£22 million awarded to life-saving health charities during virus outbreak

- Health and care charities awarded funding to continue providing lifechanging support services
- £22 million in cash grants awarded to mental health, ambulance and other public health charities
- Package part of £750 million unveiled by Chancellor in response to COVID-19

Mental health, ambulance, social care, learning disabilities, autism and dementia charities are among those set to receive millions of pounds in government funding, Health Minister Nadine Dorries has announced today.

Over £22 million in cash grants will be awarded to charities providing vital services to ensure they can meet increased demand as a result of COVID-19, while continuing their day-to-day activities to help those in need.

Coming as the nation marks Mental Health Awareness Week, a total of £4.2 million will be awarded to mental health charities, such as Samaritans, Young Minds and Bipolar UK, to continue to support people experiencing mental health challenges throughout the outbreak. This builds on the £5 million already made available to Mind and the Mental Health Consortia.

Nadine Dorries, Minister of State for Patient Safety, Suicide Prevention and Mental Health, said:

Mental health, learning disabilities and autism charities are providing vital support and advice during this public health crisis, working tirelessly alongside NHS and social care services to help people affected in many different ways.

This epidemic has had huge consequences for us all, but for some it has been especially difficult, leading to loneliness, anxiety and other mental health challenges.

The funding we are providing today — alongside £5 million already awarded to mental health charities — will help to give these organisations a much-needed boost during this outbreak so that they can keep doing what they do best.

St John Ambulance and Air Ambulances UK will each receive over £6 million to continue to provide life-saving services throughout the outbreak.

The funding will also provide cash grants to charities supporting people with cancer and dementia, carers and to support the adult social care and community healthcare systems.

Ed Argar, Minister of State for Health, said:

Every day, charities perform amazing work for our communities — whether that's providing air ambulances during accidents and emergencies, or much-needed support and advice to people suffering from illness or just needing help and a friendly ear. During this COVID-19 pandemic, these services are more important than ever to many people.

Therefore, I am pleased that today's funding awards to health and social care charities will help these fantastic organisations to continue with their vital work.

Other recipients of the funding include charities supporting unpaid carers, people with learning disability and autism, pregnant women, those affected by stillbirth or neonatal death and older people.

The money is part of a UK-wide £750 million package of support for the voluntary sector announced by the Chancellor of the Exchequer in April. £360 million of this will be directly allocated by government departments to charities providing key services and supporting vulnerable people during the crisis.

The Department of Health and Social Care has worked to ensure that funding reaches where it is needed most as soon as possible, with the aim for charities to receive money later this month.

The funding will include:

- £4.2m to support mental health charities including Samaritans, Young Minds, Place2Be, Beat, Mental Health UK, Bipolar UK, CALM and charities within the National Bereavement Alliance
- Up to £6.8 million to support St John Ambulance
- £6 million to support Air Ambulances
- £6 million to support various charities, including those working with people with learning disabilities, autism and complex needs (National Autistic Society, British Institute for Learning Disabilities, MENCAP, Learning Disability England, Contact, Respond, The Challenging Behaviour Foundation), those working to support people with cancer (Anthony Nolan Trust, Jo's Cervical Cancer Trust, Blood Cancer UK) and stroke and dementia charities, and those that support the adult social care system (Carers UK, Alzheimer's Society, Race Equality Foundation, Royal Osteoporosis Society, Stroke Association)

This funding will also go to charities supporting pregnant women, babies in neonatal intensive care and those affected by stillbirth and neonatal deaths (Tommy's, Bliss and Sands) and support for specialist addiction and recovery charities.

Air ambulance critical emergency services are not funded by the NHS. Although they receive some support from NHS ambulance services which provide them with clinical staff and equipment, vital charitable donations from the public cover the costs of keeping services running.

Examples of the type of projects this money will fund include:

Blood Cancer UK

- Targeted symptom campaign encouraging people with undiagnosed blood cancer to seek diagnosis and treatment in line with the latest NHS messaging on the most appropriate pathways for accessing non-COVID services — directly addressing 'fear factor' amongst prospective patients.
- Boosting the resilience of the growing NHS workforce: a telephone Listening and Welfare Service to support UK haematology healthcare professionals delivered by counsellors and psychologists.

Anthony Nolan

• Setting up a 24-hour emergency hub at Heathrow Airport to ensure continued delivery of stem cells to hospitals and patients.

Jo's Cervical Cancer Trust

- Jo's Cervical Cancer Trust is responding to the COVID-19 pandemic through supporting women directly with several open support systems, and providing insight and expertise to organisations such as NHS England and Public Health England.
- Jo's Cervical Cancer Trust has is running outreach teams across the country, and a front-line service in hospitals. Carers UK
- This funding will enable Carers UK to extend their helpline, information and advice services so unpaid carers are able to access trusted information and advice.

British Embassy Asunción: call for bids 2020/2021 - COVID-19

World news story

The British Embassy Asunción is now accepting project proposals for the 2020/2021 financial year (1 July 2020 — 30 November 2020).



The British Embassy in Asunción is now accepting project proposals for the 2020/2021 financial year (1 July 2020-30 November 2020). Deadline for submission of proposals is Monday 1 June 2020 (until midnight, Paraguay time).

Call for bids

This year, the British Embassy will run a competitive bidding process seeking to support projects and activities that deliver real and measurable outcomes in support of Paraguay's efforts to cope with COVID-19 (coronavirus) outbreak. Interested partners are invited to present project proposals addressing and mitigating the health (incl. mental health), social, legislative, economic, and environmental impacts of COVID-19.

All expenditures must qualify as Official Development Assistance (ODA), as defined by the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD) and have the promotion of welfare of the people of Paraguay as the main objective.

Who may bid? Eligibility criteria

In order to be eligible, your organisation or agency must be a legal entity, not-for-profit or commercial company, a registered non-governmental (NGO) or governmental organisation, academia, research institutions, and must demonstrate:

• proof of legal registration

- previous experience in delivering and managing projects
- preferably previous experience working with international agencies/organisations

How to bid

Proposals should be sent by email using the attached forms to UKinParaguay@fco.gov.uk no later than Monday 1 May June (until midnight, Paraguay time). In the subject line of the email, please indicate "Project Bid [NAME OF ORGANISATION] [PROJECT TITLE]".

Project bid guidance

- Projects are funded under a reimbursement scheme for a single financial year running from 1 July 2020 to 30 November 2020, with no expectations of continued funding beyond this period.
- Maximum budget per project is PYG 220,000,000 or its equivalent in USD.
- Please note that proposals near maximum can be considered.
- Each institution may submit up to a maximum of 1 proposal.
- Proposals forms can be filled in English or Spanish

Project assessment

Project bids will be assessed against the following criteria:

- Alignment with the aforementioned thematic area (COVID-19)
- Achievable outcomes within the funding period and sustainability after the funding ends
- Clear project design which includes monitoring and evaluation procedures
- Identified risks and planned mitigation
- The organisation's safeguarding policies that ensure protection of beneficiaries
- Demonstrated value for money in the Activity Based Budget (ABB)
- Innovative projects and organisations are encouraged to participate.
- We strongly advise potential implementers to avoid focusing their approach on the purchase of goods (furniture, personal protective equipment, medical supplies)

Process

- Ensure that the Activity Based Budget (ABB) is in the same currency as the bank account where funds reimbursements are to be received. Use the Excel template provided below
- Proposals must be received before midnight on 1 June 2020 (Paraguay time). All proposals received in a different format or means to the one requested and/or submitted after the set date and time will not be considered
- Proposals selected for further consideration and due diligence information will be notified by 17 June 2020.
- The British Embassy in Asuncion aims to sign grant agreements with

successful implementers between 23 and 26 June 2020.

• Due to the high number of bids we receive, we are unable to provide detailed feedback to unsuccessful bids

Indicative timetable

Dates	Activities
21 May 2020	Call for bids announcement
1 June 2020	Deadline for implementers to submit Project Proposal Forms and Activity Based Budget
2 - 12 June 2020	Proposals reviewed by the British Embassy Asuncion's Projects Board.
17 June	Outcome of successful bid notified to implementers.
1 July 2020 – 30 November 2020	Project implementation period.

Additional information and documentation

All implementers will be expected to sign a standard FCO contract or grant agreement with the Embassy. The terms of the contract or agreement are not negotiable.

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1. 21 May 2020

Added translation

2. 21 May 2020

First published.

Government to offer antibody tests to health and social care staff and patients in England

- All NHS and care staff in England will be offered a test, with patients and care residents eligible at their clinician's request
- Accurate and reliable lab-based antibody tests will improve understanding and data on COVID-19
- Devolved administrations will decide who is eligible for tests in their jurisdictions

Antibody tests will be available to NHS and care staff, eligible patients and

care residents in England to see if they have had coronavirus as part of a new national antibody testing programme announced by Health and Social Care Secretary Matt Hancock.

Tests will be prioritised for NHS and care staff, and clinicians will be able to request them for patients in both hospital and social care settings if they deem it appropriate.

The new antibody testing programme, which will start next week, follows the substantial expansion of the UK's swab testing capacity, which saw the creation of the country's biggest network of diagnostic labs completed in record time. Swab testing confirms whether or not someone currently has the virus that causes COVID-19.

Under the new programme announced today, highly accurate laboratory based antibody tests will be used to tell whether someone has already had the virus, to provide accurate data about the antibodies they have developed in response. The information will help clinicians and scientists to better understand the prevalence of the virus in different regions across the country.

Secretary of State for Health and Social Care Matt Hancock said:

Today we have signed contracts to supply over 10 million tests from Roche and Abbott supply in the coming months. From next week, we will begin rolling these out in a phased way. At first, to health and care staff, patients and residents.

This is an important milestone and it represents further progress in our national testing programme. Knowing you have these antibodies will help us to understand in the future if you are at lower risk of catching coronavirus, dying from coronavirus and of transmitting coronavirus.

History has shown that understanding an enemy is fundamental to defeating it. In this latest fight, our ingenuity and our brilliant scientists and our scientific curiosity is what will keep us one step ahead of this virus. We all have something to bring though in this fight — one action every one of us can take is to follow the rules on hygiene and social distancing. Not just for you, but for your loved ones and for your community. So please, stay alert, control the virus and save lives.

Ten million tests so far have been secured in a landmark deal with industry, including Roche Diagnostics and Abbott Laboratories, and these will be rolled out over the coming months, with further agreements being negotiated with suppliers to supply millions of laboratory-based antibody tests.

A positive test result for antibodies, whichever test is used, does not currently mean that the person being tested is immune to COVID-19. There is also no firm evidence that the presence of antibodies means someone cannot be

re-infected with the virus or will not pass it on to someone else. If someone tests positive, they still need to follow social distancing measures and appropriate use of PPE.

As previously announced, a Public Health England (PHE) study called SIREN is already underway to help answer these questions and establish whether antibodies indicate immunity to COVID-19. A sample of 10,000 healthcare workers are being tested to examine any potential immunity to the virus.

Professor John Newton, National Coordinator of the UK COVID-19 testing programme, said:

Our understanding of this virus will only continue to grow as new scientific evidence and studies emerge. This new national testing programme is a very important part of that work.

COVID-19 is a new disease, and our understanding of the body's immune response to the virus that causes it is limited. Progress is being made every day, but we do not yet know how long immunity lasts, nor whether having antibodies means a person cannot transmit the virus to others. It is vital that everyone continues to follow social distancing measures, playing their part to halt the spread of infection.

SIREN study lead, Dr Susan Hopkins, said:

The results of this PHE study will be an important piece of the puzzle. We know people who have had COVID-19 produce antibodies in response but what we don't know is whether this means they have immunity against future infection and how long that protection may last. Improving our understanding will be critical to future decisions about how best to control the spread of coronavirus.

Antibody tests require blood samples, which will be collected by trained staff and analysed by existing pathology labs across England. Data on the number of positive and negative cases will be reported to PHE.

Health and social care staff will be asked by their employer whether they want to have an antibody test. For NHS staff, the NHS in England has set up a network of regional CEOs to oversee this work. The NHS will use existing phlebotomy services and will set up more to ensure all staff can be tested.

For care staff, the testing programme will be rolled out in a phased way across regions in England. We will agree with local leaders the best place in the country to start the programme and we will work with them to decide how this is implemented. Social care staff will be tested using a separate phlebotomy service, which will be able to take blood at their place of work.

Patients who are already having blood taken as part of other tests will be

asked whether they would like an antibody test.

Antibody testing will have a critical role to play in improving understanding about the level and duration of immunity following infection, and how the virus is spreading across the country.

The UK government is using its significant buying power to arrange supplies of tests on behalf of the devolved administrations, and each devolved nation is deciding how to use its test allocation and how testing will be prioritised and managed.

Research is underway to understand more about the prevalence of the virus among the UK population through a combination of blood and swab testing in addition to PHE's immunity study. This is one of a range of surveillance studies under Pillar 4 of the Testing Strategy, including studies by the ONS, Imperial College and IPSOS MORI, and Biobank. This information will help the government manage the ongoing response to the pandemic.

Only lab-based antibody tests with CE marks that have been evaluated by Public Health England (PHE) and shown to provide reliable results will be used in the programme. The government has agreed contracts to supply tests with a number of suppliers and will continue to engage with other companies to establish further agreements.

The Public Health England study seeks to understand whether the presence of COVID antibodies protects people from future infection of COVID-19. Up to 10,000 healthcare workers will be studied for at least a year, with data collected recording history of infection and any new symptoms that appear during the course of the study.

Individuals will have nose and throat swabs and blood samples taken regularly to determine new acute infections and measure their antibody response. The study will provide vital information to help better understand the future impact of COVID-19 on the population.

Responding to COVID-19 and supporting fair elections in Somalia

Thank you, Mr President. Let me, if I might, thank our briefers — of course, to SRSG Swan and, if I might, to you as well, Jim commend your relentless professionalism and commitment in difficult circumstances. I also want to thank Ambassador Madeira and Director Marcaillou.

Mr President, in light of COVID-19, let me start by expressing our solidarity with Somalia in facing this global pandemic and commend Somalia for the measures they have taken to contain the spread of the virus. I also want to

welcome the work of the United Nations in coordinating a coherent response between international organisations including the WFP, WHO, UNICEF and NGO partners.

We want to urge all partners to respond to Somalia's COVID-19 Response Plan which calls for additional, aligned and coordinated funding. The United Kingdom gave \$420 million in the last financial year to Somalia and in light of the response plan we are considering now what more we can do. And I would also just like to mention that today, the UK has announced a \$25 million contribution to the African Union Fund, set up last month by President Ramaphosa to tackle COVID-19.

Mr President, despite the pandemic and the Secretary-General's calls for a ceasefire, Al-Shabaab continues to launch attacks. We strongly condemn the recent attacks in Mogadishu, including against the UN, AMISOM and the international community. And I want to pay tribute to the ongoing commitment and sacrifices of AMISOM troop contributing countries and the efforts of the Somali Security Forces. I want to join UNMAS in their concern about the use of IEDs in Somalia. This is why this Council imposed a ban on IED components and it's why we have recommended strengthening support on tackling IEDs in the AMISOM text.

Mr President, it is clear that COVID-19 poses significant challenges to Somalia. We need to recognise this. That this should not distract us from supporting Somalia to make the gains made and supporting Somalia on making progress on security, greater political engagement and elections.

On security reform, there has been important progress over the last year. Somalia has recovered additional territory from Al-Shabaab, trained Somali security forces, developed a threat assessment; and become a member of INTERPOL. There is now greater international engagement on the question of what security support in Somalia will look like after 2021. In March the UK supported a Wilton Park-convened conference in Ethiopia. In April the African Union and Somalia chaired a ministerial conference. We should build on this momentum.

Somalia has also started the process of updating the Somali Transition Plan. Rapid progress in updating and, above all, implementing the Transition Plan is vital if Somalia is to meet their own December 2021 deadline to take over lead responsibility for national security. The independent assessment, requested by this Council, will help us decide how best to support Somalia's vision post-2021. Both the revised security strategy and the independent review should guide our decision making in a timely fashion.

Mr President, the long-term goals of a Somali political settlement, including One-Person-One-Vote elections and progress on the constitutional review, remain unchanged. We are seeing progress on technical preparations for elections and we welcome the UN's efforts to enable Parliament to reconvene virtually and AMISOM's support on security. It is vital that the Government, Parliament, Electoral Committee, Joint Parliamentary Committee, and Federal Member States work together and take urgent and inclusive steps to help facilitate timely, constitutional and inclusive One-Person-One-Vote

elections.

There is no reason why COVID-19 should prevent the key preparatory work from taking place. This is the time for government and opposition to put aside differences and find compromise. Decisions on the electoral code, seat allocation, definition of constituencies, women's quota and provisions for Somaliland and Benadir are needed urgently, and it is good to hear that we should see progress on these issues in the next few weeks.

Mr President, I want to express deep concern about recent actions taken to repress the media with arrests of journalists in Somalia. We welcome the recent positive steps to facilitate accurate reporting on COVID-19 by the Office of the Prime Minister. The media has a vital role to play in Somalia. We call for Somali journalists to be able to perform their work and we call also on Somali leaders to ensure the political space is kept open.

Mr President, reconciliation is central to Somalia's state-building efforts. There has been some progress in Jubaland, South West State and Galmudug, but critical issues remain. We look to the Federal Government to drive forward reconciliation efforts and we need to see high-level political dialogue with the Federal Member States. This dialogue was urgent before and is even more urgent in the light of COVID-19. There is no room for division in the face of a common enemy.

In conclusion, Mr President, let me emphasise three points.

First, the importance of an enhanced and coordinated response to supporting Somalia in its fight against COVID-19. We should all do what we can.

Second, the importance of this Council, the United Nations, the region, the AU and the wider international community in continuing to support Somalia to achieve progress on holding timely One-Person-One-Vote elections and moving ahead on security reform. Somalia's future security and development depends on continued progress.

And finally, I reiterate our call, the call that the Council has made many times, for the Federal Government and Federal Member States to work together to build a stronger and more peaceful Somalia.

Thank you, Mr President.

Moving Venezuela toward a democratic future

Thank you, Mr President. I join others in thanking USG DiCarlo for her briefing.

Mr President, today we have been convened to speak about what is essentially an independent operation by a rogue group of mercenaries in speedboats, not a threat to international peace and security. The United Kingdom rejects the ridiculous notion peddled by the Russian Federation that this incident was a US and Colombian supported attempt to assassinate Maduro and impose a substitute government, as the Maduro regime has alleged in its letter to the Security Council. It does, however, this discussion, give the Council a useful precedent in scrutinising such adventurism by others into sovereign territory in the future. And I, for one, welcome the Russian delegation's condemnation of the violation of national sovereignty by mercenaries. We hope this means that they will themselves be changing the approach they take in Libya and elsewhere, as the Council heard earlier this week. Indeed, we were glad to hear many Council members defend territorial integrity and sovereignty, and we hope to hear similar sentiments, especially put as vehemently by the Russian delegation, when we discuss the illegal annexation of Crimea tomorrow.

For our part, we have seen no evidence that the US or Colombia were involved in this operation. To the contrary, both governments have taken steps to address the involvement of individuals from their countries. We welcome the US government's announcement that it has begun investigations into the activities of Silvercorp, its owner Jordan Goudreau, and the failed operation. And we welcome the Colombian authorities' launch of investigations into the incident. The opposition to any form of military intervention in Venezuela is a principle with which the UK firmly agrees.

But, Mr President, as we have said many times on this subject, the only positive way forward for Venezuela is through a negotiated, democratic and peaceful solution stemming from free and fair presidential elections in accordance with international norms. Such negotiations must be approached with a genuine will on both sides to constructively engage.

So far, we have seen the spirit of engagement on the side of interim President Juan Guaido, who has engaged in several dialogue initiatives, but not from the side of the Maduro regime; that was recently seen when they rejected the US democratic transition framework without considering its potential. Instead, in an attempt to divert attention from the humanitarian catastrophe, this regime has brought upon its own people by drawing the world's attention to a small group of mercenaries who, it seems, were far from being put in a position to inflict serious harm on Maduro or his regime. So it is this behaviour, rather than failed adventurism, that worries us and on which should be focussed.

The Maduro regime has also used the COVID-19 crisis to divert the international community's attention, focusing, for example, on the thousands of Venezuelans who have returned to their country in recent weeks. As USG DiCarlo told us, economic pressure on migrant communities grows. Rather than focusing on the five million who have left Venezuela with more than 1.8 million of them alone given a welcome in Colombia.

Maduro does everything in his power to draw attention away from the humanitarian crisis and the human rights violations he is perpetrating

against his own people. The regime continues to repress the opposition, stifle media freedom and harass journalists and human rights defenders. And it is now failing to guarantee basic rights to those detained as part of this operation. So we call on the Maduro regime to treat these detainees and others in accordance with international human rights standards, including their access to family, to fair trial and to choose their own defense. And we further call on the regime to allow unhindered humanitarian access, as called for by Mr Lowcock, for all Venezuelans in need, and to depoliticise humanitarian aid.

This is a crucial time for the Venezuelan people, and the challenges they've already faced are being exacerbated by COVID-19. And finally, we call on the Maduro to constructively engage in dialogue as soon as possible so that the Venezuelan people can move forward in freedom and democracy. This is what they need and this is what they deserve.

Thank you, Mr President.