

# 20,000 stranded Brits returning to the UK from South Asia on UK charter flights

Press release

More than 20,000 British travellers, on 83 Government charter flights, will return to the UK from across South Asia by 7 May.



In recent days, 28 further charter flights from India, Bangladesh and Pakistan have been announced, with the capacity to carry around 7,000 passengers:

- 14 from India, running between 28 April and 4 May
- 9 from Pakistan, running between 30 April and 7 May
- 5 from Bangladesh, running between 29 April and 7 May

These flights are in addition to 55 charters that have already departed from across South Asia in previous weeks.

Lord (Tariq) Ahmad of Wimbledon, Minister of State for South Asia and the Commonwealth, said:

We have been working round the clock to ensure British people in the region can return to the UK and we have already chartered 55 flights, helping more than 12,000 Brits. These 28 additional flights will mean 8,000 more people are brought back to the UK from across South Asia.

We know British travellers remain concerned about getting home to their friends and families, and we continue to do all we can to bring them back to the UK.

British travellers should continue to monitor our travel advice for the latest information on flights and can contact our Embassies and High Commissions if they require urgent consular support.

The addition of 28 flights will mean the UK Government has facilitated the return of more than 20,000 British travellers on 83 flights from across the region since the coronavirus (COVID-19) crisis began.

When completed, the 20,000 British travellers on Government charter flights includes:

- More than 13,000 people will have returned to the UK from India on 52 flights by 4 May.
- Almost 5,000 people will have flown to the UK on 19 charter flights from Pakistan by 7 May.
- More than 2,100 British travellers will have returned to the UK from Bangladesh by 7 May on nine charter flights.
- More than 700 passengers have returned to the UK on 3 charter flights from Nepal between 8-17 April.

The UK Government is working with the airline industry and host governments across the world to help bring back British travellers to the UK as part of the plan announced by the Foreign Secretary Dominic Raab on 30 March – with up to £75 million available for special charter flights to priority countries, focused on helping the most vulnerable travellers.

The UK has worked closely with governments in the region to keep commercial flights running and airports open. It has also chartered flights where commercial options are not available, and to help those who are most vulnerable to get back home.

## **Notes to Editors**

Details of previously announced flights are available here:

Published 29 April 2020

---

## **[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 FC0 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.