BOSTON CONSULTING GROUP

Epidemic Projections

COVID-19 response

MARCH 26, 2020

Context

- This document represents estimates as of 3/25/2020, based on BCG predictive modelling leveraging John Hopkins University data; full modelling constraints are detailed in the following pages
- We have deep dived on top 20 markets to project the evolution of two main variables¹ :
 - # of daily new cases
 - **Total 'active' infected patients** (excludes people infected and, either quarantined, recovered or dead)
- The current projected evolution of cases does not assume a second wave of infections vs. prior crises such as SARS or the Spanish flu fuller confidence in this variable still TBD as data develops
- Where needed, we have leveraged this fact base to put a <u>draft</u> estimate of timing for the <u>start of a potential lockdown</u>, the <u>estimated</u> <u>peak</u> of infections, and the <u>end of a potential lockdown (short and long</u>), leveraging:
 - Latest projected epidemic curves for that country
 - Analogs from countries further along in the infection curve
 - External press searches/reports on government activity
 - Quantitative ratings/factors that help triangulate efficacy of response (e.g., hospital infrastructure, regulatory quality indices, government effectiveness etc)
- To facilitate planning activities, we anchored each 'moment' of the epidemic on specific weeks those weeks are not meant to predict the exact timing of each 'moment' and are subject to changes in external environment (e.g. new government measures)

Currently fine tuning epidemic curves of selected countries (e.g. Mexico)

Legal context regarding our support

The situation surrounding COVID-19 is dynamic and rapidly evolving, on a daily basis. Although we have taken great care prior to producing this presentation, it represents BCG's view at a particular point in time.

This presentation is **not** intended to:

(i) constitute medical or safety advice, nor be a substitute for the same; nor

(ii) be seen as a formal endorsement or recommendation of a particular response.

As such you are advised to make your own assessment as to the appropriate course of action to take, use this presentation as guidance. Please carefully consider local laws and guidance in your area, particularly the most recent advice issued by your local (and national) health authorities, before making any decision.

Important caveats (at 25 March 2020)

The outputs of the modelling are not for publication or public dissemination

The model should be considered a 'beta' version: a more detailed model is under development

Much is still unknown or uncertain about the virus

- We have, where available, used assumptions from published academic sources. The lag time in research and publication of journals means that understanding of the virus is moving faster than refereed research
- This model is built using standard epidemiological modelling techniques, but given the relatively early stage of our understanding of this virus, it is possible that the virus does not behave in a way that makes such techniques applicable
- In particular, asymptomatic transmission is highly likely. The model seeks to account for this however the treatment of this may not be fully accurate. It is possible that asymptomatic carriers may remain infectious for an extended period of time
- The transmission of the virus and progress of the disease in people of different ages remains an area of emerging research. This version of the model does not yet incorporate an age stratification or other features that correct for differing demographics between geographies

There are very significant differences in access to testing and rates of testing and/or the timeliness and reliability of the reporting of infections across different geographies

• As with any model, the availability and quality of data will have a material impact on the quality and reliability of outputs

Government policy interventions have a significant lag time

- Given the time between infection, incubation, development of symptoms, access to testing and results, the impact of a particular government policy intervention taken today is unlikely to change the shape of the curve for at least 5-7 days, and possibly materially longer
- A future version of the model which will attempt to allow scenario modelling of different interventions is under development. This version does not attempt to do so

Scenario modelling disclaimer

"PREDICTING THINGS IS VERY HARD...

...PARTICULARLY ABOUT THE FUTURE"

- NIELS BOHR

This is a work-in-progress scenario model of a highly dynamic situation. The modelling depends on a number of assumptions, which may or may not be supported to varying extents in your geography. The results are scenarios for consideration, not BCG forecasts about the future. Please understand the assumptions, including the following:

'Reported cases' is a lower bound on what the actual levels of COVID-19 may be

• The modelling here is calibrated assuming that all cases are detected on average over time. This is unlikely to be true as many cases are currently going unreported and therefore do not flow through into the data that informs the modelling. The reported case limits set a lower bound on the true prevalence of COVID-19. The discrepancy may be worse in countries with less developed public health care systems or where inadequate testing has occurred

Government/personal actions may drive further containment than what is modelled

• This modelling includes an elasticity-like term that seeks to quantify the fact that increasingly large case counts typically drive progressively more aggressive containment strategies. The coefficient for this is calibrated automatically during the model fitting, and the resultant 'future reproduction number' modelled is shown in these pages, but its exact value is uncertain. We <u>do not</u> explicitly model the effect of specific government interactions in the future - for which the timing and efficacy is highly uncertain.

METHODOLOGY

Epidemic Curve

- Epidemic curve modelling is based on research by Lekone & Finkenstadt on "statistical inference in a stochastic epidemic SEIR model with control intervention: Ebola as a case study"
- Model assumes that the infection rate per person per unit time is dynamic to account for the fact that this empirically varies per person / country
- Model also includes a phenomenological term that models the fact that societies take increasingly aggressive measures as the number of cases rises
- Epidemic curves present a fitted line and an 80% confidence interval based on :
 - Viral parameters
 - Transmission rate
 - Evolution in the transmission rate over time (past and future)
 - Degree of response to date and statistically inferred future responses

Potential timing of a shutdown

- Lockdown start date set as either actual date of lockdown or estimated based on timing of cumulative 10th death, which has been a tipping point for many countries to establish lockdown (e.g. China, India, Belgium, Poland)
- Potential lockdown end date estimated based on two factors
 - (a) China: duration of Hubei / Wuhan lockdown, which are the only large scale lockdowns having being lifted
 - (b) Country-specific adjustment based on health system assessment and government effectiveness, includes
 - In-Patient Hospital Beds per Population (ability to receive and isolate infectious patients)
 - Deaths from Diseases of Respiratory System
 - Government Effectiveness
 - Regulatory Quality

Additional detail in Appendix

Summary | Estimated timings of country lockdown

	Currently	1	2	3 Short	4 Long	Factors influencing lockdown duration		
	in full lock- down?	Potential lockdown start date	Peak new cases date	potential lockdown end date	potential lockdown end date	In-patient beds per 100k pop.	Respiratory diseases per 100k pop.	Ability to manage epidemic
USA UK Brazil France Russia India Argentina China (Hubei Germany Australia Canada Spain Mexico Poland Belgium Norway South Africa Italy Sweden	i) ×	W1 April (latest states) March 24 th W4 March March 17 th W4 March March 24 th March 20 th January 23 rd W4 March W1 April W4 March March 14 th W1 April March 24 th March 24 th March 17 th March 12 th March 10 th March 10 th	W1 May W3 May W3 May W3 May W3 May W1 May W3 June W4 May February 13 th W1 May W2 May W1 May W2 May W1 May W4 April W3 April W3 April W3 May W4 March W1 June W3 April W3 April W3 April W3 April	W2 June (earliest states) W3 June W1 July W2 June W4 June W4 June W4 June W4 June W4 June W4 June W1 June W1 June W1 July W3 June W1 June W1 June W1 June W1 June W1 June W1 June W1 June	W3 July (earliest states) W4 July W2 August W4 July W4 July W2 September W4 August April 8 th W1 July W3 July W3 July W3 July W3 July W1 July W4 July W4 July W4 July W3 June W4 August W1 July W3 June	TUCK pop.		Score base on factor such as governme effectiven s, politica stability
Colombia	\checkmark	March 24 th	W1 May	W4 June	W4 July			

As of March 25th

Source: John Hopkins University (Coronavirus Resource Center), Euromonitor, BCG Analysis

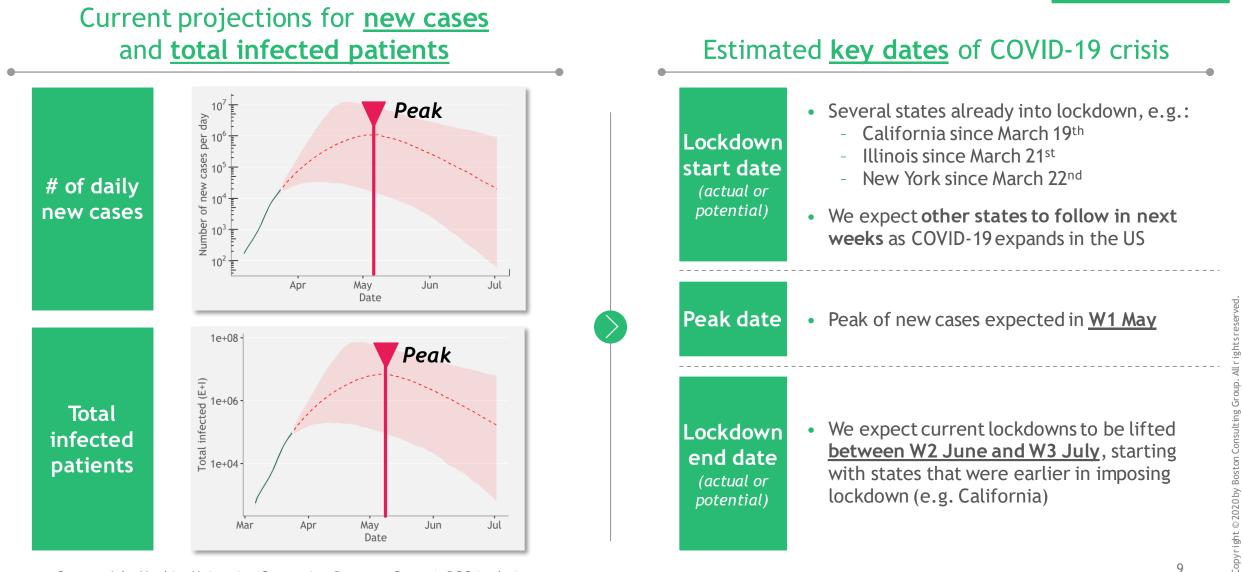
Backup | Hubei containment of COVID-19 virus used as base case for timing of lockdown (before country specific factors)

New confirmed cases 2.8 3/26 "leaving no household and no one 2/3 Lockdowns being lifted this 1/23 16,000 **behind**": aim to guarantine all Quarantine patients: week & next across China & Wuhan locked down: patients Construct makeshift Hubei Treat severe cases: hospitals for mild patients Constructed specialty hospitals 1/24 Changed the Wuhan City - (e.g. Huoshenshan) 14,000 caliber of statistics: Medical resources: 1st batch Hubei Province excl. Wuhan counted clinically for centralized medical team arrived Hubei 2/26 diagnosed cases as treatment China excl. Hubei on CNY eve, 42k ppl by 2/29 confirmed cases Oversea new confirmed case no. exceeded 1.27 China Free treatment 3/7 for all infected & 2/15Sign of containment: No new 4,000 suspected cases Work resumption: gov. confirmed cases reported launched policy to outside Hubei in China encourage resume production 3/17 12 confirmed cases from 2 000 oversea : the new risk 1/20 120K/day travelers back Officially to China confirmed human to 0 human 33,15 33,15 37,15 transmission Sources: Official disclose & credible media reports; BCG analysis

Detail of epidemic scenarios by country

USA Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

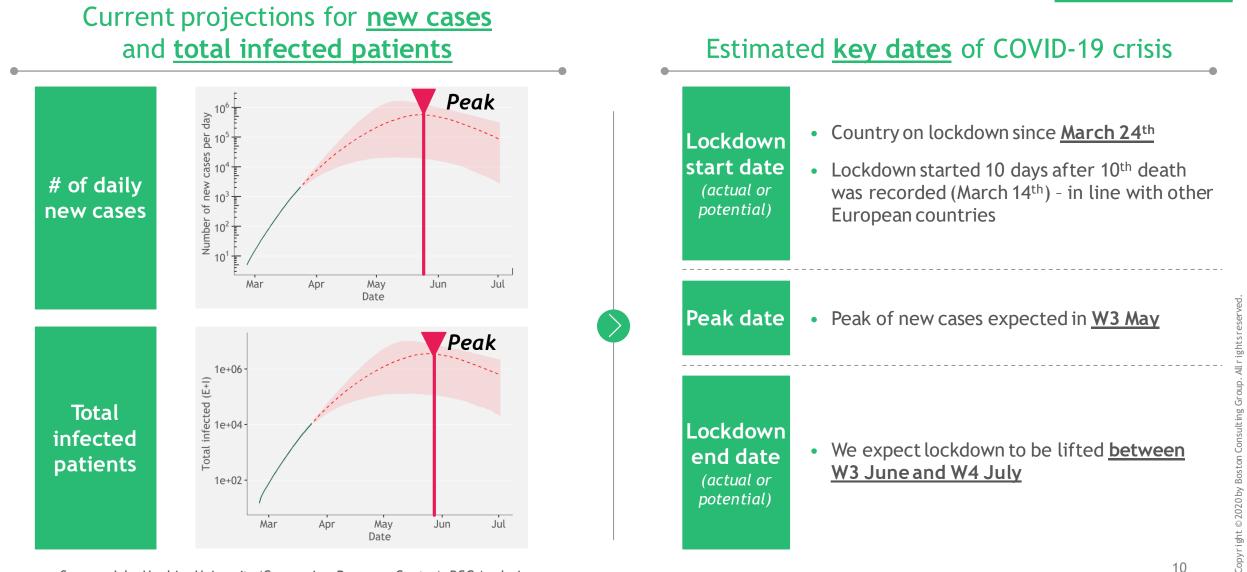




UK Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



As of March 25th

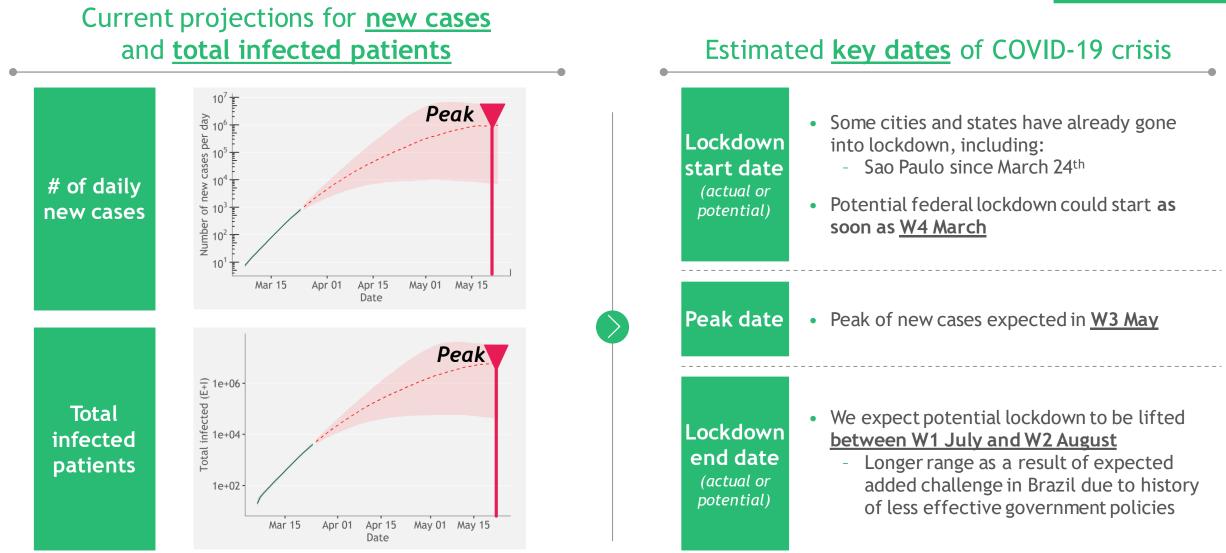


Source: John Hopkins University (Coronavirus Resource Center), BCG Analysis

<u>Brazil</u> Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

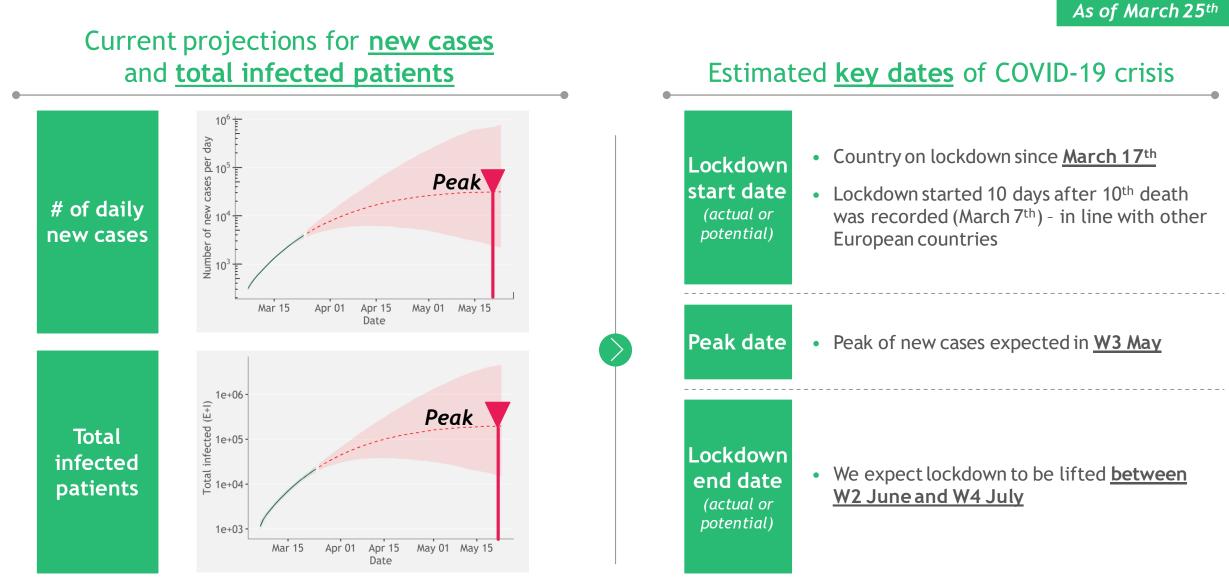


As of March 25th



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France Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



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<u>**Russia</u>** Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities</u>

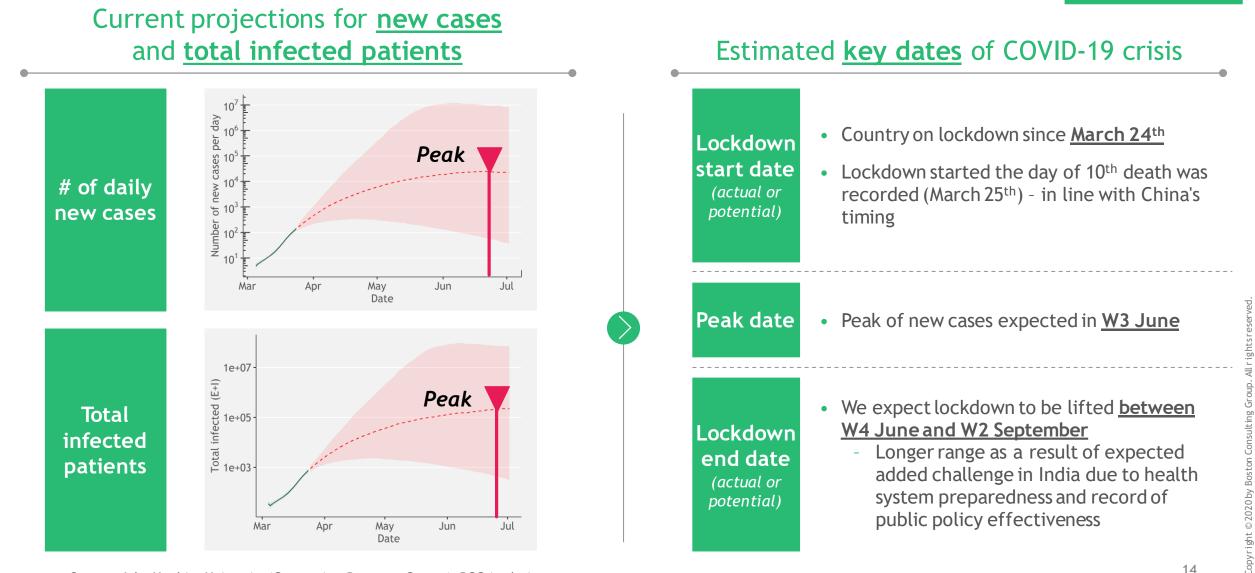


As of March 25th Current projections for <u>new cases</u> and total infected patients Estimated key dates of COVID-19 crisis 10⁵ cases per day • Expected 10th death for March 30th, based on current tally and ~33% estimated daily death Lockdown Peak growth (early phase) start date Number of new of # of daily (actual or Potential lockdown could start as soon as W4 potential) new cases March Apr May Jun Jul Date Peak date Peak of new cases expected in <u>W1 May</u> 1e+06 Total infected (E+l) - 70+at Peak Total Lockdown infected • We expect potential lockdown to be lifted end date patients between W4 June and W4 July (actual or potential) Apr May Jun Jul Date

Source: John Hopkins University (Coronavirus Resource Center), BCG Analysis

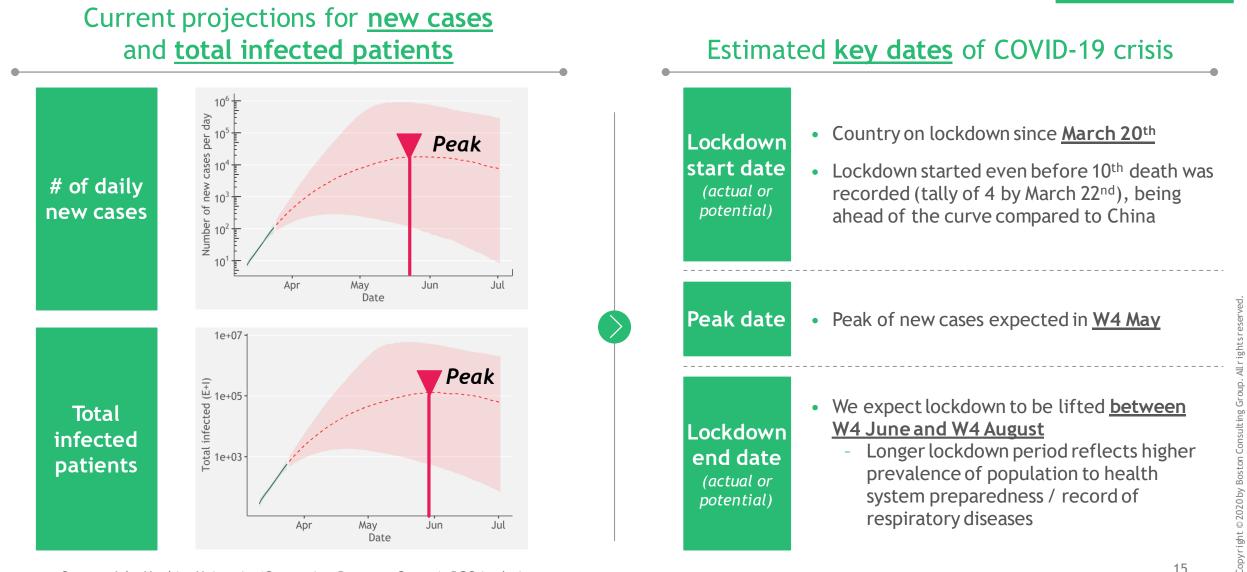
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India Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



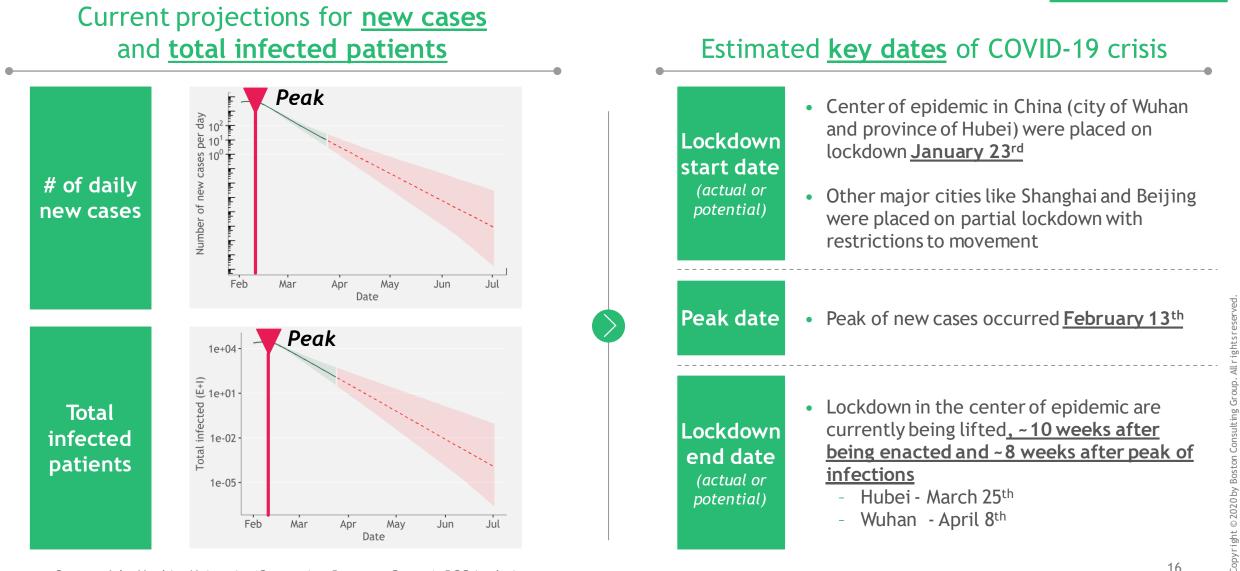
Argentina Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities





China Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

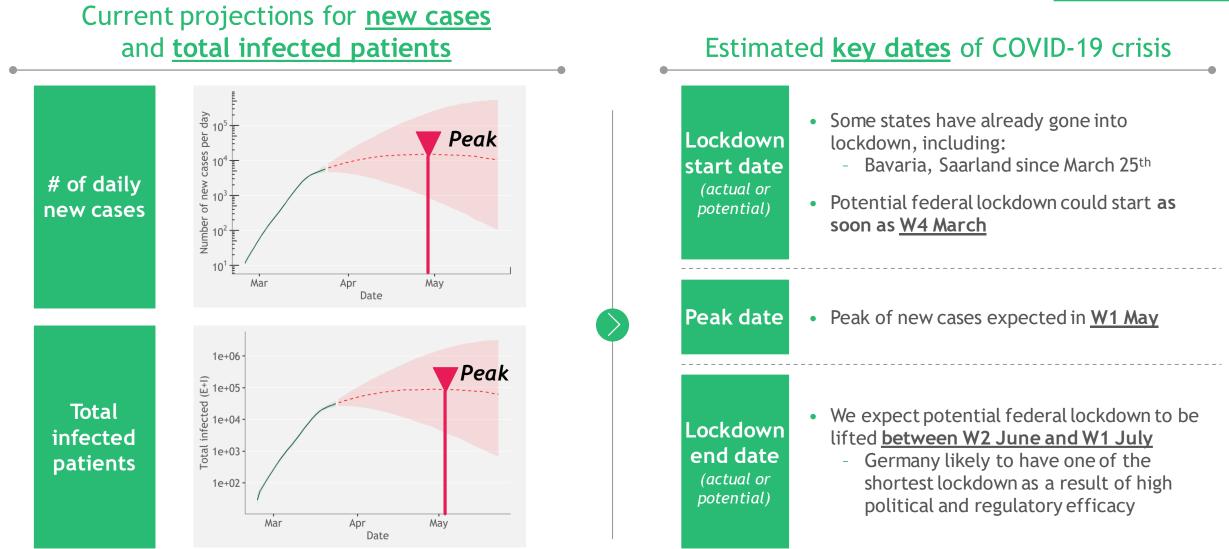




<u>Germany</u> Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



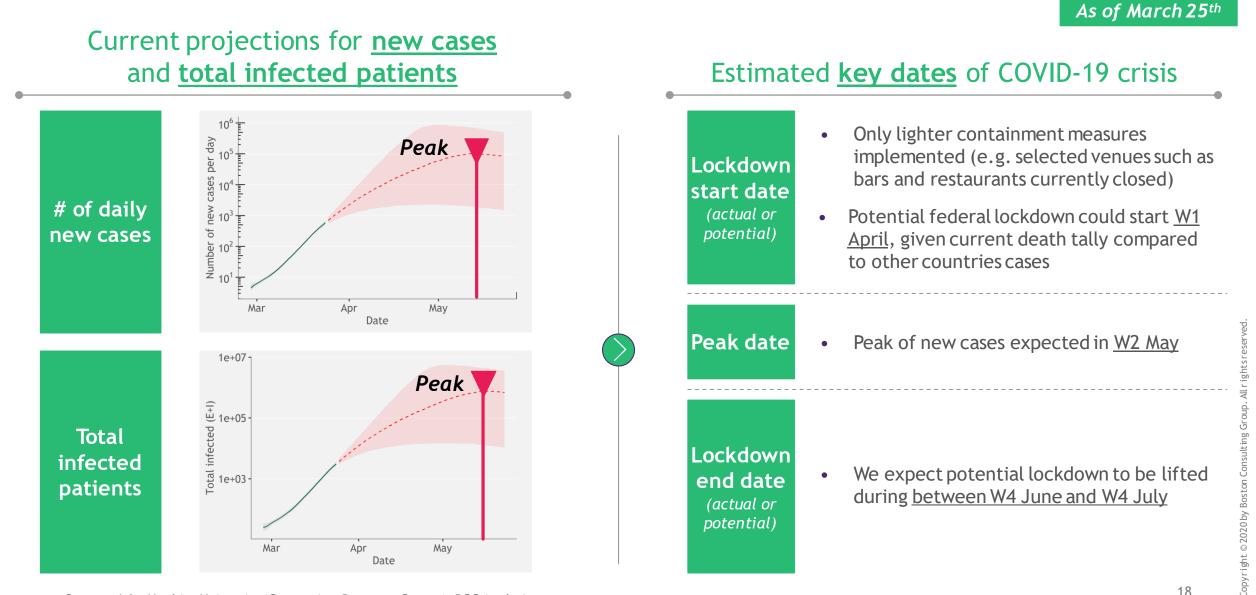
As of March 25th



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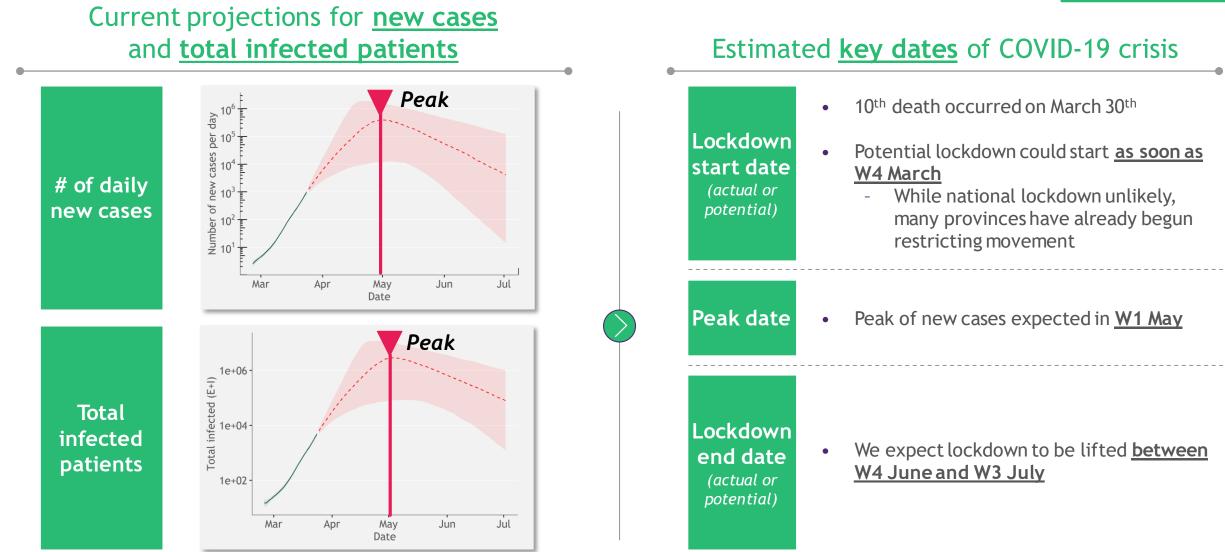
Australia Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



Source: John Hopkins University (Coronavirus Resource Center), BCG Analysis

<u>Canada</u> Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

As of March 25th

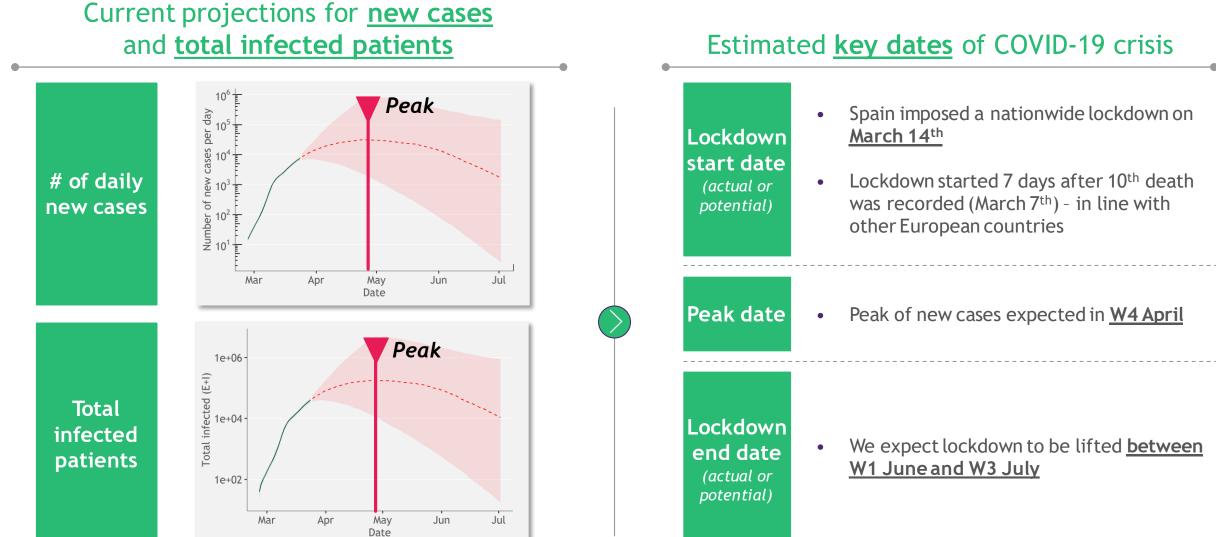


Source: John Hopkins University (Coronavirus Resource Center), BCG Analysis

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<u>Spain</u> Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

As of March 25th



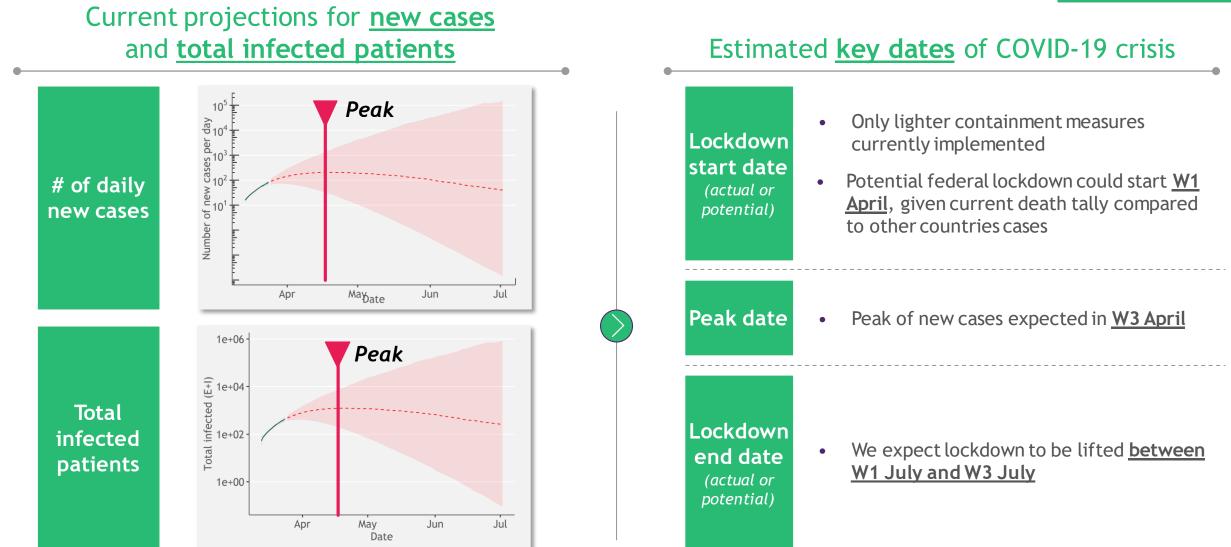
Source: John Hopkins University (Coronavirus Resource Center), BCG Analysis

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<u>Mexico</u> Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

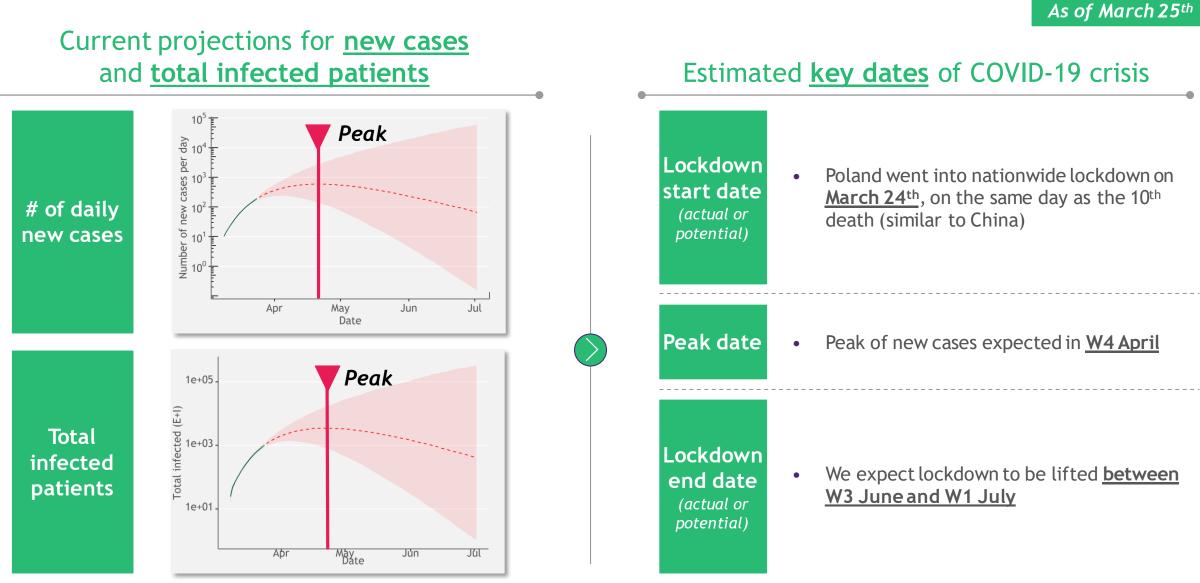
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Source: John Hopkins University (Coronavirus Resource Center), BCG Analysis

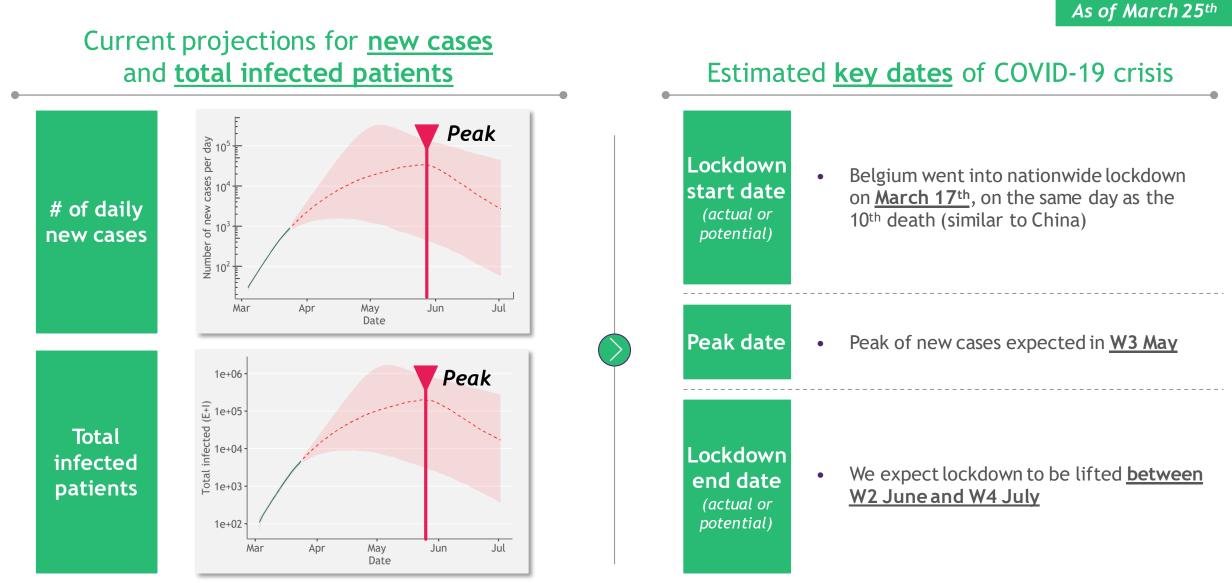
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Poland Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



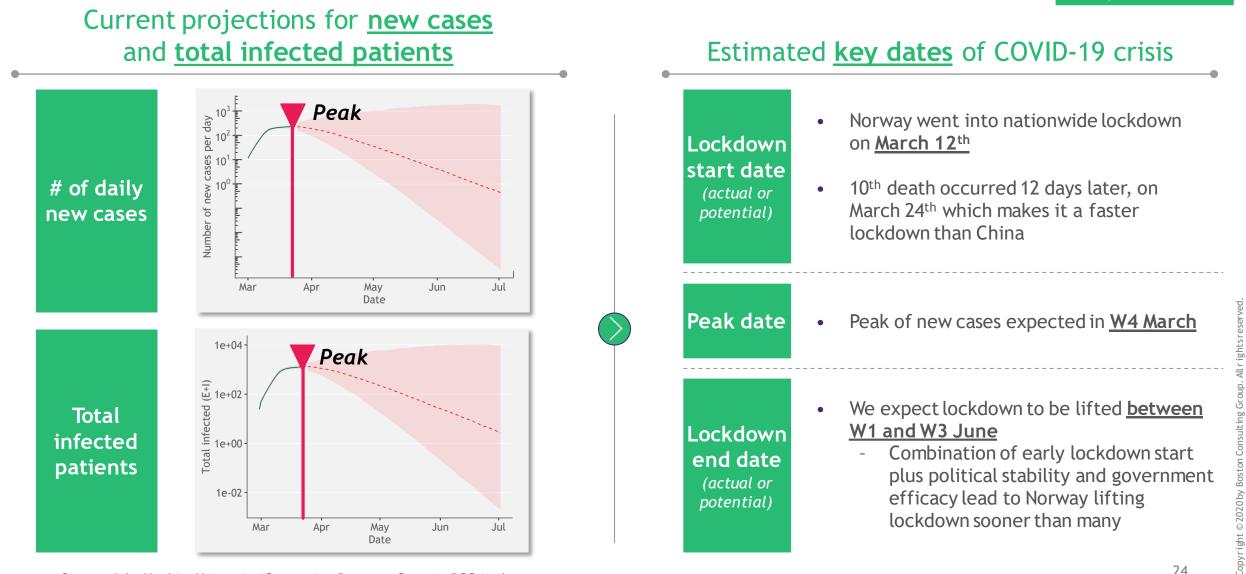
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Belgium Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



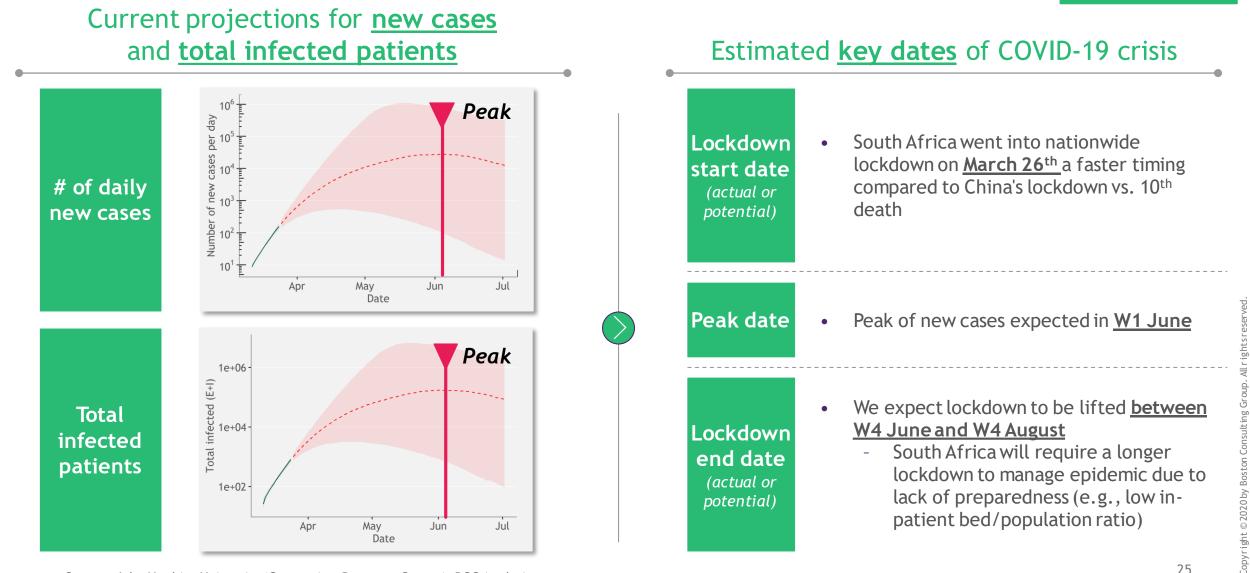
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Norway Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

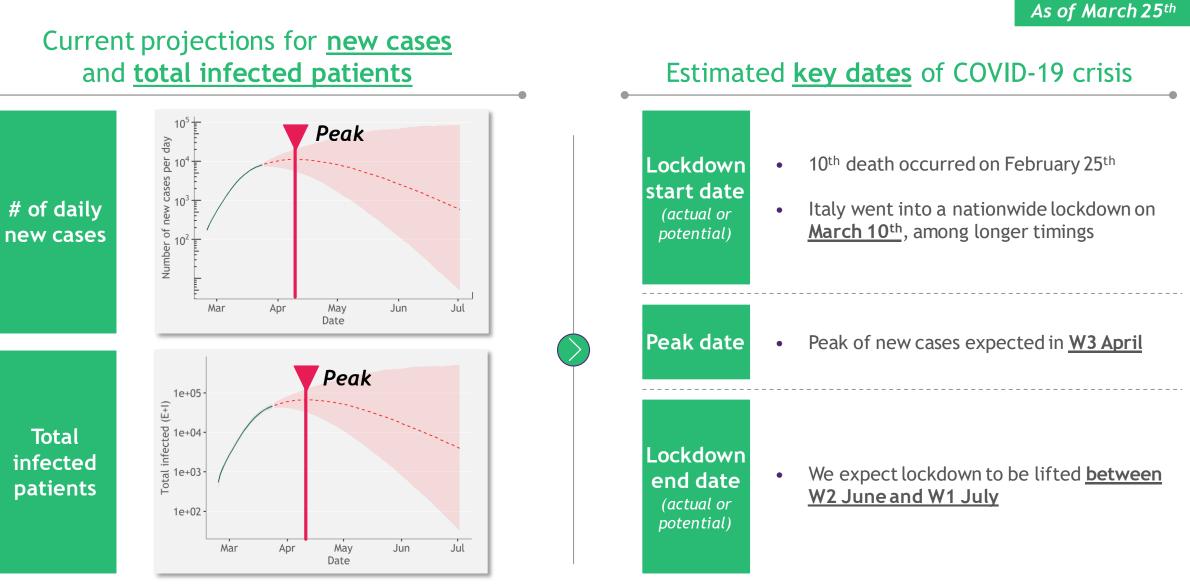


S. Africa Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities





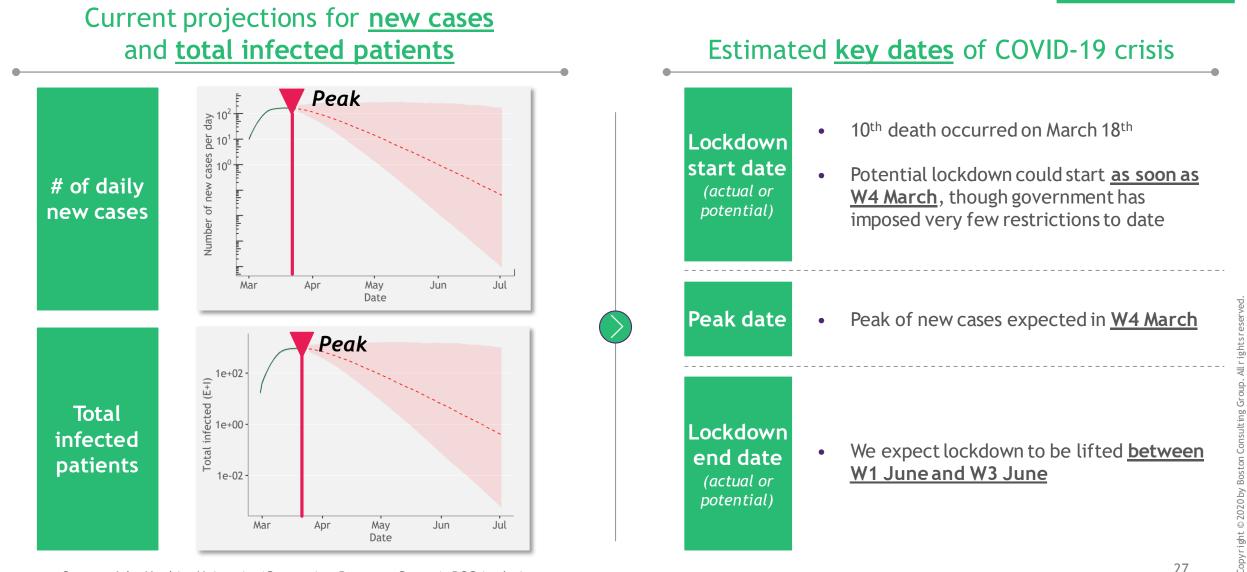
<u>Italy</u> Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



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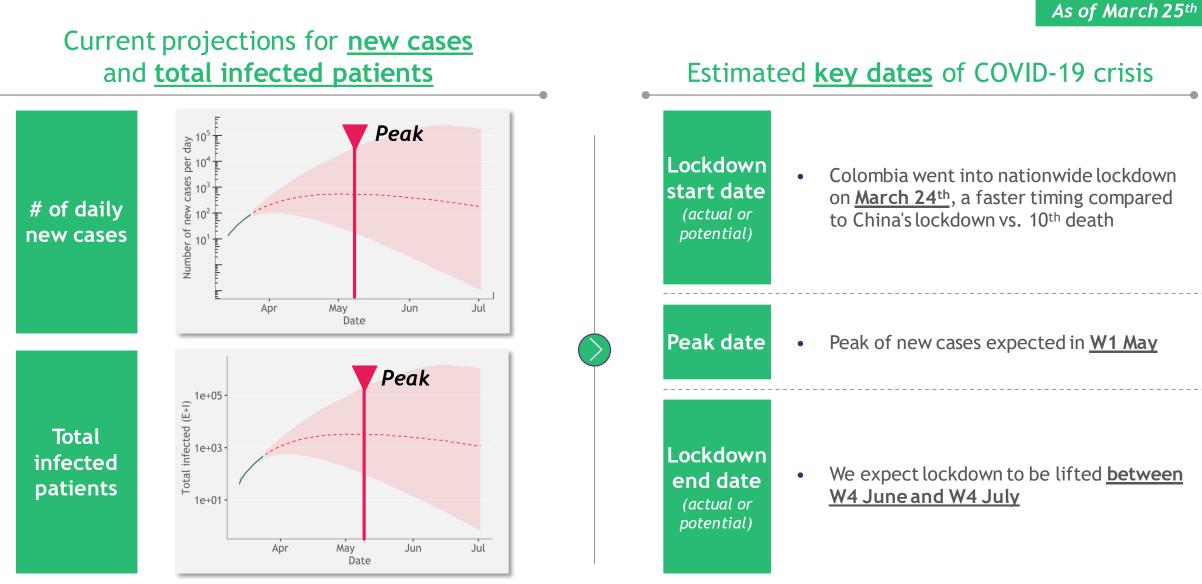
Sweden Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities

As of March 25th



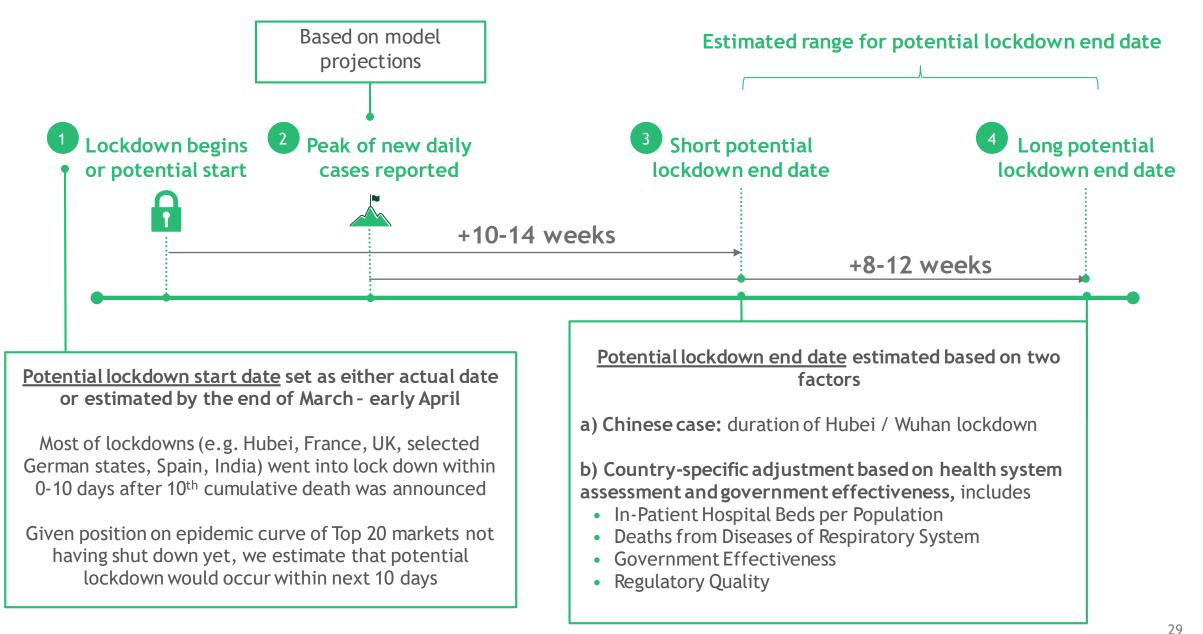
Source: John Hopkins University (Coronavirus Resource Center), BCG Analysis

<u>Colombia</u> Epidemic scenarios | Current projection of cases and potential new measures to be taken by public authorities



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METHODOLOGY | Detail on estimated timing of epidemic



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