

## Trinidad and Tobago



Trinidad and Tobago is a twin-island democratic republic located off the north coast of Venezuela in the Caribbean Sea. The country achieved independence from Britain in 1962, followed by Republican status in 1976; however, it remains a member of the British Commonwealth. Its Constitution provides for the separation of powers of the three branches of government and the country is organized into thirteen administrative areas, Tobago being administered separately by the Tobago House of Assembly. An economic boom due to the natural oil and gas reserves, with the energy sector being the main driver, is currently benefiting the country. Tourism is another important economic sector in the island of Tobago and nationally. The poverty level has declined since 1993 which was estimated at 35.9%, to 22% in 1997. This was particularly prevalent among the unemployed, female-headed households, and those with lower educational levels.

### HEALTH & DEVELOPMENT

Significant progress in improving the health status of the population in Trinidad & Tobago has occurred. However, Chronic Non-Communicable Diseases (CNCD), external and self-inflicted injuries, and HIV/AIDS remained consistently as the leading causes of death with an increasing trend up to 2000. Risk factors related to behaviour and lifestyles contribute to the high incidences of CNCDs. In 2000, diabetes mellitus, malignant neoplasm, and cerebrovascular disease accounted for 67% of all deaths in the country. HIV/AIDS is a major issue with a current estimated prevalence rate among adults of 3.2%. Consequently, HIV/AIDS has received increasing attention over the past five years with the introduction of the National AIDS Coordinating Committee and the development of the National HIV/AIDS Strategic Plan for 2004-2008. Certain violent offences have increased over the past five years including murder, kidnapping, rape and incest. The population mainly victimized by the first two causes are males aged 15-49.

The health sector development challenges identified are diverse, but the priority challenges are categorized by critical areas that include: planning and policy development – the regulatory framework; health information systems, epidemiological surveillance, data analysis, and the use of information for decision-making; human resources in the public and appropriate competencies; the development of the health system and services; and the coordination, follow-up and networking at the local level for regional and global commitments. A major challenge in the current health system includes not having a health workforce that corresponds in quantity, competency and quality to the current and projected health needs of the population, due to inadequate human resource planning.

Infant mortality has increased from 10.5/1,000 live births in 1990 to 21.2 in 2000. The majority of deaths are observed during the perinatal and neonatal period and prematurity was the main cause of neonatal deaths. The need has been identified to address and improve the quality of health care for pregnant women, including issues of low birth weight babies, reduction of exclusive breastfeeding, and iron deficiency anaemia.

A policy decision to achieve developed nation status for the country by 2020 ("Vision 2020") has been taken by the Government. Seven goals for health have been developed to harmonize with the Health Sector Reform Programme. This programme was intended to bring about fundamental changes through the strengthening of the leadership role of the Ministry of Health (MoH), development of health systems, and implementation of the Regional Health Authorities (RHA) Act of 1994. However, implementation has been challenging.

Total population <sup>1</sup>	1.3 million
Population distribution % urban <sup>2</sup>	76.2%
Life expectancy at birth <sup>1</sup>	70.0
Total (years)	67.5
Male	72.6
Female	
Maternal mortality ratio per 100,000 live births (2000) <sup>3</sup>	54
Infant mortality rate per 1,000 live births <sup>1</sup>	24.2
Total expenditure on health as % of GDP (2001) <sup>4</sup>	4%
General government expenditure on health as % of general government expenditure (2001) <sup>4</sup>	6.4%
Human Development Index Rank out of 177 countries (2004) <sup>5</sup>	57
Gender-related Development Index Rank (2004) <sup>5</sup>	48
Gross National Income (GNI) per capita US\$ (2004) <sup>1</sup>	\$8,730
Human Poverty Index Rank for Developing Countries (HPI-1) <sup>5</sup>	17
Adult (15+) literacy rate <sup>1</sup>	
Total	98.8%
Male	99.2%
Female	98.4%
% population with sustainable access to improved drinking water (2002) <sup>1</sup>	77%
% population with sustainable access to improved sanitation (2002) <sup>1</sup>	100%

Sources:

<sup>1</sup>Health Situation in the Americas; Basic Indicators 2006; PAHO/WHO

<sup>2</sup>Health Situation in the Americas; Basic Indicators 2005; PAHO/WHO

<sup>3</sup>World Health Report 2004

<sup>4</sup>PAHO. Promoting Health in the Americas – Country Health Profile, T&T, 2001 accessed at [www.paho.org/English/SHA/prfltrt.htm](http://www.paho.org/English/SHA/prfltrt.htm)

<sup>5</sup>Human Development Report 2006

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Favorable climate for mobilizing financial resources within health sector</li> <li>Heightened focus on/interest in the Caribbean region regarding health-related issues</li> <li>Increased involvement with RHAs for technical cooperation</li> <li>Construction of the MoH new headquarters will provide for improved Country Office facilities</li> </ul>	<ul style="list-style-type: none"> <li>Need for strengthened technical, managerial and implementation capacities in the health system</li> <li>Need for strengthened evidence-based decision making</li> <li>Inflationary pressures and deterioration of social environment</li> </ul>

## PARTNERS

PAHO/WHO has established strong working relations with key public sector partners, agencies, and Non-Governmental Organizations (NGOs). Though the Ministry of Health (MoH) remains the primary interlocutor, cooperation has been established with the agencies under the responsibility of the Ministries of Public Utilities, Agriculture, Education, National Security, Social and Community Development, and Culture and Gender Affairs. The working relationship with the Ministry of Health dates back to the signing of the Basic Agreement for the Provision of Technical Advisory Assistance in 1964 between the WHO and the Government of Trinidad and Tobago. This Agreement remains current and constitutes the legal framework for the presence of PAHO/WHO and the Technical Cooperation Programme.

PAHO/WHO's work as an integral partner of the UN Country Team (UNCT) has been within the framework of the Common Country Assessment and the United Nations Development and Assistance Framework (UNDAF). There has been a strengthening of the UNCT over recent years and coordination mechanisms have been defined and are currently operational. These include the theme groups on HIV/AIDS, Millennium Development Goals (MDGs), Disaster Preparedness and Management, the Security Management Team, Administration, and the Operational Management Team. The Country Office continues to strengthen its partnership with NGOs.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Increased partnerships/networking with stakeholders</li> <li>• Increased inter-agency collaboration</li> <li>• Access to specialized expertise through WHO/PAHO networks</li> </ul>	<ul style="list-style-type: none"> <li>• Need to strengthen information systems to inform policy development/analysis and planning</li> <li>• High turnover among national counterparts</li> <li>• Need to strengthen disaster/emergency preparedness and mitigation</li> <li>• Industrial actions(s) in health sector impacting on health care delivery</li> </ul>

## PAHO/WHO STRATEGIC AGENDA: Goals for Trinidad and Tobago (2006-2009)

The PAHO/WHO strategic agenda addresses individual and collective needs of the countries and territories, their health and development challenges, and collective agreements for joint action as outlined in the Country Cooperation Strategy (CCS) which is in alignment with Vision 2020. The strategic agenda is based on PAHO/WHO's comparative advantage in addressing the priority health sector development challenges.

- **Improve the general health status of the population.** Promote primary health care; Decrease maternal and infant mortality and increase life expectancy; Protect the environment, reduce pollution and provide a safe water supply.
- **Enhance the management of communicable and non-communicable diseases.** Improve the prevention, control and treatment of communicable and non-communicable diseases; Improve the quality of mental well-being among the population.
- **Improve the performance of health care delivery systems.** Health policy development and strategic planning; Utilize appropriate technology for information, science, health care and medicine; Promote a sustainable financial base for the health sector; Human resources for health development and management.
- **Improve the quality of health services.** Reduce medical errors; Increase the appropriate use of effective health care services; Increase consumer understanding and use of health care quality information; Improve consumer and patient protection.
- **Unify the delivery of health care services.** Promote private/public sector collaboration; Promote integration among health services.
- **Strengthen the health research system to facilitate evidenced-based decision-making, policy formulation, new learning and development.**

