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Committee on Social Affairs, Health and Sustainable Development

Minutes

of the hearing on “The humanitarian situation of (mainly) children and women in Gaza, the West Bank and in Israel”

Rapporteur: Ms Saskia Kluit, Netherlands, SOC

held in Lisbon on Friday 13 September 2024

The Committee **held** a hearing with Mr Willy Bergogné, Director, Save the Children Europe, Claire Nicolet and Jason Rizzo, Médecins Sans Frontières (MSF) / Doctors Without Borders, and Mr David Wightwick, Chief Executive Officer, UK-Med.

Mr Moutquin, Chairperson of the Committee, urged the members to set their political differences aside and focus on the subject of the report, namely the humanitarian situation, in keeping with the Council of Europe's fundamental values.

The rapporteur **Ms Kluit** explained that the situation had worsened since May/June and could become even more disastrous with the onset of winter. Children were in a dire situation, suffering from malnutrition and either homeless or poorly accommodated. The ICRC had no access to the hostages held in Gaza. Ms Kluit was hoping that the hearing would provide her with a description of the reality on the ground and the measures needed, in addition to the ceasefire universally called for, in order to attain a necessary minimum for living conditions in the region in the meantime.

Mr Moutquin thanked the hearing participants for the work they were carrying out on the ground.

Jason Rizzo and Claire Nicolet, Médecins Sans Frontières (MSF) (online)

Mr Rizzo, Humanitarian Representative in Jerusalem, began by stressing that MSF considered that a lot of red lines had been crossed in the last 11 months. There was a danger that even humanitarian workers would be completely blocked in their relief efforts. He pointed out that the situation in Gaza risked becoming the “new normal”. He urged the members to keep a watchful eye on what was going on in Gaza and described what MSF was doing on the spot.

MSF provided aid in Gaza and the West Bank. In Gaza, MSF supported two pre-existing hospitals in Nasser and Al-Aqsa and a new field hospital in Deir el-Balah. A new modular field hospital would be opening in a week's time. The staff worked with primary care units (of which there were currently 8 throughout the Gaza strip) and provided aid in the areas of water, sanitation and hygiene, with 35 international staff and around 800 local staff working on the spot. They focused on emergency surgery, trauma care, physiotherapy, maternity care, paediatrics, obstetrics and other general primary care, vaccination and mental health.

In the West Bank, MSF was present in Hebron, Nablus, Jenin and Tulkarm. MSF worked on emergency care, training and primary care and mental health in mobile clinics. The situation in the West Bank was often overlooked whereas there had been a lot of violent incidents in 2022 and 2023. After 7 October 2023, the situation had further deteriorated, impacting access to care and essential supplies, as well as mental health. An MSF report dated August 2024 documented hindrances to care and the increasingly coercive and violent policies

¹ The minutes were approved and declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 30 September 2024.

and practices of the Israeli authorities and settlers in and around the city of Hebron (79% of patients mentioned checkpoints as obstacles to care). MSF was responding to this by dealing with psychological trauma and physical injuries and addressing the lack of basic necessities such as water and food. 600 families had been displaced. Israel's practices constituted a violation of international law and were inflicting enormous and needless suffering on Palestinians.

Ms Nicolet, Deputy Head of MSF's emergency response unit in Paris, described what remained of the healthcare system in Gaza after all the destruction and evacuations. In the 36 hours following 7 October, numerous hospital infrastructures had been hit, including the Indonesia, Nasser and Al-Qods hospitals. The destruction had continued thereafter. MSF had had to close 14 health facilities and had been confronted with 14 acts of violence. Recently, on 25 August, airstrikes had hit 500 metres or so from Al-Aqsa hospital, without any warning or evacuation order being given by the Israeli forces, spreading panic in and outside the hospital and causing thousands of people to flee, including staff and 90% of the patients. Hospitals were in no way exempt from attacks; the hospital had been hit for the fourth time the previous week, leaving 5 dead and 16 injured, despite it being covered by the "deconfliction" mechanism. That meant that the Israeli Defence Force was aware that it was striking humanitarian sectors. Incidents like this occurred virtually on a daily basis, with shelling and drone attacks indiscriminately striking civilians. This undermined the humanitarian workers' efforts to provide effective medical assistance. In short, the situation in Gaza was terrible and only getting worse.

Since 7 October, MSF had carried out 7 000 surgeries, 40% of them in the last two months. There had been an increased number of out-patients since the beginning of July, now at 15 000 patients per week. Since the beginning of the war, there had been 350 000 out-patient consultations, 43% of them for children under 15 years of age. As regards hospitalisations, there was insufficient bed capacity; there were two children to a bed at Nasser hospital for example, where there had been increased numbers of trauma, orthopaedic and severe burns cases since mid-May. Around 70% of major burns victims were under 18 years of age. There had been a huge rise in cases of burns caused by explosives since July, reaching 53% of the total number of burns patients, because of the military operations. Hygiene, sanitation and sanitary conditions in general were appalling. Since July, MSF had treated 1 100 cases of diarrhoea a week. Skin problems and infected wounds were recurrent. Field hospitals were not a solution for replacing hospital facilities that had been destroyed. Today, the medical indicators showed that Gaza was more on the level of the Central African Republic, Chad or Sudan. Medical care was hugely inadequate.

In conclusion, **Mr Rizzo** and **Ms Nicolet** pointed to an incredibly dangerous violation of international humanitarian law on an unprecedented scale, which included attacks against protected medical facilities. In Gaza the health system had collapsed. In the West Bank, people were prevented from accessing care and Palestinians continued to be forced out of their homes. They called on the committee members to do everything in their power to put an end to this tragedy. An immediate, unconditional and lasting ceasefire was required. All the parties to the conflict had to respect international humanitarian law.

Willy Bergogné, Director, Save the Children Europe

Mr Bergogné presented his role of talking partner with the European institutions in Brussels and liaison with field offices including the one in Gaza. The Save the Children non-governmental organisation was present in 110 countries to safeguard children's rights. It had been providing support for children in the occupied territories since 1953. Today 140 colleagues were working in the occupied territories and in Gaza. As the former director of the organisation with responsibility for the occupied territories, he had seen for himself the escalation in the year 2021, with numerous attacks, injuries to colleagues and the partial destruction of their offices. But that was nothing in comparison to the situation since October 2023. Lorries and access to humanitarian aid were blocked. He praised the efforts of civil society and humanitarian workers. Despite the situation, Save the Children continued to step up its activities. Politicians had to get to grips with this issue. The children needed them now.

Despite their special status, children were not protected in conflicts. The latest statistics from the Ministry of Health in Gaza in May 2024 showed that over 14 100 of the 1 100 000 children in Gaza had been killed, more than 1% of the total. There had been further deaths of children since May. The real figure was certainly higher. Researchers had estimated that indirect deaths due to the lack of vital services could be anywhere between 3 and 15 times higher. Even a conservative estimate of 4 indirect deaths for every death with a direct cause would put the total number of deaths at over 200 000, not counting the children who were missing, detained, under the rubble or separated from their family. Those in the latter category needed special protection. Over 48 800 people had been killed in the conflict. The war and a near-total siege were compounding the devastating effects of the 17-year blockade of Gaza, particularly in terms of health, including a crisis in children's mental health, and restrictions on movement which stopped people from seeking care elsewhere. Children were paying the highest price for a war they had absolutely nothing to do with. The conditions of famine were awful. There was a critical shortage of food. Lorries were constantly blocked at the borders. Infrastructures of all kinds had been damaged,

and 60% of Gaza's crops had been destroyed. Communities were being constantly displaced. Some families had been displaced 9 or 10 times and were left unsafe and without any guarantee of returning. These displacements increased the risks of violence and neglect for children, and their mental health was also at risk. Children had suffered injuries and amputations. After a year of war they were showing signs of mental illness. Poliomyelitis had come back to Gaza after two decades, clearly illustrating the wholesale destruction, including of sanitation networks.

Since October, the organisation had been working with a partner body to provide support for 48 children previously held in detention, who had reported having been subjected to physical abuse and interrogation and in some cases exposure to extreme temperatures while naked. Their parents had had no news of them during their detention and after being released they had come back bearing marks of physical injury, emaciated and deeply traumatised. Some said that they had undergone sexual violence and brutal beatings.

He paid tribute to all the humanitarian staff, associations and individuals who were trying to bring a little humanity back to Gaza.

The response of Save the Children hinged largely on access. No land passage had been operational in Gaza since October 2023. Access to the south had been cut off by the Israeli authorities, pushing Gazans towards famine. Despite this, Save the Children had stepped up its activities to aid families by bringing in drinking water, food, blankets and educational materials and providing them with a roof over their heads. Its emergency unit had been deployed in Gaza: 11 345 consultations, training for humanitarian workers, participation in the polio vaccination campaign. But all that seemed like a drop in the ocean in relation to the needs.

The needs on the spot could not be met by the NGOs. What was required was a political solution entailing an immediate and total ceasefire in order to prevent more people from dying in Gaza. In addition, immediate, safe and protected access to Gaza was vital for the humanitarian organisations. Considering the needs of the children, Israel should facilitate access instead of blocking it and open all passages for humanitarian aid.

As regards accountability, there should be close scrutiny of violations against children and the aggressors must not go unpunished.

The lack of relief for families in Gaza was a political failure that would go down in history. **Mr Bergogné** quoted the founder of Save the Children, Eglantyne Jebb: "Every generation of children offers mankind the possibility of rebuilding his ruin of a world". The work had to go on to ensure that every child was sheltered from evil. Children now needed action from everybody.

Mr Moutquin thanked the speakers for their powerful and necessary words. He said that the exchange with UNRWA would be held during the next part-session in Strasbourg.

David Wightwick, Chief Executive Officer, UK-Med

Mr Wightwick presented UK-Med, a little known British organisation which worked both for the government as an NGO and as an emergency medical team at international level. UK-Med had been involved in Gaza since January 2024. He himself had been working in the humanitarian sector for 20 years and had spent virtually all of the last seven months in the Gaza strip. It was the most extreme situation that he had ever known for the following reasons: displacements of communities, restrictions on imports, insecurity. For example, the restrictions on imports were not only prohibited but also punitive: it was impossible to deliver essentials such as medical equipment and medicines – it took months. The health system had literally collapsed. A few establishments were still operating, such as Nasser and Al-Aqsa hospitals, which were running at over-capacity, with patients lying on the floor, but there were no other facilities that functioned normally. Field hospitals, by definition temporary, were inadequate to provide the care needed by the population.

All that was against a backdrop where there were extreme risks to safety, with daily shelling attacks which the Israelis called "surgical strikes" and made it very risky to move around. One strike at the beginning of July, for example, had resulted in 200 victims being taken to Nasser hospital and the field hospital. These conditions made care provision extremely difficult.

UK-Med had treated 141 000 patients, of whom the vast majority were women and children, specifically 48% women and 37% children. 20% had life-threatening injuries and needed life-saving operations. UK-Med was working in the most densely populated zones in the centre of the Gaza strip whose inhabitants could no longer go north (to Gaza city) or south (to Rafah) without risking their lives. Any movement was very difficult because of the destroyed and overloaded roads and violence. It took a whole hour to travel the 2.5 km between the field hospital and Nasser hospital.

UK-Med provided primary care in two field hospitals (tents made of wood and plastic sheeting) in the centre and in the south at Khan Younès and also worked in Nasser hospital.

Women and children faced very significant issues because of the collapse of public order. Any authority was in the hands of scattered heads of family, clan chiefs, heads of Hamas leaders and a few political leaders. In the event of a problem or a violent incident, people did not know whom to turn to. It was the most vulnerable individuals who were the worst affected. They found it more difficult to find food and water, protect the lives of their children and cope with violence and abuse. The number of instances of domestic violence and suicide attempts were on the increase, for example. With the collapse of the health system and the decline in vaccinations, the health of the population would further deteriorate.

Thinking beyond a ceasefire, which was essential, the challenges in Gaza would hinge on the fact that there was no longer any public order. Thoughts would have to be turned to implementing the ceasefire and access to humanitarian aid. Humanitarian organisations risked becoming a target for people's discontent.

Mr Wightwick showed the photo of a 20 month-old patient who was smiling, despite having lost one hand and three fingers on the other hand as well as having a broken leg. There were so many cases like this and so many airstrikes that it was sapping the ability of staff to cope with the emotional burden. He called on everyone to do everything to make the situation change.

Discussion

Mr Moutquin thanked the speakers and deplored the fact that these heartfelt pleas were not being heard. He pointed out that the report would focus on the humanitarian situation with a view to dignified debate on this extreme situation. The Committee had often demonstrated its commitment to serene discussion on upholding human rights. He reiterated the Assembly's official position – calling for a ceasefire, the release of all Israeli hostages and access to humanitarian aid – which should no longer be a subject for debate and opened the discussion.

Mr Fridez had seldom attended such an awful hearing that related indescribable horror. As a doctor he fully grasped the situation. Referring to the 48 000 people killed by airstrikes, he asked for an estimate of the number of secondary deaths due to famine, infections and dehydration. He wished to have an overall figure. Given that some people had been extracted to undergo operations, he asked for information on co-operation from the Israeli authorities to allow a minimum of humanitarian gestures.

Ms Martinez Seijo thanked Ms Kluit for organising the hearing so that people did not forget what was going on in Gaza. The statements had been shocking and the speakers' urgent calls for a ceasefire were in fact calls on our respective countries to secure that ceasefire and on the international community to agree on putting an end to the horror. In view of what was being done to women and children, there was one word and one word only to describe it, and that was genocide. A collective effort was needed to stop it.

Ms Kluit echoed Mr Fridez's comments. The brutality of the situation had left her close to tears. She asked for information on three factual points: it was important to have figures so that they could be discussed with colleagues, particularly the number of births and the number of children affected; what level of funding would be needed for the rebuilding of medical facilities; how many humanitarian workers, who were truly heroic, had been killed or affected?

Mr Bergogné quoted the estimates of indirect deaths mentioned in certain reports: it was said that for every death directly resulting from the conflict, there were between 3 and 15 indirect deaths; a conservative estimate would be 3 x 40 000, making 120 000 indirect deaths because of lack of access to care facilities, illness or lack of food. Some studies pointed to a ratio of 1:15. The vast majority involved women and children. All humanitarian staff were experiencing an extremely difficult situation. Counselling could be offered but most of them could not even leave the territory and were working under constant strain. The support given to them was derisory compared with their needs. Even giving them days off could not remedy the problem. Later on, once the situation had eased, there would be countless mental health issues whose repercussions were difficult to gauge. Team leaders could no longer find words of encouragement after eleven months.

In the view of **Mr Wightwick**, settling on a figure of 40 000 or 42 000 dead would not change the problem. In the light of his own experience, the figure might be somewhere in between but was likely higher in reality. Owing to the nature of the conflict, there would never be any accurate figures. Concerning the number of births and the interventions in this connection, it was clear that the number of pregnancies had fallen. UNICEF was working in horrific conditions for obstetric and neonatal care. It was impossible to refer patients elsewhere as they had

nowhere to go. In reality, families were living under pieces of plastic. Some 20 000 people had undergone medical evacuation, which was very difficult to organise. He deplored the fact that so many people who should benefit from international medical evacuation could not do so: there were numerous restrictions on evacuations, negotiations were very lengthy, and the injured were not stabilised. All access, whether by land, sea or air, was blocked.

Mr O'Reilly praised the work of the organisations on the ground. He shared Mr Fridez's sentiment that this was one of the most horrifying hearings he had attended. It was all the more difficult to imagine what people were experiencing on the ground. While he agreed that politics should be kept out of the debate, he nevertheless thought it necessary to point out that this was a genocide that surpassed the imagination. It fell to the governments and parliaments to demand that there be no more military aid for Israel, an end be put to the occupation and Palestine be recognised. There was unanimous agreement that there must be a ceasefire. Diplomacy was not enough. All the countries should take a more determined approach along the lines of the Irish model. The duty of parliamentarians was to act.

Mr Moutquin also thought that the whole thing was political but wished the focus to be on the situation of women and children in the framework of Ms Kluit's report.

Ms Engelhardt thanked and congratulated the humanitarian operatives for their noble work and resilience. It was necessary to care for the trauma suffered by stricken populations to avoid waves of repercussions.

Mr Schennach agreed with his colleagues that a genocide was a genocide and there was no other name for what was going on at present. He thanked the speakers. He condemned the Israeli forces for targeting and killing seven staff of the NGO World Kitchen. He asked whether the organisations represented had also been targeted by attacks.

Mr Wightwick replied that UK-Med had stepped up its efforts following the attack on colleagues working for World Kitchen. Despite the Israeli authorities' embarrassment over this incident, he did not believe that the aid workers had been deliberately targeted. The zone was very dangerous, particularly because of the collapse of public order. UK-Med was operating in a very unsafe environment. People were amazingly resilient when they had no choice and gathered their strength in such circumstances. The 500 staff on the spot all faced extremely difficult circumstances. Only a few were international and would be able to return home. Local staff did not have that option and suffered terrible harm to their mental health, particularly as most of them had lost family members.

Mr Bergogné added that it had to be ensured that not only humanitarian staff but all local partners were safe, especially those who were transporting relief to the population.

Mr Rizzo and **Ms Nicolet** made a few further observations. Firstly, medical evacuation was very important. According to the figures they had received, 15 000 people met the criteria for evacuation in this respect. Since the beginning of the war, around 5 000 had been evacuated to Egypt or Qatar. Evacuations had fallen in number since the closure of the border in May and were now at a complete standstill. There were a lot of women and children on the waiting list. MSF was working with WHO to restart evacuations. There was no longer any hospital department performing open-heart surgery in Gaza. Pending a ceasefire, these departments had to be reopened. They then mentioned the "deconfliction" zone in which humanitarian action was being co-ordinated and had no longer been safe since the end of August, posing extremely high risks for humanitarian workers. If this zone was not free of conflict, the organisations would no longer be able to operate at all.

Mr Moutquin thought that the notion of genocide was a matter for the International Court of Justice, which had started to look into it, and this point could therefore be put to one side in order to fully focus on the drastic humanitarian situation.

Mr Hunko thanked Ms Kluit for the hearing. He voiced his great respect for the medics who were risking their lives on the ground. The parliamentarians had a duty to face up to the reality. He agreed with the Chairperson with regard to the issue of genocide. There were proceedings against his own country in connection with assisting genocide. The response of the Committee and the Assembly had to be significant. He regretted that the Assembly had not taken a stance demanding an immediate, lasting and unconditional ceasefire. He agreed with Mr O'Reilly's proposal on stopping the delivery of arms. The anniversary of the heinous attack of 7 October was in three weeks' time. The Assembly was meeting just before then and had to reflect on the signal it wished to send out to the world.

Ms Piller Carrard agreed with the previous speakers and expressed her immense gratitude to the representatives taking part in the hearing. The report had to propose very concrete solutions to the situation,

which was deteriorating, as demonstrated by the fact that “deconfliction” zones were no longer safe. An immediate ceasefire was being called for by all but in the meantime people were suffering and lacking food. She proposed setting three main priorities: the safety of all the NGOs and all the operatives on the ground, the restoration of public order and the provision of basic necessities (food, medical equipment and medicines). These were aspects on which the member States could take action.

Mr Petry referred to the comments made by his colleague Mr Hunko and praised the work of the humanitarian staff and NGOs.

Mr Amraoui commended the heroic efforts of the NGOs. As a doctor, he was impressed by the humanitarian staff working in such extreme conditions. He asked how these staff were coping with their frustration at not being able to treat all pathologies in addition to war-related pathologies.

Mr Bergogné agreed with the priorities. However, because of the fighting the NGOs were unable to work. Accordingly, the political priority was a ceasefire that would allow them to do their job on the ground.

For **Mr Wightwick**, safe access with channels for transporting equipment was crucial. It was difficult to maintain a decent level of medical care without the necessary equipment and medicines. Pathologies such as cancers could not be treated.

Mr Rizzo seconded the previous statement, explaining that in the absence of equipment and medicines, medics were having to change their treatment protocols every fortnight. They had to use the means at their disposal. Chronic and oncological diseases were extremely difficult to treat. That was another good reason to call for a ceasefire, so that medical equipment and medicines could be delivered. International staff had to be able to go home and take a break. The fact that Palestinian staff wished to go on working could be interpreted as a glimmer of hope.

Ms Kluit thanked her colleagues for their support. As an Assembly, we should speak up so that everyone heard. There remained the question of the hostages, whose fate was unknown and who had been held for nearly a year.

Mr Moutquin thanked the Secretariat for preparing the hearing and the speakers for their contributions. He proposed that the Committee submit a request to the Bureau to hold a debate under urgent procedure on the healthcare and humanitarian situation of women and children in Gaza during the September-October session.

The **Committee approved** this proposal unanimously.

Mr Moutquin said that he had already sought to do this one year previously and deplored the fact that certain political groups or delegations had systematically refused debate on the situation described today, in some cases citing ideological considerations or the wounds of the past or making racist statements. Out of respect for the work of the humanitarian staff, the Israeli and Palestinian victims and also the credibility of the Council of Europe, the guardian of human rights, he asked his colleagues to approach their delegations and political groups and urge them to call for this debate. He then addressed a personal message to the population of Gaza with the wish that it might bring them a little hope.

List of presence / *Liste de présence*

(The names of members who took part in the meetings are in bold / *Les noms des membres ayant pris part aux réunions sont en caractères gras*)

Chairperson / *Président*:

Mr Simon Moutquin	Belgium / <i>Belgique</i>
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Vice-Chairpersons / *Vice-Président·e·s* :

Ms Danuta Jazłowiecka	Poland / <i>Pologne</i>
Mr Armen Gevorgyan	Armenia / <i>Arménie</i>
...	...

Members / Membres	Country / Pays	Alternates / Remplaçant(e)s
Ms Jorida Tabaku	Albania / <i>Albanie</i>	Zz...
Ms Bernadeta Coma	Andorra / <i>Andorre</i>	Ms Susanna Vela
Mr Armen Gevorgyan	Armenia / <i>Arménie</i>	Ms Hripsime Grigoryan
Mr Franz Leonhard Essl	Austria / <i>Autriche</i>	Ms Agnes Sirkka Prammer
Mr Stefan Schennach	Austria / <i>Autriche</i>	Ms Doris Bures
Mr Bob De Brabandere	Belgium / <i>Belgique</i>	Ms Els Van Hoof
Mr Simon Moutquin	Belgium / <i>Belgique</i>	Ms Latifa Gahouchi
Ms Darijana Filipović	Bosnia and Herzegovina / <i>Bosnie-Herzégovine</i>	Mr Šemsudin Dedić
Mr Ivan Ivanov	Bulgaria / <i>Bulgarie</i>	Zz...
Ms Denitsa Sa cheva	Bulgaria / <i>Bulgarie</i>	Mr Vasil Pandov
Ms Zdravka Bušić	Croatia / <i>Croatie</i>	Ms Rada Borić
Ms Christiana Erotokritou	Cyprus / <i>Chypre</i>	Mr Constantinos Efstathiou
Ms Ivana Mádllová	Czechia / <i>Tchéquie</i>	Mr Aleš Juchelka
Ms Michaela Šebelová	Czechia / <i>Tchéquie</i>	Mr Ondřej Šimetka
Ms Camilla Fabricius	Denmark / <i>Danemark</i>	Ms Karin Liltorp
Ms Reili Rand	Estonia / <i>Estonie</i>	Zz...
Ms Minna Reijonen	Finland / <i>Finlande</i>	Ms Mira Nieminen
Ms Aude Luquet	France	Ms Nathalie Serre
Mr Alain Milon	France	Mr Alain Cadec
Ms Isabelle Santiago	France	Ms Mireille Clapot
Ms Anne Stambach-Terreoir	France	Ms Liliana Tanguy
Ms Eka Sepashvili	Georgia / <i>Géorgie</i>	Ms Ketevan Turazashvili
Ms Heike Engelhardt	Germany / <i>Allemagne</i>	Ms Franziska Kersten
Mr Andrej Hunko	Germany / <i>Allemagne</i>	Ms Catarina Dos Santos-Wintz
Mr Christian Petry	Germany / <i>Allemagne</i>	Ms Martina Stamm-Fibich
Mr Harald Weyel	Germany / <i>Allemagne</i>	Ms Katrin Staffler

Mr Ioannis Oikonomou	Greece / Grèce	Ms Maria Syrengela
Mr Georgios Stamatis	Greece / Grèce	Mr Alexis Tsipras
Ms Mónika Bartos	Hungary / Hongrie	Ms Katalin Csöbör
Ms Mónika Dunai	Hungary / Hongrie	Ms Zita Gurmai
Mr Bjarni Jónsson	Iceland / Islande	Ms Jódís Skúladóttir
Mr Joseph O'Reilly	Ireland / Irlande	Ms Reada Cronin
Ms Elena Bonetti	Italy / Italie	Mr Roberto Rosso
Ms Aurora Floridia	Italy / Italie	Mr Giuseppe De Cristofaro
Mr Alessandro Giglio Vigna	Italy / Italie	Mr Graziano Pizzimenti
Mr Stefano Maullu	Italy / Italie	Mr Francesco Zaffini
Mr Andris Bērziņš	Latvia / Lettonie	Mr Edmunds Cepurītis
Mr Peter Frick	Liechtenstein	Ms Franziska Hoop
Mr Kęstutis Masiulis	Lithuania / Lituanie	Ms Rasa Budbergytė
Ms Stéphanie Weydert	Luxembourg	Mr Paul Galles
Ms Romilda Zarb	Malta / Malte	Mr Joseph Beppe Fenech Adami
Mr Ion Groza	Republic of Moldova / République de Moldova	Ms Diana Caraman
Ms Christine Pasquier-Ciulla	Monaco	Ms Béatrice Fresko-Rolfo
Mr Miloš Konatar	Montenegro / Monténégro	Mr Boris Mugoša
Ms Saskia Kluit	Netherlands / Pays-Bas	Zz.....
Ms Carla Moonen	Netherlands / Pays-Bas	Mr Theo Bovens
Ms Artina Qazimi	North Macedonia / Macédoine du Nord	Mr Vlado Misajlovski
Ms Lisa Marie Ness Klungland	Norway / Norvège	Ms Linda Hofstad Helleland
Ms Danuta Jazłowiecka	Poland / Pologne	Mr Mirosław Adam Orliński
Mr Jan Filip Libicki	Poland / Pologne	Ms Magdalena Biejat
Mr Ryszard Petru	Poland / Pologne	Mr Daniel Milewski
Zz....	Portugal	Zz....
Zz....	Portugal	Ms Jamila Madeira
Mr Andi-Lucian Cristea	Romania / Roumanie	Mr Ion Prioteasa
Ms Alina-Ştefania Gorghiu	Romania / Roumanie	Mr Cristian-Augustin Niculescu-Ţâgârlaş
Ms Diana Stoica	Romania / Roumanie	Ms Daniela Oteşanu
Ms Marica Montemaggi	San Marino / Saint-Marin	Mr Roberto Ciavatta
Ms Tatjana Pašić	Serbia / Serbie	Ms Jelena Milošević
Mr Vladimir Đorđević	Serbia / Serbie	Mr Predrag Marsenić
Ms Anna Záborská	Slovak Republic / République Slovaque	Mr Ľuboš Blaha
Mr Dean Premik	Slovenia / Slovénie	Ms Iva Dimic
Ms María Fernández	Spain / Espagne	Mr Alfonso Rodríguez

Mr José Latorre	Spain / <i>Espagne</i>	Ms Marta González Vázquez
Ms Carmen Leyte	Spain / <i>Espagne</i>	Ms Luz Martinez Seijo
Mr Mattias Jonsson	Sweden / <i>Suède</i>	Ms Yasmine Bladelius
Ms Beatrice Timgren	Sweden / <i>Suède</i>	Ms Boriana Åberg
Ms Céline Amaudruz	Switzerland / <i>Suisse</i>	Ms Valérie Piller Carrard
Ms Sibel Arslan	Switzerland / <i>Suisse</i>	M. Pierre-Alain Fridez
Mr Berdan Öztürk	Türkiye	Ms Ayşegül Doğan
Mr Sevan Sivacioğlu	Türkiye	Ms Sena Nur Çelik Kanat
Ms Gökçe Gökçen	Türkiye	Mr Namık Tan
Mr Cemalettin Kani Torun	Türkiye	Mr Ali Fazıl Kasap
Ms Olena Khomenko	Ukraine	Ms Larysa Bilozir
Ms Yuliia Ovchynnykova	Ukraine	Mr Andrii Lopushanskyi
Ms Lesia Zaburanna	Ukraine	Mr Rostyslav Tistyk
Ms Kate Osamor	United Kingdom / <i>Royaume-Uni</i>	Zz...
Ms Sally-Ann Hart	United Kingdom / <i>Royaume-Uni</i>	Mr Richard Bacon
Lord Don Touhig	United Kingdom / <i>Royaume-Uni</i>	Ms Ruth Jones
Ms Sheryll Murray	United Kingdom / <i>Royaume-Uni</i>	Zz...

Partners for Democracy / Partenaires pour la Démocratie

Mr / M. Allal Amraoui, Morocco / *Maroc*

Mr / M. Hassan Arif, Morocco / *Maroc*

Other parliamentarians present / Autres parlementaires présents

Ms / Mme Edite Estrela, Chairperson of the Network of Contact Parliamentarians for a healthy environment / *Présidente du Réseau des parlementaires de référence pour l'environnement sain*, Portugal

Mr / M. Paulo Moniz, PACE member, Portugal

Ms/ Mme Regina Bastos, former MEP, Portugal

Mr / M. Yunus Emre, PACE member, Türkiye

Experts / Expert-es

Mr / M. Joan B Soriano, Medical Epidemiologist, Servicio de Neumología, Hospital Universitario de la Princesa / *Médecin épidémiologiste, Département de pneumologie, Hôpital Universitaire de la Princesa* – UAM, Madrid, Spain / *Espagne*

Ms / Mme Chantal Britt, Long Covid Europe (European Network of Long Covid patient organisations / *Réseau européen d'associations de patients touchés par la Covid longue*) – online / *en ligne*

Mr / M. Willy Bergogné, Director / *Directeur*, Save the Children Europe

Ms / Mme Claire Nicolet and/et Mr Jason Rizzo, Doctors without borders / *Médecins sans frontières* – online / *en ligne*

Mr / M. David Wightwick, Executive Director / *Directeur exécutif*, UK-Med

Secretariat of Delegation or of Political Group / Secrétariat de délégation ou de Groupe politique

Ms / Mme Vera Damjanović, Montenegro

Mr / M. Razvan Tanase, Romania / *Roumanie*

Mr / M. Kenan Arpacioğlu, Türkiye

Mr / M. Sabih Gazi Öztürk, Türkiye

Ms / Mme Francesca Arbogast, SOC PACE

Secretariat of the Parliamentary Assembly / Secrétariat de l'Assemblée parlementaire

Ms / Mme Despina Chatzivassiliou-Tsovilis, Secretary General of PACE / *Secrétaire générale de l'APCE*

Ms / Mme Louise Barton, Director of Committees / *Directrice des commissions*

Committee on Social Affairs, Health and Sustainable Development /
Commission des questions sociales, de la santé et du développement durable

Ms / Mme Catherine Du-Bernard Rochy Head of the Secretariat / *Cheffe du Secrétariat*
Ms / Mme Aiste Ramanauskaite Secretary to the Committee / *Secrétaire de la commission*
Ms / Mme Jannick Devaux Secretary to the Committee / *Secrétaire de la commission*
Ms / Mme Claire Dubois-Hamdi Secretary to the Committee / *Secrétaire de la commission*
Ms / Mme Xenia Birioukova Assistant/ Assistante
Ms / Mme Özgü Tan Assistant/ Assistante