

Global Youth SDGs Summit – DFID

Country Director Speech

Philip Smith Head of DfID Ghana delivering a speech at the SDG Global Summit in Accra

Minister of Health – Honourable Kwaku Agyeman-Manu Minister of Gender, Children & Social Protection – Honourable Cynthia Morrison MP Minister of Planning – Honourable George Gyan-Baffour Distinguished Panellists

Ladies and Gentlemen,

It's a pleasure to join you today at this Global Youth SDGs Summit to deliver a few brief remarks to open this important panel discussion on 'Bridging the Inclusion Gap with the Disabled'.

We know that globally more than one billion people are living with disabilities – 80% of whom live in developing countries.

These are some of the most excluded people in the world, often locked out of education, jobs, and overlooked by decision-makers.

The World Health Organisation estimates the disability rate of Ghana to be between 7 and 10 per cent.

As a longstanding friend of Ghana, the UK welcomes the Government's focus on achieving the Sustainable Development Goals.

People with disabilities are at the heart of the SDG's overarching call to 'leave no one behind'. We also applaud His Excellency the President's vision for a self-reliant Ghana.

Disability inclusion is critical to that ambition. When 10% of the population is unable to achieve their potential, when they are prevented from being productive, or when their voices are simply not heard, there can be no sustainable path to development.

And "bridging the inclusion gap", the topic of today's panel, is a global challenge for us all. In the UK, in Ghana, and across the globe, we have made far too little progress in tackling the root causes of the stigma, discrimination and abuse that hold people with disabilities back.

In Ghana, as in other countries, a large majority of persons with disabilities in Ghana are either not employed, under-employed or earn lower wages than people without disabilities. Gender inequality furthers that divide.

However, there is growing recognition of the importance of ensuring that people with disabilities are integrated into socioeconomic development

efforts.

And I am heartened to see many champions in this room and on the panel leading the wave of change here in Ghana.

Last year, the UK hosted the first ever Global Disability Summit in London. We set the bar high, not just for ourselves – but for all development agencies and Governments.

The Global Disability Summit was an expression of a new momentum towards disability inclusion resulting in 320 organisations and governments, including the Government of Ghana, making important commitments and signing up to the Charter for Change – to drive implementation of the UN Convention on the Rights of Persons with Disabilities.

The Government of Ghana's eight commitments, made at the Summit, provide a significant opportunity to drive forward increased investment and action in tackling stigma and discrimination, improving data and fundamentally in ensuring better inclusion of disabled people, particularly women and girls, in education, in economic empowerment and in technology and innovation.

The UK is committed to supporting Ghana to achieve these commitments, building on the work we have been doing over the last ten years across the country to support mental health.

Over the next few years, DFID support to disability inclusion will focus on three areas:

Firstly, supporting Government to strengthen policies and strategies that address chronic poverty, disability, poor mental health and wider exclusion. This will include a specific focus on promoting community-based care and supporting long-term reforms to de-institutionalise people with disabilities/mental health conditions from hospitals, prayer camps and other institutions.

Secondly, the UK will support Government to scale up social services – including cash transfers to the poorest households- with a new focus on jobs and skills. We will support Ministry of Health to integrate quality mental health services through primary health care at scale. We will provide technical support to ensure better use of disaggregated data by disability status and support Government to mainstream gender across its programmes.

And thirdly, we will support the efforts of civil society, disability persons organisations and self-help groups to address stigma, discrimination and human rights violations to support Ghana's efforts to transform attitudes and behaviours that drive social exclusion.

Ladies and gentlemen, We congratulate the Government of Ghana in its foresight in making disability inclusion and mental health key priorities.

Backing these commitments with sufficient resourcing and appropriate legislation will be the key to affecting real change.

I'd also like to take this opportunity to applaud the Ministry of Gender on the recent inauguration of the Disability Technical Committee to facilitate the consultation process for the review of the Disability Act and Legislative Instrument to comply with the UN Convention.

We call on the Government to go further still beyond policy commitments to champion disability inclusion – to improve access to services, making sure that these are integrated into general health services and are closer to communities; and to make them free at the point of use to those that need them.

As Ghana continues to make progress towards self-reliance, we look forward to growing the partnership between our two countries – ensuring that persons with disabilities and mental health conditions, especially the poorest and most marginalized, will have access to the care they need and can contribute to their communities.

In closing let me say that,

Today we are at a point of decision and opportunity, where in the 11 remaining years of the Sustainable Development Goals, we still have time to realise their full ambition to address the root causes of poverty and inequality and achieve development that works for all people.

Next week, we mark the International Day for Persons with Disability on 3rd December. This year's theme is 'Promoting the participation of Persons with Disabilities and their Leadership'.

As Young Ghanaians, we urge you all to join this call to action for disability-inclusive leadership.

As Ghana's future, you all have a critical role to play in the global effort to reduce stigma against people with disabilities, to respect their dignity and rights and, in so doing, to create a better world for us all.

THANK YOU.

Dstl Scientist wins Woman of the Year at Women in Defence awards

The annual awards, this year held at Guildhall in London, recognise exceptional women across UK defence. With more than 470 nominations received, the competition was high with seven staff from Dstl in the final shortlisting.

This year, Phillippa Spencer, who has worked at Dstl for 17 years, collected

the awards for Woman of the Year and for Outstanding Contribution to defence.

Phillippa was cited for her work as a polymath, applying mathematical and statistical thinking across a number of areas such as cyber, artificial intelligence, data fusion, chemistry and biology.

Her analysis was used amongst healthcare workers in Sierra Leone during the Ebola outbreak and she was a key subject matter expert in bringing the F-35 fighter into service. More recently, Phillippa was involved in the clean-up of Salisbury following the Novichok incident, where she applied statistical modelling to determine whether locations or vehicles were safe to use.

This year Phillippa was awarded a patent for her method of interrogating mixtures of nuclear acids by short tandem repeat analysis. This complements her existing patents at Dstl including for the pre-symptomatic diagnosis of sepsis.

On receiving her award Phillippa said:

“This was a huge shock to me and a tremendous honour. I want to thank all the people who have supported me throughout the years, especially the F-35 team. Becoming Woman of the Year is a humbling, yet exciting experience.

” I am lucky enough to have had a diverse and extremely fun career and I hope that I have many years to come. I would ask all of my colleagues to nominate more women next year as I know there are many others like me who have made significant contribution to defence.”

Gary Aitkenhead Chief Executive of Dstl said:

“I am so proud that Phillippa has won Woman of the Year. Her contribution to defence is exceptional and is worth honouring. She has been involved with some of the key aspects of defence during her 17 years at Dstl and her work has really made a difference in keeping the public safe and saving the lives people across the world.

“I want to see more women like Phillippa leading the way to inspire other women and to show them that careers in Science and Technology are worth considering. This is a fantastic event and well done to Phillippa.”

Other finalists from Dstl included Cerys Rees of Chemical, Biological and Radiological Division who was shortlisted for the Outstanding Contribution Award. Nikki Williams, of CIS Division, and a member of staff from the Counter Terrorism division were shortlisted in the Most Collaborative Award category.

Christine McCullough, of CIS Division, and Rebecca Mangham, of Platform Systems Division were named in the Emerging Talent Award category.

Dstl Petersfield School STEM Club team (Jess Barnes, Hannah Fitzpatrick, Kate Hotton, Verity Jackson, Samantha Rawle, Bethany Roberts, Catherine Smith, and Vicky Webb) made the shortlist in the STEM in Defence Award category.

[MHRA drug alert: recalls for 13 over-the-counter Ranitidine medicines](#)

OTC Concepts Ltd, Relconchem Ltd and Noumed Life Sciences Ltd are recalling all unexpired batches of the products listed in the alert from pharmacies and retail stores. Medreich PLC is recalling specific batches from pharmacies and retail stores.

The recall affects 13, separate Ranitidine products listed in the [MHRA drug alert here](#). Retailers have been advised to stop supplying the recalled products immediately and for all remaining stock to be quarantined and returned without delay to the supplier.

The recall is a precautionary measure due to possible contamination with an impurity, N- nitrosodimethylamine (NDMA), which has been identified as a potential risk factor in the development of certain cancers.

Patients should not stop taking their medication, and a treatment review is not necessary until the next routine appointment.

This recall follows 4 previous recalls on [8 October](#), [17 October](#), [25 October](#) and [19 November](#) regarding the withdrawal of other ranitidine products, also recalled as a precautionary measure. The MHRA is actively involved with the European Medicines Agency and other medicines' regulators to determine the impact of what is an ongoing, global issue.

Dr Andrew Gray, MHRA Deputy Director of Inspections, Enforcement & Standards, comments:

"Whilst this action is precautionary, the MHRA takes patient safety very seriously.

"Patients should keep taking their current medicines but should speak to their doctor or pharmacist if they are concerned and should seek their doctor's advice before stopping any prescribed medicines.

"We have asked companies to quarantine batches of potentially affected medicines whilst we investigate and we will take action as necessary, including product recalls where appropriate.

"We have also requested risk assessments from the relevant companies which will include the testing of potentially affected batches.

"Currently, there is no evidence that medicines containing nitrosamines have caused any harm to patients, but the Agency is closely monitoring the situation, and working with other Regulatory Agencies around the world."

Ends

Notes to Editor

1. [Medicines and Healthcare products Regulatory Agency](#) is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. All our work is underpinned by robust and fact-based judgements to ensure that the benefits justify any risks.
2. MHRA is a centre of the Medicines and Healthcare products Regulatory Agency which also includes the [National Institute for Biological Standards and Control \(NIBSC\)](#) and the [Clinical Practice Research Datalink \(CPRD\)](#). MHRA is an executive agency of the Department of Health and Social Care.

[WAAW and EAAD: letters to NHS, universities and professional organisations](#)

Published 6 August 2014

Last updated 21 November 2019 [+ show all updates](#)

1. 21 November 2019 Added 'Letter to Directors of Public Health and local authorities (2019)'.
2. 13 November 2018 Updated with 2018 letters.
3. 3 November 2017 Updated with 2017 letters.
4. 3 November 2016 Added new letters for 2016.
5. 3 November 2016 Updated with 2106 letter.
6. 19 October 2015 Added letter for universities.
7. 30 September 2015 Updated with 2015 letters.
8. 6 August 2014 First published.

[October 2019 Transaction Data](#)



In October:

- HM Land Registry completed more than 1,905,540 applications to change or query the Land Register
- the South East topped the table of regional applications with 430,303

HM Land Registry completed 1,905,543 applications in October compared with 1,709,126 in September and 1,886,737 last October, of which:

- 366,994 were applications for register updates compared with 331,200 in September
- 1,002,470 were applications for an official copy of a register compared with 878,321 in September
- 235,846 were search and hold queries (official searches) compared with 226,243 in September
- 19,840 were postal applications from non-account holders compared with 19,042 in September

Applications by region and country

Region/country	August applications	September applications	October applications
South East	395,716	387,778	430,303
Greater London	316,939	318,300	347,443
North West	196,381	194,171	227,567
South West	164,696	162,681	181,312
West Midlands	146,051	153,930	168,325
Yorkshire and the Humber	133,111	135,492	152,736
East Midlands	122,250	123,391	138,606
North	80,077	80,659	91,825
East Anglia	70,919	69,850	79,314
Isles of Scilly	47	39	53
Wales	80,560	82,754	87,964
England and Wales (not assigned)	80	81	95
Total	1,706,827	1,709,126	1,905,543

Top 5 local authority areas

Top 5 Local authority areas	August applications	Top 5 Local authority areas	September applications	Top 5 Local authority areas	October applications
Birmingham	25,837	Birmingham	26,240	Birmingham	29,114
City of Westminster	23,128	City of Westminster	21,591	Leeds	23,865
Leeds	20,480	Leeds	20,085	City of Westminster	23,722
Cornwall	17,431	Cornwall	17,127	Manchester	22,792
Manchester	17,090	Manchester	16,350	Liverpool	19,602

Top 5 customers

Top 5 customers	August applications	Top 5 customers	September applications	Top 5 customers	October applications
Enact	50,273	Infotrack Limited	54,412	Infotrack Limited	59,349
Infotrack Limited	48,655	Enact	51,421	Enact	59,062
O'Neill Patient	26,159	TM Group (UK) Ltd (Search Choice)	28,869	O'Neill Patient	31,592
TM Group (UK) Ltd (Search Choice)	21,361	O'Neill Patient	27,339	My Home Move Limited	20,505
Optima Legal Services	21,253	Optima Legal Services	21,524	HBOS PLC Bank	19,669

[Access the full dataset on data.gov.uk](https://data.gov.uk)

Next publication

Transaction Data is published on the 15th working day of each month. The November data will be published at 11am on Friday 20 December 2019.

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