



Australasian Bioethics & Health Law  
Conference

Concurrent Session C: Global Health  
Workshop

**Monash-Otago-WPRO  
Workshop on Equity in the  
WHO Pandemic Agreement**

*7 December 2025*

# Format

- Chair: A/Prof Karinne Ludlow, Co-Convenor, Health Law Group, Monash University
- Introduction and framing (A/Prof Calvin Ho)
- Segment 1: Bioethics Centre, University of Otago (Dr Elizabeth Fenton and Dr Emma Anderson)
- Segment 2: Health Law Group, Monash University (Professor Gabrielle Wolf and A/Prof Calvin Ho) & Monash Bioethics Centre (Dr Karel Caals)
- Segment 3: Research, Ethics and Innovation Unit, World Health Organization Office of the Western Pacific Region (Dr Mengji Chen and Dr Julienne O'Rourke)
- Conclusion

# About the Workshop

- ✦ Jointly organised by Monash University Health Law Group, Otago Bioethics Centre and the Western Pacific Regional Office (WPRO) of the WHO.
- ✦ Critically evaluate what equity means in relation to the three key mechanisms introduced in the Pandemic Agreement:
  - Pathogen access and benefit-sharing system
  - Global supply chain and logistics network
  - Coordinating financial mechanism
- ✦ Consider the normative implications of these mechanisms on three global health challenges (i.e. infodemics, technology transfer, and zoonosis in the context of One Health) identified in the preamble of the agreement.



# World Health Assembly adopts historic Pandemic Agreement to make the world more equitable and safer from future pandemics

20 May 2025 | News release | Geneva | Reading time: 3 min (803 words)

- Agreement's adoption follows three years of intensive negotiation launched due to gaps and inequities identified in national and global COVID-19 response.
- Agreement boosts global collaboration to ensure stronger, more equitable response to future pandemics.
- Next steps include negotiations on Pathogen Access and Benefits Sharing system.

Member States of the World Health Organization (WHO) today formally adopted by consensus the world's first

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## Media Contacts



### WHO Media Team

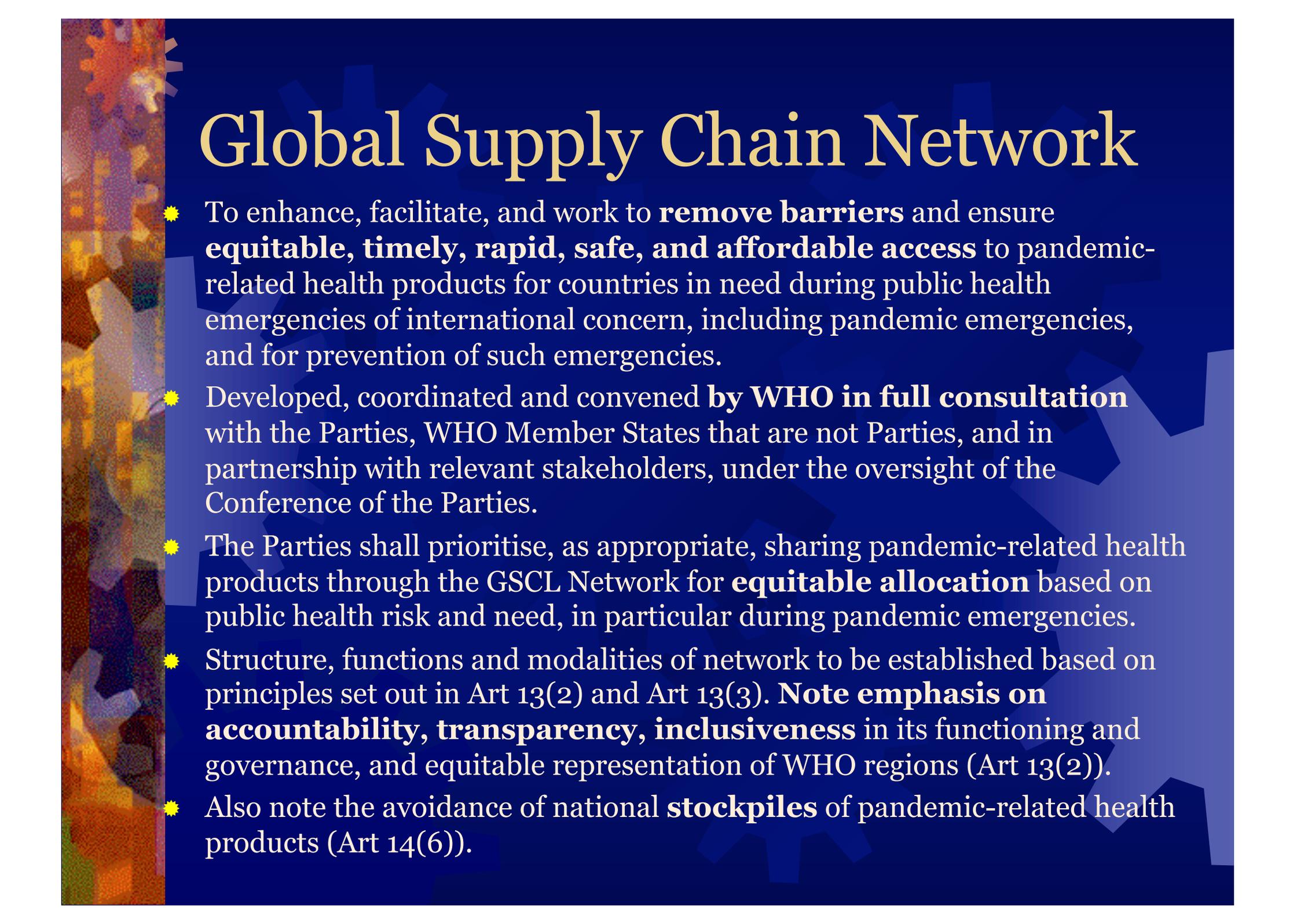
World Health Organization  
Email: [mediainquiries@who.int](mailto:mediainquiries@who.int)

# PABS

- ✦ Puts the Pathogen Access and Benefit Sharing (PABS) system on firm legal footing.
- ✦ Response to inequities regarding vaccines, therapeutics and diagnostics during the COVID-19 pandemic.
- ✦ Recognises need for countries to share information about pathogens; in return, developing nations should have a share in pandemic vaccines, drugs, and diagnostics.
- ✦ Manufacturers committed to donating 10% of their production to distribute by WHO, with a target of offering another 10% at affordable prices (Art 12(6)); still subject to contract.
- ✦ Details are to be worked out in an annex (**the PABS Instrument**), which is expected to be completed by the time the World Health Assembly meets in 2026. This is also when the treaty is expected to be opened for signing and ratification.
- ✦ Agreement enters into force when signed by the 60<sup>th</sup> member state (Article 33).

# PABS (Cont'd)

- ✦ Recognises the sovereign right of States over their biological resources, which includes sequence information on pathogens.
- ✦ PABS is a **multilateral system** for safe, transparent, and accountable access and benefit sharing for “PABS Materials and Sequence Information”. To include traceability measures and open access to data (Art 3). Not emphasis on PABS system being **fair, transparent, accountable and equitable** (Art 12(9)).
- ✦ Recognises need for consistency with Art 4.4 of the **Nagoya Protocol** (Art 4). Also recognises the **Pandemic Influenza Preparedness framework** (Art 5(d)(i)), but legal status of the framework?
- ✦ Goals and characteristics of PABS Instrument set out in Arts 12(5), 12(7) and 12(8). Note **emphasis on benefit-sharing**, articulated as including capacity-building and technical assistance, R&D cooperation, rapid access to vaccines, therapeutics and diagnostics, non-exclusive licenses to manufacture, and tech transfer.



# Global Supply Chain Network

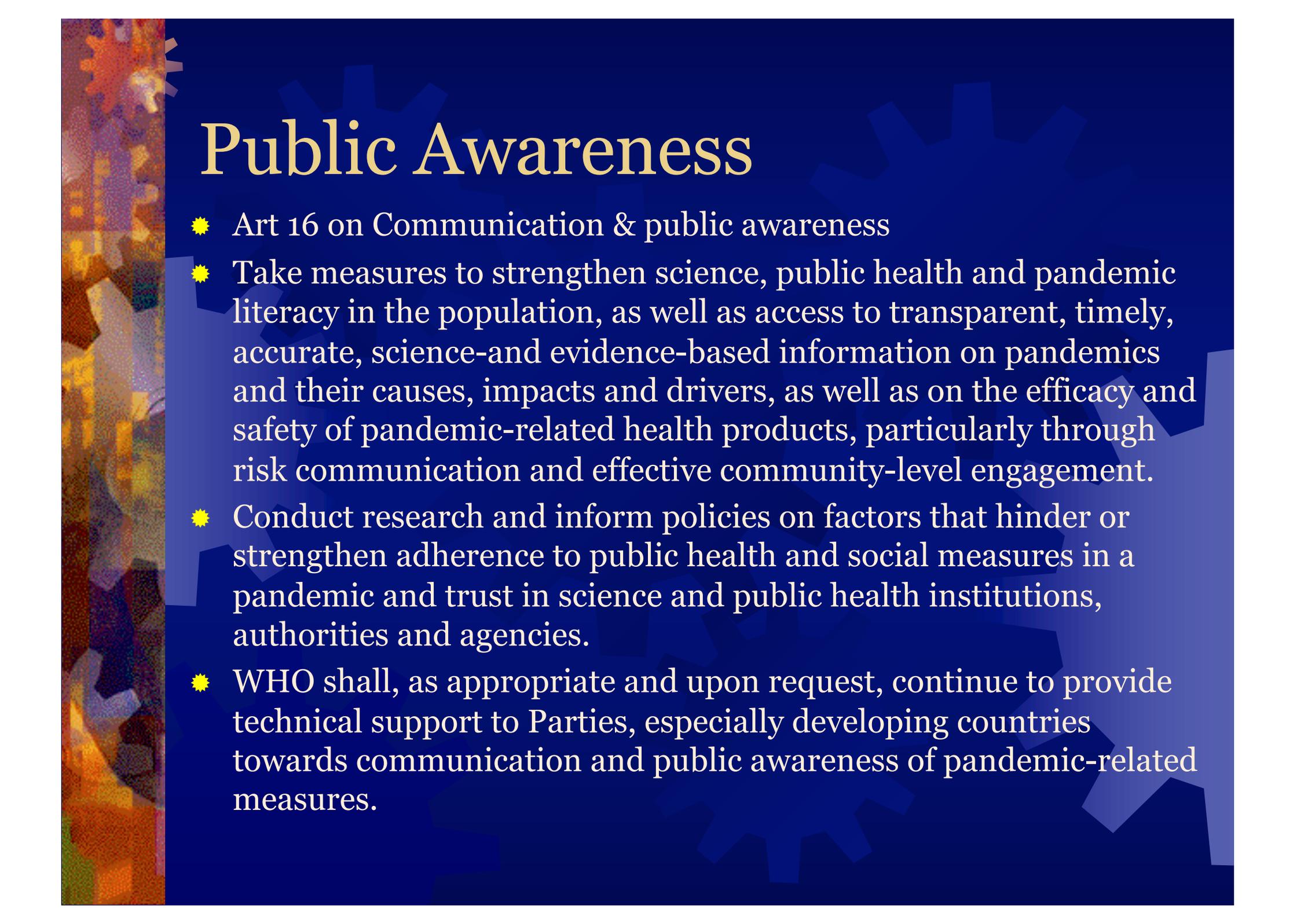
- To enhance, facilitate, and work to **remove barriers** and ensure **equitable, timely, rapid, safe, and affordable access** to pandemic-related health products for countries in need during public health emergencies of international concern, including pandemic emergencies, and for prevention of such emergencies.
- Developed, coordinated and convened **by WHO in full consultation** with the Parties, WHO Member States that are not Parties, and in partnership with relevant stakeholders, under the oversight of the Conference of the Parties.
- The Parties shall prioritise, as appropriate, sharing pandemic-related health products through the GSCL Network for **equitable allocation** based on public health risk and need, in particular during pandemic emergencies.
- Structure, functions and modalities of network to be established based on principles set out in Art 13(2) and Art 13(3). **Note emphasis on accountability, transparency, inclusiveness** in its functioning and governance, and equitable representation of WHO regions (Art 13(2)).
- Also note the avoidance of national **stockpiles** of pandemic-related health products (Art 14(6)).

# Coordinating Financial Mechanism

- ✦ Established pursuant to Article 44 of the IHR (2005) to promote the provision of timely, predictable, and sustainable financing for the implementation of the IHR in order to develop, strengthen and maintain core capacities; to maximise the availability of financing for the implementation needs and priorities of State Parties; and to work to mobilize new and additional financial resources, and increase the efficient utilization of existing financing instruments.
- ✦ Mechanism shall:
  - Use or conduct relevant needs and funding gap analyses;
  - Promote harmonization, coherence and coordination of existing financing instruments;
  - Identify all sources of financing that are available;
  - Provide advice and support upon request to State Parties; and
  - Leverage voluntary monetary contributions for organization and other entities to develop, strengthen and maintain their core capacities.
- ✦ Article 18 of the WHO Pandemic Agreement advances this initiative by promoting innovative financing measures within relevant bilateral, regional and/or multilateral funding mechanisms, including transparent financial reprogramming plans for pandemic prevention, preparedness and response especially for developing country Parties experiencing fiscal constraints.

# Preparedness & Surveillance

- ☀ Art 4 on Consistency with IHR (Art 4(1))
- ☀ Progressively strengthen measures and capacities for pandemic prevention and coordinated multisectoral surveillance. Note recognition of drivers of infectious disease at the human-animal-environment interface, and the need for early prevention of pandemics (Art 14(2))
- ☀ Recognize that a range of environmental, climatic, social, anthropogenic and economic factors, including hunger and poverty, may increase the risk of pandemics, and shall endeavour to consider these factors in the development and implementation of relevant policies, strategies, plans, and/or measures, at the international, regional and national levels as appropriate, in accordance with national and/or domestic law and applicable international law (Art 14(3)).
- ☀ CoP to develop and adopt guidelines (Art 14(4))



# Public Awareness

- ✦ Art 16 on Communication & public awareness
- ✦ Take measures to strengthen science, public health and pandemic literacy in the population, as well as access to transparent, timely, accurate, science- and evidence-based information on pandemics and their causes, impacts and drivers, as well as on the efficacy and safety of pandemic-related health products, particularly through risk communication and effective community-level engagement.
- ✦ Conduct research and inform policies on factors that hinder or strengthen adherence to public health and social measures in a pandemic and trust in science and public health institutions, authorities and agencies.
- ✦ WHO shall, as appropriate and upon request, continue to provide technical support to Parties, especially developing countries towards communication and public awareness of pandemic-related measures.

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**Drawing Public Health Insights  
through Surveillance in  
Infodemic Management**

*Dr Calvin Ho*

*Associate Professor and Co-Convenor, Health Law Group*

*Monash University*

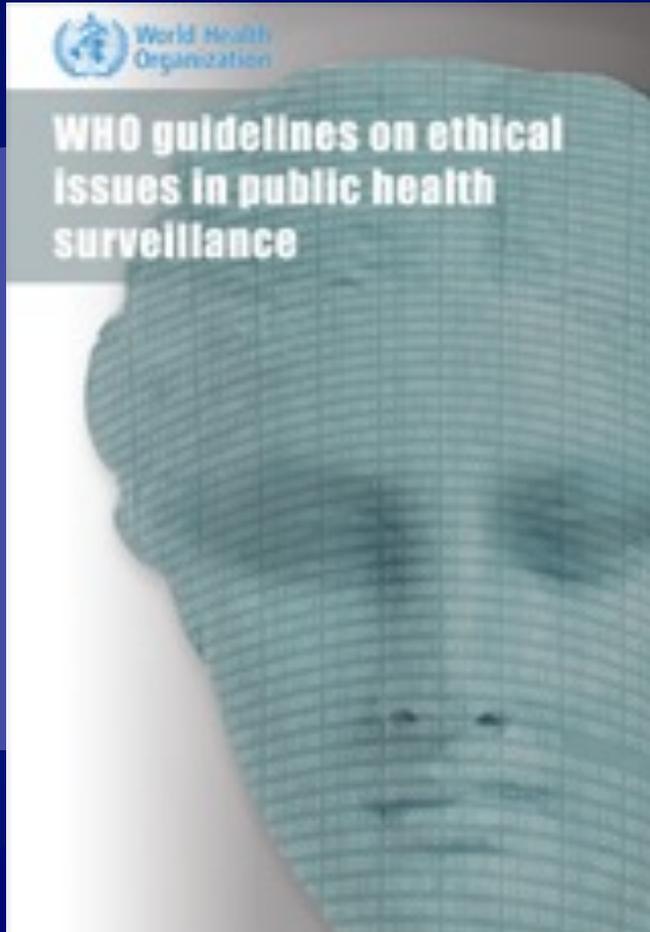
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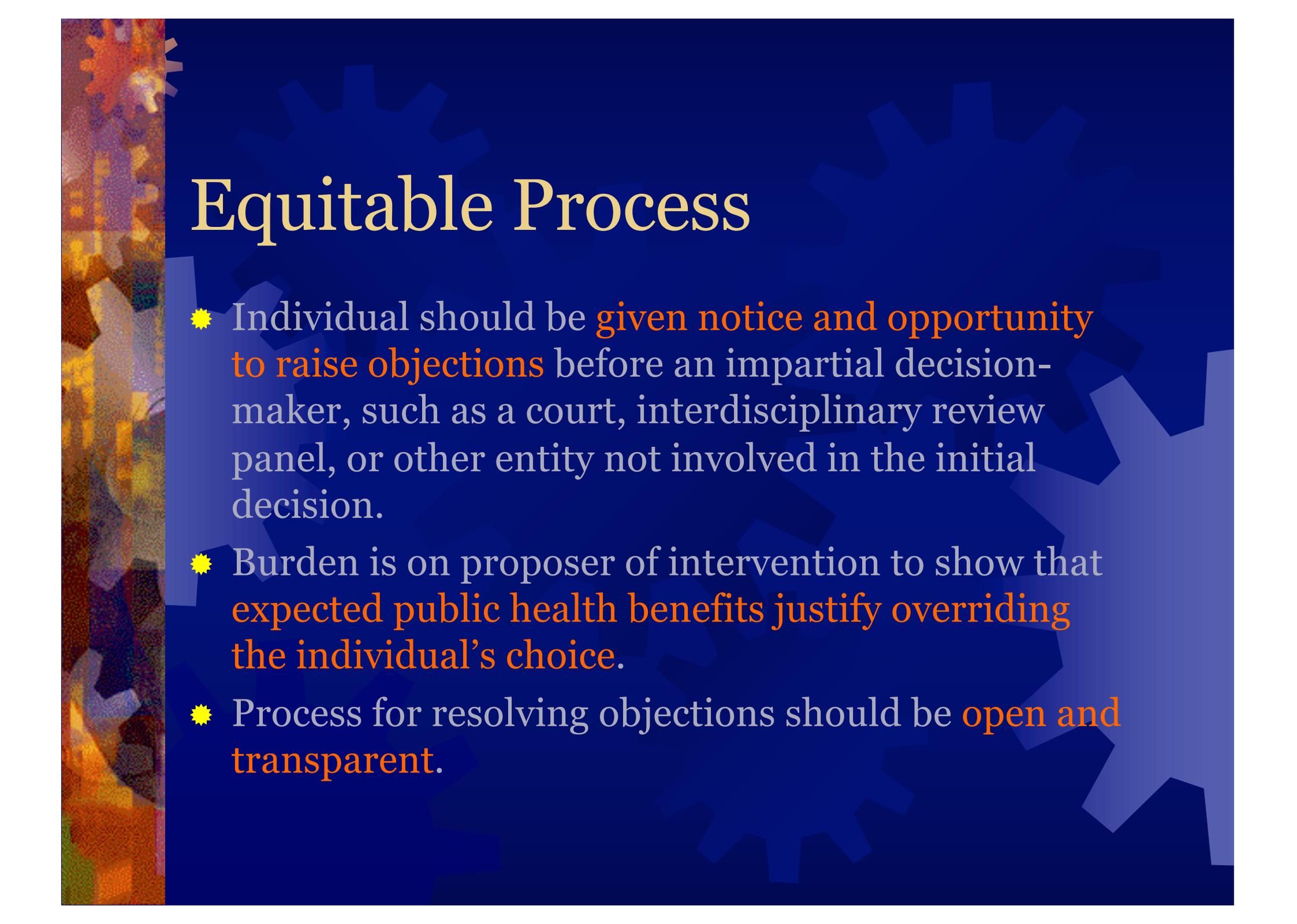
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*[Karel.Caals@monash.edu](mailto:Karel.Caals@monash.edu)*

# Core Ethical Principles



- ✦ **Common Good**
  - Shared benefits but broader than narrow economic sense of 'public good'
- ✦ **Equity**
  - Just and fair conditions for human flourishing
- ✦ **Respect for Persons**
  - Making protection possible and minimize risk of harm
- ✦ **Good Governance**
  - Accountable and open to public scrutiny



# Equitable Process

- ✦ Individual should be **given notice and opportunity to raise objections** before an impartial decision-maker, such as a court, interdisciplinary review panel, or other entity not involved in the initial decision.
- ✦ Burden is on proposer of intervention to show that **expected public health benefits justify overriding the individual's choice.**
- ✦ Process for resolving objections should be **open and transparent.**

# Social Listening

Fig. 1. Infodemic management

## Infodemic management

The systematic use of risk and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies.



**Social listening**

Any form of collection and analysis of online data (e.g. social media platforms), offline data (e.g. newspapers), or community data (e.g. surveys) used for the generation of infodemic insights.



**Infodemic insights**

Identification, categorization, and characterization of the concerns and narratives expressed, used to inform evidence-driven infodemic interventions.



**Infodemic intervention**

Strategies, policies, or health programmes designed to identify, address, or mitigate the harms of an infodemic (e.g. listening to community concerns, communicating risk and translating science, promoting resilience to mis/disinformation).

The regular and systematic aggregation, filtering and monitoring of conversations and public discourse in a combination of traditional media, digital media, off-line and on-line sources of information that represent different populations and geographies (GAVI, UNICEF, WHO et al. 2021)

Source: Federico Germani and Giovanni Spitale

UN Sustainable Development Goal (SDG) 16.10 calls for “public access to information and fundamental freedoms”:

Right to health

Right to freedom of expression

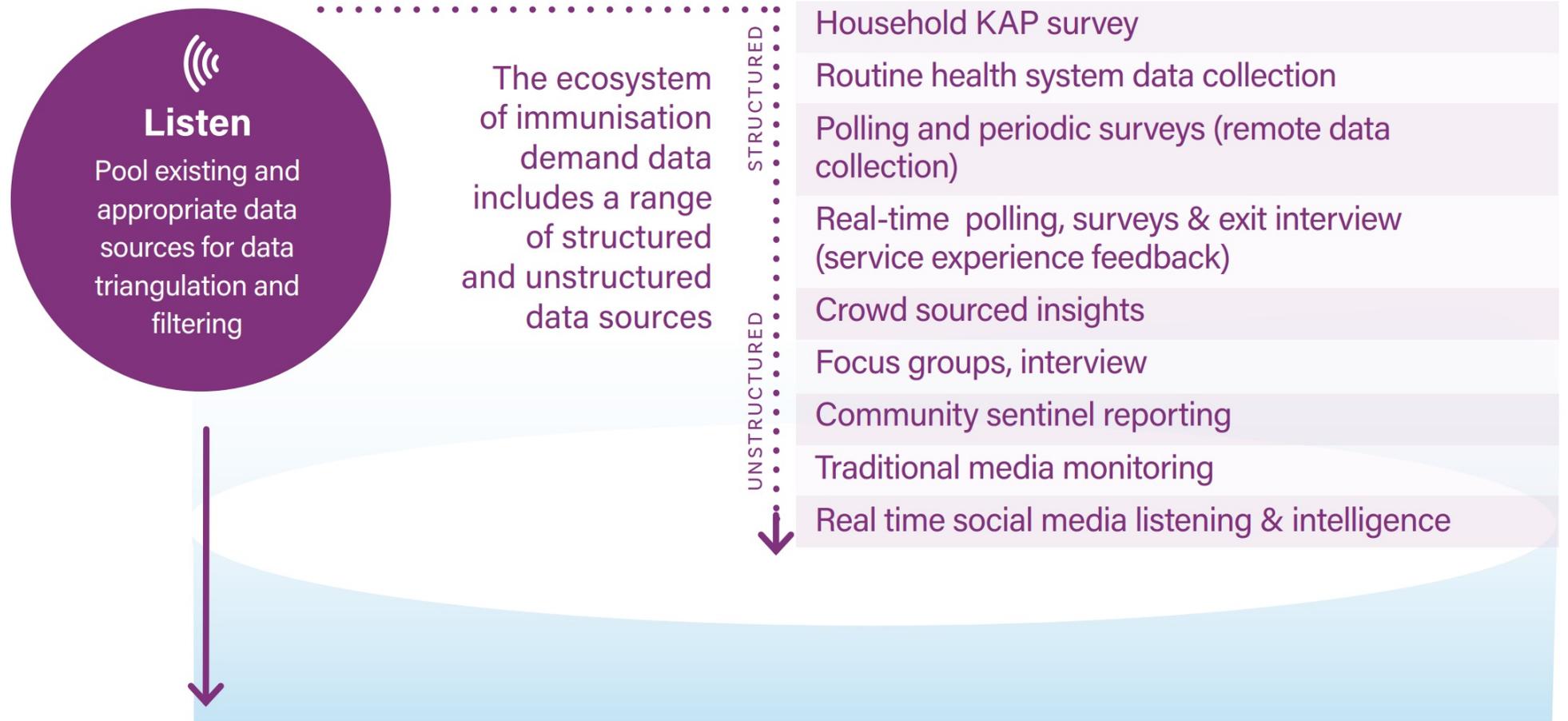


Table 1. Types of data used in social listening

Activity	Data sources: category and examples
Monitoring or tracking people's questions, concerns, information voids, narratives and circulating misinformation and disinformation	<p data-bbox="752 300 1615 331"><b>Emergency response (ad hoc set-up for a specific emergency)</b></p> <ul data-bbox="752 355 1906 667" style="list-style-type: none"> <li>• Situational reports</li> <li>• Requests for technical assistance</li> <li>• Detection of narratives and mis/disinformation</li> <li>• Field reports</li> <li>• Emergency hotlines</li> <li>• Ad hoc networks of responders</li> <li>• Outbreak investigation-related datasets</li> <li>• Feedback from formal mechanisms (e.g. accountability to affected populations in a humanitarian emergency)</li> </ul> <p data-bbox="752 691 1200 722"><b>Health system communications</b></p> <ul data-bbox="752 746 1279 914" style="list-style-type: none"> <li>• Hotline call log</li> <li>• Email/chat queries</li> <li>• Press enquiries</li> <li>• Patient feedback surveys</li> <li>• Other formal feedback mechanisms</li> </ul> <p data-bbox="752 938 1317 970"><b>Digital environment and user behaviour</b></p> <ul data-bbox="752 994 1491 1233" style="list-style-type: none"> <li>• Website analytics</li> <li>• Search trends</li> <li>• Social media monitoring</li> <li>• Digital infodemic insights analysis (external reports)</li> <li>• Discussion forums</li> <li>• Customer feedback/review sites</li> <li>• Other digital data sources</li> </ul> <p data-bbox="752 1257 1088 1289"><b>Society and community</b></p> <ul data-bbox="752 1313 1256 1412" style="list-style-type: none"> <li>• Media monitoring</li> <li>• Feedback from community events</li> <li>• Opinion polls</li> </ul>

Tracking health behaviours and downstream health system effects related to the topic of interest

#### **Health system data**

- Use of medicines and diagnostics
- Service usage
- Poison control hotline and surveillance systems on the use of medicines and medical devices
- System for adverse events reporting (if relevant)
- Cluster surveys, seroprevalence surveys and other epidemiological datasets
- Health campaign data (e.g. independent monitoring reports)
- Health data collected by apps for outbreak investigation or management

#### **Regulatory data on medicines and medical devices**

- Adverse event monitoring (if relevant)
- Data supporting marketing authorization applications

#### **Sociobehavioural studies**

- Ethnographic studies
- Community assessments
- Knowledge, attitude, practice and belief studies
- Behavioural risk factor surveillance datasets
- Mobility and location data
- Population-based surveys, such as multiple indicator cluster surveys, demographic health surveys, health interview surveys, etc.
- Peer-reviewed research
- Grey literature

Source: WHO (24).



## Understand

Analyse data,  
visualise trends,  
report and share  
findings

- AI-Driven Predictive Analytics
- Filters
- Human insight

Insights into  
existing barriers and  
challenges along the  
Journey to Health and  
Immunisation

Trust, influence, gender & equity

Intent

Point-of-service & Experience of Care

After Service

Health and Political System

# HOW TO BUILD AN INFODEMIC INSIGHTS REPORT IN SIX STEPS



**STEP 6**  
Disseminate the infodemic insights report and track the actions taken



**STEP 5**  
Develop an infodemic insights report



**STEP 4**  
Develop strategies and recommendations



**STEP 3**  
Conduct an integrated analysis across those data sources



**STEP 2**  
Identify and select the data sources and develop an analysis plan for each data source



**STEP 1**  
Choose the question that infodemic management insights could help to answer



Data source 1 →

Analysis plan 1

Data source 2 →

Analysis plan 2

Data source 3 →

Analysis plan 3

Data source 4 →

Analysis plan 4

Intelligence

Intelligence

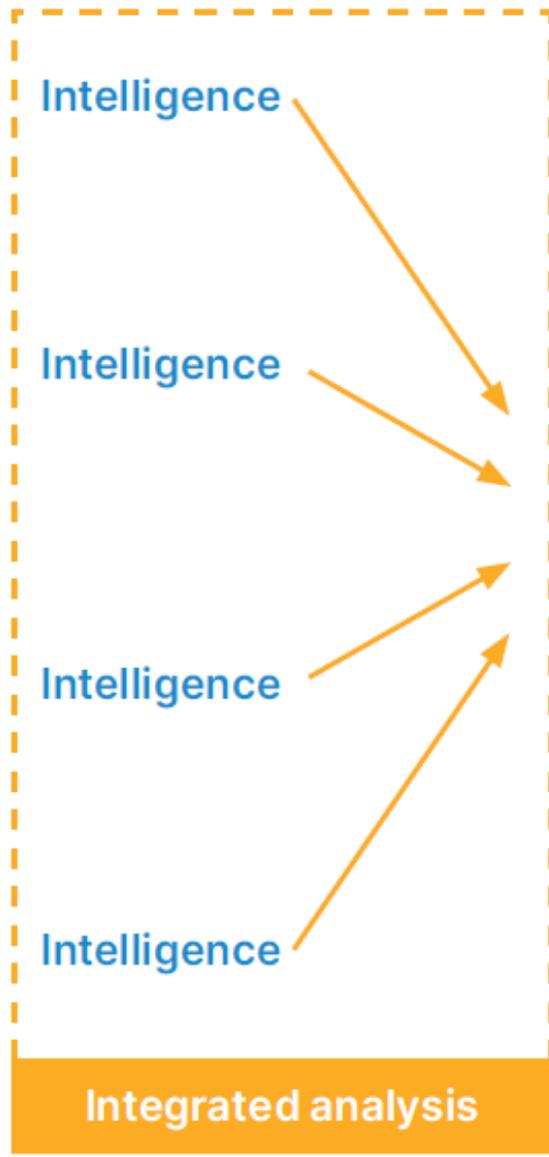
Intelligence

Intelligence

Integrated analysis

Insights

Risk to base





RAPID RESPONSE

- Reduce spread & mitigate effects of misinformation/disinformation
- Respond to reports of side-effects
- Risk communication strategies to address public concerns, fears and gaps in knowledge
- Engage with social influencers and leaders to extend

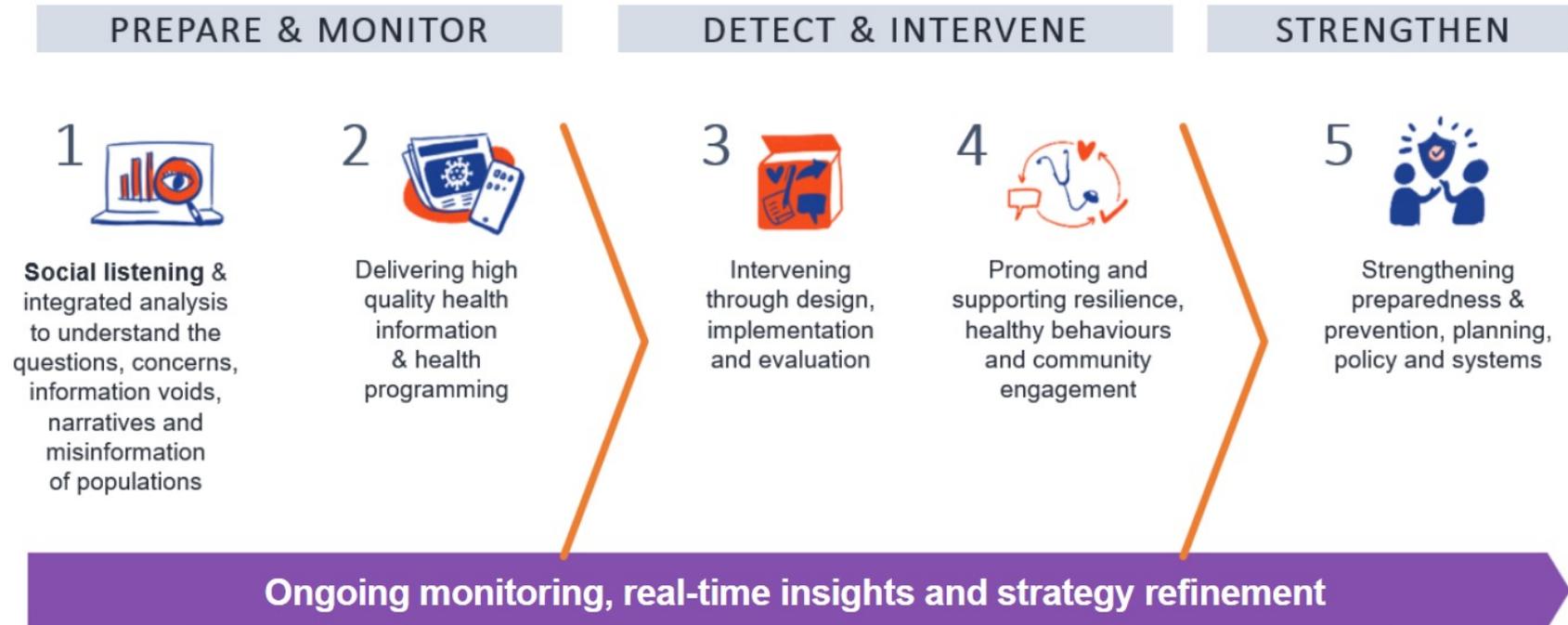
**Reminders and Incentives**

LONG-TERM

- Target supportive supervision, training and service delivery improvements
- Innovation and Learning
- Inform policy development
- Advocate for immunisation program improvements
- Support digital literacy
- Build trust between the community & immunisation programme

**FIG 3: DEMAND DATA**

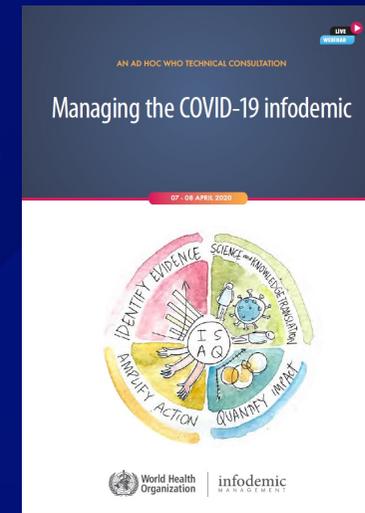
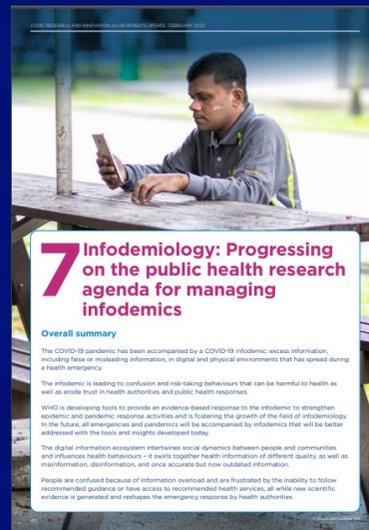
Fig. 2. Elements of the infodemic management process



Source: Adapted from WHO (23).

# Science of infodemiology

## Whole of society approaches to infodemic management



**COVID-19 Research and Innovation Powering the world's pandemic response – now and in the future**  
: <https://www.who.int/news-room/events/detail/2022/02/24/default-calendar/covid-19-global-research-and-innovation-forum-an-invitation-to-the-research-community>

An ad hoc WHO technical consultation managing the COVID-19 infodemic: call for action, 7-8 April 2020;  
<https://apps.who.int/iris/handle/10665/334287>



# WHO Ethical Guidance on Social Listening & Infodemic Management

Literature Review:  
Key ethical principles  
are *community  
engagement,  
empowerment through  
education,  
transparency, free  
speech versus  
regulation, informing  
versus manipulating  
behaviour, honesty  
and conflicts of  
interest, and good  
governance.*



Ethical considerations and aims in the WHO ethical guidance document:

- Respect for human rights / human rights-based approach
- Preserve & build trust, reciprocal trust, trustworthiness
- Apply fair, equitable and inclusive processes of decision-making
- Guarantee integrity of actors and actions
- Value public engagement
- Pursue understandability
- Driven by beneficence, effectiveness, & community benefit
- Balanced by necessity, utility, proportionality, and least intrusive approaches

Fig. 3. Layers of the architecture of this guidance document



Source: Federico Germani and Giovanni Spitale.

# Comments Welcome

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## The WHO Pandemic Agreement's Missing Epistemic Architectures: Infodemics and Antimicrobial Resistance as Examples

Original Article | [Open access](#) | Published: 16 July 2025

Volume 17, pages 495–514, (2025) [Cite this article](#)

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### Abstract

On 20 May 2025, the 78<sup>th</sup> World Health Assembly adopted the World Health Organization's

[springer.com/article/10.1007/s41649-025-00387-9#auth-Karel-Caals-Aff4](https://www.springer.com/article/10.1007/s41649-025-00387-9#auth-Karel-Caals-Aff4) of lessons learnt from the COVID-19

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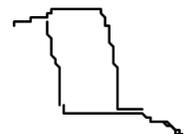
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[Abstract](#)

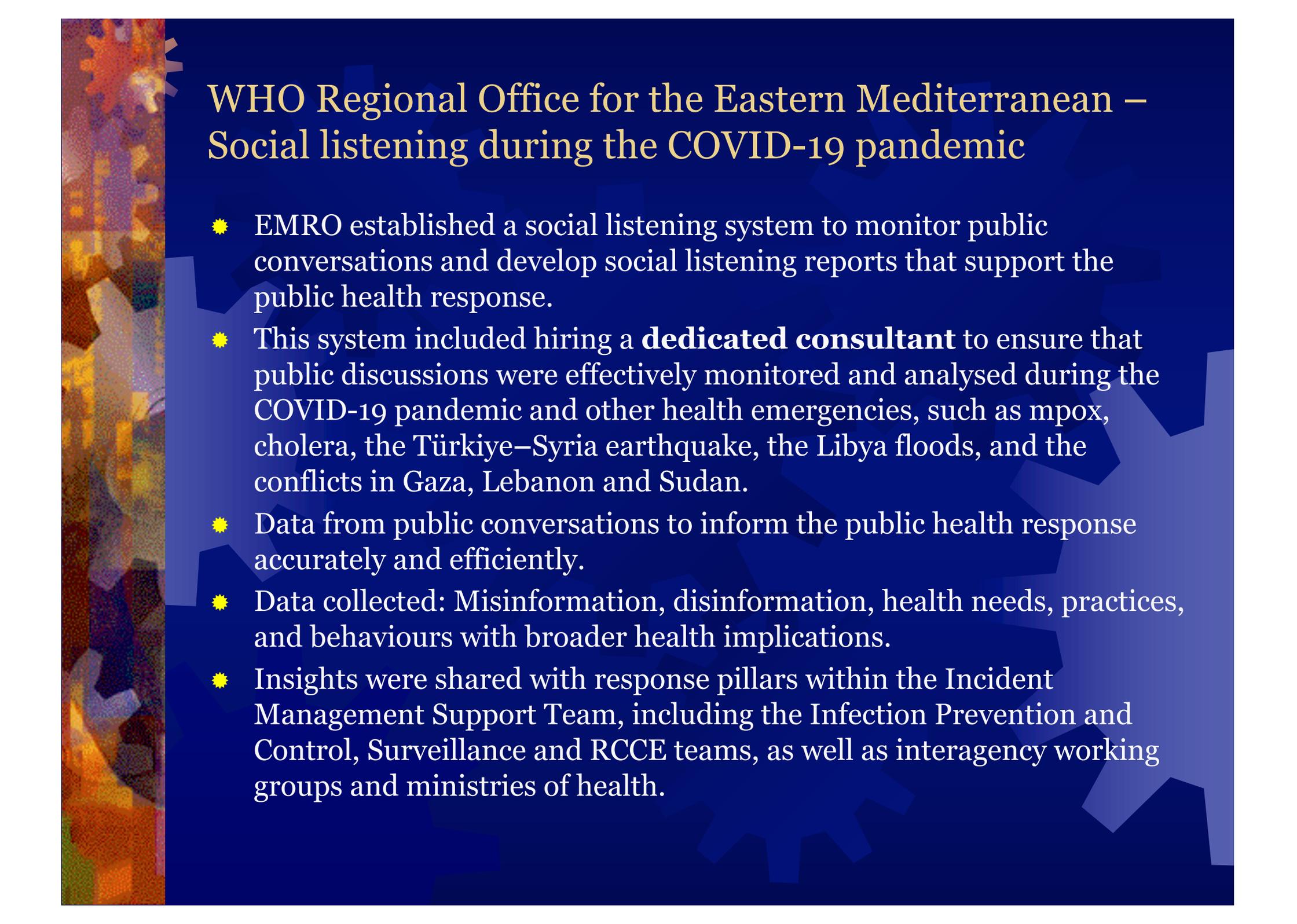
[Introduction](#)





## WHO Regional Office for the Eastern Mediterranean – Social listening during the COVID-19 pandemic

- ✦ The social listening function in the EMRO comes under the remit of the **Risk Communication and Community Engagement (RCCE) team**, who are part of the Country Preparedness and International Health Regulations Unit in the Health Emergency department.
- ✦ During the COVID-19 pandemic, social listening used **various sources of data**, including the Early Artificial Intelligence-supported Response with Social listening (EARS) platform, Talkwalker, the Johns Hopkins dashboard (now, COVID Behaviors Dashboard), Facebook Data for Good, CrowdTangle and Google Trends.
  - These platforms were used to capture public conversations and media articles, and also identified misinformation and disinformation that were circulating across the various social media platforms in the WHO Eastern Mediterranean Region.
  - This information was used to inform public health response activities, including public health and social measures, vaccination, and risk communication messaging.
- ✦ The RCCE team worked closely with the surveillance information management teams using the Epidemic Intelligence from Open Sources initiative to **build a comprehensive picture of the conversations** about COVID-19, vaccination, and surveillance data.



## WHO Regional Office for the Eastern Mediterranean – Social listening during the COVID-19 pandemic

- ✦ EMRO established a social listening system to monitor public conversations and develop social listening reports that support the public health response.
- ✦ This system included hiring a **dedicated consultant** to ensure that public discussions were effectively monitored and analysed during the COVID-19 pandemic and other health emergencies, such as mpox, cholera, the Türkiye–Syria earthquake, the Libya floods, and the conflicts in Gaza, Lebanon and Sudan.
- ✦ Data from public conversations to inform the public health response accurately and efficiently.
- ✦ Data collected: Misinformation, disinformation, health needs, practices, and behaviours with broader health implications.
- ✦ Insights were shared with response pillars within the Incident Management Support Team, including the Infection Prevention and Control, Surveillance and RCCE teams, as well as interagency working groups and ministries of health.

## WHO Regional Office for the Eastern Mediterranean – Social listening during the COVID-19 pandemic

- ✦ This system included hiring a **dedicated consultant** to ensure that public discussions were effectively monitored and analysed during the COVID-19 pandemic and other health emergencies, such as mpox, cholera, the Türkiye–Syria earthquake, the Libya floods, and the conflicts in Gaza, Lebanon and Sudan.
- ✦ Data from public conversations to inform the public health response accurately and efficiently.
- ✦ Data collected: Misinformation, disinformation, health needs, practices, and behaviours with broader health implications.
- ✦ Insights were shared with:
  - Response pillars within the Incident Management Support Team, including the Infection Prevention and Control, Surveillance and RCCE teams, as well as interagency working groups and ministries of health. RCCE interventions included building the capacity of community volunteers and health workers to enhance the effectiveness of the response.
  - Relevant stakeholders to support development of targeted interventions and risk communication messages to address community questions and concerns while countering misinformation and disinformation.

## WHO Regional Office for the Eastern Mediterranean – Social listening during the COVID-19 pandemic



- ✦ Initial hours of the Türkiye–Syria earthquake, shared critical life-saving information with affected communities (e.g. what to do during aftershocks, and how to avoid further risk and injury), along with operational information (e.g. which health services were still operative and where to seek care).
- ✦ Immediate aftermath of the earthquake, social listening was conducted daily by scouring digital platforms to understand pressing community issues and needs, and this information was fed into the overall health sector response. The collection and use of social and behavioural data captured via daily digital listening, and the establishment of community feedback mechanisms, **helped detect emerging issues and allowed rapid dissemination of information and resources to ensure harmonised community outreach.**

# WHO Regional Office for the Eastern Mediterranean – Social listening during the COVID-19 pandemic

## ✦ Ethical Concerns:

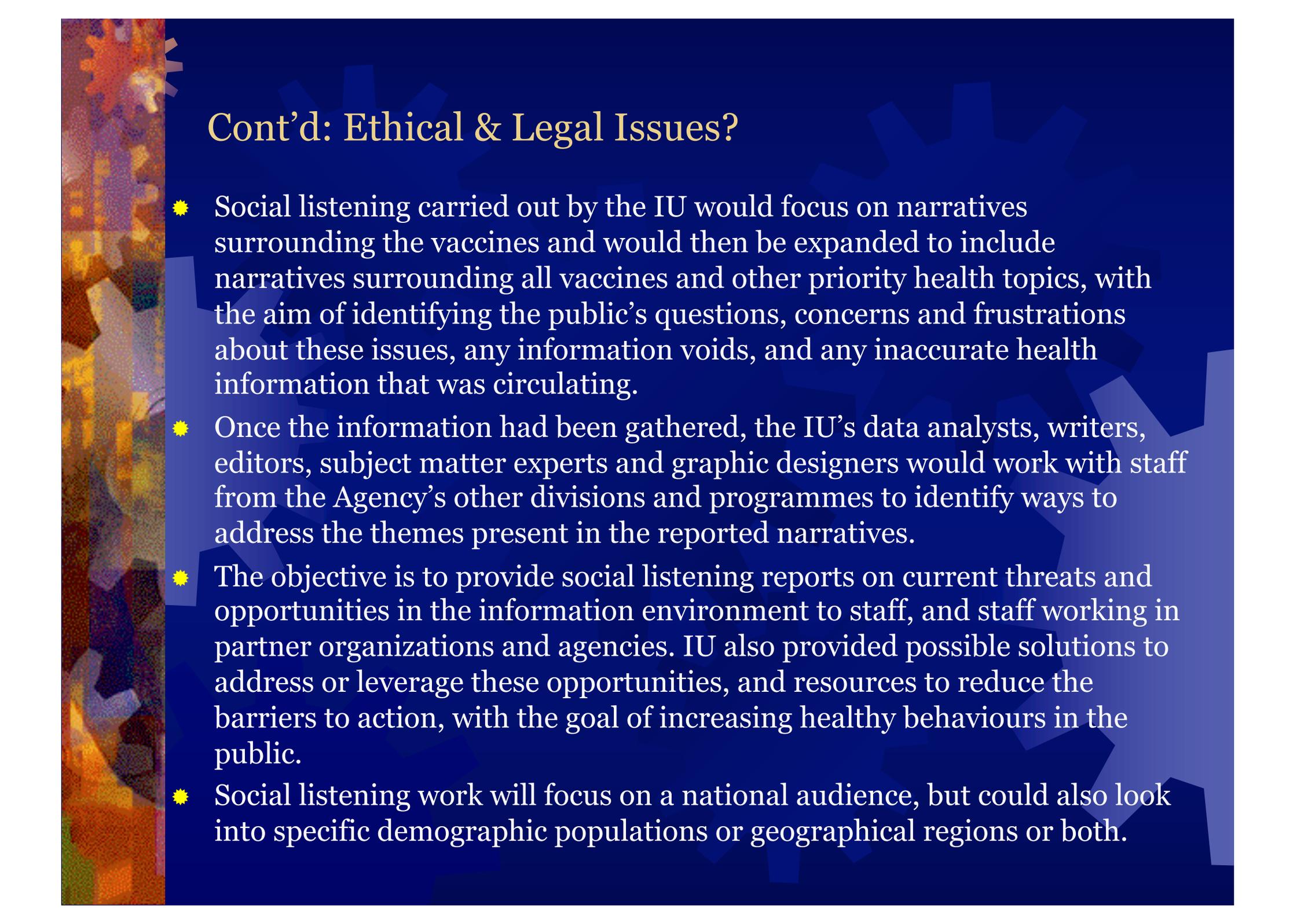
- Data were collected from public portals that were available to everyone.
- However, data which included sensitive information, or which might have caused harm in specific contexts, were only shared among WHO staff to inform the response and included a disclaimer to prevent further circulation.
- At the regional level, social listening and infodemic management activities were carried out for specific health risks and disease outbreaks.
- RCCE focal points trained at WHO country offices and at ministries of health to strengthen the capacity of countries to conduct social listening.

## ✦ Lessons Learnt:

- Important to adopt a **systematic approach** that strengthens infodemic management mechanisms that **incorporates ethical considerations**.
- This can be achieved by **allocating resources**, such as funds and personnel, to train staff on how to conduct social listening and effectively use the data generated for the benefit of the public.
- Building **trust** is crucial because if the public loses faith in the government, this can have negative effects on the accuracy of the data collected, which, ultimately, impact the responses to public health crises.

## Case to Consider: Ethical & Legal Issues?

- ✦ Agency X establish Insights Unit (IU) as a pandemic response initiative to quickly identify public sentiments to allow it to rapidly adjust its communication and programmatic approaches to vaccination and other pandemic countermeasures.
- ✦ The IU monitors various data sources including social media, news media, external polls and surveys, internal surveys, website metrics, questions received by national call centre, peer-reviewed literature and reports from the partners.
- ✦ National social listening reports that identify the public's questions, concerns, frustrations, information voids and circulating misinformation will be published regularly, with the initial cadence being biweekly during the pandemic and gradually reducing to quarterly near the end of the pandemic. Special reports, which focused on a specific topic, demographic group, geographical location, or a combination of these three, will be published more often.



## Cont'd: Ethical & Legal Issues?

- ✦ Social listening carried out by the IU would focus on narratives surrounding the vaccines and would then be expanded to include narratives surrounding all vaccines and other priority health topics, with the aim of identifying the public's questions, concerns and frustrations about these issues, any information voids, and any inaccurate health information that was circulating.
- ✦ Once the information had been gathered, the IU's data analysts, writers, editors, subject matter experts and graphic designers would work with staff from the Agency's other divisions and programmes to identify ways to address the themes present in the reported narratives.
- ✦ The objective is to provide social listening reports on current threats and opportunities in the information environment to staff, and staff working in partner organizations and agencies. IU also provided possible solutions to address or leverage these opportunities, and resources to reduce the barriers to action, with the goal of increasing healthy behaviours in the public.
- ✦ Social listening work will focus on a national audience, but could also look into specific demographic populations or geographical regions or both.