

Mini Simulation

# Preparing for and Managing the Next Pandemic

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## Overview

A hypothetical mini simulation set in 2025: The world has emerged from COVID-19 and is trying to learn the lessons of the [pandemic](#) and prepare for the next one. However, a recent report found many countries are still underprepared. What can and should the United States do to secure global health preparedness before the next pandemic arrives?

## The Situation

Long before the arrival of COVID-19, experts had warned of the dire need for countries to be better prepared to deal with [infectious diseases](#). This warning, amplified during previous [epidemics](#) such as Ebola, resulted in only moderate and inconsistent improvements. Those measures include funding for health initiatives and international agreements such as the 2005 International Health Regulations (IHR), aimed at coordinating and regulating health policy. The devastating wake of COVID-19 proves the insufficiency of IHR and other policies. A 2019 survey found that all 195 signatories of the IHR were underprepared for a health crisis. This finding was evidenced by the ensuing chaos as countries across the world struggled to meet the extreme health and economic challenges precipitated by COVID-19. Moreover, the [World Health Organization](#) (WHO), which coordinates health policy at an international level, lacked the requisite resources and enforcement capabilities. As a result, the WHO was left powerless to lead an effective international [pandemic](#) response. As the COVID-19 pandemic overwhelmed health-care systems and halted economies in their tracks, the deadly costs of global health unpreparedness came into sharp relief.

COVID-19 highlighted faults in global health security on two fronts. First, current international [norms](#) and regulations proved insufficient. Widespread noncompliance with IHR travel restriction guidelines and a lack of government transparency and information sharing hindered containment efforts. These shortcomings exacerbated devastating health outcomes and accelerated economic damage. Second, national health-care systems were unprepared and uncoordinated in their responses. Many countries, including the United States, failed to implement sufficient testing practices to contain the spread of COVID-19. Moreover, health care systems strained to handle the resulting surge of patients needing intensive care. That being said, several countries, including Singapore and South Korea, mounted robust responses that successfully slowed the spread of the virus. However, the global nature of the pandemic highlighted the need for coordinated action at an international level. In the future, the global community must cooperate to detect and prevent future outbreaks and to ensure health-care systems are able to manage a pandemic if containment fails. The measures required to improve preparedness were and continue to be difficult. Investing in public healthcare is prohibitively expensive in many countries and strengthening international norms is a difficult task. Moreover, with no way of predicting the next pandemic, gauging the effectiveness of improvements is difficult. It appears that some countries view common sense healthcare policies as financially unattainable or presently inessential. Considering the lessons of COVID-19, policymakers will need to decide what financial and political tradeoffs are acceptable to safeguard against future pandemics.

## Decision Point

Emerging from the COVID-19 [pandemic](#), countries around the world made efforts to learn the lessons of COVID-19 and prepare for the inevitability of another pandemic. As part of this effort, in September 2022 the National Security Council (NSC) undertook a survey of global preparedness. The report revealed that 75 of the 195 IHR signatories were still underprepared for a pandemic. The president has convened the NSC to consider what strategies would best shore up pandemic preparedness at home and abroad. The NSC is aware that pandemic preparedness depends on eliminating, to the extent possible, weaknesses in the global system. As a result, NSC members will need to discuss what costs they are willing to accept to secure global health.

**NSC members should consider any combination of the following options:**

- *Lead a global funding initiative to bolster countries' health-care capacities and pandemic preparedness.* This option could facilitate vital improvements to national health-care systems, especially in developing countries. However, it requires significant U.S. investment and international participation. This policy option does nothing to improve transparency and coordination practices.
- *Work to strengthen the IHR and bolster WHO enforcement capabilities.* This option could improve coordination of health practices. However, it will be difficult to reach a consensus. Poorer states will find it too expensive to improve standards, while some states could see stricter enforcement as sacrificing national autonomy.
- *Work bilaterally to implement better global health practices.* The NSC could propose trade policies and aid as incentives for cooperation. The NSC could also condemn or even [sanction](#) countries that fall short. This option could lead countries to improve their preparedness and place the United States in a leadership position. However, this policy option does not ensure a coordinated global response to a future pandemic.
- *Prioritize U.S. preparedness by investing in domestic health-care infrastructure, [infectious disease](#) research, and public health initiatives.* This option does not improve international preparedness or coordination. However, a better-prepared United States could better assist in international [epidemic](#) responses.

[What a Global Health Survey Found Months Before the Coronavirus Pandemic](#) Council on Foreign Relations  
[How to Stop the Next Pandemic Before It Starts](#) Foreign Policy  
[We Were Warned](#) Atlantic