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Research Report

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Issue: Regulating The Global Implications of the Spread of Medical Misinformation and Unapproved Pharmaceuticals

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Introduction

The global spread of medical misinformation and unapproved pharmaceuticals has deep historical roots but has escalated significantly with the rise of digital communication. Throughout history, misleading health claims have caused harm, from the widespread promotion of ineffective or dangerous treatments to the unchecked circulation of false medical advice. The thalidomide crisis of the mid-20th century is a striking example, where misinformation about drug safety led to thousands of birth defects. In today's hyperconnected world, the internet and social media have accelerated the speed and reach of such misinformation, creating new global health risks that transcend borders.

Currently, this issue presents major challenges to international health systems and governance. During the COVID-19 pandemic, unverified medical claims, conspiracy theories, and fraudulent cures spread rapidly online, undermining vaccination efforts and public trust. At the same time, unapproved pharmaceuticals have flooded markets, particularly in regions with weak regulatory oversight. Social media platforms, designed to amplify engaging content, often prioritize sensational or misleading posts over verified medical information. In many cases, there are gaps in digital literacy and language-specific content moderation, which makes it difficult to manage the problem consistently and equitably.

The stakeholders involved in this issue span multiple sectors and regions. These include international organizations such as the World Health Organization, national governments and health ministries, technology companies, pharmaceutical regulators, public health professionals, and the general population. Vulnerable communities are often the most affected, lacking both the resources to verify medical information and access to safe, approved treatments. Addressing this issue requires global cooperation and a

coordinated policy approach to safeguard public health while promoting access to accurate, evidence-based information.

Definition of Key Terms

Medical Misinformation

Any health claim that contradicts available data. These assertions, which are based on incomplete research, unproven hypotheses, anecdotes, and/or inaccurate information, may be used for social, political, or financial advantage.

Disinformation

False information is purposefully and frequently disseminated to sway public opinion or distort the facts.

Infodemic

When there is a disease outbreak, an infodemic occurs when there is an abundance of information, both digital and physical, that is inaccurate or deceptive.

Counterfeit Drugs

A medication created by a third party, not the original producer, by replicating or reproducing an original product without permission or rights. The trademark law is violated by counterfeit medications.

Efficacy

The capacity of an intervention (such as medication or surgery) to yield the intended positive outcome.

Pseudoscience

Claims or beliefs presented as scientific but lacking credible evidence, testing, or peer review. Many unapproved treatments are rooted in pseudoscientific ideas.

Moral Panic

A widespread fear often exaggerated about a threat to public health or safety. Misinformation can trigger moral panics around medical issues, such as vaccines or new viruses.

Background Information:

The spread of medical misinformation and unapproved pharmaceuticals is a long-standing issue that continues to evolve alongside the medical field, with many layers to uncover. Medical misinformation is more widespread today because of the dissemination of information on the internet and social media platforms. Medical misinformation challenges health care professionals not only to provide the best care possible, but to assist patients in finding accurate information. Throughout history, medical misinformation has become a prominent pattern. For example, in the late 1950s and early 1960s, for the treatment of nausea in pregnant women, thalidomide became popular. It became apparent in the 1960s that thalidomide treatment resulted in severe birth defects in thousands of children.

Though the use of thalidomide was banned in most countries at that time, thalidomide proved to be a useful treatment for leprosy and, later, multiple myeloma. In rural areas of the world that lack extensive medical surveillance initiatives, thalidomide treatment of pregnant women with leprosy has continued to cause malformations..The coronavirus disease 2019 (COVID-19) pandemic highlighted the importance of practicing evidence-based medicine and the need for cautious review of articles from publishers in addition to literature evaluation techniques.

Everyone plays a role in preventing the spread of medical misinformation, with pharmacists uniquely positioned as trusted and highly accessible professionals who may help combat its spread. It disproportionately impacts underserved populations, but if actionable strategies are provided to prevent its spread, and examples of practical tactics to help identify, correct, and alert individuals about the possible presence of medical misinformation, the future of medical patients all over the world won't be so dull.

Causes of the Issue:

This issue arises out of a mix of economic motivations, ideological distrust, technological vulnerability, and regulatory loopholes. Profit greed drives the production and sale of unapproved drugs, especially in times of health crises when people are looking for quick relief. Meanwhile, widespread suspicion of governments, pharmaceutical companies, and science establishments, stemming in many instances from previous inequality or misinformation, exposes citizens to pseudoscience and conspiracy theories. Technologically,

social media platforms have algorithms designed to give priority to attention-grabbing content that frequently falls in the form of sensational but unfounded health assertions. Wherever local language content moderation is absent and digital literacy is lacking, the problem is aggravated. Finally, worldwide inconsistency in drug approval requirements and the absence of a uniform legal framework hinder efforts to monitor and prosecute the cross-border flow of fake treatments and misleading health information.

Effects of the Issue:

The consequences of unchecked medical misinformation and the spread of unapproved pharmaceuticals are profound. Effects include the increase of misleading or incorrect interpretations of available evidence, impact on mental health, misallocation of health resources, and an increase in vaccination hesitancy. It's also shown that the increase of unreliable health information delays care provision and increases the occurrence of hateful and divisive rhetoric. Included reviews highlight the poor quality of published studies during health crises. Several of the consequences were linked to altering people's attitude towards the situation such as distorting the interpretation of scientific evidence, opinion polarization and echo chamber effects (that is, the formation of groups of like-minded users framing and reinforcing a shared narrative) offering non-specialists opinions to counter accurate information promoting fear and panic increasing mental and physical fatigue of population, decreasing credibility of circulating information on different platforms during unforeseen circumstances.

Infodemics could also decrease trust in governments and public health systems as well as in the government's response and accuracy of the official health messaging. Other societal consequences could be amplifying and promoting a hostile political environment, increasing violence against ethnic and minority groups, and affecting the global economy. Within the health system, infodemics could lead to misallocation of resources and increased stress among medical providers, decreased access to health care, increased vaccine hesitancy and conspiracy beliefs, increased illegal promotion of the sale of controlled substances, and delayed delivery of high-quality care and proper treatment to patients, which could further have a negative effect on public health-care systems.

Major Countries and Organizations Involved

World Health Organization (WHO)

The WHO has led global efforts to counter medical misinformation and regulate unapproved pharmaceuticals, especially during public health emergencies such as the COVID-19 pandemic. It introduced the term "infodemic" to describe the overabundance of information—both accurate and false—during health crises, and launched campaigns like “Stop the Spread” to promote verified information. The WHO also works closely with social media companies to flag and remove misleading health content and has called for stronger global cooperation to improve digital health governance.

United States of America

The U.S. has been both a prominent target and source of medical misinformation. During the pandemic, it witnessed a significant rise in vaccine hesitancy, driven in part by misinformation online. However, U.S. institutions such as the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) have worked to counteract this trend through fact-checking initiatives, digital literacy campaigns, and partnerships with technology platforms. The U.S. has also pushed for tech regulation to hold platforms more accountable for the spread of health-related falsehoods.

European Union (EU)

The EU has taken a leading role in regulating digital content through legislation like the Digital Services Act, which places greater responsibility on tech companies to monitor and remove harmful content, including medical misinformation. The EU has also funded public awareness campaigns and health literacy programs, and it supports centralized mechanisms to trace and block counterfeit medicines across its member states through agencies like the European Medicines Agency (EMA).

India

India has faced serious challenges with medical misinformation, particularly on messaging platforms like WhatsApp, where unverified treatments and anti-vaccine rumors have spread widely. The government has attempted to curb the spread through public messaging, media regulation, and platform pressure. However, gaps in digital literacy, regional language content moderation, and trust in public institutions remain obstacles to comprehensive progress.

Facebook (Meta) and Other Social Media Companies

Social media platforms play a central role in the dissemination of medical information. Companies like Facebook, YouTube, and TikTok have implemented various moderation strategies, such as labeling content, removing false posts, and elevating authoritative health sources. Despite these efforts, they continue to face criticism for inconsistent enforcement and lack of transparency. Their role as both a contributor to and potential regulator of misinformation makes them essential stakeholders in any global solution.

Timeline of Events

Date	Description of Event
June 30, 1906	U.S. Pure Food and Drug Act Signed into Law - Also known as the first of a series of consumer protection laws in the creation of the Food and Drug Administration. Its main purpose was to ban foreign and interstate mislabeled drug products.
November 25, 1961	The use of thalidomide in many countries was prescribed to women who were pregnant, and resulted in the "biggest anthropogenic medical disaster ever," with over 10,000 children born with a range of deformities, such as phocomelia, and thousands of miscarriages
March 12, 2003	The SARS outbreak led to mass online misinformation, including false cures and conspiracy theories. The World Health Organization (WHO) exposed how

	unregulated online content can worsen global health emergencies.
January 16, 2019	COVID-19 vaccine hesitancy emerged as a major public health challenge. Through medical and scientific misinformation, COVID-19 seems to be rampant, and increasing evidence suggests that it is contributing to COVID-19 vaccine hesitancy today.
February 15, 2020	The term infodemic was created by the WHO to describe the mass waves of medical misinformation and false health and unapproved treatments circulating online
May 26, 2021	The World Health Assembly joined forces with the WHO to finally combat medical misinformation and disinformation by launching coordinated action

Relevant UN Treaties and Events

- **International Covenant on Economic, Social and Cultural Rights (ICESCR) December 16, 1966**

  Recognizes the right of everyone to enjoy the highest possible standard of physical and mental health. With the provision for the reduction of the stillbirth rate and of infant mortality, and for the healthy development of the child. The possible prevention, treatment, and control of epidemic, endemic, occupational, and other diseases. And lastly, the creation of conditions that would ensure medical services and medical attention when ill.

- **WHO International Health Regulations (IHR, 2005)**

  An initiative with the scope of preventing, protecting against, controlling, and providing a public health response to the international spread of disease in ways that are restricted to public health risks, and avoid interference with international traffic and trade. Through the management of health information and public risk communication.

- **UN General Assembly Resolution A/RES/74/274 – COVID-19 and Access to Medicines**

  An International cooperation made to ensure global access to medicines, vaccines, and medical equipment, and calls on Member States to ensure the free flow of information, while taking into account the countering of medical misinformation online and offline with real-time, clear, and evidence-based information.

- **UN Human Rights Council Resolution 47/16 – The Right to Health and Misinformation**

  The initiative is to combat misinformation and boost the number of vaccinated people. It also reaffirms how misleading or false information undermines social trust and jeopardises access to reliable information. Overall, it upholds freedom of expression while urging platforms and member states to stray away from misinformation

- **UN Special Rapporteur on Freedom of Expression Report – Disinformation and Human Rights**

  The report examines the threats put into place by disinformation to human rights. While acknowledging the complexities and challenges posed by disinformation in the modern age, it calls for multidimensional and multistakeholder responses that urge companies to review their business model and their responses to disinformation.

Previous Attempts to Solve the Issue

WHO EPI-WIN Platform (2020)

The WHO launched the EPI-WIN (WHO Information Network for Epidemics) initiative to provide accurate, targeted information to various audiences during the COVID-19 pandemic. It worked to counter medical misinformation by distributing health guidance through trusted community figures and digital platforms. While EPI-WIN helped streamline accurate messaging, its impact was limited in regions with poor internet access or low trust in international institutions.

EU Code of Practice on Disinformation (2018)

This voluntary agreement aimed to foster cooperation between governments, online platforms, and civil society to reduce the spread of disinformation. While some platforms adopted more transparency and content moderation practices, the code lacked enforcement mechanisms and did not specifically focus on health misinformation, limiting its effectiveness in medical contexts.

Africa Infodemic Response Alliance (AIRA) (2020)

Launched by the WHO Regional Office for Africa, AIRA united fact-checking organizations, media outlets, and health authorities to track and counter health misinformation across African countries. It made progress in local language engagement and rapid response, but struggled with limited funding and fragmented coordination across borders.

Possible Solutions

Create a UN-Backed Global Health Information Verification Taskforce

A permanent task force under the WHO could be established to coordinate with social media platforms, fact-checkers, and national health agencies to verify public health information in real time. The task force would issue certified alerts or corrections when false content trends globally. Enforcement would rely on partnerships with tech platforms and would be monitored by an annual review panel composed of WHO member states and civil society experts.

Standardize Global Pharmaceutical Tracking through a Blockchain Registry

This solution would involve creating a secure, internationally recognized blockchain system to register all approved pharmaceuticals. Countries would be encouraged to log approved drugs into the system, allowing customs officials, pharmacies, and consumers to verify the authenticity of a product. Managed by the WHO and supported by regional health bodies, this would reduce the circulation of counterfeit drugs and improve supply chain transparency.

Implement Mandatory Health Literacy Education in School Curricula

Member states could adopt national education policies that incorporate media and health

literacy into public school systems, targeting youth with the tools to identify misinformation and understand scientific evidence. This initiative would be supported by UNESCO, UNICEF, and national ministries of education, and would help address the root cause of vulnerability to misinformation.

Establish a Treaty on Digital Responsibility in Health Crises

Modeled after climate accords, this treaty would commit signatory states and major tech companies to transparency, moderation, and accountability during global health emergencies. It would include measurable benchmarks for misinformation response time, labeling practices, and government-platform coordination, with oversight by an independent UN committee.

Useful Links

- https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation
- https://digitallibrary.un.org/record/3860136?v=pdf
- https://www.who.int/publications/i/item/9789241580496
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