

NOTES AND COMMENTS

Fissures in the PA Coalition?

Media speculations about a growing rift between the Sri-Lanka Freedom Party (SLFP) and the two Left parties—the Lanka Samasamaja Party (LSSP) and Communist Party of Sri Lanka (CPSL)—of the ruling People's Alliance (PA) coalition are gathering some momentum. Reports of the LSSP and CPSL dissatisfaction with certain aspects of the Kumaratunga administration cannot be just dismissed as anti-government propaganda of the pro-UNP press and the weekend political press of the alternative media school. Even the PA-run Lake House press has begun to comment on it. Then, of course, it should be a serious matter.

When the PA coalition was formed in 1994, its members were the SLFP and four other relatively smaller parties with Left-wing persuasion. Other than the LSSP and CPSL, there was the Sri Lanka Mahajana Party (SLMP) and Desha Vimukthi Janatha Party (DJVP). President Kumaratunga's husband, Vijaya Kumaratunga, formed the SLMP as a Left breakaway group from the SLFP. After Vijaya's assassination and having gone through a leadership crisis, Chandrika became its leader. In 1992, Chandrika joined the SLFP and formed the PA coalition and became its presidential candidate in 1994. Even after winning the presidential office in 1994, Chandrika was still not the formal leader of the SLFP. Her mother was. But with the sheer power endowed with the office of head of the state, President Chandrika also became the *de facto* leader of both the PA coalition and its main constituent party, the SLFP.

The Left partners of the coalition adopted a policy of critical support to Kumaratunga administration. When the PA in power went into fully implementing free-market economic policies, the LSSP and CP were unhappy. They were particularly critical of the government's privatization program. But they found two other areas of government action to endorse with great enthusiasm, the constitutional reforms and the negotiation initiative with the LTTE. While critical of the economic policies, the Left found the democratization and peace projects of the PA as its most important policy plank to support and sustain.

But, for five years, the PA administration has not achieved much in both these vital areas of political commitments. The constitutional reform package, with its focus on the abolition of the executive presidential system and enhanced devolution, still remains a mere document. It is true that the PA government could not succeed in this reform front due to the lack of necessary parliamentary majority to change the constitution. But, it is also true that the PA leadership has since 1998 not been demonstrating much of an enthusiasm on its own a political reform promises. From the point of view of the Left parties, there is very little that the government can claim to have achieved as positive gains.

To add to the Left disenchantment with the government is the feeling that the leadership of the government had taken the coalition partners for granted. The LSSP, CP and SLMP MPs have been saying in private that in making policy decisions, there had not been prior consultation with the constituent members of the coalition. This is despite the fact that both the LSSP and CP are represented in the Cabinet of Ministers. The perception shared by these two Left parties is that a new Right wing has taken over the SLFP and PA leadership. The LSSP MP Vasudeva Nanayakkara's crossing over to the opposition side in parliament was only an open demonstration of the growing political exasperation experienced by the PA's Left partners.

The LSSP, CP and SLMP also feel that the new Right wing of the SLFP has been systematically sidelining the Left from within the coalition. After Deputy Minister Y. P. de Silvas death, there were expectations that his Left-activist wife Dulcie de Silva would be appointed to parliament to fill her husbands vacancy. But, it has not happened yet. With no explanation whatsoever, President Kumaratunga is keeping that parliamentary seat vacant. Then, during the recently conducted provincial council elections, the LSSP and CP have openly expressed displeasure over the negative treatment they had received from the SLFP. In selecting candidates for elections and in appointing provincial ministers, after elections, the SLFP has created much displeasure among CP and LSSP ranks. The current controversy over the SLFP's refusal to appoint CP's Dannie Hittetiyyage to the Board of Ministers of the Southern Provincial Council only highlights this deep chasm between the SLFP and the Left partners of the PA coalition.

The view among the Left parties is that the SLFP juggernaut should not be allowed to have its own free will in the conduct of the PA coalition affairs. It is in this context that the LSSP motion in parliament to debate the abolition of the presidential system derives its political meaning. This motion is presented by LSSP's Cabinet Minister Batty Weerakoon. The LSSP's argument is that the PA cannot conceivably go before the electorate seeking a second mandate without fulfilling any of its major political promises. But, it is not clear at all whether President Kumaratunga and her SLFP advisors would want the abolition of the executive presidential system at all.

The bottom line of this entire story is that the PA coalition is in some crisis. And crisis management has not been the best forte of the PA leadership. The disgruntled Left partners of the PA coalition will have only two alternatives at the forthcoming Presidential and parliamentary elections. Either to tag themselves along again with the SLFP or to have their own separate candidates outside the PA coalition in a bid to assert their political autonomy.

Strikes in the Health Sector and Devolution of Power

The strike action launched by the Government Medical Officers' Association (GMOA) has created an unprecedented crisis in the health sector. Services of all government hospitals were crippled for nearly two weeks when both the government and the GMOA resorted to tactics of no-compromise. Then the government, using emergency powers, imposed the essential services order on the state medical service which the doctors' union defied with some ease. Then, a temporary solution was worked out when President Kumaratunga held talks with the GMOA leaders. The agreement reached at this highest level of negotiations is to appoint a committee to look into the GMOA demands and the government's own position on what the GMOA wants. Even then, the two sides do not seem to have much mutual trust in working out a satisfactory settlement.

The GMOA strike raises some important issues concerning public policy. The controversy, which led to the present strike, goes into the question of devolution of power as laid down in the 13th Amendment to Sri Lanka's constitution and the Provincial Councils Act. The immediate issue of the controversy is with regard to the appointment of Provincial Directors and Deputy Directors of the health service. Under the Constitution, health is both a central government and provincial function. While the central government is to lay down the national policy for the health sector, the implementation and administration of health policy is expected to be the function of provincial councils. The constitution does not state anything specifically about the appointing authority of higher officials of the health service under devolution. The principle implied in the 13th Amendment is that once powers are devolved in the health sector, the provincial councils will exercise the authority over the health sector management within their provinces. The Provincial Councils Act, which is an enabling legislation to give effect to the 13th Amendment, empowers the provincial councils to make appointments to provincial public services.

Who has the constitutional authority to appoint provincial directors of health? This question is at the center of present controversy between the government and the GMOA. One provincial council trying to assert that authority precipitated the circumstances that led to the GMOA strike. The practice that has been followed until this year is for the central government's Ministry of Health to make these appointments. The recently elected Chief Minister of the North-Central Province decided to challenge before the Court of Appeal the preparations made by the Health ministry to make such appointments. Then the GMOA resorted to trade union action, demanding the central government to intervene in this matter and restore the status quo. The Minister of Health refused to accede to GMOA demands for two reasons. Firstly, the matter was pending before the judiciary and secondly the ruling People's Alliance runs the provincial council that is involved in the controversy. The GMOA then went on strike to force the Cabinet to make a decision

in its favor. The outcome that the GMOA expected was that if the Cabinet decided that appointment of provincial health administrators was a central government function, falling within the purview of national policy, the petition filed by the North-Western Chief Minister was likely to be rejected by the Court of Appeal.

As the statement issued by the Lanka Sama Samaja Party very clearly points out, there is a basic policy issue involved in this dispute. Although the 13th Amendment has demarcated the respective powers and functions of the central government and provincial councils, it does not provide a mechanism as to how the central government should implement its national policy through the devolved bodies of provincial councils. On health as well as many other issues, this remains a gray area. The practice since 1987, when the provincial councils were established, has been for all governments to ignore, wherever possible, the policy innovations that are necessary to make devolution work. Even when the central government usurped the powers of the provincial councils, such actions were not challenged. The health sector is an example where an alliance of vested interests between Ministry in Colombo and Colombo based unions — particularly the GMOA and the Nurses Union—worked together not to devolve certain functions of the health administration. While successive Health Ministers found it easy to control the health sector when the entire administration was centralized in Colombo, the unions also preferred centralization, because centralization allowed them to maintain their own control over health policy and administration.

Chief Minister Nawinna's legal challenge of the Health Ministry's move to appoint provincial health administrators has in a way compelled the government to review the unresolved issue of center-province relations under the 13th Amendment. Nawinna's case is also significant that it requires the judiciary to interpret the constitution on a matter of which the constitution itself is not very clear. Interestingly, health does not figure in the powers reserved for the central government. It appears in both the provincial powers list and the concurrent list. What it means is that health administration is a responsibility to be shared by both the central government and provincial councils. There is presently no institutional mechanism for center-province coordination on powers that are shared by the two entities. Against this backdrop, the judiciary is called upon to make a ruling on who has the authority to appoint provincial health administrators.

Meanwhile, one important point raised by the GMOA in its claim for the central government should make provincial health sector appointments is that if provincial councils were to exercise this authority, the health sector appointments would be politicized. The GMOA also argues that through politicization, the standards of health sector management might also suffer. This is an issue that needs to be seriously addressed. Here too, what is required is the strengthening of provincial public service commissions and laying down procedures in order to ensure transparency. **P**