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COUNTRY: BANGLADESH

AGENDA: “UNIVERSAL HEALTH COVERAGE: LEAVING NO ONE BEHIND”.

As the corona virus outbreak quickly surges worldwide, many countries are adopting non-therapeutic preventive measures, which include travel bans, remote office activities, country lockdown, and most importantly, social distancing. However, these measures face challenges in Bangladesh, a lower-middle-income economy with one of the world's densest populations. Social distancing is difficult in many areas of the country, and with the minimal resources the country has, it would be extremely challenging to implement the mitigation measures. Mobile sanitization facilities and temporary quarantine sites and healthcare facilities could help mitigate the impact of the pandemic at a local level. A prompt, supportive, and empathic collaboration between the Government, citizens, and health.

**Social Distancing Protocol is Tough to Maintain in Many Areas of Bangladesh**

As mentioned earlier, Bangladesh did not impose any strict protocol initially, and millions of people were out on the streets, especially in Dhaka, which is a megacity with 46 thousand people living per square kilometer . It appears that social distancing is tough while taking public commutes and living in the slums. In the context of massively populated and lower-middle-income countries like Bangladesh, enforcement of social distancing—as recommended by the WHO to stop the nCoV-2 spread—sounds fancy but impractical. Indeed, staying at home is unlikely to be as effective here.

## Inadequacy of COVID-19 Testing Facilities

## Five weeks after the detection of the first COVID-19 case in Bangladesh, the IEDCR had only tested 11,223 people, constituting approximately 68 tests per million population. It is perhaps among the worst-ranked countries for nCoV-2 testing rate, though the mortality rate is comparatively higher. It should be noted that in the first 3 weeks after the detection of the first COVID-19 case in Bangladesh, the IEDCR was the sole diagnostic facility in the country of 180 million people, and the daily testing rate remained below 100 per day . The centralization of COVID-19 diagnosis facilities is somewhat plausible, as most hospitals do not have enough personal protective equipment (PPE). However, this left the mass of people and healthcare workers in an awfully susceptible condition. As a result of the combined lack of PPE and diagnostic testing capacity, fear, and anxiety geared up among the mass population, and many healthcare workers refused to provide any service. With much criticism from different sectors, the health authorities of the country ultimately decided to expand its testing numbers from April 3. Currently (April 11, 2020), there are 17 labs across the country working on testing probable/referral cases of COVID-19, and a few more labs are being established in different districts, including one in Sylhet at Shahjalal University of Science and Technology