

[News story: PHE and NHSE launch national drive to trace hepatitis C patients](#)

Public Health England (PHE) and NHS England have launched a [national exercise](#) to identify and treat patients who have been previously diagnosed with hepatitis C.

In recent years new, potentially curative treatments have been developed for hepatitis C, but tens of thousands of people who were diagnosed in the past may not have accessed them.

A new report, the first of its kind, by PHE shows [more than 24,500 people in England](#) have accessed new hepatitis C treatments in the last 3 years.

The new report also established that 95% of people who received and completed hepatitis C treatment have been cured of the serious and potentially life-threatening infection in the last 3 years. This is primarily due to effective new direct acting antiviral medication which became available on the NHS in 2015.

A large majority of those treated (70%) report injecting drugs as their likely risk for acquiring hepatitis C. It is reassuring that treatment is reaching other groups at increased risk of infection, as 11% of those receiving treatment were of Asian ethnicity and almost a third were born outside the UK.

PHE is urging those who may have been at risk of contracting hepatitis C, especially if they have injected drugs, even if only once or in the past, to get tested, as often people with the infection do not have any specific symptoms until their liver has been significantly damaged. Many people do not know they have the infection, and when symptoms do occur they are often mistaken for other conditions, resulting in many people remaining undiagnosed.

Dr Helen Harris, Clinical Scientist at PHE, said:

Hepatitis C is a serious infection and therefore we are delighted to see that at least 9 in 10 people who have completed treatment in England have now been cured. This is fantastic news, and a step towards eliminating hepatitis as a major public health threat by 2030, as knowing the numbers accessing treatment is vital to tackling this infection.

We will however continue in our endeavours to find and treat everyone who is living with hepatitis C. If you have been at risk

of contracting hepatitis C, particularly through injecting drugs, even if you injected only once or in the past, then I urge you to get tested to see if you would benefit from these new, effective treatments.

Dr Graham Foster, NHS England's Hepatitis C clinical chair, said:

This dramatic NHS progress in treating hepatitis C over the past few years is one of the biggest but least acknowledged NHS success stories. By investing several hundred million pounds, NHS England has helped transform the lives of thousands of people, and with fair pricing from the drug companies, the NHS has a real prospect of eliminating hepatitis C altogether.

Rachel Halford, Chief Executive of The Hepatitis C Trust, said:

We have an extraordinary opportunity to eliminate hepatitis C in the near future if we can ensure all those living with the virus are treated with simple, curative treatments.

We know that many people who were previously diagnosed were never treated, and might be unaware that new treatments are now available.

This re-engagement exercise will help ensure everything possible is being done to find, treat, and cure those infected and move towards elimination by 2030.

Two years ago, the UK government committed to a joint ambition with 193 other countries to eliminate the disease as a major public health threat by 2030. As well as testing and treatment, prevention through needle and syringe exchange services and opiate substitution therapies need to be sustained to achieve and maintain elimination.

If untreated, infection with hepatitis C can lead to liver damage, cancer and even death. Hepatitis C is spread through blood-to-blood contact, most commonly in England by sharing needles contaminated with the virus, but even sharing razors or toothbrushes with an infected person could pass on the virus.

If someone thinks they have been at-risk of catching hepatitis C, PHE recommend they get tested at their local GP practice, sexual health or community drug services. If people aren't sure about whether they are at risk, they can take a short quiz on [The Hepatitis C Trust website](#) to find out if they should get tested.

1. Hepatitis C can be treated with medicines that clear the virus. These

usually need to be taken for several weeks. Until a few years ago, most people would have taken 2 main medications called pegylated interferon (a weekly injection) and ribavirin (a capsule or tablet). The new tablet-only treatments known as direct acting antivirals have shorter treatment durations and fewer side effects. Using these latest medications, more than 90% of people with hepatitis C may be cured.

2. PHE's [Hepatitis C Operational Delivery Network \(ODN\) profile tool](#) provides estimates of hepatitis C prevalence, diagnoses, treatment and severe hepatitis C-related liver disease at local level to help with local planning and delivery of awareness-raising, testing and diagnosis and treatment services.

Press release: Penny Mordaunt's new mission for Government Equalities Office

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Minister for Women and Equalities Penny Mordaunt will today (21 November) announce a fundamental shift in focus for the Government Equalities Office (GEO) which will include putting marginalised women at the heart of its work on gender.

In a speech today at Bright Blue's Women in Work conference Ms Mordaunt will set out that the GEO has made significant progress in working towards closing the gender pay gap, getting women into work and being a driving force behind getting more women on boards in top companies, but that often low-paid, low-skilled women were left out of the conversation.

Ms Mordaunt will highlight that in the UK today:

- Around 1.8 million women are currently economically inactive because they are caring for their home or family, more than 8 times the number of men in that position
- Women are disproportionately more likely to work in caring, customer service and cleaning roles, which tend to be less well paid, and three times more likely than men to work part-time
- Nine out of 10 potential returners to work in the UK every year are women. Nearly a third of all those women who could potentially return to work have GCSEs as their highest qualification, and 16% have no qualifications at all
- White British women have an employment rate of 73.3%, and Bangladeshi women have an employment rate of 32.8%
- The gender pay gap increases from over 6% for those in their twenties, to around 23% for those in their forties. McKinsey estimate that bridging the gender gap in work could add £150 billion to the UK economy by 2025

The shift in focus on gender is part of Ms Mordaunt's drive to put equalities at the heart of the government's work to tackle 'burning injustices', which will see it move to a permanent home in the Cabinet Office, from 1 April 2019. This move will enable the Government Equalities Office to have even more influence and leverage within government, working with the Race Disparity Unit, and the Office of Disability Issues, and others, to drive meaningful progress on equalities.

Minister for Women and Equalities Penny Mordaunt is expected to say:

"It will be our mission to ensure that every woman in the UK has as much freedom, choice, capacity, resilience, support and protection, to do whatever she wants to do.

"To do that we need to broaden out the work of the Government Equalities Office to focus on women at every stage of their lives.

"I will be shifting the focus of the GEO's work to look at how we can help women who are economically inactive, women in low paid and low skilled jobs and women on legacy benefits – trapped into limiting their hours or income, and women facing multiple barriers to being independent."

As part of the shift in focus on gender Ms Mordaunt today is announcing:

- A £600,000 fund to help women who are especially vulnerable to return to work when they are ready – a new phase of the returners programme to help people who have been out of work to care for others. Organisations from across England will be able to bid for grants from this pot of money to help women who have experienced issues like homelessness, domestic abuse and mental health problems. They will support these women back into the workplace through training, refreshing skills and facilitating work placements.
- This includes £100,000 to support women facing multiple barriers – such as limited English language skills – to becoming more independent, including those who have never worked. This fund will include women in

integration areas of Blackburn, Bradford, Peterborough and Waltham Forest. Government is bringing divided communities together by boosting English language skills, increasing economic opportunity, and ensuring that every child receives an education that prepares them for life in modern Britain.

Notes to editors:

The Government Equalities Office has already provided funding to organisations across the country supporting marginalised women. This includes £95,000 awarded to Changing Lives, who support women suffering with homelessness, sexual exploitation, addictions, mental and physical health problems, long-term unemployment and poverty, to return to work.

Ms Mordaunt will be speaking at Bright Blue's Women in Work conference in London.

[Speech: Collaboration as a key tool in effective peacekeeping](#)

Thank you Mr President.

This is a topic which should concern us all, and I thank China for scheduling this important debate today. Many of the threats and challenges faced by our African partners including violent extremism, terrorism, serious and organised crime and armed conflict, have no respect for borders. In our deeply interconnected world, our security is inextricably linked together and these threats undermine our shared pursuit for a more peaceful prosperous world for all.

So it is vital therefore that we continue to work together to address these complex, shared challenges. Effective partnerships between the United Nations, the African Union and its sub-regional organisations are particularly important in this context. The African Union and its subregional organisations play a vital role not only in peacekeeping but in preventing conflict and sustaining peace. I paid tribute to their work in mediating, brokering political agreements and supporting peace processes, as for example in South Sudan where the Intergovernmental Authority on Development has worked to revitalise and support peace negotiations. And no such discussion will be complete without recognising especially the role of ECOWAS as the most impressive of the sub-regions and particularly efforts in Gambia in 2017-18.

Mr President, peacekeeping remains one of the UN's most effective tools for the promotion and maintenance of international peace and security. So when we do deploy our peacekeepers, whether in Africa or elsewhere in the world, we

need to collectively ensure they are properly equipped to meet the complex threats and challenges that they will face. This is essential not only in ensuring they can effectively implement their mandates, the mandates we set here in this Council, but also in enabling them to ensure their own safety and security. As the Cruz Report made clear safety and capability are inextricably linked. Where units performed poorly they put themselves at risk as well as the civilians they are mandated to protect. That is why I'll be concentrating the remainder of my remarks on performance and again welcome the adoption of Resolution 2436 which set out measures for improving peacekeeping performance.

Let me be clear though that discussing performance in this way should not be seen as just something aimed at troop contributing countries. The Action for Peacekeeping Declaration commits all stakeholders, including the Secretary-General, to provide integrated performance policy framework, performance data, effective field support, clear operational and technical requirements and to work with Member States to generate specialised capabilities. Member States, we commit to provide well-equipped and well-trained personnel to improve pre-deployment preparation and coordinate better on training and capacity building. And of course this Council has been challenged to write better and more realistic mandates.

So Mr President firstly we believe that missions must be robustly and fairly assessed using accurate data collected from the field. This will improve our understanding of what works and what doesn't so that lessons can be learned and I welcome the work the UN Secretariat has undertaken in this regard to develop and pilot new frameworks for performance assessment. Where assessments do identify issues they must be followed by appropriate action, including repatriating ineffective units and replacing them as necessary.

The principles of robust assessment and accountability are particularly relevant to the conduct of peacekeepers. The United Nations human rights due diligence policy for all UN support and non-UN security forces, including reimbursements, must be implemented in full, as must the Secretary-General's zero tolerance policy on sexual exploitation and abuse. And as the Secretary-General himself said this morning, "The era of silence is over. The era of accountability has begun."

Secondly Mr President on collaboration, we should make best use of our comparative strengths so that our collective effort is greater than the sum of its parts. That means ensuring for example that African Union peace enforcement operations complement the United Nations peacekeeping missions while respecting relevant competences. When we along with 150 other countries endorsed a declaration of shared commitments on UN peacekeeping operations, we committed to enhance collaboration and planning between the United Nations and relevant international regional and subregional organisations and arrangements while recognising the need for a clear delineation of roles. This includes of course the African Union and the European Union which have deployed several mandate operations in recent years.

Mr President the United Kingdom also recognises the importance of collaboration between organizations and their Member States to ensure that

all peacekeepers in the field are willing, capable and equipped to effectively and safely implement their mandates. We are proud that British peace support teams in Africa provide training to over ten thousand African peacekeeping personnel every year. In Somalia for example, the United Kingdom continues to support AMISOM bilaterally and through the EU and UN, including via the deployments of personnel to the United Nations logistical support mission to AMISOM and through pre-deployment training for regional forces. We also of course have a substantial peacekeeping presence in South Sudan.

And thirdly Mr President, we must recognize when peacekeeping missions are not best suited to a particular challenge. For example due to their composition and character UN peacekeeping missions are not suited to engage in peace enforcement and counter-terrorism operations. This fact underpins our support in principle for African Union led peace support operations in line with the commitments set out in resolutions 2320 and 2378, authorised by the United Nations Security Council under its authority under Chapter VIII of the UN Charter to access the UN assess contributions on a case by case basis.

In conclusion Mr President, let me commend the recent successful transition of the United Nations field hospital in South Sudan from British to Vietnamese forces. This is the first time that unbroken clinical cover has been achieved during the transfer of a UN field hospital, setting a precedent that we believe all future operations should seek to emulate. Many lessons were learned in that process including that some of the existing Department of Field Support regulations constrained our ability to ensure unbroken clinical cover. So it is key that we all learn from that and that DFS regulations are thoroughly reviewed and adapted so that transitions between smart pledges are as seamless as possible.

I'd like to finish by paying tribute to all the members of the British military currently serving in UN peacekeeping missions and to reiterate my admiration and respect for all peacekeepers who work with bravery and dedication and patience in places that we in this Council send them.

Thank you Mr President.

[News story: New MOT standards improving our air quality](#)

Following [changes to the MOT test on 20 May 2018](#), more than 744,592 cars have failed the emissions test. The cars have either been taken off the road or fixed, helping to improve air quality.

This compares to 350,472 cars failing the emissions test during the same period in 2017.

Stricter emissions tests

Since 20 May 2018, a vehicle gets a 'major fault' if the MOT tester:

- can see smoke of any colour coming from the exhaust
- finds evidence that the diesel particulate filter (DPF) has been tampered with – this captures and stores exhaust soot to reduce emissions from diesel cars

A 'major fault' means you need to repair the car immediately, and it then needs to pass an MOT retest.

You can be fined up to £1,000 for driving a vehicle without a valid MOT.

Number of cars failing the emissions test

Since 20 May 2018, a total of 238,971 diesel cars and 505,721 petrol cars have failed the new emissions test.

This compares to 58,004 diesel cars and 292,468 petrol cars during the same period in 2017.

Fuel type 20 May 2017 to 19 November 2017 20 May 2018 to 19 November 2018

Petrol	292,468	505,721
Diesel	58,004	238,971

The new test has also seen a 448% increase in the number of diesel vans failing. These have increased from 3,585 in 2017 to 19,648 over the same period in 2018.

Regular maintenance

The MOT is a once-a-year health check for vehicles. However, you must [keep your vehicle safe to drive](#) (roadworthy) all year round.

You should get your car checked if you think there's a problem with the engine, and not wait until the MOT. This will not only save you money from the cost of an MOT retest, but will also help improve the environment.

Improving air quality

Poor air quality is the largest environmental risk to public health in the UK.

It's known to have more severe effects on vulnerable groups, for example, the elderly, children and people already suffering from pre-existing lung and heart conditions.

Conditions caused or made worse by air pollution include:

- asthma
- chronic bronchitis
- chronic heart disease
- strokes

In July 2018, the Department for Transport published its '[road to zero strategy](#)'. This sets out how the government will support the transition to zero-emission road transport and reduce emissions from conventional vehicles.

This strategy supports the Department for Environment, Food and Rural Affairs' plan to [improve air quality by reducing nitrogen dioxide levels](#) in the UK.

Gareth Llewellyn, Driver and Vehicle Standards Agency (DVSA) Chief Executive, said:

DVSA's priority is to protect everyone from unsafe vehicles and drivers.

We are committed to making a real difference to those in society whose lives and health are blighted by poor air quality.

Since introducing the new tighter MOT emissions test in May, nearly 750,000 vehicles have been taken off the road or fixed.

Overall MOT failure rates remain steady

In the first 6 months of the new MOT, almost 16 million vehicles have taken the test.

The overall failure rate for petrol cars (34.7%) and diesel cars (33.2%) has remained steady since the changes were introduced. They were 35.7% and 33.8% respectively in 2017.