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2017-2021

PAHO/WHO

COUNTRY COOPERATION STRATEGY REPORT
TRINIDAD AND TOBAGO



Universal health
Access and coverage for all

About The Pan American Health Organization/World Health Organization (PAHO/WHO) Country Cooperation Strategy (CCS) Trinidad and Tobago

The CCS Trinidad and Tobago outlines the medium-term vision that guides PAHO's work with the Government of the Republic of Trinidad and Tobago to support the implementation of the country's national health priorities. The Strategic Priorities of the CCS are also aligned to the PAHO Strategic Plan 2014-2019, "*Championing Health: Sustainable Development and Equity*", to the health and health-related Sustainable Development Goals (SDGs). The CCS was developed through a process of consultation with the Ministry of Health and other key stakeholders. PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty.

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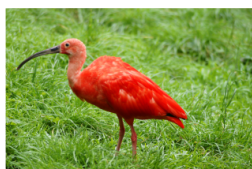
PAHO / WHO COUNTRY COOPERATION STRATEGY (CCS)

2017-2021



Trinidad & Tobago

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Dr. Carissa F. Etienne

This 2017-2021 Country Cooperation Strategy (CCS) reflects the medium-term vision that will guide the work of the Pan American Health Organisation/ World Health Organisation (PAHO/WHO) with the Government of the Republic of Trinidad and Tobago, in support of the national health priorities articulated by the Ministry of Health. This Strategy will allow PAHO/WHO to use its technical comparative advantage, to support the Government's goal of improving the health system and providing health services in line with international standards to improve the health and well-being of the citizens of Trinidad and Tobago.

The new 2017 -2021 CCS has been developed in keeping with national, regional and international frameworks and plans such as Trinidad and Tobago's development agenda - Vision 2030, the PAHO Strategic Plan 2014-2019, 'Championing Health: Sustainable

Development and Equity,' the Caribbean United Nations Multi-Country Sustainable Development Framework 2017-2021, and the Caribbean Cooperation in Health IV. It also builds on previous achievements and is aligned with key global and regional development and health agendas including Universal Health (UH), Health in All Policies, and the 2030 Agenda for Sustainable Development including Sustainable Development Goal 3, "Ensuring healthy lives for all at all ages".

Over the years, Trinidad and Tobago has made significant progress towards the achievement of several of its health indicators and in addressing the social determinants of health. Like other Caribbean countries however, it is facing both epidemiological and demographic transitions. It has an aging population and is experiencing challenges in achieving health equity especially for those most vulnerable. Many of the social, economic, and political determinants of health that need to be addressed, lie outside of the health sector's responsibility and will require broader, effective intersectoral collaboration, and enhanced partnerships with local, national, and international partners.

Through this CCS, PAHO/WHO will provide technical support where it matters most so that persons are healthy from birth to old age and will have access to the health care they need without economic hardship. The CCS includes support for programs and policies to prevent and treat communicable diseases as well as non-communicable diseases, including mental health, violence and injuries that continue to affect the young and old alike. It will also seek to mitigate

the threats caused by emerging and re-emerging diseases such as Dengue, Zika and Chikungunya and to ensure an appropriate national response capacity to address “all hazards” whether human-caused, chemical, natural, biological or radiological. PAHO/WHO’s support to the Ministry of Health will also aim to improve the overall functioning of the public health system and services delivered to those who use it, including during times of disasters.

PAHO/WHO remains committed to working with the Ministry of Health to better serve the people

of Trinidad and Tobago. Through ongoing collaboration and partnerships with stakeholders both within the health sector and across other sectors, we look forward to implementing this 2017-2021 Country Cooperation Strategy that will help to advance health equity while at the same time ensuring that our work remains focused, relevant, and responsive to the needs of the people.

Dr. Carissa F. Etienne
Director

Pan American Health Organization



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE AMERICAS

List of Abbreviations and Definitions

| | | | |
|----------------|---|-----------------|--|
| BWP | Biennial Work Plan | MRI | Magnetic Resonance Imaging |
| CDAP | Chronic Disease Assistance Program | MSM | Men who have sex with Men |
| CARICOM | The Caribbean Community | NCDs | Noncommunicable Diseases |
| CCH | Caribbean Cooperation in Health | NGO | Nongovernmental Organization |
| CCS | Country Cooperation Strategy | NHPSP | National Health Policy and Strategic Plan |
| CO | Country Office | ODA | Official Development Assistance |
| CT | Computerized Tomography | PAHO/WHO | Pan American Health Organization/ World Health Organization |
| EU | European Union | PHC | Primary Health Care |
| FA | Focus Areas | PWR | PAHO/WHO Representative |
| FAO | Food and Agricultural Organization | RPBP | Regional Program Budget Policy |
| FCTC | Framework Convention on Tobacco Control | RHAs | Regional Health Authorities |
| FNS | Food Nutrition and Security | SDGs | Sustainable Development Goals |
| GDP | Gross Domestic Product | SP | Strategic Priority |
| GDI | Gender Development Index | TC | Technical Cooperation |
| GORTT | Government of Trinidad and Tobago | THE | Total Health Expenditure |
| GS | Global Strategy on Women's, Children, and Adolescent Health 2016-2030 | UH | Universal Health |
| HiAP | Health in All Policies | UHC | Universal Health Coverage |
| HIA+17 | Health in The America's 2017 | UNAIDS | The Joint United Nations Program on HIV/AIDS |
| HIV | Human Immunodeficiency Virus | UNDP | United Nations Development Program |
| HDC | Trinidad and Tobago Housing Development Corporation | UNFPA | United Nations Population Fund |
| IADB | Inter -American Development Bank | UNICEF | United Nations Children's Fund |
| IHR | International Health Regulations | UNIFEM | United Nations Development Fund for Women |
| LGBT | Lesbian, Gay, Bisexual, Transgender | UN MSDF | United Nations Multi-Country Sustainable Development Framework |
| MDGs | Millennium Development Goals | USAID | United States Agency for International Development |
| MOH | Ministry of Health | WHO | World Health Organization |

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Executive Summary



The PAHO/WHO Country Office (CO) was established in 1963 and it works closely with the Ministry of Health providing technical cooperation that supports the health priorities of the Republic of Trinidad and Tobago.

The 2017-2021 PAHO/WHO Country Cooperation Strategy (CCS) for Trinidad and Tobago provides the framework for PAHO/WHO's technical cooperation in support of Trinidad and Tobago's health and development agenda.

The CCS is aligned with the National Development Strategy, VISION 2030 and the national health priorities of the Ministry of Health (MOH), the PAHO Strategic Plan 2014-2019 and the targets of

the 2030 Sustainable Development Goals. It was developed using a multi-sectoral, results-based, participatory, evidence-based approach to ensure that the CCS reflects the interests and views of key stakeholders.

The CCS also highlights four cross-cutting themes: gender, equity, human rights and ethnicity.

The PAHO/WHO Representative for Trinidad and Tobago chaired a Working Group (WG) comprised of key national representatives and PAHO/WHO Technical Officers who coordinated and provided oversight for its development. The CCS was developed in keeping with other regional and international frameworks and plans:

- I. The Caribbean Cooperation in Health (CCH) IV
- II. The Caribbean Charter for Health Promotion
- III. The Declaration of Port of Spain: Uniting To Stop The Epidemic of Chronic NCDs
- IV. The PAHO/WHO Sub-regional Cooperation Strategy for the Caribbean 2016-2019
- V. The United Nations Multi-country Sustainable Development Framework for the Caribbean
- VI. The 2030 Agenda for Sustainable Development Goals (SDGs)

The Strategic Agenda for the CCS consists of four Strategic Priorities and twelve Focus Areas (FAs) for technical cooperation. They are:

Strategic Priority 1:

Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health.

Focus Areas:

- I. Strengthen stewardship, governance and transparency to increase equitable access to quality, people-centred services including regulatory and accountability frameworks
- II. Strengthen information systems for health to support evidence-informed decision making, accountability and monitoring and evaluation
- III. Develop and implement mechanisms for sufficient, equitable, efficient and sustainable health-financing ensuring financial protection in health
- IV. Reorient the delivery of integrated services with an emphasis on Primary Care ensuring equitable access and coverage to quality services with adequate and appropriate human resources support

Strategic Priority 2:

Multi-sectoral action to prevent and control non-communicable and communicable diseases and their risk factors, violence and injuries and advance mental well-being.

Focus Areas:

- I. Accelerate the implementation and monitoring of the National NCD Strategic Plan of Action including the development of the legislative and policy frameworks to reduce NCD risk factors
- II. Support the implementation of community- based approaches to mental health reform and enhance the public health response to violence and injuries
- III. Strengthen and implement plans for communicable diseases inclusive of health communication/health risk reduction

Strategic Priority 3:

Integrated, evidence-based, inclusive action promoted to address the social determinants of health throughout the life-course.

Focus Areas:

- I. Promote Health in all Policies for inter-sectoral action to improve equity and sustainable development -“leaving no one behind”
- II. Accelerate actions to develop and harmonise policies and programs to address sexual and reproductive health and the needs of infants, adolescents, men’s and women’s health, and healthy aging
- III. Build capacity to generate and utilise evidence on economic and social determinants of health and health inequities to guide policies and programs along the life-course

Strategic Priority 4:

An integrated approach to address an “all-hazards” health response that builds and contributes to health and human security.

Focus Areas:

- I. Support national efforts to meet the required core capacities of the International Health Regulations
- II. Support the planning and implementation of an all-hazards approach across all sectors and communities, to address hazards such as natural and human-caused disasters, vector and food-borne diseases, climate change and antimicrobial resistance

The CCS Strategic Agenda focuses on those areas where PAHO/WHO can add value and has a comparative advantage. The FAs in the CCS will be operationalized through the Biennial Workplans (BWPs) over the next four years.

1

INTRODUCTION

- Overview of the PAHO/ WHO Policy
- Framework
- Country Context
- The CCS Development Process

OVERVIEW OF THE PAHO/WHO POLICY FRAMEWORK

The 2017-2021 PAHO/WHO Country Cooperation Strategy (CCS) for the Republic of Trinidad and Tobago provides the framework for PAHO/WHO's technical cooperation in support of Trinidad and Tobago's health and development agenda.

The CCS is aligned with the national development agenda, the PAHO Strategic Plan 2014-2019 and the achievement of the Sustainable Development Goals (SDGs) (see Annex 1).

Health is seen as a reliable indicator to measure the progress of the SDGs. Goal 3 of the SDGs is "to ensure healthy lives and promote well-being for all at all ages".

The 2017-2021 CCS for Trinidad and Tobago was developed based on the following principles:

- 1 the importance of country-ownership recognising other national priorities and the fostering of a multi-sectoral approach
- 2 giving health a prominent place in national development plans
- 3 the concepts of Universal Health (UH) and Health in all Policies (HiAP)
- 4 the integration of gender, equity, human rights and social determinants into the work of PAHO/WHO
- 5 the harmonisation of PAHO/WHO's technical cooperation with other United Nation agencies and development partners
- 6 reflecting the interests and perspectives of the country in the global health and development agenda, including the governing bodies - World Health Assembly (WHA) and PAHO Directing Council (DC)

COUNTRY CONTEXT

The Geography of Trinidad and Tobago

The twin-island Republic of Trinidad and Tobago lies to the southern end of the Caribbean, close to the continent of South America, northeast of Venezuela and northwest of Guyana. Trinidad has an area of approximately 4,800 square km and is the larger of the two Islands.

Tobago, which lies 30 km to the northeast of Trinidad, has an area of approximately 300 square km. The major cities in Trinidad are Port of Spain, its capital, located on north-west side of the island, and San Fernando located in the south. The main town and administrative centre in Tobago is Scarborough. The climate is tropical with two seasons: the dry season for the first five months of the year, and the rainy season in the remaining seven months of the year.







THE CCS DEVELOPMENT PROCESS

The CCS for Trinidad and Tobago was developed using a multi-sectoral, results-based, participatory, evidence-based approach to ensure the strategy reflects the interests and views of key stakeholders. Four cross-cutting themes: gender, equity, human rights and ethnicity will be integrated across all the priorities in the Strategy. Dr. Carissa Etienne, PAHO Director and The Honourable Terrence Deyalsingh, Minister of Health, Trinidad and Tobago have endorsed the 2017-2021 CCS. Its achievement is the joint responsibility of the Government of Trinidad and Tobago and PAHO/WHO.

17 PARTNERSHIPS FOR THE GOALS



Sustainable Development Goal # 17

1. Survey

An online questionnaire was circulated to key stakeholders which included Ministry of Health representatives from the key sectors within the Government, United Nations and non-governmental organisations that represent disadvantaged/vulnerable populations.

Respondents were asked to provide information on: their collaboration with PAHO/WHO over the past 5 years; PAHO/WHO's main strengths and weaknesses; areas in which they thought their agency could collaborate with PAHO/WHO in the future; and what strategic priorities (SPs) should be addressed in the PAHO/WHO 2017-2021 CCS for Trinidad and Tobago and why.

A Working Group (WG), chaired by the PAHO/WHO Representative for Trinidad and Tobago comprised of the key PAHO/WHO Technical Officers and national representatives, provided oversight and coordinated the process to develop the CCS.

the CCS is a vital partnership that would improve efficiency in the health sector.....Trinidad and Tobago has seen significant gains through past partnerships with PAHO/WHOincluding a drop in the number of maternal deaths in the country, as well as reduced flu-related deaths.....

Minister of Health, The Honourable Terrence Deyalsingh

Source: Sunday Express, September 10, 2017

2. National Consultation

The Trinidad and Tobago Chapter in the Health in the Americas 2017 informed the description of the health status of the population and the main challenges in the CCS.

A National Consultation was held on June 6-7, 2017 with key stakeholders and decision-makers from the Ministry of Health (MOH), UN Agencies resident in Trinidad and Tobago, other development partners and key non-governmental organizations. The overall goals were to:

- I. identify, discuss and gain consensus on the common strategic priorities (SPs) and the related focus areas (FAs) for PAHO/WHO's Technical Cooperation to Trinidad and Tobago for the period 2017-2021; and
- II. discuss the implementation, management, coordination, monitoring and evaluation of the CCS.



Stakeholders from Government and NGOs work together to prioritize focus areas in the CCS.

3. Development of a Strategic Agenda

The Strategic Agenda for the Country Cooperation Strategy consists of four strategic priorities (SP) and 12 focus areas for technical cooperation.

Each strategic priority:

- 1** makes a specific contribution to address a health concern within Trinidad and Tobago in keeping with the National Development Strategy VISION 2030
- 2** is aligned with the strategic priorities of the MOH and the PAHO BWP
- 3** is aligned to a particular outcome in the 2014-2019 PAHO Strategic Plan “Championing Health: Sustainable Development and Equity”
- 4** is mapped to one (1) or more of the nine (9) health targets within SDG 3 – “Ensure healthy lives and promote well-being for all at all ages” and the other health related SDG targets

The Country Cooperation Strategy was also developed in keeping with other national, regional and international frameworks and plans:

- 1** The Draft National Development Strategy 2016-2030—Vision
- 2** The Caribbean Cooperation in Health (CCH) IV
- 3** The Caribbean Charter for Health Promotion
- 4** The Declaration of Port of Spain: Uniting To Stop The Epidemic of Chronic NCDs
- 5** The PAHO/WHO Sub-regional Cooperation Strategy for the Caribbean 2016-2019
- 6** The United Nation Multi-country Sustainable Development Framework for the Caribbean.
- 7** 2030 Agenda for Sustainable Development Goals (SDGs)

PAHO/WHO will focus its technical cooperation on those health priorities that will add value to the programs being implemented in Trinidad and Tobago.



“
Four cross-cutting themes: gender, equity, human rights and ethnicity will be integrated across all the priorities in the Strategy.
”

2

HEALTH & DEVELOPMENT SITUATION

- Political, Macroeconomic & Social context
- Health Status of the Population
- Health Systems Response in Trinidad and Tobago
- Cross-cutting Themes
- Leading Health Challenges
- Partnership and Development Cooperation
- Review of PAHO/WHO's Cooperation Over the Past CCS cycle

POLITICAL, MACRO-ECONOMIC AND SOCIAL CONTEXT

Trinidad and Tobago gained its Independence in 1962 and became a Republic in 1976. It has a two-party system and a bicameral parliamentary system based on the Westminster System. The Constitution provides for the separation of power – the Executive, Legislative and Judicial.

The Head of State is the President and the Leader of Government is the Prime Minister who is elected every five years. Tobago has its own elected House of Assembly responsible for the administration of the island, and for the implementation of policies that are referred by Parliament.

The Republic remains a member of the British Commonwealth, is also a member of the Caribbean Community (CARICOM) and the Organisation of the American States (OAS).



The Economy

The economy is largely based on oil and gas production, with the petroleum and petrochemical industries accounting for about 37% of gross domestic product (GDP) and ores and mineral fuels over 70% of exports.¹ Over the years it has transitioned from being solely reliant on oil to a natural gas-based economy.

Some of the other non-petroleum sectors include manufacturing, tourism, agriculture, and finance. Due to declining oil and gas prices, the economy experienced a slowing of its growth in GDP after 2007, with a weak recovery in 2012-2014 and contraction again in 2015.



Caribbean Gas Chemical Limited (CGCL), La Brea.

The petroleum and petrochemical industry contributed approximately 43% to GDP while health expenditures accounted for 5.9% of GDP for that period.² Approximately US\$1.5 billion was spent on health care of which 38% was spent by households and 54% by the Government.³ Inflation averaged 4.7% in 2015 compared to 5.7% in 2014.³

It is expected that the country will continue to experience challenges as the Central Bank 2016 Review of the Economy projected that the manufacturing sector, which is the second largest sector, would also experience a decline in growth of 5.7% and the agricultural sector would contract by 6%.⁴ The country continues to implement fiscal policies to rationalise expenditure and maintain adequate levels of revenues.

“

In 2014, the earnings from oil and gas industry contributed close to 40% of Trinidad and Tobago's GDP and generated close to 50% of GORTT's revenue when prices averaged US\$93.17. With global oil prices plummeting by more than 50% over the last two years and a steady reduction in domestic production levels, Trinidad and Tobago's balance of payments and fiscal positions have been severely impacted.

”

Source: Trinidad and Tobago Banker's Association
Budget Commentary 2017



Poverty

The UNDP 2016 Human Development Report (HDR) estimated Trinidad and Tobago's Multidimensional Poverty Index (MPI) to be 0.007 using data from the Multi-Indicator Cluster Survey III (2006).⁵ The MPI measures the level of poverty and deprivation of vulnerable groups using three-dimension indicators: education, health and living standards which are taken from the household survey. In 2009, it was estimated that 18.9% of the population was living in a state of poverty.⁶

More recent data to assess poverty levels are not available. Trinidad and

Tobago's HDI value for 2015 is 0.780— which puts the country in the high human development category— positioning it at 65 out of 188 countries and territories.⁵

1 NO POVERTY



Sustainable Development Goal # 1

Unemployment

The unemployment rate was reported to be 3.8% between January to March 2016.⁹ Male unemployment for the same period increased to 3.7% from 3.4% over the second quarter of 2015. Female unemployment also increased to 3.8% from 3.6% for the same period.⁹

The highest unemployment rates 13.2% occurred in the 15-19 age groups and the lowest unemployment rates 1.0% in the older working age group of 55-59 years.

These figures reflect the global unemployment trend among the youth. Young people between the ages of 15 and 29 years represented approximately 50.6% of all

unemployed persons during January to March 2016. This was a 5.8% increase from the previous quarter. Persons 30 to 49 years of age accounted for 35.7% of those unemployed and persons aged 50 to 64 years accounted for 13.3% of the unemployed during the same 2016 period.⁹

8 DECENT WORK AND ECONOMIC GROWTH



Sustainable Development Goal # 8

Housing

Trinidad and Tobago continues to face housing challenges as its population grows. The demand for affordable housing outweighs supply and the low-income and low middle-income groups cannot afford to purchase houses at open market prices. In 2014, the Ministry of Housing estimated that there were approximately 250,000 squatters.¹⁰

The Trinidad and Tobago Housing Development Corporation (HDC) established in 2005 has the mandate to: *Provide quality, affordable housing solutions for first-time homeowners who fall within the low to middle income brackets and associated community facilities for use by these families.*¹¹ However, in recent years, affordable housing projects have experienced cost overruns and the unit cost of

affordable housing has increased.¹²

In 2016, the Government committed to deliver 6000 affordable new homes for the low- and middle-income first-time buyers by 2018. In 2015, the Water and Sewerage Authority reported that most of the population (94%) had access to improved clean drinking water; 99% had access to chlorinated water; 88% of households had a direct access to pipe-borne water while 12% had to utilise an indirect access, i.e. a standpipe in the yard or community.

11 SUSTAINABLE CITIES AND COMMUNITIES



Sustainable Development Goal # 11

Education

Free education is available for all citizens up to secondary school. Funding is also available for tertiary education based on age and financial need. The 2011 census reported that primary level education was attained by 29.8% of the population, 43.5% attained secondary and post-secondary, and 14.6% tertiary (university and non-university) level education.⁷

The census also reported that males outnumbered females up to the

primary and secondary levels but at the tertiary level females outnumbered males. The literacy rate for the 15-24 age group was reported to be 99.6% in 2015.⁸

4 QUALITY EDUCATION



Sustainable Development Goal # 4



Culture

The country has a diverse culture which has been influenced by the history of multiple ethnic groups such as the Amerindians, Africans, Indians, Spanish, British, European, Middle Eastern and Chinese. Expressions of this multicultural influence are seen in the people, the food, music and the arts.

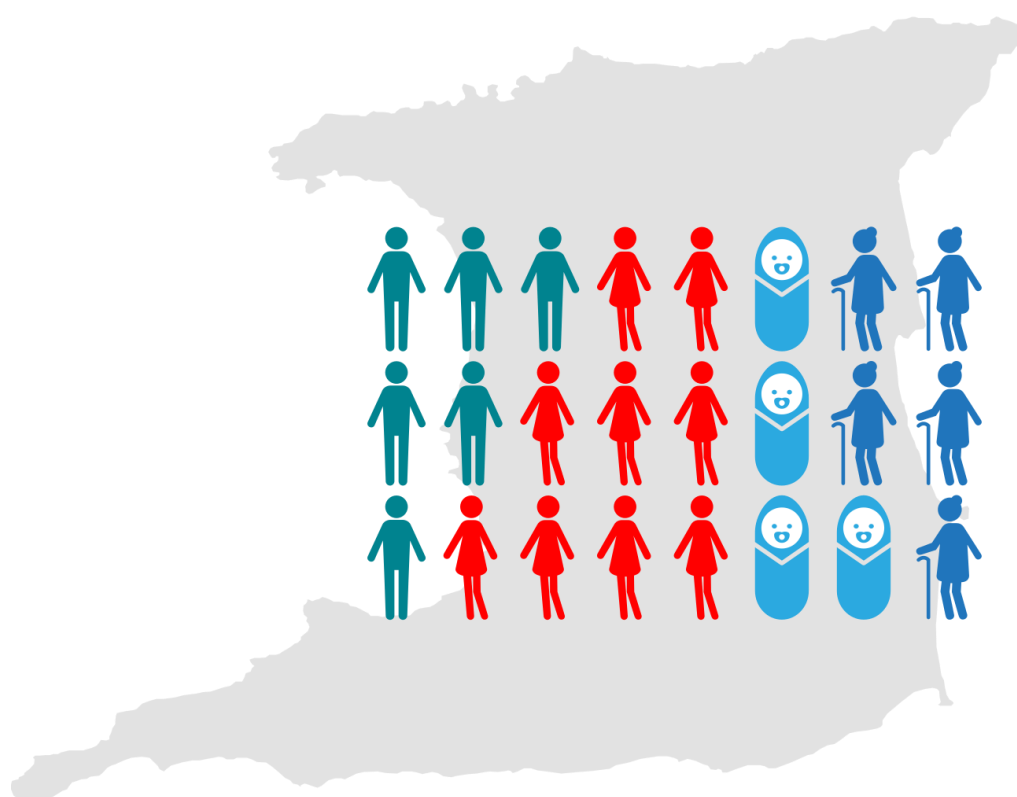


“Culture is who we are and what shapes our identity. Culture contributes to poverty reduction and paves the way for a human-centred, inclusive and equitable development. No development can be sustainable without it.”

Source: UNESCO—Sustainable Development Goals
for Culture on the 2030 Agenda

HEALTH STATUS OF THE POPULATION

This section provides a summary of the health status of the population in Trinidad and Tobago based on available information from the Ministry of Health, the PAHO Health in Americas 2017 Chapter Trinidad and Tobago and selected regional and international websites such as PAHO, WHO and the UN.



Demographic Trends

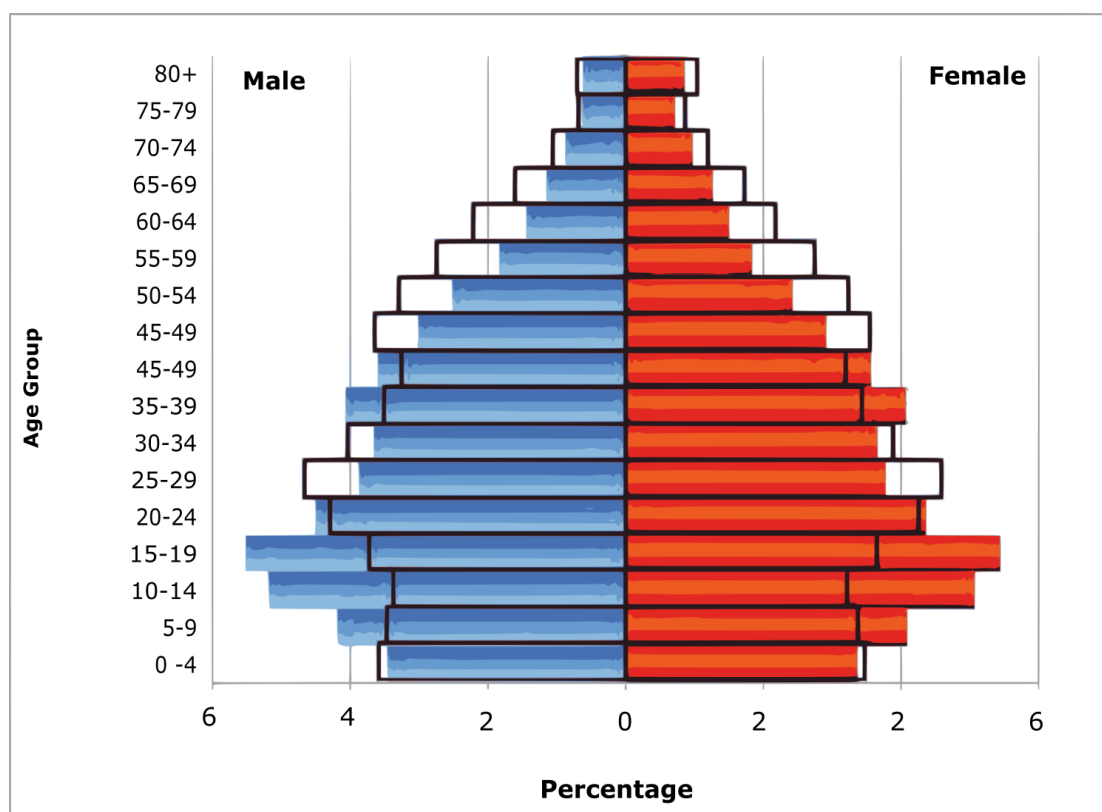


Figure 1. Population Pyramid (2000 -red and blue; 2011 - black outline)
Source: 2011 Demographic Report, Trinidad and Tobago.

In 2011, the Trinidad and Tobago Census reported that the total population was 1,328,019, an increase of 65,653 persons from 2000 with 37,074 inhabitants living in the capital city of Port of Spain.⁷ **Figure 1** shows the changing population structure with a substantial increase of 4% per annum among those 60 years and older compared to a 2.5% per annum decrease among the 5-19 years age-group and 0.9% increase by the under-fives.⁷ In 2011 life expectancy was reported to be 71.4 for males and 77.8 for females, the birth rate was 12.83 per 1,000 and the death rate 8.23 per 1,000.⁷

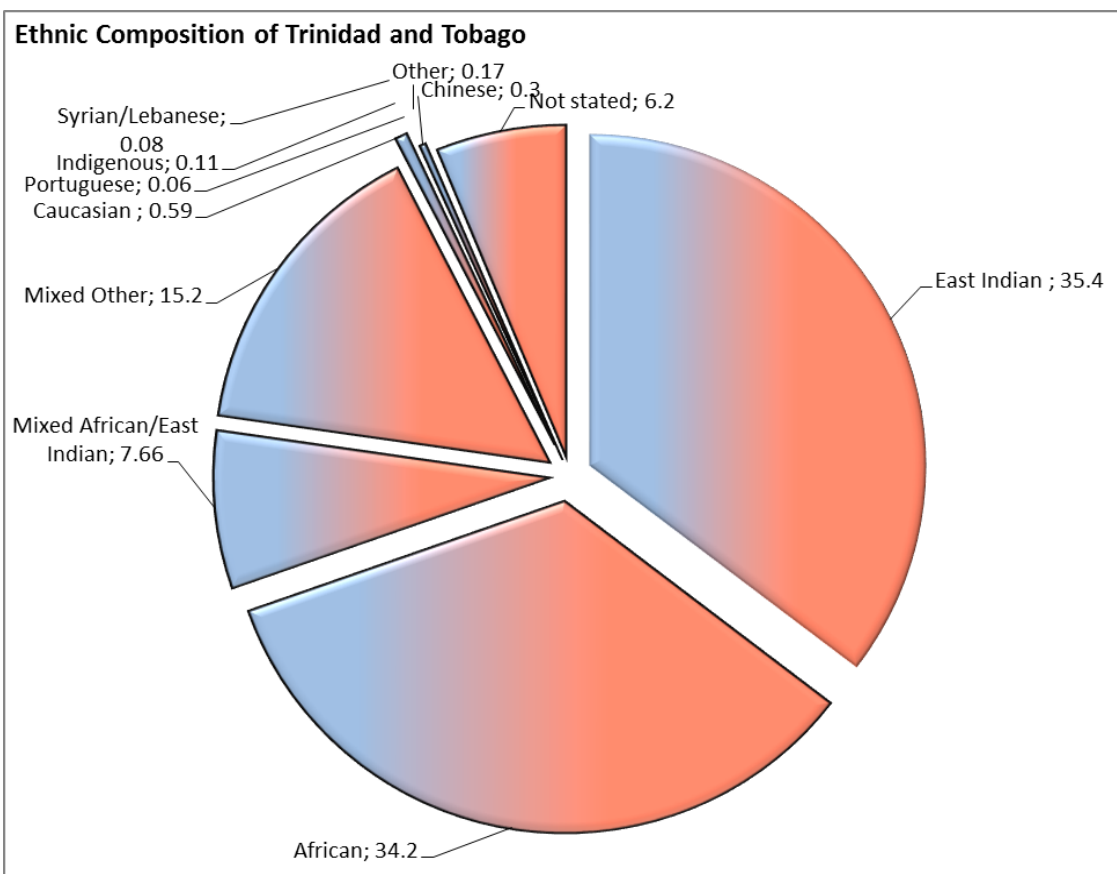


Figure 2 shows the population's ethnic composition is 35.4% East Indians, 34.2% Africans, 23.0% mixed races and 8.4% of other ethnic groups (Asian, European, and Middle Eastern). The population ratio of male-to-female is approximately 1:1.⁷

Source: 2011 Demographic Report, Trinidad and Tobago.

In 2011, the overall number of private households was reported to be 401,382 - Trinidad increased by 16.2% and Tobago by 32.6%. All the towns showed increases in the number of households with the exception of the City of Port of Spain and the City of San Fernando. The main increases occurred in the Boroughs of Chaguanas, Sangre Grande and in Tobago. The proportion of households headed by females was reported to be 33%.¹³

Maternal and Child Health

The country also did not achieve its Millennium Development Goal (MDG5) target for maternal mortality of 14 per 100,000 by 2015.

The MDG Progress Report 2014 for Trinidad and Tobago notes that 95% of women received perinatal care, 99% of births were attended by skilled persons and that 25 % of maternal mortality was due to pregnancy with abortive outcomes while 75% were direct obstetric deaths between 2004 and 2008.

Respiratory conditions of the newborn, other conditions

originating in the perinatal period and congenital anomalies and chromosomal abnormalities were among the top three causes of infant deaths during 1990-2008. Thirty percent of deaths occurred in the 30-34 age group while 11% occurred in the 15-19 and 25-29 age group.

Early ante-natal care, regular ante-natal visits and access to sexual and reproductive health and education are import to influence positive maternal and neonatal health outcomes.





Based on the Hospital Utilisation reports, Trinidad and Tobago reported 4 maternal deaths in 2015 and 2 in 2016. For 2015 and 2016, the number of infant deaths were 182 and 169 respectively.

Some risk factors associated with maternal mortality included complications from hypertension, diabetes, post-partum haemorrhaging, premature labour and delayed antenatal care. Of all the first time antenatal visits in the public health system during 2010 and 2015, 16.3% and 12.4% respectively, were under the age of 20 years; and the adolescent fertility rate was 44.9 per 1,000 women aged 15-19 in 2010.¹⁴

As part of a national response,

various manuals and guidelines were developed and implemented such as a Standard Operating Procedure Manual for Obstetrics and Midwifery Services in June 2011 and the Standards for Neonatal Care in 2012. A Maternal and Child Health Manual (2015) was also produced based on the work of a multidisciplinary team, with technical collaboration from UWI, CARPHA, PAHO/WHO, UNFPA and UNICEF.¹⁵

After a review of maternity services, the Government has agreed there was need for a Directorate for Women's Health which would provide leadership and policy formulation aimed at reducing the maternal and perinatal mortality rates. PAHO/WHO CO is supporting

the Ministry of Health and the Regional Health Authorities to implement the Cabinet approved project “Improving maternal, infant child and adolescent health through quality interventions in Trinidad and Tobago”. Oversight for this project is provided by a multi-sectoral committee chaired by the Ministry of Health and Co-chaired by PAHO/WHO CO.

Some key deliverables to date include training on the medical management of postpartum haemorrhage, a leading cause of

maternal death, as well as the implementation of the one-year pilot of the Perinatal Information System (SIP).

A Draft Sexual and Reproductive Health (SRH) Policy is being finalised that seeks to address challenges related to maternal mortality and morbidity, Adolescent Sexual and Reproductive Health, HIV and other Sexually Transmitted Infections, Cancers of the reproductive organs, sexual and gender-based violence, SRH service delivery and the legal and policy environment.

The objectives of the Sexual and Reproductive Health Policy are to:

- 1 Ensure every person in Trinidad and Tobago in need of SRH is offered and has access to comprehensive Sexual and Reproductive Health Services through the Public Health System at service delivery points
- 2 Educate the population on SRH
- 3 Reduce adolescent pregnancy through the provision of comprehensive ASRH information and services
- 4 Reduce maternal and new-born mortality and morbidity
- 5 Increased quality and uptake of services through strengthening health system
- 6 Ensure coordination and implementation of the SRH Policy
- 7 Ensure that new SRH-related legislation is in line with the principles of this policy and relevant international agreements and standards and guide all other SRH related policies, programs and interventions
- 8 Strengthen SRH information systems for decision-making



Dr. Gerardo Martinez, CLAP, assists clinicians to analyze maternal and child health data using the Perinatal Information System. October 2017



Clinicians from the Regional Health Authorities undergo training on the medical management of postpartum haemorrhage, a leading cause of maternal death, through a series of scientific, evidence based and simulated hands-on exercises. April 2016.



“*The health of a nation is a fundamental determinant of the quality of life of its citizens and directly influences productivity, and the achievement of sustainable development goals. Health is therefore an instrument of development.*”

The Honourable Terrence Deyalsingh, Minister of Health
Minister's message on the National Strategic Plan for the
Prevention and Control of Non-Communicable Diseases
(2017-2021)

Noncommunicable and Communicable Diseases

With an increase in non-communicable diseases (NCDs) and a re-emergence of communicable diseases in Trinidad and Tobago, the MOH has renewed its commitment to the primary healthcare approach and the concept of universal health.

Noncommunicable Diseases

NCDs continue to be a major contributor to morbidity affecting an individual's quality of life. They also place a heavy economic and social burden on families, communities, health systems and economies.

Trinidad and Tobago has one of the highest NCD rates globally as NCDs account for 60% of deaths annually.¹⁶ In 2015, heart disease was the number one cause of death, accounting for one-quarter (25%) of all deaths, followed by diabetes which was the second leading cause of death accounting for 14%, cancer (13 %), and cerebrovascular disease 10 %.¹⁶ The mortality figures were 52% for males and 41% for females. Of these deaths, 70% were premature occurring before age 70. It was also noted that four out of ten deaths could be prevented as they all share behavioral risk factors which included tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.¹⁶

The results of the 2011 Noncommunicable Diseases Prevalence and Risk Factor Survey (STEPS) of persons aged 15 to 64 years found the prevalence of having three or more risk factors for NCDs, such as daily smoking, inadequate



daily servings of fruits and vegetables, low level of physical activity, being overweight or raised blood pressure, ranged from 47.6% to 54.3% among those aged 25-64 years.¹⁷ Just over fifty-five per cent (55.7%) of the population ages 15-64 years were overweight or obese. Among females, 34% were overweight and 32% obese and among men, 40% were overweight and 19% are clinically obese.¹⁷ Among the youth, 29.7% aged 15-18 years were overweight, 13.1% were obese, whilst among 19-24 year olds, 37.9% were overweight and 10.8% were obese.

The Rapid Assessment of the Economic Dimensions of Non-

communicable Diseases in Trinidad and Tobago, conducted by the Inter-American Development Bank (IADB) Trinidad and Tobago, estimated that the economic burden from diabetes, hypertension, and cancer to Trinidad and Tobago is about TT\$8.7 billion annually. This represents a cost of approximately 5% of the current GDP.¹⁶

The MOH has an NCD Program and has implemented various NCD initiatives such as the Chronic

Disease Assistance Program (CDAP) which provides medication, particularly for chronic non-communicable diseases (NCDs), free of charge at both public and private pharmacies. The Ministry of Health launched its NCD Plan for the prevention and control of NCDs in Trinidad and Tobago in May 2017 and under a Health Sector Support program has allocated funding from IADB to support the implementation of the National NCD Plan.

Mental Health Disorders

The major psychiatric facility is the St Ann's Mental Hospital in Trinidad. Acute care is provided at other major hospitals and through community-based mental health services at local and district health centres.

The 2014 WHO Mental Health Atlas (MHA) reported 5,826 cases of severe mental disorder (both outpatients and inpatients). The main issues identified were schizophrenia, mood/affective disorders (e.g. depression), mental and behavioral disorders (e.g. suicide) and substance abuse.

The MHA reported 77% of inpatients were institutionalised for more than 5 years; 16% for less than a year and 7% for 1-5 years. In 2014, Trinidad and Tobago reported a suicide mortality rate of 13 per 100,000 population.¹⁸

PAHO/WHO in collaboration with the MOH conducted a workshop in 2017, to develop a suicide prevention plan as well as to sensitise the media on ethical and responsible reporting on suicide.

The Tobago Regional Mental Health Committee has identified "integration of community and mental health" as a key priority area. The most notable strength of the island's mental health system is its cadre of multi-disciplinary health professionals and support staff. The recruitment of foreign-trained mental health professionals have brought a wealth of new knowledge, new expertise and diverse experiences that have enriched and enhanced the current approaches to mental health care.

Despite challenges and resource constraints, the mental health

officers are addressing psychosocial issues of patients, their families and the community at large, meeting

most of the mental health needs of the population. (See Annex 2)

Violence against women also continues to be a problem with approximately 11,441 cases relating to domestic violence reported between 2010 and 2015 of which 75% were related to women.

Violence and Injuries

The leading causes of death due to violence and accidents are land transport accidents, assaults (homicides), suicides, and accidental drownings. Data from the Police Service for 2010-2015 show 1,040 persons were killed due to 841 fatal road traffic accidents, and of those killed 81% were male. Most of the fatalities (46.1%) were under 35 years of age. From 2010-2015, there was an annual average of 406 murders, 642 wounding and shootings, 732 sexual offences (rapes/incest) accounting for approximately 12% of all reported crimes.

During 2010-2012, there were 5,909 reported cases of domestic violence of which 6.6% of the victims were

under 19 years, 29.2% were 20-29 years and 44.2% were 30-29 years.¹⁹ Violence against women also continues to be a problem with approximately 11,441 cases relating to domestic violence reported between 2010 and 2015 of which 75% were related to women.²⁰

The GORTT and several NGOs have implemented a number of programs in an attempt to reduce the incidence of gender-based violence through advocacy and public awareness. Despite the fact that the scope of the definition of the Domestic Violence Act of Trinidad & Tobago (1999)^[1] was broadened to include members of the household and the aspect of

^[1] "domestic violence" includes physical, sexual, emotional or psychological or financial abuse committed by a person against a spouse, child, any other person who is a member of the household or dependant.

financial abuse in 2013, more still needs to be done.

The MOH recognises the challenge from the increased trend in injuries and violence and is finalising a multi-sectoral plan for the prevention of violence and injuries. There is also a draft five-year State Accountability Plan emanating from the Gender Unit in the Office of the Prime Minister to address violence against women and children. It offers many

opportunities to improve coordination among sectors towards a robust response building upon ongoing programs of several interests.

A review of the MOH's response to gender equality in health focusing on morbidity and mortality problems across the life course and between men and women may need to be conducted.



BY 2030, EVERY WOMAN & GIRL AROUND THE WORLD WILL BE EMPOWERED

Sustainable Development Goal 5

Communicable Diseases

The response to HIV/AIDS is guided by the multi-sectoral National Strategic Plan 2013-2018. Treatment and care is provided through seven adult and four paediatric sites. HIV testing and treatment are free and treatment is available at 64 testing sites. There are seasonal prevention

and testing campaigns during major seasonal events like Carnival, World AIDS Day, Regional Testing Day and community events in collaboration with NGOs and the Ministry of Health.

The HIV epidemic in Trinidad and Tobago is generalised. In 2014, the



Members of the public receive information during the HIV/AIDS awareness campaign , Brian Lara Promenade, Port of Spain in 2015.

prevalence was reported to be 1.65% with 1,053 newly diagnosed cases reported, of which 43% were women. The majority of the new cases showed that 64% occurred among the 15-49 age-group. The proportion of older persons, over 50 years, being newly diagnosed with HIV increased from 12% to 17% over the period 2010 to 2014.

The National Level Cross-sectional HIV Cascade for Trinidad and Tobago in 2015 reported that 11,000 persons were living with HIV of which 82% were retained in care, 62% were retained and currently on ART and 25% had achieved viral suppression.

A bio-behavioral men's surveillance survey conducted between 2010 and 2015, found that HIV prevalence among men who have sex with men (MSM) was estimated to be 27%, 24% were unaware of their HIV status and 37% were older than 30 years.²¹ With the introduction of free antiretroviral drugs, AIDS-related deaths declined by 47% between 2010 and 2014.²¹

Under the program for Prevention of Mother-to-Child Transmission of HIV (PMTCT), there has been good progress toward elimination with rates generally below 1%.

Tuberculosis (TB)

A national programmatic approach for TB and TB/HIV is needed as the socio-economic conditions (poverty, patient location, and drug and alcohol addiction) impact the TB and TB/HIV treatment outcomes and follow-up. In 2015, WHO reported HIV/TB estimates for mortality at

0.46 per 100,000 population, incidence at 2.9 per 100,000 with a total of 218 notified cases.²² It also reported that the estimated universal health coverage and protection for TB was 87%.²²

Vaccine Coverage

In 2015, Trinidad and Tobago reported immunisation coverage of 96% for diphtheria, pertussis, and tetanus, 89% for measles, mumps, and rubella and 88% for polio.²³

Vector-Borne Diseases

The *Aedes aegypti* mosquito introduced two new diseases - Chikungunya and Zika in 2014 and

2016 respectively. As of November 2015, there were at least 53 confirmed cases of Chikungunya in



Officer from the Vector Control Division, Ministry of Health, conducts a field exercise



ZIKA VIRUS

What is Zika?

Zika is a virus transmitted by the *Aedes* mosquito, which also transmits dengue and chikungunya.

Zika can cause:



Mild fever



Conjunctivitis



Headache and joint pain



Skin rash



Onset is usually 2-7 days after the mosquito bite



1 in 4 people with Zika infection develops symptoms



A very small number of people can develop complications after becoming ill with the virus



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas

#zika
#FightAedes
#ZikaVirus
www.paho.org/zikavirus

Trinidad and Tobago. The MOH's Insect Vector Control Division increased eradication measures including a "ChikV Campaign" to educate citizens about the symptoms, preventative measures, and clean-up campaigns. Dengue fever is endemic with 1,687 cases reported in 2015. At the end of 2016, 717 confirmed cases of Zika were reported in the Epidemiology Weekly by the National Surveillance Unit, Ministry of Health.

However, there are concerns about follow through in the care of children who may have developmental disorders as a consequence of the infection. In November 2017 PAHO

supported a seven member Technical Cooperation visit to Brazil comprised of MOH and RHA officials. Technical lectures and site visit to facilities that manage and care for infants and families affected by ZIKA were core to the visits. Trinidad was declared malaria-free in 1965 but aggressive surveillance continues and imported cases are usually detected. To reduce mosquito populations, the MOH will be recommending the deployment of the Semi-Lethal Ovitrap (In2Care), a Geographic Information Systems Solution and a Communication for Behavioral Impact (COMBI) approach to education campaigns.

Food Borne Diseases

According to the Burden of Illness study conducted by the Ministry of Health, PAHO/WHO and CAREC in 2013, approximately 10% of the population of Trinidad and Tobago is affected by foodborne illness each year.²⁴ During 2000-2005, there were seven large outbreaks of acute gastroenteritis with over 20,000 cases reported per year. Most cases are not captured by the National

Surveillance Unit. The burden of syndromic acute gastroenteritis is estimated as 135,820 cases per year, with the highest prevalence in children under one year of age. The economic burden is estimated at US\$135,820 to US\$21,052,100 per annum. This estimate includes the cost to the public health system only.



A team of Clinicians from Trinidad and Tobago learn how to inspect, select and pasteurize human donated breast milk at a Human Breast Milk Bank as part of a PAHO Technical Cooperation Visit to Brasilia, Brazil, November 2017.

Healthy Aging

Trinidad and Tobago has an aging population. The 2011 census showed approximately 13% of the population was over age 60 with 13% of persons being 80 years and older. It was estimated at 15.8% in 2015 and projected to be over 32.8% by 2025.²⁵ Hypertension, diabetes, arthritis, Alzheimer's and heart disease are reported as some of the leading causes of hospitalisation among the elderly.⁷

The projected growth in this population, with attendant chronic diseases will significantly impact the health system, particularly primary care. Emerging issues for the 60 + age group include loneliness, abuse and dementia.

A National Policy on Aging was developed in 2006 which addresses targeted priority areas for action such as: Healthcare and Standards for Facilities, Social Security, Income Security and Employment, Housing and Legislation among others.

This policy is implemented through the Division of Aging in the Ministry of Social Development and Family Services. In 2014 the monthly senior citizens pension was TT\$3500 (app. USD 545.00).

The Chronic Disease Assistance Program (CDAP) provides free prescription drugs and other pharmaceuticals for the aged for diabetes, asthma, cardiac diseases, arthritis, glaucoma, mental depression, high blood pressure, benign prostatic hyperplasia, epilepsy, Parkinson's disease and Thyroid diseases.





Emerging issues for the 60 + age group include loneliness, abuse and dementia

HEALTH SYSTEMS RESPONSE IN TRINIDAD AND TOBAGO

The National Health Agenda is guided by the National Development Strategy VISION 2030 ‘Many hearts, Many Voices, One Vision’ key result area: Sustainable Families and Communities and the current priorities of the MOH, which are both listed in Annex 3.

The Ministry of Health (MOH) is the responsible entity with oversight of the health care system. It plays a central role in the protection of the population’s health and in ensuring that all organisations and institutions that produce health goods and services conform to standards of safety. The public system offers all services free of charge to users, and is funded by the Government and taxpayers.





Aerial view of the San Fernando General Hospital, San Fernando, Trinidad and Tobago.
The tower on the right is the teaching hospital

The MOH is responsible for financing, regulation and governance, setting policies and legislation as it relates to health care.

Health care services are delivered by four (4) semi-autonomous Regional Health Authorities (RHAs), in Trinidad (NWRHA – North West Regional Health Authority; NCRHA – North Central Regional Health Authority; SWRHA – South West Regional Health Authority; ERHA – East Regional Health Authority), and one under the Tobago House of Assembly (TRHA – Tobago Regional Health Authority).²⁶ The RHAs are funded by the MOH through annual service agreements (ASA).

The public health system has a

network of ninety-six (96) health centres, nine (9) district health facilities (DHF) and nine (9) hospitals. All RHAs in Trinidad have at least one DHF and a referral hospital. Approximately two-thirds of the health centres are located in the western half of the island which is more densely populated.

While the delivery of services has been decentralised to the RHAs, the MOH also manages several vertical services and national programs.

The National Insurance Property Development Company Ltd (NIPDEC), retained by the MOH in 1993, manages the procurement, storage and distribution of pharmaceutical and



Members of the public wait their turn to access HIV testing and counselling at a mobile screening unit.

The Ministry of Health manages the following vertical services and national programs:

- National Oncology Program
- Trinidad Public Health Laboratory
- Chemistry, Food and Drugs Laboratory
- Tobacco Control Unit
- National Alcohol and Drug Abuse Prevention Program
- Arima Rehabilitation Centre
- Insect Vector Control Division
- Public Health Inspectorate
- Dental Services
- Thoracic Medical Unit
- National Blood Transfusion Unit
- Expanded Program on Immunisation
- Queen's Park Counselling Centre and Clinic (for STIs)
- Hansen's Disease Control Unit
- Population Program Unit
- the National Organ Transplant Unit
- Health Education Division
- Ambulance and Transport Services.

non-pharmaceutical medical supplies to the nation's public health care institutions.

PAHO has provided technical cooperation to strengthen the Pharmaceutical Supply Chain Management System which includes the increased use of the PAHO Strategic Fund to assure timely access to quality and low-cost medications through a pooled procurement mechanism. This also includes initiatives related to integrated health technology assessment, rational use of medicines and practices guidelines.

Private sector health care uses a fee for service model providing clinical and ancillary services. Often these services are expensive and beyond the capacity of most low-income earners. It includes eleven (11) hospitals that provide tertiary level care, over 100 private nursing homes, a number of general practitioners' offices throughout the country, at least 300 private pharmacies, as well as several private laboratories and medical diagnostic centres, which supplement the services that are provided in the public health sector.

Through the MOH's External Patient Program some services such as Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans, cataract, knee and hip replacement surgery, as well as cardiology and radiation oncology services are outsourced to private healthcare institutions.

Through the “External Patient Program”, patients are referred abroad for medical treatment through a letter of application to the office of the Chief Medical Officer (CMO), or by making an application to the Children Life Fund, which is a charitable organisation that only caters to children.

Applications are reviewed by a

Committee chaired by the CMO and considerations are given based on the likelihood of success of the treatment, the urgency of the treatment required, the availability of treatment locally, whether it is a trial treatment, the cost of treatment, the financial situation of the applicant, and the availability of funds.

Human Resources

Having adequate human resources for health (HRH) is critical to Trinidad and Tobago achieving an efficient and quality healthcare system. According to PAHO Core Health Indicators 2016, in 2015 Trinidad and Tobago had 26.7 physicians per 10,000 of the population in, 2.6 dentists per 10,000 population and 35.1 professional nurses per 10,000 population.

In the past the MOH recruited healthcare professionals from overseas to supplement some of the immediate human resource shortages. However, since 2016 there has been a shift in this policy to limit employment of non-

nationals given the growing pool of Trinidad and Tobago professionals. However, bilateral and multilateral agreements still exist with the United Nations Volunteer Program and the People’s Republic of China. PAHO/WHO supports capacity building of existing clinical and administrative personnel through virtual and in-country workshops.

The MOH is in the process of finalising a 10-Year Manpower Plan which will provide the strategic and comprehensive basis for ensuring the public health sector is both adequately and appropriately staffed for optimal delivery of quality health care.

Health Financing

The MOH is responsible for financing the activities of the RHAs through annual budgets submitted by each RHA. It is also responsible for

ensuring that the funds allocated to the RHAs are efficiently spent to meet the health needs of the population. For 2014, the WHO

Health System Financing Country Profile for Trinidad and Tobago indicated that the total health expenditure was 5.9% of GDP. Approximately Fifty-three percent (53.5%) of the total health

expenditure is funded from public (government) sources and government expenditure on health as a percentage of GDP was 3.17%.²⁷

International Health Regulations (IHR)

The purpose of the IHR (2005) is to prevent the international spread of disease in ways which avoid unnecessary interference with international traffic and trade. Compliance with the IHR (2005) requires Trinidad and Tobago to develop and maintain specific capacities to detect, report and respond to public health threats from biological, chemical, radiological and nuclear agents, especially at its airports and seaports. In 2017, in its

latest report to the 70th World Health Assembly, Trinidad and Tobago demonstrated at least 77% implementation across nine of the thirteen (13) core capacities. Human resource capacity to implement IHR core capacities requirements was reported as the weakest area, with only 20% implementation. The areas of legislation, coordination and chemical events, scored at least 50%, but these are also in need of strengthening.

Health Information Technology

The Health Information System (HIS) is predominantly manual.²⁸ Despite numerous resources being allocated, there is a need to strengthen the collection, accuracy and timeliness of data.

CELLMA, an administrative electronic linked tool, is used by some RHAs to capture basic patient data. RHAs submit quarterly reports, with manually compiled treatment and care data to the MOH. However, slow modernisation of the HIS has contributed to current up-to-date data/information being challenging

and time-consuming to access.

The Government has committed to implement a nationwide Electronic Health Information Management System (e-HIMS), as part of the NCD Surveillance Project.²⁹ Collaborative work with the Ministry of Industry and Trade, Port Health, and the Chemistry Food and Drug Division saw the implementation of a single electronic user window to issue certificates of clearance related to shipping and airline cargo, staff and passengers.

Representatives from the MOH also attended the Information System for Health (IS4H) Caribbean High Level Meeting “Advancing Public Health in the Caribbean Region” which was co-hosted by MOH Jamaica and PAHO/WHO in November 2016. The discussions focused on reviewing a draft Framework for the Caribbean IS4H Strategic Plan developed by PAHO/WHO in collaboration with Caribbean countries.

The draft framework identified four strategic goals: data management and information technologies, management and governance, knowledge management and sharing, and innovation and performance.

A Perinatal Information System (SIP) is being piloted aimed at improving the clinical care and management of maternal and child health.



The Latin American Centre Perinatology, one of PAHO's specialist Centres, conducted several training sessions from 2015 to 2017 leading to the piloting of the Perinatal Information system in Trinidad and Tobago

CROSS-CUTTING THEMES

Gender, Equity, Human Rights and Ethnicity

Gender equality, equity, human rights and ethnicity must be a central component of the country's development agenda. At country-level, PAHO/WHO provides guidance on the integration of sustainable approaches that advance health equity, and promote and protect human rights. These approaches are also gender-responsive and address the social determinants of health. Countries are encouraged to revise and reorient their health programs to ensure the vulnerable populations have equitable access to healthcare.

An evaluation of the advances of the PAHO Gender Equality Policy shows that countries have made uneven progress in mainstreaming gender in health. This appears to be directly attributable to the continued absence of well positioned, comprehensive institutional structures with sufficient resources, focused on promoting and supporting gender mainstreaming.

Member States have agreed to further strengthen their responses paying attention to research and innovation within their universal health strategies; generating sector specific evidence and gender analysis for political advocacy and, expanding conceptual frameworks and modalities to address gender



[Sustainable Development goal #5 Gender Equality](#)

identities, including their linkages to ethnicity and other social determinants of health.

In 2012, the Gender Inequality Index (GII) for Trinidad and Tobago was calculated as 0.332.³⁰ The mandate of the Gender Affairs Division within the Office of the Prime Minister is:

*To effectively promote Gender Equity and Gender Justice through the process of Gender mainstreaming in all Government Policies, Programs and Projects.*³¹

One of the Division's strategic objectives is to improve the quality of life of men and women and boys and girls, at all levels of society through the promotion of gender equity and equality.

The first female Prime Minister of Trinidad and Tobago was elected in 2010 and the proportion of parliamentary seats held by women increased from 11% in the late 1990s to 29% in 2010.³² Even though Trinidad and Tobago has achieved gender parity at secondary and tertiary educational levels, this does not translate to increased employment and equitable wages.

The Draft National Policy on Gender Equality and Development developed in 2009 is under review but has not yet been approved.

The Constitution of the Republic of

Trinidad and Tobago guarantees the protection of fundamental human rights and freedoms. Trinidad and Tobago has ratified various international treaties and conventions on human rights and parts or principles of these legal texts have been integrated into the domestic laws of the country (see Annex 4).

The Ministry of the Attorney General has established the International Law and Human Rights Unit to ensure adherence to these principles and to liaise with international organisations in relation to human rights matters. According to the US Department of



State, in its Trinidad and Tobago 2015 Human Rights Report, Trinidad and Tobago continues to face key human rights challenges. These include: police mistreatment of suspects, detainees and prisoners; poor prison conditions; a slow judicial system; violence and discrimination against women; cases of alleged bribery and corruption; inadequate services for vulnerable populations; and laws that discriminate against lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons.³³ PAHO/WHO continues to work with member states to review and frame relevant laws and policies to create an enabling environment that promotes health-seeking behaviors of already marginalised and discriminated groups.

Trinidad and Tobago was one of the 14 states that was reviewed by the working group of the Universal Periodic Review during the 2016 session and was commended for progress on Human Rights initiatives. However, several recommendations were made including to implement the National Gender Policy; provide

comprehensive sexuality education in schools and access to Sexual Reproductive Health, decriminalize same sex marriages, end discrimination against LGBTI and Persons Living with HIV (PLHIV) and to end child marriage. In June 2017, the House of Representatives unanimously passed the Miscellaneous Provisions (Marriage) Bill, 2016 increasing the age of marriage to 18 years which is now consistent with the age of majority and of sexual consent. This reversed previous provisions under various religious Marriage Acts that allowed children as young as 12 to marry, often girls to much older men.

The UN System in Trinidad and Tobago and NGOs continue to advocate with the GORTT to amend the Equal Opportunity (Amendment) (No.2) Bill, 2011³⁴ to include 'real or perceived HIV status' and 'sexual orientation' as grounds for protection and non-discrimination as contemplated in the ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No.200)³⁵.

“The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being.”

Source: WHO Gender Policy and WHO Constitution

Climate Change and Disaster Preparedness

Trinidad and Tobago is more vulnerable to earthquakes than hurricanes. The country is usually affected by the indirect impact of tropical waves in the form of heavy rainfall, flooding and landslides. The Office of Disaster Preparedness and Management (ODPM), responsible for preparedness, response, prevention and disaster mitigation, developed a Comprehensive Disaster Management Policy Framework (2010) which provides the basis for the strategic direction for 'a comprehensive, all hazards, and whole of government approach'.³⁶

A National Framework for Climate

13 CLIMATE ACTION



Sustainable Development Goal # 13
Climate Change

Services, led by the Meteorological Service is being developed within the National Disaster Risk Reduction Platform coordinated by the ODPM

Manzanilla Bay on the Atlantic east coast of Trinidad is subject to the forces of erosion





Residents install a solar water heating system on a house.
Source: UNDP Trinidad and Tobago

to streamline the different climate services entities. PAHO/WHO defines “all hazards” as any hazard which includes natural, man-made, biological, chemical, radiological and others.

The ODPM reported that there were 271 hazard events during the period 2010 to 2014, most of which were due to flooding, landslides, fires and high winds. With greater public awareness of the ODPM’s role, data capture increased with 582 hazards reported during January 2015 to March 2016.³⁷ In 2015, there were fourteen (14) earthquakes ranging from 3.4 to 6.5 on the Richter scale.

These hazards have had both direct and indirect impact on population health such as respiratory conditions and threats to food security, water safety and infrastructure.

In December 2013, the largest oil spill in the history of Trinidad and Tobago, affected air quality, tourism and the marine ecosystem.

Climate change, shortages of arable land and agricultural labour, the impact of floods, landslides and droughts on agriculture pose a threat to food security and food safety for the population.

Both the Food and Agriculture



Organisation (FAO) and the PAHO/WHO provide technical cooperation to the Ministry of Agriculture Land and Fisheries (MALF) and MOH, thereby building capacity to address food safety, quality control and quality assurance.³⁸

In 2016, under the UN Development Assistance Framework, FAO and PAHO/WHO collaborated on a project entitled “Food Safety Policy and Communications Project”. Under the project, a food safety situation analysis was conducted, a national food safety policy developed, and a manual for risk-based food safety inspection prepared.

A multi-sectorial Food Advisory

Committee advises the MOH on food safety, quality and trade issues and is responsible for the development of local standards and regulations. Food fraud has also become a national concern and a Joint Select Committee on Food Fraud

“ *Climate change, the impact of floods, landslides and droughts on agriculture pose a threat to food security and food safety for the population.* ”

HOW SAFE IS YOUR FOOD?



From farm to plate, make food safe

WORLD HEALTH DAY 2015

April 12, 2015

Special Publications Unit (SPU)

HOW SAFE IS YOUR FOOD?



From farm to plate, make food safe

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From farm to plate, make food safe

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Special Publications Unit (SPU)

LEADING HEALTH CHALLENGES AND ISSUES

LEADING HEALTH CHALLENGES AND ISSUES

1

Emerging and re-emerging diseases especially those that are mosquito-borne

2

The high prevalence of NCDs and premature mortality

3

Poor health lifestyle choices that can negatively impact the quality of life for people living in Trinidad and Tobago. The need to increase programs and services that promote healthy living and healthy aging

4

The Healthcare model needs to be reviewed to improve the quality and efficiency of diagnosis, treatment care and rehabilitation services

5

Health inequities still exist in certain areas that have a negative impact on health outcomes, despite access to free health services among public health facilities

6

There is also need to integrate services within and across the public and private sectors

7

Health services need to be rationalised paying attention to those being left behind and aligned with comprehensive human resources strategies

8

The need for increased multi-sector collaboration to facilitate Health in All policies in response to the determinants of health

9

Limited awareness of the need for a comprehensive, all hazards approach

PARTNERSHIP AND DEVELOPMENT COOPERATION

Development Environment

The work of the MOH is further supported through partnership with regional and international organisations and NGOs that provide technical advice, training and mentoring. These include the CARICOM Secretariat, the Caribbean Public Health Agency (CARPHA), PAHO/WHO, UNFPA, UNICEF and other UN Agencies, World Bank, Inter-American Development Bank, President's Emergency Plan for AIDS Relief (PEPFAR), and the European Union.

The Government is a signatory to several international and

sub-regional health related conventions and agreements. International conventions include: the Framework Convention on Tobacco Control; the Convention on the Rights of the Child; and the International Convention on the Protection of the Rights of All Migrants. Sub-regional conventions include: the Caribbean Cooperation in Health (IV); the Port of Spain Declaration on Chronic NCDs (2007); the Health Agenda for the Americas 2008-2017; the Nassau Declaration; and the Pan Caribbean Partnership against HIV/AIDS (PANCAP).



PAHO Director visiting CARPHA, a key partner in health, June 2016. From left is Dr. Merle Lewis, Chief of Staff, PAHO, Dr. Bernadette Theodore- Gandhi, PWR, Trinidad and Tobago, Dr. Carissa Etienne, PAHO Director, Dr. James Hospedales, Director, CARPHA

Collaboration with the United Nations System at Country-level

The United Nations Country Team (UNCT) operating in Trinidad and Tobago consists of both resident and non-resident agencies.

The UNCT provided assistance to the GORTT through the United Nations Development Assistance Framework (UNDAF) 2014-2015 to eradicate pockets of extreme poverty, facilitate citizen security, enable youth development, promote democratic governance, promote

and protect human rights, improve energy and environmental management, and disaster risk reduction. In 2016, the UN changed its approach to development to one common UN Multi-Country Sustainable Development Framework UN MSDF) for the Caribbean for the period 2017-2021.³⁹ This document focuses on the SDGs and the principle of “leave no one behind” (see Annex 1).

UNITED NATIONS AGENCIES

| Resident in Trinidad and Tobago | Non-Resident in Trinidad and Tobago |
|---|--|
| I. FAO: Food and Agriculture Organization of the United Nations | I. ITU: International Telecommunication Union |
| II. ILO: International Labour Organization | II. UNESCO: United Nations Educational, Scientific and Cultural Organization |
| III. IMO: International Maritime Organization | III. UN-HABITAT: United Nations Human Settlement Program |
| IV. IOM: International Organization for Migration | IV. UNLIREC: United Nations Regional Centre for Peace Disarmament and Development |
| V. PAHO/WHO: Pan American Health Organization/World Health Organization | V. UNODC: United Nations Office on Drugs and Crime |
| VI. UNDP: United Nations Development Program | VI. UPC: Universal Postal Union |
| VII. UNDSS: United Nations Department of Safety and Security | VII. UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women |
| VIII. UNECLAC: United Nations Economic Commission for Latin America and the Caribbean | VIII. UNAIDS: Joint United Nations Program on HIV and AIDS |
| IX. UNFPA: United Nations Population Fund | IX. UNICEF: United Nations Children's Fund |
| X. UNIC: United Nations Information Centre | |
| XI. UNCHR: UN Commission on Human Rights | |

REVIEW OF PAHO/WHO'S COOPERATION OVER THE PAST CCS CYCLE

Overall role and responsibilities of PAHO/WHO in Trinidad and Tobago

In 1963, the Republic of Trinidad and Tobago became a Member State of PAHO and signed on June 23rd 1964 a Basic Agreement with the Pan American Sanitary Bureau, which currently constitutes the legal framework for PAHO/WHO's presence and Technical Cooperation Program in the country.

The PAHO/WHO Country Office (CO) works closely with the Ministry of Health providing technical cooperation that supports the health priorities of the Republic. Its program of work focuses on strengthening health systems, improving the health status of the population and reducing threats to health.

The CO works closely with the Latin American Centre for Perinatology (Women's Health) (CLAP/WH), the PAHO/WHO sub-regional Office in Barbados, the PAHO Headquarters in

Washington DC, and globally with WHO Office in Geneva to provide the relevant technical expertise requested by the Ministry of Health.

Over the years, PAHO/WHO CO has also collaborated or partnered with other Government Ministries and sectors, UN agencies and development partners, the private sector and non-governmental organisations that support the health sector in achieving the health priorities of the country (See Annex 5).

The last approved Country Cooperation Strategy covered the period 2006-2009 and it focussed on providing technical cooperation in planning and policy development, health information systems and epidemiological surveillance, human resources in health, health systems and services development, and coordination and networking.



The PAHO Strategic Plan

The activities and interventions implemented by the PAHO/WHO Trinidad and Tobago Office are closely aligned to the PAHO Strategic Plan 2014-2019, “Championing Health: Sustainable Development and Equity”. This Plan builds upon important past achievements, the strengths of its Member States, and the competence of the Pan American Sanitary Bureau (PASB). It sets out the Organization’s strategic direction,

based on the collective priorities of its Member States and country focus, and specifies the results to be achieved during the period 2014-2019. Its vision focuses on healthy living and well-being, and reaffirms health as a key element of sustainable development. It has six (6) categories and thirty-four (34) program areas (the new program areas are in italics) see Annex 6.

Results of the Stakeholder Survey

The Online survey was administered to representatives from the Ministry of Health, other Ministries, the UN Agencies, development agencies and NGOs.



from Non-Governmental Organisations/Community-based Organisations at 39%, followed by 22% from the Ministry of Health/ Departments/Agencies, 13% from Other Organisations/Agencies/ Institutions, 13% from other Ministries/Departments/Agencies at 12.20%, whilst UN Agencies, Fund or Program responses were at 11%. Of those who responded, 67% were aware of the 2006-2009 PAHO/WHO CCS for Trinidad and Tobago.

The aim of the online stakeholder survey was to identify the strategic health priorities that should be addressed by PAHO/WHO during the next CCS, 2017-2021. Forty-six (46) stakeholder responses were received.

The largest percentage of stakeholders that responded were

A total of 35 stakeholders indicated that they had collaborated with PAHO/WHO, mainly in areas such as:

- 1 prevention and control of NCDs, Zika, HIV/AIDS and STIs
- 2 implementation of activities to address risk factors, mental health and the implementation of IHR
- 3 implementation of activities related to maternal and child health (MCH) such as the perinatal information system, maternal death surveillance review and the Midwifery Symposium
- 4 antimicrobial resistance
- 5 health systems strengthening including policy development
- 6 implementation of the One Health Program



Dr. Roshan Parasram, Chief Medical Officer, Ministry of Health, speaking at the CCS consultation. Looking on is Dr. Bernadette Theodore-Gandi, PWR.

With regard to the question on the strengths of PAHO/WHO, 34 responses were received.

The table below outlines the perceived strengths and weaknesses.

| Perceived Strengths | Perceived Weaknesses |
|--|--|
| ⇒ the ability to source regional and international expertise; the strong relationship with the Ministry of Health | ⇒ the lack of visibility; |
| ⇒ the ability to develop regional and international partnerships with other agencies and government | ⇒ financial constraints; |
| ⇒ being able to provide a platform to discuss national, regional and international health issues with various stakeholders | ⇒ need to improve partnership and collaboration with other agencies; |
| ⇒ and the ability to conduct capacity building in key health related areas | ⇒ few technical staff in the CO |

In general, the respondents thought that PAHO/WHO should focus on the continuing support for the following over the next CCS:

- 1 NCDs and their risk factors including addressing mental health
- 2 MCH; strengthening health systems including the legislative framework, health information systems and the utilisation of human resources in health
- 3 communicable diseases especially HIV and STIs
- 4 disaster management; and anti-microbial resistance.

The “five Ps”

People, Planet, Prosperity, Peace, Partnership
representing the broad scope of the 2030 Agenda for
Sustainable Development, 2016-2030



Source: United Nations.

3

THE STRATEGIC AGENDA

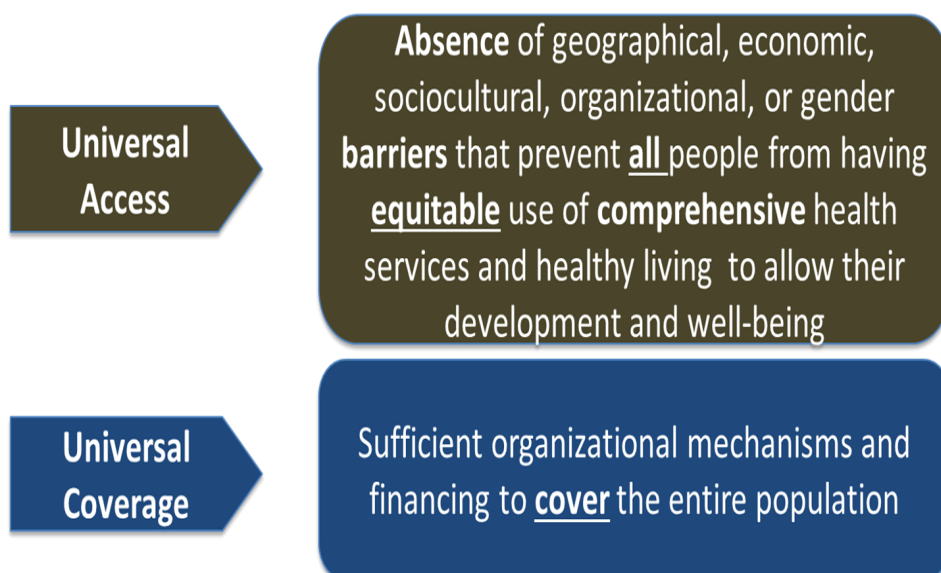
- Strategic Priorities (SPs) and Focus Areas (FAs)
- Aligning Strategic Priorities (SPs) and Focus Areas (FAs) to National Ministry of Health Priorities, the PAHO Strategic Plan Outcomes, the SDG Targets and UNDAF Outcomes.

STRATEGIC PRIORITIES (SPs) AND FOCUS AREAS (FAs)

The 2017-2021 CCS Strategic Agenda (See Annex 10) has four Strategic Priorities (SPs) and 12 Focus Areas (FAs) will guide PAHO/WHO's technical cooperation over the next four years. It focuses on those areas where PAHO/WHO can add value and has a comparative advantage. The SPs and their related focus areas (FAs) are listed below. To ensure that the FAs are measurable, they have been aligned to specific outcomes in the PAHO Strategic Plan 2014-2019. The FAs are also aligned with the SDG targets and the UN MSDF outcomes.

Strategic Priority 1:

Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health.



Universal coverage in itself is not sufficient to ensure health, well-being, and equity in health.

This priority looks at strengthening health systems in Trinidad and Tobago to make them more inclusive and responsive, and to continue expanding access to health services especially those most vulnerable. Health systems in the Caribbean remain vulnerable to risks such as disease outbreaks, natural and other types of disasters, climate change, and economic downturns. The focus will be on developing robust and responsive health systems that can meet the health needs of the population of this twin island state. Resilient Health Systems are inclusive and have the ability to absorb disturbances and respond and

recover with the timely provision of needed services. It is the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises, maintain core functions when a crisis hits, and, be informed by lessons learned, and reorganize if conditions require it.⁴⁰ Resilience is an attribute of a well-performing health system moving towards universal access to health and universal health coverage.⁴⁰

Trinidad and Tobago is one of the countries that approved the PAHO Resolution CD53.R14 “Strategy for Universal Access to Health and Universal Health Coverage” at the 53rd

STRATEGIC PRIORITY AREA 1

FOCUS AREAS

- 1.1 Strengthen stewardship, governance and transparency to increase equitable access to quality, people centred services including regulatory and accountability frameworks.
- 1.2 Strengthen information systems for health to support evidence informed decision making, accountability and monitoring and evaluation.
- 1.3 Develop and implement mechanisms for sufficient, equitable, efficient and sustainable health financing ensuring financial protection in health.
- 1.4 Reorient the delivery of integrated services with an emphasis on Primary Care ensuring equitable access and coverage to quality services with adequate and appropriate human resources support.

Directing Council Meeting in September 2014.

The strengthening of the health system will be conducted in the context of the universal health (UH) that looks at both access and coverage to ensure that all people and communities have access without any kind of discrimination, to comprehensive, quality health services according to needs, without exposing users to financial difficulties. This involves: expanding equitable access to comprehensive, quality, people- and community-centred

health services; strengthening stewardship and governance; increasing and improving financing with equity and efficiency, and advancing toward the elimination of direct payments that constitute a barrier to access at the point of service; strengthening multisectoral coordination to address the social determinants of health that ensure the sustainability of UH. UH also includes certain core values which are the right to health, equity and solidarity.

Strategic Priority 2:

Multi-sectoral action to prevent and control non-communicable and communicable disease and their risk factors, violence and injuries and advance mental well-being

NCDs and CDs and their related risk factors are influenced by social, economic, environmental and political factors will require a multisectoral response. A collaborative approach that involves individuals, stakeholder groups, the wider society and the Government will be needed to reduce the threat of NCDs, address the related risk factors to improve the health of the people of Trinidad and Tobago.

The National Strategic Plan for the Prevention and Control of Non-communicable Diseases is an holistic action-based plan that seeks to work with both the public and private

sectors to synergise and integrate NCD prevention and control at all stages of life and engage a cross section of stakeholders.

This plan also includes the adoption of the Chronic Care Model (CCM) for the integrated care and management of persons with NCDs. The components of the CCM are closely aligned with primary health care (PHC) which is also the basis for the UH strategy. Technical cooperation will be provided to continue to promote the implementation of community approaches and outreach that protects the human rights of persons with mental and substance-

related disorders and their families.

PAHO/WHO will continue to work with the MOH and sector partners to improve the health sector response to violence against women and children, including raising awareness for the needs of women and children experiencing violence through training on effective screening, enquiry, treatment and referral.

This priority will also address road safety measures to reduce the risk of

road traffic injuries and death. Multi-sectoral actions will be necessary to support the prevention and control of communicable diseases such as updating the National HIV Program to achieve the 90-90-90 targets and strategies to reach marginalized populations, updating the STI guidelines to reflect WHO global health strategies, and improving the screening and surveillance of TB.

STRATEGIC PRIORITY AREA 2

FOCUS AREAS

- 2.1 Accelerate the implementation and monitoring of the National NCD Strategic Plan of Action including the development of the legislative and policy frameworks to reduce NCD risk factors.
- 2.2 Support the implementation of community-based approaches to mental health reform and enhance the public health response to violence and injuries.
- 2.3 Strengthen and implement plans for communicable diseases inclusive of health communication/health risk reduction.

Strategic Priority 3:

Integrated, evidence-based, inclusive action promoted to address the social determinants of health throughout the life course.

This strategic priority addresses the population's health needs with a special focus on the life-course approach. This approach considers how multiple determinants interact and affect health throughout the life

and across generations.

Health is considered as a dynamic continuum rather than as a series of isolated health states.⁴¹ The life course approach addresses the social

determinants of health – those conditions in which people are born, grow, live, work, and age.

The cross-cutting themes (CCTs) of gender, equity, human rights and ethnicity can also serve as a barrier for accessing healthcare. To ensure that “no one is left behind” this priority will focus on developing and implementing programs that are more equity-oriented, rights-based, gender-responsive and address social determinants of health.

One of the tools that will be used to promote integration across sectors is Health in all Policies (HiAP).

This approach promotes the development of public policies across sectors to systematically take

into account the health implications of decisions, develop synergies, and avoid harmful health impacts in order to improve population health and health equity.⁴² HiAP places an emphasis on the consequences of public policies on health systems and determinants of health, and also contributes to sustainable development.

HiAP and a healthy life-course approach that includes the CCTs will be promoted in providing technical cooperation that develops and harmonises programs in maternal and child health, sexual and reproductive health and the needs of infants; adolescents, men’s, and women’s health; and older persons which includes healthy aging.

STRATEGIC PRIORITY AREA 3

FOCUS AREAS

- 3.1 Promote Health in all Policies for inter-sectoral action to improve equity and sustainable development -“leaving no one behind”.
- 3.2 Accelerate actions to develop and harmonise policies and programs to address sexual and reproductive health and the needs of infants; adolescents, men’s, and women’s health; and healthy aging.
- 3.3 Build capacity to generate and utilise evidence on economic and social determinants of health and health inequities to guide policies and programs along the life course.

Strategic Priority 4:

An integrated approach to address an “all-hazards” health response that builds and contributes to health and human security.

Over the years there has been increasing recognition of the vulnerability of Caribbean countries to disasters and hazards. Trinidad and Tobago must continue to build its capacity to prepare and respond to “all hazards”.

Numerous threats such as emerging and re-emerging diseases, climate change, violence, natural and man-made disasters, have the potential of reversing recent health achievements and undermining the health and human security of the population.

The health and human security approach is a means of protecting individuals from critical and pervasive (widespread) threats and situations in which their survival, livelihood, and dignity are seriously threatened. It also emphasizes the relationship between security, development, and human rights, as well as the strengths of individuals.⁴³

In 2016, the PAHO Health Emergencies Department (PHE) was created which brings together the Department of Emergency Preparedness and Disaster Relief, the Unit of International Health Regulations (IHR)/Epidemic Alert and Response, and Water Borne Diseases under a consolidated

management structure.

It focuses on strengthening the health sector’s capacities in prevention, risk reduction, preparedness, surveillance, response, and early recovery for emergencies and disasters related to any hazard (natural, man-made, biological, chemical, radiological and others).⁴⁴ PHE will also lead and coordinate the international health response to contain disasters, including outbreaks, and to provide effective relief and recovery to affected populations.⁴⁴

This strategic priority will address risk reduction, disaster preparedness, response and recovery; compliance with IHR; outbreak and crisis management especially as it relates to vector borne, food borne and water borne diseases; and antimicrobial resistance.

STRATEGIC PRIORITY AREA 4

FOCUS AREAS

- 4.1 Support national efforts to meet the required core capacities of the International Health Regulations.
- 4.2 Support the planning and implementation of an all-hazards approach across all sectors and communities, to address hazards such as natural and human-caused disasters, vector and food-borne diseases, climate change and antimicrobial resistance.



Table-top exercise on Regional Emergency Response Drills - July 2017, Regional Training workshop on Emergency Medical Teams, Hyatt Regency Hotel, Trinidad and Tobago



TABLES 1-12

**Aligning Strategic Priorities
(SPs) and Focus Areas
(FAs) to The Ministry of
Health Priorities, the PAHO
Strategic Plan Outcomes,
the SDG Targets and
UN MSDF Outcomes**

Strategic Priority 1

Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health

| | |
|-------------------------------------|--|
| CCS Focus Area | 1.1 Strengthen stewardship, governance and transparency to increase equitable access to quality, people centred services including regulatory and accountability frameworks. |
| VISION 2030 | <p>Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery</p> <p>Output: Improved organization and management of health systems and services and improved public health infrastructure</p> |
| MOH Priorities | <p>Priority 5: Allied Health Care and Support Services</p> <p>Enabling Priorities</p> <ul style="list-style-type: none"> 2: Quality Assurance and Accreditation 3: Hospital Construction and Refurbishment Plan 4: International Cooperation 5: Legislative Framework 7: Human Resources Development Strategy 10: Policy Development |
| PAHO Strategic Plan Outcomes | <p>OCM 4.1 Increased national capacity for achieving universal health coverage</p> <p>OCM 4.2 Increased access to people-centred, integrated, quality health services.</p> |
| SDG Targets | <p>Health SDG</p> <ul style="list-style-type: none"> 3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. 3.b Support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all. |
| UN MSDF for the Caribbean | <p>A Healthy Caribbean</p> <p>Outcome 1: Universal access to quality health care services and systems improved.</p> <p>Outcome 2: Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.</p> |

Table 1



Strategic Priority 1

Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health

| | |
|-------------------------------------|--|
| CCS Focus Area | 1.2 Strengthen information systems for health to support evidence informed decision making, accountability and monitoring and evaluation. |
| VISION 2030 | Outcome: Improved Health Service Delivery Output: Improved organization and management of health systems and services |
| MOH Priorities | Enabling Priorities: 5: Legislative Framework 6: Modern Health Information System 10: Policy Development |
| PAHO Strategic Plan Outcomes | OCM 4.4 All countries have functioning health information and health research systems. |
| SDG Targets | Health SDG 3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. 3.b Support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all. |
| UN MSDF for the Caribbean | A Healthy Caribbean Outcome 1: Universal access to quality health care services and systems Improved. |

Table 2

Strategic Priority 1

Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health

| | |
|-------------------------------------|---|
| CCS Focus Area | 1.3 Develop and implement mechanisms for sufficient, equitable, efficient and sustainable health financing ensuring financial protection in health. |
| VISION 2030 | Outcome : Improved Health Service Delivery Output : Improved organization and management of health systems and services. |
| MOH Priorities | MOH Enabling Priorities : 1: National Health Insurance System 2: Quality Assurance and Accreditation 5: Legislative Framework 10: Policy Development |
| PAHO Strategic Plan Outcomes | OCM 4.1 Increased national capacity for achieving universal health coverage. |
| SDG Targets | Health SDG 3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. 3. c Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, especially in LDCs and SIDS. |
| UN MSDF for the Caribbean | A Healthy Caribbean Outcome 1: Universal access to quality health care services and systems Improved. Outcome 2: Laws, policies and systems introduced to support healthy lifestyles among all segments of the population. |

Table 3



Strategic Priority 1

Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health

| | |
|-------------------------------------|--|
| CCS Focus Area | 1.4 Reorient the delivery of integrated services with an emphasis on Primary Care ensuring equitable access and coverage to quality services with adequate and appropriate human resources support. |
| VISION 2030 | <p>Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery</p> <p>Output: Improved organization and management of health systems and services and Improved health promotion</p> |
| MOH Priorities | <p>Priorities:</p> <ol style="list-style-type: none"> 1: Non-communicable diseases 2: Maternal and Child Health 4: Dental services 5: Allied Health Care and Support Services 6: Mental Health 7: Environmental Health <p>Enabling Priorities :</p> <ol style="list-style-type: none"> 7: Human Resources Development Strategy 9: Ambulance services |
| PAHO Strategic Plan Outcomes | <p>OCM 4.2 Increased access to people-centred, integrated, quality health services.</p> <p>OCM 4.5 Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce.</p> |
| SDG Targets | <p>Health SDG</p> <p>3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.</p> <p>3.c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p> |
| UN MSDF for the Caribbean | <p>A Healthy Caribbean</p> <p>Outcome 1 - Universal access to quality health care services and systems improved.</p> <p>Outcome 2 - Laws, policies and systems introduced to support healthy lifestyles among all segments of the population</p> <p>An Inclusive, Equitable, and Prosperous Caribbean</p> <p>Outcome 1 - Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development.</p> |

Table 4

Strategic Priority 2

Multi-sectoral action to prevent and control noncommunicable and communicable disease and their risk factors, violence and injuries and advance mental well-being

| | |
|-------------------------------------|---|
| CCS Focus Area | 2.1 Accelerate the implementation and monitoring of the National NCD Strategic plan of action including the development of the legislative and policy frameworks to reduce NCD risk factors. |
| VISION 2030 | Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery Output: Improved organization and management of health systems and services and Improved health promotion |
| MOH Priorities | Priorities: <ol style="list-style-type: none"> 1 Non Communicable Diseases 4: Dental services 5: Allied health Care and Support Services |
| PAHO Strategic Plan Outcomes | OCM 2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors OCM 2.3 Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth OCM 2.5 Nutritional risk factors reduced |
| SDG Targets | Health SDG <ol style="list-style-type: none"> 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. 3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate Health Related SDG <ol style="list-style-type: none"> 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation |
| UN MSDF for the Caribbean | A Healthy Caribbean Outcome 1 - Universal access to quality health care services and systems improved Outcome 2 - Laws, policies and systems introduced to support healthy lifestyles among all segments of the population |

Table 5



Strategic Priority 2

Multi-sectoral action to prevent and control noncommunicable and communicable disease and their risk factors, violence and injuries and advance mental well-being

| | |
|-------------------------------------|--|
| CCS Focus Area | 2.2 Support the implementation of community- based approaches to mental health reform and enhance the public health response to violence and injuries. |
| VISION 2030 | Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery Output: Improved organization and management of health systems and services and improved health promotion |
| MOH Priorities | Priorities: 3: Care for the elderly 5: Allied Health Care and Support Services 6: Mental Health |
| PAHO Strategic Plan Outcomes | OCM 2.2 Increased service coverage for mental health and psychoactive substance use disorders. |
| SDG Targets | Health SDG 3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. |
| UN MSDP for the Caribbean | A Healthy Caribbean Outcome 1: Universal access to quality health care services and systems improved. Outcome 2: Laws, policies and systems introduced to support healthy lifestyles among all segments of the population. |

Table 6

Strategic Priority 2

Multi-sectoral action to prevent and control noncommunicable and communicable disease and their risk factors, violence and injuries and advance mental well-being

| | |
|-------------------------------------|--|
| CCS Focus Area | 2.3 Strengthen and implement plans for communicable diseases inclusive of health communication/ health risk reduction |
| VISION 2030 | <p>Outcome : Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery</p> <p>Output: Improved organization and management of health systems and services and improved health promotion</p> |
| MOH Priorities | <p>Priorities:</p> <ul style="list-style-type: none"> 5: Allied health Care and Support Services 7: Environmental health <p>Enabling Priorities :</p> <ul style="list-style-type: none"> 4: International Cooperation 5: Legislative Framework 8: HIV/AIDS 9: Ambulance services 10: Policy Development 11: Health Education |
| PAHO Strategic Plan Outcomes | <p>OCM 1.1 I :</p> <p>Increased access to key interventions for HIV and STI prevention and treatment</p> |
| SDG Targets | <p>Health SDG</p> <p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> |
| UN MSDF for the Caribbean | <p>A Healthy Caribbean</p> <p>Outcome 1 : Universal access to quality health care services and systems Improved.</p> <p>Outcome 2: Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.</p> |

Table 7

Strategic Priority 3

Integrated, evidence- based, inclusive action promoted to address the social determinants of health throughout the life course

| | |
|-------------------------------------|--|
| CCS Focus Area | 3.1 Promote Health in all Policies (HiAP) for inter-sectoral action to improve equity and sustainable development –“leaving no one behind”. |
| VISION 2030 | Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery Output: Improved organization and management of health systems and services and Improved health promotion |
| MOH Priorities | Priority 5: Allied health Care and Support Services Enabling Priorities : 4: International Cooperation 5: Legislative Framework 10: Policy Development 11: Health Education |
| PAHO Strategic Plan Outcomes | OCM 3.3 Increased country capacity to integrate gender, equity, human rights, and ethnicity in health. OCM 3.4 Increased leadership of the health sector in addressing the social determinants of health |
| SDG Targets | Health Related SDG 1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable 10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality |
| UN MSDF for the Caribbean | A Healthy Caribbean Outcome 2: Laws, policies and systems introduced to support healthy lifestyles among all segments of the population. A Safe, Cohesive, and Just Caribbean Outcome 1: Capacities of public policy and rule of law institutions and civil society organizations strengthened. |

Table 8

Strategic Priority 3

Integrated, evidence- based, inclusive action promoted to address the social determinants of health throughout the life course

| | |
|-------------------------------------|---|
| CCS Focus Area | 3.2 Generate and utilise evidence on social and economic determinants of health and health inequities to guide policies and programs. |
| VISION 2030 | <p>Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery</p> <p>Output: Improved organization and management of health systems and services and Improved health promotion</p> |
| MOH Priorities | <p>Priority 5: Allied Health Care and Support Services</p> <p>Enabling Priorities :</p> <ul style="list-style-type: none"> 4: International Cooperation 5: Legislative Framework 10: Policy Development 11: Health Education |
| PAHO Strategic Plan Outcomes | <p>OCM 3.4:</p> <p>Increased leadership of the health sector in addressing the social determinants of health</p> |
| SDG Targets | <p>Health Related SDG</p> <ul style="list-style-type: none"> 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status 10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality |
| UN MSDF for the Caribbean | <p>An Inclusive, Equitable, and Prosperous Caribbean</p> <p>Outcome 1: Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development.</p> <p>A Safe, Cohesive, and Just Caribbean</p> <p>Outcome 1: Equitable access to justice, protection, citizen security and safety reinforced</p> <p>An Inclusive, Equitable, and Prosperous Caribbean</p> <p>Outcome 1: Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development.</p> |

Table 9

Strategic Priority 3

Integrated, evidence- based, inclusive action promoted to address the social determinants of health throughout the life course

| | |
|-------------------------------------|---|
| CCS Focus Area | 3.3 Accelerate actions to develop and harmonize policies and programs to address sexual and reproductive health and the needs of infants, adolescents, men's, and women's health, and healthy aging. |
| VISION 2030 | <p>Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery</p> <p>Output: Improved organization and management of health systems and services and Improved health promotion</p> |
| MOH Priorities | <p>Priorities:</p> <ul style="list-style-type: none"> 2: Maternal and Child Health 3: Care for the Elderly 5: Allied Health Care and Support Services <p>Enabling Priorities:</p> <ul style="list-style-type: none"> 4: International Cooperation 5: Legislative Framework 7: Human Resources Development strategy 10: Policy Development 11: Health education |
| PAHO Strategic Plan Outcomes | <p>OCM 2.2 : Increased service coverage for mental health and psychoactive substance use disorders.</p> <p>OCM 3.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults.</p> <p>OCM 3.2: Increased access to interventions for older adults to maintain an independent life.</p> |
| SDG Targets | <p>Health SDG</p> <ul style="list-style-type: none"> 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 livebirths 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs 3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. <p>Health Related SDG</p> <ul style="list-style-type: none"> 4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences |
| UN MSDF for the Caribbean | <p>A Healthy Caribbean</p> <p>Outcome 1 : Universal access to quality health care services and systems improved.</p> <p>Outcome 2: Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.</p> |

Table 10

Strategic Priority 4

An integrated approach to address an “all-hazards” health response that builds and contributes to health and human security.

Table 11


| | |
|-------------------------------------|---|
| CCS Focus Area | 4.1. Support national efforts to meet the required core capacities of the International Health Regulations. |
| VISION 2030 | <p>Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery</p> <p>Output: Improved organization and management of health systems and services and improved health promotion</p> |
| MOH Priorities | <p>Priority 7: Environmental Health</p> <p>Enabling Priorities:</p> <ul style="list-style-type: none"> 4: International Cooperation 5: Legislative Framework 9: Ambulance services 10: Policy Development |
| PAHO Strategic Plan Outcomes | <p>OCM 5.1: All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response</p> <p>OCM 5.2 : All countries are able to build resilience and adequate preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics</p> |
| SDG Targets | <p>Health SDG</p> <p>3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p> <p>Health Related SDG</p> <p>11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations</p> <p>2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round</p> |
| UN MSDF for the Caribbean | <p>A Sustainable and Resilient Caribbean</p> <p>Outcome 1: Policies and programs for climate change adaptation, disaster risk reduction, and universal access to clean and sustainable energy in place</p> <p>Outcome 2: Inclusive and sustainable solutions adopted for the conservation, restoration, and use of ecosystems and natural resources</p> |

Strategic Priority 4

An integrated approach to address an “all-hazards” health response that builds and contributes to health and human security.

| | |
|-------------------------------------|---|
| CCS Focus Area | 4.2 Support the planning and implementation of an all-hazards approach across all sectors and communities, to address hazards such as natural and human-caused disasters, vector and food-borne diseases, climate change and antimicrobial resistance. |
| VISION 2030 | <p>Outcome: Healthy Lifestyles Initiatives Adopted and Improved Health Service Delivery</p> <p>Output : Improved organization and management of health systems and services, Improved public health infrastructure and Improved health promotion</p> |
| MOH Priorities | <p>Priority: 7: Environmental Health</p> <p>Enabling Priorities:</p> <ul style="list-style-type: none"> 3: Hospital construction 4: International Cooperation 5: Legislative Framework 9: Ambulance services 10: Policy development |
| PAHO Strategic Plan Outcomes | <p>OCM 1.3 : Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases</p> <p>OCM 3.5 : Reduced environmental and occupational threats to health</p> <p>OCM 5.3: Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations</p> <p>CM 5.4: Countries have adequate mechanisms in place for preventing or mitigating risks to food safety and for responding to outbreaks, including among marginalised populations</p> <p>OCM 5.5: All countries adequately respond to threats and emergencies with public health consequences</p> |
| SDG Targets | <p>Health SDG</p> <p>3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p> |
| UN MSDF for the Caribbean | <p>A Sustainable and Resilient Caribbean</p> <p>Outcome 1: Policies and programs for climate change adaptation, disaster risk reduction, and universal access to clean and sustainable energy in place</p> <p>Outcome 2: Inclusive and sustainable solutions adopted for the conservation, restoration, and use of ecosystems and natural resources</p> |

Table 12

The background of the page is a photograph of three scarlet macaws in flight over a dense, lush green forest. The birds are bright red with black wingtips and long, hooked beaks. They are captured in mid-flight, with their wings spread wide. The forest below is a thick canopy of green trees, and the sky above is a clear, pale blue.

*“You cannot tackle hunger,
disease, and poverty unless you
can also provide people with a
healthy ecosystem in which
their economies can grow.”*

Gro Harlem Brundtland
Director-General,
WHO 1998 to 2003



4

IMPLEMENTATION OF THE CCS

- Coordination and Management
- Implications for PAHO/WHO
- Financial
- Risk Management

COORDINATION AND MANAGEMENT

To coordinate and manage the implementation of the technical cooperation of the CCS Strategic Agenda outlined in Chapter 3, the PAHO/WHO CO in Trinidad and Tobago will work closely with the MOH and in collaboration with the PAHO/WHO Caribbean Sub-regional Office, with Headquarters at the regional level in Washington, and at the global level with WHO. Existing health and health-related protocols, strategies and resolutions endorsed by the Government of Trinidad and Tobago at national, regional and international meetings will be used to guide implementation. Efforts will be made to build on previous initiatives and interventions to avoid duplication and to harmonise with the work of other agencies and partners providing technical assistance in Trinidad and Tobago.

The technical cooperation provided will also be guided by the PAHO program areas in category 6 of the PAHO Strategic Plan. These areas include leadership and governance; transparency, accountability, and risk management; strategic planning, resource coordination, and reporting; management and administration; and strategic communication. The focus areas in the Country Cooperation Strategy will be operationalised through the Biennial Workplans (BWPs) planning cycles over the next four years. The BWP is PAHO's results-based management framework that outlines how results are to be achieved in alignment with resources and provides a basis for performance and accountability.



Dr. Bernadette Theodore-Gandi, PWR, Trinidad and Tobago, centre, discusses the CCS with stakeholders. The Trinidad Hilton Hotel and Conference Centre, June 2017.

IMPLICATIONS FOR PAHO/WHO

Implications Matrix

The PAHO/WHO CO is managed by the PAHO/WHO Representative. Other staff includes:

- 1 one International Staff member responsible for Health Systems and Services;
- 2 Administrative support provided by three General Service Staff and three MOH Staff
- 3 Two sub-regional advisors based in the CO who report to the sub-regional office in Barbados
- 4 One decentralised position for Regulatory System Strengthening in Medicines and Other Health Technologies, who reports to PAHO HQ and collaborates with CARPHA
- 5 One Inter-country Advisor for NCDs who will cover three countries – Guyana, Suriname and Trinidad and Tobago. The Inter-country Advisor is a post of limited duration

The political, technical and administrative implications for PAHO/WHO to ensure the successful implementation of the strategic agenda of this Country Cooperation Strategy were reviewed.

Annex 7 outlines the core competencies within the CO, the sub-regional office, HQ in Washington and at the global level. The matrix also indicates where the CO will need to contract specific experts/consultancies, to mobilize expertise within the Organization.

The matrix provides the rationale for the creation of a National Professional position to support the

provision of technical cooperation in certain key areas – maternal and child health, adolescent health, sexual and reproductive health, gender-based violence and aging.

The CO also requires additional administrative support to assist the technical officers (international, sub-regional and inter-country advisors) to provide technical cooperation to the MOH and other partners and stakeholders in Trinidad and Tobago.

Competencies and Skills Mix

The successful implementation of the strategic priorities and focus areas will require competences and skills to address the following areas:

- 1 Health systems, including health financing, human resources for health and information systems for health
- 2 Non-communicable diseases and risk factor prevention and control including mental health, and injuries
- 3 Violence and injury prevention
- 4 Environmental health and sustainability, climate change, an “all-hazards” response, and disaster preparedness including public health emergencies
- 5 Vector prevention and control, emerging diseases such as Zika and re-emerging diseases and the human-animal interface of One Health
- 6 Communicable diseases, including HIV, STIs including congenital, TB and viral hepatitis and viral hepatitis B given the PAHO Regional Plan on EMCT Plus and zoonotic diseases
- 7 Food safety including foodborne disease surveillance, prevention and control
- 8 Health throughout the life course, including interventions targeting specific population groups, multi-sectoral approaches, and social determinants of health. This also includes evidence based sexual and reproductive interventions to reduce inequities such as modern family planning, long acting reversible contraceptives, reducing the unmet needs for contraception in vulnerable populations and postpartum and post-abortion contraception
- 9 Health in all policies (HiAP), and cross-cutting themes of gender, equity, human rights and ethnicity
- 10 Strategic partnerships and collaboration, and resource mobilization
- 11 Communication using innovative technology
- 12 Well-functioning administrative support to assist with the implementation of technical cooperation

PAHO derives its funding from several sources, which include quota contributions from member countries of the Pan American Health and Organization (regular budgets), the WHO allocation for the Regional Office of the Americas and extra-budgetary funds (Grants and contributions outside of PAHO's regular budget). Traditionally, the Trinidad and Tobago Country Office budget has mainly consisted of regular budget and WHO funding. In 2015, the CO received National Voluntary Contributions from the Government of Trinidad and Tobago.


evaluated the Regional Program Budget Policy 2006 – 2011 and noted the Regional Program Budget Policy (RPBP) was a significant and overall success for both the Pan American Sanitary Bureau and its member states. However, the primary challenge faced was ensuring adequate budgetary levels for all countries. This was directly linked to the Country Budget Allocation model that was used. The result was that countries such as Trinidad and Tobago with a relatively better health status suffered significant cuts in their budget allocations.



Risk Management

The PAHO/WHO CO will use the PAHO Enterprise Risk Management (ERM) program to monitor the risks of achieving the desired results of the 2017-2021 CCS. This program uses a strategic process to proactively and continuously identify and manage real and potential threats and opportunities. The core of risk management is to assess the level of probability and impact of those potential events that may affect PAHO/WHO's political, managerial,

administrative and technical cooperation objectives since it is fully integrated into strategic planning, Project Management Assessment (PMA) reviews, and the budgeting process. Through this program the risks are identified, categorised, described and the impact and probability of the risk occurring estimated.



5

MONITORING & EVALUATION

- Monitoring
- Mid-term evaluation
- Final evaluation

MONITORING

A participatory approach which involves key stakeholders such as decision-makers within the MOH and other health-related Ministries, implementers, and partners will be used to monitor and evaluate this CCS. The methodology will be in keeping with the PAHO/WHO results-based management approach used for monitoring and evaluating programs. It will assess PAHO/WHO's performance in Trinidad and Tobago and will be led by the PAHO/WHO CO.

Monitoring will be ongoing and will focus on:

- Ensuring that the CCS SPs and FAs are reflected in the country's BWPs,
- How the SPs and FAs are implemented,

The required core staff of the PAHO/WHO CO who have the appropriate core competences for delivering results in the FAs.

The PAHO Strategic Plan Monitoring System (SPMS) which is jointly monitored by the PAHO Secretariat and Member States will also be used during the monitoring process. The SPMS is designed to facilitate the joint assessment of outcome and output indicators by national health authorities and PASB. The system contains all the programmatic information required to monitor and assess implementation of the PAHO Strategic Plan 2014-2019 and the relevant Program and Budget including the compendium of indicators to assess the achievement of each outcome and output indicator.



**BY 2030, NO MORE
CHILDREN WILL DIE
FROM PREVENTABLE
CAUSES**

MID-TERM EVALUATION

The mid term evaluation will assess:

- 1 the progress achieved with the implementation of the Country Cooperation Strategy Strategic Agenda
- 2 the continued relevance of the strategic priorities and the related focus areas to determine if they are still consistent with the Ministry of Health Plan
- 3 the challenges and risks that are affecting implementation and may require the revision of the strategic priorities and focus areas (this is part of the Country Offices' risk management strategy)
- 4 the availability of the mix of competences and skills
- 5 whether the FAs are being implemented efficiently
- 6 the use of the CCS as an advocacy tool to mobilize resources both within PAHO and externally with other partners
- 7 whether the FAs are being used to inform the outcomes in the UN MSDF
- 8 whether key information is being shared with partners on an ongoing basis

FINAL EVALUATION

This final evaluation will be more comprehensive than the mid-term review and will be conducted at the end of the CCS. The evaluation framework will be developed in collaboration with the MOH and other key partners and will assess relevance, efficiency, effectiveness and overall impact of the CCS. The critical success factors, the impediments and the lessons learnt will be applied to the next CCS cycle and shared with the Government of Trinidad and Tobago, within PAHO/WHO and with other partners.

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ANNEX 1: SDGs AND THE 2017-2021 UN MSDF FOR THE CARIBBEAN

In September 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of seventeen (17) Sustainable Development Goals (SDGs) (Figure 3). The SDGs are all interconnected and recognize that eradicating poverty and inequality, creating inclusive economic growth and preserving the planet are linked.⁴⁵

The SDGs are all interconnected and recognize that eradicating poverty and inequality, creating inclusive economic growth and preserving the planet are linked, and has as its overarching theme: **“Leaving no one behind”**. It promotes a comprehensive, integrated approach to sustainable development.



Figure 3. The Sustainable Development Goals

Source: <https://sustainabledevelopment.un.org/sdgs>. Accessed July 2016

The Goals will stimulate action over the next fifteen (15) years in five (5) areas of critical importance: **People, Planet, Prosperity, Peace and Partnership**.

Only one SDG, SDG 3, is dedicated entirely to health “To ensure healthy lives and promote well-being for all at all ages”. It includes nine (9) targets which cover major health priorities and four (4) “means of implementation” targets. It addresses a wide range of health issues from road traffic injuries and tobacco control, to the health workforce and noncommunicable diseases (NCDs) — the most conspicuous health concern that was omitted from the MDGs. However, Health also benefits from the achievement of the other SDGs.

ANNEX 1: SDGs AND THE 2017-2021 UN MSDF FOR THE CARIBBEAN

Caribbean UN MSDF 2017-2021 Priority Areas:

Priority 1 - an inclusive, equitable, and prosperous Caribbean: *With an emphasis on the most vulnerable groups, promote social and economic inclusion and equity while improving social protection and [the] access to decent employment within a sustainable economy.*

Priority 2- a healthy Caribbean: *Improve health and well-being by addressing the ability of the state to provide services increasing access to healthy nutrition, a healthy environment and knowledge as preventative measures. Sustainable health financing and direct action to address NCDs, SRH and HIV/AIDS and related stigma are also necessary for better health outcomes.*

Priority 3 - a cohesive, safe, and just Caribbean: *Support the creation of conditions for a safe and just Caribbean while addressing the root causes that promote and perpetrate violence and insecurity.*

Priority 4 - a sustainable and resilient Caribbean: *Support coherent efforts to strengthen the resilience of the Caribbean and its peoples by mitigating the effects of climate change, disasters and environmental degradation on sustainable development, livelihoods, and the economies.*

UN MSDF for the Caribbean

The goal of the UN MSDF is to provide the tools, partnerships, and resources needed to achieve national and sub-regional development priorities, in an inclusive and equitable manner, as reflected in the SDGs. The UN MSDF also contributes to the fulfilment of the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the CARICOM Strategic Plan 2015-2019. Eighteen (18) English- and Dutch-speaking Caribbean countries and Overseas Territories are covered under this UN MSDF.

ANNEX 2: THE TOBAGO EXPERIENCE: STRENGTHENING HRS FOR AN INTEGRATED MENTAL HEALTH SYSTEM

Tobago's mental health system, as are many in the Caribbean, date to the days of Spanish and British colonial rule. European psychiatric practice at the time was characterized by "custodial institutionalization," an approach that replaced the indigenous West Indian thinking about mental health (Hickling, 1988). By the early 2000s, however, the prevailing thinking about mental health had begun to shift toward community-based care. For Tobago, this meant the emergence of an integrated mental health system that embraced all of the island's unique cultural characteristics and belief systems and addressed its mental health needs and challenges.

None of these changes would have been possible without the right number and mix of human resources, however. Up to the mid-1970s, mental health care on the island was provided by a visiting team from St. Ann's Hospital in Trinidad (a psychiatrist, a couple of nurses, and an occasional mental Health Officer). Then, in 1995, with the opening of a 12-bed inpatient psychiatric ward at the former Tobago Regional Hospital, a full-time psychiatrist was first appointed in Tobago. But even in the early 2000s, Tobago's mental health staffing was inadequate. A 2002 analysis of the island's mental health services conducted by the Pan American Health Organization highlighted some drawbacks - mental health services were driven by specialty care; could only be accessed at the hospital level; had personnel shortages, especially for services targeted for children and adolescents; and lacked physical facilities and transportation options (Ryan, 2002). Over time, as Tobago continued to move toward the "integration of mental health services into community health care," staffing significantly expanded, to include such posts as house officers, registrars, consultants, mental health officers, a psychologist, occupational therapists, a speech therapist, a psychiatric social worker, rehabilitation assistants, mental health nurses, nursing assistants, and ward attendants, including access to services of physical therapists.

A sound health promotion strategy also was key to success. A multi-pronged approach included community awareness initiatives, mental health advocacy efforts with the police force and the judiciary, and training of primary care physicians on the early identification and treatment of mental illness. These efforts did much to "sell" the concept of integrated mental health services to the community and to stakeholders, and worked to de-stigmatize mental health patients and better understand traditional approaches (obeah) to mental health and illness.

Today, Tobago has its own acute care ward at the new Scarborough General Hospital (SGH), with satellite services in several health centres. Among the wide range of mental health services currently available in Tobago are acute psychiatric

ANNEX 2: THE TOBAGO EXPERIENCE: STRENGTHENING HRS FOR AN INTEGRATED MENTAL HEALTH SYSTEM

care at SGH; psychiatric assessment and treatment at the hospital, at the outpatient clinics housed at the Scarborough Health Centre and satellite community clinics in the various health centres; substance abuse clinic housed at the facilities of the former Tobago Regional Hospital, offering various interventions, counselling, and psychotherapy; a “Memory Clinic” serving the elderly; and a Child and Adolescent Centre providing care for children with mental and developmental disorders.

At the heart of this dynamic mental health model is the cadre of multi-disciplinary health professionals and support staff who are committed to deliver integrated and comprehensive mental health services to the population of Tobago.

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ANNEX 3: NATIONAL DEVELOPMENT STRATEGY AND MOH STRATEGIC PRIORITIES

National Development Strategy VISION 2030

Goal: Putting People First: Our Greatest Asset

Key Result Area: Sustainable Families and Communities

Outcome 1: Improved Health Service Delivery

Output 1.1: Improved Public Health Infrastructure

Output 1.2: Improved Organisation and Management of the Health System

Outcome 2: Healthy Lifestyles Adopted

Output 2.1: Improved Recreational Infrastructure

Output 2.2: Improved Public Health Infrastructure (Same as Output 1.1 above)

Output 2.3: Improved Health Promotion

Output 2.4: Improved Organisation and Management of the Health System (Same as Output 1.2 above)

Ministry of Health Priority Areas

Overarching areas as currently set out in the work plan 2015- 2020:

Priority Areas

- I. Non Communicable Diseases
- II. Maternal and Child Health
- III. Care for the Elderly
- IV. Dental Services
- V. Allied Health Care and Support Services
- VI. Mental Health
- VII. Environmental Health

Enabling Priorities

- I. National Health Insurance System
- II. Quality Assurance and Accreditation
- III. Hospital Construction and Refurbishment Plan
- IV. International Cooperation
- V. Legislative Framework
- VI. Modern Health Information System
- VII. Human Resources Development Strategy
- VIII. HIV/AIDS
- IX. Ambulance Services
- X. Policy Development
- XI. Health Education

ANNEX 4. INTERNATIONAL AND REGIONAL HUMAN RIGHTS

Trinidad and Tobago is party to the following international and regional human rights instruments.⁴⁶

- I. International Covenant on Civil and Political Rights (ICCPR)
- II. International Covenant on Economic, Social and Cultural Rights (ICESCR)
- III. International Convention on the Elimination of all Forms of Racial Discrimination (CERD)
- IV. Convention on the Rights of the Child (CRC)
- V. Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)
- VI. Hague Convention on the Civil Aspects of International Child Abduction
- VII. Rome Statute of the International Criminal Court (ICC)
- VIII. United Nations Convention against Transnational Organized Crime and the:
 - ⇒ Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime; and
 - ⇒ Protocol against the Smuggling of Migrants by Land, Sea and Air, supplementing the United Nations Convention against Transnational Organized Crime.
- IX. Regional Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women
- X. International Health Regulations

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Name of Agency/ development Partner/ Embassy | Role fulfilled by Sub-regional Initiatives/ Development Partners/ International Funding Institutions | Health-related SDG target | Major Programmatic area of support within country |
|---|--|--|--|
| Caribbean Community (CARICOM)/ COHSOD) ⁴⁷ | Sub regional Cooperation - Caribbean Cooperation in Health IV which is the framework that guides public health in the Caribbean Community. | All the health targets under SDG 3 (3.1-3.9) | Guides the implementation of public health in the Caribbean at the national level is aligned with the priorities and needs of the MOH |
| | Sub regional Cooperation - Elimination of mother-to- child transmission of HIV (EMTCT) | 3.2 End preventable deaths of newborn and children under 5 years of age | |
| | | 3.3 End epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases | |
| | Sub regional Cooperation - Findings of Evaluation of Port of Spain Declaration presented at CSHOD | 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate | Guides the prevention and control of NCDs and the related risk factors in the Caribbean and is aligned with the national NCD Plan. |
| | Sub regional Cooperation - Elimination of Measles and the Introduction of Inactivated Poliovirus Vaccine | 3.2 End preventable deaths of new-borns and children under 5 years of age 3.b Support research and development of vaccines, medicines for communicable and noncommunicable diseases that primarily affect developing countries, and provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health | |
| | Sub regional Cooperation - International Health Regulations | 3.d Strengthen capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks | Guides the implementation of IHR in the Caribbean at the national level is aligned with the IHR priorities of the MOH |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Name of Agency/ development Partner/ Embassy | Role fulfilled by Sub regional Initiatives/ Development Partners/ International Funding Institutions | Health-related SDG target | Major Programmatic area of support within country |
|--|--|--|--|
| CARICOM Head of Government 27th Intersessional Meeting | Policy dialogue - Declaration on a course of action to address the Zika virus | 3.3 End epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases | |
| CARICOM/ CARPHA | Sub-regional Cooperation - Regional Health Information System Task Force and its strategic remit | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | Health Information Systems |
| | Sub-regional Cooperation - Health systems strengthening | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | Health Systems Strengthening |
| | National Agreement | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | Trinidad and Tobago hosts the headquarters for CARPHA |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Name of Agency/ development Partner/ Embassy | Role fulfilled by Sub-regional Initiatives/ Development Partners/ International Funding Institutions | Health-related SDG target | Major Programmatic area of support within country |
|--|---|---|--|
| Development Partners | | | |
| Inter-American Development Bank (IADB) | Bilateral Agreement - Health Services Support Program (HSSP) | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | 5 year loan - to prevent and control risk factors and NCDs among adults, and primary and secondary school students by strengthening the delivery of integrated primary care services; implementing behavior change programs and policies; improving health information management; ensuring adequate human resources for health; and enhancing health facilities investment management through the innovative application and use of information and communication technology including hardware, software, people, data and network |
| International Atomic Energy Agency (IAEA) | Technical Support | 3.d Strengthen capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks | Development of Trinidad and Tobago's core capacities for IHR compliance and radiation and nuclear training, and capacity building |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Name of Agency/ development Partner/ Embassy | Development Partners | | | |
|--|---|---|--|--|
| | Role fulfilled by Sub- regional Initiatives/ Development Partners/ International Funding Institutions | Health-related SDG target | Major Programmatic area of support within country | |
| U.S. President's Emergency Plan for AIDS Relief (PEPFAR) | | 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. | To help save the lives of those infected and affected by HIV/AIDS around the world. | |
| Cuba | Technical assistance | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | Human Resources for Health - Recruitment of health professional | |
| The People's Republic of China | Technical Assistance | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | Provision of Chinese Medical Team (CMT) and training opportunities. The CMT performs medical work in close cooperation with their Trinidad and Tobago counterparts and has exchanged experiences and knowledge through medical practice. | |
| United States - University of Utah | Training | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | Provision of Ophthalmology Training | |
| United States- Shriners' Hospital for Children | Technical Support | 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all | Free burn care to persons under 18 and training programs for health care professionals | |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Name of Agency/ development Partner/ Embassy | Role fulfilled by Sub regional Initiatives/ Development Partners/ International Funding Institutions | Health-related SDG target | Major Programmatic area of support within country |
|--|--|--|--|
| UN Partners | | | |
| United Nations Country Team (UNCT) | Technical Support | <p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p> <p>3.d Strengthen capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p> | Strategic development projects and capacity building in support of continued efforts to eradicate pockets of extreme poverty, facilitate citizen security, enable youth development, promote democratic governance, promote and protect human rights and improve energy and environmental management, and disaster risk reduction. |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Organisations | Major Programmatic area of support within country |
|---|--|
| 1. Autistic Society of Trinidad and Tobago | To work together with families to help all individuals with Autism Spectrum Disorders to achieve their fullest potential through education, training and advocacy for affordable and appropriate services. |
| 2. Chest and Heart Association | <ul style="list-style-type: none"> • To provide medical and family support through financial assistance for Heart surgery in both adults and children also providing assistance in getting patients their medication, medical equipment and counselling. • Coordinates health promotion through education by advocating healthy lifestyles, lectures discussions and seminars and film shows. |
| 3. Diabetes Association of Trinidad and Tobago | To promote health in people with diabetes and to prevent or at least delay the onset of diabetes in those at risk through education, research and advocacy |
| 4. Family Planning Association of Trinidad and Tobago (FPATT) | To work towards the advancement of sexual reproductive health and rights, through advocacy and the provision of quality services to men, women and young people |
| 5. Helping Every Addict Live (HEAL) | To help those suffering from addiction restore hope, gain courage and achieve recovery by providing services designed to foster healthy life changes. |
| 6. Just Because Foundation | <ul style="list-style-type: none"> • To provide practical, social and emotional support for families of children with cancer. • Works with diverse professionals to raise awareness of the incidence, possible causes and treatment of Pediatric Cancer while promoting the overall health and well-being of children afflicted with this disease, with the intention of improving their quality of life. • Provides short-term 'Home Away From Home' facilities that offer families a place to stay near treatment centres in a carefully planned and uplifting environment. |
| 7. Mamatoto Resource & Birth Centre (MRBC) | <p>Provides a range of programs to help fulfil our mandate of providing not only accessible, equitable and innovative services, but also:</p> <ul style="list-style-type: none"> • Post-natal Support • Babies Who Live Only in Our Hearts • Childbirth Classes |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Organisations | | Major Programmatic area of support within country |
|---------------|--|---|
| 8. | Medical Research Foundation Trinidad & Tobago (MRFTT) | <ul style="list-style-type: none"> • PMTCT Program • Medical Research Program in HIV/AIDS |
| 9. | Ministry of Social Development & Family Services (MSDFS) | Responsible for coordinating the implementation of Government's social and human development objectives. The MSDFS is mandated with responsibility for addressing the social challenges of poverty, social inequality and social exclusion. Particular emphasis is placed on developing and executing programs and services that protect and assist vulnerable and marginalized groups in society such as women, children, persons with disabilities, the elderly, the poor/indigent, the socially displaced, ex-prisoners, deportees and persons living with HIV/AIDS. |
| 10. | Population Services International (PSI) | <ul style="list-style-type: none"> • Focused primarily on HIV prevention by promoting condom use and availability among youth at risk and more recently among other groups including males and females at risk and members of the military through its branded Got it? Get it. campaign. • Addresses sexual and reproductive health, gender-based violence prevention efforts and the growing burden of non-communicable diseases in the region. |
| 11. | Trinidad & Tobago Medical Association (T&TMA) | TEACH, TREAT, MENTOR & ADVOCATE Providing Quality training and Leadership in the Medical field. |
| 12. | The Society for Inherited & Severe Blood Disorders | <p>To improve the quality of life for affected persons by educating patients, parents and caregivers in the:</p> <ul style="list-style-type: none"> • understanding and treatment of Thalassemia, Sickle Cell Anaemia and Haemophilia • offering support, psychological and otherwise to affected families • disseminating information to the public • offering services of screening and counselling |
| 13. | Trinidad Public Health Laboratory (TPHL) | Provides diagnostic and supportive services and the surveillance of Communicable Diseases in a prompt and efficient manner in order to improve the health status of the people of Trinidad and Tobago. |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

| Organisations | Major Programmatic area of support within country |
|--|--|
| 14. Trinidad and Tobago Heart Foundation | <p>To educate the public of Trinidad and Tobago, including our youth, about all matters pertaining to the prevention of Heart Disease and the avoidance of the risk from stroke through:</p> <ul style="list-style-type: none"> i. Awareness - promotes healthy lifestyles to lower Cardio Vascular Disease (CVD). ii. Education - educates the community on preventative avenues to sustain healthy hearts. iii. Research and Development - raises funds for research and development in heart disease prevention. iv. Community Outreach - encourages heart professionals to give of their resources to community education. v. Collaboration - collaborates with the State on setting policy matters on food criteria, tobacco legislation and budgetary provision to support CVD eradication. |
| 15. The Trinidad and Tobago National Council on Alcoholism and other Addictions (TTNCAA) | <ul style="list-style-type: none"> I. Implement an Annual Alcohol and Drug Awareness Week during the month of March or April. II. Promote the establishment of Employee Assistance Programs in workplaces and support their functioning. III. Work with children at schools through the School Information Program -Informania 25 Revisited. IV. Conduct specialized workshops to help teachers, guidance officers, counsellors, social workers and parents recognize substance abuse problems in children and initiate help for them. <ul style="list-style-type: none"> ⇒ Facilitate the functioning of self-help groups such as: Alcoholics Anonymous ⇒ Narcotics Anonymous ⇒ Gamblers Anonymous ⇒ AI ANON ⇒ NARANON V. Work along with other groups to help promote alternative healthy lifestyles. VI. Provide facilitators for Caribbean Institute on Alcoholism and Drugs (CARIAD) and assist with scholarships to selected participants. |

ANNEX 5: KEY STAKEHOLDER ANALYSIS

Other Ministries that the PAHO/WHO CO collaborates with to implement health activities:

1. Ministry of Agriculture, Land and Fisheries
2. Ministry of Community Development, Culture and the Arts
3. Ministry of Education
4. Ministry of Foreign and Community Affairs
5. Ministry of Labour and Small Enterprise Development
6. Ministry of Planning and Development
7. Ministry of Social Development and Family Services
8. Office of the Prime Minister

ANNEX 6: PAHO STRATEGIC PLAN

Table 2. PAHO Strategic Plan - Categories and Programs

| | |
|--|---|
| 1. Communicable diseases | <ol style="list-style-type: none"> 1. HIV/AIDS and STIs 2. Tuberculosis 3. Malaria and other vector-borne diseases (including Dengue and Chagas) 4. Neglected tropical and zoonotic diseases 5. Vaccine preventable diseases (including maintenance of polio eradication) 6. <i>Antimicrobial resistance</i> 7. Food safety |
| 2. Noncommunicable diseases | <ol style="list-style-type: none"> 1. Noncommunicable diseases and risk factors 2. Mental health and substance use disorders 3. Violence and injuries 4. Disabilities and rehabilitation 5. Nutrition |
| 3. Determinants of health and promoting health throughout the life course | <ol style="list-style-type: none"> 1. Women, maternal, newborn, child, and adolescent and adult health, and sexual and reproductive health 2. Ageing and health 3. Gender, equity, human rights and ethnicity mainstreaming 4. Social determinants of health 5. Health and the environment |
| 4. Health systems | <ol style="list-style-type: none"> 1. Health governance and financing, national health policies, strategies and plans 2. People-centered integrated health services 3. Access to medical products and strengthening regulatory capacity 4. Health systems information and evidence 5. Human resources for health |
| 5. Health emergencies | <ol style="list-style-type: none"> 1. <i>Infectious hazard management</i> 2. <i>Country health preparedness and the International Health Regulations (2005)</i> 3. <i>Health emergency information and risk assessment</i> 4. <i>Emergency operations</i> 5. <i>Emergency core services</i> 6. <i>Disaster risk reduction and special projects</i> 7. Outbreak and crisis response |
| 6. Corporate services/ Enabling functions | <ol style="list-style-type: none"> 1. Leadership and governance 2. Transparency, accountability, and risk management 3. Strategic planning, resource coordination, and reporting 4. Management and administration 5. Strategic communications |

Source: PAHO – Planning Budget 2018/2019 presentation

ANNEX 7. IMPLICATIONS FOR PAHO/WHO - POLITICAL, TECHNICAL, ADMINISTRATIVE

| Priority | Focus Areas | Type of Implication | Country Office | Sub regional (Caribbean) | Regional | Global | Remarks |
|---|---|--------------------------------|--|--|--|-------------------|-----------------|
| Strategic Priority 1. Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health | 1.1 Strengthen Stewardship, governance and transparency to increase equitable access to quality, people centred services including regulatory and accountability frameworks | Technical 60% Political 40% | Has the capacity to oversee implementation | Technical support – Governance and stewardship | Technical support – Governance and stewardship | Normative support | |
| | 1.2 Strengthen information systems for health to support evidence informed decision making, accountability and monitoring and evaluation | Technical 80% Political 20% | Has the capacity to oversee implementation | Technical support – Caribbean Plan for IS4H | Support for SIP from CLAP/FGL PAHO Dept: CHA, HSS, KBR | | Need for an NPC |
| | 1.3 Develop and implement mechanisms for sufficient, equitable, efficient and sustainable health financing ensuring financial protection in health. | Technical 50% Political 50% | Has the capacity to oversee implementation | Technical support | Technical support PAHO Dept: HSS/HS | | |
| | 14 Reorient the delivery of integrated services with an emphasis on Primary Care ensuring equitable access and coverage to quality services with adequate and appropriate human resources support | Technical 70% Political 30% | Has the capacity to oversee implementation | Technical support | Technical support PAHO Dept: HSS | | |

ANNEX 7. IMPLICATIONS FOR PAHO/WHO - POLITICAL, TECHNICAL, ADMINISTRATIVE

| Priority | Focus Areas | Type of Implication | Country Office | Sub regional (Caribbean) | Regional | Global | Remarks |
|---|---|--------------------------------|---|--------------------------|---|---|--|
| Strategic Priority 2. Multi-sectoral action to prevent and control noncommunicable disease and their risk factors, violence and injuries and advance mental well-being | 2.1 Accelerate the implementation and monitoring of the national NCD Strategic plan of action including the development of the legislative and policy frameworks to reduce NCD risk factors | Technical 70% Political 30% | Need to recruit National Consultants to support the implementation of specific components | Technical support - | Technical support - legislative and normative support • PAHO Dept: NMH, LEG, HSS • Nutrition and breastfeeding • PAHO Dept: NMH, FGL | Technical support - legislative and normative support | Inter-country Advisor (limited post). |
| | 2.2 Support the implementation of community- based approaches to mental health reform and enhance the public health response to violence and injuries | Technical 70% Political 30% | Need to create a National Post (20%) | Technical Support | Technical support - legislative and normative support and capacity building PAHO Dept: NMH/MH, LEG, FGL | Technical normative support | Inter-country Advisor (limited post). National Post shared with life course approach |
| | 2.3 Strengthen and implement plans for communicable diseases inclusive of health communication/health risk reduction | Technical 90% Political 10% | Has the capacity to oversee implementation | Technical Support* - | Technical support PAHO Dept: CHA, CMU | | Subject to further clarification on the mobility of the Sub-Regional Advisors* |

ANNEX 7. IMPLICATIONS FOR PAHO/WHO - POLITICAL, TECHNICAL, ADMINISTRATIVE

| Priority | Focus Areas | Type of Implication | Country Office | Sub regional (Caribbean) | Regional | Global | Remarks |
|--|--|------------------------------------|--|--------------------------|---|--|--|
| Strategic Priority 3. Integrated, evidence based inclusive action promoted to address the social determinants of health throughout the life course | 3.1 Promote Health in all Policies for inter-sectoral action to improve equity and sustainable development – “leaving no one behind.” | Technical 60% Political 40% | Has the capacity to oversee implementation | | Technical Support – policy development for health in all policies; capacity building PAHO Dept: SDE | Technical Support – policy development, capacity building | Collaborate with Suriname |
| | 3.2 Accelerate actions to develop and harmonize policies and programs to address sexual and reproductive health and the needs of infants; adolescents, men’s, and women’s health; and healthy aging. | Technical 60% Political 40% | Has the temporary capacity to oversee implementation Need to create a National Post (80%) | Technical support | Technical Support PAHO Dept: CLAP/ FGL for sexual and reproductive and women’s health Technical Support – infant, adolescent, men’s, healthy aging-Disabilities PAHO Dept: NMH/MH, LEG , FGL | Technical normative support | National Post to be created to be shared with gender based violence. |
| | 3.3 Build capacity to generate and utilise evidence on economic and social determinants of health and health inequities to guide policies and programs along the life course | Technical 60% Political 40% | Has the temporary capacity to oversee implementation Need to create a National Post (80%) | | Technical Support _ capacity building on data analysis, gender and cultural diversity, Sustainable development and Equity, Normative support – health and human rights legislation, equality and ethnicity policies PAHO Dept: SDE, FGL/GD, LEG | Technical Support _ capacity building on data analysis, gender and cultural diversity, sustainable development and Equity, Normative support – health and human rights legislation, equality and ethnicity | Functions to share between HSS and FGL |

ANNEX 7: IMPLICATIONS FOR PAHO/WHO - POLITICAL, TECHNICAL, ADMINISTRATIVE

| Priority | Focus Areas | Type of Implication | Country Office | Sub regional (Caribbean) | Regional | Global | Remarks |
|--|---|--------------------------------|--|--|---|------------------|---|
| Strategic Priority 4. An integrated approach to address an “all-hazards” health response that builds and contributes to health and human security. | 4.1 Support national efforts to meet the required core capacities of the International Health Regulations | Technical 80% Political 20% | Sub-regional advisor based in the country office (10%) | Sub-regional advisor based in the country office (10%) | Technical support PAHO Dept: CHA, PHE, HSS/MT | Coordination | Subject to further clarification on the mobility of the Sub-Regional Advisors* |
| | 4.2 Support the planning and implementation of an “all-hazards” approach across all sectors and communities, to address hazards such as natural and human-caused disasters, vector and food-borne diseases, climate change and antimicrobial resistance | Technical 80% Political 20% | Sub-regional advisor based in the country office -food safety and AMR (10%) Regional decentralized advisor in vector-borne diseases (10%) | Technical support PAHO Dept PHE, SDE | Technical support PAHO Dept: PHE, SDE, CHA | Coordination PHE | Subject to further clarification on the mobility of the Sub-Regional Advisors* Coordination with UN system, CARPHA |

ANNEX 8: PAHO DEPARTMENTS

| | |
|----------|---|
| CHA | Communicable Diseases |
| CMU | Communications |
| FGL | Family, Gender and Life Course |
| NMH | Noncommunicable Diseases and Mental Health |
| NMH/MH | Noncommunicable Diseases and Mental Health/ Mental Health and Substance Abuse |
| CLAP/FGL | CLAP/Family, Gender and Life Course |
| LEG | Legal Counsel |
| HSS | Health Systems and Services |
| HSS/HS | Health Systems and Services/Health Services and Access |
| HSS/M | Health Systems and Services/Medicines and Health Technologies |
| KBR | Knowledge Management Bioethics and Research |
| SDE | Sustainable Development and Health Equity |
| PHE | Public Health Emergencies |

**ANNEX 9: ATTENDEES AT THE NATIONAL CONSULTATION FOR THE DEVELOPMENT OF
THE 2017-2021 PAHO/WHO COUNTRY COOPERATION STRATEGY(CCS),
TRINIDAD AND TOBAGO, JUNE 2017**

| Name of Representative | Designation | Organization |
|---------------------------------|--|---|
| Jacqueline Charles | Assistant Manager, Expanded Program On Immunization | Ministry of Health |
| Saed Rahaman | Director Veterinary Public Health Unit | Ministry of Health |
| Oumatee Arjoon-Singh | Medical Officer of Health | Ministry of Health – IVCD |
| Andrea Grimes | | Ministry of Health |
| Ashvini Nath | Mental Health Information Officer | Ministry of Health |
| Vishwanath Andy. Partapsingh | Principal Medical Officer Environmental Health (Ag.) | Ministry of Health |
| Dianne Dhanpath | Deputy Permanent Secretary | Ministry of Health |
| Marie Persad | Research Officer I Health Research, Policy and Planning | Ministry of Health |
| Lawrence Jaisingh | Director, Health Policy, Research and Planning | Ministry of Health |
| Mark Dookeran | Public Health Inspector IV | Ministry of Health – Public Health Inspectorate |
| Sham Bissessar | Deputy Director Veterinary Public Health Unit | Ministry of Health |
| Jenise Tyson | | Ministry of Health |
| Carla Ruiz | Research Officer Directorate of Health Policy, Research and Planning | Ministry of Health |
| Yvonne Lewis | Director Health Education Division | Ministry of Health |
| Nuala Ramkissoon | Epidemiologist | Ministry of Health NSU |
| Ayanna Sebro | Deputy Program Manager HIV and AIDS Coordinating unit | Ministry of Health |
| Aileen Clarke | HIV Coordinator | Ministry of Social Development and Family Planning |

**ANNEX 9: ATTENDEES AT THE NATIONAL CONSULTATION FOR THE DEVELOPMENT OF
THE 2017-2021 PAHO/WHO COUNTRY COOPERATION STRATEGY(CCS),
TRINIDAD AND TOBAGO, JUNE 2017**

| Name of Representative | Designation | Organization |
|------------------------|---|---|
| Stacey V. Toussaint | Social Work Specialist Social Displacement Unit | Ministry of Social Development and Family Planning |
| Jennifer Rouse | Director, Division of Aging | Ministry of Social Development and Family Planning |
| Takiyah Gordon | Research Officer | Ministry of Finance |
| Brian Goolcharan | Research Officer | Ministry of Finance |
| Shineice John | | Ministry of Community Development, Culture and the Arts |
| Sharon Bradshaw | | Ministry of Community Development, Culture and the Arts |
| Michelle Mellowes | Senior Veterinary Officer | Ministry of Agriculture, Land and Fisheries |
| Sheren Keel | Research Assistant | Ministry of Foreign and Community Affairs |
| Camille Gaghadar | International Relations Officer | Ministry of Foreign and Community Affairs |
| Carlton Harding | Education Research Officer | Ministry of Education |
| Lauren Maharaj | General Manager Health Policy Research and Planning | NWRHA |
| Hazel Othello | Medical Director | NWRHA |
| Keith Beharry | General Manager, Quality | NWRHA |
| Gail Miller-Meade | CEO | SWRHA |
| Pravinde Ramoutar | Ag Medical Director Secondary School Services | SWRHA |
| Victor Wheeler | Head of OBGYN Scarborough Hospital | THA |
| Davlin Thomas | Chief Executive Officer | NCRHA |
| Nicole Dagher | Program Officer, UNV | UNV |

**ANNEX 9: ATTENDEES AT THE NATIONAL CONSULTATION FOR THE DEVELOPMENT OF
THE 2017-2021 PAHO/WHO COUNTRY COOPERATION STRATEGY(CCS),
TRINIDAD AND TOBAGO, JUNE, 2017**

| Name of Representative | Designation | Organization |
|------------------------|--|--|
| Camille Wilkes | ASYCUDA Regional Support | UNCTAD |
| Sharifa Ali Abdullah | Assistant Resident Representative | UNDP |
| Isele R. Cooper | Program Officer, Poverty and Social Policy | UNDP |
| Lyrinda Persad | Research/Program Assistant | UNDP |
| Debrah Lewis | Executive Director | MRBC - Mamatoto |
| Catherine Ferreira | | MSDFS |
| Issa Ali | Pharmacist | The Society for Inherited & Severe Blood Disorders |
| Dona Da Costa Martinez | Executive Director | FPATT |
| Owen Hender | Technical Officer | Office of the Prime Minister |
| Noel Joseph | Vice- President | Just Because Foundation |
| Stacey Chamely | President | T&TMA |
| Sherry Smith-Pierre | Executive Director | TTNCAA |
| Zobida Khan-Mohammed | Director | TPHL |
| Abdullah Abdulkadri | Coordinator-Statistics and Social Development Unit | ECLAC |
| Anthony Chang-Kit | Medical Doctor | Chest and Heart Association |
| Lisa Harrynanan | AGRICULTURAL HEALTH AND FOOD SAFETY SPECIALIST | IICA |
| Terri Raney | Senior Policy Officer | FAO |
| Devern Calvin- Smith | UNDAF Project Coordinator/Program Assistant | FAO |

**ANNEX 9: ATTENDEES AT THE NATIONAL CONSULTATION FOR THE DEVELOPMENT OF
THE 2017-2021 PAHO/WHO COUNTRY COOPERATION STRATEGY
(CCS), TRINIDAD AND TOBAGO, JUNE 2017**

| Name of Representative | Designation | Organization |
|------------------------|--|---|
| Teresina Sieunarine | President | Autistic Society of Trinidad and Tobago |
| Praimraj Boodram | President | Diabetes Association of Trinidad and Tobago |
| Patricia Dhanpaul | Director | HEAL Helping Every Addict Live |
| Judy Seegobin | Volunteer | HEAL Helping Every Addict Live |
| Bharat Bassaw | Deputy Dean Continuing Professional Development and Outreach | UWI FMS |
| Michael Ramdass | Lecturer/Surgery. Deputy Dean-Basic Health Sciences | UWI Dean's Office |
| Roger McLean | Health Economist | UWI HEU |
| Julia Roberts | Senior Regional Director, LAC | PSI Population Services International |
| Amit Maharaj | Administrative Officer | Trinidad and Tobago Heart Foundation |
| Miriama Alleyne | Consultant Paediatrician | Neonatal COTT/PSTT |
| Kala Dowlath | HIV Treatment and Care Specialist | MRFTT |

**ANNEX 9: ATTENDEES AT THE NATIONAL CONSULTATION FOR THE DEVELOPMENT OF
THE 2017-2021 PAHO/WHO COUNTRY COOPERATION STRATEGY
(CCS), TRINIDAD AND TOBAGO, JUNE 2017**

| PAHO/WHO TTO Country Office | |
|-----------------------------|---|
| 1 | Dr. Bernadette Theodore-Gandi - PAHO/WHO Representative |
| 2 | Dr. Edwin Bolastig - Advisor, Health Systems and Services |
| 3 | Dr. Sandra Vokaty - Advisor, Veterinary Public Health |
| 4 | Dr. Charles Preston - Advisor, Regulatory System Strengthening in Medicines and Other Health Technologies |
| 5 | Ms. Nicola Taylor - Consultant |
| 6 | Ms. Izola Garcia - Consultant, Family Health and Disease Management |
| 7 | Mr. Roger Rodriguez - Budget and Finance Assistant |
| 8 | Mr. Kevin Jordan - Systems Administrator |
| 9 | Ms. Amanda Mungalsingh - On the Job Trainee |
| 10 | Mr. Keeron Isaac - On the Job Trainee |
| 11 | Mr. Christian Telemaque - On the Job Trainee |
| 12 | Ms. Jeanine Germain - On the Job Trainee |

**ANNEX 9: ATTENDEES AT THE NATIONAL CONSULTATION FOR THE DEVELOPMENT OF THE
2017-2021 PAHO/WHO COUNTRY COOPERATION STRATEGY(CCS),
TRINIDAD AND TOBAGO, JUNE 2017**

| PAHO Mission Team | |
|-------------------|--|
| 1 | Ms. Lorraine Thompson Country Program Advisor, Country and Sub-regional Unit, Office of the Director, PAHO |
| 2 | Dr. Marian Urbina, Program Officer Country and Sub-regional Unit, Office of the Director, PAHO |
| 3 | Dr. William Adu Krow PAHO/WHO Representative, Guyana |
| 4 | Dr. Claudia Pescetto Advisor on Health Systems and Services, PAHO |
| 5 | Mr. Casimiro Dias Sub-Regional Advisor on Health Systems and Services, PAHO |
| 6 | Dr. Elisa Prieto Sub-regional Advisor on Non-Communicable Diseases and Mental Health, PAHO |
| 7 | Dr. Rodolfo Gomez Ponce De Leon Sub-Regional Advisor, SRH, Latin American Centre for Perinatology and Women's Health, (CLAP/WH) PAHO |
| 8 | Ms. Cathy Cuellar Advisor on Gender and Health, PAHO |

ANNEX 10 : THE STRATEGIC AGENDA

| Strategic Priority | Focus Areas |
|---|---|
| Strategic Priority 1: Continued development of integrated, comprehensive, resilient health systems supported within the framework of universal health ¹ | 1.1 Strengthen stewardship, governance and transparency to increase equitable access to quality, people centred services including regulatory and accountability frameworks. |
| | 1.2 Strengthen information systems ² for health to support evidence informed decision making, accountability and monitoring and evaluation. |
| | 1.3 Strengthen mechanisms for sufficient, equitable, efficient and sustainable health financing ensuring financial protection in health. |
| | 1.4 Reorient the delivery of integrated services with an emphasis on Primary Care ensuring equitable access and coverage to quality services with adequate and appropriate human resources support. |
| Strategic Priority 2: Multi-sectoral action to prevent and control noncommunicable and communicable disease and their risk factors, violence and injuries and advance mental well-being | 2.1 Accelerate the implementation and monitoring of the National NCD Strategic plan of action including the development of the legislative and policy frameworks to reduce NCD risk factors. |
| | 2.2 Strengthen community- based approaches to mental health reform and enhance the public health response to violence and injuries. |
| | 2.3 Strengthen and implement plans for communicable diseases inclusive of health communication/health risk reduction using a “One Health” approach. |
| Strategic Priority 3: Integrated, evidence based inclusive action promoted to address the social determinants of health throughout the life course. ³ | 3.1 Promote Health in all Policies for inter-sectoral action to improve equity and sustainable development leaving no one behind. |
| | 3.2 Accelerate actions to develop and harmonize policies and programs to address sexual and reproductive health and the needs of infants; adolescents, men’s, and women’s health; and healthy aging. |

¹ **Health system resilience** refers to the ability to absorb disturbances and respond and recover with the timely provision of needed services. It is the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises, maintain core functions when a crisis hits, and, informed by lessons learned, reorganize if conditions require it. Resilience is an attribute of a well-performing health system moving towards universal access to health and universal health coverage. **Source: PAHO CD55/9 21 July 2016**

²

³ **A life-course approach** builds on the interaction of multiple promotive, protective and risk factors throughout people’s lives. The life course approach is based on a model that suggests that health outcomes for individuals, families, and communities depend on the interaction of various protective and risk factors throughout the life course. These factors are related to psychological, behavioral, biological and environmental influences, as well as access to health services.

ANNEX 10 : THE STRATEGIC AGENDA

| Strategic Priority | Focus Areas |
|---|---|
| Strategic Priority 4: An integrated approach to address an “all-hazards” health response that builds and contributes to health and human security. ^{4 5} | 4.1 Support national efforts to meet the required core capacities of the International Health Regulations. |
| | 4.2 Support the planning and implementation of an all-hazards approach across all sectors and communities, to address hazards such as natural and human-caused disasters, vector and food-borne diseases, climate change and antimicrobial resistance. |

⁴ **All-hazards** - any hazard (natural, man-made, biological, chemical, radiological and others). PHE Department strengthens hazard-specific capacity in countries in relation to a range of diseases with the potential to cause outbreaks, epidemics, or pandemics, including water-borne diseases, zoonoses, chemical and radiologic emergencies, natural hazards, and conflicts. It considers the human security approach to building coherent intersectoral policies to protect and empower people to increase community resilience against critical and pervasive threats. **Source: PAHO Website, accessed May 30, 2017.**

⁵ The human security approach is a means of protecting individuals from critical and pervasive (widespread) threats and situations in which their survival, livelihood, and dignity are seriously threatened. It also emphasizes the relationship between security, development, and human rights, as well as the strengths of individuals. **Source PAHO Technical Report: Human Security Implications for Public Health.** http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=18608&lang=en

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Pathway to Success

COUNTRY COOPERATION STRATEGY, TRINIDAD AND TOBAGO 2017-2021

The CCS Trinidad and Tobago outlines the medium-term vision that guides PAHO's work with the Government of the Republic of Trinidad and Tobago in support of the country's national health priorities. The Strategic Priorities of the CCS are also aligned to the PAHO Strategic Plan 2014-2019, "Championing Health: Sustainable Development and Equity", to the health and health-related Sustainable Development Goals (SDGs). The CCS was developed through a process of consultation with the Ministry of Health and other key stakeholders. PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty.



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