

Insuring Pandemics in Non-Life (Structuring and Modelling) 14. Weiterbildungstag der DGVFM, 28th September 2023 Epidemic Risk and Insurance

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Anyonw still remembers the Pandemic?



(e.g., getting an orange juice while traveling in May 2020)



Tailor-made solution for your company, developed together with Munich Re's Epidemic Risk Solutions Team



We are a specialised unit ...



International team of experts

Epidemiologists Financial experts Actuaries Lawyers Underwriters

Global network

London Munich Singapore Zurich



Covering the previously uninsurable

BI and CBI losses caused by disease outbreaks

... with a track record

2015	Start of Innovation Project Epidemic Risk Business
2017	World Bank Pandemic Emergency Finance Facility (PEF) – first ERS public sector transaction
2017	Munich Re Board mandates Epidemic Risk Solutions (ERS)
2017	First ERS Non-Life transaction (product launch with primary insurer)
2018	Dedicated business unit ERS fully set up
2018	First ERS Life transaction (mortality stop loss)
2019	Start of the COVID-19 outbreak
2021	First ERS Non-Life transaction post start of COVID-19
2021	First ERS Life transaction post start of COVID-19
2021	Pandemic risk placed with capital markets
2022	ABAC recommendations to APEC Finance Ministers to establish an Epidemic Risk Markets Platform as Public-Private Partnership
2023	First ERS Event Cancellation Policy of a prestigious sports event
2023	ERS wins the Trade Risk Award 2023 – Closing the Protection Gap Initiative of the Year award

Agenda



01	Risk	
02	Structure	
03	Model	





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Image: Chris Ryan_KOTO / stock.adobe.com



Every year there are 5 new emerging infectious diseases reported & the WHO publishes ~ 100 Disease Outbreak News¹

Metabiota² predict the probability of another pandemic of the same or greater magnitude as COVID-19 to be **22%-28%** within the next 10 years.

Airfinity's³ latest risk modeling suggests that there is a **27.5%** chance that a pandemic as deadly as COVID-19 could occur within the next 10 years.

UK National Risk Register 2023

highlights a **5-25%** likelihood of a pandemic over a 5 year period.

Major contributors to this phenomenon are



There have already been **3 significant** coronavirus outbreaks within 17 years

- SARS (2002/2003)
- MERS (2012/2015)
- COVID-19 (2019 and on-going)

Increasing trend: Emerging Infectious Diseases (EIDs)

Cumulative EID events



Pandemic is the most likely catastrophic event in the next five years.

1 WHO standard reporting for outbreaks that could spread internationally or disrupt international travel or trade 2 Rebranded Ginkgo Bioworks in 2022 (Cheney, devex, 31 July 2021) 3 London-based disease forecasting company (Fortune, Apr 18, 2023 and Bloomburg, Apr 14, 2023)

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(Source: UK National Risk Register)

Epidemic & Pandemic Solutions



Since 2007 the WHO declares outbreaks with the greatest public health risk through international spread and potential interference with trade and travel as Public Health Emergencies of International Concern (PHEIC). PHEICs are marked in **orange** below.



Increasing trend requires improved risk management in the future





1 Triggered development of PHEIC instrument

Many unknown viruses can cause the next pandemic COVID-19 is not the last...



An estimated **1.7 million** currently undiscovered viruses are thought to exist in mammal and avian hosts. Of these, 631,000-827,000 could have the ability to infect humans. (United Nations – IPBES)



873,000 unknown viruses with unknown impact on humans

¹ CFR may vary during duration of outbreak and from country to country, number chosen for SARS-CoV-2 illustrates average CFR in July of 2021, already showing the influence of extensive pharmaceutical and non-pharmaceutical interventions ² once clinical symptoms appear Source: https://www.npr.org/sections/goatsandsoda/2021/03/19/979314118/next-pandemic-scientistsfear-another-coronavirus-could-jump-from-animals-to-hum?t=1622625437955 https://www.ecohealthalliance.org/2018/03/disease-x Enidemic & Pandemic St



Structure





Image: Chris Ryan_KOTO / stock.adobe.com

Class of Business



Prevention \rightarrow Loss \rightarrow Insuring the burning house

1. Early response cover (increasing preparedness)

Before the epidemic becomes pandemic:

- containment
- vaccination

2. Non (property) damage business interruption

- Loss of revenue
- Liquidity
- Loss mitigation

3. Health related insurance (e.g., personal accident, travel)

Selling insurance after the pandemic has started

4. Contingency (e.g., event cancelation)

- Short term cover
- Non-appearance

5. General Liability

unclear

COVID-19 example, Germany PHEIC and Civil Authority Restrictions



How to connect the timeline of a pandemic to the timeline of insurance?



*DON = Disease outbreak News report issued by the World Health Organisation **PHEIC = Public Health Emergency of International Concern declaration issued by the World Health Organisation

The key elements of the Insurance Risk Transfer Solution Trigger Design





The key elements of the Insurance Risk Transfer Solution Offered by Munich Re



Epidemic/Pandemic Trigger

Epidemic/pandemic



Parametric – objective data points

When

e.g., WHO reports a new outbreak

What

e.g., WHO declares a Public Health Emergency of International Concern (PHEIC)

Where

e.g., Civil Authority Restriction issued in relation to the disease within the Covered Area

Economic Trigger

Business impact

Financial impact to business operations, for example

- Loss of Gross profits/earnings
- Wage roll
- Debt obligations
- Extra Expense
- Employee benefits
- Contingent loss from suppliers/customers
- Execution of planned counter measures



Payout to the insured



Claim submitted by insured

Parametric insurance format or

Derivative instrument format (no economic trigger)

For more details: www.munichre.com/epidemic-risk-solutions

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Early response cover e.g., Filovirus



Reporting Source	"Weekly Bulletin on Outbreaks and Other Emergencies (WHO Regional Office for Africa)" WHO publishes weekly updates and confirmed case numbers on outbreak events across Africa.
	Layer 1: Number of Confirmed Cases per outbreak event ≥ 5
Trigger Metric	Layer 2: Number of Confirmed Cases per outbreak event ≥ 10
	Note the triggers are not based on aggregate case numbers, but per event.
	USD 5m annual aggregate:
Capacity	Layer 1: 33 % or USD 1.65m
	Layer 2: 67 % or USD 3.35m

Early response cover e.g., Meningitis



"WHO Africa Meningitis Weekly Bulletin".

Reporting Source	From January, at the commencement of the meningitis season, WHO consistently publishes country data on the Number of Districts in Alert and Epidemic Phase. A district is assigned Alert Phase or Epidemic Phase status if it meets specific numbers of suspected cases.
	A1: Number of Districts in Alert or Epidemic Phase ≥ 12; AND
Triana Maria	A2: Number of Districts in Epidemic Phase ≥ 1; AND
irigger wetric	A3: Reporting Source specifies causative pathogen OR ICG* Approval
	Due to A1 and A2 being based on suspected cases this metric is associated with moral hazard , hence the introduction of A3. This trigger period is Weeks 1-16 of the meningitis season.
Capacity	USD 1m annual aggregate.

Typical loss example for a loss of Gross Profits Cover





Structured Reinsurance during a Pandemic Event



Structured RI decouples the PI losses from the RI payout by introducing a parametric structure. PI continues to sell policies during a pandemic event while the RIs provide ex-ante solution.

	Pre-outb	reak			"	Burning ho	ouse"			Post-ou	ıtbreak		
Structured Pandemic RI	Inception of structured RI solution		reption of tructured I solution declared		Second component triggers → Parametric triggers breached parametric RI-payout								
_						Loss	ses occuring						
-											ti	ime	
inal cover	not availa	able	Outbre	ak starts		Loss Retenti	es occurring on]	RI-layer				
Traditio	any more	any more		any more (DON announced)					observed RI-payout				

Parametric Triggers remove ex-ante uncertainty.



Model





Image: Chris Ryan_KOTO / stock.adobe.com



Mathematical methods have been available for more than 25 years. Then What changed?

- Computing power has heavily increased
- Data availability has heavily increased
- We just had a pandemic

Rating Model and Pricing the Risk Modelling of Epidemic NDBI

Deductibles, limits, coinsurance, first loss curves / exposure curves, diversification, accumulation, inter alia.

Relative Resilience e.g. essential vs non-essential, company preparedness and culture, diversification, dependencies, etc.

Epidemical and financial triggers modelled separately. Model complexity depending on trigger type.

Forward modelling of pathogens by individual characteristics and trends in various geo-political environments.

Many years specialised in epidemic BI modelling between epidemiological and actuarial experts. Insurance structure

Vulnerability

industry sector and single company level

Policy Triggers Reporting structures, WHO, local authorities, health infrastructure

Geographical Spread

Socio-economic factors, climate zones, biomes, animal spread, preparedness, etc.

Epidemic Outbreak Model

frequency-severity-models, fitted distributions, SIRmodels, extreme scenarios Munich RE 🗐

More than 100 years of Munich Re single risk, . business interruption underwriting.

Worldwide epidemic impact data on company levelfor larger epidemics (e.g. COVID19, Ebola,MERS, SARS etc.)

Data base of epidemic reporting, . local authority interventions, etc.

> Including ca. 70 influencing . geographical factors for . geographical contagion.

> > Database of ca 30,000 disease outbreaks (GIDEON, Metabiota, WHO, inhouse, etc.)

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Epidemic outbreak model, Types When, What, Where



Vendor Model

+ Independent modeller+ Well established in life insurance

- Limited availability

SIR Model

+ does not depend on statistics

+ high parameter detail possible

- High development / calibration / simulation effort

Statistical Model

+ Well known in insurance world

+ automatization possible /easy model update

- Limited detail

Epidemic outbreak model, data 1 When, What, Where



e.g., WHO, Disease Outbreak News

Pneumonia of unknown cause – China

5 January 2020

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. [...]

Condensed Outbreak Information (e,g., GIDEON, Metabiota, JHO, etc.)

disease_cleansed	year 🌻	ISOa3	\$	cases 🌻	deaths 🌻	notes
Salmonellosis	2007	IRL		185	NA	
Giardiasis	1976	USA		128	NA	
Cholera	2010	IND		288	3	Outbreak among w
Typhoid	1975	IND		9000	NA	Outbreak in Sangli
Escherichia infection	2005	USA	301	м		
Leptospirosis	2004	IRL	201 201	м		ate
Hepatitis E	2005	IND	, 101	м		
			Ň	0		
						2022

Epidemic Outbreak Model When, What, Where



SIR Model

S usceptible

nfected
$$I_{n+1} = S/N * R_0 * I_n$$

R ecovered

Additional compartments as needed.

Simulations of new event / Back-testing to known events

Statistical Model

- Homogeneous groups of diseases
- Frequency
- Severity

Fitted event probabilities / discrete or fitted distribution for event size

Geographical spread, data 2 When, What, Where



Geographic, Socioeconomic and Epidemiological Data

Factors that could influence the spark, spread and the size of an epidemic in a country.

- Initial list had 176 entries
- Reduced to 75 usable factors mainly due to data availability issues

Both, publicly available and proprietary datasets

e.g.:

Factor	Specifics	Description	
Aedes Albopictus		The observations of Aedes are subservations of Aedes are subservations	
Aedes Aegypti		The observations of Aedes are s Underlying Paper	
Age Distribution		Population ages 65 and above as World Bank	
Alcohol/Drug Abuse		Proxy for Distribution of High Risl Our World In Data	
Anopheles		We have used the Malaria Atlas Description of Pac	kage
Antibiotic Use in Livestock		Antibiotics are used in livestock for World In Data	
Area		Surface area is a country's total World Bank	
Bats		The data is is from the USAID PRUSAID Health Map)
Biodiversity		index	(
Bushmeat Hunting			
Climate	General	1 this	analy
Climate	Biomes	this	analy
Climate	Climate Zone	1 this	analy
Climate	Elevation	1 this	analy
	1 3		
	15		

Geographical spread, geographical distribution When, What, Where



SIR Model

Simulation of / calibration to:

- Virus characteristics
 - Transmission , incubation, etc
 - Habitat, animal reservoir
- Human behaviour
 - Containment (e.g., quarantine)
 - Mitigation (e.g., lock down)
 - Travel pattern (flights, tourism)
 - Travel restrictions

Statistical Model

Machine learning to find influencing factors for:

- Country individual spark probabilities
- Size factor
- Spread type / accumulation



Parametric trigger options

- Reported case numbers / fatalities in country (e.g., early response cover)
 - Trigger is already within modelled outbreaks
- PHEIC and local transmission in country
 - probability for PHEIC as mixture of WHO process rules, statistics, epidemiological adjustments
- PHEIC and Civil Authority Restriction in country
 - probability for Civil Authority Restriction as mixture of scenario considerations, statistics

Economic Loss Model

Financial impact to business operations



(partially) Parametric

Indemnity based

Industry sector index

Parametric reinsurance & Indemnity based Primary insurance

Predefined containment / vaccination cost

Mostly Business interruption / Event Cancelation insurance

Before Covid19:

few statistics, "expert judgment"

After Covid19:

- 1,000,000 usable balance sheets
- Good prediction power of pre pandemic P&L
- Statistical first loss curves with high level of detail
- Additional qualitative risk assessment

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Question and Answer





Thank you for your attention!

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Major economic impact of COVID-19

Example: Drop in global GDP growth



The COVID-19 pandemic sent shock waves through the world economy and triggered the largest global economic crisis in more than a century.



- Major **drop in GDP growth** in 2020 due to COVID-19 (+2.5% down to -3%)
- Spill-over and "economic contagion" on the macro and micro level
- Little to no economic preparedness for the COVID-19 hit



1. Poor pandemic preparedness (public and private sector) lead to reactive measures

- Over-optimized supply chains and unexpected dependencies
 Over-reliance on single countries/suppliers
 Tourism/Event sector fully dependent on peoples' ability and willingness to meet and travel
- 3. Huge burden put on healthcare and education systems
- 4. Pandemic Insurance was largely not in place

incl. ambiguous wordings and insurance gaps, misunderstanding of covers etc.



Private Sector companies

Do nothing	Evaluate risk exposure	Build cash reserves	Risk transfer
	& Adjust business strategy if necessary (e.g. dependence on foreign tourism)		(if necessary & for at least a certain initial transition/adaptation period)



Private Sector companies

Do nothing	Evaluate risk exposure	Build cash reserves	Risk transfer
	& Adjust business strategy if necessary (e.g. dependence on foreign tourism)		(if necessary & for at least a certain initial transition/adaptation period)

Public Sector

Do nothing	Evaluate risk exposure	Invest in pandemic	Risk transfer
	& Adjust strategy/politics	preparedness	

The Epidemic Risk Markets Platform – Risk Transformation Value Chain including Public, Private and Philanthropic Partnerships





Tailor-made Public Sector programs Example: Senegal (with African Risk Capacity)



The **first ever** parametric insurance product designed to protect an individual African sovereign state against high-impact epidemic risks.

Closing the Protection Gap Initiative of the Year category

for the Outbreaks & Epidemics Programme of the African Risk Capacity

Winners:

African Risk Capacity Group and

Munich Re Group



Transaction Overview

- Insured: Senegal
- Insurer: ARC Ltd
- **Reinsurers:** Munich Re (lead), Hiscox Re, Swiss Re and Global Parametrics
- **Term:** 2-year, with 2 individual annual periods

Why pandemic risk matters – economic perspective We survived COIVD-19 but what is next?





Non-exhaustive illustration

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