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## ***Navigating health misinformation in the age of AI***

**8 December 2025, 13:30–14:30 CET (Geneva time)**

### **SUMMARY**

The webinar was organized by the Inter-Parliamentary Union (IPU) and the Partnership for Maternal, Newborn and Child Health (PMNCH) to bring together parliamentarians, experts and civil society representatives, with the aim of: raising awareness on how misinformation shapes access to sexual and reproductive health and rights (SRHR) and other essential health services; discussing how artificial intelligence (AI), if unchecked, can contribute to misinformation, and how it can be leveraged to address misinformation; and fostering dialogue on good practices to address misinformation, including through better use and regulation of AI. The webinar was attended by 214 participants from 69 countries.

The webinar was moderated by Ms. K. Touré (PMNCH). She highlighted the profound impact of misinformation on health outcomes, which had been especially visible during COVID-19, and how misinformation disrupts health-seeking behaviour, influences policy, and erodes trust between people and health systems. She emphasized the heightened risks for women, children and adolescents, particularly regarding reproductive health, vaccination and stigma-related issues. The rise of generative AI amplified both risks and opportunities by accelerating and tailoring the spread of misleading content.

Ms. A. Blagojevic and Mr. A. Richardson (IPU) described ongoing efforts undertaken by the IPU to address AI and its governance. They made reference to the IPU resolution adopted in October 2024 urging parliaments to prioritize AI-related debates. In November 2025, a global conference on the role of parliament in shaping the future of responsible AI had brought together more than 200 participants to discuss the risks and opportunities of AI. One key recommendation emerging from the meeting had been to establish common rules for AI use in political life, especially in relation to misinformation, gender-based violence and election campaigns.

Dr. M. Benasayag (philosopher and psychoanalyst) delivered an expert presentation explaining the difficulty of discerning truth in an environment saturated with information. He emphasized that facts often failed to penetrate people's belief systems, creating resistance even to well-intentioned, evidence-based interventions. Experiences in Africa and Latin America showed that rational arguments alone could provoke mistrust when perceived as colonial or disconnected from local realities. He argued that effective communication must respect community beliefs and use less hierarchical and more relatable storytelling methods. Addressing misinformation required an understanding of how people emotionally and culturally process information.

Dr. S. Jaiswal (India) outlined the transformative contributions of AI to medical diagnostics, personalized care and research. He noted that India faced widespread health misinformation across domains such as cancer, vaccines and reproductive health, fueled by social media. The Government's fact-checking unit now had authority to flag false content. Once flagged, platforms must remove or label inaccurate posts. Dr. Jaiswal stressed the need for global cooperation to ensure AI would advance truth rather than confusion. He called for strong laws to counter deepfakes and AI-driven misinformation.

Ms. O. Onuoha (MSI Nigeria) highlighted MSI's work in ensuring women could access accurate reproductive health information aligned with their beliefs and concerns. She noted that AI could improve service delivery, such as through chatbots providing reliable guidance. However, it could also

amplify harmful narratives if algorithms were misused or manipulated. These negative messages could deter women from seeking essential services. To counter this, it was important to engage with local and global platforms to prevent harmful content and protect users from misinformation.

Ms. Å. Nihlén (WHO) presented findings from research on the human rights impact of misinformation in sexual and reproductive health. At the individual level, misinformation disempowered people and worsened digital inequalities. At the community level, it fueled stigma, discrimination and harassment of SRHR advocates. Health workers themselves could be misinformed, reducing care quality and influencing harmful policies. Ms. Nihlén emphasized that rebuilding trust required innovative approaches, not just fact-checking. Effective responses must consider trust, access and digital literacy.

Ms. F. Onori (OSCE Parliamentary Assembly) discussed the regional security implications of health misinformation, which could weaken social cohesion and undermine democratic institutions. Women, children and adolescents suffered disproportionately from false narratives about contraception, fertility and vaccination. She also highlighted rising mental-health risks as young people increasingly sought emotional support from AI tools. She explained that the OSCE PA worked to promote responsible innovation, information integrity and resilience. Ms. Onori called on parliaments to ensure AI would strengthen health systems through audits, transparency and oversight, and identified cooperation with civil society as essential for trusted, community-based solutions.

The panellists further discussed the importance of data protection. They emphasized the need to involve community and religious leaders in content review and dissemination to create trusted local ownership. Key structural drivers of misinformation identified included platform algorithms, deceptive commercial practices, political narratives, stigma and health system weaknesses. Finally, they highlighted that public awareness remained critical, and that parliamentarians could use their platforms not only to legislate but also to inform and educate the public.