

# Briefing

## UPDATE ON THE ELIMINATION STRATEGY AND CHANGES TO THE COVID-19 ALERT LEVEL FRAMEWORK

|   |            |                 |                  |
|---|------------|-----------------|------------------|
| To: Hon Chris Hipkins<br>Minister for COVID-19 Response |            |                 |                  |
| Date  | 27/05/2021 | Priority        | High             |
| Deadline  | 31/05/2021 | Briefing Number | DPMC-2020/21-990 |

### Purpose

1. This briefing provides an update on the COVID-19 Elimination Strategy work, and specific advice on:
  - a) revised factors (health and non-health factors) to guide decision making on movements in Alert Levels;
  - b) minor amendments to Alert Level settings
  - c) consideration given to changes that could be made to New Zealand's Alert Level framework to add intermediate Alert Levels; and
2. Subject to your agreement to the above, this briefing seeks your agreement to take a paper to Cabinet which:
  - a) provides an update on the Elimination Strategy for COVID-19 in the context of reconnecting New Zealand to the world;
  - b) notes the Ministry of Health will update its public messaging, including on its website, in line with the updated Elimination Strategy;
  - c) seeks Cabinet agreement to revised factors to guide decisions on changes to Alert Levels; and
  - d) notes proposed minor changes to Alert Level settings.

## Recommendations

1. **Note** that in May and August 2020, Cabinet agreed the use of a combination of eight health and non-health (social, economic and other) factors to guide decisions on Alert Level settings for New Zealand.
2. **Note** that the public health risk assessment that feeds into decisions on Alert Level movements has served us well, however, officials now consider the various factors of the assessment and the relative weighting given to the various elements has changed.
3. **Agree** that the new risk assessment template will include the following updated public health factors to guide decisions on changes to Alert Levels:

YES /  NO

  - 3.1. the source of the case(s) or outbreak, and the number and geographical distribution of clusters;
  - 3.2. the length of time the virus has been in the community and the potential for undetected transmission (i.e. between the source and the case);
  - 3.3. the containment of the case(s) and/or cluster(s), including consideration of the potential for undetected community transmission occurring in New Zealand or in QFT countries; and
  - 3.4. the capacity and capability of our public health systems, including our surveillance and contact tracing systems.
4. **Agree** to the following minor changes to the Alert Level settings:

YES /  NO

  - 4.1. remove the 'single server hospitality rule' which currently applies at Alert Level 2; and
  - 4.2. allow non-trade customers to access hardware and DIY stores at Alert Level 3 via a drive through 'click and collect'.


YES /  NO
5. **Agree** in principle to apply different limits on numbers of people per defined space at indoor and outdoor events at Alert Level 2, including retaining the 100 person limit for indoor events, subject to further work by Health officials to quantify the different levels of public health risk between a range of outdoor events and what conditions should be placed on them.


YES /  NO
6. **Note** that template Alert Level orders will be amended on this basis.

7. **Note** that officials do not recommend creating additional intermediate Alert Levels at this time (e.g. 2+) and that certain pre-prepared adjustments to Alert Level settings can be made and communicated at the time of an Alert Level change to respond to gaps between Alert Levels.
8. **Agree** to take a paper to Cabinet [redacted] which provides an update on the COVID-19 Elimination Strategy, seeks Cabinet agreement to revised factors for moves between Alert Levels, and notes the proposed changes to settings in the Alert Level framework.
9. **Agree** that this briefing is proactively released, with any appropriate redactions where information would have been withheld under the Official Information Act 1982, in July 2021.

YES  NO

YES  NO

  
 Ruth Fairhall  
 Head of Strategy and Policy, COVID-19 Group, DPMC  
 17/5  
 ...../...../2021

  
 Hon Chris Hipkins  
 Minister for COVID-19 Response  
 19/6  
 ...../...../2021

**Contact for telephone discussion if required:**

| Name          | Position                                    | Telephone | 1st contact |
|---------------|---|-----------|-------------|
| Cheryl Barnes | Deputy Chief Executive, COVID-19 Group      | N/A       | s9(2)(a)    |
| Ruth Fairhall | Head of Strategy and Policy, COVID-19 Group | N/A       | s9(2)(a) ✓  |

**Minister's office comments:**

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

Proactively Released

# UPDATE ON THE ELIMINATION STRATEGY AND CHANGES TO THE COVID-19 ALERT LEVEL FRAMEWORK

## Executive Summary

3. New Zealand's COVID-19 Elimination Strategy, underpinned by science and supported by clear public messages, has been central to the Government's successful response to COVID-19 to date. The Elimination Strategy has relied on the Alert Level framework to respond to community outbreaks and emerging issues. The framework, and its refinements over time, have been critical in signalling to the public what measures and behaviours are required to minimise the spread of COVID-19.

### *The Elimination Strategy*

4. We have continued to build our knowledge and experience over time regarding our COVID-19 response. The previous Elimination Strategy was confirmed by Cabinet in early May 2020 and published on the Ministry of Health's Website. However, the Elimination Strategy has evolved over time in response to the growing evidence base on COVID-19 and increased experience and research in New Zealand, and around the world. These developments drove a thorough review of the Strategy late last year, as reported to you in December. This work is reflected in the updated four pillars that build on the Strategy from May 2020.
5. We have a programme of work to ensure we are continuously improving settings in our strategy and remain adaptive to changing circumstances. Through the reconnecting New Zealand work, there will be a focus on continuing to refine our Elimination Strategy whilst starting to rebuild contact with the world.

### *Revised public health criteria for shifting alert levels*

6. In 2020 Cabinet agreed eight health and non-health (social, economic and other) factors to guide decisions on what Alert Level New Zealand should be at [CAB-20-MIN-0199 and CAB-20-MIN-0378 refer]. The current risk assessment has served us well and is robust and effective. However, Public Health officials now consider the factors on which the public health risk assessment is based (and therefore the relative weighting given to the various elements) have changed.
7. To reflect the updated public health risk assessment, we propose that the health factors the Director-General of Health provides advice to Cabinet on are also updated. Subject to your agreement, these updated factors will provide a robust and more relevant framework for decisions about moving between Alert Level changes.

### *Changes to the Alert Level framework and settings*

8. In response to an update on the Elimination Strategy late last year, Ministers requested further consideration be given to changes that could be made to New Zealand's Alert Level framework [DPMC-2020/21-372 refers]. Ministers specifically asked about the merits of introducing intermediate levels into the existing Alert Level framework. On balance, officials do not recommend establishing additional levels in the alert level framework, as mitigations

for bridging gaps between alert levels are more effectively addressed through other mechanisms.

9. Officials propose minor changes to Alert Level settings: removing the single server hospitality rule and applying an increased limit for outdoor events (where specific public health conditions can be met), while retaining the 100 person limit (per defined space) for indoor events.
10. In response to approaches by representatives of hardware retailers who want the drive through option to be extended to non-trade customers for the purposes of click and collect at Alert Level 3, officials propose that the Alert Level Template Order is amended to enable non-trade customers to access the store through a drive through facility and pick up products bought via a 'click and collect' method.

#### *Next steps*

11. We recommend you take a paper to Cabinet to provide an update on the Elimination Strategy in the context of reconnecting New Zealanders with the world, as well as seeking agreement to revised factors (subject to your agreement) and updating them on changes to Alert Level settings.

## **Background**

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12. The Alert Level framework, established in March 2020 to guide the country's response to COVID-19, reflected the knowledge and capabilities held at the time. As the response has evolved, the settings which make up the Alert Level framework have been periodically updated (for example, mandating the use of face masks on public transport at Alert Level 1).
13. We have continued to build our knowledge and experience over time in order to adapt to shifts in the global and domestic environment. New evidence about COVID-19, a complex and changeable global situation with the emergence of new variants, and the nationwide vaccination rollout pose questions about how best to refresh our wider Elimination Strategy to ensure we remain adaptive to these changing circumstances. Through the reconnecting New Zealanders work, there will be a focus on refining and retaining our elimination strategy whilst starting to rebuild contact with the world.

## **Refining the Elimination Strategy**

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14. These developments both reinforce the value of a process of continuous review and pose questions about how the Elimination Strategy should evolve. A programme of work is required to continuously improve our response to COVID-19 to ensure we remain adaptive to changing circumstances.
15. The previous Elimination Strategy was confirmed by Cabinet in early May 2020 and published on the Ministry of Health's website. However, the Elimination Strategy has evolved in response to the growing evidence base on COVID-19 and increased experience and research in New Zealand, and around the world. These developments drove a thorough review of the Strategy late last year, as reported to you in December. This work is reflected in the updated four pillars that build on the Strategy from May 2020:

- a) Keep it out – pre-border and border settings, including managed isolation and quarantine

- b) Prepare for it – detection and surveillance, and baseline public health measures established through Alert Level 1 (but recommended at all Alert Levels)
  - c) Stamp it out – contact tracing and case management, and stronger public health measures (Alert Levels 2 to 4)
  - d) Manage the impact – health system readiness and resilience, community engagement.
16. These updated pillars have not yet been formally communicated to the public. The purpose of the Elimination Strategy Cabinet paper would be, in part, to seek Cabinet agreement to these updated pillars and then communicate that to the public.
17. We recommend you use this paper to update Cabinet on the evolution of the Elimination Strategy, as well as seek approval for the revised health factors and update your colleagues on the changes the Alert Level framework discussed below.
18. We note the Prime Minister intends to take a paper to Cabinet on 14 June 2021 setting out the proposed approach for reconnecting New Zealanders with the rest of the world. The focus of this Reconnecting New Zealanders work is about maintaining our primary objective of keeping New Zealanders safe from COVID-19, whilst also considering a range of other factors that will be important to consider as part of our border reopening strategy. Both papers could usefully be considered together at the same Cabinet meeting.

### **Refreshing the factors that guide decisions on changes to Alert Level**

19. When an Alert Level change is being considered, the Director of Public Health completes a public health risk assessment, with input from advisors including the Ministry of Health's Chief Science Advisor. This risk assessment inputs into the Director-General's advice on the health matters to be considered by Cabinet when deciding on an appropriate public health response.
20. On 4 May and 10 August 2020, Cabinet agreed and then reconfirmed use of the following eight factors to guide decisions on the appropriate Alert Level settings for New Zealand [CAB-20-MIN-0199; CAB-20-MIN-0378]:
- a) the Director-General of Health's satisfaction on four health matters:
    - i) trends in the transmission of the virus, including his confidence in the data and having regard to the risk assessment levels agreed by Cabinet;
    - ii) the capacity and capability of our testing and contact tracing systems;
    - iii) the effectiveness of our self-isolation, quarantine and border measures; and
    - iv) the capacity in the health system more generally to move to the new Alert Level;
  - b) evidence of the effects of the measures on the economy and society more broadly;
  - c) evidence of the impacts of the measures for at risk populations in particular;
  - d) public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them; and
  - e) Government's ability to operationalise the restrictions, including satisfactory implementation planning.

21. Following the most recent Alert Level changes in February and March 2021 the Ministry of Health reviewed the public health risk assessment to ensure it remains fit for purpose, robust, and continues to reflect the current operating environment. On that basis they have proposed a revised set of public health factors to guide future decisions on Alert Level movements.

*Proposed revised factors to guide decisions on Alert Level movements*

22. The risk assessment that feeds into the decisions on Alert Level movements has served us well and is still robust and effective. However, as a result of our early success in controlling COVID-19, and as our response has grown in capacity and sophistication over the last year, when we now consider the various factors of the public health risk assessment, the relative weighting given to the various elements has changed. Specifically:
- a) the importance and weight on certain health factors has changed since improving our baseline public health measures and health infrastructure;
  - b) our focus has shifted from assessing the trend in cases to assessing the risk of undetected community transmission occurring based on available information from individual new cases and outbreaks; and
  - c) we now better understand the effectiveness and practicality of certain measures, which enables us to develop a more tailored and targeted public health response.
23. The Ministry of Health has updated its risk assessment template to better reflect the current factors for consideration (see Attachment A). To reflect the updated public health risk assessment, we propose health factors that the Director-General of Health provides advice to Cabinet are also updated to be:
- a) the source of the case(s) or outbreak, and the number and geographical distribution of clusters;
  - b) the length of time the virus has been in the community and the potential for undetected transmission (i.e. between the source and the case);
  - c) the containment of the case(s) and/or cluster(s), including consideration of the potential for undetected community transmission occurring in New Zealand or in QFT countries; and
  - d) the capacity and capability of our public health systems including our surveillance and contact tracing systems.
24. It is important to note that, as part of any alert level change (but not one of the criteria for deciding whether to change alert levels) there will always be other factors to take into account. These factors include, for example, the current capacity in the health system (e.g. number of testing swabs, health workforce capacity and so on).
25. Officials consider there is no need to update the four non-health factors as they have been framed broadly enough to continue to capture all other considerations of the decision making process.



## Proposed minor amendments to Alert Level settings

26. Officials consider the Alert Level framework to be largely well-designed and executed. On this basis, significant changes to the Alert Level framework would be unwarranted at this time. However, some minor changes to the Alert Level settings are advised.
27. The following minor changes are considered to have little or no bearing on the level of transmission risk:
- a) removing the 'single server hospitality rule' which currently applies at Alert Level 2; and
  - b) apply different limits on numbers of people per defined space at indoor and outdoor events at Alert Level 2:
    - i) retain a 100 person limit per defined space for indoor gatherings (as currently applies for all social gatherings and at event facilities); and
    - ii) permit outdoor events at event facilities with more than 100 people per defined space where specified public health conditions including physical distancing can be met.

### *Removing the single server hospitality rule*

28. We recommend removing the single server hospitality rule at Alert Level 2 (AL2) for the following reasons:
- a) Work on the Alert Level framework review identified that there is little medical or scientific evidence to support the single server requirement for seated service at food and drink businesses at Alert Level 2.
  - b) Additionally, the public health response to a positive case having been at a food and drink business is to advise all persons to get a test and isolate until a negative result is returned. Therefore, all workers and customers are treated the same regardless of how service was provided.
  - c) Anecdotally, officials understand that the 'single server hospitality rule' imposes significant cost and disruption for hospitality outlets and compliance is mixed. This proposed change would make operating easier for hospitality and other related industries during Alert Level 2, which will allow more economic activity than is possible under current Alert Level 2 settings.

### *Different limits on the number of people at indoor and outdoor events*

29. At Alert Level 2, we recommend having different upper limits for outdoor events at event facilities than for indoor events and social gatherings to reflect the fact transmission risk is lower in outdoor settings. The risk is largely dependent on the general activity and arrangements for the event. For example, large scale seated events such as professional rugby matches usually have a few points of entry which people need to be funnelled through, which makes it difficult to maintain physical distancing for attendees during entry/exit where there is likely to be throngs of people mingling. On the other hand, events out in the open (such as a marathon or orienteering) pose a lower risk of transmission because there is sufficient space for people to physically distance and the activity does not require periods of close contact.

30. Officials recommend you agree in principle to having different upper limits for outdoor events at Alert Level 2 and that we complete further work to better quantify the different levels of public health risk between a range of outdoor events and what conditions should be placed on them – e.g. upper limits and whether they must be seated or ticketed. The Alert Level template Order would be updated to include these settings.

*Hardware stores at Alert Level 3*

31. Under the current Alert Level 3 settings, non-trade customers can purchase goods from hardware and DIY stores via contactless delivery or pick-up as long as they do not enter the store (including drive through areas). Tradespeople are able to enter stores to pick up goods, including via drive through areas. DPMC have been approached by representatives of hardware retailers who want retail customers to be able to drive through for the purposes collecting goods they have purchased online (but not otherwise enter stores). The inability to do so has practically prevented non-trade customers from purchasing and collecting large and bulky items.
32. Officials propose that the Alert Level template Order is amended to enable non-trade customers to access the store via drive through areas and pick up products bought online. Non-trade customers would not otherwise be permitted to enter the store. Trade customers would continue to be able to enter the store (not just drive through areas) which would mean trade and non-trade customers continue to be treated differently. Food and drink would remain unavailable for consumption.
33. Public health officials are comfortable with the proposed amendment on the basis that:
- a) hardware stores tend to be large buildings with wide spacing both internally throughout the store and on site, and well-ventilated drive-through pick-up areas for products;
  - b) contact tracing should be easy if all customers are enabled to scan in during the click and collect process;
  - c) there will be clear records of their activity and when they were there, either through their record of purchase, or as some customers may have trade accounts; and
  - d) these settings remain more permissive for trade customers (than non-trade customers) to recognise the distinction between products needed to provide services at Alert Level 3 and items purchased for at-home projects.

**Consideration of interim levels within the Alert Level Framework**

34. At the end of last year, officials briefed you on work to refine and improve the Elimination Strategy [DPMC-2020/21-372 refers]. In response, you requested further consideration be given to intermediate levels between the existing Alert Levels – e.g. an Alert Level 2+.

*Otago University seven-tier proposal*

35. The Ministry of Health also reviewed the seven-tier alert level system proposed by the University of Otago (“the Otago University proposal”). Officials agree with the underlying driver for some of the changes in the Otago University proposal, e.g. reflecting the greater risk of transmission at indoor venues, and some of these elements are reflected in the recommendations in this briefing. The Otago University proposal also recommended increased use of face masks, which has now been extended to use on all public transport at all Alert Levels. However, officials consider that significant changes to the Alert Level

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framework are unwarranted at this time given the success of the simplicity of the four-level framework.

*Consideration of an Alert Level 2+*

36. In a response to a resurgence where we move from Alert Level 1 to 4, the wellbeing impacts associated are not uniform. In particular, we see a significant “jump” in economic impact and restrictions on people’s movement between Alert Level 2 and 3. Further, under the current settings, Alert Level 2 is highly dependent on hard-to-monitor voluntary adherence (e.g. physical distancing in cafes and retail stores), whereas Alert Level 3 has stronger, easier to observe restrictions (e.g. cafes and retail are closed to customers).
37. Officials considered the value of an Alert Level 2+ to bridge the gap between Alert Levels and mitigate these risks. However, many of the potential Alert Level 2+ measures would also depend on hard-to-monitor voluntary adherence, which may result in similar compliance issues we see at level 2. Additionally, some of the potential Alert Level 2+ measures involved a mix of different interventions (e.g. physical distancing plus masks and being outdoors). The efficacy of these proposed measures would strongly depend on voluntary adherence and clear communication of the criteria at each level.
38. On balance, officials do not recommend establishing additional levels in the alert level framework at this time. We consider that mitigations to bridge the gap between levels 2 and 3 are better addressed through adjusting particular settings at the time of any Alert Level change. This would allow for a more tailored approach that recognises the unique public health and operational contexts that have characterised each alert level change to date.
39. Template provisions have been prepared for the following adjustments:
  - a) lowering the social gathering limit at Alert Level 2 from 100 people to 10 people (and providing for authorised tangihanga or funerals of up to 50 people);
  - b) removing the option at Alert Level 2 for customers at unlicensed premises to order from a counter instead of at their table; and
  - c) further restricting the purposes for which people may travel between an Alert Level 3 area and another Alert Level area.
40. The Minister for COVID-19 Response’s agreement to any of these adjustments would be sought during an Alert Level change process. The Minister’s agreement would also be sought if officials identified other adjustments that were desirable in the circumstances. However, officials note that the scope for other adjustments is likely to be limited given the short timeframes in which Alert Level decisions must usually be made and implemented. Officials note, however, that novel tailoring of the Alert Level Orders would not be possible at speed.

*Future settings in the context of the Reconnecting New Zealanders work*

41. As the Reconnecting New Zealanders work develops, and decisions are taken about future border settings for New Zealand, we must consider the context in which we will continue to plan for operate the Alert Level framework and broader Elimination Strategy. Officials will undertake a policy process to understand and inform what domestic settings could or should be amended across all levels depending on various potential factors (e.g. levels of vaccination and how open our borders are and the associated risk), which remains an important part of the COVID-19 response framework.

## Human rights consideration

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s9(2)(h)

## Next Steps

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47. We propose you take a paper to Cabinet on 14 June which:
- a) provides an update on the wider Elimination Strategy for COVID-19 in the context of reconnecting New Zealand to the world;
  - b) seeks Cabinet agreement to revised factors;
  - c) notes the proposed minor changes to Alert Level settings; and
  - d) notes the Ministry of Health will update its public messaging, including on its website, in line with the updated Elimination Strategy.
48. We will provide a draft Cabinet paper to your office for feedback and approval on this basis.

## Financial Implications

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49. There are no financial implications arising from the decisions in this paper.

## Consultation

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50. The Ministry of Health, the Ministry of Business, Innovation and Employment, the Ministry of Transport, the Ministry of Justice, the Ministry for Primary Industries, the Ministry of Social Development, the Parliamentary Counsel Office and the Treasury were consulted in the development of this briefing. The Crown Law Office reviewed it.

## Communications

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51. Any changes to the Alert Level framework need to be carefully communicated, including to businesses and the public. We recommend, subject to Cabinet approval, using existing channels and relationships, coordinated by the DPMC COVID-19 Group, to engage key sectors on any proposed changes to the Alert Level framework.
52. The purpose of the Elimination Strategy Cabinet paper would be to seek formal agreement to the updated four pillars and then communicate that to the public.

|                      |   |
|----------------------|---|
| <b>Attachments:</b>  |   |
| <b>Attachment A:</b> | Updated Alert Level Assessment Template |

An updated version of Attachment A is available on the website

# ATTACHMENT A: UPDATED ALERT LEVEL ASSESSMENT TEMPLATE (AS AT 21 MAY 2021)

## Situation Summary

XXXXXXXXXXXX

## Key Indicators Risk Assessment for Shifting Alert Levels

| Assessment of source and outbreaks                          |        |         |
|---|--------|---------|
|   | Yes/No | Comment |
| Are there cases where we cannot identify the source?        |        |         |
| Are there active clusters or outbreaks in multiple regions? |        |         |

| Assessment of case or cluster containment  |            |  |
|--|------------|--|
| Consideration  | Assessment | Comment  |
| Source: known/unknown/pending  |            | <i>Consider links to border, genome sequencing timelines, likelihood of further information, veracity of source of information, potential for chains of transmission, etc</i>            |
| Movements and exposure events during infectious period including any potential super spreader events |            | <i>Consider high risk exposure events, mobility of exposed population, likelihood of health care seeking, use of COVID Tracer App, completeness of information provided by case, etc</i> |
| High risk activities in infectious period  |            | <i>Consider public space use, singing, alcohol consumption, ARC, health care settings exposure risk, etc</i>   |
| Vulnerable groups or communities at risk   |            | <i>Consider impacts on vulnerable populations, impact of messages, ability to communicate, healthcare resident populations or hospital settings etc</i>                                  |
| Number of close contacts including household   |            | <i>Consider close contact risk of infection, risk of onward spread, risk of compliance with health measures, etc</i>   |
| Length of time since last close contact exposure   |            | <i>Consider potential further onward transmission, incubation and infectious periods of case and contacts, etc</i>   |
| Travel history of case or contacts   |            | <i>Consider risk of transmission throughout the country, in smaller DHB areas, in places with vulnerable or highly mobile populations etc</i>  |

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| Any other considerations or factors deemed pertinent by the panel | <i>Consider any data from wastewater testing, environmental swabbing, the number of CTCs, the timelines for additional testing, use of serology, the impacts on vaccine rollout etc</i> |
|---|---|

| <b>Assessment of response capacity and capability</b>  |        |         |
|--|--------|---------|
|  | Yes/No | Comment |
| Do we have confidence in the data depicting the trends in the transmission of the virus to date?   |        |         |
| Do we have confidence in the surge capacity and capability of our testing system?  |        |         |
| Do we have confidence in the surge capacity and capability of our contact tracing systems?   |        |         |
| Do we have confidence in the effectiveness of our community response measures for self-isolation and quarantine?   |        |         |
| Is contact tracing capable of contacting and isolating 80% of known contacts within 24-36 hours?   |        |         |
| Do we have confidence that the health system has sufficient capacity to manage likely COVID-19 cases requiring intervention including availability of PPE? |        |         |

Risk assessment: On the basis of the above evidence, the panel considers that the risk is HIGH/MEDIUM/LOW

Alert Level assessment: On the basis of the above risks assessment, in conjunction with an assessment of the wider factors for consideration, the panel considers that

- Is a shift in Alert Level recommended regionally or nationally, and to what level?
- Are there any other tools that could be used i.e. s70 notice?
- Are there any further control measures that would help mitigate the risk?

Signed: