patients +++





Current management of AD in Sub-Saharan Africa

- **Other challenges**
  - Traditional herbal medicines and self medication, exacerbate the disease and cause severe complications.
  - Misuse of topical corticosteroids
  - Lack of adequate training of Health Care Provider and limited diagnostic tools, complicate effective management
  - Cultural perceptions and low awareness of AD as chronic disease affects patient adherence to treatment
  - Financial burden, lack of medical insurance cover
  - High rate of patient drop out

"Dingadingana" *(Psiadia altissima), a plant used frequently to treat skin disease, pruritus (Photo from Internet)*

ILDS Warns Against the Misuse of Topical Corticosteroids and Calls for Global Action on Skin-bleaching

31 Mar 2025

Updated position statement advocates for improved patient protection and education

Limited access to healthcare due to geographical remoteness poses a considerable challenge for the management of atopic dermatitis (Ampasimanjeva, Madagascar)

Sendrasoa FA, Ranaivo IM, Andrianarison M, Raharolahy O, Razanakoto NH, Ramarozatovo LS, Rapelanoro Rabenja F. Misuse of Topical Corticosteroids for Cosmetic Purpose in Antananarivo, Madagascar. Biomed Res Int. 2017;2017:9637083. doi: 10.1155/2017/9637083. Epub 2017 Aug 21. PMID: 28904977; PMCID: PMC5585578.

Solutions and Perspectives

- The XXth SOMADER Congress has emphasized a comprehensive specific approach to AD management in SSA:

1. **Prioriziting affordable, locally sourced soap and emollients**
2. **Therapeutic Patient Education programs** adapted to local contexts, have shown promise in improving disease understanding, treatment adherence, and quality of life.
3. T**eledermatology** offer potential to bridge the gaps in specialist care access. (PASSION Project)

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This paper is in the following e-collection/theme issue:

9th World Congress of Teledermatology, Imaging and AI for Skin Diseases - Abstracts (2021) (40)

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Preprints (earlier versions) of this paper are available at https://preprints.jmir.org/preprint/36903, first published January 29, 2022.

PASSION Project: Data Collection in Madagascar and Guinea

Fahafahantsoa Rapelanoro Rabenja [1]

PASSION DERMATOLOGY

Artificial Intelligence (AI) in Dermatology: An application in Sub-Saharan Africa

Christophe Hsu (a), Philippe Gottfrois (a), Ludovic Amruthalingam (a), Xi Xiao (b), Daudi Mavura (c), Hafidh Hassan (d), Fahafahantsoa Rapelanoro Rabenja (e), Herizo Andriambololoniaina (e), Zhao Shuang (b), Chen Xiang (b), Alexander A. Navarini (a)

Study on AI-driven tele-dermatology for pediatric skin diseases

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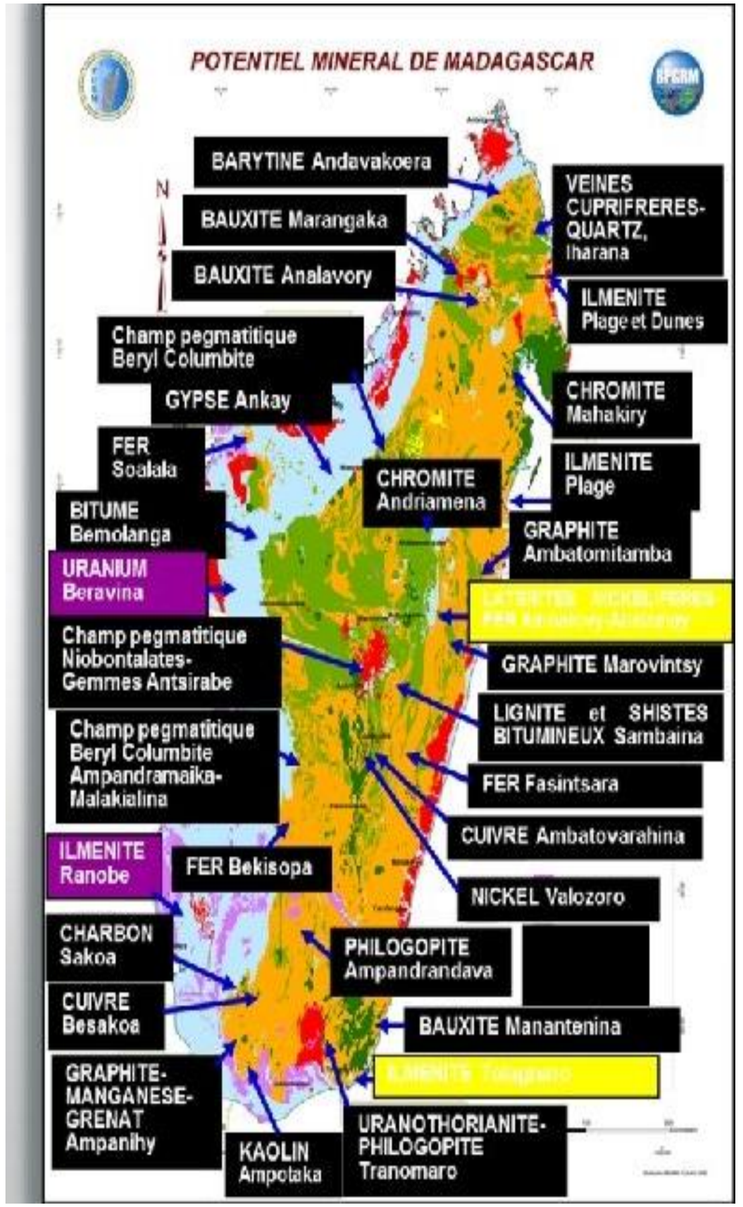
Fundings source: Botnar foundation
Discolures: The authors have no conflicts of interest to declare.

Take Home message

This overview reflects current realities of Sub-Saharan management of AD patients and proposes practical strategies for advancing AD care in remote African setting.

Mines en stade de Développement/ Début extraction

Projet au stade d'avancement de faisabilité



Thank you