

COVID-19: Briefing Note

Global Health & Crisis Response

Updated: March 16, 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](https://www.mckinsey.com) →

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 2020, 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 15, 2020

Features of the disease to date¹

1.5-2x

Higher reproduction than the flu

Up to 20%

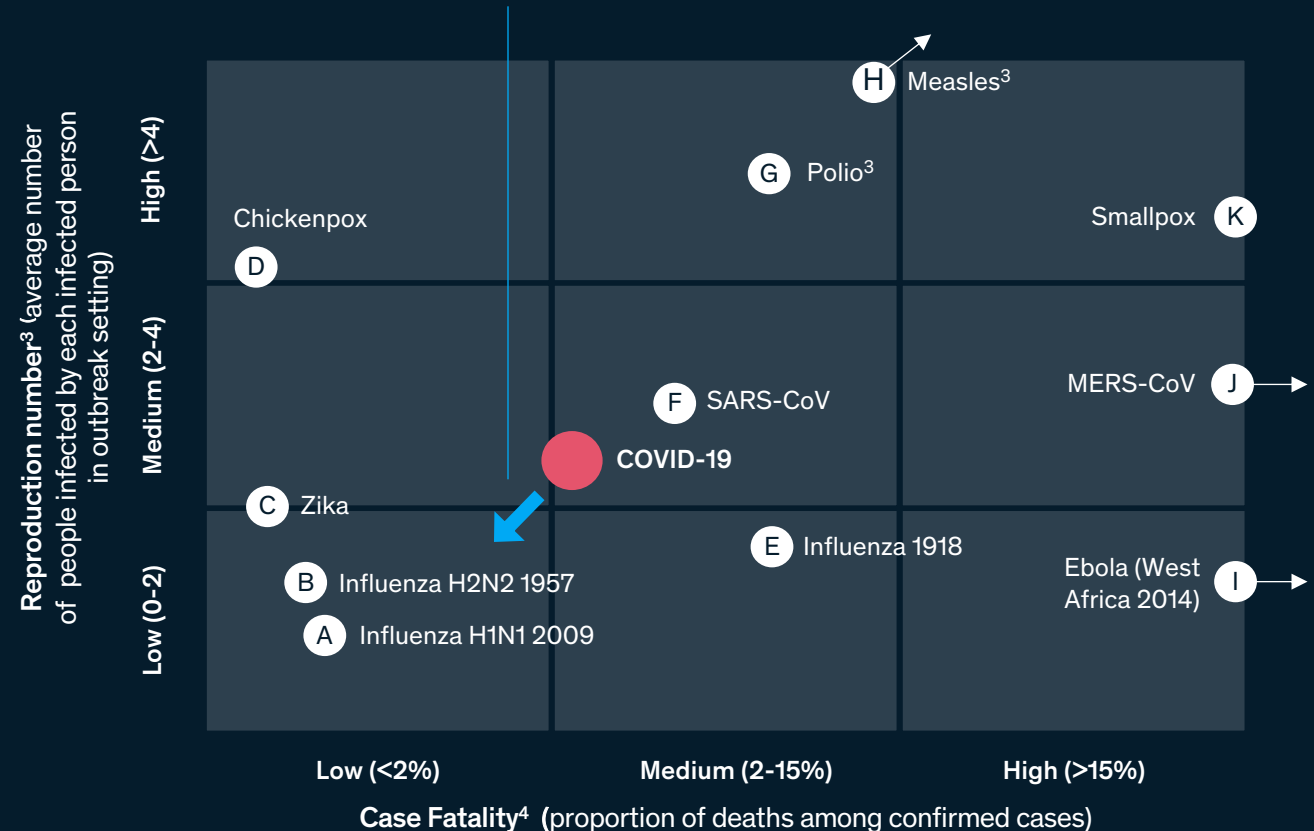
Of cases have a severe/critical form of the disease⁶

~0.9%

Case Fatality Ratio in South Korea after widespread testing. CFR appears higher where cases are missed and is higher when health systems are overwhelmed²

Comparison to other diseases⁵

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



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

2. WHO estimates the global average CFR at 3.4%, dependent on conditions such as patient age, community immunity, and health system capabilities. Latest case fatality ratios were calculated as death/ cases

3. In outbreak setting or the introduction of a new disease

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

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

6. WHO estimates 15% severe and 5% critical

Impact to date

>153,000

Reported confirmed cases

>5,700

Deaths

The global spread is accelerating with more reports of local transmission

Latest as of March 15, 2020

>140

Countries or territories with reported cases¹

>80

Countries or territories with evidence of local transmission²

~40

Countries or territories with more than 100 reported cases¹

<1%

China's share of new reported cases March 9th-15th

~75%

New reported cases on March 9-15th from Europe

>40

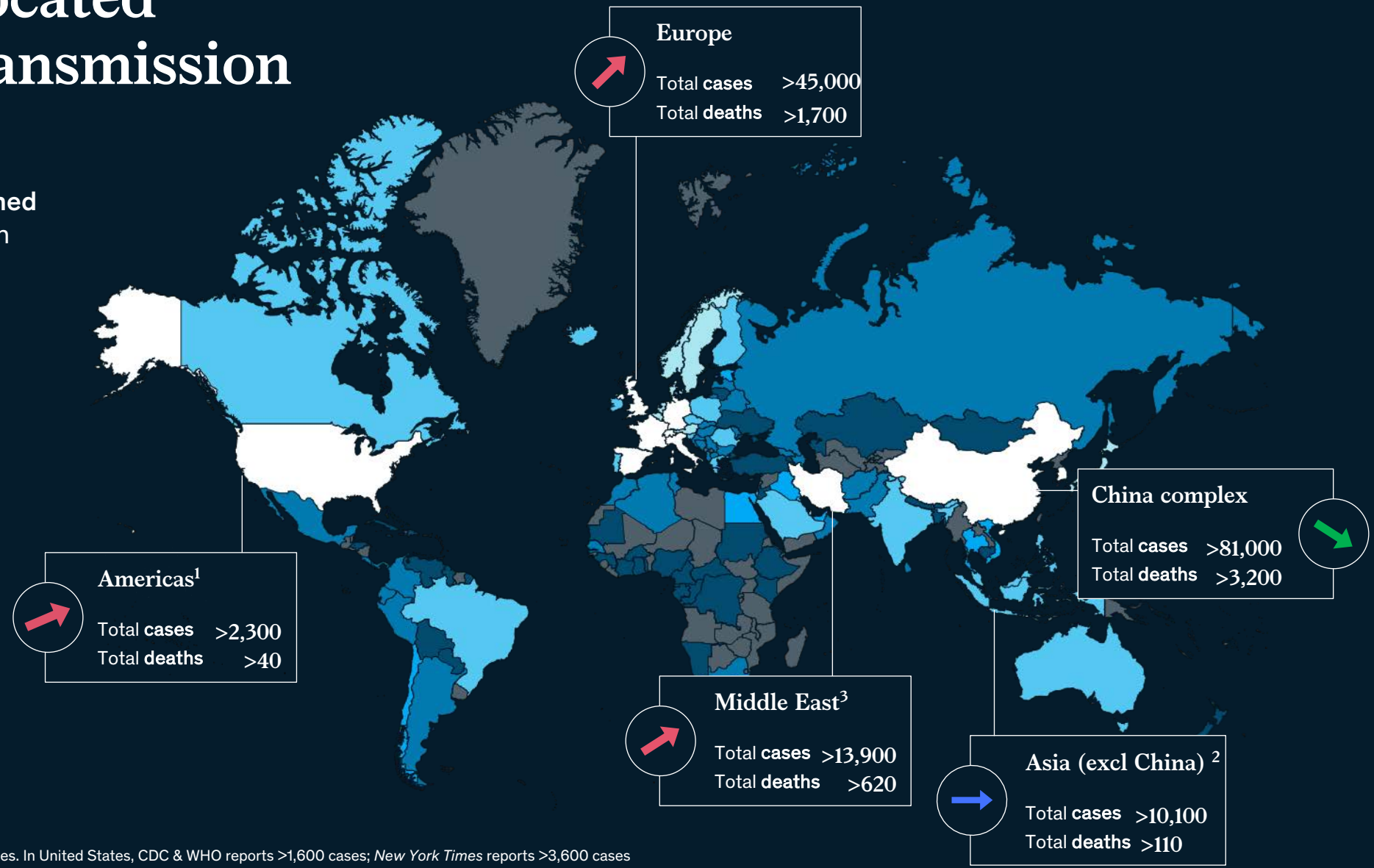
New countries with cases March 9th-15th

1. Previously counted only countries; now aligned with new WHO reports; excluding cruise ship;
2. 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



1. WHO data is lagging behind news reports for United States. In United States, CDC & WHO reports >1,600 cases; *New York Times* reports >3,600 cases
 2. Includes Western Pacific and South-East Asia WHO regions; excludes China; Note that South Korea incremental cases are declining, however other countries are increasing
 3. Eastern-Mediterranean WHO region

Progression varies widely among countries

Country	Status	Recent Actions
<p>China</p> <p>>81,000 Cases</p> <p>>3,200 Deaths</p> <p>~4.0% Case Fatality²</p>	<p> New cases at low levels throughout China</p>	<p>Strict containment and quarantine</p> <p>Significant testing at facilities and in Hubei</p> <p>Construction of makeshift hospitals to increase capacity</p>
<p>South Korea</p> <p>>8,100 Cases</p> <p>>70 Deaths</p> <p>~0.9% Case Fatality²</p>	<p> New cases declined ~75% in the last week with potential decline or plateau¹</p>	<p>Significant preparedness & rapid regulatory approval process for tests</p> <p>Rapid roll-out of diagnostics (e.g., diagnostic drive-through)</p> <p>Hospitalization available for lower-severity cases & significant hospital coordination</p>
<p>Italy</p> <p>>21,100 Cases</p> <p>>1,400 Deaths</p> <p>~6.8% Case Fatality²</p>	<p> ~3,500 new cases on March 15th – the highest in the world, corresponding to a ~180% increase in the last week¹</p>	<p>Efforts initially focused on Northern Italy, but efforts now extend to the entire country, including cancellations of larger gatherings</p> <p>Healthcare recruiting efforts due to strain</p> <p>Schools closed nationwide</p>
<p>US³</p> <p>>1,600 Cases</p> <p>>40 Deaths</p> <p>~2.4% Case Fatality²</p>	<p> US cases are increasing daily, however official reporting may be lagging¹</p>	<p>A national emergency was declared on March 13 with Congress aiming to provide testing free of charge</p> <p>>29 states have declared emergency with a range of actions including school closures, bans on large gatherings and large-scale testing plans</p>

1. Number of new confirmed cases on March 15th compared to March 8th

2. 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

3. WHO data is lagging behind news reports for United States; In United States, CDC & WHO reports >1,600 cases; *New York Times* reports >3,600 cases

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

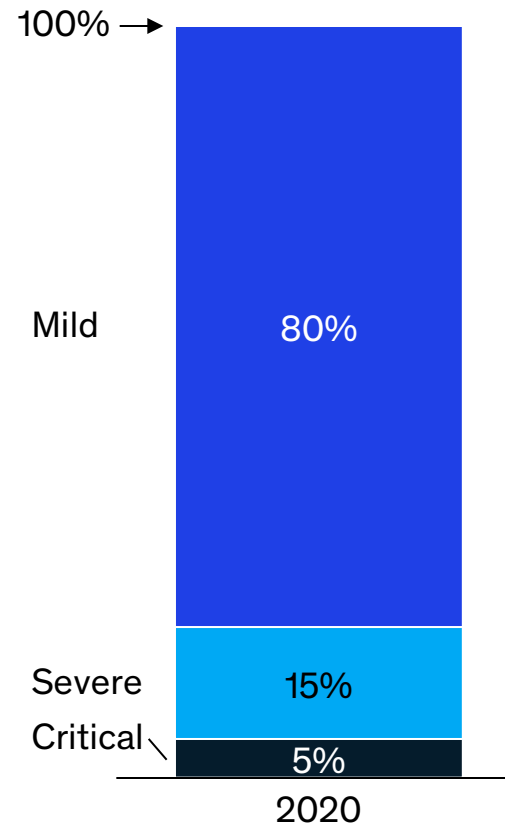
Context

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

WHO estimated global distribution by severity of symptoms



Higher severity has potential to overwhelm hospital systems given that these cases may require treatment

People 50+ in age are ~40-76% of diagnosed cases

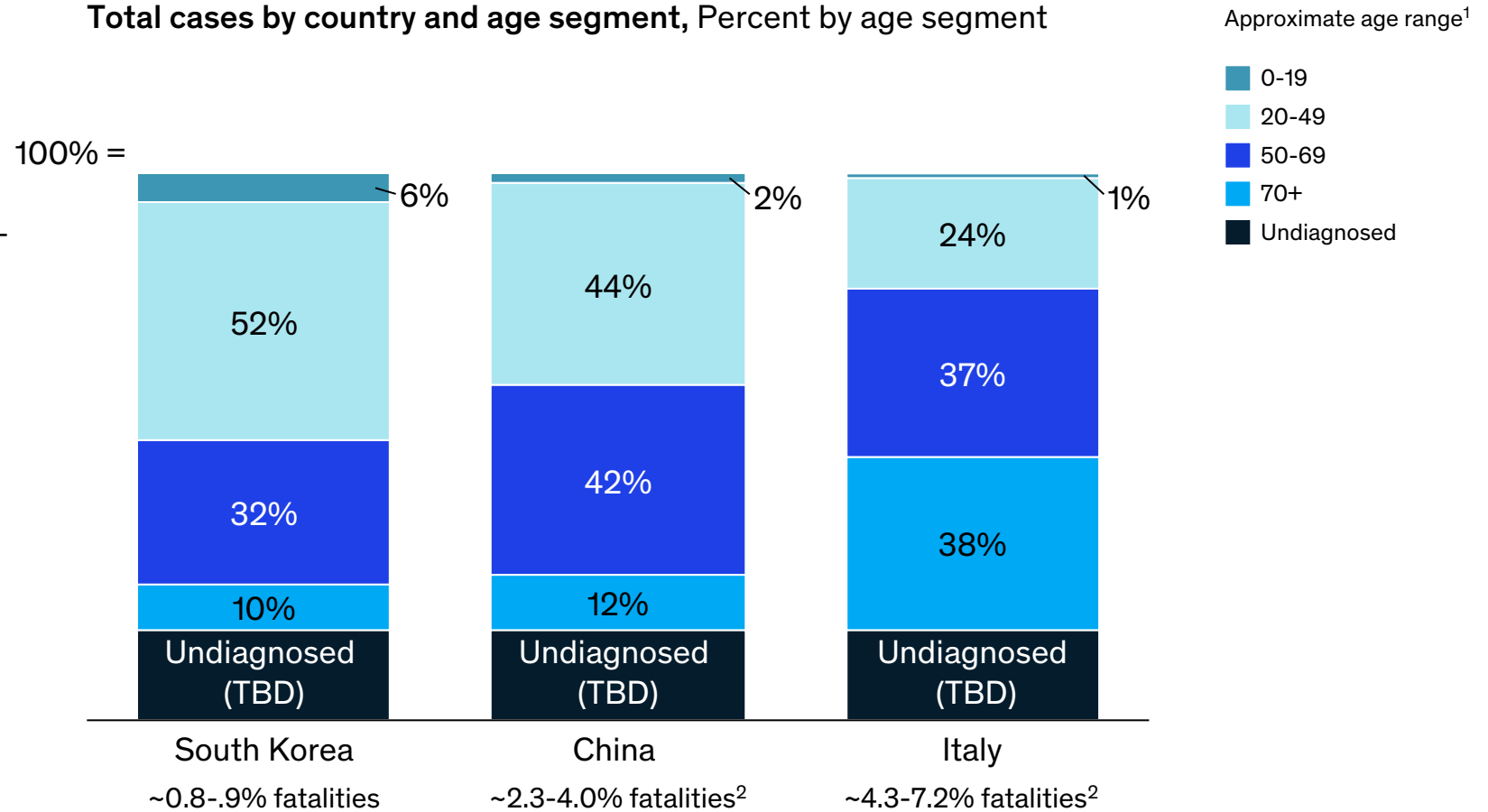
As of data from February 11, 2020, in China and as of March 16 and 15, 2020, in South Korea and Italy, respectively

Context

In all three countries, there is a significant difference 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)

Total cases by country and age segment, Percent by age segment



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

2. Note - Data reported from ISS March 15 reports 7.2%, however latest deaths/ cases from WHO indicates this may be higher

3. Note: Data reported from China February 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

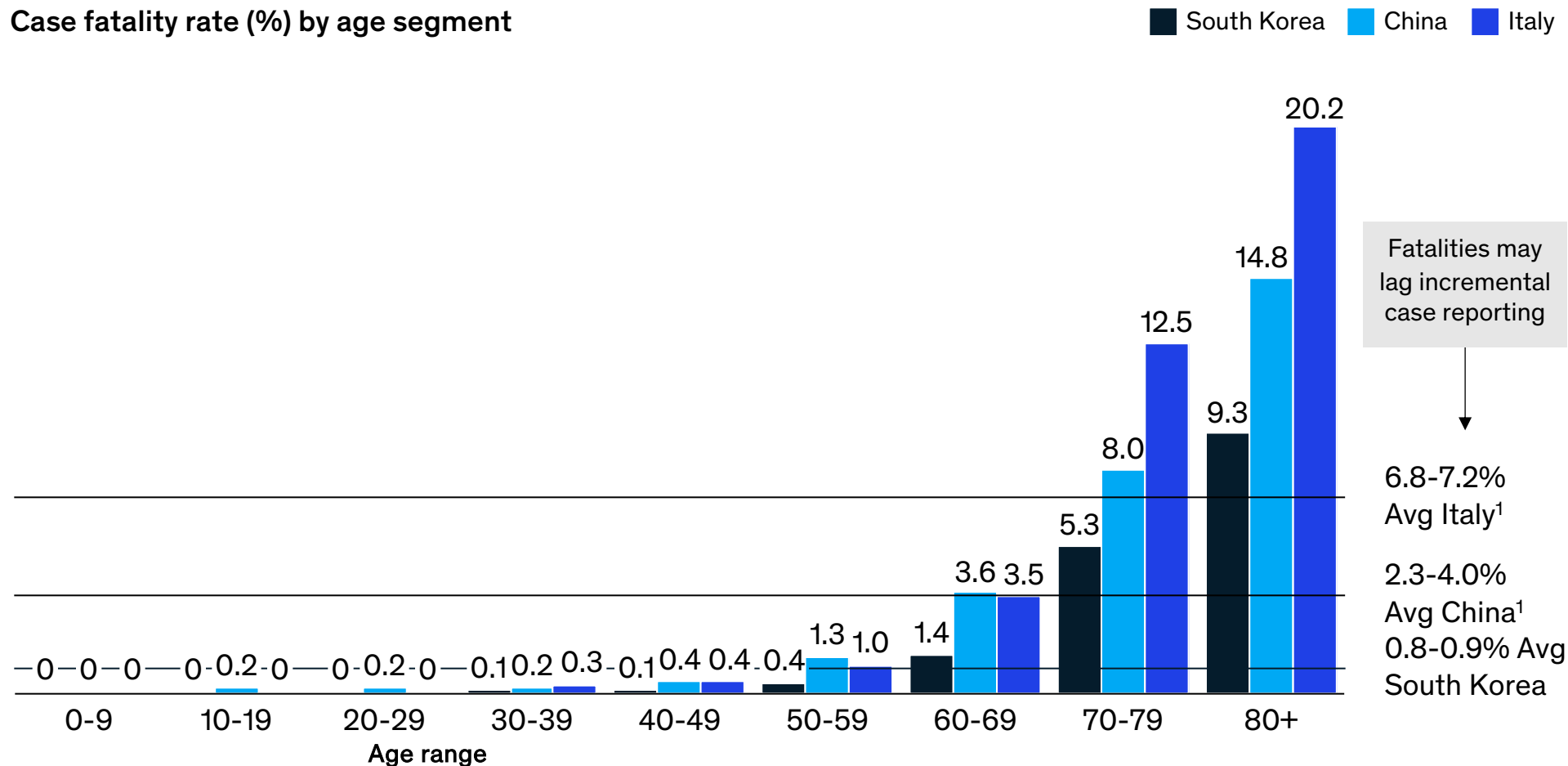
Data as of February 11 in China, 2020, and as of March 16 and 15, 2020, in South Korea and Italy, respectively

Context

WHO has estimated global case fatality rates at 3.4%

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

Case fatality rate (%) by age segment



1. 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 countries face a surge of re-infection 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 double-dip slowdowns as economic recovery is derailed in 2020 and pushed into Q1 2021

The United States and Europe experience demand-side 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 decline 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 the epicenter in Middle East; Southeast 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 2020 and consumer spending subdued

In the United States 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 the United States and Europe and slower growth in China and other Asian countries.

Delayed recovery

The virus continues to spread across the Middle East, Europe, and the United States 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



Epidemiological scenario

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 United States, Europe, China, and East Asia are tightened further in an attempt to stem the tide

Iran continues to be the epicenter in Middle East; Southeast 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 economic recovery is derailed in 2020 and pushed into Q1 2021

The United States 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 is 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

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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 setting up a nerve center, consider four key actions:

- Discover an accurate view of the situation through multisource “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 stress-testing of hypotheses and alternatives, 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

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

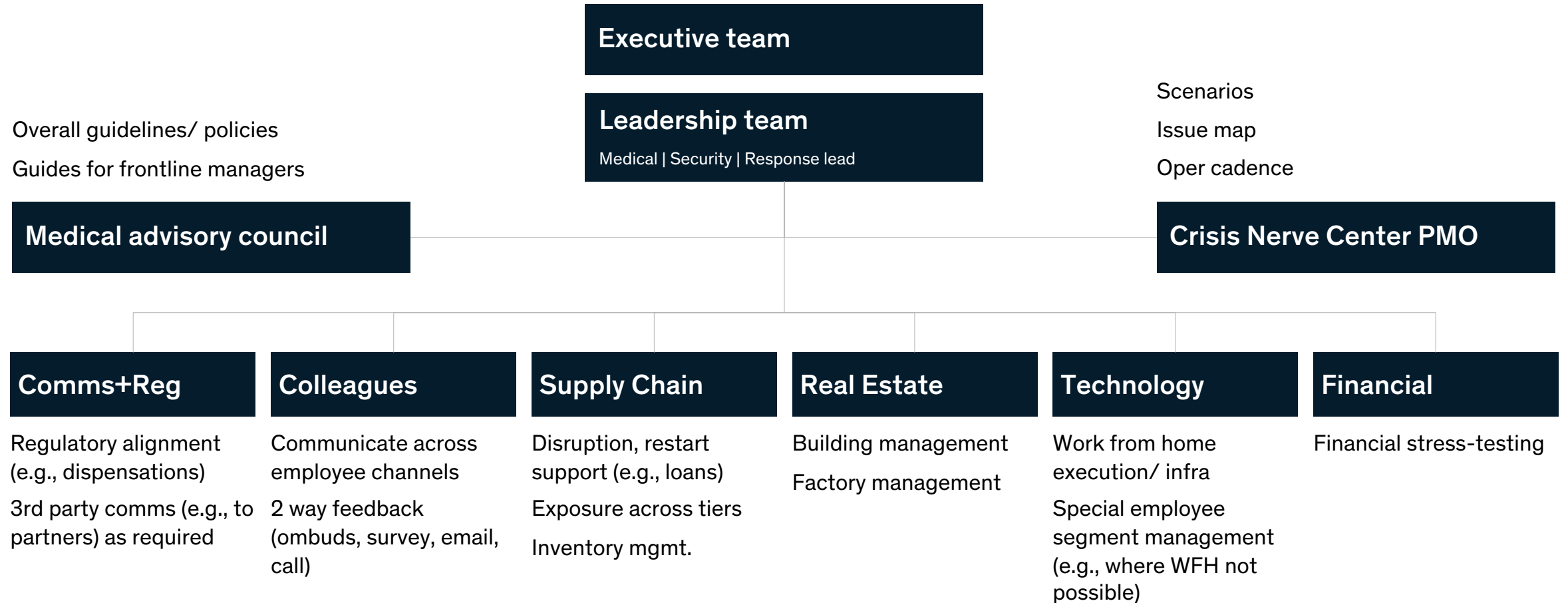
See next slides

COVID-19 Integrated Nerve Center

A Workforce protection	1	Policy & Management	Portfolio of policies and actions incl. prevention and incident response
	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
B Supply Chain Stabilization	1	Supplier engagement	Cross-tier risk transparency Supplier restart Order mgmt. New supplier qualifications
	2	Inventory management	Critical part identification Parts rationing Location optimization
	3	Production & Operations	Operational impact assessment Production capacity optimization
	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
C Customer engagement	1	B2B transparency	Comms to B2B customers (e.g., microsite) Scenario-based risk comms
	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
D Stress-test financials	1	Scenario definition	Relevant scenarios based on latest epidemiological & economic outlook
	2	Financial stress tests	Financials in different scenarios, especially working capital requirements
E Operate nerve center	1	Issue map & management	Single source of truth for issue resolution & tapping surge resources where needed
	2	Portfolio of actions	Trigger-based portfolio of actions (across all workstreams above)
	3	Leadership alignment	Align leaders on scenarios Roundtable exercises

Example Nerve center for a pandemic response

<Real sanitized example>



1. 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 style="list-style-type: none"> 1. Develop policies, which adhere to public-health recommendations and workplace laws, including those on sick leave, as well as business priorities/continuity 2. Set policies for remote working and who can access the workplace at what times (eg, staggering shifts, business-critical employees on site only) 3. Set sign-off processes for policy changes
II. Two-way Communication	<ol style="list-style-type: none"> 1. Select communication channels and set protocols to communicate early and often 2. Develop approach for cascaded communications to provide clarity and direction 3. Establish two-way communication and confidential reporting for employees 4. Use official authorities for information (eg, WHO and CDC)
III. Personnel & contractors	<ol style="list-style-type: none"> 1. Identify and tier critical functions and roles, including back-office functions 2. Assess infrastructure needs for remote working or other flexible models (eg, VPN, broadband, laptops, remote desktop, etc.); consider piloting/testing system first to learn and adapt (eg, everyone on multiday pilot, remote desktop trials with subset of employees) 3. Adapt reporting and sign-off processes to reduce loss of productivity (eg, devolved responsibility); consider training managers on how to manage remotely 4. Agree on adaptations required for collective bargaining units (eg, unions, int'l work councils) 5. Agree on policies and incentives with contractors
IV. Workplace & norms	<ol style="list-style-type: none"> 1. Implement physical mechanisms to reduce transmission (eg, cleaning, staggering shifts) 2. Communicate with site leaders/N-1 leaders to clarify accountability and authority (eg, WFH)—err on side of agile and localized decision-making 3. Define contingency plans for workplace closures (eg, seating capacity in other buildings)
V. Health and Government engagement	<ol style="list-style-type: none"> 1. Engage with health officials to assess risk and response 2. Collaborate with healthcare providers and payors to access appropriate care for individuals (eg, health-plan hotline) 3. Collaborate with appropriate government officials 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 & Management	<ul style="list-style-type: none"> Remind employees of sick policy and adapt as needed Circulate guidelines for employees who recently travelled to high-risk areas or display symptoms Choose a lead and set a process to review policies Ask all locations to assess their risk and define potential actions 	<ul style="list-style-type: none"> Expand sick-leave policy and primary caregiver policy Restrict non-essential travel as well large gatherings Prepare detailed guidance for functions on regulatory requirements Develop C-1 and C-2 contingency plans 	<ul style="list-style-type: none"> Quarantine affected employees including C-suite leadership Develop specific policies limiting gatherings to X number of people Collaborate with industry colleagues to share best practices
II. Two-way Communication	<ul style="list-style-type: none"> Publish communications (regularly and in response to major events) 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 locations such as bathrooms 	<ul style="list-style-type: none"> Provide real-time communication channels, nurse hot-line, and ombudsman support Develop confidential and compliant self-reporting mechanisms Provide regular updates from C-level or N-1 executives 	<ul style="list-style-type: none"> Cascade communications via site leaders/regional leaders Develop a global central intranet page with updated policies and information, automatic alerts from key sources, guidance by region (linked to country guidance) Provided information not only to employees and caregivers/family members on cases (while maintaining confidentiality and in-line with authorities)
III. Personnel	<ul style="list-style-type: none"> Provide work-from-home options and infrastructure where feasible Send tips on remote working Collaborate with contractors on planning for outbreak Provide personal protective gear for select frontline workers where appropriate (eg, healthcare professionals) 	<ul style="list-style-type: none"> Encourage all non-direct labor to work remotely Install VPN for employees; provide devices where needed Stagger work schedules to reduce crowding Ensure sick leave is understood by all employees including contractors Develop contingency plans for all middle/back offices 	<ul style="list-style-type: none"> Enforce work from home for affected offices or functions Add redundancies for all critical enablers for remote working (eg additional telecom subscription or laptops) Develop tools to allow traveling/remote employees to assess risk and obtain guidance for specific territories Provide guidance on productivity during WFH for field staff for when they cannot conduct visits (eg, trainings)
IV. Workplace & norms	<ul style="list-style-type: none"> Identify and reduce risk factors for transmission (eg shared tools) 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 	<ul style="list-style-type: none"> Implement shifts to reduce overcrowding Restrict factory floor access; Restrict HQ access in affected area to outside visitors Divide production facilities by splitting critical workforce across different locations, sealing areas and doing handovers without physical contact Increase spacing between seating in cafeterias and conference rooms Develop manager accountability and plan for staffing (eg, hospitals, manufacturing) 	<ul style="list-style-type: none"> Temporarily close offices in highly affected areas Provide on-site health personnel to provide information and answer questions and offer health checks at facilities Convert fingerprint access to retinal access to reduce transmission
Health & Government Engagement	<ul style="list-style-type: none"> Review WHO and local regulatory guidelines Identify nearest healthcare providers/testing sites and collaborate with health insurers 	<ul style="list-style-type: none"> Develop a risk assessment in partnership with a health professional Establish testing protocol with local regulatory bodies 	<ul style="list-style-type: none"> Conduct periodic testing with agency

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

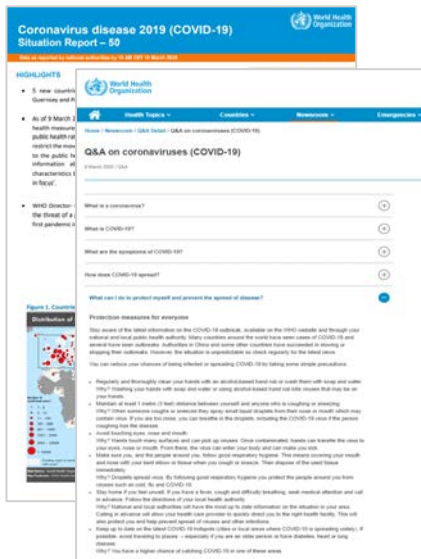
Multiple guidelines are provided by the WHO and CDC

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

Examples provided; Please check online for latest information

WHO

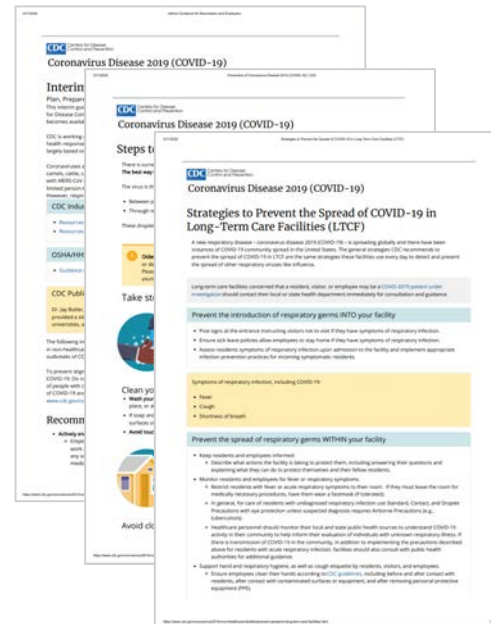
Situation reports and information examples



<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-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-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

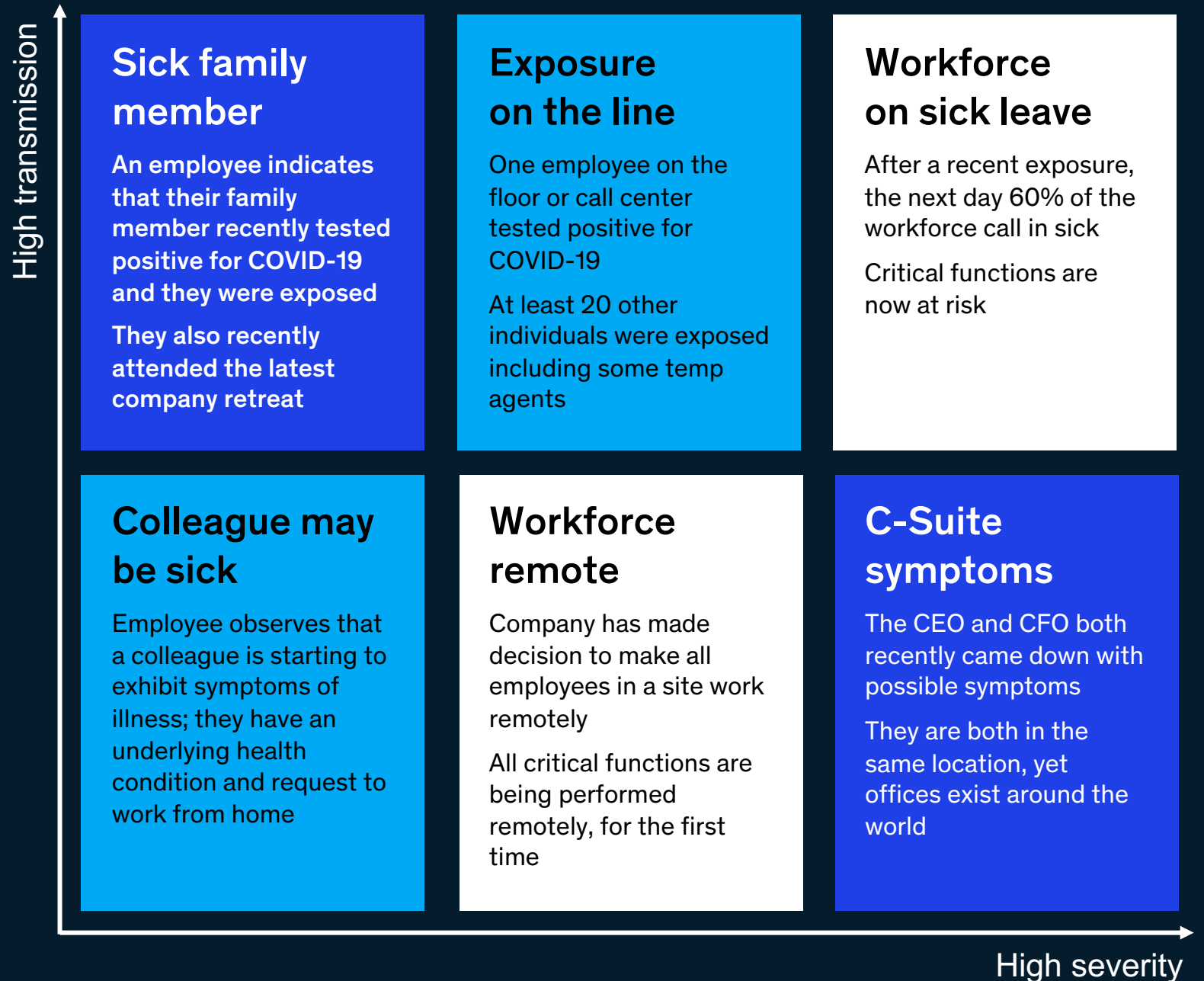
Overall information, business guidance, public poster examples



<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



High severity

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

1 Create transparency on multi-tier supply chain

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

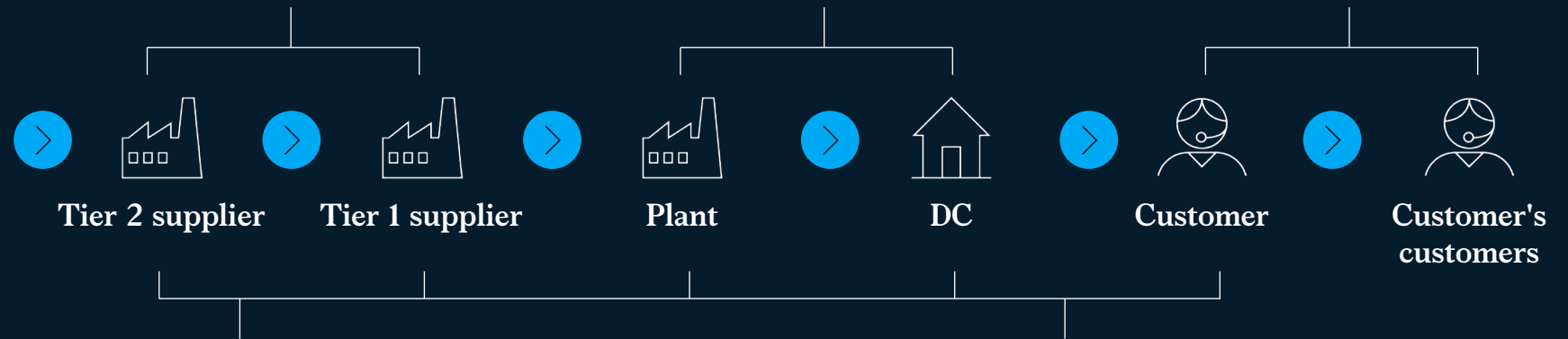
Conduct scenario planning and assess impact on operations based on available capacity

4 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/ re-manufactured stock

Use after sales stock as bridge to keep production running

5 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



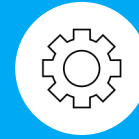
Continuously improve material supply stability

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 full impacts have not yet been felt

Impact High
 Medium
 Low

Supply – production



Logistics – transportation

or



or



Customer demand



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 Index¹ 52% higher since CLNY³ but at same level as February 2019

60% China flights suspended⁵

Commercial flights account for ~50% of air cargo capacity, some airlines converting flights for cargo⁶
2x TAC index

TAC index rate +98% for US-China, +117% EU-China², +21% China-US, and +2% for China-EU since CLNY³

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 up

MED

Europe & US sentiments evolving, but localized

What to expect

MED

Parts and labor shortages leading to further SC disruptions (eg, 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

Impact on freight will take an extended period of time to correct with slower ramp-up
 Logistics capacity returns but faces constraints; near-term price increases

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

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

1. Assessment of risk premium to ship raw materials on a number of shipping routes, data as of 3/13

2. Frankfurt (FRA) to Shanghai (PVG) used as a proxy

3. End of extended Chinese Lunar New Year holiday (2/7-3/13 for BDI, 2/10-3/2 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

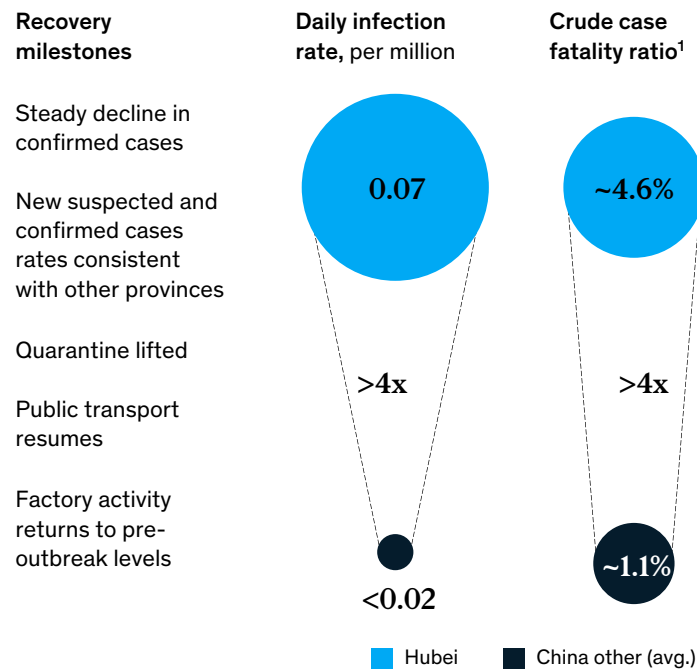
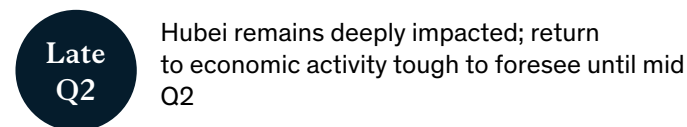
6. Companies such as Cathay Pacific and Singapore Airlines now starting to fly empty passenger aircrafts as dedicated cargo planes

COVID-19 Leading indicator dashboard for China

Tracking toward economic restart

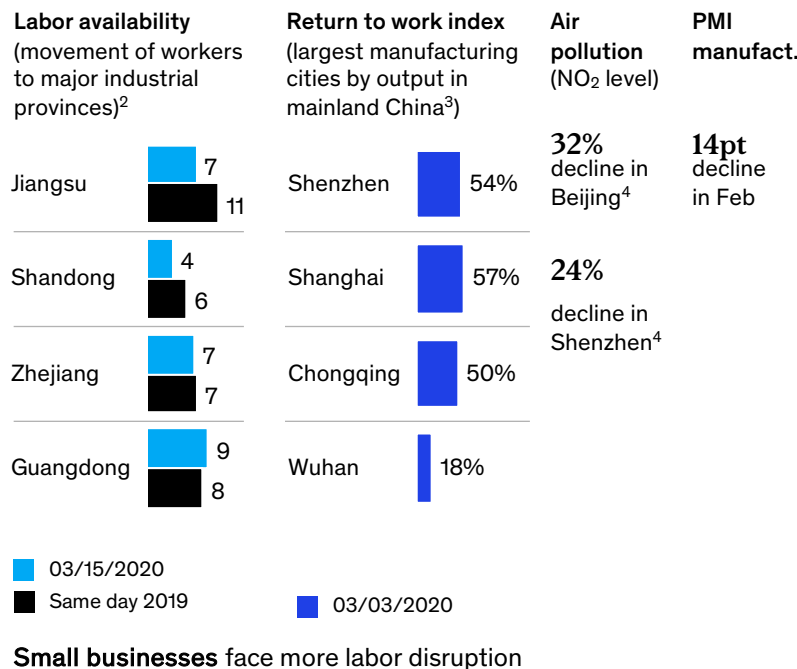
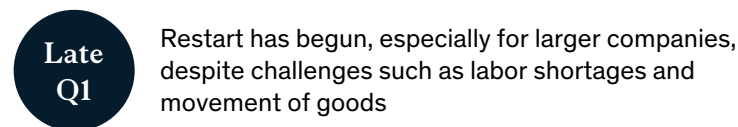
Hubei impact

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



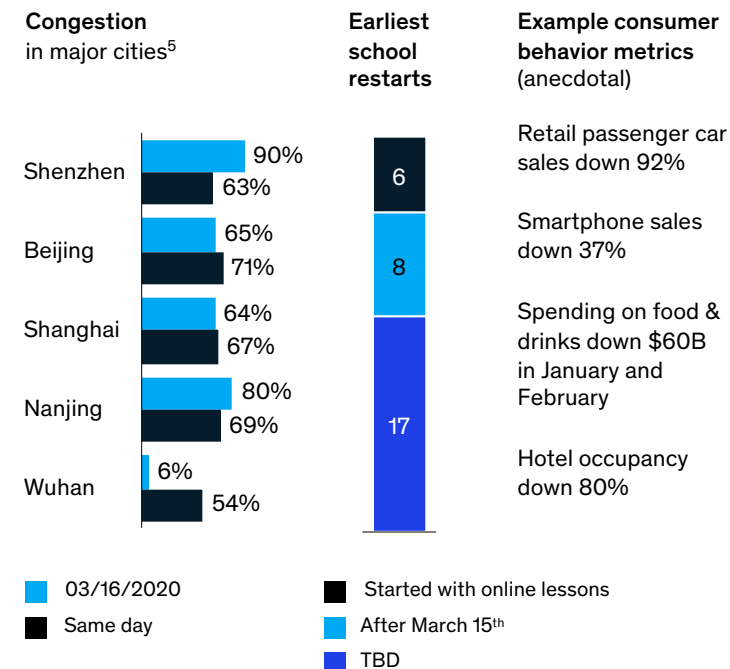
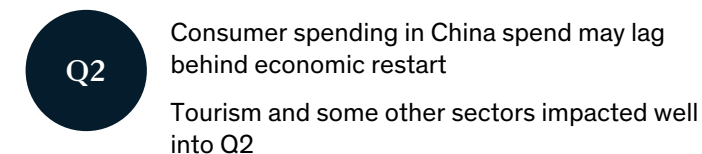
China economic restart

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



China consumer confidence

When will Chinese consumer confidence and purchasing activity return?



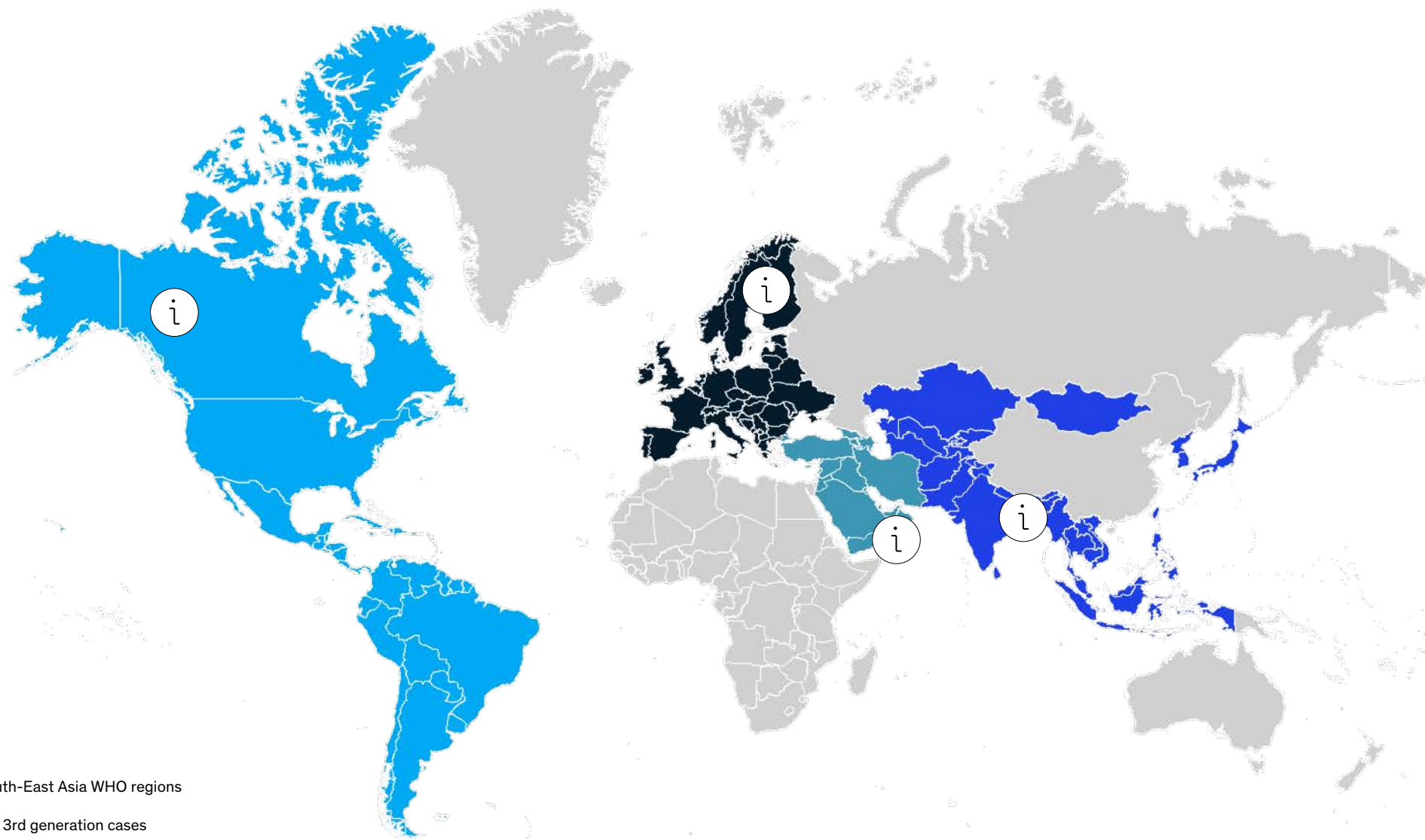
Source: WHO Situation Reports; National Bureau of Statistics of China; McKinsey Global Institute; OCED Data, Johns Hopkins CSSE, press research, TomTom traffic index, Baidu QianXi, CDC, New York Times, Reuters, The Economist, Peking University HSBC Business School, Tencent News, Sina news, Beijing Environmental Protection Monitoring Center, Shenzhen Environment Network

COVID-19 Leading indicator dashboard

Propagation of COVID-19 across new transmission complexes

 Click on buttons for more detail

-  South-Asia (ex-China)¹
-  Europe
-  Middle East²
-  Americas



1. Includes Western Pacific (excl China) and South-East Asia WHO regions

2. Eastern-Mediterranean WHO region

Note: All countries or regions have documented 3rd generation cases

i Middle East



Example country

Epidemiological Indicators⁷

Economic/policy indicators

Example country	Date of initial case	Total number of cases	New cases in last 14 days	5-day new case trend	Crude case fatality ratio ¹	Peak case count observed? ²	Number of countries/territories restricting travel	Number of airlines suspending service to country ³	Traffic congestion ⁴	School closures
									Data N/A	Country-wide
Iran	02/20	12,729	12,136		4.8% ⁶	N	87	x9	Data N/A	Country-wide
Rest of region	02/15	1,221	1,108		1.2%	N				

Current phase

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 impact signal prolonged recovery

Stage 4: Case growth and stretched health systems

Stage 5: New cases drop, activity resumes

CDC travel health notice

- Warning Level 3
- Alert Level 2
- None

Traffic congestion⁵

- 03/16/2019
- 03/16/2020

i Europe



Example country

Epidemiological Indicators⁷

	Date of initial case	Total number of cases	New cases in last 14 days	5-day new case trend	Crude case fatality ratio ¹	Peak case count observed ²
Italy	01/31	21,157	20,029		6.8% ⁶	N
France	01/25	4,469	4,369		2.0%	N
Germany	01/28	3,795	3,738		0.2%	N
Spain	02/01	5,753	5,708		2.4%	N
Rest of region	01/29	9,900	9,754		0.6%	N

Economic/policy indicators

	Number of countries/territories restricting travel	Number of airlines suspending service to country ³	Traffic congestion ⁴	School closures
Italy	94	x 18		Country-wide
France	55			Country-wide
Germany	52			Local
Spain	49			Country-wide

Current phase

- 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 impact signal prolonged recovery

- Stage 4:** Case growth and stretched health systems
- Stage 5:** New cases drop, activity resumes

CDC travel health notice

- Warning Level 3
- Alert Level 2
- None

Traffic congestion⁵

- 03/16/2019
- 03/16/2020

i Americas



Example country

Epidemiological Indicators⁷

Economic/policy indicators

Example country	Date of initial case	Total number of cases	New cases in last 14 days	5-day new case trend	Crude case fatality ratio ¹	Peak case count observed? ²	Number of countries/territories restricting travel	Number of airlines suspending service to country ³	Traffic congestion ⁴		School closures
									03/16/2019	03/16/2020	
US	01/23	1,678	1,616	224 291 277 414 0 ⁵	2.4%	N	28	3	59	16	Local
Rest of region	01/27	699	677	49 16 105 122 245	0.7%	N					

Current phase

- 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 impact signal prolonged recovery

- Stage 4:** Case growth and stretched health systems
- Stage 5:** New cases drop, activity resumes

CDC travel health notice

- Warning Level 3
- Alert Level 2
- None

Traffic congestion⁵

- 03/16/2019
- 03/16/2020

i South-Asia (ex-China)



Example country

Epidemiological Indicators⁷

Economic/policy indicators

	Date of initial case	Total number of cases	New cases in last 14 days	5-day new case trend	Crude case fatality ratio ¹	Peak case count observed ²	Number of countries/territories restricting travel	Number of airlines suspending service to country ³	Traffic congestion ⁴	School closures
South Korea	Prior to 01/20	8,162	4,426	242, 114, 110, 107, 76	0.9%	N	86	x 13	Data N/A	Country-wide
Japan	Prior to 01/20	780	541	54, 52, 55, 41, 64	2.8%	N	48	6	63, 47	Country-wide
Singapore	01/24	212	110	6, 12, 9, 13, 12	0%	N	42	2	59, 24	Not noted
Rest of region	Prior to 01/20	1,033	906	87, 61, 30, 206, 241	1.1%	N				

Current phase

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 impact signal prolonged recovery

Stage 4: Case growth and stretched health systems

Stage 5: New cases drop, activity resumes

CDC travel health notice

- Warning Level 3
- Alert Level 2
- None

Traffic congestion⁵

- 03/16/2019
- 03/16/2020

References

COVID-19 Leading indicator dashboard for China

1. 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 3/15/2020
3. Wuhan included only for comparison
4. 7-day average (9-Mar to 16-Mar) compared to 2019
5. Car traffic only. Congestion reflects % increase in travel time compared to free-flow conditions

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
5. 0 new reported cases in US on 3/15 likely a reporting anomaly and not indicative of overall trend
6. Crude case fatality ratio likely to fall as testing becomes more widely available
7. Epidemiological data current as of 3/15 WHO Situation Report

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