Latest findings from antibody surveillance study published

- Over 154,000 participants took part in a home surveillance study for COVID-19 antibodies between 26 January and 8 February
- Findings published by Imperial College London and Ipsos MORI show 13.9% of the population in England had antibodies against COVID-19
- 17,000 participants had received at least one dose of a COVID-19 vaccine, with 91% of people across all ages testing positive for antibodies after 2 doses of the Pfizer vaccine
- Overall vaccine confidence is high with 92% having accepted or planning to accept a vaccine offer

For the first time, the study captures participants who have received a COVID-19 vaccine, and also gathers insight into how different groups feel about vaccines.

Over 154,000 participants tested themselves at home using a finger prick test between 26 January and 8 February, showing 13.9% of the population had antibodies either from infection or vaccination.

Of these participants, over 17,000 said they had received at least one COVID-19 vaccine dose. The data shows 87.9% of people over the age of 80 tested positive for antibodies after 2 doses of the Pfizer/BioNTech vaccine, rising to 95.5% for those under the age of 60 and 100% in those aged under 30.

The findings show high confidence levels in the vaccine. Over 90% of those surveyed reported that they would be willing to accept, or had already had, a vaccination for COVID-19.

Today's report provides insight on antibody responses following infection, or for some participants, vaccination. It does not provide insight on other elements of immune responses following vaccination – such as the presence of T-cells – nor does it assess vaccine effectiveness, including whether a vaccine prevents severe disease, hospitalisation or death.

Health and Social Care Secretary Matt Hancock said:

> These findings shed more light on rates of antibodies across the UK and among different groups, as we continue to strengthen our understanding of COVID-19.
>
> It is fantastic to see over 90% of people surveyed would accept or had already accepted a vaccine, as we continue to expand the roll-out.
>
> I urge anyone who has been invited for a vaccine to book an appointment. And while we are seeing rates of the virus gradually

> decline it is important we all hold our resolve and follow the rules as we deliver on our cautious but irreversible approach to easing lockdown.

The key findings from the report are:

- over 154,000 participants took the antibody test, with 13.9% testing positive for antibodies among vaccinated and unvaccinated people
- antibody prevalence in unvaccinated people remains highest in London (16.9%), and in people of black (22.1%) and Asian (20%) ethnicities, and those aged 18 to 24 years (14.5%)
- over 17,000 participants said they had received one or more vaccine doses, with the majority receiving the Pfizer/BioNTech vaccine
- after 2 doses of the Pfizer/BioNTech vaccine, the proportion of participants who tested positive for antibodies was high across all age groups (100% in those under 30, and 87.9% in those 80 and over)
- for individuals who received a single dose of the Pfizer/BioNTech vaccine after 21 days, the proportion testing positive for antibodies was 94.7% in those under 30 – the proportion testing positive was lower at older ages, ranging from 73.7% at 60 to 64 years to 34.7% in those aged 80 and over
- overall vaccine confidence is high, with 92% having accepted or planning to accept a vaccine offer
- vaccine confidence varied by age, sex and also by ethnicity, highest in those of white (92.6%) and lowest of black (72.5%) ethnicity

The findings on antibody response following a single dose align with existing research that suggests those aged over 80 take longer to develop an antibody response to infection and the immune response is not as strong.

Antibodies are just one component of the body’s immune response produced by COVID-19 infection or vaccination. Vaccines also induce T-cell related protection, independent of antibody production. T-cell responses may vary significantly between vaccines and may be particularly important in influencing duration of protection.

The Joint Committee on Vaccination and Immunisation (JCVI) noted that in Pfizer’s clinical trial, protection against coronavirus was very high (89%) between 14 and 21 days after vaccination, despite very low levels of antibodies measured at the same time. This suggests that early antibody response does not correlate with clinical protection.

There is still insufficient information to say how protected a person may be from COVID-19 based on a positive antibody test result, and it does not mean they are immune. It is vital everyone continues to follow the rules in order to keep themselves and those around them safe.

Data from a Public Health Scotland study published this week has found that hospital admissions 4 weeks after the first dose were reduced by 85% and 94% for the Pfizer and AstraZeneca jabs respectively. Public Health England’s SIREN study also shows good evidence that the Pfizer/BioNTech vaccine helps

to interrupt virus transmission, and that one dose is effective against the virus from 3 to 4 weeks after the first dose.

PHE's analysis of routine testing data also shows that one dose is 57% effective against symptomatic COVID-19 disease in those aged over 80. This effect occurs from about 3 to 4 weeks after the first dose. Early data suggests the second dose in over 80s improves protection against symptomatic disease by a further 30%, to more than 85%.

Professor Helen Ward, lead author for the REACT study of population prevalence, said:

> It is very encouraging to see that uptake and confidence in the vaccination programme is so high, and that most people develop a detectable antibody response after one dose. Our findings suggest that it is very important for people to take up the second dose when it is offered. We know that some groups have concerns about the vaccine, including some people at increased risk from COVID-19, so it is really important that they have opportunities to discuss these and find out more.

Kelly Beaver, Managing Director – Public Affairs, Ipsos MORI said:

> It's deeply encouraging to see such high levels of positivity towards receiving a COVID-19 vaccine among the population in our latest REACT study. That combined with our findings on the antibody response in those vaccinated show a cause for cautious optimism.

The study uses a finger prick device to use at home and can tell someone if they tested positive for antibodies in under 15 minutes. Some studies, including the PHE antibody surveillance studies, take a larger sample of blood to analyse in the lab.

The REACT antibody data follows preliminary data from PHE on vaccine effectiveness showing clear protection from the first vaccine dose, particularly against severe disease. It supports the decision to maximise the number of people vaccinated with a single dose and delay a second dose.

The government and the NHS are working hard to encourage people in all communities to come forward and accept the offer of a jab. This includes working closely with the NHS and faith and community groups to support and reach people who are eligible for a vaccine by providing advice and information in over 13 languages. Over £23 million funding has already been allocated through the Community Champions scheme to 60 councils and voluntary groups across England to expand work to support those most at risk from COVID-19 and boost vaccine take-up.

Download the REACT-2 round 5 pre-print report on Imperial College London's website

Key findings between 26 January and 8 February

Overall prevalence of antibodies

- Over 154,000 participants took the antibody test, with an overall prevalence of antibodies of 13.9% among vaccinated and unvaccinated people
- Antibody prevalence in unvaccinated people remains highest in London (16.9%), and in people of black (22.1%) and Asian (20%) ethnicities, and those aged 18 to 24 years (14.5%)
- Antibody prevalence by employment type for participants who are unvaccinated was highest in healthcare and care home workers at 21.9% and 24.2% respectively. The prevalence among those working in public transport (12.2%), police and prison (11.9%), education (11.4%), childcare (11.4%) and personal care (11.1%) were also higher than in non key-workers (7.8%)

Vaccination

- Over 17,000 participants said they had received one or more vaccine doses. The majority received the Pfizer/BioNTech vaccine
- By age, the proportion vaccinated was highest in those aged 80 years or older (93.9%) followed by those aged 75 to 79 years (64.0%)
- By occupation, the proportion vaccinated was 68.9% in healthcare workers and 60.5% in care home workers
- After 2 doses of the Pfizer/BioNTech vaccine, the proportion of participants who tested positive was high across all age groups (100% in those under 30, and 87.9% in those 80 and over)
- For individuals who received a single dose of Pfizer/BioNTech vaccine after 21 days or more, the proportion testing positive was 94.7% in those under 30, and in those who had previously had COVID-19 (confirmed or suspected) at 88.8%. The proportion testing positive was lower at older ages ranging from 73.7% at 60 to 64 years to 34.7% in those aged 80 and over
- There were too few individuals reporting AstraZeneca/Oxford vaccine doses more than 21 days earlier to analyse the antibody responses

Vaccine confidence

- Overall vaccine confidence is high, with 92.0% having accepted or planning to accept a vaccine offer. This varied by age, being higher in older groups at 99.0% of those 80 years or older compared with 83.4% of 18 to 29 year olds. This varied by age at 93.6% in males and 90.7% in females
- Vaccine confidence also varied by ethnicity, being highest in those of white ethnicity (92.6%) and lowest among those of black ethnicity (72.5%)
- Vaccine confidence was slightly lower in care home (88.5%) than healthcare (92.1%) workers
- The 3 most commonly selected reasons for vaccine hesitancy were wanting to wait and see how the vaccine works, worried about long-term health effects, and worried about side effects

- Other common concerns shown in free-text comments were around current and planned pregnancy, future fertility and specific allergies or comorbidities

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NHS Test and Trace passes 6 million contacts reached

- 87.9% of cases, and 93.6% of their contacts, reached by NHS Test and Trace in latest reporting week.
- More than 90% were reached within 3 days of the person they were in close contact with testing positive.
- More than 6 million contacts have been reached since NHS Test and Trace launched in May.

The latest weekly statistics reveal a continued strong performance into February by NHS Test and Trace, reaching more than 210,000 people, and testing more than 2.5 million people for COVID-19. The service successfully reached 87.9% of cases and 93.6% of their contacts, making a real impact in breaking chains of transmission.

Between 11 and 17 February, 90.2% (120,165) of the contacts identified were reached within 3 days of the confirmed case testing positive.

Since its launch last May, NHS Test and Trace has now reached more than 6 million contacts, including 90.2% of close contacts for whom communication details were provided.

Of those who took their tests in-person at either a local or regional test centre or mobile testing unit in the latest reporting week, nearly all (95.8%) received their results the following day, while the median turnaround time for home test kits has reduced to 33 hours.

The service continues to reach a high proportion of cases and contacts, with people able to receive a test result more quickly and conveniently. The median distance that people will have travelled for a test remains just 1.9 miles, compared to 5.1 miles as recently as September.

From today, local authority level data will be available alongside national app data for England and Wales on the NHS COVID-19 app website. This includes the number of users who have completed the symptoms checker and notified to self-isolate, the number of test results received through the app, both positive and negative, the number of users notified to self-isolate by the app as a result of risky contacts, and the number of check-in events that have taken place per local authority.

Testing is key to keeping all children and staff safe and is already taking

place in many education settings. This week's reporting figures include lateral flow device (LFD) testing in education settings for the first time. During 11 to 17 February, 329,841 LFD tests were conducted within primary schools, school-based nurseries and maintained nursery schools, while 165,674 LFD tests were conducted within secondary schools and colleges. In higher education 50,659 LFD tests were carried out.

Health Minister Lord Bethell said:

> Week after week these results continue to have an enormous impact. Thanks to NHS Test and Trace's continued outstanding performance, we are helping to halt the spread of the virus.
>
> Around 1 in 3 people with COVID-19 are asymptomatic which means every positive rapid test helps us break a chain of transmission we wouldn't have otherwise identified. To identify these hidden cases NHS Test and Trace is conducting over 1.7 million rapid tests per week, and, since January, this has included all school staff.

Interim Executive Chair of the National Institute for Health Protection Baroness Dido Harding said:

> This has been another strong reporting week for NHS Test and Trace as the service continues to evolve in order to reach high proportion of cases and contacts quickly and conveniently. Since the service was launched, 70 million PCR tests in the UK have been conducted – more than one for every person living in the UK, which just demonstrates the current scale of NHS Test and Trace.
>
> More than 95% of in-person tests now return results the next day, compared to less than 50% in the week ending 23 December, ensuring we are contacting as many people as possible, as quickly as possible, with the service continuing to improve.
>
> I am incredibly grateful to everyone involved in NHS Test and Trace, combined with the local expertise of local authorities, who are working non-stop to help us combat the spread of the virus.

Testing

As of 24 February, more than 83 million tests have been processed in the UK in total since testing began, more than any other comparable European country. In total, almost 22.8 million people have now been tested at least once since NHS Test and Trace was launched – that equates to more than a third of all people in England.

In the latest week (11 February to 17 February), 1,756,402 LFD tests were conducted, which is 13 times higher than mid-December, with 12,247,355 conducted in total since first introduced. Of the LFD tests conducted in the

latest week, 5,626 LFD tests returned a positive result and 86,970 positive results have been reported since they were introduced.

The number of LFD tests has been increasing, with 13 times more conducted this reporting week compared to mid-December. This has increased across all regions between late December 2020 and early February 2021, with most in this reporting week conducted in the South West followed by the North West.

Pillar 1 test results made available within 24 hours has increased to 96.7%, compared with last week's percentage of 97.4%. 96.9% of satellite tests were received within 3 days after the day they were taken, compared with 96.7% the previous week.

On Saturday 20 February, the 500th local test site (LTS) was opened in Daventry, Northamptonshire. Since May, on average 20 test sites have been opened each week, with these LTS complementing part of more than 1,000 symptomatic test sites in operation, ensuring people are travelling a shorter distance than ever before to get a test.

Tracing

So far, more than 9.1 million cases and contacts have been reached and told to self-isolate by contact tracers.

Tracing performance has remained high with 87.9% of cases and 93.6% of contacts reached last week. The proportion of contacts reached within 24 hours once identified as a contact was 98.0%, consistent with the previous week when it was 97.9%.

83,000 positive cases were transferred to contact tracers between 11 to 17 February, with 72,976 reached and told to self-isolate.

In total during the week of 11 to 17 February, 210,324 people who had either tested positive or been identified as a recent close contact were reached and told to self-isolate, people who might otherwise have gone on to unknowingly spread the virus.

More than 310 local authorities have joined forces with NHS Test and Trace to launch local tracing partnerships, combining specialist local expertise with the data and resources of NHS Test and Trace. These partnerships enable NHS Test and Trace to go further in supporting people who have tested positive for COVID-19 and tracing their recent contacts.

Support for those self-isolating is also expanding. As announced in the COVID-19 Response roadmap published on Monday 22 February, the Test and Trace Support Payment Scheme will continue into the summer, and will be expanded to cover parents who are unable to work because they are caring for a child who is self-isolating. The funding made available for local authorities as part of this to make discretionary support payments will be increased to £20 million per month. There will be more funding too to help local authorities ensure people self-isolating have access to practical support, such as food deliveries or help with their caring responsibilities, and support for

wellbeing.

Background information

The weekly statistics from the 38th week of NHS Test and Trace (England) show in the most recent reporting week (11 to 17 February):

- the proportion of contacts reached by tracing service has remained consistent at 93.6%
- 87.9% of people who tested positive and were transferred to the contact-tracing system were reached and asked to provide information about their contacts, compared with 87.7% the previous week
- 96.7% of contacts where communication details were given were reached and told to self-isolate
- 95.8% of in-person test results were received the next day after the test was taken, compared with 96.1% of tests the previous week
- 96.7% of pillar 1 test results were made available within 24 hours, compared with 97.4% the previous week.
- 86.8% of in-person test results were received within 24 hours after the test was taken, compared with 85.4% the previous week
- 96.9% of satellite test results were received within 3 days after the day they were taken, compared with 96.7% the previous week
- there have been 2 million LFD tests in primary schools, school-based nurseries and maintained nursery schools, just under 2 million LFD tests in secondary schools and colleges, and more than 600,000 LFD tests taken in higher education

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Interim national guidance non-stationary fluvial flood frequency estimation

This project has developed new tools and techniques to help us detect and take account of non-stationarity in flood frequency estimation for flood scheme appraisal.

If you would like a copy of the R Package (nonstat) to carry out non-stationary flood frequency analysis please contact fcerm.evidence@environment-agency.gov.uk.

The digital outputs from the project are also available on request. The results zip file contains results on change point tests, multi-temporal trend testing, split sample tests and non-stationary flood frequency analysis.

You should apply this guidance:

- in the appraisal of all projects submitting a short form business case or outline business case to the Environment Agency for assurance and approval after 1st July 2021. Projects submitting before this date could also be assessed against this guidance to check that it would not lead to different decisions provided this would not unduly slow completion or add significantly to the cost.

- to your FCERM strategy if you have not already submitted it to the Environment Agency for assurance and approval. For existing approved plans and strategies we would not normally expect this advice to be applied until the next review, unless specific investment projects within them are planned before this. In these cases, new project appraisals should adopt the new guidance.

You should use this guidance to understand how and when non-stationarity should be included in the appraisal of FCERM projects schemes and strategies. This guidance should be used in conjunction with the full appraisal guidance.

Development of interim national guidance on non-stationary fluvial flood frequency estimation: summary (PDF, 307KB, 2 pages)

Development of interim national guidance on non-stationary fluvial flood frequency estimation – science report (PDF, 10.9MB, 232 pages)

Development of interim national guidance on non-stationary fluvial flood frequency estimation – practitioner guidance (PDF, 1.21MB, 59 pages)

Development of interim national guidance on non-stationary fluvial flood frequency estimation – package user guide (PDF, 1.94MB, 49 pages)

Rapid evidence assessment of non-stationarity in sources of UK_flooding – summary (PDF, 266KB, 2 pages)

Rapid evidence assessment of non-stationarity in sources of UK flooding – report (PDF, 4.79MB, 83 pages)

Recommendations for future research and practice on non-stationarity in UK flooding – summary (PDF, 214KB, 2 pages)

Recommendations for future research and practice on non-stationarity in UK flooding – report (PDF, 1.69MB, 59 pages)

Education Secretary statement to MPs

on education recovery and qualifications

With permission, Mr Speaker, I would like to make a statement regarding the opening of educational settings, our plans to help children catch up and the arrangements we have put in place for qualifications.

The Prime Minister announced on Monday a cautious road map for the gradual relaxation of our current social restrictions. It isn't quite the end, but the end is very clearly in sight. As the House is by now aware, the rates of Covid infection have come down enough for us let children go back to school from Monday 8th March. Secondary and college students will be back from that date after being offered an onsite Covid test.

University students on practical courses who need to access specialist facilities can also return to campus from the 8th March. And we'll be reviewing the timing for the return of remaining students during the Easter holidays.

Mr Speaker, the Prime Minister spoke of a one-way road to freedom for this reason we have issued detailed guidance about what we expect all our education settings to do welcome students back

There will be a robust testing regime in place that will be critical in breaking the chains of Covid infection. More than 4 million tests have already been completed across primary, secondary schools, colleges and universities.

I know that staff have worked very hard to set up testing sites in schools and have had time to get used to supervising the testing that goes on. I know that the whole House will join me in thanking every one of them for the incredible efforts they continue to make to keep young people safe and learning. Primary school staff will continue to receive two home tests a week and this will be extended to private early years providers.

Secondary school and college students will be offered three tests in school or college when they return over the first two weeks, to be undertaken 3 to 5 days apart.

Students will then be offered two home tests per week so they can test themselves regularly. Schools will be able to retain small on-site testing facilities for those who cannot and haven't been able to test at home.

Staff and students at independent learning providers and adult community learning providers will also be able to test at home. On-site testing facilities are already set up in universities, and staff and students there can take two tests a week.

We are following public health guidance and advising that, in circumstances where social distancing cannot be maintained, face coverings should be worn

in secondary school classrooms, as well as in further and higher education settings.

This is a temporary measure, to ensure the safe return of schools, and will be in place until Easter.

All the other safety measures that are already in place continue to be robust, including bubble groups, staggered start and finish times, increasing ventilation and strict hygiene measures.

Mr Speaker, this has been a hugely challenging time for teachers, staff, and parents. The House will be well aware of the incredible work that has already gone into minimising the effects of this pandemic.

But I know from the research we've been conducting that it won't be enough. Many children are going to need longer term support to make up for lost learning. We want families to know that there will be support for schools and for our children.

Sir Kevan Collins, our Education Recovery Commissioner, will be working with parents, teachers and schools on a long-term plan to make sure pupils have the chance to make up their learning over the course of their education. As an immediate support we're putting in place a range of additional measures to help children and young people across England to help them catch up.

We are introducing a new one-off £302 million Recovery Premium for state primary and secondary schools, building on the Pupil Premium, to further support pupils who need it most.

We are expanding our successful tutoring programmes. £200 million will be available to fund an extended National Tutoring Programme for primary and secondary schools and tutoring and language support in colleges and early years settings.

£200m will be available for secondary schools to deliver face-to-face summer schools. . The package will build on the £1bn catch-up package we announced last June and forms part of the wider response to help pupils make up on the lost learning they've suffered. Mr Speaker I would now like to update the House on the next steps after we decided that GCSE, AS and A level exams and many vocational and technical qualifications could not go ahead as planned this summer.

In January we launched a joint consultation with Ofqual on the best way to do this, so that the results for 2021 are as robust and as fair as possible. I am very glad to say that we got more than 100,000 responses from students, parents, teachers, school leaders and other stakeholders as part of that consultation and we considered all of them very carefully. I would like to assure Honourable and Right Honourable colleagues that there was widespread support for our approach that we are taking.

Our priority is, and has always been, to make sure every student has the best possible chance to show what they know and can do, enabling them to progress to the next stage of their education, training, or employment.

The most important thing we can do is make sure that the system is fair, that it is fair to every student. It is vital that they have confidence that they will get the grade that is a just reflection of their work.

Mr Speaker, this year's students will receive grades determined by their teachers, with assessments covering what they were taught, and not what they have missed. Teachers have a good understanding of their students' performance and how they compare to other students this year and those from previous years.

Teachers can choose a range of evidence, to underpin their assessments, including coursework, in-class tests set by the school, and the use of optional questions provided by exam boards and mock exams and we will, of course, give guidance on how best to do this fairly and also consistently.

Exam boards will be issuing grade descriptions to help teachers make sure their assessments are fair and consistent. These will be broadly pegged to performance standards from previous years so teachers and students are clear what is expected at each grade. By doing this combined with a rigorous quality assurance process, are just two of the ways this system will ensure grades are fair, and consistent. Quality assurance by the exam boards will provide a meaningful check in the system and make sure we can root out malpractice.

We will also set out a full and fair appeals system. It will provide a process to enable students to appeal their grades should they believe their grade is wrong grade given is wrong.

Mr Speaker, I can confirm no algorithm will be used for this process, grades will be awarded on the basis of teachers' judgement and will only ever be changed by human intervention. There must of course be as much fairness and rigour applied to vocational and technical qualifications as there is to general qualifications as well. For those qualifications most similar to GCSEs, AS and A levels which enable people to progress onto further and higher education, external exams will not go ahead and results will be awarded through similar arrangements as set out for GCSEs and A levels.

However, where students are taking VTQs to go straight into a job, exams and assessments should take place in line with public health measures. This is so that students can demonstrate the occupational or professional standards they need to enter the workplace safely.

Mr Speaker, all our children and young people have paid a considerable price for the disruption of the past year. It has knocked their learning off track, it has put their friendships to one side and it has put some of the wonder of growing up on hold. In short, Mr Speaker, it has caused enormous damage to what should have been a carefree and exciting part of growing up.

I am absolutely committed that with this programme of catch-up measures and the extra funds for tutoring we can start to put his right. Together with the measures we have set out for a fair and robust allocation of grades, young people will be able to look forward to the next stage of their lives with

confidence. Our approach, in the face of the worst disruption to education since the second world war, has been to protect the progress of pupils and students, Ultimately this summer's assessments will ensure fair routes to the next stages of education or the start of a career.

That is our overall aim.

Mr Speaker, in summing up, I'm sure you would agree with my assessment, that as a nation we have, perhaps, never valued education as much as we do today. And I commend this statement to the House.

UK to strengthen its ethical approach to the international recruitment of health and care workers

- The updated code of practice (CoP) sets out how UK health and social care employers can ethically recruit from overseas
- The CoP will help to meet UK's target of delivering 50,000 more nurses by 2024

The UK has updated its code of practice for the international recruitment of health and social care staff to align with the World Health Organization (WHO), widening the global market from which the UK can ethically recruit.

This will provide increasing numbers of international staff with the opportunity to come and work in the UK's health and social care sectors to deliver world-class care.

The CoP sets out how the UK can work collaboratively with governments from around the world, forming partnerships to benefit health and social care workers, their country of origin and the UK.

The updated CoP aligns with the principles set out in the WHO's global code of practice and represents an important step forward in the UK's approach to ethical recruitment.

It will:

- ensure international recruits will be treated fairly and be provided with the appropriate support
- provide safeguards against active recruitment from 47 countries on the WHO Health Workforce Support and Safeguards List
- set out how the UK is supporting countries with the most pressing health and social care workforce challenges

Together with robust plans to increase UK-trained nurses, an increase in

health and social staff from overseas will help to meet the government's manifesto commitment for 50,000 more nurses by 2024. There are already over 10,500 more nurses working in the NHS compared with last year.

Minister for Care Helen Whateley said:

> I am hugely grateful for all of the frontline health and social care workers from overseas who have worked tirelessly to save lives and provide the best possible care during this pandemic.
>
> We will work with countries all over the world to promote the best standards of ethical recruitment of health and social care staff and I look forward to welcoming more incredible talent to the UK.
>
> Alongside our ambition to increase the number of UK-based nurses, this will allow us to continue to deliver world-class care to patients for years to come.

International recruitment is one part of the Long Term Plan to ensure the NHS has the staff it needs. This will help to achieve a sustainable health and social care workforce to meet the UK's needs and will ensure better healthcare can be delivered to everyone.

Homegrown supply of health and social care staff is increasing through a range of government measures which includes more training, retaining more staff and encouraging those who have left to return.

The CoP clearly sets out responsibilities for recruiters, employers and the government on how to maintain ethical recruitment on an ongoing basis and will ensure countries with the weakest health systems are protected.

Read the updated code of practice.

To align with the WHO, the new code refers to the WHO Health Workforce Support and safeguard List, 2020 of 47 countries where active recruitment can't be undertaken. This replaces the previous UK-held list of 152 countries, and removes confusion which can arise from the UK holding a separate list of countries. UK recruiters are not permitted to actively recruit from these countries unless there is a government to government agreement in place for managed recruitment.

These countries are:

- Afghanistan
- Angola
- Bangladesh
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Central African Republic

- Chad
- Congo
- Congo, Democratic Republic of
- Côte d’Ivoire
- Djibouti
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Gambia, The
- Ghana
- Guinea
- Guinea-Bissau
- Haiti
- Kiribati
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Micronesia, Federated States of
- Mozambique
- Nepal
- Niger
- Nigeria
- Pakistan
- Papua New Guinea
- Senegal
- Sierra Leone
- Solomon Islands
- Somalia
- South Sudan
- Sudan
- Tanzania, United Republic of
- Togo
- Uganda
- Vanuatu
- Yemen, Republic of