Agenda item 8

WHA1.2

## Strengthening infodemic management

The First Global Model WHO World Health Assembly,

Alarmed by the high global rate of vaccine hesitancy as a result of minimal education on epidemics;

Encouraged by the achievement of infodemic management tools used during the COVID-19 pandemic;

Stressing the significance of improving digital media and medical literacy to combat inaccurate information;

Recognizing that there are differences in resources and socioeconomic capacity between Member States and therefore hoping for an inclusive approach on infodemic management;

Keeping in mind that infodemic management is a major factor in preventing the spread of inaccurate health-related information amongst various groups and promoting communities to be correctly informed;

Recalling resolution WHA 74.7 on strengthening WHO's global health emergency preparedness and response which called for measures to strengthen health literacy and to counter misinformation, disinformation and stigmatization, including by providing access to other sources of fact- and science-based information;

Reiterating that accessibility to accurate information is a human right and therefore must be protected through ensuring accessibility of accurate information and managing information dissemination;

Noting the impact of misinformation, disinformation and stigmatization on preparedness and response to health matters, and the need to manage an infodemic during health emergencies;

Recognizing that in order for Member States to be part of the response to inaccurate information that they are responsible for, they must have access to timely and accurate information and be involved in decisions that affect them,

## **1.** URGES Member States:

(1) to increase trust with local leaders by providing medical and educational resources to communities that suit individual needs;

(2) to design sectors to identify and combat inaccurate information by recognizing and addressing groups and individuals who spread disinformation;

(3) to implement medical and media literacy education within public curriculums in a way that is easily understandable to the public as well as complementary lectures and scholarship programs to empower citizens to possess more access to accurate information and be more informed of potential inaccurate information;

(4) to conduct social listening that addresses factors that affect trust and resilience to falsehoods by understanding how inaccurate information spreads and affects different communities;

(5) to encourage intensive fact-checking and monitoring measures on government health services pertaining to release and spread of information into the internet;

(6) to establish a regulation framework based on laws and treaties with a human rights-based approach to tackle inaccurate information;

(7) to encourage those who were unable to access routine vaccinations to get medical attention by advertising medical information;

(8) to provide timely updated billboards and myth-buster websites to provide the public with accurate and reliable information about the pandemic and reject common inaccurate information;

(9) to devise methods to monitor false information, in order not to miss dangerous rumors or rumors circulating on lesser-known platforms;

(10) to devise programs to advocate for increased awareness of health and to exemplify healthy habits, enabling discussion about people's afflictions;

(11) to strengthen the infrastructure of community hospitals, and make community hospitals the first choice for residents to see a doctor, so that it is easier to centralize data to analyze social epidemic information;

(12) to issue a guidebook on the Internet to standardize the operations of community hospitals with regard to infodemic management;

(13) to develop or reform legislation to prevent, prosecute and penalize the dissemination of disinformation in collaboration with fact-checking bodies, policy makers and law-enforcement authorities;

**2.** INVITES international organizations and other relevant international, regional, national and local partners from across the health sector and all other relevant sectors:

(1) to incorporate AI technology with reference to WHO Information Network for Epidemics (EPI-WIN) protocol to detect, monitor, and debunk false information flow in digital environments, especially paying attention to uncover disinformation; (2) to engage in community-based interventions with hope of understanding concerns during emergencies, via online and offline channels of dissemination, keeping in mind an approach that accounts for language, cultural, religious, economic, and social barriers;

(3) to advertise the health resources that the professionals provide in accessible ways so that the public can find trusted organizations to consult about any medical concerns;

(4) to cooperate with Member States and the WHO to monitor and report the communities that are creating or spreading false information;

(5) to spread positivity through public platforms to enforce healthy practices and protect potentially susceptible groups from unhealthy behaviors;

(6) to establish alert or information links under health-related content to provide a channel for users to access valid information;

(7) to increase the interconnectivity between different sub-communities on the Internet in order to avoid the creation of echo chambers;

**3.** REQUESTS the Director-General:

(1) to call for additional support such as educational resources and technical support in less developed areas to help combat poor health management;

(2) to promote a comprehensive and coordinated response across the United Nations system to support Member States in their responses to the infodemic to lead countries to work together to share new scientific information and establish trust;

(3) to promote the efforts of the existing program WHO EPI-WIN in making accurate health information accessible by asking for the promotion of global networks established under the project in order to manage the infodemic in Member States;

(4) to establish and increase trust with local leaders, encouraging them to provide medical and educational resources to communities in ways that suit individual needs;

(5) to encourage de-stigmatization of mental health and promote the establishment of more mental health support resources in diverse communities.

## DISCLAIMER

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