McKinsey & Company

# COVID-19: Briefing Note

Global Health & Crisis Response

Updated: March 15, 2020

### COVID-19 is, first and foremost, a global humanitarian challenge.

Thousands of health professionals are heroically battling the virus, putting their own lives at risk. Governments and industry are working together to understand and address the challenge, support victims and their families and communities, and search for treatments and a vaccine.

Companies around the world need to act promptly. This document is meant to help senior leaders understand the COVID-19 situation and how it may unfold, and take steps to protect their employees, customers, supply chains and financial results.

Read more on Mckinsey.com  $\longrightarrow$ 

### **Executive summary**

### The situation now

COVID-19 has seen a consistent case decline in countries that had experienced rapid case growth early (esp. China, South Korea)

However, cases outside of Asia are growing dramatically, driven primarily by complexes in Europe and the Middle East. The United States, while it has confirmed only a limited number of new cases, appears to be set for a large increase in cases once testing kits become widely available

### Possible future scenarios

Delayed Recovery: The virus continues to spread across the Middle East, Europe and US until mid Q2, when virus seasonality combined with a stronger public health response drives case load reduction

Prolonged Contraction: The virus spreads globally without a seasonal decline, creating a demand shock that lasts until Q2 2021. Health systems are overwhelmed in many countries, especially the poorest, with large-scale human and economic impact

### Actions for companies to consider

A central, cross-functional Nerve Center can coordinate efforts to:

- Protect employees and give them a strong sense of shared purpose
- Stress-test financials
- Stabilize the supply chain
- Engage customers

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### COVID-19 appears to be more dangerous than the flu

Latest as of March 13, 2020

### Features of the disease to date<sup>1</sup>

1.5-2x

Higher reproduction than the flu

**Up to 20%** 

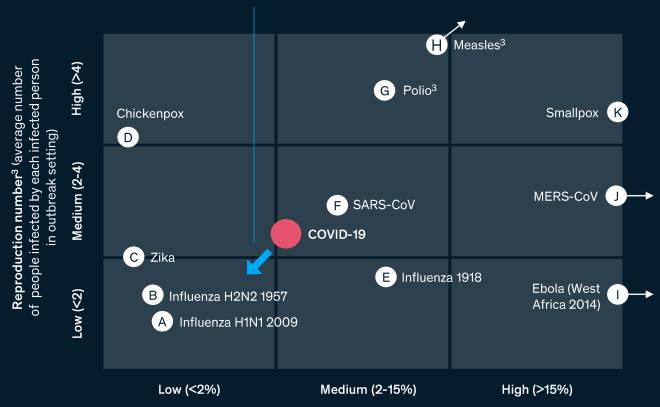
Of cases have a severe/critical form of the disease<sup>6</sup>

~0.9%

S. Korea case fatality rate after widespread testing. CFR appears higher where cases missed or health systems overwhelmed<sup>2</sup>

### Comparison to other diseases<sup>5</sup>

Early identification of the disease, intensification of viral control, and treatment, when available, will reduce reproduction number and case fatality



Case Fatality<sup>1</sup> (proportion of deaths among confirmed cases)

<sup>1.</sup> Evidence on exact numbers are emerging, however expected to decrease as viral containment measures intensify and treatments are developed

<sup>2.</sup> WHO statement as 3.4% and latest calculated as deaths/ cases; dependent on conditions such as the patient's age, community immunity, and health system capabilities

<sup>3.</sup> In outbreak setting or the introduction of a new disease

<sup>4.</sup> Case Fatality numbers reflect outbreak settings and factors such as the patient's age, community immunity and health system capabilities

<sup>5.</sup> Estimates are very context and time specific, however are provided from prior outbreaks based on academic lit review

<sup>6.</sup> WHO estimates 15% severe and 5% critical

# The global spread is accelerating with more reports of local transmission

Latest as of March 15, 2020

Sources: World Health Organization, CDC, news reports

# Impact to date

>153,000

Reported confirmed cases

>5,700

**Deaths** 

>140

Countries or territories with reported cases<sup>1</sup>

>80

Countries or territories with evidence of local transmission<sup>2</sup>

~40

Countries or territories with more than 100 reported cases<sup>1</sup>

<1%

China's share of new reported cases March 9<sup>th</sup>-15<sup>th</sup>

~75%

New reported cases on March 9-15<sup>th</sup> from Europe >40

New countries with cases March 9<sup>th</sup>-15<sup>th</sup>

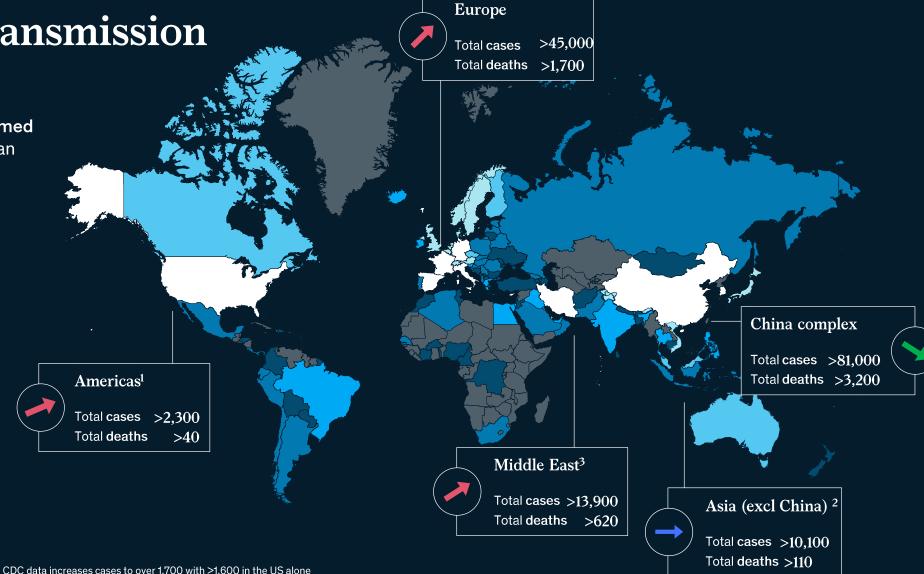
Previously counted only countries; now aligned with new WHO reports; excluding cruise ship;

Previously noted as community transmission in McKinsey documents; now aligned with WHO definition

The virus is located in 5 major "transmission complexes"

A complex is an area with confirmed local transmission, and more than 100 confirmed cases, where it is difficult to prevent people's movement

- Propagation trend
- Mature/ on-going propagation
- Early propagation
- > 1000 reported cases
- 250-999
- 100-249
- 50-99
- 10-49
- <10



<sup>1.</sup> WHO data is lagging news reports for the US; including CDC data increases cases to over 1,700 with >1,600 in the US alone

<sup>2.</sup> Includes Western Pacific and South-East Asia WHO regions; excludes China; Note that South Korea incremental cases are declining, however other countries are increasing

<sup>3.</sup> Eastern-Mediterranean WHO region

### Progression varies widely among countries

Country		Status		us	Recent Actions
China >81,000 Cases	>3,200 Deaths	~4.0% Case Fatality <sup>2</sup>		New cases at low levels throughout China	Strict containment and quarantine Significant testing at facilities and in Hubei Construction of makeshift hospitals to increase capacity
South Korea  >8,100 Cases	>70 Deaths	~0.9% Case Fatality <sup>2</sup>		New cases declined ~75% in the last week with potential decline or plateau <sup>1</sup>	Significant preparedness & rapid regulatory approval process for tests  Rapid roll-out of diagnostics (e.g., diagnostic drive-through)  Hospitalization available for lower-severity cases & significant hospital coordination
	>1,400 Deaths	~6.8% Case Fatality <sup>2</sup>		~3,500 new cases on March 15 <sup>th</sup> – the highest in the world, corresponding to a ~180% increase in the last week <sup>1</sup>	Efforts initially focused on Northern Italy, but efforts now extend to the entire country, including cancellations of larger gatherings etc  Healthcare recruiting efforts due to strain  Schools closed nationwide
US <sup>3</sup> >1,600 Cases	>40 Deaths	~2.4% Case Fatality <sup>2</sup>		US cases are increasing daily, however official reporting may be lagging <sup>1</sup>	A national emergency was declared on March 13 with Congress aiming to provide testing free of charge >29 states have declared emergency with a range of actions including school closures, bans on large gatherings and large-scale testing plans

<sup>1.</sup> Number of new confirmed cases on March 15th compared to March 8th

<sup>2.</sup> Case Fatality calculated as ( total deaths) / (total cases) – this rate is evolving and dependent upon several factors, including number of suspected cases that are tested

<sup>3.</sup> Estimated from CDC - CDC reports >1,600 cases whereas WHO lags with >12,000 cases; NYTimes reports >18,000 cases

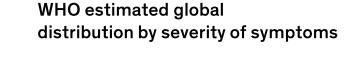
### Overall, ~20% of cases are estimated to be severe/critical, requiring significant health capacity for testing and critical care infrastructure

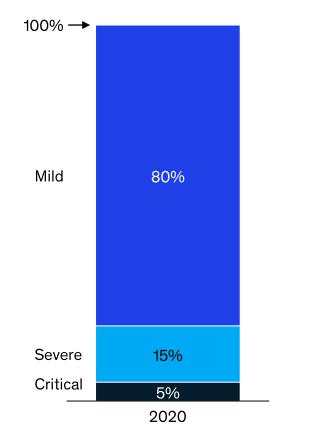
### Context

WHO estimates ~20% of COVID-19 cases are severe (requiring oxygen) or critical (requiring ventilation)

This reflects a higher level of severity compared to influenza for instance

At a country level, mild cases may go undiagnosed





### Severity by country may vary

#### China

As of February 24, 2020 (~45K cases)

- Similar mix of mild / severe / critical confirmed cases to WHO estimate
- ~16K suspected cases were left undiagnosed, driven by testing limitations

### Italy

ICU admissions in first two weeks represented 16% of all patients who tested positive for COVID-19

March 10, 2020

March 3, 2020
56% of patients
who tested positive
for COVID-19 are
hospitalized

ICUs almost at full capacity in Lombardy, region hardest hit by COVID-19 March 12, 2020

Northern regions trying to expand ICU capacity with and 230+ ICU spots added

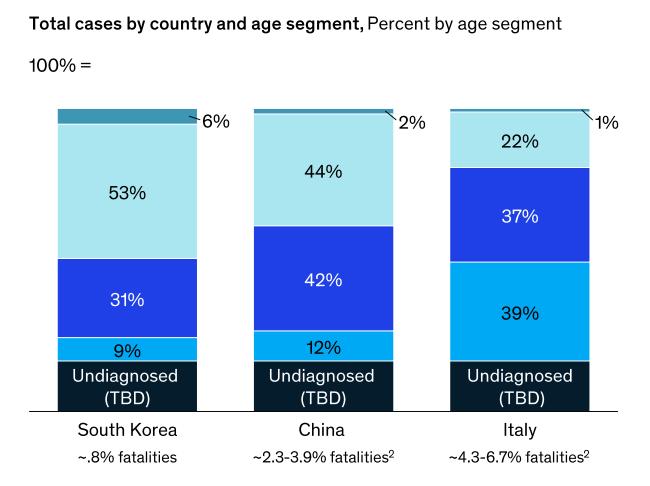
### People 50+ in age are ~40-76% of diagnosed cases, however limited testing may skew potential case severity/volume in countries like Italy

Data as of Feb 11 in China and as of March 10 in South Korea and Italy

### Context

In all three countries, there is a significant differences in the age distribution

There is only a small percentage of cases found among the youngest populations (0-19) despite frequent contact with other individuals (school, public transport)



Approximate age range<sup>1</sup>

50-69 70+

0-19

20-49

Undiagnosed

People over 70 make up nearly 40% of total cases in Italy compared to 9% in South Korea and 12% in China

S. Korea has performed substantially more tests than Italy

While Italy has 2<sup>nd</sup> oldest population in the world, they are still likely missing milder or asymptomatic case and younger cases which could impacting fatality rates

<sup>1.</sup> Italy reports age segments slightly differently than South Korea and China thus categories are rounded

<sup>2.</sup> Note - Data reported from ISS March 10 reports 4.3%, however latest deaths/ cases from WHO indicates this may be higher

<sup>2.</sup> Note - Data reported from China Feb 11 reports 2.3%, however latest deaths/cases from WHO indicate this may be higher

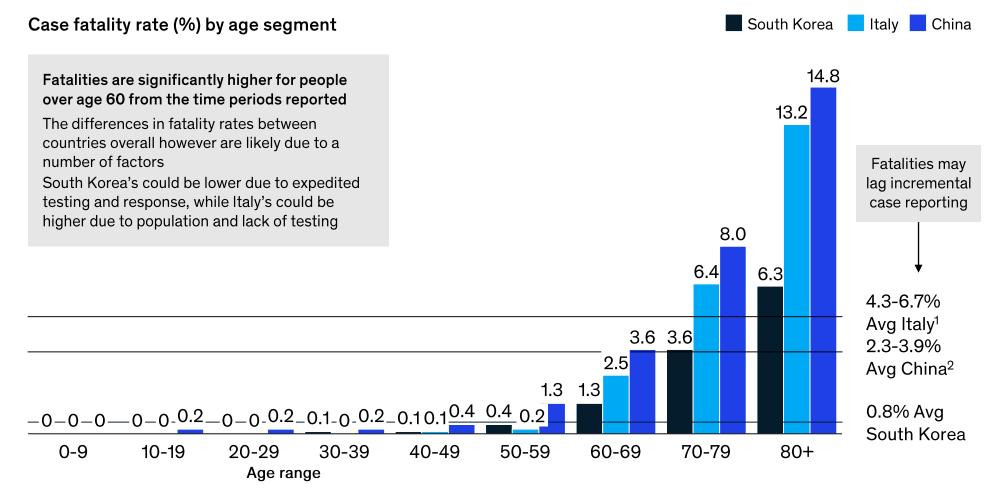
### Case fatality rate data from three countries shows that older populations are at greater risk overall

As of data from Feb 11 in China and as of March 10 in South Korea and Italy\*

#### Context

WHO has estimated case fatality rates at 3.4%

Rates vary significantly by age, co-morbidity, health system strength and other factors



<sup>1.</sup> Note - Data reported from ISS March 10 reports 4.3%, however latest deaths/ cases from WHO indicates this may be higher 2. Note - data reported from China Feb 11 reports 2.3%, however latest deaths/cases from WHO indicate this may be higher

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### Scenario overview



### The situation now

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However, cases outside of Asia are growing dramatically, driven primarily by complexes in Europe and the Middle East. The United States, while it has confirmed only a limited number of new cases, may experience a large increase in cases once testing kits become widely available



### Epidemiological scenarios

### **Delayed Recovery**

China and East Asian countries continue their current recovery and control the virus by late Q1 or early Q2 2020

European and US case count growth rises rapidly through mid-April

### **Prolonged Contraction**

China and East Asian face a surge of reinfection as they attempt to restart economic activity

The virus is not seasonal with a mutated virus resurging in the fall of 2020



### **Economic impacts**

China and East Asian countries start recovery but supply chains remain impaired

US and Europe large-scale quarantines, travel restrictions, and social distancing drive drop-off in consumer spending and business investment in 2020

China and East Asia experience doubledip slowdowns as the economic recovery is derailed in 2020 and pushed into Q1 2021

The US and Europe experience demandside reductions in consumer and business spending and deep recessions in 2020



### Epidemiological scenario

European and US case count growth rises rapidly through mid-April

Tests available, and extent of cases fully discovered by mid-April; More aggressive shutdowns and social distancing slows spread

New case counts peak by end April and declines by June with stronger public health response and seasonality of virus

Fall 2020 sees a resurgence of the virus. Although countries have better public health preparedness globally

Iran continues to be epicenter in Middle East; South East and South Asia, Africa, and Latin America are spared worst effects due to their warm climates and young demographics

China and East Asian countries continue their current recovery and control the virus by late Q1 or early Q2 2020



### **Economic impacts**

China and East Asian countries start recovery but supply chains remain impaired in much of Q2 and consumer spending subdued

In US and Europe, large-scale quarantines, travel restrictions, and social distancing drive drop-off in consumer spending and subsequently business investment in 2020

- Layoffs drive unemployment rates higher
- Corporate bankruptcies spike, putting pressure on the banking/financial system
- Monetary easing has limited impact with already low rates and fiscal responses prove insufficient and poorly timed
- Self-reinforcing recession dynamics extend GDP declines through Q3; recovery begins in Q4

2020 Global GDP growth falls sharply, driven by recessions in US and Europe and slower growth in China and other Asian countries.

## The virus continues to

**Delayed** 

spread across the Middle East, Europe and US until mid Q2, when virus seasonality combined with a stronger public health response drives case load reduction





European and US public health measures deliver initial containment of the virus only by early June

The virus does not prove to be seasonal with a mutated virus resurging in the fall of 2020, leading to a spike in cases across geographies throughout Q2

Restrictions on travel and quarantines in the US, Europe, China, and East Asia are tightened further in an attempt to stem the tide

Iran continues to be epicenter in Middle East; South East and South Asia, Africa, and Latin America are spared worst effects due to their warm climates and young demographics

China and East Asian countries face a surge of re-infection as a result of attempt to restart economic activity



### **Economic impacts**

China and East Asia experience double-dip slowdowns as the economic recovery is derailed in 2020 and pushed into Q1 2021

The US and Europe experience demand-side reductions in consumer and business spending and deep recessions in 2020

- Layoffs and bankruptcies in the most affected sectors rise sharply throughout 2020, feeding into a self-reinforcing downward spiral
- Financial system distress is significant but a full-scale banking crisis averted due to better capitalization of banks and new macro-prudential supervision in place
- Fiscal and monetary policy responses prove insufficient to break the headwinds

The global economic impact is severe, with significant GDP contraction in most major economies in 2020 and a slow-moving recovery beginning in only Q2 2021

### **Prolonged contraction**

The virus spreads globally without a seasonal decline, creating a demand shock that lasts until Q2 2021. Health systems are overwhelmed in many countries, especially the poorest, with large-scale human and economic impact

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# A crisis nerve center can play an important role in planning and managing COVID-19 responses

Crisis nerve centers can help in situations with three determining features:

- A disruption or crisis requires immediate attention. It may have arrived or be imminent
- The situation is novel due to the nature or scale of the threat, which distinguishes it from a "routine emergency"
- The disruption is unfolding faster than the organization can understand or interpret using the usual approaches, such as an extensive strategic study

COVID-19 fits these criteria, so a nerve center may help companies quickly assess the situation and consider and choose plans of action, and execute those plans.

When standing up a nerve center, consider four key actions:

- Discover an accurate view of the situation through multi-source 'listening posts," assess how it might evolve, and derive implications for the organization
- Design a trigger-based portfolio of actions –
  immediate and strategic with a pragmatic
  operating model to develop detailed plans and act on
  them
- **Decide** on strategic actions quickly after stresstesting of hypotheses and alternatives, and ensuring adherence to company and societal values
- Deliver in a disciplined, efficient way, keeping sufficient flexibility to adapt to the changing landscape

### Example COVID-19 Response Structure: 5 teams, 18 workstreams

See next slides

Based on discussions with risk and health professionals and more than 200 companies across sectors

COVID-19
Integrated
Nerve
Center

	1	Policy & Management	Portfolio of policies and actions incl. prevention and incident response
A Workforce protection	2	Two Way Communication	Multi-channel communications   Confidential reporting mechanisms   Source of truth
	3	Personnel & contractors	Tiering (all/some/no WFH)   Infra setup (VPN, laptops, desktops)   Broadband availability
	4	Facility & On-site norms	Staggering work shifts/times   Prevention (e.g., Social distancing)   Closures
	5	Health & Govt engagement	Local & federal regulators and public health officials
	1	Supplier engagement	Cross-tier risk transparency   Supplier restart   Order mgmt.   New supplier qualifications
	2	Inventory management	Critical part identification   Parts rationing   Location optimization
B Supply Chain Stabilization	3	<b>Production &amp; Operations</b>	Operational impact assessment   Production capacity optimization
<u> </u>	4	Demand management	S&OP SKU-level demand signal estimates by macro scenario   Production and sourcing plan
	5	Logistics	Ports   Logistics capacity pre-booking   Route optimization
	1	B2B transparency	Comms to B2B customers (e.g., microsite)   Scenario-based risk comms
C Customer engagement	2	Customer protection	Prevention interventions across customer journey   Cust. team training   Execution monitoring
3		Customer outreach	Customer comms re: COVID-practices   Fact-based reports on issues   Situation comms
Stress-test	1	Scenario definition	Relevant scenarios based on latest epidemiological & economic outlook
financials	2	Financial stress tests	Financials in different scenarios, especially working capital requirements
	1	Issue map & management	Single source of truth for issue resolution & tapping surge resources where needed
E Operate nerve center	2	Portfolio of actions	Trigger-based portfolio of actions (across all workstreams above)
	3	Leadership alignment	Align leaders on scenarios   Roundtable exercises
			McKinsey & Company 18

### Example Nerve center for a pandemic response

<Real sanitized example>



<sup>1.</sup> Includes procurement, supply chain, and logistics

# A: Organizations should consider how to protect their workforce

Overall policies should consider safety first, especially for high risk individuals, as well as how to maintain business operations

These should be in-line with local health authority guidance and regulatory requirements

### **Checklist of things to consider**

I. Policy & Management	<ol> <li>Develop policies which adhere to public health recommendations and workplace laws, including on sick leave, as well as business priorities/continuity</li> <li>Set policies for remote working and who can access the workplace at what times (e.g., staggering shifts, business-critical employees on site only)</li> <li>Set sign off processes for policy changes</li> </ol>
II. Two way Communication	<ol> <li>Select communication channels and set protocols to communicate early and often</li> <li>Develop approach for cascaded communications to provide clarity and direction</li> <li>Establish two-way communication and confidential reporting for employees</li> <li>Use official authorities for information (e.g., WHO and CDC)</li> </ol>
III. Personnel & contractors	<ol> <li>Identify and tier critical functions and roles, including back-office functions</li> <li>Assess infrastructure needs for remote working or other flexible models (e.g., VPN, broadband, laptops, remote desktop, etc.); consider piloting / testing system first to learn and adapt (e.g., everyone on multi-day pilot, remote desktop trials with subset of employees)</li> </ol>
	3. Adapt <b>reporting and sign off processes</b> to reduce loss of productivity (e.g., devolved responsibility); consider training managers on how to manage remotely
	4. Agree on adaptations required for collective bargaining units (e.g., unions, int'l work councils)
	5. Agree on policies and incentives with contractors
IV. Workplace &	1. Implement physical mechanisms to <b>reduce transmission</b> (e.g., cleaning, staggering shifts)
norms	<ul> <li>Communicate with site leaders / N-1 leaders to clarify accountability and authority (e.g., WFH)</li> <li>err on side of agile and localized decision-making</li> </ul>
	3. Define contingency plans for workplace closures (e.g., seating capacity in other buildings)
V. Health	1. Engage with health officials to assess risk and response
and Govt engagement	2. Collaborate with healthcare <b>providers and payors</b> to access appropriate care for individuals (e.g., health plan hotline)
	3. Collaborate with appropriate <b>government officials</b> and other regulatory bodies to inform and implement policies

### A: Across these areas organizations are taking a range of actions Examples of actions

	Basic	Moderate (includes Basic)	Extensive (includes Basic and Moderate)
I. Policies &	Remind employees of sick policy and adapt as needed	Expand sick leave policy and primary caregiver policy	Quarantine affected employees including C-suite
areas or display	Circulate guidelines for employees who recently travelled to high risk	Restrict non-essential travel as well large gatherings	leadership
	areas or display symptoms	Prepare detailed guidance for functions on regulatory	Develop specific policies limiting gatherings to X number of people
	Choose a lead and set a process to review policies	requirements	Collaborate with industry colleagues to share best
	Ask all locations to assess their risk and define potential actions	Develop C-1 and C-2 contingency plans	practices
including who to contact with questions, policies on remote working and travel, and resources on hygiene and health; assign multidisciplinary comms. leads to control messaging across functions  Post hand-washing instructions and other hygiene resources in visible		Provide real-time communication channels, nurse hot-line, and ombudsman support	Cascade communications via site leaders / regional leaders
		Develop confidential and compliant self-reporting mechanisms	Develop a global central intranet page with updated policies and information, automatic alerts from key sources guidance by region (linked to country guidance)
	Provide regular updates from C-level or N-1 executives	Provided information not only to employees and caregivers/ family members on cases (while maintaining confidentiality and in-line with authorities)	
III. Personnel	Provide work from home options and infrastructure where feasible	Encourage all non-direct labor to work remotely	Enforce work from home for affected offices or functions
	Send tips on remote working	Install VPN for employees; provide devices where needed	Add redundancies for all critical enablers for remote
	Collaborate with contractors on planning for outbreak	Stagger work schedules to reduce crowding	working (e.g. additional telecom subscription or laptops)
	Provide personal protective gear for select frontline workers where appropriate (e.g., healthcare professionals)	Ensure sick leave is understood by all employees including contractors	Develop tools to allow traveling / remote employees to assess risk and obtain guidance for specific territories
		Develop contingency plans for all middle/back office	Provide guidance on productivity during WFH for field staff for when they cannot conduct visits (e.g., trainings)
IV. Workplace	Identify and reduce risk factors for transmission (e.g. shared tools)	Implement shifts to reduce overcrowding	Temporarily close offices in highly affected areas
& norms  Sanitize common areas and workspace more frequently Provide hygiene supplies in key areas and encourage handwashing Limit cafeteria style food and communal snacks Increase ventilation by opening windows and ensuring filters are replaced where needed Encouraged non-handshake greetings & social distancing Limit meeting sizes / conduct virtual meetings  De	Sanitize common areas and workspace more frequently	Restrict factory floor access; Restrict HQ access in	Provide on-site health personnel to provide information and
	affected area to outside visitors	answer questions and offer health checks at facilities	
	Limit cafeteria style food and communal snacks	Divide production facilities by splitting critical workforce across different locations, sealing areas and doing	Convert fingerprint access to retinal access to reduce transmission
		handovers without physical contact  Increase spacing between seating in cafeterias and conf	
	Encouraged non-handshake greetings & social distancing	rooms	
	Limit meeting sizes / conduct virtual meetings	Develop manager accountability and plan for staffing (e.g., hospitals, manufacturing)	(e.g.,
Health & Govt	Review WHO and local regulatory guidelines	Develop a risk assessment in partnership with a health professional	Conduct periodic testing with agency
Engagement	Identify nearest healthcare providers / testing sites and collaborate with health insurers	Establish testing protocol with local regulatory bodies	

Organizations should consult with official guidelines to establish actions based on the severity or risk of the situation and consult with health professionals

Multiple guidelines are provided by the WHO and CDC

### A: Organizations should consult official health sources for information, guidance, and tools

Examples provided; Please check online for latest information

### WHO

Situation reports and information examples



https://www.who.int/news-room/q-a-detail/q-a-coronaviruses https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200310-sitrep-50-covid-19.pdf?sfvrsn=55e904fb\_2

### CDC

Overall prevention, business guidance, and industry guidance examples



https://www.cdc.gov/coronavirus/2019-ncov/about/prevention.html https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-businessresponse.html?CDC\_AA\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2 019-ncov%2Specific\_groups%2Fguidance-business-response.html https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html Local health authorities & adapted info Overall information, business guidance, public poster examples



https://www.nhs.uk/conditions/coronavirus-covid-19/

https://www.sfcdcp.org/infectious-diseases-a-to-z/coronavirus-2019-novel-coronavirus/#links-and-documents-public

https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet-chinese.pdf

# A: Policies & Management

Organizations should develop company-wide policies to each of these scenarios and work with local leaders to tailor / adapt

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### Sick family member

An employee indicates that their family member recently tested positive for COVID-19 and they were exposed

They also recently attended the latest company retreat

### Exposure on the line

One employee on the floor or call center tested positive for COVID-19

At least 20 other individuals were exposed including some temp agents

### Workforce on sick leave

After a recent exposure, the next day 60% of the workforce call in sick

Critical functions are now at risk

### Colleague may be sick

Employee observes that a colleague is starting to exhibit symptoms of illness; they have an underlying health condition and request to WFH

### Workforce remote

Company has made decision to make all employees in a site work remotely

All critical functions are being performed remotely, for the first time

### C-Suite symptoms

The CEO and CFO both recently came down with possible symptoms

They are both in the same location, yet offices exist around the world

B: There are multiple endto-end immediate supply chain actions to consider in response to COVID-19

### Create transparency on multi-tier SC

Determine critical components, and determine origin of supply

Assess interruption risk and identify likely Tier 2+ risk

Look to alternative sources if suppliers in severely affected regions

### 3 Optimize production and distribution capacity

Assess impact on operations and available resource capacity (mainly workforce)

Ensure employee safety and clearly communicate with employees

Conduct scenario planning and assess impact on operations based on available capacity

### Estimate realistic final customer demand

Work with S&OP to get demand signal to determine required supply

Leverage direct communication channels with direct customer

Use market insights/external databases to estimate for customer's customers



### 2 Analyze available inventory

Estimate inventory along the value chain, including spare parts/ remanufactured stock

Use after sales stock as bridge to keep production running

### Leverage available logistics capacity

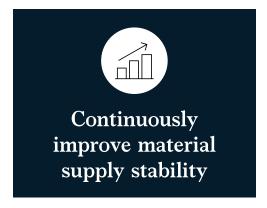
Estimate available logistics capacity for air/sea/road/rail

Accelerate customs clearance

Change mode of transport and pre-book air / rail capacity given current exposure

Collaborate with all parties to jointly leverage freight capacity

B: Supply chain actions to consider in the next two to four months



Evaluate alternative sourcing for all materials impacted – availability of suppliers, additional cost due to logistics, tariffs, estimated component price increases

Enhance the demand verification process to correct inflated demand to mitigate the whiplash effect

Provide continuous support to small and mid-sized tier 2-3 suppliers in financial trouble

Assess regional risks for current and backup suppliers



Kick off designing resilient supply chain for the future

Establish a supply chain risk function

Digitize process and tools to integrate demand, supply, and capacity planning

Trigger the new supply network design for resilience

Codify the processes and tools created during the crisis management as formal documentation

Convert war room into a reliable risk management process



Build collaborative relationships with external partners

Work with public agencies to explore opportunities for support

Engage investors and other stakeholders to improve transparency and get help

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### Supply chains are being disrupted around the world, but the but full impacts have not yet been felt

Impact High Medium Low

Supply – production

Logistics – transportation

### Customer demand









or







### Situation today

### 80% plants restarted

Across China, ex-Hubei, with large enterprises restarting, albeit with ~60% capacity, at much higher rate than smaller ones.

#### 2M idle containers

8.8% of global container capacity affected by reduced demand

#### 52% BDI increase

Baltic Dry Index<sup>1</sup> 52% higher since CLNY3 but at same level as Feb 2019

#### 60% China flights suspended<sup>5</sup>

Commercial flights account for ~50% of air cargo capacity, some airlines converting flights for cargo<sup>6</sup> **2x TAC index** 

TAC index rate +98% for US-China, +117% EU-China<sup>2</sup>, +21% China-US, and +2% for China-EU since CLNY<sup>3</sup>

#### 60% truck staff available

1-14 day quarantine and capacity induced increase in freight transport times

#### MED

Demand for express last-mile delivery has spiked in China due to quarantine and social distancing

#### 90% decline in car sales

China consumer sentiment sharply lower: online/express deliveries

#### **MED**

Europe & US sentiments evolving, but localized

### What to expect

#### MED

Parts and labor shortages leading to further SC disruptions (e.g., decreased production capacity) Other regions will be facing production capacity reductions Customer pressure for prioritization

#### 7,000 TEU/wk reduction

Volumes will return as factories restart, may see peak for restocks

Future capacity 2.3% reduction for a Asia-US route from May due to sea freight alliance revisions

#### MED

### 5% global air traffic decrease4

Decline in capacity available due to travel ban on commercial flights

YoY global air freight belly capacity reduction of 14% in March 20204

Rates likely to continue to increase Impact on freight will take an extended period of time to correct with slower ramp-up

#### High

Trucking capacity constraints in China likely to ease

Declines at US ports foreshadow declines in US intermodal (rail)

#### High

Demand slump may persist

Inventory "whiplash" - 7-8 weeks for auto, 2-4 weeks for high-tech

Inventory hoarding and demand spikes due to uncoordinated actors exacerbate SC

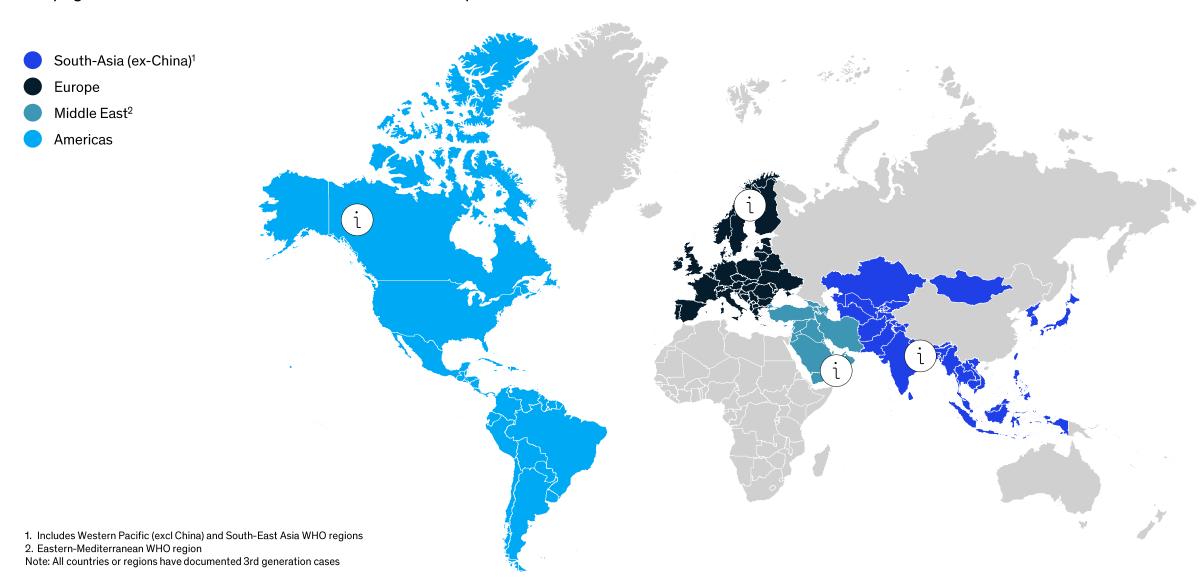
Logistics capacity returns but faces constraints; near-term price increases

- Assessment of risk premium to ship raw materials on a number of shipping routes
- Frankfurt (FRA) to Shanghi (PVG) used as a proxy
- End of extended Chinese Lunar New Year holiday (2/7-3/13 for BDI, 2/10-3/2 6. Companies such as Cathay Pacific and Singapore Airlines now starting to fly for US-China TAC, 2/10-3/9 for other TAC routes)
- 4. Estimated prior to implementation of EU-US travel ban
- 5. Commercial flights from China
  - empty passenger aircrafts as dedicated cargo planes

### **COVID-19 Leading indicator dashboard**

Propagation of COVID-19 across new transmission complexes

Click on buttons for more detail



### COVID-19 Leading indicator dashboard for China

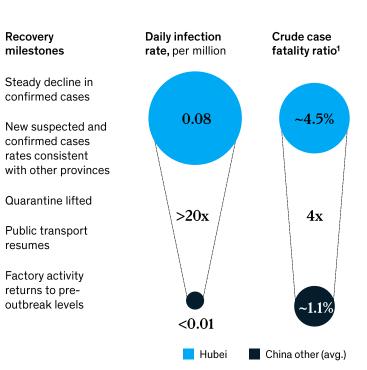
Tracking toward economic restart

### Hubei impact

How deep is the impacted, and when could economic activity restart?



Hubei remains deeply impacted; return to economic activity tough to foresee until mid Q2



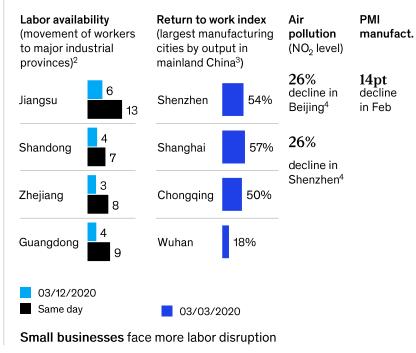
### China economic restart

When could economic activity restart in China (ex-Hubei)?



Restart has begun, especially for larger companies, despite challenges such as labor shortages and movement of goods

Most activity likely to return late Q1



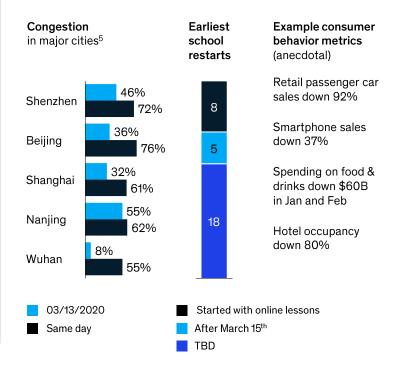
### China consumer confidence

When will Chinese consumer confidence and purchasing activity return?



Consumer spending in China spend may lag behind economic restart

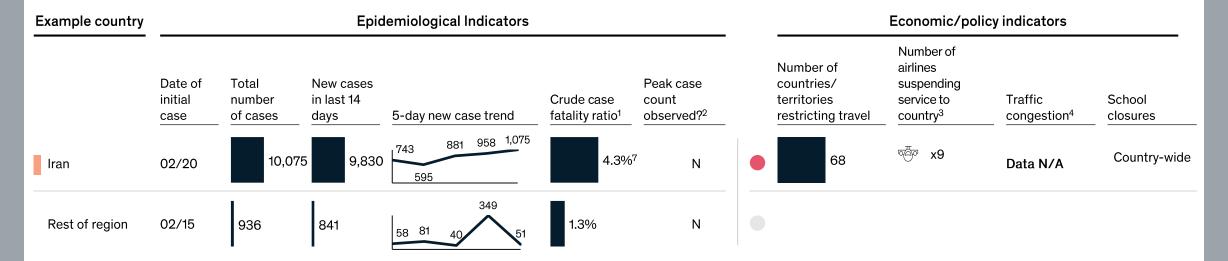
Tourism and some other sectors impacted well into Q2



### (i)

### Middle East







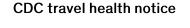
Stage 1: Small number of cases identified; no sustained local transmission

Stage 2: Disease spread and sustained local transmission

**Stage 3:** Government action and shifts in public behavior. Not all affected regions enter stage 3, but interventions and economic impacts signal prolonged recovery

Stage 4: Case growth and stretched health systems

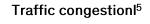
Stage 5: New cases drop, activity resumes



Warning Level 3

Alert Level 2

None

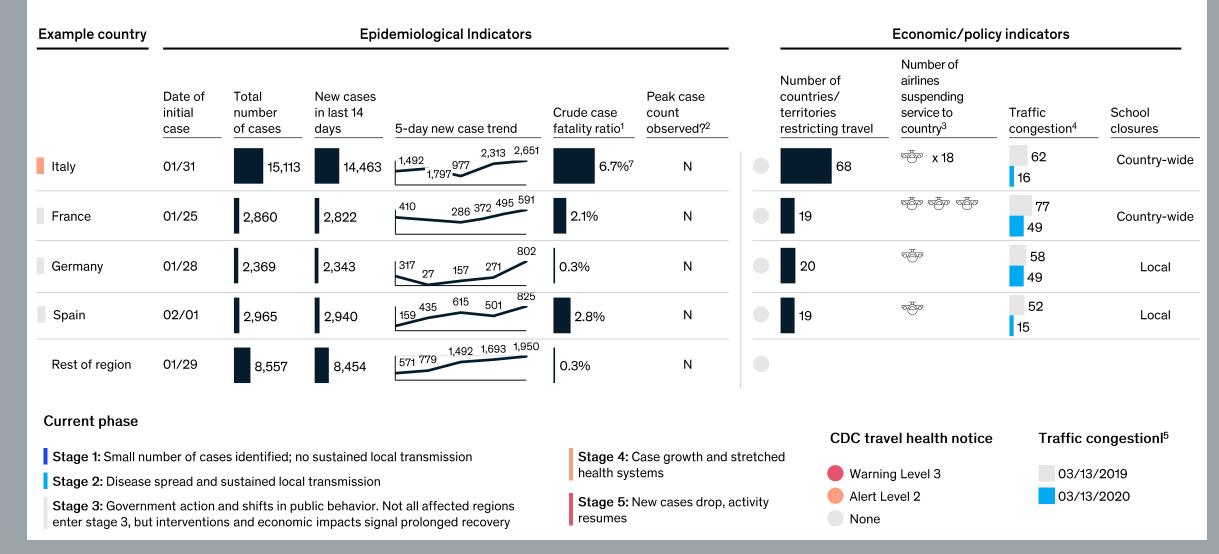


03/13/2019

03/13/2020

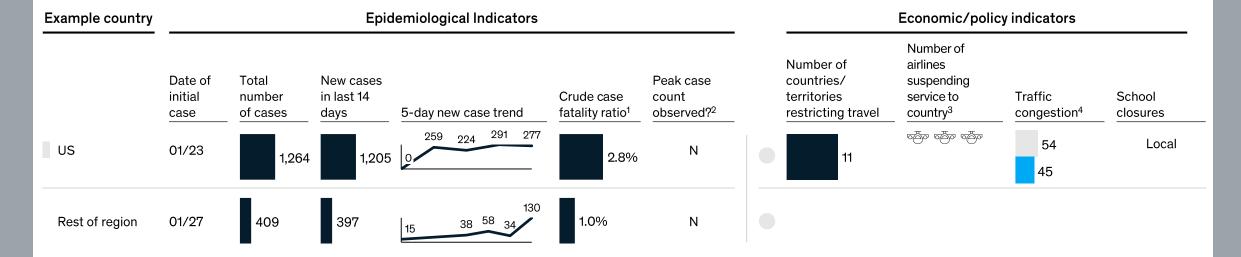
### i Europe

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### (i) Americas

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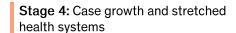




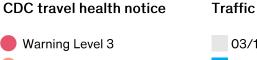


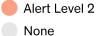
Stage 2: Disease spread and sustained local transmission

**Stage 3:** Government action and shifts in public behavior. Not all affected regions enter stage 3, but interventions and economic impacts signal prolonged recovery



Stage 5: New cases drop, activity resumes



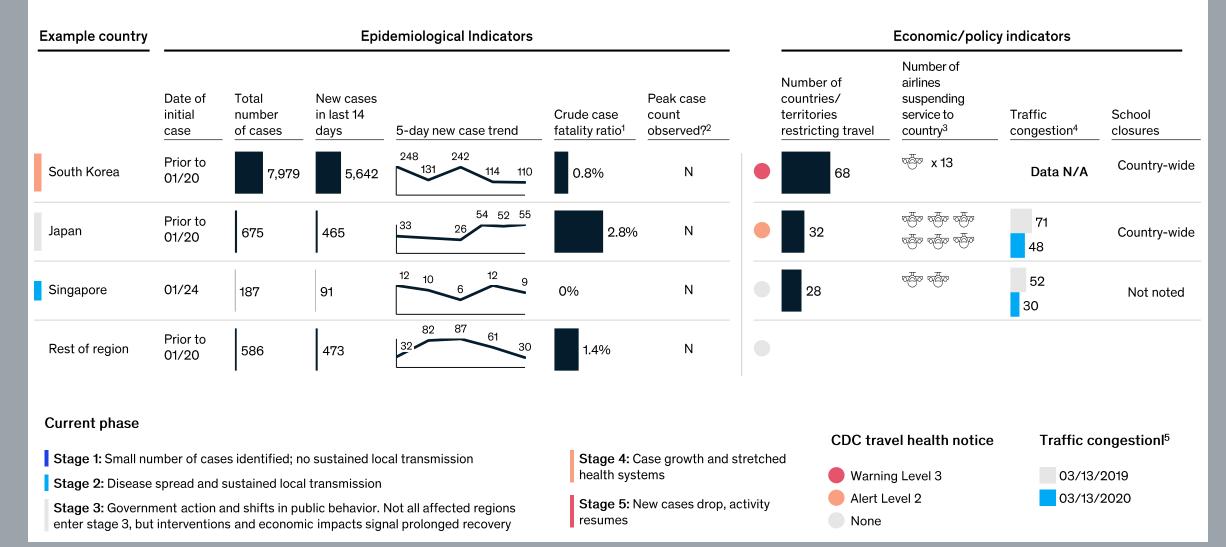


Traffic congestionl<sup>5</sup>
03/13/2019
03/13/2020

### i

### South-Asia (ex-China)





### References

### COVID-19 Leading indicator dashboard for China

- Case fatality ratio calculated as (deaths on day X) / (cases on day X). Previous versions of this dashboard calculated CFR = (deaths on day X)/
  (cases on day X-7) to account for incubation.
- 2. Measures movement of population into destinations as of 3/12/2020
- 3. Wuhan included only for comparison
- 4. 7-day average (6-Mar to 13-Mar) compared to 2019
- 5. Car traffic only. Congestion reflects % increase in travel time compared to free-flow conditions
- 6. Year-over-year comparison
- 7. Crude case fatality ratio likely to fall as testing becomes more widely available

Note: All countries and regions have documented third-generation cases

### Region-specific details

- 1. Case fatality rate calculated as (deaths on day X) / (cases on day X). Dashboards before February 29 calculated CFR as (deaths on day X)/ (cases on day X-7) to account for incubation.
- 2. Assessment based on observed stoppage in growth of cases and medical community's opinion validated by external sources
- 3. Anecdotal reports of airline suspensions based on press searches
- 4. Based on representative cities: Tokyo, Singapore, Milan, Paris, Berlin, Madrid, Los Angeles

Note: All countries or regions have documented third-generation cases