

Prime Minister travelling to Kyiv in demonstration of support to Ukraine

- PM will hold discussions with Ukraine's President Zelenskyy on ongoing Russian hostile activity
- UK announces £88m of aid to support stable governance and energy independence in Ukraine
- In an important week for diplomacy, the PM will step up diplomatic efforts and hopes to speak President Putin and other leaders this week

The Prime Minister will travel to Ukraine today (Tuesday) for talks with President Zelenskyy as tensions on the country's border with Russia continue to rise.

Over 100,000 Russian troops are currently amassed on Ukraine's doorstep and President Putin has made repeated demands to restrict Ukraine's right to pursue NATO membership and self-defence.

The UK has long been a staunch supporter of Ukrainian sovereignty. Since 2015, British Armed Forces have trained over 22,000 Ukrainian troops to defend themselves. The Prime Minister's discussions with President Zelenskyy today will cover the full range of strategic UK support to Ukraine.

The UK is actively involved in defending rule of law in Ukraine and clamping down on corruption, steps which have strengthened the country's ability to resist malign and anti-democratic influences.

£88 million of new funding, including from the UK's Good Governance Fund, announced today will bolster that work and aid efforts to reduce Ukraine's reliance on Russian energy supplies.

The Prime Minister has stressed, including directly to President Putin, the UK's enduring and unwavering support for Ukrainian sovereignty. Further Russian incursion would have a stark humanitarian cost and the UK continues to encourage Russia to engage fully in discussions with NATO.

Prime Minister Boris Johnson said:

It is the right of every Ukrainian to determine how they are governed. As a friend and a democratic partner, the UK will continue to uphold Ukraine's sovereignty in the face of those who seek to destroy it.

We urge Russia to step back and engage in dialogue to find a diplomatic resolution and avoid further bloodshed.

The Prime Minister previously welcomed President Zelenskyy to Downing Street in October 2020 where they agreed to intensify the bilateral relationship

between the UK and Ukraine in areas including defence, trade and political cooperation. As part of this meeting they launched an ongoing Strategic Dialogue which this visit continues.

The leaders last spoke on 13th January when they agreed to continue to work closely alongside international partners to deter Russian aggression.

On Monday the Foreign Secretary announced an unprecedented strengthening of the UK's sanctions regime which will give the UK the power to target any company that is linked to the Russian state, engages in business of economic significance to the Russian state, or operates in a sector of strategic significance to the Russian state.

Following instruction by the Prime Minister, the UK is in discussions with NATO about what support can be offered to support NATO's Eastern Flank.

[One year anniversary of the military coup in Myanmar: joint statement](#)

A joint statement by the High Representative on behalf of the European Union, and the Foreign Ministers of Albania, Australia, Canada, New Zealand, Norway, Republic of Korea, Switzerland, the United Kingdom and the United States, on the one year anniversary of the military coup in Myanmar:

On 1 February 2021, the military seized power in Myanmar, denying the democratic aspirations of Myanmar's people. One year later, the devastating impact on the people of Myanmar is clear. Over 14 million people are in humanitarian need, the economy is in crisis, democratic gains have been reversed, and conflict is spreading across the country. The military regime bears responsibility for this crisis, which has gravely undermined peace and stability in Myanmar and the region. We once again call for the immediate cessation of violence and for constructive dialogue among all parties to resolve the crisis peacefully. We reiterate our call on the military regime to immediately end the State of Emergency, allow unhindered humanitarian access, release all arbitrarily detained persons, including foreigners, and swiftly return the country to the democratic process.

On the anniversary of the coup, we remember those who have lost their lives over the past year, including women, children, humanitarian personnel, human rights defenders, and peaceful protesters. We strongly condemn the military regime's human rights violations and abuses across the country, including against Rohingya and other ethnic and religious minorities. We express grave concern at the credible reports of torture and sexual and gender-based violence. We express serious concern over the more than 400,000 additional people who have fled their homes since the coup. We also express grave

concern at the deepening humanitarian crisis across the country and urge the military regime to provide rapid, full, and unhindered humanitarian access to vulnerable populations, including for the purposes of vaccination against COVID-19. We express grave concern over the large number of persons arbitrarily detained and the sentencing of State Counsellor Aung San Suu Kyi and other political detainees.

We call on all members of the international community to support efforts to promote justice for the people of Myanmar; to hold those responsible for human rights violations and abuses accountable; to cease the sale and transfer of arms, materiel, dual-use equipment, and technical assistance to the military and its representatives; and to continue supporting the people of Myanmar in meeting urgent humanitarian needs.

We emphasise our support for the ASEAN Five-Point Consensus and the efforts of the ASEAN Special Envoy to support a peaceful resolution in the interests of the people of Myanmar. We call on the military regime to engage meaningfully with ASEAN's efforts to pursue full and urgent implementation of the Five-Point Consensus, which includes ensuring that the ASEAN Special Envoy has access to all parties in Myanmar, including pro-democracy groups. We also welcome the work of the UN Special Envoy of the Secretary-General on Myanmar and urge the military regime to engage constructively with her.

[COVID-19 daily dashboard amended to include reinfections](#)

From Monday 31 January, UKHSA has begun including data on possible reinfection episodes in its [coronavirus \(COVID-19\) dashboard](#) – the UK's main source of information about the virus.

Positive tests for any variant of COVID-19 within a 90-day time period are now considered part of the same case episode, and positive tests outside those parameters are now considered as reinfection episodes.

This is an evolution of the previous UKHSA methodology whereby people who tested positive for COVID-19 were counted only once in case numbers published on the daily dashboard, when they first tested positive. Repeat positive tests were not included.

Reinfections data is now included within and also alongside infection totals for England and Northern Ireland. Data from Scotland and Wales will follow in the days ahead.

As of 31 January, updated figures for England show 14,845,382 episodes of infection since the start of the pandemic with 588,114 (4.0%) reinfections added to the total case number for England, covering the whole pandemic.

The new data shows that reinfection rates averaged around 1.4 percent of cases until 16 November 2021, when a spike in infections took place following the emergence of the Omicron variant. Following that increase in the number of people infected, reinfections rose – with reinfections now representing around 10% of episodes per day.

Professor Steven Riley, UKHSA's Director General of Data and Analytics, said:

Reinfection remained at very low levels until the start of the Omicron wave. It is right that our daily reporting processes reflect how the virus has changed. We continue to see downward trends in case numbers and incidence of illness as we work to reduce the impact of the pandemic on our day-to-day lives. With vaccination still a great defence against infection and illness, please get jabbed as soon as possible.

As part of the changes made, UKHSA has used more accurate algorithms to check existing surveillance data. This has identified extra cases of infection that were previously removed as duplicates. These additional 173,328 cases represent around 1.5% of all infections in England.

The additional cases reinstated by the more accurate algorithm typically had very poor identifying information, with just 25% having NHS numbers. Improved systems have now made it possible to publish this data with confidence.

The total number of infection episodes in Northern Ireland now stands at 542,855 with 22,913 reinfections (4.2%).

[Consultation on removing vaccination as a condition of deployment for health and social care staff](#)

- Vaccination as a condition of deployment revisited as Omicron replaces Delta as dominant variant
- Legal requirement for health and social care staff to be double jabbed to be removed, subject to consultation and parliamentary approval
- Vast majority of health and care workers vaccinated but remainder are urged to Get Boosted Now as a professional responsibility

Regulations making vaccines a condition of deployment for health and social care staff are set to be revoked, subject to public consultation and parliamentary approval, the Health and Social Care Secretary has announced.

The government has been clear that it keeps all COVID-19 measures under

review. When vaccination as a condition of deployment was introduced Delta was the dominant variant representing 99% of cases. Omicron has now replaced Delta as the dominant variant at 96% of cases.

Two vaccine doses against Omicron also become less effective over time, which is why the Get Boosted Now campaign was launched in December. The latest data from the UK Health Security Agency (UKHSA) shows boosters are around 90% effective in preventing hospitalisation from Omicron soon after they are administered.

Over 31 million boosters in England alone, and over 37 million in the UK, have now been administered providing a good level of protection across the country. This, coupled with the lower levels of hospitalisation and mortality, suggests the population as a whole is now better protected, with the latest evidence suggesting that the risk of presentation to emergency care or hospital admission is approximately half of that for Delta.

As a result, the government has re-examined the policy as it considers how best to achieve public health and safety with the minimum number of restrictions or requirements on people's lives. The balance of opportunities and risks of the policy have now changed with the dominance of Omicron. The booster rollout has been successful, and workforce challenges remain.

While the legal requirement on deployment is set to be revoked, those working in health and social care still have a professional duty to get vaccinated and Get Boosted Now. The government will work closely with Royal Colleges and professional regulators to strengthen guidance, and consult on updates to the Department of Health and Social Care's Code of Practice for regulated providers to strengthen the requirements in relation to COVID-19, which applies to all CQC registered providers of all health and social care in England.

Since the consultation on health and wider social care staff was announced in September more than 127,000 NHS staff came forward for a vaccine and 95% have now had at least one dose.

After the consultation on vaccines as a condition of deployment was launched and regulations laid uptake among care home staff rose from 77% to 94.5%, helping to build a wall of protection.

These changes will be subject to a period of consultation, parliamentary approval and will require a change to the regulations already laid.

Background information

A checked against delivery version of the Oral Statement by the Health and Social Care Secretary can be found [here](#)

[Latest UKHSA data](#) on vaccine effectiveness against Omicron shows:

- After a Pfizer booster (after either primary vaccination course), vaccine effectiveness against hospitalisation started at around 90% dropping to around 75% after 10 to 14 weeks.

- After a Moderna booster (after either primary vaccination course), vaccine effectiveness against hospitalisation was 90 to 95% up to 9 weeks after vaccination.
 - Measures to encourage vaccination included prioritising health and social care workers for jabs, reimbursing social care workers' travel costs and covering wages when getting a jab as well as a series of media campaigns.
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Oral statement on vaccines as a condition of deployment

Mr Deputy Speaker, with permission, I'd like to update the House on Vaccination as a Condition of Deployment.

Last Thursday, we woke up to a new phase of this pandemic, as we returned to Plan A.

People are no longer advised to work from home.

Face coverings are no longer mandatory.

Organisations no longer have to require the NHS Covid Pass.

And from today, there's no limit on the number of visitors allowed to care homes.

Week by week, we are carefully moving our COVID response from one of rules and restrictions, back to one of personal responsibility.

We're able to do this because of the defences we've built throughout this pandemic – in vaccines and antivirals, in testing and surveillance.

We know of course that COVID-19 is here to stay.

While some countries remain stuck on a zero-COVID strategy and others think about how they will safely open up here, we're showing the way forward, and showing the world what successfully living with COVID looks like.

The principle we're applying is the same principle that's guided our actions throughout this pandemic: and that is to achieve the maximum protection of public health with the minimum intrusion in people's everyday lives.

To me, this is what learning to live with COVID is all about.

Even with this progress, Mr Deputy Speaker, we must of course remain vigilant.

While overall cases and hospitalisations continue to fall, we are seeing rises in cases in primary and secondary school children.

Part of living with COVID means living with new variants and subvariants.

Our world-class health surveillance operations are currently keeping a close watch on a subvariant of Omicron, called BA.2 which the UK Health Security Agency has marked as a "Variant Under Investigation", one level below a "Variant of Concern"

1,072 genomically confirmed cases of BA.2 have been identified in England.

While early data from Denmark suggests that BA. 2 may be more transmissible, there is currently no evidence that it is any more severe.

In addition, an initial analysis of vaccine effectiveness against BA.2 reveals a similar level of protection to symptomatic infection compared to BA.1 the original variant of omicron which underlines once again the need to be vaccinated against COVID-19 and the imperative to get the booster if you're eligible.

Mr Deputy Speaker, nowhere is vaccination more important than in our health and social care system.

Throughout this pandemic, we've always put the safety of vulnerable people first – and we always will do.

It has always been this government's expectation that everyone gets vaccinated against COVID-19 especially those people working in health and social care settings, who have a professional duty to do so.

When designing policy there will always be a balance of opportunities and risks and responsible policy making must take that balance into account.

When we consulted on Vaccination as a Condition of Deployment in the NHS and wider social care settings the evidence showed that vaccine effectiveness against infection from the dominant Delta variant has been, or was, between 65 and 80 percent depending on which vaccines you had received.

It was clear that vaccination was the very best way to keep vulnerable people safe from Delta because quite simply, if you're not infected, you can't infect someone else.

Balanced against this clear benefit was the risk that there would always be some people who would not do the responsible thing and choose to remain unvaccinated and in doing so, choosing to walk away from their jobs in health and care.

Despite it being their choice to leave their jobs, we have to consider the impact on the workforce in NHS and social care settings. Especially at a time when we already had a shortage of workers and near full employment across the economy.

In December, I argued – and this House overwhelmingly agreed – that the weight of clinical evidence in favour of Vaccination as a Condition of Deployment outweighed the risks to the workforce.

It was the right policy at the time – supported by the clinical evidence – and the Government makes no apology for it.

It has also proven to be the right policy in retrospect – given the severity of Delta.

Since we launched the consultation on Vaccination as a Condition of Deployment in the NHS and wider social care settings in September there has been a net increase of 127,000 people working in the NHS who have done the right thing and got jabbed, becoming part of the 19 out of 20 NHS workers who have done their professional duty.

During the same time, we have also seen a net increase of 32,000 people getting jabbed in social care including 22,000 people in care homes and 10,000 people working in domiciliary care.

I'm grateful to the millions of health and care colleagues who have come forward and done the right thing – and the health and care leaders who have supported them.

Together, they've played a vital part in raising our wall of protection even higher and keeping thousands of vulnerable people out of hospital this Summer.

When we laid these regulations last November, the Delta variant represented 99 percent of infections.

A few short weeks later, we discovered Omicron, which has now become the dominant variant in the UK, representing over 99 percent of infections.

Incredibly, over a third of the UK's total number of confirmed Covid-19 cases have happened in just the last eight weeks.

Given that Delta has been replaced, it's then only right that our policy on Vaccination as a Condition of Deployment is reviewed.

So, I asked for fresh advice, including from the UK Health Security Agency and England's Chief Medical Officer. In weighing up the risks and opportunities of this policy once again, there are two new factors.

The first is that our population as a whole is now better protected against hospitalisation from COVID-19. Omicron's increased infectiousness meant that – at the peak of the recent winter spike – 1 in 15 people had a COVID-19 infection, according to the ONS.

Around 24 percent of England's population has had at least one positive COVID-19 test. And as of today, in England, 84 percent of people over 12 have had a primary course of COVID-19 vaccines and 64 percent have been boosted – including over 90 percent of over 50s.

The second factor is that the dominant variant – Omicron – is intrinsically less severe.

When taken together with the first factor – that we now have greater population protection the evidence shows that the risk of presentation to emergency care or hospital admission with Omicron is approximately half of that for Delta.

Given these dramatic changes, it is not only right but responsible to revisit the balance of risks and opportunities that guided our original decision last year.

While vaccination remains our very best line of defence against COVID-19, I believe it is no longer proportionate to require Vaccination as a Condition of Deployment through statute.

So, Madam Deputy Speaker, today I am announcing that we will launch a consultation on ending Vaccination as a Condition of Deployment in health and all social care settings.

Subject to the responses – and the will of this House – the Government will revoke the regulations.

I have always been clear that our rules must remain proportionate and balanced – and of course, should we see another dramatic change in the virus, it would be responsible to review this policy again.

Some basic facts remain: vaccines save lives, and everyone working in health and social care has a professional duty to be vaccinated against COVID-19.

So, while we will seek to end Vaccination as a Condition of Deployment in health and social care settings using statute, I am taking the following steps:

First, I have written to professional regulators operating across health to ask them to urgently review current guidance to registrants on vaccinations, including COVID-19 to emphasise their professional responsibilities in this area.

Second, I have asked the NHS to review its policies on the hiring of new staff and the deployment of existing staff, taking into account their vaccination status.

And third, I've asked my officials to consult on updating my department's Code of Practice which applies to all CQC registered providers of all healthcare and social care in England.

They will consult on strengthening requirements in relation to COVID-19 including reflecting the latest advice on infection prevention control.

Finally, Madam Deputy Speaker, our vital work to promote uptake of the vaccine will continue and I'm sure the whole House will join me in thanking NHS Trusts and care homes for their relentless efforts to put patient safety

first.

Madam Deputy Speaker, I wish to thank the shadow Health Secretary and the party opposite for their support of the government's approach to this policy area.

One of the reasons we have some of the highest vaccine uptake rates in the world is because of the confidence in our vaccines that comes from this place – from all sides of this House.

We may not agree on everything but when it comes to vaccination, together, we have put the national interest first.

It is now in our national interest to embark on this new phase of the pandemic where we keep the British people safe while showing the world how we can successfully live with COVID-19.

I commend this statement to the House.