



**A**  
**Healthier**  
**World**

# How We Learned To End Pandemics

The world in 2036: There was an outbreak of a new, deadly type of virus. But after a few months it was contained globally. This was only possible because the lessons of 2020 had been heeded.

By Daniela Braun

**I**t began with a patient in Jakarta. In April 2035 the man was admitted to hospital in the Indonesian capital with flu symptoms. Within a few weeks, the novel pathogen, which the World Health Organization named Flu-35, spread first to other parts of Asia and then to Europe, Africa, and North and South America.

Led by the WHO, the international community responded quickly with a number of countermeasures. The disease brought back memories of the COVID-19 pandemic of 2020-21. After successively controlling that virus with a vaccine after the fall of 2021, extensive reforms were introduced and massive investments were made in prevention, early detection, and crisis response. At the heart of the reforms was the transformation of the WHO into a more powerful and independent global public health organization.

The international community had been able to benefit from the lessons of the COVID-19 pandemic and was thus able to rapidly contain Flu-35—with-

out the outbreak developing into a global crisis. The fact that the end of the crisis was declared after only ten months showed what great progress had been made since 2020 in combating pandemics.

## Containment Thanks to Early Detection

So, how exactly was it contained? After a series of clusters of the novel flu epidemic occurred in Jakarta in April 2035, the local health authorities quickly reported the incidents to the WHO. Within days, it sent a team of virologists, doctors, and epidemiologists to Indonesia to work with the local authorities to gather and evaluate initial data about the novel influenza virus and recommend action for all WHO member states.

In the past, there had often been attempts by local authorities or national governments to cover up disease outbreaks, partly because the affected countries feared the economic damage that travel and trade restrictions would impose. However, the earlier outbreaks are detected and reported,

the greater the chance of avoiding serious health crises. This is why the international community worked hard to improve early warning systems.

After the COVID-19 pandemic incentives for the rapid notification of outbreaks and improved cooperation with the WHO were created. For example, a massive fund became available from which affected countries could quickly and easily obtain funding to combat the disease if they reported outbreaks. The WHO also increased the number of emergency teams available to help countries cope with the disease.

In addition to these incentives for the early notification of outbreaks, the international community created mechanisms to reveal cover-up attempts and demand accountability from governments. Fears of massive reputational damage drove up the cost of cover-up attempts.

Existing early warning systems were significantly improved, too. Firstly, by stepping up the monitoring of pathogens in animals in “disease hotspots.” Virologists and experts could therefore learn more about which pathogens were spreading in the animal kingdom and could possibly jump to humans and trigger the next epidemic.

Secondly, after the COVID-19 crisis considerable resources were invested in risk assessment and epidemiology in general. The WHO expanded the Epidemic Intelligence from Open Sources (EIOS) initiative and optimized the methods of collecting information on outbreaks and the risk assessment of disease incidents. Here, data from informal sources—such as social networks and media—were evaluated and assessed, too. This also increased the willingness to report outbreaks quickly, as countries feared that outbreaks would be discovered and made public by other means.



**Daniela Braun**  
is Policy Advisor for Foreign and Security Policy at the Konrad-Adenauer-Stiftung in Berlin.

An effective and strong WHO was at the heart of the successful response to Flu-35. Its recommendations were quickly implemented by its members and not—as in previous cases—ridiculed and disregarded.

The coronavirus crisis had shown that the world needed a stronger WHO to better

## *An effective and strong WHO was at the heart of the response*

face pandemics. Although many experts believed that the organization had done a good job in 2020-21, its capacity as a secretariat of 194 member states without any authority to issue directives and with an insufficient budget was severely limited.

### **Independent and Effective WHO**

As was the case after the SARS epidemic in 2002/03, a reform of the International Health Regulations—the central, legally binding instrument of the WHO in outbreak control—was initiated in 2022. This was completed in 2025 and significantly strengthened the WHO’s mandate. The WHO was now able to publicly demand accountability from member states for non-compliance with its recommendations and refusal to cooperate, rather



*In April 2025, a new pandemic—Flu-35—broke out in Indonesia. Since the world had learned the lessons of COVID-19, it was contained quickly: a healthcare worker at a textile market in Jakarta, July 2020*

than, as in the past, only standing idly by when countries ignored the organization. It could also impose sanctions, such as fines or a temporary loss of voting rights in UN institutions.

The WHO was also able to act effectively because its dramatic underfunding came to an end after the COVID-19 pandemic. It was indeed a severe blow when the largest donor, the United States, left the organization in 2020. However, a broad coalition of mid-sized powers and private donors led by the EU was able to make up for the resulting financing gap.

In addition, the member states agreed to significantly increase the compulsory contributions. This made it possible to build up and expand operational forces and improve early warning and prevention. As a result, the WHO was in a posi-

tion to act much more independently of the individual interests of its members or private actors.

### **Pandemic Playbook**

When the WHO Director-General warned about the new influenza virus in the spring of 2025, governments around the world were able to make use of their national Pandemic Playbooks.

Under the guidance of the WHO, the Pandemic Playbook initiative was launched in 2022, with all member states evaluating and revising their national pandemic plans, some of which had become very outdated. A regular amendment of these plans was scheduled for every three years, and pandemic management exercises were also held regularly at both national and international levels.

Pandemic Playbooks covered the health sector, civil protection, and large parts of the private sector—especially the companies involved in maintaining supplies. In addition to setting up structures and measures to prevent diseases, the plans contained extensive instructions for concrete pandemic management, which were tailored to the respective conditions in the individual countries.

During the Flu-35 pandemic, countries around the world quickly began to ramp up their testing capacities, monitor airport arrivals and departures more closely, and track passengers—as envisaged in the pandemic plans. Since past health crises had taught us that travel and trade restrictions were not very effective in containing the pandemic, there was an increased focus on tracing infected people and their contacts, and on quarantine measures. The time advantage allowed the health sectors to increase their capacity to cope with a possible influx of infected persons.

The stockpiling of large quantities of personal protective equipment (PPE) and antiviral drugs, which was regularly checked by the WHO, effectively protected hospital and medical practice staff from Flu-35 and ensured better treatment for the sick. The Playbooks also provided guidance to decision-makers in prescribing quarantine and protective measures such as closing kindergartens and schools and shutting down economic activity.

The Pandemic Playbook initiative was supported by substantial funding from the WHO, private foundations and donors, and individual member states. After COVID-19 there was a recognition that investment in prevention and pandemic management is more cost-effective than repairing the enormous damage caused by a pandemic. In particular, poorer, unstable, or war- and conflict-ridden regions, which are not in a

*Investment in prevention and management is cost-effective*

position to prepare for disease outbreaks, were thus supported in building structures and capacities.

This is one of the reasons why Flu-35 could not develop into a serious global crisis; even regions of the world that had been virtually defenseless during previous outbreaks were able to take action.

“The international response to Flu-35 has shown that pandemics can be successfully controlled,” said the WHO Director-General in her statement at the end of the crisis in February 2036. Since 2020, enormous progress had been made in outbreak control, including the expansion of early detection, the strengthening of the WHO, and the improvement of national pandemic plans. Flu-35 did not plunge the world into a severe crisis with long-term and severe socio-economic consequences. The long-term goal must be to detect and control pathogens early enough to prevent major outbreaks from occurring in the first place.

But in a hyper-networked world with a growing world population, an increasing number of megacities, and advancing environmental destruction, epidemics remain a realistic threat that must be prepared for. In 2036 and beyond. **IP**