The besiegement in Daraa must stop

Thank you, Mr President, and thank you to today's briefers.

As we've heard, the situation in Daraa is severe. The UK remains deeply concerned about the situation in Daraa. 50,000 civilians have been besieged there since June.

Heavy bombardment has led to the displacement of 37,000 people and at least eight civilians have been killed.

Civilian infrastructure has been targeted by the Syrian regime, as it has throughout the conflict, with shelling rendering parts of the Daraa National Hospital inoperable.

And civilians continue to contend with shortages of fuel, cooking gas, water, and bread, as a result of the regime's behaviour.

The UK calls on all parties to ensure and expedite impartial humanitarian access through all modalities, including through partners not registered in Damascus.

In particular, we call for immediate humanitarian access to be granted to Daraa el-Balad where 5,000 to 6,000 families have been without access to humanitarian aid and support since 5 August.

We welcome the recent statement by the UN High Commissioner for Human Rights addressing the appalling humanitarian situation, as well as the remarks today from the Special Envoy and Undersecretary Griffiths. We would welcome an update from the UN on progress on efforts to develop contingency plans and ensure a positive response to the request for an inter-agency convoy to Daraa.

All people of Daraa must have access to vital support services and food. The besiegement must stop.

We also remain concerned by the escalation of violence in the northwest of Syria, in violation of the ceasefire agreement. We are appalled at UNICEF reports that at least 45 children have been killed or injured since the beginning of July. We urge all parties to the conflict to respect the ceasefire and ensure the protection of civilians and humanitarian workers, in line with international humanitarian law.

And finally, on the humanitarian situation, there is a need to address water scarcity through an inclusive, multi-sector response plan coordinated at a 'Whole of Syria' level with support from the UN's Syria Regional Office in Amman.

We welcome recent progress in this regard, and look forward to consolidated analysis and response planning.

On the political process, the UK urges implementation of the steps enshrined in UN Security Council Resolution 2254, namely: a nationwide ceasefire; unhindered aid access; the release of those arbitrarily detained; the establishment of conditions for safe refugee return; and free and fair elections pursuant to a new constitution. They represent the only way out of this conflict.

Special Envoy and Undersecretary General, you have our full support for your continued efforts to make progress on this file.

Thank you, Mr President.

A moment to inject new momentum to peace efforts in Yemen

Statement by Ambassador James Kariuki at the Security Council briefing on Yemen

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A moment to inject new momentum to peace efforts in Yemen

Thank you, Mr President. Welcome, Undersecretary Griffiths, to your new capacity. I'd like to thank all our briefers today and I'd like to welcome the Secretary-General's appointment of Ambassador Grundberg as Special Envoy to Yemen. We look forward to working with him as we did with you, Undersecretary.

Ambassador Grundberg's appointment is a moment to inject new momentum to peace efforts in Yemen. We all know there is no military solution. Over a year and a half since it began, the Houthi offensive on Marib remains entrenched, and they resort to enlisting child soldiers. The Houthis must not replicate previous patterns of behaviour and should engage in good faith with the new Special Envoy on securing a political solution to the conflict.

As highlighted by our briefers, urgent steps are needed to address the economic crisis. The Yemeni Riyal in the South recently passed the symbolic mark of 1000 Riyals to the dollar for the first time. This decline is symptomatic of the health of the wider economy. As Martin said, dire humanitarian conditions are driven by the lack of purchasing power, not by the lack of the goods themselves. Yemenis cannot afford food or to pay for the trip to a hospital, let alone pay for the treatment once they get there.

External financial support is needed but urgent reform is required by the Government of Yemen in order to facilitate this.

I'd like to recognise and thank US and Gulf donors for their recent additional contributions to the humanitarian appeal which have helped Yemen avoid famine, for now. However, a relatively well-funded humanitarian response will not be able to keep pace with a deteriorating economy forever.

We also continue to be concerned by the spread of COVID-19. It is only a matter of time before the Delta variant reaches Yemen and compounds an already terrible situation. The authorities must acknowledge this impending risk, not suppress the collection of health data. They should encourage rather than impede the vaccination programme. In partnership with the World Bank and the World Health Organisation, the UK will fund the roll out costs for nearly 2 million doses of the Oxford Astra Zeneca vaccine allocated to Yemen via the COVAX facility.

This conflict has a disproportionate effect on the marginalised people of Yemen – particularly children, as we heard from the Executive Director – and each day peace is delayed they are being robbed of a future. The UK supports the important work of UNICEF, providing over $16 million so far this year, with a further payment of at least $6.5 million expected next month.

Thank you, Mr President.

New study to test third COVID-19 vaccine for people with weakened immune systems

- Participants will be given either Pfizer, Moderna or Novavax as a third dose of vaccine

- The government-funded study follows the results of the OCTAVE trial showing that 89% of people who are immunocompromised or immunosuppressed generate antibodies, and 60% generate a strong antibody response after 2 doses

A new clinical trial to determine whether a third dose of vaccine will improve the immune response for people who have weakened immune systems is launching in the UK.

The study, OCTAVE DUO, will offer people who are immunosuppressed or immunocompromised a Pfizer, Moderna or Novavax vaccine to determine whether

this will give a stronger immune response than 2 doses.

The £2.2 million study will build on the OCTAVE trial, led by the University of Glasgow and co-ordinated by the University of Birmingham's Cancer Research UK Clinical Trials Unit.

The OCTAVE trial has published preliminary data today showing that 89% of people who are immunocompromised or immunosuppressed generate antibodies following vaccination, and 60% generated a strong antibody response following 2 doses of a vaccine.

However, 40% of people in these groups mounted a low, or undetectable, immune response after 2 doses, and the level of antibody response varies between the groups studied.

The level of antibodies required for protection from COVID-19 is still not known, and it is likely that T cells also play an important role in protecting people from the virus. These findings therefore do not provide a conclusive assessment of the protection vaccines offer people with weakened immune systems.

Up to 1,200 patients who are already involved in the OCTAVE study or those with other at-risk conditions involved in parallel studies will be recruited to the OCTAVE DUO trial.

The OCTAVE DUO study, co-funded by the government's Vaccines Taskforce and UK Research and Innovation (UKRI) and led by the University of Glasgow and University of Birmingham, will analyse in detail the immune response of this group to the vaccine and the durability of this protection. It will also use healthcare records to determine whether any participants are later diagnosed with COVID-19.

Initial results are expected later this year to inform the UK's COVID-19 vaccine deployment in these specific at-risk groups. The trial will follow the patients to mid-2022 and offer more detailed information at that stage about the immune responses that develop in these groups.

The government is carefully considering the findings of the OCTAVE trial and will also consider any further appropriate advice – including from the independent Joint Committee on Vaccination and Immunisation (JCVI) – for those who are immunosuppressed as part of regular reviews of the latest data and evidence on vaccine efficacy and effectiveness.

Health and Social Care Secretary Sajid Javid said:

> Vaccines have built a strong wall of defence in the UK and this is allowing most of us to learn to live safely with COVID-19.
>
> We know some people may get less protection from the vaccine than others, so we are planning for a booster programme in the autumn, prioritising those most at risk.

> This new study will play an important role in helping to shape the deployment of future vaccines doses for these specific at-risk groups.

A separate study by Public Health England (PHE) in July which looked at antibody response and vaccine effectiveness against symptomatic infection also showed that those who were immunocompromised had lower antibody responses.

It also found that protection from COVID (vaccine effectiveness against symptomatic disease) for those who are immunosuppressed of all ages after one dose was 4%, but after 2 doses it was 74%, providing similar protection to those who are not in an at-risk group. Again vaccine effectiveness may vary by specific condition and severity of that condition.

Patients included in the OCTAVE DUO study are people with:

- lymphoid malignancies
- immune mediated inflammatory diseases (including rheumatoid arthritis, psoriatic arthritis, vasculitis and inflammatory bowel disease)
- renal disease
- solid tumours (including breast and lung cancers)
- haematopoietic stem-cell transplantation
- hepatic and intestinal disease
- primary immune deficiency

Professor Iain McInnes, Head of the College of Medical, Veterinary and Life Sciences at the University of Glasgow who leads the OCTAVE and OCTAVE DUO studies, said:

> It is hugely important for us to urgently understand the effectiveness of COVID-19 vaccines in people who have immune-mediated inflammatory diseases, cancer, and diseases of the kidney or liver.
>
> Our first study to answer this question is the OCTAVE study which has shown that there is a group of patients who may not mount a sufficient immune response.
>
> We are pleased to now roll-out the OCTAVE DUO trial, to investigate the effects of a third dose on this particular group of patients who have shown an undetectable or low vaccine response. We hope to provide answers to this very important unanswered question.

Professor Pam Kearns, Director of the University of Birmingham’s Cancer Research UK Clinical Trials Unit which is co-ordinating both OCTAVE and OCTAVE DUO, said:

> The pandemic has been particularly concerning for millions of

> people in the UK who have conditions or long term illnesses which place them at greater risk of severe illness and death from COVID-19.
>
> Together with our preliminary findings from OCTAVE, this new study will be instrumental in helping inform how best to vaccinate patients with chronic conditions, and protect them from COVID-19 infection in the future.

Dr Rob Buckle, Chief Scientist of the Medical Research Council, part of UKRI, which co-funded the trial, said:

> While most of us are relieved to be vaccinated to protect ourselves and those around us, today's results investigating the outcome for people with immunosuppression will be of concern to the subset for whom the vaccine didn't trigger a large protective response.
>
> This new study of giving third jabs to this group is critical research which we hope will demonstrate a much-needed immunity boost or identify those who could benefit from other interventions.
>
> One of the real strengths of the UK's scientific response to the pandemic has been the way that we've assembled teams of experts to lead cutting-edge studies like this, to inform our vaccine roll-out and government decision-making in real time.

More than 89 million doses have been administered in the UK, including more than 47 million people with a first dose and more than 41 million people with a second dose.

Data from PHE shows COVID-19 vaccines are highly effective against hospitalisation from the Delta (B.1.617.2) variant, the dominant strain in the UK. The analysis shows that, across all adults, the Pfizer-BioNTech vaccine is 96% effective and the Oxford-AstraZeneca vaccine is 92% effective against hospitalisation after 2 doses.

COVID-19 vaccines have saved around 95,200 lives and prevented 82,100 hospitalisations and 23.9 million infections in England alone, the latest data from PHE and Cambridge University shows.

Further advice on vaccination, including on whether a third dose should be given to the immunocompromised, is not dependent on the OCTAVE DUO, the results of which are expected later this year.

Recruitment to the OCTAVE DUO study will be only from the cohort of people involved in the initial OCTAVE study, and similar studies.

Hospital study sites that recruited patients for OCTAVE:

- QEH Birmingham

- Glasgow
- St James’s Leeds
- Imperial London (Hammersmith)
- Oxford
- Addenbrooke’s
- Southampton
- King’s College London
- Sheffield
- St George’s London
- Freeman Hospital

UK sends shelter kits and solar powered lanterns for up to 1300 vulnerable families in Haiti

The UK Government is sending relief supplies to Haiti, to help vulnerable families affected by the recent earthquake.