

# Prioritising peace and cooperation in the Middle East in the midst of COVID-19

Mr President, as others have said this morning, COVID-19 is a global crisis with testing implications for us all. The virus does not respect borders, nor political, cultural or religious differences. Cooperation must therefore be our first instinct and we should work to combat this unprecedented challenge together.

We therefore welcome the formation of a national unity government by Israel. This is an important step, demonstrating the need to put political differences aside in the fight against COVID-19.

We continue to welcome the ongoing cooperation between the Palestinian Authority and Government of Israel in their respective responses. This is an example of the responsible approach we need at this difficult time, and particularly in the spirit of the Secretary-General's appeal for a global ceasefire.

The UN has played an important part in ensuring ongoing coordination between the Palestinian Authority, Israel and the UN agencies, and we hope this will continue.

It is clear that UNWRA has an important role to play in helping to respond to the crisis brought about by COVID-19. The virus and its impact on Palestinians and basic services will put additional pressure on UNWRA. The UK remains firmly committed to supporting UNRWA and Palestinian refugees across the Middle East, providing over \$80 million for 2019/2020. And we are reviewing our contributions in the light of the COVID-19 challenge.

And the UK is also providing vital support to help respond to COVID-19 in the Occupied Palestinian Territories. Our \$1 million funding contribution will enable the World Health Organisation and UNICEF to purchase and coordinate the medical supplies, treat critical care patients, train frontline public health servants and scale up laboratory testing capability.

We must also be mindful of the impact of the virus on the Palestinian economy and economic development. The Palestinian Authority's revenues, which come mostly from levies on trade, are expected to decline by between 60 and 70% as a result of the crisis. The Occupied Palestinian Territories are excluded from most international mechanisms, including the World Bank's \$14 billion COVID-19 fund. The Palestinian Authority does not issue a currency and cannot adopt the measures many countries are taking to increase liquidity.

We welcome the Palestinian Authority's emergency budget and Israeli agreement to guarantee minimum levels of monthly revenue. And we look to Israel to ensure that the Palestinian economy is permitted to function and to support

the Palestinian Authority's economic stability.

During this fragile period we call on both parties to avoid any provocative action, which might undermine the cooperation that is so critical. This includes incitement, settlement activity, demolitions and settler violence.

The UK is particularly concerned that demolitions have continued, including of temporary health centres, which weaken the capacity of Palestinians to respond to COVID-19. Under International Humanitarian Law, an occupying power has the duty of ensuring and maintaining public health and hygiene in the occupied territory to the fullest extent of the means available to it. That is why continued cooperation is so vital.

It is also with regret that we have heard about the deaths of two Palestinians who were shot by Israeli forces during clashes near Nablus in March. It is important that Israel Defense Forces investigate in an independent and transparent manner, and if any wrongdoing is found, that those responsible are held to account.

Finally, we are deeply concerned by reports that the new Israeli government coalition has reached an agreement which paves the way for annexation of parts of the West Bank. The UK position is clear: any unilateral moves towards annexation of parts of the West Bank by Israel would be damaging to efforts to restart peace negotiations and would be contrary to international law.

Mr President, the United Kingdom's longstanding position on the Middle East Peace Process has not changed. We support a negotiated settlement leading to a safe and secure Israel living alongside a viable and sovereign Palestinian state, based on 1967 borders with agreed land swaps, Jerusalem as the shared capital of both states and a just, fair, agreed and realistic settlement for refugees.

Thank you, Mr President.

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## [Coronavirus testing extended to all essential workers in England who have symptoms](#)

- The biggest widening of access to coronavirus testing made possible due to substantially increased testing capacity
- Essential workers with coronavirus symptoms can get tested, helping them return to work if test is negative
- Broad range of testing methods being rolled-out to increase accessibility, including home testing kits, mobile testing sites and

satellite testing kits

- New campaign to provide clear information for essential workers on how to get a test

All [essential workers](#) in England, and members of their households who are showing symptoms of coronavirus will now be able to get tested, the government has announced.

This will mean individuals and people they live with will have the reassurance of knowing whether their symptoms are caused by coronavirus and can decide whether they are well enough to return to work.

A new campaign will help essential workers in England – including NHS and care staff, teachers, hospital cleaners, public servants, the emergency services, supermarket staff, delivery drivers, and other critical infrastructure staff – to access testing.

Booking the test has been made simpler via a new online system. From today, employers can register and refer self-isolating staff, and from tomorrow employees will be able to book a test directly for themselves or members of their household who are experiencing symptoms – a high temperature or new continuous cough.

This will speed up the process of getting an appointment and take the burden off employers, helping reach everyone who has symptoms at the earliest opportunity.

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

“We have already prioritised testing for patients and health and social care workers and other key workers today I can go further.

“We are making it easier, faster and simpler for any essential worker in England who needs a test to get a test. From today, employers of essential workers will be able to go on GOV.UK to get a test for any of their staff who need a test. And from tomorrow, any essential workers who need a test will be able to book an appointment on GOV.UK themselves directly.

“This all applies for people in essential workers’ households who need a test too. It’s all part of getting Britain back on her feet.”

Essential workers using the new portal can enter their details and will then receive a text or email the same day inviting them to either book an appointment at one of more than 30 drive-through testing sites across the country, or receive a home testing kit.

Test results from the drive-through sites will be sent out by text within 48 hours, and within 72 hours of collection of the home delivery tests.

The aim is that most people should not have to drive for more than 45 minutes to get to a regional testing site. However, additional testing methods are being rolled-out to support testing accessibility:

- A network of new mobile testing units is being rapidly established. These will travel the country to reach care homes, police stations, prisons and other sites where there is demand for testing. The units have been designed to clinical requirements by army engineers and can be easily set up in under 20 minutes.
- The new mobile units will work alongside the drive-through test sites, together sending thousands of patient samples to the network of Lighthouse Labs, to rapidly increase the number of tests completed each day.
- A delivery service for home testing kits has been designed with key industry partners, including Royal Mail and Amazon. The home delivery service will come on line from tomorrow. The availability of home testing kits will initially be limited, but more will become available soon. This will ensure those not able to travel to a test centre can still take the test, find out their results and return to work if possible.
- Working with Public Health England, the Care Quality Commission and the Association of Directors of Adult Social Services, the government is sending packages of 'satellite' test kits directly to care homes across England, to enable testing of symptomatic residents.

Since the beginning of April, the government has significantly increased the UK's coronavirus testing capacity and is on track to provide 100,000 tests a day by the end of the month.

The 3 new Lighthouse Labs in Milton Keynes, Glasgow and Alderley Park in Cheshire are increasing the country's capacity to test for coronavirus, with each site scaling up to test tens of thousands of patient samples each day. Each individual site took just 3 weeks to complete and begin testing, staffed by an army of highly qualified staff and volunteers from industry and academia across the country.

Under the government's [five-pillar strategy](#), swab testing has been offered to different groups in a phased approach, prioritising NHS workers, but the ultimate aim is that anyone who needs a test will be able to have one.

Testing helps the government and scientists understand the current spread of the virus and plan how to manage the pandemic moving forwards.

Anyone who thinks they are eligible and has symptoms and would like to be tested should speak to their employer or use the self-referral website to request a test.

The response to coronavirus is a national effort. The government is working collaboratively across the four nations to ensure the take up of testing among essential workers. Each of the devolved administrations will have their

own eligibility criteria and testing priorities, however the government is working closely to align approaches.

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## [Weekly COVID-19 surveillance report published](#)

### **Latest update**

The latest Public Health England [COVID-19 epidemiology surveillance summary](#) published on Friday 28 August 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

The surveillance report has been updated to include an overview of upper tier local authorities (UTLA) with the highest incidence rates and the Contain Framework Local Authority Watchlist. The watchlist combines a range of indicators to highlight local authorities of greatest concern.

You can see a fuller explanation of some of the data sources and how and why we carry out this surveillance in our [blog](#).

### **Previous updates**

#### **Friday 21 August 2020**

The latest Public Health England [COVID-19 epidemiology surveillance summary](#) published on Friday 21 August 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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## **Friday 7 August 2020**

The latest Public Health England [COVID-19 epidemiology surveillance summary](#) published today, Friday 7 August 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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## **Friday 31 July 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Friday 31 July 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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## **Thursday 23 July 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 23 July 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-

prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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## **Friday 17 July 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Friday 17 July 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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## **Thursday 9 July 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 9 July 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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## **Thursday 2 July 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 2 July 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

The [surveillance summary](#) is available here and each week's report is accompanied by an [infographic](#).

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## **Thursday 25 June 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 25 June 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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## **Thursday 18 June 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 18 June 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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### **Thursday 11 June 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 11 June 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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### **Thursday 4 June 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 4 June 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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### **Thursday 28 May 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 28 May 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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### **Thursday 21 May 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 21 May 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology and mortality surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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### **Thursday 14 May 2020**

The latest Public Health England COVID-19 epidemiology surveillance summary published today, Thursday 14 May 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology and mortality surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

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### **Thursday 7 May 2020**

The latest Public Health England (PHE) COVID-19 epidemiology surveillance summary is published today, Thursday 7 May 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology and mortality surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography, which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

The [surveillance summary](#) is available and each week's report is accompanied by an [infographic](#).

You can see a fuller explanation of some of the data sources and how and why we carry out this surveillance in our [blog](#).

## Thursday 30 April 2020

The latest PHE COVID-19 epidemiology surveillance summary published today, Thursday 30 April 2020.

The report includes data from a variety of different sources: community, primary care, secondary care, virology and mortality surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, ethnicity and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

The [surveillance summary is available here](#) and each week's report is accompanied by an [infographic](#).

You can see a fuller explanation of some of the data sources and how and why we carry out this surveillance in our [blog](#).

## Thursday 23 April 2020

Public Health England will be publishing a COVID-19 epidemiology surveillance summary on a weekly basis at 2pm each Thursday.

The report includes data from a variety of different sources: community, primary care, secondary care, virology and mortality surveillance data. Combined these sources show a wider community picture including a breakdown by age, gender, and geography which will help plan the national response to the pandemic and assist regional stakeholders in local planning.

Disease surveillance is one of PHE's core functions and involves gathering data from a range of sources to understand the areas and groups most affected by an outbreak, whether symptoms are getting more severe and when the outbreak might have peaked.

The [surveillance summary is available here](#) and each week's report will be accompanied by an [infographic](#).

You can see a fuller explanation of some of the data sources and how and why we carry out this surveillance in [our blog](#)

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## [Thousands more Britons to return to UK on new India charter flights](#)

Once completed, these additional flights will bring the total number of people flown to the UK from India on Government charter flights to over 13,000.

Details of the flights are as follows:

- Amritsar to the UK on 28 April, 29 April, 30 April, 1 May, 2 May (x 2), 3 May, 4 May
- Ahmedabad to the UK on 28 April, 29 April, 1 May, 3 May, 4 May,
- Delhi to the UK on 30 April.

The Government has now chartered 52 flights from India to bring stranded British travellers home.

There has been a huge demand for these flights, with seats now being allocated to those already registered via the government's online booking portal – CTM.

Foreign Secretary Dominic Raab said:

Travel to and from India is severely restricted and so we have organised a series of charter flights.

Through these 52 UK charter flights, we will have brought back 13,000 people and our staff in India will continue to support all those UK nationals who need our help.

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

We have already helped over 6,500 people return from India since we began our charter flight programme, with a further 7,000 due to return in the coming weeks.

The 14 new flights announced today bring the total number of UK government charter flights from India to 52.

We are continuing to work around the clock to ensure all British travellers in India are supported to come back to the UK if they wish.

Since the coronavirus outbreak began, the Foreign & Commonwealth Office (FCO) has worked consistently with governments, air carriers and travel companies to minimise disruption and help British travellers return home safely – supported with £75 million for special charter flights to priority countries, focused on helping the most vulnerable people.

More than 13,200 people have returned to the UK on 63 flights organised by

the FCO from 18 different countries and territories, including over 700 from Pakistan, over 1,700 from South Africa and over 1,200 from Peru.

### Further information

- The charter flights are for British nationals who normally reside in the UK and their direct dependants.
- Details regarding flights, luggage allowance and costs are available on the India Travel Advice page.
- Seats on these flights are only available to those already registered and on a waitlist.
- Those who are eligible to fly will be sent information on how to get to airports and flight itineraries directly when their seat is confirmed.
- The British High Commission continues to provide consular support to any British nationals who remain in India. Consular helpline numbers: New Delhi: +91 (11) 2419 2100; Chennai: +91 (44) 42192151; Mumbai/Goa: +91 (22) 6650 2222.
- Follow the Foreign Office on Twitter [@foreignoffice](#) and [Facebook](#)
- Follow the Foreign Office on [Instagram](#), [YouTube](#) and [LinkedIn](#)

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## [Councils given flexibility with free childcare funding](#)

Councils will be able to move around government funding for free childcare entitlements in exceptional circumstances, to make sure sufficient childcare places are available for vulnerable children and those of critical workers.

The Government has confirmed that councils will temporarily be able to use the funding they receive for the free entitlements for two, three and four-year-olds differently, redistributing it where absolutely necessary for the benefit of critical workers and the parents of the most vulnerable children, when their usual arrangements are no longer possible as a result of Coronavirus.

This builds on existing commitments to continue paying free entitlement funding – worth £3.6 billion a year – to local authorities throughout the Coronavirus outbreak. Childcare businesses will also benefit from other support schemes, including a business rates holiday, the Small Business grant for those that don't pay business rates, the Self-Employment Scheme and the Coronavirus Job Retention Scheme (CJRS).

On Friday (17 April) the Department for Education published [guidance](#) to set out how the CJRS and free entitlement funding interact, confirming that early years providers can access the CJRS to cover the proportion of their income considered to have been paid from private income, such as parent fees. Any setting which sees their early entitlement funding reduced in order to fund

childcare places elsewhere will be able to increase the proportion of their salary bill eligible for the CJRS.

New guidance will be published to support councils with the steps they will need to take if moving around government funding between settings, where all other options have been explored and more childcare places are still needed locally for children for the duration of the Coronavirus outbreak.

In addition, to provide further support to early years settings who are staying open for vulnerable children and children of critical workers, providers will be given greater flexibility in meeting some of the requirements in the Early Years Foundation Stage (EYFS) framework. This is to manage expectations and reduce burdens during an unpredictable time for the sector.

Children's safety remains the priority for the duration of these temporary changes, and safeguarding and welfare requirements will still remain a requirement with the exception of a small number of changes, including staff qualification requirements to allow flexibility around staffing, in recognition of the challenges facing employers whose staff may have to remain at home.

Children's Minister Vicky Ford said:

Our early years professionals are central to this country's response to the coronavirus outbreak, and I'm grateful for their work to continue providing safe and high-quality childcare for those who need it the most: critical workers and parents of vulnerable children.

Councils are best placed to respond to the childcare needs in their area, so it's right that we give them extra support to face these unprecedented challenges. They can use flexibility to redistribute entitlements funding in exceptional cases where other options have been exhausted, helping nurseries and other settings stay open and making sure enough childcare places are available.

The government continues to monitor the early years sector and provide support where possible, including guidance that is currently regularly updated and a range of business support available through the government.