

Foreign Secretary's statement on coronavirus (COVID-19): 29 April 2020

Welcome to today's Downing Street Press Conference.

I'm pleased to be joined by Professor Jonathan Van Tam, Deputy Chief Medical Officer, and also Professor Yvonne Doyle, Medical Director at Public Health England.

Let me just start by saying, I think on behalf of us all, huge congratulations to the Prime Minister and to Carrie on the wonderful news of the birth of their baby boy. I've spoken to the Prime Minister and I can tell you that both mum and son are doing really well.

Next, let me give an update on the latest data on coronavirus from our COBR data file.

I can report that, through the Government's ongoing monitoring and testing programme, as of today, there have now been:

818,539 tests for the virus across the UK, including 52,429 tests that took place yesterday.

165,221 people have tested positive, and that's an increase of 4,076 cases on yesterday's number.

As the Health Secretary announced yesterday, from today, we are moving to an improved daily reporting system for deaths, so that deaths in all settings are included, wherever the individual has tested positive for COVID-19, rather than just those in hospitals.

And those figures show that, up to yesterday, on the new measure, we have recorded an additional 3,811 deaths in total and I think it is just important to say that those additional deaths were spread over the period from the 2nd March to 28th April, so they don't represent a sudden surge in the number of deaths.

Sadly today's figures show an additional 765 deaths compared to yesterday. I will let Professor Doyle talk us through the data in detail. I think we must never lose sight of the fact that behind every statistic, there are many human lives that have been tragically lost before their time.

We also pay tribute, of course, to those caring for the sick, and yesterday at 11am the whole country observed a minute's silence, a moment to reflect on the sacrifice of all of our frontline workers who have died whilst dedicating themselves to caring for others and serving others.

On 16 April, I set out five principles that would guide our approach to the transition away from the current set of social distancing measures in place, and into a second phase.

We continue to see evidence in the data of a flattening of the peak of the virus, which is only happening because we have delivered on two of the central pillars of our strategic approach to defeating coronavirus.

First, we reinforced our NHS capacity, through the Nightingale hospitals, extra critical care capacity, more ventilator beds and extra doctors and nurses on the frontline.

And, second, we introduced social distancing measures, at the right time, guided by the scientific and medical evidence.

The public's overwhelming support for those rules has helped to save lives and protect the NHS from becoming overwhelmed.

We are still coming through the peak, and this, as I have said before, is a delicate and dangerous moment in this crisis.

So, I know that a lot of people have made a lot of sacrifices, which is why it is so important that we don't let up now and risk undoing all of that hard work.

So as we look to the future, our 5 tests remain key.

First, we must continue to boost NHS capacity, preventing it from being overwhelmed.

Second, we need to see a sustained and consistent fall in the number of deaths.

Thirdly, we must see further reductions in the rate of infection to manageable levels, across all the relevant areas and settings.

Fourth, we must be confident that the NHS will be able to cope with future demands, including as a result of any changes to existing measures or new measures we need to take.

Fifth, and this is probably the most critical of all, we need to be confident that any adjustments to the current measures will not risk a second peak of infections that could overwhelm the NHS.

A second spike would be harmful to public health, resulting in many more deaths from Covid-19.

That itself would lead to a second lockdown, inflicting further prolonged economic pain on the country.

And, as the Governor of the Bank of England, Andrew Bailey, said last week, that would not just be economically dangerous, it would inflict a serious blow to public confidence.

This issue of a second spike and the need to avoid it – it's not a theoretical risk, and it is not confined to the UK.

Having relaxed restrictions in Germany over the past week, they have seen a rise in the transmission rate of coronavirus. And Chancellor Merkel has said publically, and she has made it clear, that they might need a second lockdown in Germany if the infection rate continues to rise.

So, this risk is very real, and it is vital that we proceed carefully, guided by the scientific advice, so that our next step through this crisis is a sure-footed one.

We mustn't gamble away the sacrifices and progress we've made.

We must continue to follow the scientific evidence,

And we must continue to take the right decisions at the right moment in time.

We are working on all of the potential options for a second phase.

There is light at the end of the tunnel – whether you are an NHS worker on the front line working tirelessly shift after shift, or a parent at home with young children.

But we need to be patient and careful as we come through this moment of maximum risk.

So, we will wait for SAGE's next review of the data in early May.

We're ramping up the testing, with capacity now at over 73,000 per day, and 52,429 tests carried out per day, and eligibility for those tests has now been expanded further, to include anybody who needs to go to work and can't work remotely, and who has symptoms.

It also includes anyone over 65 with symptoms and all care home residents, as well as care home staff.

And at the same time as we ramp up the testing capacity, we'll keep working on our tracking and tracing capability which will be a key component in the next phase of the crisis.

We will continue to source ventilators and personal protective equipment at home and abroad.

Paul Deighton is leading the national effort to increase domestic production and supply.

We continue to source PPE from abroad setting ourselves out as the international buyer of choice. In the last 10 days, we have secured over 5 million masks from China, we've had three flights with gowns from Turkey – because we know that every single one of those items of PPE is needed by those working so hard on the front line.

Both in the NHS and also in our care homes.

Our international effort is not confined to procurement.

I can tell you we have also made huge progress in returning UK nationals, who otherwise would have been at risk of being stranded abroad.

Since the outbreak in Wuhan, we have helped and estimated 1,3million Britons return on commercial flights.

And we have done that by working with the airlines and with those governments to make sure that the flights can run and that the airspace is kept open.

And we have brought back over 200,000 Brits back from Spain, 50,000 back from Australia, and over 11,000 from Pakistan. To name but just three countries.

As well as those commercial flights, we have also chartered flights, where commercial options weren't possible,

And we have now reached the stage where we have brought back over 20,000 British nationals on 21 flights.

That includes over 9,000 UK nationals back from India, 2,000 home from South Africa, and 1,200 from Peru.

In terms of repatriations it is worth also just bearing in mind that on the 17th March, when we changed our travel advice for those travelling on cruise ships, there were something like 19,000 British passengers on 60 cruise ships sailing around the world.

And as border restrictions were put in place by country after country, we faced a daunting task in getting our people home.

But, we stuck at it, and 6 weeks later, we have now got all 19,000 British passengers back home safe and sound.

That was an enormous effort, and we recognise that the job is not done yet.

And we will continue this unprecedented effort, with further charter flights from New Zealand, Pakistan and Bangladesh, amongst others, over the next week or so.

So, I must pay tribute to the outstanding work of the consular teams working night and day at the FCO in London and at our Embassies and High Commissions around the world.

Finally, the Health Secretary announced last week that UK trials have started, as we draw on the incredible scientific talent we have in this country to pursue a vaccine.

And that effort too has an international dimension to it.

So, today, we announced that the UK will provide GAVI the international vaccine alliance with the equivalent of £330 million each year over the next 5 years as we seek to develop a vaccine both to protect the British people, but also to help immunise millions of the poorest and most vulnerable people around the world,

Combining the depth of our innovative know-how, with the big-hearted determination that has characterised our national effort to defeat the coronavirus.

[Sir Patrick Vallance pays tribute to Robert May](#)

News story

Government Chief Scientific Adviser (GCSA) Sir Patrick Vallance comments on the sad news that Robert May has passed away.



Sir Patrick Vallance said:

Robert May was Government Chief Scientific Adviser from 1995 to 2000 and was influential in developing the role in government through both his powerful intellect and the force of his personality. He held the role at a time when science underpinning government policy was in the spotlight, from BSE to GM crops. He helped make the case in government that public funding for science is an investment that delivers value for the nation. Subsequent GCSAs have built on and benefitted from his influence.

Throughout his career, he was an exemplar of the fact that being a scientist is not just about knowledge or discovery, but also speaking up about science and discussing its implications.

He will be sadly missed.

Published 29 April 2020

Daily death reporting now includes all positive COVID-19 deaths

- new data on COVID-19 deaths to take effect from today
- the new daily count includes deaths in all settings with COVID-19 for the first time
- data will complement the new Care Quality Commission (CQC) and Office for National Statistics (ONS) figures on care homes

Public Health England (PHE) has developed a new method of reporting daily COVID-19 deaths, to give a more complete number of those who have died from the virus.

For the first time from today, Wednesday 29 April 2020, the government's daily figure will include deaths that have occurred in all settings where there has been a positive COVID-19 test, including hospitals, care homes and the wider community. Scotland, Northern Ireland and Wales already report out-of-hospital deaths.

Today's figures have been revised retrospectively by PHE since the first death on 2 March 2020 to include additional data sources. This will bring the total number of deaths in the UK to 26,097 from 2 March until 28 April, including 765 deaths reported in the 24 hours to 5pm on 28 April.

PHE has now reported an additional 3,811 deaths since the start of the outbreak. Of these, around 70% were outside hospital settings and around 30% were in hospital. The additional hospital deaths have been identified through PHE's laboratory system and were not reported to NHSE.

The total number of deaths reported by PHE is approximately 17% higher than previous data showed.

It is important to note that this does not indicate a sudden one day increase and is broadly in line with trends seen by the ONS in their data, which already reports out of hospital deaths.

Dr Yvonne Doyle, Medical Director at PHE, said:

Every death from COVID-19 is a tragedy. Tracking the daily death count is vital to help us understand the impact of the disease.

These more complete data will give us a fuller and more up-to-date picture of deaths in England and will inform the government's approach as we continue to protect the public.

It will remain the case that ONS data, which publishes every week with data

from 11 days ago, includes suspected cases where a test has not taken place. ONS figures will therefore continue to include more deaths than our daily series.

From the start of the pandemic, the Department of Health and Social Care (DHSC) has reported a daily count of COVID-19 deaths in hospitals in England, with deaths in other settings included from Scotland, Wales and Northern Ireland.

Each day, PHE will link data from 3 different sources: the NHSE dataset collected manually from trusts; deaths collected electronically from NHS information systems; and reports from PHE Health Protection Teams as part of their local outbreak management.

Helen Whately, Minister for Care, said:

I am determined that people living in care homes continue to receive the best care possible during these challenging times.

Sadly, this pandemic has already taken many lives, and my heart goes out to all those who have lost loved ones before their time.

Today's data cannot bring them back but it can help us to better understand the impact this outbreak is having on those living in care homes so that we can continue to do everything in our power to protect them.

PHE's data complements the weekly death statistics published by the ONS. This has an 11 day delay due to the time taken for deaths to be certified, registered and processed, and includes suspected as well as confirmed cases in all settings. The ONS data is supplemented by CQC's data, which comes from death notifications submitted by adult social care providers and also includes confirmed and suspected cases.

1. The [daily dashboard with UK lab-confirmed cases and UK lab-confirmed deaths](#).
2. PHE's [technical summary of the deaths data reporting](#).
3. There is more detail about the current reporting process and the data sources for [Wales, Scotland and Northern Ireland \(which remain unchanged\)](#).

[The process of seeking a political solution in Syria must not cease](#)

Thank you very much, Mr President, and thank you for your characteristically

clear briefing.

Mr President, as we said last time we met, we remain deeply concerned about the devastating potential impact that COVID-19 could have in Syria, a country already devastated by this nearly decade-long conflict. It's clear that that's a sentiment also shared across this Council in many of the statements today. And as my Chinese colleague has just said, we will discuss the humanitarian challenge this afternoon. But with 43 confirmed cases and undoubtedly many more, it is vital that all parties heed the Special Envoy's call for a nationwide ceasefire.

The Secretary-General's call for a global ceasefire is not just about rightly helping those in conflict zones, but also to allow for our full attention to be devoted to the fight against COVID-19. We can only defeat it if we defeat it everywhere.

We are also appalled to receive news of yesterday's bomb attack in Afrin that killed at least 40 civilians, many of them children. More families mourning, and our thoughts and prayers go out to those families today. It's such a senseless act should take place during the holy month of Ramadan; in particular, it is all the more egregious. Preventing a major outbreak of COVID-19 in any part of Syria must be a common task for us all. This virus knows no lines of control or geographical, political or cultural boundaries.

It is therefore vital that all parties adhere to existing ceasefires in Northwest and Northeast Syria and abide by their responsibilities to facilitate humanitarian aid. The current crisis reinforces the need to work together to reach across the divide and to resolve this conflict. The process of seeking a political solution in Syria must not cease. And in this context, it was encouraging to hear at the last session that an agenda for the next round of Constitutional Committee talks had been agreed. It is important that this opportunity is seized before momentum is lost again. And we encourage the Special Envoy to look at ways for talks to go ahead and the meetings to continue.

As we and other Council members have made clear before, the political process under Resolution 2254 extends beyond the Constitutional Committee. In addition, to a nationwide ceasefire, the Syrian regime should also take other important confidence-building measures. These include the wholesale release of arbitrarily detained prisoners and ensuring humanitarian access to all parts of the country. Given the risk of COVID-19 taking hold in prisons, we would also strongly urge the Syrian regime to make widespread release of political prisoners and vulnerable people and to ensure medical care is available for those still in detention. The reported release of 40 detainees in Deir ez-Zour Province is a small step in the right direction.

We also noted that the issue of sanctions was raised by a number of members of the Council in relation to COVID-19. We want to confirm, as I think was well explained by our Estonian colleague, that goods and medical supplies used for humanitarian purposes are not subject to EU sanctions, which the UK continues to apply, and additional exemptions from sanctions are available for humanitarian activity in Syria.

I would also note that the UK and our European partners are among the leading donors to humanitarian aid in Syria, including in regime held areas. In reality, the problems facing the Syrian health sector and economy are a result not of sanctions, but of the Syrian regime, through its cronyism and corruption and through its brutal conduct of the war. If the Syrian regime and its allies wish to see the removal of sanctions, then they know what they have to do: engage seriously with Special Envoy Pedersen and the UN-led political process to achieve a peaceful end to the Syrian conflict.

Finally, we also wanted to say that despite the looming prospect of a virus that could heap further suffering on the Syrian people, we cannot ignore the findings in the recent reports that the Commission of Inquiry, the Secretary-General's Board of Inquiry and the OPCW and the Investigation and Identification Team.

We welcome the release of the Secretary-General's summary report from the Board of Inquiry on the 6th of April. Even though the report does not explicitly identify Russia as the regime's "ally" responsible for some of the attacks on civilian infrastructure, it is clear who they must mean when there is only one country flying military aircraft over Idlib alongside the regime. This conclusion is supported by the findings of the Commission of Inquiry, which identified Russia as responsible for attacks on civilian infrastructure.

These are flagrant breaches of the international rules, which we all agreed cannot be tolerated, and those who have committed crimes must be held to account. That is our responsibility.

We note with deep regret that the very hospitals that were bombed by the regime and by Russia are the same hospitals that could have been used now to fight against COVID-19.

Mr President, the time for action is now. We must ask ourselves how we can now come together to alleviate the suffering of the Syrian people.

Thank you, Mr President.

Repatriation during the coronavirus (COVID-19) pandemic: Minister Adams' statement, 29 April 2020

Thank you very much, Mr Speaker.

With your permission, I would like to make a statement on the Foreign and Commonwealth Office's response to the COVID-19 pandemic.

Our team of experienced diplomats here at home, and in our Embassies and Consulates around the world, continue to work around the clock, using our unparalleled international connections to help overcome this unprecedented challenge.

Now, since the outbreak in Wuhan, our over-riding priority has been to help British travellers get home safely to their loved ones.

And we estimate that over 1.3 million people have returned to the UK since the outbreak via commercial routes.

This has been from countries across the globe. We've seen 200,000 British nationals return from Spain. And 50,000 have returned from Australia in the past month alone.

Keeping commercial options running has required enormous international effort.

We have worked alongside airlines and foreign governments to keep vital routes open and ensure that domestic restrictions don't create a barrier to getting people home.

But as you'll appreciate, Mr Speaker, as countries have increased travel restrictions, often without notice, commercial routes have ceased to be an option for some travellers.

So thanks to a £75 million partnership between this government and airlines, we have now brought back more than 19,000 people on 93 charter flights organised by the Foreign Office from 20 different countries and territories.

And in some instances, this will mean bringing home a few hundred passengers from small countries, like the Gambia, or remote locations, like the outer islands of the Philippines.

In other cases, this has meant returning thousands of British travellers, such as the 10,000 people returned home from India, and 2,000 thus far from Pakistan.

In the next week alone, we will bring back thousands more travellers on further charter flights including from Bangladesh, Nigeria and New Zealand.

Mr Speaker, I'd also like to touch on cruise ship travel. More than 19,000 British passengers were aboard 60 cruise ships when the FC0 changed their travel advice on 17 March.

And working with local authorities and cruise operators, the FC0 has helped ensure these passengers were able to return home.

We have provided consular assistance to many of them, and in some cases, we have organised direct or supported charters for over 1,500 people.

But for those British people who have chosen to remain in place or are still trying to get home, our consular teams are providing support 24 hours a day.

To ensure timely responses, we have tripled the capacity in our consular contact centres.

Our broader consular effort has been centred around supporting British travellers right across the piece.

We have worked with foreign governments to ensure that British travellers can continue to meet visa, immigration or documentation requirements while they're abroad.

And we are offering financial protection as well, including through the same measures available to British workers and residents here at home, such as the Coronavirus Job Retention Scheme and access to mortgage holidays.

We are making sure British travellers have access to essential care, including food and accommodation, as well as medical care, this also includes psychosocial support, and we have been working with third sector and external partners to deliver this.

And now, most UK insurers will extend their travel insurance cover, so British travellers actively trying to get home will be covered for emergency medical treatment if they're still stuck abroad at least for 60 days.

Our efforts and our aims show that we are committed to helping every British traveller, no matter where they are in the world.

Mr Speaker, I'd now like to turn to the FCO's role in procurement, particularly and specifically PPE equipment.

With so many other countries in similar circumstances, we are grappling with a global shortage in Personal Protective Equipment.

Yet, thanks to the efforts of our domestic manufacturers, and our work with international partners around the world, we've procured and distributed over a billion items to those on the front line.

Lord Deighton who helped organise the London Olympics, has been brought in to oversee efforts to boost our domestic supply even further.

And in the Foreign Office, we are working tirelessly through our overseas posts to get medical supplies into the UK.

Mr Speaker, over 350 million items of PPE equipment have been procured through our China network alone and we are working flat out to get orders delivered from, for example, Turkey and Egypt.

We have also distributed over 1500 ventilators, with thousands more ordered and on the way.

In the last week, we have received shipments of more than 4 million IIR masks; and 1 million other masks.

And by the end of today, flights will have touched down with more than half a

million masks, more than 350,000 gowns, and more than three quarters of a million face shields.

Meanwhile, the Foreign Secretary and my fellow ministers at the FCO are on calls with counterparts around the world every day, working to secure new deliveries from abroad with the support of our excellent and tireless diplomatic service.

From the start of the crisis, the UK has played a leading role in tackling the spread of the disease and the world's response to it.

We are uniquely placed to do so as a member of the G7, G20, NATO, the Commonwealth; UN; and as a major donor to the global health system.

And as the Foreign Secretary laid out in his previous statement, our international strategy is focused in four key areas:

Securing a strong and co-ordinated global health response, particularly for the most vulnerable countries.

Accelerating the search for a vaccine, more effective treatments and testing.

Supporting the global economy, keeping trade open and securing critical supply chains.

Keeping transport routes and transit hubs open, to support the flow of freight, aid, medical supplies, and crucially to bring our people home.

I've outlined our support for bringing British nationals home, but would like to touch on our good progress in the other areas.

We are helping vulnerable countries with their response to coronavirus by announcing up to £744m in aid, including for R&D and support to the World Health Organisation, UN agencies, NGOs and the Red Cross.

And today, my right honourable friend, the International Development Secretary also announced a funding pledge equivalent of £330 million a year over the next five years to Gavi, the Vaccine Alliance.

This will fund the immunisation of 75 million children against other deadly diseases, supporting the world's poorest countries so they can cope with rising coronavirus cases.

On the COVID-19 vaccine, this Government has already committed £360m as part of our domestic and international effort.

This investment includes a quarter of a billion pounds to the Coalition for Epidemic Preparedness (CEPI) to support coordinated global research – this is the single largest single contribution by any country.

And we are helping to keep vital trade routes and supply chains open by coordinating closely with allies and partners in the commercial sector.

Finally, the UK has a responsibility to protect the safety and the security of the people of the Overseas Territories, most of whom are British nationals.

So we have been providing tailored support to our Overseas Territories, ensuring that the appropriate resources are provided to them during the coronavirus response.

Mr Speaker, the scale and impact of this pandemic has been unimaginable.

But working alongside our international partners, the UK has been able to demonstrate the kind of leadership, cooperation and collaboration that will get us through this crisis.

Further information