GLOBAL HEALTH ADVOCATES

The Next Pandemic will Test Trust – not just Health Systems

Introduction

During her 2025 State of the Union (SOTEU) speech, President von der Leyen emphasised the threat posed by health disinformation which threatens the global progress achieved on diseases such as measles and polio , and subsequently announced the Global Health Resilience Initiative (GHRI), a new non-legislative act which signals the EU's ambition to once again take the lead on Global Health:

> ***"...this is our Union's mission. [...] To decide what kind of society and democracy we want to live in. [...] Our democracy is under attack. [...] Europe must also take the lead on global health. We are on the brink – or even at the start – of another global health crisis."***

The Covid-19 pandemic was a stark reminder that global health crises are systemic, do not stop at borders, and therefore require a strong collective response at international level.

This renewed European political ambition demonstrated in the SOTEU is much needed. Indeed, the current context of global health inequalities has the potential to amplify the next crisis: weak health systems, differences in pandemic preparedness and response (PPR) capacities. The OECD defines health systems resilience as "*the capacity of health systems to proactively foresee, absorb, recover from, and adapt to shocks such as pandemics*".

We are still recovering from the effects of the Covid-19 pandemic - whose effects linger on to this day - saw the emergence of an additional threat: health disinformation.

Health disinformation poses a double threat: it undermines public trust in health institutions and scientific research, weakening democratic legitimacy, and it can lead to public health advice being ignored, which severely weakens collective responses to pandemics and other health crises.

The new Global Health Resilience Initiative should aim to tackle this, coupled with further EU investments in Global Health R&D and health ODA to ensure that the world is better equipped with the tools to face the next health crisis.

I. Health disinformation as a direct threat to PPR, health security, and democracy

Health disinformation and health misinformation are often used interchangeably, and whilst they are similar concepts, they do not refer to quite the same thing: misinformation is false or inaccurate information: getting the facts wrong. Disinformation is false information which is deliberately intended to mislead: intentionally misstating the facts. [1] The difference is the intention: disinformation is a deliberate act, and this is the phenomenon discussed in this paper.

Health disinformation is not a new phenomenon, but its potential to disrupt collective responses to health threats became prominent during the Covid-19 pandemic. This took many forms: conspiracy theories[2] designed to tap into people's anxieties during times of unprecedented uncertainty and encourage them to ignore public health advice, hoaxes and scams to profit financially, etc. [3]

Since the pandemic – additional ways to spread dis- and mis- information have become available, including to the wider public, such as sophisticated Artificial Intelligence tools capable of creating fake videos (known as "deep fakes")[4], for instance of public health officials "admitting" that vaccines are harmful.[5]

In this context, it should come as no surprise that EU agencies and institutions are considering how to best respond: in 2022, the European Centre for Disease Prevention and Control (ECDC) launched a comprehensive strategic foresight initiative to consider and prepare for future public health challenges, and its end of project assessment listed health disinformation as a clear barrier to implementing disease prevention (including vaccination), health communication, and other preventative measures. In its most recent Strategy, the European Medicines Agency (EMA) also identified combatting health mis- and dis- information as essential to their goal of protecting public health.

The consequences of letting the spread of public health disinformation unchecked are numerous.

From a public health perspective, such disinformation can lead to large numbers of people refusing to follow public health guidelines[6]: lockdown orders, social distancing, vaccination refusal, resulting in a disease spreading faster and to more people (incl. to vulnerable groups), thus increasing the possibility of new (and sometimes more deadly, and/or more contagious) variants developing.

In the long run, disinformation also has democratic ramifications as well: disinformation erodes trust in the democratic process, because people lose confidence *"in the fairness and transparency of elections, government policies, and public discourse"*[7], and in public policies based in scientific evidence.

[1] apa.org/topics/journalism-facts/misinformation-disinformation

[2] How Covid left a legacy of distrust and conspiracies | Coronavirus | The Guardian

[3] Internet + : Covid 19, soyez vigilants, les arnaques se multiplient... - RTBF Actus

[4] AI misinformation has set back pandemic preparedness - The Johns Hopkins News-Letter

[5] Deepfake alert: AI-generated video falsely portrays well-known health expert criticising Covid-19 vaccines - Africa Check

[6] Belief in COVID-19 Conspiracy Theories Reduces Social Distancing over Time - Bierwiaczonek - 2020 - Applied Psychology: Health and Well-Being - Wiley Online Library

[7] Full article: The Role of Trust and Attitudes toward Democracy in the Dissemination of Disinformation—a Comparative Analysis of Six Democracies

In a 2021 poll[8], 15% of scientists who spoke to the media about Covid-19 received death threats, and 22% received threats of physical and/or sexual violence. Over two thirds of scientists reported a negative experience after having appeared in the media, often due to their public rebukes of health mis- and dis- information on issues such as wearing masks, conspiracies around the origins of Covid-19, and the use of controversial products such as ivermectin.

It is therefore imperative that the GHRI defends science as a global public good and as an asset which must be defended by public institutions. In an era where science is increasingly challenged and attacked by dis- and mis- information, both by individuals and hostile governments, the freedom of research and inquiry are vital to protect our democracies and global public health. The EU must embed research security and scientific integrity standards into EU research programmes, promote open science, and champion academic freedom by supporting researchers at risk via protection schemes.

Finally, the impact on society itself and the social repercussions cannot be understated: society splinters as people's identities revolve around their political opinions and beliefs, with dialogue and debate becoming increasingly impossible due to the emergence of "alternative facts"[9], with no shared reality in which discussions can be based.

The speed and scale of the spread of disinformation can largely be attributed to social media platform algorithms, which are inherently designed to promote the most profitable content.

Studies have shown that the most profitable content is that which provokes the strongest emotions, such as anger (also known as Rage Bait). Content which is less controversial does not get promoted nearly as widely. An inevitable consequence is the creation of fake content, designed to enrage and engage the user.

This begs the question – **what can be done to prevent this?** Fact-checking has demonstrated limited efficacy (although novel fact checking methods are being developed), and even that tool is being discarded by large platforms such as Meta[10].

Addressing health disinformation requires more than defining punishable content; it also demands regulation of platform structures – such as algorithms, recommender systems and incentives – that drive its dissemination.

The question of who bears how much legal responsibility for what content is shared online not a new one, including at EU level.

[8] 'I hope you die': how the COVID pandemic unleashed attacks on scientists

[9] Alternative facts (politics) | Research Starters | EBSCO Research

[10] The End of Fact-Checking Increases the Dangers of Social Media | Tufts Now

[11] Tackling the infodemic threatening modern democracies - Action Santé Mondiale

A Code of Practice was first established back in 2018 for online platforms, trade associations, and advertising sector stakeholders. This Code – which started off as a voluntary basis – required stakeholders to curb disinformation and improve their online policies. The Code was integrated into the Digital Services Act (DSA) in 2025.

The DSA, first proposed in 2019, requires online platforms to improve their dynamics and pushes for more effective moderation concerning all types of harmful content (harassment, degrading comments, discriminatory statements, or misinformation) on any topic, including health. Fully applicable as of 2024, it classifies platforms or search engines which have over 45 million users in the EU as Very Large Online Platforms (VLOPs), for which the European Commission has exclusive monitoring competences[12]. VLOPs include social media platforms such as Facebook, Instagram, TikTok, YouTube, and others, which are known to be used to spread dis- and mis- information.

Member States are equally concerned by the issue. Last year, ahead of the Health Council in June, Croatia, Estonia, France, Germany, Lithuania, Slovenia and Spain published an information note highlighting the loss of confidence in science and health authorities, and the resulting disruption of the public debate, which represents in their view a major challenge for democracies in the EU.

The note highlights that current regulatory obligations applicable to VLOPs are insufficient, and calls for a) further discussions with VLOPs on their duty to moderate health content and a possible "extension" of/addition to their current DSA obligations, and b) for the creation of a European observatory dedicated to the fight against health disinformation, similar to the one in France[13]. During the EPSCO meeting of June 2025, France once again called for social media platforms to be held responsible for the content circulated on their networks, with a special reference to health-related information.

The European Parliament (EP) has also weighed in on the issue – back in 2024, the EP' SANT Committee published a study "How to reduce the impact of disinformation on Europeans' health" which contains several recommendations such as "*collaborating with social media and platforms to configure algorithms to identify and limit the spread of health misinformation*" (referring to current algorithms prioritising user engagement over information accuracy). This study also includes a call for a number of regulatory recommendations to strengthen existing EU legislation, inter alia:

- Strengthen the implementation of the existing framework for health communication, ensuring that information disseminated to the public is accurate, evidence-based and follows ethical standard (including the DSA)
- Mandate social media platforms to engage further in content moderation.
- Adapt social media platforms' algorithms to ensure that they prioritise reliable sources of information.
- Similar to the transparency reports required by Articles 15, 24 and 42 of the DSA, oblige platforms to publish regular reports detailing efforts to combat health misinformation.

[12] https://www.ghadvocates.eu/tackling-infodemic-threatening-democracies/
[13] https://sante.gouv.fr/actualites-presse/presse/communiques-de-presse/article/lancement-de-la-strategie-nationale-de-lutte-contre-la-desinformation-en-sante

II. The need for increased investments in GH R&D to support PPR

The EU has, together with its Member States under the "Team Europe" approach, invested billions of euros over the past decades in R&D for neglected diseases (including PRNDs) with the goal of advancing global health outcomes[14]. The Return On Investment (ROI) for the EU has already been calculated and demonstrated: every €1 of R&D activity ultimately generates €5.67 in additional output via its flow-on effects in other parts of the economy and that every €1 million euros invested in R&D supports the creation of 2.9 long term jobs.[15] It is vital to remember that returns on R&D investments typically take several years to yield results, meaning that if the EU invests in R&D with the goal of being prepared for future pandemics and health crises, it must do so now, before the crises emerge.

In her 2025 SOTEU speech, President von der Leyen reminded us that *"We are on the brink – or even at the start – of another global health crisis."* If we are to successfully respond to the next crisis, it is crucial for the EU to invest in Global Health R&D to ensure it has the tools to face the next health crisis and that these same tools are made broadly accessible to those who need them, particularly in times of crisis.

The Covid-19 pandemic caught world governments by surprise, and demonstrated the multiple costs (human, social, economic – for which we are still paying) that are inevitable when policymakers do not adequately prepare for such scenarios.

Neglecting PPR has been shown to be a bad economic and financial decision in the long run: the Covid-19 pandemic resulted in an unprecedented economic contraction in 2020, with EU real GDP falling by 6.1%, which is more than during the global financial crisis of 2008[16]. At a time when the EU is attempting to become more competitive on the world stage, taking such a risk seems questionable.

Therefore, it is critical that global health be treated as a global public good. Research has shown that spending on health-related global public goods (GPGs) – particularly on prevention, preparedness, and response (PPR); and R&D for neglected and infectious diseases – is critical in combatting global health threats[17].

[14] Global health R&D makes a strong investment case for Team Europe | Impact

[15] Ibid

[18] See Priority 3 in the EU GHS: international_ghs-report-2022_en.pdf

[19] EU Health ODA at its lowest level in five years: a worrying decline - Action Santé Mondiale

[20] Pandemic preparedness and response: exploring the role of universal health coverage within the global health security architecture - The Lancet Global Health

[21] Ibid

The EU has explicitly stated that preventing and combating health threats is an EU global health priority.[18] Consequently, if it is serious about ensuring global health becomes more resilient, the EU must invest in prevention the following ways:

a) secure sustained and predictable funding for global health in the next MFF. The current context of decreasing health ODA[19] will impede UHC progress, and result in underfunded and unprepared health systems in partner countries, which will be incapable of adequately responding to the next health crisis. Over-reliance on global health security interventions at the expense of UHC has been identified as a key challenge in current PPR approaches[20]. Unless this trend of declining ODA is rapidly reversed, the SDGs – which are already off track – will not be achieved, resulting in negative health outcomes both in LMICs and developed countries due to increased health insecurity,[21] something which President von der Leyen also hinted at in her 2025 SOTEU address.

b) invest in needs-driven global health R&D in the next Framework Programme (FP10), and ensure systematic, strong access conditionalities for publicly funded R&D.

During the Covid-19 pandemic, the desperate rush to develop expensive vaccines and medical countermeasures created a situation where public institutions were effectively at the mercy of private pharmaceutical companies to build their response (which was merely a reaction to ongoing events), and the deeply unequal and unfair distribution of vaccines and medical countermeasures led to millions of preventable deaths in developing countries. There is therefore an urgent need to ensure the EU continues to support and fund existing immunisation initiatives, and also makes actual tangible commitments to improve equity and access: when EU public funding is used to develop biomedical countermeasures, it must be accompanied by access conditions to guarantee the availability, affordability, and accessibility of medical products to all those in need, including to LMICs.

[16] The EU economy after COVID-19: Implications for economic governance | CEPR

[17] oecd.org/content/dam/oecd/en/publications/reports/2025/03/smart-spending-to-combat-global-health-threats_9985a31e/166d7c57-en.pdf

Conclusion and recommendations

Building global health resilience and preventing a repetition of the scenario above is impossible without meaningful international partnerships rooted in multilateral collaboration. Strong partnerships are needed to ensure that information, scientific knowledge, technology, and resources flow in both directions to ensure a timely collective response to health threats. The EU must therefore continue to promote publicly funded open science and strengthen public engagement with researchers.

For the Global Health Resilience Initiative to be successful, it must tackle health disinformation. It is imperative that it address the shortcomings and limitations of existing EU policies.

The EU must also ensure that the new GHRI is aligned with existing policies, such as the EU Global Health Strategy which positions combating health threats as an explicit EU global health priority.

More specifically:

On health dis- and mis- information, the EU must:

- Make health disinformation a core pillar of the EU Global Health Resilience Initiative (GHRI).
- Recognise health disinformation explicitly as a systemic risk under the DSA. This ensures that risk assessments, monitoring, and mitigation measures prioritise content that can threaten public health.
- Strengthen enforcement of the Digital Services Act (DSA) for health-related content, ensuring that VLOPs mitigate systemic risks linked to disinformation.
- Defend science as a global public good and as an asset which must be defended by public institutions, including by protecting scientists and academic freedom from attack.

On the role of R&D in PPR, the EU must:

- Fund EU-level research, monitoring, and early-warning systems on health disinformation, combining scientific evidence and platform data to anticipate emerging threats.
- Secure predictable funding for global health in the next Multiannual Financial Framework, including under the Global EuropeInstrument.
- Restore and strengthen EU health spending targets.
- Invest in needs-driven global health R&D, including poverty-related diseases, in the next FP10, using an open-science approach.
- Make access conditionalities mandatory for EU-funded health R&D and innovation.

References

- Action Santé Mondiale (2024). Tackling the infodemic threatening modern democracies.
- Action Santé Mondiale (2024). EU Health ODA at its lowest level in five years: A worrying decline.
- Africa Check (2025). Deepfake alert: AI-generated video falsely portrays well-known health expert criticising COVID-19 vaccines.
- American Psychological Association (n.d.). Misinformation and disinformation.
- Bierwiaczonek, K., Kunst, J.R. and Pich, O. (2020), Belief in COVID-19 Conspiracy Theories Reduces Social Distancing over Time. Appl Psychol Health Well-Being, 12: 1270-1285. https://doi.org/10.1111/aphw.12223. Available here.
- CEPR (2021). The EU economy after COVID-19: Implications for economic governance. Centre for Economic Policy Research.
- Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU Global Health Strategy (2022).
- EBSCO Research Starters (n.d.). Alternative facts (politics).
- French Ministry of Health (2023). Lancement de la stratégie nationale de lutte contre la désinformation en santé.
- Humprecht, E., (2025). The Role of Trust and Attitudes toward Democracy in the Dissemination of Disinformation—a Comparative Analysis of Six Democracies. Digital Journalism 13 (5): 931–48. doi:10.1080/21670811.2023.2200196. Available here.
- Impact / Team Europe (n.d.). Global health R&D makes a strong investment case for Team Europe.
- Johns Hopkins News-Letter (2023). AI misinformation has set back pandemic preparedness.
- Lancet Global Health (n.d.). Pandemic preparedness and response: Exploring the role of universal health coverage within the global health security architecture.
- OECD Health Working Papers No. 175 (2025). Smart spending to combat global health threats. OECD Publishing.
- RTBF Actus (2020). COVID-19 : soyez vigilants, les arnaques se multiplient.
- The Guardian (2021). How COVID left a legacy of distrust and conspiracies.
- Tufts University (2025). The end of fact-checking increases the dangers of social media.
- Nature (2021) 'I hope you die': How the COVID pandemic unleashed attacks on scientists

Contact
Rowan DUNN, EU Advocacy Coordinator
rdunn@ghadvocates.org