

# Expressing our hopes for a more stable and peaceful environment for the people of the DRC: UK at the UN Security Council

Thank you very much, Madam President, and I begin by joining others in thanking SRSK Keita for her characteristically thorough and clear briefing, and we look forward to reading Ms Inyobondaye's contribution, in due course.

I also wanted to share the concerned express by others around the Council table at the news that a helicopter has gone down today in Rutshuru, North Kivu. We hope that the rescue mission underway today is successful, but we are also reminded of the risks taken daily by peacekeepers across the world to implement our mandates.

The United Kingdom is extremely concerned, as we've heard today around the Council table, by the violence facing civilians in eastern DRC, including the persistent attacks by armed groups. In addition to armed groups such as the ADF and CODECO, we are increasingly concerned about the resurgent M-23 group.

We welcome MONUSCO's efforts to enhance protection in the Djugu area of Ituri, but note that insecurity around IDP camps continues. Also of concern is the number of recent kidnappings in North Kivu, which have made a large proportion of the province inaccessible to humanitarian actors.

Whilst we take note of the Government of the DRC's efforts to address the security in eastern DRC, we call upon them to intensify those efforts in order to improve security, humanitarian access and lessen the suffering of the Congolese population.

Almost a year after the declaration of the State of Siege, the United Kingdom welcomes the reinstatement of civilian judicial processes. We urge the Government of DRC to continue to mitigate the negative impacts of the State of Siege. This includes setting clear objectives and an exit plan, and addressing the recommendations of the National Defence and Security Committee.

Regarding joint DRC-Ugandan military operations, we welcome efforts to de-conflict operations. However, we remain concerned that joint operations in the Beni area of North Kivu have not yet been successful in improving the security situation or decisively tackling the threat of the ADF.

We urge the Governments of DRC and Uganda to increase their coordination with MONUSCO. Not only is this essential to ensuring protection of civilians and the safety and security of UN personnel and humanitarian workers, but could also support efforts to hold cleared areas and to prevent the ADF from spreading into new territory where they can re-establish their footholds.

Regarding the safety and security of UN personnel, the firing at a MONUSCO patrol by FARDC soldiers in North Kivu is also deeply concerning, and we echo the Secretary-General's call for those responsible to be held to account.

Madam President, the United Kingdom welcomes progress made to develop and operationalise the DRC's new DDR community recovery and stabilisation program, the PDDRCS. It's essential to learn from previous DDR efforts, including by adopting a decentralised and community-based approach. We welcome the technical support provided by the UN in this regard. As the operational phase begins, the establishment of inclusive coordinated structures between the UN, the international community and the PDDRCS, will be critical.

Turning to MONUSCO's transition, we share the Secretary-General's view that the transition plan, and its associated benchmarks, offer a comprehensive framework for mobilising the collective efforts of the government, the UN and international partners. Establishing baselines and tracking progress against transition indicators, collectively, by the UN and the government of DRC, will be particularly important as the Council looks to assess progress in implementation of that transition plan. We look forward to future updates on the transition as part of the regular reporting cycle.

To conclude, Madam President, let me commend the work of SRSK Keita, and her team, in extremely challenging circumstances. It is our sincere hope that the collective efforts of MONUSCO and the government of DRC can soon create a more stable and peaceful environment for the people of the DRC.

Thank you.

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## [Russia's appetite for war is taking food off the world's table: UK and the UN Security Council](#)

Thank you, Madam President, and I join others in thanking ASG Msuya and Executive Director David Beasley for their briefings.

So, we've heard once again today, the appalling impact on the Ukrainian people of President Putin's senseless war of choice.

10.3 million people are displaced.

73 confirmed attacks on hospitals and medical centres.

659 schools and kindergartens damaged.

The devastation in Mariupol is almost beyond description.

Civilians remain without food, water, electricity – people are reportedly resorting to drinking not just snow, but sewage water to survive.

There are credible reports of mass graves, forced deportations of residents to the Russian Federation, as well as incidents of sexual violence and use of land mines. There will be accountability for these crimes.

So there is an urgent need to alleviate humanitarian suffering in Ukraine.

We note the Secretary-General's announcement, yesterday, about Martin Griffiths' role in pursuing a humanitarian ceasefire. And we're grateful for the latest data from OCHA, the World Food Programme, and in the Secretary-General's statement yesterday about those they've been able to reach.

We encourage all efforts to help the people of Ukraine, in agreement with the Ukrainian government.

The UK will continue to play its part. We have provided £400 million to support Ukraine, including £220 million in humanitarian aid.

And we call for close cooperation between the UN agencies and other donors to ensure this assistance reaches and protects the most vulnerable.

But let us be without a shred of doubt, as the Secretary General set out yesterday, the only way to end the suffering is for Russia to end the war.

Global commodity prices were already on the rise before the invasion, as economies recovered from the COVID19 pandemic.

We now see spiralling energy prices, and global food insecurity, hitting the most vulnerable the hardest.

Almost every UN Member State is now suffering because of Russia's war.

As David Beasley said, we now risk famine destabilisation, and we risk having to take food from hungry children, for starving children.

Russia's appetite for war is taking food off the world's table.

Madam President,

The UK welcomes the General Assembly resolution adopted last week.

UN member states sent an overwhelming message that Russia alone is to blame for the humanitarian crisis in Ukraine, and for the shocks being felt globally.

For the suffering to end, Russian bullets and bombs must stop, and Russian tanks and troops must go home.

I thank you, Madam President.

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## Government sets out next steps for living with COVID

- Free COVID-19 tests will continue to be available to help protect specific groups including eligible patients and NHS and care staff once the universal testing offer ends on 1 April and next steps for adult social care set out
- Plans in place to enable rapid testing response should a new health threat emerge, such as a new variant of concern emerge
- Vaccines and treatments mean we can transition to managing COVID-19 like other respiratory illnesses, with updated guidance published on 1 April

People at risk of serious illness from COVID-19, and eligible for treatments, will continue to get free tests to use if they develop symptoms, along with NHS and adult social care staff and those in other high-risk settings, Health and Social Care Secretary Sajid Javid announced today (Tuesday 29 March).

Free testing for the general public ends on 1 April as part of the Living with Covid plan which last month set out the government's strategy to live with and manage the virus.

Although COVID-19 infections and hospitalisations have risen in recent weeks, over 55% of those in hospital that have tested positive are not there with COVID-19 as their primary diagnosis.

Free universal testing has come at a significant cost to the taxpayer, with the testing, tracing and isolation budget costing over £15.7 billion in 2021-22. This was necessary due to the severe risk posed by COVID-19 when the population did not have a high level of protection.

Thanks to the success of the vaccination programme and access to antivirals, alongside natural immunity and increased scientific and public understanding about how to manage risk, the population now has much stronger protection against COVID-19 than at any other point in the pandemic.

This is enabling the country to begin to manage the virus like other respiratory infections.

From 1 April, updated guidance will advise people with symptoms of a respiratory infection, including COVID-19, and a high temperature or who feel unwell, to try stay at home and avoid contact with other people, until they feel well enough to resume normal activities and they no longer have a high temperature. Until 1 April individuals should continue to follow the current guidance.

From 1 April, anyone with a positive COVID-19 test result will be advised to try to stay at home and avoid contact with other people for five days, which

is when they are most infectious.

Advice will be provided for individuals who need to leave their home when they have symptoms or have tested positive, including avoiding close contact with people with a weakened immune system, wearing a face-covering and avoiding crowded places.

Secretary of State for Health and Social Care Sajid Javid said:

Thanks to our plan to tackle Covid we are leading the way in learning to live with the virus. We have made enormous progress but will keep the ability to respond to future threats including potential variants.

Vaccines remain our best defence and we are now offering spring boosters to the elderly, care home residents and the most vulnerable – please come forward to protect yourself, your family, and your community.

Under the plans set out today free symptomatic testing will be provided for:

- Patients in hospital, where a PCR test is required for their care and to provide access to treatments and to support ongoing clinical surveillance for new variants;
- People who are eligible for community COVID-19 treatments because they are at higher risk of getting seriously ill from COVID-19. People in this group will be contacted directly and sent lateral flow tests to keep at home for use if they have symptoms as well as being told how to reorder tests; and
- People living or working in some high-risk settings. For example, staff in adult social care services such as homecare organisations and care homes, and residents in care homes and extra care and supported living services, NHS workers and those working and living in hospices, and prisons and places of detention (including immigration removal centres), where infection needs to be identified quickly to minimise outbreaks. People will also be tested before being discharged from hospital into care homes, hospices, homelessness settings and domestic abuse refuges.

Asymptomatic lateral flow testing will continue from April in some high-risk settings where infection can spread rapidly while prevalence is high. This includes patient-facing staff in the NHS and NHS-commissioned Independent Healthcare Providers, staff in hospices and adult social care services, such as homecare organisations and care homes, a small number of care home visitors who provide personal care, staff in some prisons and places of detention and in high risk domestic abuse refuges and homelessness settings. In addition, testing will be provided for residential SEND, care home staff and residents during an outbreak and for care home residents upon admission. This also includes some staff in prisons and immigration removal centres.

Children and young people who are unwell and have a high temperature should stay at home and avoid contact with other people, where they can. They can go

back to school, college or childcare when they no longer have a high temperature, and they are well enough to attend.

The internationally recognised Community Infection Survey delivered through the Office for National Statistics will continue to provide a detailed national surveillance capability in the coming year so the government can respond appropriately to emerging developments such as a new variant of concern or changing levels of population infection. Infections in health and care settings will also be monitored through bespoke studies including the Vivaldi study in residential care homes, the SIREN study in the NHS, and RCGP surveillance in primary care.

The government has retained the ability to enable a rapid testing response should it be needed, such as the emergence of a new variant of concern.

This includes a stockpile of lateral flow tests and the ability to ramp up testing laboratories and delivery channels.

The government's Therapeutics Taskforce and Antiviral Taskforce will also be merged into a single unit which will continue to focus on securing access to the most promising treatments for COVID-19.

Dame Jenny Harries, Chief Executive of the UK Health Security Agency, said:

As we learn to live with Covid, we are focusing our testing provision on those at higher risk of serious outcomes from the virus, while encouraging people to keep following simple steps to help keep themselves and others safe.

The pandemic is not over and how the virus will develop over time remains uncertain. Covid still poses a real risk to many of us, particularly with case rates and hospitalisations on the rise. That is why it is sensible to wear a mask in enclosed spaces, keep indoor spaces ventilated and stay away from others if you have any symptoms of a respiratory illness, including Covid.

Vaccination remains the best way to protect us all from severe disease and hospitalisation due to Covid infection. If you have not yet come forward for your primary or booster I would urge you to do so straight away – the NHS vaccine programme is there to help you and the sooner you are vaccinated the sooner you and your family and friends will be protected.

Most visitors to adult social care settings, and visitors to the NHS, prisons or places of detention will no longer be required to take a test. More guidance on what people should do when visiting adult social care settings will be published by 1 April.

A number of changes and new guidance is also being confirmed today for adult social care including:

- From 1 April, those working in adult social care services will also continue to receive free personal protective equipment (PPE). Priority vaccinations and boosters for residents and staff will also continue
- Updated hospital discharge guidance will be published setting out how all involved in health and social care will work together to ensure smooth discharges from hospital and people receive the right care at the right time in the right place
- Designated settings will be removed. These were initially set up to provide a period of isolation to COVID-19 positive patients before they move into care homes and before routine point of care testing for COVID-19 was available. Restrictions on staff movement will also be removed
- Streamlined guidance on infection and prevention control measures will be published to set out long-standing principles on good practice, and support consistency across the adult social care sector. This will include details on future measures for COVID-19 and other respiratory viruses to ensure providers have the latest information on best practice which will include information on admissions, visiting and PPE
- Updated guidance for adult social care providers and staff to set out the current testing regime across adult social care
- Outbreak management periods in care homes, which can include visiting restrictions, have been reduced from 14 to 10 days
- People aged 75 and over, residents in care homes for elderly adults and those who are immunosuppressed are now eligible to receive a Spring booster jab to top up their immunity to COVID-19. Around five million people will be eligible for a Spring booster around six months after their previous dose, and the NHS has contacted over 600,000 people inviting them to book an appointment. Anyone who has not yet had a COVID-19 jab continues to be encouraged to take up the 'evergreen' offer.

The cost of these changes will be met within existing funding arrangements. As part of this, free parking for NHS staff introduced during the pandemic will also come to an end on 31 March. We are delivering on our the manifesto commitment to provide free hospital car parking to thousands more NHS patients and visitors – with over 94% of NHS trusts implementing free car parking for those who need it most, including NHS staff working night shifts.

Through the Health and Social Care Levy, funding will rise by a record £36 billion over the next three years. This is on top of the previous historic long-term settlement for the NHS, which will see NHS funding increase by £33.9 billion by 2023-24, which has been enshrined in law.

The success of the government's Living with Covid plan, will enable the country to continue to move out of the pandemic while also protecting those at higher risk of serious outcomes from the virus through our testing regime.

- Further information on [NHS car parking regulations](#)
- In July 2020 the government temporarily introduced free hospital car parking for all NHS staff for the duration of the pandemic, investing around £130 million over the past two years to bring about the changes
- Guidance will be updated on 1 April. New guidance will outline the steps

people can take to reduce the chances of catching COVID-19 and passing it on to others. These actions will also help to reduce the spread of other respiratory infections, such as flu

- Principles that employers can follow will also be published on 1 April to help them decide how to reduce risks in their workplace
- Alongside hospital patients, patients in primary care who need a test for differential clinical diagnosis will also receive a free test
- As part of the Living with Covid strategy, from 1 April it will no longer be advised for domestic venues and events to use the NHS COVID pass
- The NHS COVID-19 app for contact tracing will remain active and if needed could be used as tool for dealing with any future threats from COVID-19
- UKHSA has worked with devolved governments to take forward the testing programme through the early phases of the pandemic and is committed to continuing join working with each nation in 2022-23
- Further information on those whose [immune system means they are at a higher risk](#)
- Further information on the [Living with Covid strategy](#)
- Further information on the Therapeutics and Antivirals Taskforce will be outlined in due course

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## [PM call with the leaders of the United States, France, Germany and Italy: 29 March 2022](#)

Press release

Prime Minister Boris Johnson spoke with President Biden, President Macron, Chancellor Scholz and Prime Minister Draghi.



The Prime Minister spoke to the leaders of the United States, France, Germany and Italy this afternoon about the situation in Ukraine.



The leaders agreed on the ongoing need to support and sustain the people of Ukraine in their fight against Russian barbarism. The Prime Minister highlighted the appalling attacks being carried out in cities such as Mariupol, which have already suffered weeks of bombardment.

The Prime Minister underscored that we must judge Putin's regime by their actions not their words. Putin is twisting the knife in the open wound of Ukraine in an attempt to force the country and its allies to capitulate. The Prime Minister stressed to his fellow leaders that we should be unrelenting in our response.

The leaders discussed the need to work together to reshape the international energy architecture and reduce dependence on Russian hydrocarbons. They agreed there could be no relaxation of western resolve until the horror inflicted on Ukraine has ended.

The leaders agreed to stay in close contact.

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## **UK Statement on Definition and Delimitation at COPUOS**

Thank you for giving me the floor Chair.

As the UK delegation has highlighted, the Space Industry Act became law in 2018 and the regulations underpinning the Act, came into force in July 2021. These pieces of legislation make provision to regulate all spaceflight activities carried out from the UK.

The term 'spaceflight activities' includes both sub-orbital and space launch activities. In developing the legislation to regulate these activities, the UK thought carefully about the definitions contained within our legislation and policy – looking to industry, legal frameworks and policies within other Member States, the UN treaties and agreed international guidelines. We also considered the wide range of suborbital and launch to orbit activities being proposed by industry to ensure our legislation captures these. The development of our legislation was a cross-Government project.

Chair,

Our approach to regulating launch to orbit and sub-orbital launches from the UK is to look at the purpose and function of the mission. It is the UK view, that defining where space begins is not necessary to be able to regulate these activities and is not required when considering future space traffic

management approaches.

Under the UK Space Industry Act the term 'Sub-orbital' encompasses the launch or the procurement of the launch, operation and return of a craft capable of operating above the stratosphere or a balloon capable of reaching the stratosphere carrying crew or passengers. The Act uses these terms to determine the activities to be regulated by the Act, it does not define where space begins.

The term 'Space activities' encompass the launch or procurement of the launch, operation and return of a space object or aircraft carrying a space object or any activity in outer space. A 'Space object' refers to an object that will go into Earth orbit or beyond or the launch vehicle responsible for putting the object into orbit.

Chair,

In practice, we anticipate licensing four types of spaceflight activities from the UK in the near future. Firstly, sub-orbital activities – either traditional rockets or the horizontal launch of a sub-orbital spacecraft – often called a sub-orbital spaceplane. These flights will provide access to a microgravity environment for science experiments and space tourism.

Secondly, putting a satellite into orbit using a vertically launched rocket or using an air launched rocket attached to a traditional manned aircraft – known as a carrier aircraft. Our regulations could also regulate launch of satellites into orbit from high altitude balloons.

Thirdly, we will continue to licence the operation of a satellite in orbit.

Finally, we can issue a return operator licence to authorise the landing of a spacecraft in the UK which has been launched from overseas.

In addition, the legislation regulates activities associated with spaceflight, including the operation of spaceports and range control services.

Regardless of how a launch is defined, the UK has taken an approach to place safety at the heart of the regulation of our spaceflight activities. Applicants for a launch operator, return operator or a spaceport licence must include a safety case with their application. The safety case must demonstrate that the applicant has systematically identified the major accident hazards associated with planned activities.

The safety case is a live document, licence holders must keep the safety case under review and update the regulator on any material changes.

Our legislation was created in the knowledge that whilst we may deem an activity as sub-orbital, we appreciate that some in the international community may take a different view. With this in mind, operators engaging in both sub-orbital and launch to orbit activities will be required to indemnify the UK Government for any claims brought against it and all operator licences issued under UK legislation contain a limit of operators' third-party

liability. Operators are required to take-out third-party liability insurance to an amount determined by the regulator. This could cover any successful claims brought by other States under the UN Liability Convention against the UK as launching State.

In line with our obligations under the UN treaties, we inform the UN Secretary General of all UK space objects launched into Earth orbit or beyond and will continue to do so, and to maintain our own National Registry of space objects. When launches begin from the UK, whether they are suborbital or launch to orbit, these will also be kept on a UK registry of launches, available to the public, to ensure transparency across all of our activities.

We hope that by sharing the UK approach to launch to orbit and sub-orbital activities, that this has been beneficial to other Member States. We are happy to discuss our approach in more detail with Member States that would be interested.

Thank you Chair.