



Trinidad and Tobago is located near the northern coast of Venezuela. It covers an area of 5,128 km² (4,828 km² for Trinidad and 300 km² for Tobago). The country obtained its independence from the United Kingdom in 1962. It is an independent republic within the Commonwealth of Nations. The system of government is parliamentary, based on the Westminster model. The capital is Port-of-Spain. The island of Trinidad is divided into 14 corporate regions (5 of which correspond to municipalities), while the island of Tobago has its own local government structure.

Trinidad and Tobago has a relatively stable economy, with a per capita gross domestic product of US\$ 21,200 in 2009. The country continues to rely largely on the energy sector (oil and natural gas).

From 2000 to 2007, there was good economic growth (above 8%), followed by contractions in 2007–2008 that were related to the global economic crisis. The growth rate was 3.5% in 2009, and it was 2% in 2010.

The country is undergoing a demographic and epidemiological transition, with a decrease in communicable diseases and an increase in chronic, noncommunicable diseases.

There has been ongoing progress in health, as indicated by the reduction in general and maternal mortality, and the incidence of communicable diseases.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Unemployment in 2009 was 5.3% (4.6% for men and 6.3% for women). Despite the fact that the country has had a relatively stable economy, there are pockets of poverty. According to the 2005 Living Conditions Survey, 16.7% of the population was poor and 1.2% indigent.

The Government provides free education at the primary, secondary, and tertiary level. Access to education and enrollment has been high, with indices above 97% reported for primary schooling and over 75% for secondary schooling. More women than men are studying at the university level. The index of adult literacy in 2009 was 99%.

THE ENVIRONMENT AND HUMAN SECURITY

In 2006, 96.4% of the population had access to an improved water supply. Just over 75% had a water tap at home, 7.1% received piped water in their yard, 5.9% had access to a community tap, and 1.9% depended on water delivered by trucks. Because of the country's natural conditions and the degradation of watershed basins, most areas have an unreliable running water supply. More than

Selected basic indicators, Trinidad and Tobago, 2005–2010.

Indicator	Value
Population 2010 (millions)	1.32
Poverty rate (%) (2005)	16.7
Literacy rate (%) (2010)	99.0
Life expectancy at birth (years) (2009)	70.3
General mortality rate (per 1,000 population) (2010)	8.2
Infant mortality rate (per 1,000 live births) (2009)	13.2
Maternal mortality rate (per 100,000 live births) (2009)	16.1
Physicians per 1,000 population (2008)	1.3
Hospital beds per 1,000 population (2008)	2.5
DPT3 immunization coverage (%) (2009)	94.0
Births attended by trained personnel (%) (2006)	99.7

half of the households have their own water storage tanks. Improved sanitation facilities are available to 98.7% of the population.

The country's energy industry produces high levels of greenhouse gases. However, the impact at the national level is unclear, and there are no data or studies available on the possible health effects.

HEALTH CONDITIONS AND TRENDS

Trinidad and Tobago has had no cases of indigenous malaria reported since 1965. In 2010, one imported case was reported.

In 2006 there were 12 maternal deaths, but only 3 in 2009 (16.1 deaths per 100,000 live births). In 2006, infant mortality was 13.1 deaths per 1,000 live births, and 13.2 in 2009.

Population structure, by age and sex, Trinidad and Tobago, 1990 and 2010.



Trinidad and Tobago Health and International Cooperation

The Ministry of Health has assigned high priority to the coordination and satisfactory management of international collaboration, and it has created an international cooperation unit for this purpose. The unit functions as a liaison for various stakeholders in international policy issues involved in health sector management.

International funding has been mainly directed toward the programs and projects combating HIV/AIDS and toward the health sector reform program.

PAHO/WHO cooperation has focused on the prevention and control of noncommunicable chronic diseases, promotion of healthy lifestyles, quality of care, family and community health, strengthening health systems, prevention and control of communicable diseases, and establishment of a health information system.

The UN Volunteers program, which is administered by the United Nations Development Program, also contributes to the health sector, including helping establish a country-specific development information database.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The Ministry of Health has identified the need to strengthen planning for effective human resource management. In 2010 a project was initiated to formulate a strategic plan for human resources.

In response to the health problems of the elderly and the expenditures to meet their needs, the government adopted a series of measures. One was the formulation of a national policy on aging. Another was the establishment of a Division of Aging within the Ministry of Social Development.

In recent years, Trinidad and Tobago has been investing noticeably larger amounts in health, as shown by various indicators. As a proportion of general government expenditures, spending on the health area grew from 6.3% in 2006 to 8.1% in 2009. Over that same 2006–2009 period, spending by the Ministry of Health rose by some 50%, and with an additional increase in 2010. Further, the private sector has made similar increases in its expenditures on health since 2006.

Medications are free at all public health facilities. In addition, since 2005 the Chronic Disease Assistance Programme (CDAP) has provided to citizens, at no cost, prescription drugs as well as other pharmaceutical products used in the treatment of 12 chronic disorders.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

In 2010, a project was launched to establish an Observatory of Human Resources for Health, as an instrument for guiding necessary strategic planning of human resources for health.

The United Nations Volunteers program has supported the creation of a country-specific database on development information.

MAIN CHALLENGES AND PROSPECTS

One of the country's current environmental challenges is water pollution caused by agrochemical products, industrial and hazardous waste, and untreated wastewater. Additional environmental problems include oil-polluted beaches, deforestation, and soil erosion.

Pollution and watershed destruction have contributed to the poor reliability of water supply service. Rapid industrialization and urbanization, in addition to increasing levels of personal and domestic consumption, have substantially increased the quantity of solid waste. Of special relevance to the health sector is the fact that there is no national policy or program on solid waste management to address the growing volume of waste, including biomedical and other hazardous wastes.

The country is at risk of natural disasters, such as floods, earthquakes, and hurricanes. Between 2006 and 2010 there were no such events that impacted health, however. With climate change, the frequency of flooding in the country has increased.

Dengue continues to be a cyclical endemic concern, with confirmed outbreaks in 2002, 2005, and 2008.

In Trinidad and Tobago, the HIV/AIDS epidemic is generalized. It was one of the 10 leading causes of death between 1997 and 2007. In 2009 the national incidence of HIV was 1.5%. Records from the beginning of the epidemic in 1983 through December 2008 show a cumulative total of 20,176 HIV cases. The incidence of tuberculosis increased from 1997 to 2007, and it reached 24.1 cases per 100,000 population in 2008.

Both for infants and for children under 5 years old, infectious diseases and acute respiratory infections continue to be the leading causes of morbidity. In 2009, around 6% of children under 5 years old were underweight.

Taken together, chronic, noncommunicable diseases are the leading cause of death, and they contribute appreciably to morbidity and to spending on health. The

Ministry of Health has reported that 60% of all deaths are due to chronic, noncommunicable diseases. These diseases have an impact on mortality and morbidity, and they reduce people's quality of life over extended periods of time.

Criminal violence and domestic violence present a growing social and health problem. Crime has had a notable impact on mortality, morbidity, and hospitalizations. Between 2006 and 2008, reports of serious crimes grew from 19,565 to 20,566, murders increased by 47%, and thefts rose by 35%.

Despite its low estimated level, the true maternal mortality rate is unclear, since various national and international methods yield different figures. A national study on maternal mortality was set to begin in 2011.

Obesity is on the rise, thus posing a public health concern. Several surveys have shown that obesity is increasing among primary and secondary schoolchildren.

The shortage of trained health professionals in the country is a persistent problem. In 2009, the human resources in the health sector were insufficient to meet the population's needs. There were some 3,000 unfilled positions (medical and paramedical) throughout the public health sector; of that total number, 80% were positions for nurses and 13% were positions for physicians.

It is projected that the large number of vacancies will increase, given the aging of the nursing population, the high levels of emigration of medical personnel, and the internal migration of public health workers to private medical and paramedical institutions. There is still no plan for health personnel that will successfully attract a sufficient number of competent professionals in the future.

The Ministry of Health's capacity to develop its policy, planning, and regulatory mandates has been partially strengthened. However, more than 15 years after the health sector reform process was launched, the Ministry of Health still does not totally fulfill its leadership role, and the country's five Regional Health Authority units have been unable to deliver all the health services the population needs.

The high incidence and prevalence of chronic, noncommunicable diseases and their risk factors is one of the most pressing problems for Trinidad and Tobago. Regional and local strategies have been designed to effectively address their prevention and to promote healthy lifestyles. However, appropriate data compilation and assessment is needed to evaluate the impact of these interventions, establish appropriate strategies, and forge strong partnerships into the future.