

A war we did not start is coming for our rice fields



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No one in Bangladesh voted for the war. No one here had any say in whether the United States and Israel should attack Iran on February 28. Yet, as revealed by an Al Jazeera report on March 18, most fertiliser factories in the country have reportedly been forced to shut down. The Boro rice harvest, the single most important crop in our agricultural calendar, is weeks away from its critical fertilisation window. And the natural gas that keeps those factories running, which comes from the Gulf region, is facing severe disruption moving through a strait that two foreign militaries have turned into a battlefield.

This is the story the global conversation about the Iran war is almost entirely missing. Everyone is wondering about missile counts and oil prices and the fate of the Iranian regime. But in the rice fields across Bangladesh, a different kind of damage is quietly accumulating, and it has nothing to do with missiles.

Bangladesh is one of the most fertiliser-dependent agricultural economies in South Asia. Boro rice, our largest and most productive rice season, harvested between April and June, requires intensive nitrogen fertilisation during its growth phase. There is no negotiating with the biology of the crop. Without urea applied at the right moment, yields fall and the shortfall is not something that can easily be made up later in the season. Amid severe disruptions to Qatar's LNG exports linked to the conflict, QatarEnergy, the state-owned petroleum and natural gas company, reportedly halted output at one of the world's largest urea facilities in the country, cutting off a critical feedstock for nitrogen fertiliser production across the region, according to media reports.

UN Food and Agricultural Organization (FAO)'s Chief Economist Máximo Torero was unusually direct in his assessment. Speaking to NPR on March 20, he named Bangladesh as one of the countries facing the most immediate impact in South Asia, alongside India, Pakistan and Sri Lanka. And he said something that should alarm anyone



'Bangladesh is one of the most fertiliser-dependent agricultural economies in South Asia.'

FILE PHOTO: KONGKON KARMAKER

paying attention: unlike the 2022 Russia-Ukraine crisis, when countries scrambled and found alternatives from the Gulf, this time alternatives may be far more limited. The Gulf itself is the source of the problem.

The numbers behind this are genuinely staggering. According to estimates, nearly a

third of all globally traded fertiliser normally passes through the Strait of Hormuz. Nearly half of all globally traded urea, the nitrogen fertiliser that rice depends on most critically, comes from the Gulf region. Since the war began, urea prices have jumped roughly 50 percent, from around \$482 per metric ton on February 27 to over \$720 by mid-March, according to Argus, a specialist commodities pricing agency. For a Bangladeshi farmer

already operating on thin margins, a 50 percent increase in their single largest input cost is not just an inconvenience but potentially the difference between planting and not planting.

And here is the part that makes this particularly problematic. Bangladesh sources

Endowment for International Peace published a sharp analysis on March 12 noting that even if the Strait of Hormuz reopened soon, restarting fertiliser production and transport could take weeks. Weeks that Northern Hemisphere farmers simply do not have given where we are in the planting calendar.

As historian Adam Tooze has observed, wars that collide with agricultural cycles inflict damage that outlasts the fighting itself. The US and Israel do not seem to have factored that in.

The global conversation tends to frame the economic fallout of this war in terms of oil prices and stock markets, metrics that wealthy countries and financial professionals watch. But the deeper and longer lasting damage may be in food systems, and it will fall hardest on the people who are already most vulnerable. Analysts at Rabobank have specifically identified Bangladesh among the countries likely to be worst affected in the region, and the data supports that assessment. Rice and maize, the staple crops in South and Southeast Asia, are among the most nitrogen-intensive crops in the world. A sustained fertiliser shortage will eventually reduce yields. And reduced yields in a country of more than 17 crore people where food security and rice security are essentially the same thing is a different order of problem entirely.

What makes this moment particularly important to name clearly is the politics of who suffers. The countries that will pay the heaviest price for this war in food terms are not the countries that launched it. The US produces a large share of its fertiliser domestically. Even American farmers who have been hurt—and they have been—with urea prices at the Port of New Orleans up by 32 percent and the president of the American Farm Bureau Federation writing a letter to Trump asking for urgent intervention, still have domestic buffers that countries like Bangladesh simply do not possess.

We are not collateral damage in some abstract geopolitical sense. There are actual fields in this country where the timing of fertiliser application over the next few weeks will determine what kind of harvest comes in May and June. There are farmers making decisions right now about whether they can afford inputs whose prices have surged because of a war they had no part in starting.

On March 23, Trump paused his threats to bomb Iranian power plants, claiming negotiations were underway. Iran denied it. The markets briefly celebrated. Oil fell. On March 27, he extended the hiatus for 10 more days. Yet, the fertiliser that Bangladesh needed to produce is still not moving through the Strait of Hormuz, and the planting calendar does not care about diplomatic manoeuvring in Washington.

The world is debating who is winning a war. Bangladesh is wondering whether it will have enough urea for its rice.

How e-Health Cards can improve our patient care



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In line with its electoral commitment, the BNP government has initiated steps to introduce the national e-Health Card by June this year. It is an important step towards building an effective, modern and integrated healthcare system, the need for which experts have long emphasised, and which the Health Sector Reform Commission recommended.

If implemented properly, a unique e-Health Card could make the country's healthcare system more efficient, transparent, and accountable. It could improve the quality of healthcare services, ensure continuity of care, and strengthen accountability within the system. In particular, it would enable more effective use of patients' previous medical histories in diagnosis, control fraudulent patient registrations, establish an effective referral system, introduce family-based defined service packages, and monitor healthcare utilisation and expenditure.

In many countries, citizens are issued either a physical or digital e-health card. These cards usually contain the patient's name, photograph, health identification number, and a QR code. Healthcare facilities can quickly scan the card to retrieve patient information and access medical histories from electronic health record systems. As a result, healthcare delivery becomes faster, more accurate, and better coordinated.

Both approaches have advantages and limitations.

Global experience suggests that in most countries, national identification or birth registration numbers are not used as health identifiers. Instead, a health identification number is created specifically for use within the healthcare system. The main reasons for this approach are to protect personal privacy, ensure data security, and improve the efficiency of health information management. In such systems, national ID or birth registration numbers are generally used only during the registration process for identity verification while a separate health ID is used to manage patient information in hospitals, clinics, and diagnostic laboratories.

Under India's Ayushman Bharat Digital Mission, citizens receive an Ayushman Bharat Health Account (ABHA) with a 14-digit health identification number that links patients' medical information across various hospitals and healthcare institutions. Similarly, in the UK's National Health Service (NHS), every patient is assigned an NHS number, which is used to identify individuals when they access healthcare services. In contrast, some countries, such as Estonia, which have highly advanced digital infrastructures, have integrated the NID number with health information systems. These systems also rely on robust data protection and cybersecurity mechanisms.

However, the most widely accepted approach is to create a dedicated health identification number for and use it on e-Health Cards to protect personal privacy, enhance the security

of health information systems, and allow inclusion of individuals who may not yet have NID documents, such as children or other vulnerable groups.

Regardless of the specific card format, introducing an e-Health Card is not merely a card distribution programme; it requires a comprehensive digital health ecosystem with several key components.

First, an electronic medical record (EMR) system is required to digitally store patients' medical histories, diagnostic tests, medications, and follow-up information. Second, a shared integrated health information platform is needed so that healthcare institutions at different levels—community clinics, union health centres, upazila health complexes, district hospitals, and specialised hospitals—can securely exchange necessary patient information. Third, hospital automation is an important component of this system. To manage hospitals or health facilities digitally, adequate technological infrastructure is required. This includes sufficient computers and other hardware, reliable high-speed internet connectivity, secure servers and data storage systems, and uninterrupted electricity supply. Considering the past uncertainties in electricity and internet services in our country, backup power solutions such as generators or solar energy systems should also be ensured.

In addition, skilled human resources are essential for the effective operation of digital systems. Each health facility should have trained personnel responsible for information management, software operation, and routine maintenance. At the same time, physicians and other healthcare workers must receive appropriate training so that the digital system simplifies their work rather than creating additional burdens.

Ensuring data security and privacy is also crucial for the successful implementation of the national e-Health Card system. Since health data is highly sensitive, strong cybersecurity measures and clear

policies governing the storage and use of patient information are necessary. The success of this initiative will also depend largely on governance structures and financing mechanisms. Effective coordination between the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP) is essential as healthcare and family planning services are currently managed through separate administrative systems.

At the same time, a strong data governance framework is needed to protect patients' personal health information and establish clear rules and accountability for data usage. Without ensuring privacy and cybersecurity, public trust in the system cannot be achieved. Equally important is realistic planning for sustainable financing. Producing e-Health Cards alone will not be sufficient. Long-term funding must be secured for infrastructure development, recruitment, training, system maintenance, and regular technological upgrades.

To ensure successful implementation, several practical steps may be taken. Pilot projects could be launched in selected districts to test different components of the digital health system. The new system should be effectively integrated with existing health information systems. Meanwhile, the technological capacity of grassroots health facilities should be strengthened gradually.

Public awareness campaigns are necessary for citizens to understand the benefits of using e-Health Cards and be motivated to access healthcare services.

With appropriate infrastructure, skilled human resources, effective governance, and realistic planning, the e-Health Card initiative has the potential to make Bangladesh's healthcare system more integrated, efficient, and accessible to the population. Now is the time to ensure that the necessary preparations are in place for its successful implementation.

CROSSWORD BY THOMAS JOSEPH

- ACROSS**
1 Self-satisfied
5 Slobbered
10 Apartment sign
12 Door feature
13 Say
14 Writer Chekhov
15 Negative link
16 Japanese "thanks"
18 Italian "thanks"
20 Model buy
21 Shade providers
23 Jargon suffix
24 Have a repast
26 Play group
28 Stake
29 Track item
31 Good times
32 Swahili "thanks"
36 Spanish "thanks"
39 History stretch
40 Sachet scent
41 Different
43 Summon up
44 Showed over
45 Hamper
46 Squirrel's cache
DOWN
1 Taken aback
2 Car part
3 Extreme
4 "My word!"
5 Spiced tea
6 Bout site
7 Gas pipes
8 Selfish one
9 Mean
11 Movie preview
17 "Stand" band
19 Buddhism branch
22 Cut
24 Strip
25 "That's expensive!"
27 Imitating
28 Made bull elk sounds
30 Bond rating
33 First Indian prime minister
34 Pick up the tab
35 Brings in
37 Bakery buy
38 Bakery worker
42 High card



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