

# Report by OSCE High Commissioner on National Minorities: UK response, July 2022

Thank you Mr Chair,

Welcome Ambassador Abrakhmanov, to the Permanent Council and thank you for your comprehensive address. You have made clear the broad scope of activities undertaken by your office and the extent to which you have helped participating States to enhance their security through ensuring the full enjoyment of human rights by all people, including those belonging to national minorities.

You are right to highlight the impact of the war in Ukraine on ordinary, innocent people. We have said many times in this Council that Ukraine remains front and centre of UK priorities. We join you in calling for the immediate protection of civilians and humanitarian access in Ukraine, including for national minorities. But we also emphasise that the swiftest and most effective way to ensure this is for the Russian government to immediately cease all hostilities and withdraw its troops from the whole of Ukraine. We echo the urgent call for Russia to respect international law, including with regard to minority rights.

We were strongly encouraged by your assessment that, prior to the current conflict, Ukraine was making progress on inclusivity and diversity. Indeed, this progress is made all the more striking by the fact that, as you also highlighted in your report, the Russian government featured minority issues as part of its false pretexts for its invasion of Ukraine.

We share your concern over the restrictions placed on Ukrainian communities in territories temporarily under Russian control. You rightly highlight Russian imposed changes in schools which undermine the Ukrainian curriculum. We also note with concern that Crimean Tatars have reported a number of threats during your reporting period.

We look forward to your continued engagement on issues arising from the war in Ukraine, including in relation to internally displaced persons and refugees. We encourage all participating States to fully cooperate with you and your staff to enable you to fulfil your mandate without impediment throughout the whole of Ukraine, including areas temporarily under Russian control. We welcome your intention to re-commence your work as part of post-conflict rehabilitation, once conditions allow.

We value highly your office's research into the intersectionality of gender and national minorities, and your acknowledgment that women with a minority background face unique and multiple challenges. We fully support women's full, equal and meaningful participation in all aspects of public life, including in peace and security, and we were pleased to hear about the

discussions that you have organised exploring these issues. We encourage more initiatives that promote gender mainstreaming and we look forward to continued reports of your progress in this important area.

I would also like to highlight your considerable achievements in the Western Balkans, in particular your advocacy on national minority rights during visits to Montenegro, North Macedonia and Bosnia and Herzegovina. We note that the high degree of constructive cooperation you encountered enabled you to contribute to the resolution of national minority issues within and between participating states. Social cohesion and ensuring inclusive multi-ethnic societies is essential to peace and security, as well as to the prosperity of the region. We welcome progress made here. However, we share your concerns on divisive rhetoric that can result in hate incidents, and you rightly raised this during your visit to Bosnia and Herzegovina.

Ambassador, the UK is a strong supporter of your institution, which plays a vital role in early warning and conflict prevention in the case of tensions related to national minorities. We thank you and your dedicated team for all your work and wish you all the best in your future endeavours.

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## **Hepatitis (liver inflammation) cases in children – latest updates**

### **Latest**

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 5 confirmed cases since the last update on 23 June, bringing the total number of confirmed cases in the UK to 263, as of 4 July.

Of the confirmed cases, 186 are resident in England, 36 are in Scotland, 19 are in Wales and 22 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated as possible cases.

No children have died.

# Previous

## Friday 24 June 2022

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 7 confirmed cases since the last update on 17 June, bringing the total number of confirmed cases in the UK to 258, as of 21 June.

Of the confirmed cases, 183 are resident in England, 35 are in Scotland, 18 are in Wales and 22 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated as possible cases.

No children have died.

## Monday 17 June 2022

The UK Health Security Agency (UKHSA) has published an [epidemiological update](#) on the UK-wide investigations into a rise in cases of sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 13 June 2022.

This update is produced by UKHSA to share data useful to other public health investigators undertaking related work. Detailed technical briefings will continue to be published when appropriate.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 11 confirmed cases since the last update on 9 June, bringing the total number of cases in the UK to 251, as of 13 June.

Of the confirmed cases, 180 are resident in England, 32 are in Scotland, 17 are in Wales and 22 are in Northern Ireland. While new cases continue to be identified across the UK, there is an apparent overall decline in the number of new cases per week.

The cases are predominantly in children under 5 years old, who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

No child resident in the UK has died. A report of one further liver transplant is included in the update, bringing the total number of children who have received a transplant to 12, since 21 January.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study using 4 nations data is ongoing.

Additional research studies are also being undertaken to understand the mechanism of liver injury.

Dr Alicia Demirjian, Incident Director at UKHSA, said:

We are continuing to investigate what may be behind the increase in hepatitis but recent findings continue to indicate that adenovirus infection is playing a role.

It's important to remember that it's very rare for a child to develop hepatitis so parents should not be unduly concerned. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly is good practice all year round. It helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

## **Thursday 9 June 2022**

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 18 confirmed cases since the last update on 27 May, bringing the total number of cases in the UK to 240, as of 7 June.

Of the confirmed cases, 170 are resident in England, 32 are in Scotland, 17 are in Wales and 21 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated. No children have died.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest a strong association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is underway. Preliminary findings will be published on 16 June.

Additional research studies are also being undertaken to understand possible immune factors and the effect of recent or concurrent infections.

Dr Sophia Makki, Incident Director at UKHSA, said:

The likelihood of children developing hepatitis remains extremely low. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly, helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

## **Friday 27 May 2022**

The UK Health Security Agency (UKHSA) is continuing to investigate and confirm cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

Working alongside Public Health Scotland, Public Health Wales and the Public Health Agency, active investigations have identified a further 25 confirmed cases since the last update on 20 May, bringing the total number of cases in the UK to 222, as of 25 May.

Of the confirmed cases, 158 are resident in England, 31 are in Scotland, 17 are in Wales and 16 are in Northern Ireland. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

As part of the investigation, a small number of children over the age of 10 are also being investigated. No children have died.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

The investigation continues to suggest a strong association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is underway.

Working closely with academic partners, additional research studies are also being undertaken to understand possible immune factors and the effect of recent or concurrent infections.

Dr Renu Bindra, Senior Medical Advisor and Incident Director at UKHSA, said:

Our investigations continue to suggest an association with adenovirus, and we are exploring this link, along with other possible contributing factors including prior infections such as COVID-19.

We are working with other countries who are also seeing new cases to share information and learn more about these infections.

The likelihood of children developing hepatitis remains extremely low. Maintaining normal hygiene measures, including making sure children regularly wash their hands properly, helps to reduce the spread of many common infections, including adenovirus.

We continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

## **Friday 20 May 2022**

UKHSA has published its [third detailed technical briefing](#) on the UK-wide investigations into a rise in cases of sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 16 May 2022.

Since the last update on 6 May, investigations have identified a further 34 confirmed cases, bringing the total number of UK cases to 197 as of 16 May. Of the cases to date, 11 have received a liver transplant. No cases resident in the UK have died.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested.

Amongst 197 UK cases, 170 have been tested for adenovirus of which 116 had adenovirus detected. In 31 cases where adenovirus was not detected, 13 had not had whole blood sample testing, and therefore it is not possible to definitively rule out adenovirus in these cases.

So far, SARS-CoV-2 has been detected in 15% of UK patients with available results, reflecting testing on or around the time of admission.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old and too young to have received the vaccine.

Following further investigation, there is no evidence linking dog ownership and cases of hepatitis in children.

[Standard hygiene measures](#), including covering your nose and mouth when you cough and sneeze, thorough handwashing and making sure children wash their hands properly are vital in reducing the spread of many common infections, including adenovirus.

Jaundice and vomiting are the most common symptoms experienced by the

children affected.

Dr Renu Bindra, Senior Medical Advisor at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. However, we continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus infection, but investigations continue to unpick the exact reason for the rise in cases.

## **Thursday 12 May 2022**

The UK Health Security Agency (UKHSA), working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 13 confirmed cases since the last update on 6 May, bringing the total number of cases in the UK to 176, as of 10 May. Of the confirmed cases, 128 are resident in England, 26 are in Scotland, 13 are in Wales and 9 are in Northern Ireland. No children have died. As part of the investigation, a small number of children over the age of 10 are also being investigated.

UKHSA continues to investigate possible causes and will regularly publish technical updates. The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested and a formal epidemiological study is continuing. Research studies of the immune system are also being undertaken to determine if changes in susceptibility or the effect of prior or concurrent infections could be contributing factors.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections, including adenovirus.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

It's important that parents know the likelihood of their child developing hepatitis is extremely low. We continue to remind everyone to be alert to the signs of hepatitis – particularly

jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus and our studies are now testing this association rigorously.

We are working closely with the NHS and academic partners to actively investigate the role of other contributors, including prior SARS-CoV-2 and other infections.

## **Friday 6 May 2022**

The UK Health Security Agency (UKHSA) has published its second [detailed technical briefing](#) on the UK-wide investigations into a rise in cases of sudden onset hepatitis in children, updating data and findings on cases resident in the UK up to 3 May 2022.

Since the last update on 29 April, active case finding investigations have identified a further 18 confirmed cases, bringing the total number of UK cases to 163 as of 3 May. Of these children, 11 have received a liver transplant. None have died.

Jaundice and vomiting are the most common symptoms experienced by the children affected.

The investigation continues to suggest an association with adenovirus. Adenovirus is the most frequently detected virus in samples tested.

However, as it is not common to see hepatitis following adenovirus infection in previously well children, investigations are continuing into other factors which may be contributing. These include previous SARS-CoV-2 or another infection, a change in susceptibility possibly due to reduced exposure during the pandemic, or a change in the adenovirus genome itself.

These possibilities are being tested rapidly. The association with adenovirus is undergoing a formal epidemiological study.

Research studies of the immune system are being undertaken to determine if changes in susceptibility or the effect of prior infections could be contributing factors.

There is no evidence of any link to the coronavirus (COVID-19) vaccine. The majority of cases are under 5 years old, and are too young to have received the vaccine.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections, including adenovirus.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:



It's important that parents know the likelihood of their child developing hepatitis is extremely low. However, we continue to remind everyone to be alert to the signs of hepatitis – particularly jaundice, look for a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Our investigations continue to suggest that there is an association with adenovirus and our studies are now testing this association rigorously.

We are also investigating other contributors, including prior SARS-CoV-2, and are working closely with the NHS and academic partners to understand the mechanism of liver injury in affected children.

## **Friday 29 April 2022**

The UK Health Security Agency (UKHSA), working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate the cases of sudden onset hepatitis in children aged 10 and under that have been identified since January 2022.

The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 34 confirmed cases since the last update on 25 April, bringing the total number of cases to 145. Of the confirmed cases, 108 are resident in England, 17 are in Scotland, 11 are in Wales and 9 are in Northern Ireland.

Of these cases, 10 children have received a liver transplant. No children have died. As part of the investigation, a small number of children over the age of 10 are also being investigated.

Findings continue to suggest that the rise in sudden onset hepatitis in children may be linked to adenovirus infection, but other causes are still being actively investigated.

As it is not typical to see this pattern of symptoms from adenovirus, we are investigating other possible contributing factors, such as another infection – including coronavirus (COVID-19) – or an environmental cause.

We are also exploring whether increased susceptibility due to reduced exposure during the COVID-19 pandemic could be playing a role, or if there has been a change in the genome of the adenovirus.

UKHSA is working with scientists and clinicians across the country to answer these questions as quickly as possible.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We know that this may be a concerning time for parents of young children. The likelihood of your child developing hepatitis is extremely low. However, we continue to remind parents to be alert to the signs of hepatitis – particularly jaundice, which is easiest to spot as a yellow tinge in the whites of the eyes – and contact your doctor if you are concerned.

Normal hygiene measures, including thorough handwashing and making sure children wash their hands properly, help to reduce the spread of many common infections.

As always, children experiencing symptoms such as vomiting and diarrhoea should stay at home and not return to school or nursery until 48 hours after the symptoms have stopped.

## **Monday 25 April 2022**

Today, the UK Health Security Agency (UKHSA) published a [detailed technical briefing](#) on the investigations into a rise in cases of sudden onset hepatitis (liver inflammation) in children, with data and findings on cases resident in England, up to 20 April 2022.

UKHSA, working with Public Health Scotland, Public Health Wales and the Public Health Agency, are continuing to investigate the cases in children aged 10 and under that have occurred since January 2022. The usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected. The cases are predominantly in children under 5 years old who showed initial symptoms of gastroenteritis illness (diarrhoea and nausea) followed by the onset of jaundice.

Active case finding investigations have identified a further 3 confirmed cases since the last update on 21 April, bringing the total number of cases to 111. Of the confirmed cases, 81 are resident in England, 14 are in Scotland, 11 are in Wales and 5 are in Northern Ireland.

Of these cases, 10 children have received a liver transplant. No UK cases have died. A small number of children over the age of 10 are being investigated.

There is no link to the coronavirus (COVID-19) vaccine. None of the currently confirmed cases in under 10 year olds in the UK is known to have been vaccinated.

Information gathered through the investigations increasingly suggests that the rise in severe cases of hepatitis may be linked to adenovirus infection but other causes are still being actively investigated. Adenovirus was the most common pathogen detected in 40 of 53 (75%) confirmed cases tested. Sixteen per cent of cases were positive for SARS-CoV-2 at admission between January and April but there was a high background rate of COVID-19 during the investigation period, so this is not unexpected.

Routine NHS and laboratory data show that common viruses circulating in

children are currently higher than in previous years and there is a marked increase of adenovirus, particular in the 1 to 4 age group.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

Information gathered through our investigations increasingly suggests that this rise in sudden onset hepatitis in children is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Parents and guardians should be alert to the signs of hepatitis (including jaundice) and to contact a healthcare professional if they are concerned. Normal hygiene measures such as thorough handwashing (including supervising children) and good thorough respiratory hygiene, help to reduce the spread of many common infections, including adenovirus.

Children experiencing symptoms of a gastrointestinal infection including vomiting and diarrhoea should stay at home and not return to school or nursery until 48 hours after the symptoms have stopped.

We are working with partners to further investigate the link between adenovirus and these cases.

Hepatitis symptoms include:

- yellowing of the white part of the eyes or skin (jaundice)
- dark urine
- pale, grey-coloured faeces (poo)
- itchy skin
- muscle and joint pain
- a high temperature
- feeling and being sick
- feeling unusually tired all the time
- loss of appetite
- tummy pain

## **Thursday 21 April 2022**

The UK Health Security Agency (UKHSA), Public Health Scotland, Public Health Wales and the Public Health Agency are continuing to investigate a rise in cases of sudden onset hepatitis (liver inflammation) in children aged 10 and under since January 2022, where the usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected.

Our active case finding investigations have identified a further 34 cases since our last update, bringing the total number of cases to 108. All the children affected presented to health services between January 2022 and 12 April 2022.

Of the confirmed cases, 79 are in England, 14 are in Scotland and the remainder are in Wales and Northern Ireland.

Of these cases, 8 children have received a liver transplant.

There is no link to the coronavirus (COVID-19) vaccine. None of the currently confirmed cases in the UK is known to have been vaccinated.

The investigation, including information from patient samples and surveillance systems, continues to point towards a link to adenovirus infection. Seventy-seven per cent of cases tested were positive for adenovirus. However, as it is not usual to see this pattern of disease from adenovirus, we are actively investigating other possible contributing factors, such as another infection (including COVID-19) or an environmental cause.

We are also investigating whether there has been a change in the genome of the adenovirus. UKHSA is working with scientists and clinicians across the country to answer these questions as quickly as possible.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We are working with the NHS and public health colleagues in Scotland, Wales and Northern Ireland to swiftly investigate a wide range of possible factors which may be causing children to be admitted to hospital with liver inflammation known as hepatitis.

Information gathered through our investigations increasingly suggests that this is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Normal hygiene measures such as thorough handwashing (including supervising children) and good thorough respiratory hygiene, help to reduce the spread of many common infections, including adenovirus.

We are also calling on parents and guardians, to be alert to the signs of hepatitis (including jaundice) and to contact a healthcare professional if they are concerned.

## **Tuesday 12 April 2022**

Public health doctors and scientists at the UK's public health agencies are continuing to investigate 74 cases of hepatitis (liver inflammation) in children since January 2022, where the usual viruses that cause infectious hepatitis (hepatitis A to E) have not been detected.

Of the confirmed cases, 49 are in England, 13 are in Scotland and the remainder are in Wales and Northern Ireland.

One of a number of potential causes under investigation is that a group of

viruses called adenoviruses may be causing the illnesses. However, other possible causes are also being actively investigated, including coronavirus (COVID-19), other infections or environmental causes.

There is no link to the COVID-19 vaccine. None of the currently confirmed cases in the UK has been vaccinated.

Adenoviruses are a family of common viruses that usually cause a range of mild illnesses and most people recover without complications. They can cause a range of symptoms, including colds, vomiting and diarrhoea. While they don't typically cause hepatitis, it is a known rare complication of the virus.

Adenoviruses are commonly passed from person to person and by touching contaminated surfaces, as well as through the respiratory route.

The most effective way to minimise the spread of adenoviruses is to practice good hand and respiratory hygiene and supervise thorough handwashing in younger children.

Dr Meera Chand, Director of Clinical and Emerging Infections at UKHSA, said:

We are working swiftly with the NHS and public health colleagues in Scotland, Wales and Northern Ireland to investigate a wide range of possible factors which may be causing children to be admitted to hospital with liver inflammation known as hepatitis.

One of the possible causes that we are investigating is that this is linked to adenovirus infection. However, we are thoroughly investigating other potential causes.

Normal hygiene measures such as good handwashing – including supervising children – and respiratory hygiene, help to reduce the spread of many of the infections that we are investigating.

We are also calling on parents and guardians, to be alert to the signs of hepatitis – including jaundice – and to contact a healthcare professional if they are concerned.

UKHSA, working with partners, will continue to make the public aware of findings throughout the course of the investigation.

## **Wednesday 6 April 2022**

Hepatitis is a condition that affects the liver and may occur for a number of reasons, including several viral infections common in children. However, in the cases under investigation the common viruses that cause hepatitis have not been detected.

UKHSA is working swiftly with the NHS and public health colleagues across the UK to investigate the potential cause. In England, there are approximately 60

cases under investigation in children under 10.

Dr Meera Chand, Director of Clinical and Emerging Infections, said:

Investigations for a wide range of potential causes are underway, including any possible links to infectious diseases.

We are working with partners to raise awareness among healthcare professionals, so that any further children who may be affected can be identified early and the appropriate tests carried out. This will also help us to build a better picture of what may be causing the cases.

We are also reminding parents to be aware of the symptoms of jaundice – including skin with a yellow tinge which is most easily seen in the whites of the eyes – and to contact a healthcare professional if they have concerns.

Hepatitis symptoms include:

- dark urine
- pale, grey-coloured poo
- itchy skin
- yellowing of the eyes and skin (jaundice)
- muscle and joint pain
- a high temperature
- feeling and being sick
- feeling unusually tired all the time
- loss of appetite
- tummy pain

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## **Russia's contempt for international law is clear: UK statement to the OSCE**

Thank you, Mr Chair. In Tuesday's Special Permanent Council, I spoke of the devastating impact of Russia's illegal invasion on the civilian population of Ukraine and the imperative need for accountability. Today I will focus on the many obligations and commitments Russia has willingly entered into, commitments made to promote trust and open dialogue in the pursuit of peace, to limit unnecessary suffering and protect the innocent from the horrors of war. Commitments which it is failing to meet.

We are now four months into Putin's barbaric war of choice in Ukraine, and there can be no shred of doubt as to the illegality of Russia's actions in pursuit of its imperialistic objectives. We recall that [on 2 March, 141](#)

[countries – an overwhelming majority – voted to condemn Russia's invasion in the UN General Assembly](#). As a member of the United Nations, and indeed a permanent member of the United Nations Security Council, Russia has committed to uphold the principles of the Charter of the United Nations. Yet the Russian government's unprovoked war of aggression against Ukraine has been anathema to these principles. And while the Russian government has tried to distract us with lies and disinformation, including in this room, no amount of spin or false narratives can obscure the truth. Russia alone is responsible for this horrific war, and the resulting needless deaths of thousands. Its contempt for international law is clear.

Just in the last few weeks between the 25 June and the 1 July, at least 46 Ukrainian civilians were killed in three strikes on civilian infrastructure, with many more injured. Time and again, we see violation after violation of international law as Russia indiscriminately deploys munitions against civilians and in residential areas, including thermobaric weapons and heavy artillery. How can President Putin, his government and his military justify the sheer devastation it is causing? How can Russian diplomats defend these actions? In addition, in direct violation of Article 56 of Additional Protocol (I) to the Geneva Conventions, Russia attacked nuclear infrastructure in Chernobyl and Zaporizhzhia, risking the lives of thousands of people, as well as an environmental catastrophe. Targeting any civilian installation, unless it is contributing to the military effort, is illegal, as is targeting civilians. Russia knows this, so our conclusion must be that it simply does not care.

As well as a legal requirement to protect civilians and civilian infrastructure, President Putin and his armed forces must abide by their obligations under the third Geneva Convention; that all prisoners of war should be treated humanely, afforded appropriate medical treatment and basic necessities, and be protected from humiliating and degrading treatment. We strongly condemn the exploitation of Prisoners of War for political purposes. We are appalled by the sham trials and sentences passed upon members of the Armed Forces of Ukraine, who as serving military personnel are entitled to combatant immunity for their participation in hostilities.

Russia's actions have also shown flagrant disregard for its commitments under the Budapest Memorandum and Minsk agreements. Under the Budapest Memorandum, Russia committed to "refrain from the threat or use of force against the territorial integrity or political independence of Ukraine". Ukraine entered into the Budapest Memorandum, alongside Russia, in good faith and voluntarily surrendered the world's third largest nuclear weapons arsenal in exchange for these assurances. We realise now, that Russia had no intention to follow through with the commitments it made. It was never serious about peace.

Mr Chair, by failing time and time again to adhere to its commitments, Russia has isolated itself on the world stage. Russia's actions are not those expected of the prosperous and modern state which President Putin tells us it is. They are not behaviours that inspire trust and confidence. And they are most certainly not behaviours consistent with OSCE principles and commitments. By contrast Ukraine's bravery in the face of such aggression has united and fortified the international community's support. We, together with

our partners, call again on Russia to end this illegal war, withdraw its troops from the whole of Ukraine, and to live up to its international obligations and commitments.

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## Weston-super-Mare man prosecuted for supplying illegal security to Oktoberfest

Press release

Stephen Berrisford pleaded guilty at North Somerset Magistrates' Court to supplying unlicensed security to the town's Oktoberfest last year.



Security Industry Authority

On Friday 1 July, Weston-super-Mare man, Stephen Berrisford pleaded guilty at North Somerset Magistrates' Court to supplying unlicensed security to the town's Oktoberfest last year. Mr Berrisford was fined £133 and is required to pay court costs of £500 and a victim surcharge of £34 by 31 August 2022. He is a sole-trader trading as Steve Security & Supply and is in possession of an SIA licence.

Friday's sentencing follows the prosecution of another Weston-super-Mare man, Chadd Heath on 6 May, where [Heath pleaded guilty to working as unlicensed security at Oktoberfest](#) last year.

SIA investigators visited the Oktoberfest as part of routine licence inspection in partnership with Devon and Cornwall Police licensing officers on 1 October 2021. They saw three people wearing security jackets at the entrance gate and asked to see their security licences. Two people correctly displayed their licences, which were verified by the investigators. The third person, Chadd Heath, did not display a licence, and the SIA investigators challenged him.

That night, Heath wore a jacket marked with the word 'Security' which he said



he was wearing to keep himself warm. Heath revealed that he did not have a licence and was therefore working illegally. The SIA investigators found that the security was deployed by Steve Security & Supply and on the same night contacted Mr Berrisford, the sole trader of the enterprise to check Mr Heath's status. Mr Berrisford said that Heath was working as a steward and therefore did not need to be licensed.

The SIA investigation officer found out from the Oktoberfest organisers that they had procured seven door supervisors and no stewards to protect the event.

Mr Berrisford was interviewed by the SIA under caution on 4 February 2022 and reiterated that Chadd Heath worked as a steward. This led to the SIA bringing a prosecution against Stephen Berrisford for deploying unlicensed security.

Jenny Hart, the SIA's Criminal Investigations Manager, said:

This latest prosecution brings to an end an investigation into a man who holds an SIA licence who deployed unlicensed security to a very popular, local event. He betrayed the trust of the organisers and put the guests at risk. As a result of this prosecution, he now has a criminal record and is liable to have a licence status review which means it could end his private security career.

Notes to editors:

- By law, security operatives working under contract must hold and display a valid SIA licence
- [Read about SIA enforcement and penalties](#)
- The offence relating to the Private Security Industry Act (2001) that is mentioned is:
  - Section 5 – supply of unlicensed security operative

Further information:

- The Security Industry Authority is the organisation responsible for regulating the private security industry in the United Kingdom, reporting to the Home Secretary under the terms of the [Private Security Industry Act 2001](#). The SIA's main duties are the compulsory licensing of individuals undertaking designated activities and managing the voluntary Approved Contractor Scheme.
- For further information about the Security Industry Authority or to sign up for email updates visit: [www.gov.uk/sia](http://www.gov.uk/sia). The SIA is also on [LinkedIn](#) [Facebook \(Security Industry Authority\)](#) and [Twitter \(@SIAuk\)](#).

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# **DASA is searching for innovations to enhance veterans' healthcare**

- DASA has launched a new Themed Competition: the Veterans' Health Innovation Fund
- Funded by the Office for Veterans' Affairs (Cabinet Office)
- Up to £2.7 million funding available for innovative veterans' healthcare technologies and solutions

The [Defence and Security Accelerator](#) (DASA) is pleased to launch a new Themed Competition called the [Veterans' Health Innovation Fund](#). Run on behalf of the [Office for Veterans' Affairs](#) (Cabinet Office), this competition seeks cutting-edge technologies and innovations that improve the techniques and pathways for meeting veterans' physical and mental health needs.

Outputs from this competition will improve UK capability to save and enhance lives through advancing technologies, interventions and treatments in health. This will enable better future commissioning of treatments.

## **Key dates and funding**

Up to £2.7 million is available to fund multiple proposals for the Office for Veterans' Affairs Health Innovation Fund, with up to £300,000 available per proposal.

The deadline to submit a proposal is midday 31 August 2022.

Do you have an idea? [Read the full competition document and submit a proposal.](#)

## **Driving innovation in veterans' healthcare**

The Office for Veterans' Affairs (OVA) was awarded £5m by the Chancellor of the Exchequer in the October 2021 Budget to drive innovation in veteran's healthcare, to ensure that treatment is informed by the latest research and developments in clinical care.

While the UK has developed cutting-edge treatment and technologies to support former service personnel who are wounded, injured or sick, this competition seeks to build on existing successes, plug knowledge gaps, and develop new research that will support veterans' healthcare.

This will improve the UK's ability to save lives through advancing technologies, interventions and treatments in health.

## **Challenge areas**

Submitted proposals must address 1 or more of the following challenges areas:

## **Challenge 1: Digital, data and technology**

This challenge area is aimed at harnessing the latest digital and technology capabilities to improve our understanding of veterans' healthcare needs. Examples include:

- artificial intelligence
- virtual reality
- using data to predict long-term health outcomes
- using non-invasive technologies to treat veterans

## **Challenge 2: Surgical technology, bioengineering and rehabilitation with blast injuries**

This challenge area is aimed at proposals that offer improvements in innovative surgical techniques, bioengineering and rehabilitation interventions to support veterans who have been subject to blast injuries. Examples include:

- regenerative engineering
- customised metabolic prosthetics
- intervention technologies for conditions, including mild traumatic brain injury

## **Challenge 3: Public Health, pain management, hearing loss and visual impairment**

This challenge area looks into the impact of pain, hearing loss and visual impairment. DASA and the OVA are particularly interested in applications that offer to trial interventions and treatments to improve the health outcomes of veterans. This challenge area is also interested in bids that look at treatments for public health challenges faced by veterans.

## **Challenge 4: Initiatives to help identify and/or provide solutions to disparities in female veterans' health and healthcare**

This challenge area is interested in projects that could improve our understanding of female veterans' health challenges, and what care pathways can be put in place to better support them. For example, proposals that look at addiction (including alcohol misuse) and other mental health conditions such as those that result from exposure to trauma.

Want to learn more about these challenge areas? [Read the full competition document here.](#)

## **Webinar**

**18 July 2022**

This webinar will provide more information on the challenge areas and how to submit a proposal. There will also be an opportunity to ask questions in the Q&A. If you would like to get involved, please register on the Eventbrite

page.

[Register now](#)

## **Submit a proposal**

Do you have a solution or novel approach that may help our ability to drive innovation for veteran's healthcare? Submit an idea and help DASA and OVA ensure veterans' treatment is informed by the latest research and developments in clinical care.

[Learn more and submit a proposal.](#)