DR. MALINGA FERNANDO MEMORIAL ORATION 2012

Building Partnerships for Health Development

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Doctor Sarrikkalige Deepal Malinga Fernando, known to Health Ministry officials as Dr.S.D.M.Fernando and to his friends as Malinga, was born in October 1929 to a very respectable and wealthy family from Panadura. He had his early education at Sri Sumangala College, Panadura.Having opted for a career in medicine he passed out with honours in April 1954. Thereafter he joined the Colombo University as a research assistant to the then Professor of Surgery.

His next appointments were DMO Weligama , followed by DMO Panadura. In both these appointments he showed early signs of his prowess as an able and efficient administrator. In 1966 he was appointed to the post of Superintendent, Colombo South Hospital and thereafter as Superintendent, Colombo Group of hospitals. In 1973 he was appointed to the very high and coveted post of Deputy Director of Health Services (Medical Services), now known as Deputy Director General of Health Services, and held this post for eight years until he was appointed as Director General of health services in 1981and Secretary/Ministry of Health in Sept. 1985, which post he held until his retirement in April 1990. He had the distinction of being the first Secretary, Ministry of Health to be appointed from the Health Ministry ranks. After his retirement from the Ministry of Health he was appointed Team Leader to a group in W.H.O. Geneva to support countries in greatest need. He retired from WHO in April 1996.

His rapid rise as a medical administrator was due solely to his ability, sheer hard work, his political acumen and tact. He had the God- given gift of knowing what was possible and what was not possible in any and all given situations. He was popular among political circles, his peers and his subordinates.

In Feb.1959 he married Dr (Miss) Chintha Perera, sister of Vajira - of the Chithrasena Vajira fame. Malinga and Chintha ware blessed with two daughters, Neluka and Vindya.Neluka is today Professor of Microbiology at the Sri Jayawardena University whilst Vindya has acquired her father's and grandfather's talents as managers, and manage very efficiently the many acres of agricultural property and hotels they own.

Malinga was the only child of his parents. He dearly loved his parents. You may ask me what is so special about that. After all, we all love our parents. But his love for his parents went beyond normal limits. Chintha tells me that as long as his father was alive he refrained from going abroad. He visited his mother on each and every weekend in spite of his heavy official duties. Whenever we contacted his home over a weekend we heard the usual refrain from his house staff "Mahathaya Panadurata Giya" (or Sir went to Panadura).

He was also fiercely loyal to those whom he liked. I remember the day that Doctor Gladys Jayewardene (Chairman State Pharmaceuticals Corporation) was shot and killed by the JVP. It was around twelve noon when his secretary came running to my office and said " Sir, the boss has just heard that doctor Jayawardena has been shot and when he heard that he dropped everything and dashed down the stairs. Sir, please go after him" Well, I went down and took my car as I knew that he would be heading for the accident service . When I got there he was there with Dr R P Jayewardene and a few others. Unfortunately there was nothing that anyone could do for Dr (Mrs.) Jayewardene and so I came back to the office. That was a man who knew the risk that he was taking amidst the climate of terror that prevailed in the Ministry at that time but was prepared to take that risk for someone for whom he had a great affection.

He was extremely popular with the bosses, especially those that headed the international organizations, be it Dr Halfdane Mahler Director General of the WHO, or Dr

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Hiroshi Nakajima who succeeded Mahler as DG of WHO or Mr James Grant – Secretary General of UNICEF.

However, although he had traveled extensively, all over the world, participated and chaired meetings at the highest levels, he still remained a very humble, simple, and approachable person, and I would say a "shy and insular" human being.

Dr Malinga Fernando's appointment as the Director General of Health Services in 1981 and as Secretary to the Ministry of Health in 1985 until his retirement in 1990…a period of ten years, brought much stress on him, especially because of the way he insisted on personally looking at each and every issue that affected the ministry. He worked long hours, was the first one in the office and probably the last to leave. If you saw him after work in his house, you would see him stretched out on his easy chair, often still in his office clothes and tie. Chintha would be by his side to answer the phone and hand the phone to him if necessary.

His appointment at WHO headquarters, where he spent six years, however was a happy time for him. I had never seen him so relaxed as I saw him in Geneva. I was at that time working at WHO/New Delhi. I had many occasions to visit Geneva and I saw him almost every time I went there. On these visits we would get together in the evenings and go shopping for something's that we both liked and collected - stupid as it may sound," crystal cut glass" . He knew all the best places, obviously having spent many hours in the shops -during his spare time. At the end of the day he would take me to his flat where we would have a meal, and then he would insist on walking me back to my hotel. When I said "no" he countered, by stating that he needed the exercise!

In his later days he became an expert cook and turned out some very sumptuous meals, the recipes for which he said he learned from his wife's sister, obviously a very talented cook.

During these evenings we discussed many things. On one occasion I asked him about C/T scanning. A friend of mine phoned me one day and wanted to know if I had, had a body scan. "I had a full body scan" he said very proudly. So I inquired from Malinga if he has had a body scan. He smiled and said " if I have a scan those bugxxxx will find a shadow somewhere, give it the worst interpretation and insist on opening me up. That will be the end of my comfortable life and the beginning of years and years of pain and misery."

I hope that Dr.Malinga Fernando's specialist friends will not misunderstand this comment. He had the highest respect for our specialists. I know that he had. What he really meant was "let sleeping dogs lie" which was the reply I gave to my friend, to his query.

True to his thinking he left us in January 2008 with no fan fare and without being a bother to anyone.

Dr Malinga Fernando was a noble human being, a good son, a loving and dutiful family man and a great son of Sri Lanka. His contribution to health development not only in this country but also in the region would be unmatched and admired, for very many years to come.

May his sojourn in "sansara" be a tranquil, peaceful and short and may he attain Nirvana.

Mr.President, I am privileged to deliver this oration in memory of the late Dr.Malinga Fernando whom I considered my mentor over a period of twenty five years. The subject of my oration this evening is "Building Partnerships for Health Development"

The term "partnerships" has many interpretations, but may be considered to be the coming together of many actors in the field to achieve a common objective.

In a world divided by deep international, national, ideological, racial and religious mistrust, the concept of partnerships has a decidedly "Utopian sound." Yet such partnerships are in the making and provide noble victories for International Co-operation in an age marked by violence and national conflict.

Partnerships in health mean the bringing together of all those involved in improving the health and quality of life of the people. These may be sectors, groups of people, governmental or non governmental institutions who work together towards a common goal, based on mutually agreed rules and principles.

Successful partnerships are based on a shared vision, commitment to common goals, mutual respect and trust for others and their contributions, willingness to share responsibilities and shared ownership of both the partnership process and outcomes. A partnership implies an equal relationship in which there is a balance of power and in which each partner benefits.

Partnerships can range from formal relationships or contracts that are governed by written agreements or memoranda of understanding to informal loosely knit community-based networks. They need not involve only two partners. They could be multi lateral and can be created at various levels. Partnerships can be of short or long duration depending on the goals to be achieved and the scope of the work to be accomplished.

Why partnerships ?

The saying goes that health is too important to be left only to the medical profession. To make real progress in health

we need to stop seeing the world through medically tinted glasses.

We need to realize that the attainment of health is not only an individual human aspiration but also and above all, a social goal. Health does not exist in isolation. It is related to and influenced by the complexity of environmental, social, religious, cultural and economic factors that are related to each other.

The majority of the population is affected not only by ill health but by unemployment and under employment, economic poverty, lack of worldly goods, low level of education, poor housing and sanitation, unsafe water supply, malnutrition, social apathy, a lack of will and initiative to make changes for the better, violence, drugs and until very recently , by war.

It would be idealistic to expect a substantial improvement to the health of this population before these constraining conditions are removed.

Another argument in support of partnerships is that many determinants of better health lie outside the health sector. Education, environment, energy consumption, social change, are all drivers of health and ill health. Health is not the originator it is more often the receiver and it has to deal with the outcomes.

Nor is health a commodity to be given. It is a commodity to be generated from within.

We live in an inter-dependent world. No longer are we immune to the acts of our neighbours or neighbouring nations. We cannot say as we used to that every man's home is his castle as we used to.

Therefore, we need to integrate our efforts with other stake holders both here and outside –our UN partners, financial institutions, NGO s, the private sector and the people themselves." Health is, and should be, everybody's business!"

The Ministry of Health is only one of the many agencies that provide Health Care. Others include the Government, regional authorities, private sectors, civil society and the like. We, in the health sector need to work in partnerships with them in our quest for a better standard of health for all people.

Factors that enable the Development of Partnerships

1. In the space of a few years the perception of health has come a full circle. From being formerly seen as an unproductive consumer of public budgets, it is now seen as central to productivity and development. We therefore live in a climate that potentiates partnerships for health
2. Collaborative partnerships generate a social energy and synergy for the achievement of development objectives, combining the comparative advantage of all partners into a mutually re inforcing force that is far stronger and longer lasting than self interest seeking or turf protecting strategies.
3. We in Sri Lanka have an age old tradition of volunteerism. Many examples can be quoted where the community has come forward to offer its services voluntarily, especially to the health sector. This lends Sri Lanka to productive partnerships if such partnerships are sought and encouraged.
4. The business community today has a passion to be socially useful. They like to project their business concerns as caring organizations. Increasingly they now consider health of their staff as not only a health problem but also a managerial problem eg: absence from work, loss of trained persons to diseases like AIDS etc. These concerns must be played upon and exploited.

Much more than providing financial support, the business community with its marketing and organizational skills can bring commercial efficiency to the health sector. This is especially shown in the area of health promotional messages targeted at specific audiences.

So the important question is not whether partnerships will lead to positive health outcomes but how to bring it about and how to identify and implement priorities and strategies for action.

Strategies for developing partnerships

1. Partnerships are not formed in a vacuum. Nor can they be formed simply by indicating the importance of health to development and the like as has been done for a long time. Developing Partnerships requires depth in social marketing and even preaching if the main obstacles to partnerships for health are to be over come. We need to have the "ear" of others and once we have the "ear", it facilitates' the ability to put across a clear case.
2. It is very necessary to have a common understanding of what is to be done, who will do it, and in what time frame and the adequacy of resources.
3. What is planned should not hold a threat to other sectors. If they do hold a threat, it needs to be further discussed in detail and modified by mutual agreement.
4. Reactions from other sectors approached must be met on their own terms, as far as possible. It is human nature to refuse to be told what to do.

5. Emphasize the specific policies and actions that are beneficial to health and others.

6. Partnerships must be promoted and legitimized at the highest level of Government. Mechanisms for achieving that commitment will differ depending on the country but should include both political and technical considerations.

7. Commitment to health translated into action to tackle health priorities is a pre requisite. It is only when political commitment is made and the value of health acknowledged can one proceed to action. Leadership is crucial and in some instances incentives can also be very important.

8. An analysis of health policy and resource availability is important in order to ensure that priority concerns are fully addressed. Also check to verify if the policies of other sectors are compatible with the health policies and values.

9. Make sure that all stakeholders are consulted right from the early stages. Health professionals, faculties of medicine and public health, and for social acceptability civil society. Avoid the common practice of discussing health issues mostly within the health circles.

10. One needs to be aware of the wide range of actors in and outside the health sector with whom partnerships can be formed. It may be good to start an area where cooperation already exists, and where there is a climate of trust between government agencies, professional organizations and civil societies. One can diffuse ones energy in trying to do too much and trying to include too many in the partnership. Work with a relatively small group representing a limited number of institutions and policy making bodies and re inforce later with the addition of a few groups carrying out highly specialized tasks.

11. Implement plans at the local level so that people themselves can be actively involved. Importance of community based monitoring should be emphasized.

12. The slogan of equity can conceal divergent interpretations and values. It is important to work past the slogan and develop coherent policies for action.

13. There is a need to set up a unit in the Government where people think about all aspects of health and not just Governmental Health Services.

14. It may be necessary and beneficial to form an international network to re-enforce commitment, mobilize support and propagate results and experiences.

I would like to conclude this presentation with a few words on "Civil Society as a partner in Health Development".

Civil society provides a critical social and economic voice and a resource for health development. It is crucial to the process of social capital building.

The world today is becoming increasingly conformist, both in the public and private sectors. Open creative debate about vital social and economic issues is limited. Governments and even the private sector have structured themselves to eliminate public participation in their affairs. People are increasingly encouraged to mind their own business. Conformism, loyalty and silence are often admired and rewarded whilst criticism is punished and marginalized. However objective criticism is perhaps a citizen's primary weapon in the exercise of his or her legitimacy.

The participation of civil society in health development is very limited in this country. The rhetoric of participation has been used in many policy and planning documents, but examples of effective and meaningful participation that has involved a real shift of power to communities is more the exception than the rule. The reasons for this are many but one major reason is that the health services see the participation by civil society as something they drive by inviting community members to come and participate in activities that health services initiate and largely control. Real civil society participation therefore needs a change in the mindset on the part of health services personnel.

If a climate more conducive to achievement of a desired level of health for most people of the world is to be a reality, the pressure for change can only come from an active and organized civil society that can keep governments and health ministries on their toes.

Improvements to health cannot be achieved in a world in which inequities are increasing. In societies where Governments are responsive to the demands of the citizens, improvements to health and equity can be a reality.

The rhetoric of citizens participation often expressed by health care organizations and ministries need to be replaced by more effective mechanisms that permit the citizens' voices to be heard and heeded. This requires that they too are provided with usable information arising from the same knowledge base as is available to health professionals.

I shall conclude with these words from MARTIN LUTHER KING

"WE shall have to repent in this generation, not so much for the evil deeds of the wicked people, but for the Appalling silence of the good people"