Head 28: Ministry of Health

A summary of the Ministry’s Expenditure, Divisions and Projects
Financial Scrutiny Unit, Parliament of the Republic of Trinidad and Tobago

2017-2018
# Table of Contents

About this Guide.........................................................................................................................4
Head 28: Ministry of Health.......................................................................................................5
Ministry’s Overview.....................................................................................................................5
Divisions and Units....................................................................................................................8
State Enterprises, Statutory Boards and Other Bodies ...........................................................12
Key Statement from 2016 Standing Finance Committee Debate ........................................22
Where the Ministry spends its money ....................................................................................23
2017-2018 Estimates of Recurrent Expenditure ....................................................................23
Summary of Recurrent Expenditure for the period 2012 – 2018 .........................................24
Staff and Pay ............................................................................................................................29
Summary of Ministry of Health’s Special Programmes for the period 2012 – 2018 ..........30
The Ministry’s total allocation as a percentage of the National Budget for the period 2012 to 2018. ..........................................................31
Analysis of Summary of Expenditure ....................................................................................32
Summary of Development Programme Expenditure for the period 2012-2018 ................33
Noteworthy Development Programme Estimates in 2017-2018 ........................................35
Status of New Projects from the Financial Year 2016-2017 ................................................36
New Projects for the Financial Year 2017-2018 ................................................................37
Major Programmes and Development for the Period 2016 to 2018 .................................38
Auditor General Report Finding for the Fiscal Year 2016 ....................................................39
About this Guide

This guide provides a summary of expenditure for the Ministry of Health for the period 2012-2018. It provides the Members of Parliament and stakeholders with an overview of the Ministry’s responsibilities. The primary purpose of this guide is to consolidate the information contained within the various Budget Documents pertaining to the Ministry of Health and provide readers with an analysis of same. This guide is based primarily on the Draft Estimates of Recurrent Expenditure, the Estimates of Development Programme, the Public Sector Investment Programme and the Auditor General’s Report on the Public Accounts of the Republic of Trinidad and Tobago for the fiscal year 2016.
Head 28: Ministry of Health

Ministry’s Overview

Mission
The Ministry’s mission is to provide effective leadership for the health sector by focusing on evidence-based policy making; planning; monitoring; evaluation; collaboration and regulation. The Ministry of Health establishes national priorities for health and ensures an enabling environment for the delivery of a broad range of high quality, people-centred services from a mix of public and private providers.

Vision
The Ministry of Health is a people-centred, caring, proactive institution that assures standards of excellence are achieved by all stakeholders that promote, protect and improve the health status of the people of Trinidad and Tobago.

Minister of Health: The Honourable Terrence Deyalsingh, MP
Permanent Secretary: Ms. Donna Ferraz

The Ministry of Health is the national authority charged with the oversight of the health system of Trinidad and Tobago, playing a central role in the protection of the population’s health. The Ministry’s core function is to ensure that all organisations and institutions which provide health related goods and services follow the regulatory standards of safety. While the Ministry of Health does not directly run health agencies; it empowers health facilities in Trinidad and Tobago to operate autonomously.

Responsibility for the provision of health care services in Trinidad and Tobago was devolved from the Ministry of Health to Regional Health Authorities (RHAs) with the passing of the Regional Health Authorities Act No. 5 in 1994. RHAs are autonomous bodies that own and operate health facilities in their respective Regions. Today, five (5) RHAs deliver public health care services to the population of Trinidad and Tobago. They are:

- North West Regional Health Authority (NWRHA);
- North Central Regional Health Authority (NCRHA);
- South West Regional Health Authority (SWRHA);
- Eastern Regional Health Authority (ERHA) and
- Tobago Regional Health Authority (TRHA).

Ministerial Responsibilities

The Ministry of Health is assigned the following areas of responsibility as published in the Trinidad and Tobago Gazette:

### Business and Departments of Government

<table>
<thead>
<tr>
<th>Business and Departments of Government</th>
<th>National Blood Transfusion Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Services</td>
<td>National Alcohol and Drug Abuse Prevention Programme</td>
</tr>
<tr>
<td>Drug Inspectorate</td>
<td>National Health Insurance System</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>Nursing Services</td>
</tr>
<tr>
<td>Family Planning Education and Services</td>
<td>Nutrition Services</td>
</tr>
<tr>
<td>Food and Drug Administration</td>
<td>Paramedical Services</td>
</tr>
<tr>
<td>Health Centres</td>
<td>Private Health Facilities (including standards and regulation)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>HIV/AIDS Coordination</th>
<th>Public Health Education and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insect Vector Control</td>
<td>Tobacco Control</td>
</tr>
<tr>
<td>Medical Laboratory Services (including standards for regulation of private Lab facilities)</td>
<td>Veterinary Public Health</td>
</tr>
<tr>
<td>Medical Services–Tertiary, Secondary, Primary</td>
<td>Public Health (Policy and Standards)</td>
</tr>
<tr>
<td>Mental Health Care Services</td>
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</tr>
</tbody>
</table>

### Statutory Boards and Other Bodies

<table>
<thead>
<tr>
<th>Boards regulating the Practice of Medicine and Related Professions</th>
<th>North Central Regional Health Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s LIFE Fund Board of Management</td>
<td>North West Regional Health Authority</td>
</tr>
<tr>
<td>Dental Council of Trinidad and Tobago</td>
<td>Nurses and Midwives Council of Trinidad and Tobago</td>
</tr>
<tr>
<td>Drug Advisory Committee</td>
<td>Opticians Council of Trinidad and Tobago</td>
</tr>
<tr>
<td>Eastern Regional Health Authority</td>
<td>Pesticides and Toxic Chemicals Board</td>
</tr>
<tr>
<td>Emergency Medical Personnel Council of Trinidad and Tobago</td>
<td>Pharmacy Council of Trinidad and Tobago</td>
</tr>
<tr>
<td>Food Advisory Committee</td>
<td>Princess Elizabeth Home for Handicapped Children</td>
</tr>
<tr>
<td>Medical Council of Trinidad and Tobago</td>
<td>South West Regional Health Authority</td>
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<tr>
<td>National Emergency Ambulance Service Authority</td>
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</tbody>
</table>
Divisions and Units

Insect Vector Control Division
There are several diseases that are transmitted by insects or other organisms in Trinidad and Tobago that are potentially hazardous to the health of citizens. Some of these diseases include dengue fever, malaria, yellow fever, West Nile virus, and hairy-moth infestation (which causes allergic skin reactions and respiratory ailments). Insects, animals or other organisms that are capable of spreading disease to humans are called vectors. The Insect Vector Control Unit of the Ministry of Health monitors and controls these insect and organism vectors. The Unit also works in areas that have been flooded to prevent outbreaks of disease.  

HIV/AIDS Coordination Unit (HACU)
The HACU is responsible for policy formulation, standard setting, funding, regulatory functions and coordination of HIV/AIDS related activities under the five Regional Health Authorities (RHAs). This unit offers advice on policy direction, and monitors and evaluates the implementation of the Ministry of Health’s response to the HIV epidemic in Trinidad and Tobago. The HACU has four areas of focus and the department’s objectives are centred around: prevention; treatment, care and support; advocacy and human rights; and strategic information.

Occupational Health Unit
This Unit conducts surveys to assess occupational health and safety conditions in industrial establishments and advice is given where necessary. A register of these industries is compiled by the Unit. Assessments and investigations of occupational health and safety issues are free of charge and are conducted by the County Medical Officers of Health. Employers and employees can seek how to create a safe workplace or lodge complaints about unsafe working practices. You don't have to wait until there is an obvious

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hazard to lodge a complaint. Your CMOH (County Medical Officer of Health) can help you avoid potential hazards and prevent workplace accidents and illness.5

**Nutrition and Metabolism Division**

This Unit consists of Food demonstrators who conduct visits to Health Centres/Clinics, schools, NGO's. The Unit is also geared towards encouraging healthy eating habits and lifestyles promoting the development of skills achieved by individuals. The unit’s core functions include providing lectures, food demonstrations, and displays to encourage the public to participate in food preparation activities to meet their nutritional needs.6

**Tobacco Control Unit**

The Unit falls under the purview of the Ministry of Health and seeks to enhance the public’s awareness of the hazards of tobacco consumption, and to provide persons with information to make fully-informed decisions about tobacco use. Pursuant to Part II of the Act the Tobacco Control Unit was created with the mandate for ensuring that the appropriate legal framework, policies and relevant structures are in place to facilitate tobacco control measures in order to protect the health and safety of our citizens, whilst simultaneously contributing to policy at the international level. There are serious concerns regarding the impact of advertising, promotions and sponsorship on tobacco use, illicit manufacturing, trade and sale to young children. The Unit’s vision is for a Tobacco-free Trinidad and Tobago. Its vision is to foster individual, community and government responsibility to prevent and reduce tobacco use by enabling multi-sectoral participation in the tobacco control.7

Chemistry Food and Drugs Division

The CFDD is the local regulatory and standards monitoring agency that monitors all aspects of the importation, manufacture, storage, distribution, sale, fraud and deception in labelling and marketing, and disposal of food and drugs. Inspection and approval must be sought prior to the importation, manufacture or sale of the particular food or drug. This process ensures the quality, purity and safety of food and drugs imported or manufactured in Trinidad and Tobago. The CFDD is comprised of three main units: Food and Drug Inspectorate, Pesticides and Toxic Chemicals Inspectorate, and Laboratory Services. Any person, broker or business wishing to import, manufacture or sell food or drugs in Trinidad and Tobago must have them inspected and approved by the Chemistry, Food and Drugs Division (CFDD) of the Ministry of Health.8

National Organ Treatment Unit

The National Organ Transplant Unit was established in January 2006 with a mandate to facilitate the safe and equitable transplantation of organs and tissue to patients living with organ failure in accordance with internationally acceptable standards. Trinidad and Tobago is currently the only Caribbean country that has the appropriate legislation that allows transplants to be performed and the only Caribbean country performing the same in a structured manner.9

Mental Health Unit (MHU)

A Mental Health Programme is actually a focused intervention for achieving a specific, often short term goal. An integral component of the MHP is the ‘mental health plan’. This is a more detailed pre-formulated scheme for implementing strategic actions. The policies and plans within the programme are engineered to improve the quality of services, accessibility, community care, the participation of consumers and families and the mental health level of citizens of Trinidad and Tobago. The MHU directs

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and coordinates the implementation of the activities of the MHP in the MoH’s annual action plan. The unit roles and functions include:

- Facilitating the operationalization of the MH Policies and includes provisions for children and adolescents;
- Coordinating the process of updating the MH legislation according to the MH Policy;
- Developing guidelines for quality assurance in mental health care, as part of the delivery of relevant services at the regional level;
- Monitoring and evaluating programme performance at the regional and national level;
- Advising the CMO on training needs to ensure that they are updated with the new developments;
- Ensuring the development of MHIS at all levels;
- Guiding the implementation of public awareness and
- Assisting with the development of a National Plan for delivery of MHS during disasters and emergencies.\(^\text{10}\)

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State Enterprises, Statutory Boards and Other Bodies

The Children’s Life Fund Board of Management

The Children’s Life Fund is a charitable fund that was established by the Government of the Republic of Trinidad and Tobago in November 2010 by Act of No. 12 of 2010. The Children’s Life Fund Authority (CLFA) is the body bestowed with the responsibility to operate, manage and administer the Children’s Life Fund. The functions of the Authority are to—

(a) operate, manage and administer the Children’s Life Fund;

(b) facilitate the provision of specialist medical treatment to children suffering from life threatening illnesses for which the required treatment is unavailable at a local medical institution;

(c) manage the Life Unit; and

(d) collect and invest funds.  

Dental Council of Trinidad and Tobago

The Dental Council of Trinidad and Tobago is elected by, and responsible for managing the Dental Board of Trinidad and Tobago. The Dental Board refers to all registered dentists and dental auxiliaries. The Council was formed in accordance with the Dental Profession Act. This Act outlines the role and functions of the Council which include:

- To register Dentists and Dental Auxiliaries
- To ensure the maintenance of proper standards of professional conduct by Dentists and Dental Auxiliaries
- To hold inquiries into allegations of improper or unprofessional conduct by Dentists and Dental Auxiliaries

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Drug Advisory Committee

The Minister of Health under the Food and Drugs Act establishes in the interest and for the protection of public health, a Drug Advisory Committee to assist and advise him with respect to:

- drug standards, schedules of drugs, conditions of sale of drugs; and
- cosmetic standards, labelling of cosmetics, and any other matters connected therewith. The Drug Advisory Committee recommends to the Honorable Minister of Health, products for Approval.¹⁴

Eastern Regional Health Authority

The Eastern Regional Health Authority (ERHA) provides health care for the catchment population of approximately 120,000 from Matelot in the North to Guayaguayare, Rio Claro & Brothers Road in the South to Valencia in the East. This range covers approximately one-third of the land mass of Trinidad.

The ERHA is responsible for the administration and management of the:

- Sangre Grande Hospital;
- Mayaro District Health Facility; and
- A network of 15 Health Centres.¹⁵

The Mission of the ERHA is to develop resources and execute on plans which build an enabling environment for the delivery of a broad range of high quality people-centered health care services in support of the strategic goals of the Ministry of Health.¹⁶

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Emergency Medical Personnel Council of Trinidad and Tobago
Under the Emergency Ambulance Services and Emergency Medical Personnel Act; the Emergency Medical Personnel Board shall—

(a) register emergency medical personnel;
(b) keep and review a Register of Emergency Medical Personnel;
(c) add names to or remove names from the Register of Emergency Medical Personnel;
(d) regulate the Emergency Medical Personnel profession;
(e) develop standards of practice for health service providers in respect of ambulance services and emergency medical services;
(f) develop competency programmes to continually assess fitness to practice;
(g) review the continued competence of emergency medical service providers;
(h) develop standardized medical direction for emergency medical technicians;
(i) prescribe Health and training requirements for all levels of Emergency Medical personnel;
(j) prescribe annual continuing Health training; and
(k) discipline its members.¹⁷

Food Advisory Committee
The Minister of Health under the Food and Drugs Act has established in the interest and for the protection of public health a Food Advisory Committee to assist and advise him with respect to food standards, labelling and other matters connected with the manufacture and distribution of food. The committee shall be representative of lay and professional interests and shall comprise such persons as by reason of their knowledge, interest and experience are considered suitable for appointment thereto.¹⁸

Medical Council of Trinidad and Tobago

The Medical Council is appointed by the Minister in accordance with the Medical Board. The Council, subject to the approval of the Board, shall have power to make such rules or regulations as it deems necessary for carrying the purposes and provisions of the Medical Board Act into effect, and, without restricting the generality thereof for all or any of the following purposes:

- for the good government of the Board and for the proper conduct of its affairs;
- for regulating the time, manner and place of meetings of the Board and the Council and the proceedings thereof;
- for the conduct of elections including the manner of voting thereat, and all other matters arising out of or incidental to the elections as provided for in this Act;
- with respect to the fees for registration or for the issue of a temporary licence and the amount of any annual or special fees to be paid by members;
- with respect to the determination of the professional qualification and experience including internship required of an applicant for registration or for a temporary licence, and to proof of professional conduct and general fitness to practise medicine;
- for regulating the manner of applying and using the funds of the Board;
- for prescribing anything required or authorized to be prescribed;
- for prescribing in respect of any contravention thereof or failure to comply therewith a penalty not exceeding a fine or three hundred dollars or imprisonment for three months on summary conviction.

No rule or regulation shall come into force or have effect until it has been approved by the Minister.\(^{19}\)

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National Emergency Ambulance Service Authority

(1) The Authority shall undertake the following functions:
   a) Responsibility for the delivery of a national emergency ambulance service; and
   b) Monitor and evaluate its services.

(2) Notwithstanding the generality of subsection (1), the Authority shall have the following functions in respect of the delivery of emergency health care services to:
   a) Develop a communication system for the national emergency ambulance services;
   b) Develop a coordinated trauma care system through the integration of emergency care facilities into the emergency medical services system consistent with the minimum standards and protocols for prehospital triage and treatment, destination policies and inter-facility transfer policies;
   c) Monitor the quality of the emergency medical services purchased or provided;
   d) Establish a complaint review committee for the effective management of matters that may give rise to a risk to health or safety of patients;
   e) Develop and monitor a system of optimal fleet management which shall include purchase, upkeep and maintenance of ambulances;
   f) Develop, monitor and implement disaster preparedness programmes;
   g) Ensure the provision of continuous and uninterrupted emergency and ambulance service;
   h) Liaise with the Ministry with responsibility for disaster preparedness management;
   i) Develop quality improvement programmes and risk management systems; and
   j) Develop public information and Health programmes relating to the National Ambulance Service.20

The North Central Regional Health Authority (NCRHA)

The North Central Regional Health Authority (NCRHA) is responsible for the management and operation of the following Health Facilities:

- Eric Williams Medical Sciences Complex
- Mount Hope Women’s Hospital
- Caura Hospital
- Arima Health Facility
- Chaguanas Health Facility
- Tacarigua Extended Care Facility
- Twelve (12) Health Centres and one (1) Outreach Centre
- With two of our Hospitals, Eric Williams Medical Sciences Complex and Mount Hope Women’s Hospital, being tertiary or teaching health institutions, the NCRHA is poised to provide service excellence to the public.**

The North West Regional Health Authority (NWRHA)

The North West Regional Health Authority is responsible for the management of the country’s foremost health institutions. Under its purview are three major hospitals: Port-of-Spain General Hospital, St. Ann’s Psychiatric Hospital and St. James Medical Complex and a network of sixteen health centres and one district health facility located in two counties: St. George West and St. George Central. They offer Primary, Secondary and Tertiary health care. The NWRHA is responsible for some four thousand and eighty eight (4088) staff members. The mission of the NWRHA is to provide a comprehensive, compassionate and equitable quality health care in an environment of dignity and respect.**

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** North Central Regional Health Authority, Ministry of Health website, accessed on August 30, 2017  

** North West Regional Health Authority website, accessed on August 30, 2017  
http://www.nwrha.co.tt/about-us/
South West Regional Health Authority (SWRHA)
The South West Regional Health Authority (SWRHA) is responsible for the administration and management of the San Fernando General Hospital, Area Hospital Point Fortin, the Princes Town District Health Facility, Couva District Health Facility and 33 Health Centres scattered throughout the region. The boundaries of the SWRHA cover more than one third of the land surface of Trinidad, extending from Couva in the North to Icacos in the South West, Moruga in the South East and Tabaquite in the North West. The population in this region is approximately five hundred thousand (500,000). The Authority’s vision is to be a dynamic, people-focused, quality driven health care organisation providing comprehensive health care in a safe and healthy environment.²³

The Nursing Council of Trinidad and Tobago
The Nursing Council of Trinidad and Tobago is the recognized Body incorporated by law for the regulation of the nursing and midwifery professions and the protection of the public. It is mandated to assure excellence in nursing Health, administration and practice. The Nursing Council of Trinidad and Tobago (NCTT) was established in June 1950 by the Nurses and Midwives Registration Ordinance (since repealed) and continued under the Nurses and Midwives Registration Act No. 33 of 1960 now Chapter 12 No. 19. This Act provides for “the Registration of Nurses, Midwives and Nursing Assistants, arid for other matters connected therewith.” ²⁴

The Opticians (Registration) Council of Trinidad and Tobago
The Trinidad and Tobago Optician (Registration) Council (TTORC) is the statutory body appointed by the Ministry of Health to regulate the professions of optometry and dispensing optics in Trinidad and Tobago. It is mandatory to register with the Council

²⁴ Nursing Council of Trinidad and Tobago website, accessed on August 30, 2017 http://ttnursingcouncil.org/about-us/
before practicing either as an optometrist or dispensing optician in Trinidad and Tobago. The Council shall prescribe of all persons whom the Council shall direct to be registered under the Opticians Registration Act.

The Council may, with the approval of the Minister, make such Regulations as it considers necessary for carrying the purposes and provisions of the Opticians Registration Act into effect, and without restricting the generality, may make Regulations for all or any of the following purposes:

(a) for prescribing a code of ethics to be observed by persons registered under this Act;
(b) for the good government of the Council and for the proper conduct of its affairs;
(c) for regulating the time, manner and place of meeting of the Council and the proceedings thereof;
(d) for regulating the manner of applying and using the funds of the Council;
(e) controlling the operations and defining the functions of manufacturing opticians;
(f) for prescribing anything required or authorised to be prescribed;
(g) for prescribing in respect of any contravention or failure to comply a penalty on summary conviction of a fine of five hundred dollars or imprisonment for three months.

Pharmacy Council of Trinidad and Tobago
Subject to the Pharmacy Board Act and the Regulations, the Council shall have sole control and management of the property of the Pharmacy Board and the affairs of the Pharmacy Board shall be managed by the Council. The objects of the Council shall be—

(a) to promote and encourage proper conduct amongst pharmacists;
(b) to promote good relations between pharmacists and doctors;
(c) to suppress illegal, dishonourable, improper and objectionable practices amongst pharmacists;

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(d) to preserve and maintain the professional status and integrity of pharmacists;
(e) to publish or distribute in any manner the Council thinks fit publications relevant to the profession;
(f) Generally to promote in any manner which the Council thinks fit the interest of the profession.

The Council shall, from time to time, make Rules for all or any of the following purposes:

(a) the regulation and good government of the Board and of the members and affairs of the Board;
(b) prescribing the limits within which any pharmacist may give advice in his professional capacity to members of the public;
(c) prescribing a code of ethics and rules of discipline in respect of pharmacists;
(d) regulating the sale of drugs by pharmacists and requiring or prohibiting the use by pharmacists of specified methods of
   selling drugs or soliciting orders for drugs;
(e) the holding of meetings of members of the Board;
(f) Prescribing rules of discipline in respect of temporary licence holders and generally for the purpose of carrying into full
   effect the objects of the Council.27

Pesticides and Toxic Chemicals Board

The functions of the Board shall be —

(a) To determine all applications for Pesticides and Toxic Chemicals registration, licences, research permits, and general
   research permits, within a reasonable time after the applications are received;
(b) To grant, or cancel registration, licences, or permits in circumstances where the Board deems it fit to do so;
(c) To advise the Minister on matters relevant to the making of regulations under the Pesticides and Toxic Chemicals Act;
(d) To advise on and monitor the implementation of those regulations; and
(e) To furnish such returns as the Minister may from time to time require.28

The Princess Elizabeth Home for Handicapped Children Association

The functions of the Princess Elizabeth Home for Handicapped Children Association are:

(a) To establish and maintain a convalescent Home for the physically handicapped children (other than blind or mentally defective or deaf and dumb) of Trinidad and Tobago.

(b) To provide Health, treatment, training and rehabilitation for such physically handicapped children.

(c) To assist, develop, extend and co-ordinate the activities of agencies (public or private) institutions and associations for physically handicapped children now operating or hereafter to be established, which may be deemed advantageous to and for the welfare of the physically handicapped children of Trinidad and Tobago.

(d) To co-operate with any other institution or association having objects similar in whole or in part to those of the Association.

(e) To do all such other acts and things as are incidental to the attainment of the objects of the Association, and generally to promote the best interests of physically handicapped children of Trinidad and Tobago.\(^29\)

\(^{29}\)Princess Elizabeth Home for Handicapped Children Association (Incorporation) Act, Chap. 29:04, accessed on August 30, 2017
Key Statement from 2016 Standing Finance Committee Debate  
During the Standing Finance Committee debate of 2017, the following statement was made in relation to the emphasis of the Ministry of Health for fiscal year 2016/2017\textsuperscript{30}:  

“The vision at the Ministry of Health is to, as far as humanly possible, be a people-centred, caring, proactive institution that assures certain standards of care to be achieved through sound and effective leadership, evidenced policy making, effective planning, monitoring and evaluation and collaboration with stakeholders.

The Ministry’s priority areas for 2017 include:

- a renewed dedicated comprehensive focus on addressing the burden of non-communicable disease;
- strengthening of the maternal and child health service delivery model of care;
- effective appropriate and compassionate care of the elderly with a focus on promoting healthy ageing;
- protection of an unobstructed equitable access of care to our vulnerable populations;
- improved modern paradigm for the delivery of mental health services;
- ensuring a safer and healthier environment through strengthened environmental health policy and expansion and mainstreaming of dental services in the RHA and the community.

-Minister of Health

\textsuperscript{30} Standing Finance Committee Hansard of Ministry of Health 18 Oct 16, Accessed September 7, 2017
Where the Ministry spends its money

2017-2018 Estimates of Recurrent Expenditure

The budget allocation for the Ministry of Health is comprised of:

- The Draft Estimates of Recurrent Expenditure in the sum of $5,105,488,890;
- The Draft Estimates of Development Programme in the sum of $485,000,000
  - Consolidated Fund in the sum of $198,000,000; and
  - Infrastructure Development Fund\(^{31}\) in the sum of $287,000,000.

The Estimates of Recurrent Expenditure include:

- 01 Personnel Expenditure; - $223,822,100;
- 02 Goods and Services; - $849,220,500;
- 03 Minor Equipment Purchases; $1,877,200;
- 04 Current Transfers and Subsidies; $4,018,839,490; and
- 06 Current Transfers to Statutory Boards and Similar Bodies $11,729,600.

The Ministry of Health’s:

- Recurrent Expenditure as a percentage of the total Recurrent Expenditure budget is 9.72%;
- Consolidated Fund as a percentage of the total Consolidated Fund is 8.09%; and
- Infrastructure Development Fund as a percentage of the total Infrastructure Development Fund is 10.73%.

\(^{31}\) Head 18 – Ministry of Finance, Sub-Head 04 – Current Transfers and Subsidies, Sub-Item 11- Infrastructure Development Fund (IDF) (Infrastructure Development Fund allocation is part of the Ministry of Finance allocation for the financial year. Therefore, the total recurrent expenditure for the Ministry of Health does not include IDF funding.)
Summary of the Ministry of Health's Recurrent Expenditure for the period 2012 – 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>2012</th>
<th>2013</th>
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<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>01 Personnel Expenditure</td>
<td>215,252,980</td>
<td>241,986,908</td>
<td>220,603,677</td>
<td>278,868,433</td>
<td>216,518,511</td>
<td>213,554,415</td>
<td>223,822,100</td>
</tr>
<tr>
<td>02 Goods and Services</td>
<td>800,727,177</td>
<td>830,942,944</td>
<td>828,986,079</td>
<td>900,083,500</td>
<td>728,336,312</td>
<td>768,311,070</td>
<td>849,220,500</td>
</tr>
<tr>
<td>03 Minor Equipment</td>
<td>2,911,508</td>
<td>3,597,177</td>
<td>6,085,354</td>
<td>1,879,985</td>
<td>1,173,337</td>
<td>1,098,600</td>
<td>1,877,200</td>
</tr>
<tr>
<td>06 Current Transfers to Stat.Brds.&amp;Similar Bodies</td>
<td>4,789,190</td>
<td>10,587,691</td>
<td>9,748,254</td>
<td>12,989,800</td>
<td>10,614,010</td>
<td>11,493,730</td>
<td>11,729,600</td>
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- Actual
- Revised Estimates
- Estimates
2012 Actual

- 01 Personnel Expenditure: 72%
- 02 Goods and Services: 22%
- 03 Minor Equipment: 6%
- 04 Current Transfers and Subsidies: 0%
- 06 Current Transfers to Stat.Brds.&Similar Bodies: 0%

2013 Actual

- 01 Personnel Expenditure: 74%
- 02 Goods and Services: 20%
- 03 Minor Equipment: 6%
- 04 Current Transfers and Subsidies: 0%
- 06 Current Transfers to Stat.Brds.&Similar Bodies: 0%
2018 Estimates

- 01 Personnel Expenditure: 79%
- 02 Goods and Services: 17%
- 03 Minor Equipment: 4%
- 04 Current Transfers and Subsidies: 0%
- 06 Current Transfers to Stat.Brds.&Similar Bodies: 0%
Staff and Pay

The allocation of staff expenditure for the year 2018 was $375,166,100, which represents a decrease of approximately 6.31% from the last fiscal year 2017. The diagram below provides a breakdown of all expenditure related to staff from 2016 – 2018.

![Summary of Staff and Pay Expenditure of the Ministry of Health](image)

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Summary of Ministry of Health’s Special Programmes for the period 2012 - 2018

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<tbody>
<tr>
<td>Special Programme - HIV/AIDS</td>
<td>8,305,829</td>
<td>5,800,000</td>
<td>5,577,763</td>
<td>5,046,001</td>
<td>6,127,356</td>
<td>2,995,578</td>
<td>-</td>
</tr>
<tr>
<td>Special Programme - Treatment of Adult Cardiac Diseases</td>
<td>19,213,362</td>
<td>12,529,970</td>
<td>6,373,012</td>
<td>2,404,257</td>
<td>17,623,796</td>
<td>20,000,000</td>
<td>20,000,000</td>
</tr>
<tr>
<td>Special Programme - Renal Dialysis</td>
<td>24,355,150</td>
<td>23,010,900</td>
<td>28,530,400</td>
<td>20,453,500</td>
<td>18,606,700</td>
<td>24,000,000</td>
<td>24,000,000</td>
</tr>
<tr>
<td>Total</td>
<td>51,874,341</td>
<td>41,340,870</td>
<td>40,481,175</td>
<td>27,903,758</td>
<td>42,357,852</td>
<td>46,995,578</td>
<td>44,000,000</td>
</tr>
</tbody>
</table>
The Ministry’s total allocation as a percentage of the National Budget for the period 2012 to 2018.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Allocation</th>
<th>National Budget</th>
<th>Percentage of National Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$3,756,747,690.00</td>
<td>$55,718,271,573.00</td>
<td>7%</td>
</tr>
<tr>
<td>2013</td>
<td>$4,273,695,661.00</td>
<td>$59,174,226,196.00</td>
<td>7%</td>
</tr>
<tr>
<td>2014</td>
<td>$4,315,814,525.00</td>
<td>$65,020,886,424.00</td>
<td>7%</td>
</tr>
<tr>
<td>2015</td>
<td>$4,402,577,140.00</td>
<td>$61,966,922,675.00</td>
<td>7%</td>
</tr>
<tr>
<td>2016</td>
<td>$4,679,445,679.00</td>
<td>$56,573,913,053.00</td>
<td>8%</td>
</tr>
<tr>
<td>2017</td>
<td>$5,286,974,473.00</td>
<td>$55,598,436,942.00</td>
<td>10%</td>
</tr>
<tr>
<td>2018</td>
<td>$5,303,488,890.00</td>
<td>$54,955,041,591.00</td>
<td>10%</td>
</tr>
</tbody>
</table>

- Total allocation for the Ministry as a percentage of the National Budget illustrated an equal allocation to the Ministry of Health between the period 2016/2017 and 2017/2018.

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33 For the Fiscal Years 2012-2016, actual figures were used to calculate the total allocation. However, estimates were used to calculate the total allocation for the Fiscal Years 2017 and 2018.
34 Total Allocation for the Ministry of Education = Recurrent Expenditure + Consolidated Fund
35 The National Budget = Total Recurrent Expenditure + Total Consolidated Fund
Analysis of Summary of Expenditure

Recurrent Expenditure refers to the payments for expenses which are incurred during the day-to-day operations of the Ministry for personnel expenditure, goods and services, minor equipment purchases, current transfers and subsidies and current transfers to statutory boards and similar bodies.

➢ Recurrent Expenditure for Fiscal Year 2017/2018 is $5,105,488,890.00. This represents 9.72% of the total Recurrent Expenditure for the financial year 2017/2018.

➢ Recurrent Expenditure for Fiscal Year 2016/2017 was $5,167,117,095 (Revised). Comparing this figure with the allocation in Fiscal Year 2017/2018, there is a decrease of $61,628,205 or 1.2%.

➢ The largest portion of the allocation has consistently gone to Sub-Head Current Transfers and Subsidies. This figure has been between 70% and 80% over the period 2012 – 2018.

➢ In 2018, Personnel Expenditure’s estimate was 4% of the Ministry’s total recurrent allocation.

➢ Minor Equipment Purchases received the lowest percentage of the allocation for the period 2012 to 2018.

➢ Goods and Services represented approximately 17% of the total recurrent allocation. When compared to the last fiscal year, a 2% increase is noted.

➢ The actual/estimated expenditure for the five (5) Sub-Heads has generally trended upwards over the seven (7) year period, from a low of $3,580,377,522.00 in 2012 to a high of $5,167,117,095.00 in 2017.
Development Programme is capital expenditure aimed at improving and enhancing development in different areas of Trinidad and Tobago which includes; human resources, economic and social development.

The Public Sector Investment Programme (PSIP), which represents the capital expenditure component of the National Budget, is the instrument used by Government to effect its vision and policies. It is a budgeting and strategic planning tool made up of projects and programmes, designed to realise the goals set out in the Government’s overarching policy.

The PSIP budget document provides a detailed description of the programmes and projects and includes a review of the implementation of projects and programmes in the previous financial year and highlights the major projects and programmes to be implemented in the upcoming financial year.

- The Public Sector Investment Programme is intended to achieve:
  - the country’s social and economic development goals; and
  - enhance the quality of life of all citizens.

The estimates for the development programme are presented in two parts as follows:

- Funds appropriated by Parliament and disbursed directly from the Consolidated Fund; and
- Funds disbursed from the Infrastructure Development Fund.
Summary of Development Programme Expenditure for the period 2012-2018

<table>
<thead>
<tr>
<th>004 Social Infrastructure - Consolidated Fund</th>
<th>005 Multi-Sectoral and Other Services - Consolidated Fund</th>
<th>004 Social Infrastructure - Infrastructure Development Fund</th>
<th>005 Multi-Sectoral and Other Services - Infrastructure Development Fund</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2016</td>
</tr>
<tr>
<td>97,088,120</td>
<td>83,096,126</td>
<td>83,882,829</td>
<td>53,922,535</td>
<td>91,392,345</td>
</tr>
<tr>
<td>79,282,048</td>
<td>102,231,537</td>
<td>48,139,350</td>
<td>27,622,000</td>
<td>23,934,527</td>
</tr>
<tr>
<td>147,521,981</td>
<td>42,501,294</td>
<td>1,660,623</td>
<td>1,532,454</td>
<td>1,097,470</td>
</tr>
<tr>
<td>1,501,094</td>
<td>434,095,477</td>
<td>504,642,487</td>
<td>483,775,014</td>
<td>349,662,378</td>
</tr>
</tbody>
</table>

Summary of Development Programme Expenditure for the period 2012-2018
### Noteworthy Development Programme Estimates in 2017-2018

The table below lists the projects that have been noted due to uncharacteristic variances in estimates for funding: 36

<table>
<thead>
<tr>
<th>Development Programme 2018</th>
<th>Project - Item</th>
<th>2017 Estimate</th>
<th>2017 Revised Estimates</th>
<th>2018 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>004-07D-001</td>
<td>Special Programme HIV/AIDS</td>
<td>5,500,000</td>
<td>2,995,578</td>
<td>-</td>
</tr>
<tr>
<td>004-07D-018</td>
<td>Establishment of a Renal Dialysis Centre</td>
<td>1,000,000</td>
<td>300,000</td>
<td>500,000</td>
</tr>
<tr>
<td>004-07D-024</td>
<td>Project Preparation and Execution Facility PROPEF (IDB)</td>
<td>6,000,000</td>
<td>1,000,000</td>
<td>-</td>
</tr>
<tr>
<td>004-07F-001</td>
<td>Design of CARPHA Headquarters and CARPHA, NPH and NBTS Laboratories</td>
<td>-</td>
<td>1,092,000</td>
<td>12,000,000</td>
</tr>
</tbody>
</table>

---

Status of New Projects from the Financial Year 2016-2017

For the fiscal year 2016-2017, the following new projects were scheduled for implementation under the Ministry of Health, and as such requires further inquiry on the progress of completion:

<table>
<thead>
<tr>
<th>Development Programme 2018</th>
<th>Project - Item</th>
<th>2017 Estimate</th>
<th>2017 Revised Estimate</th>
<th>2018 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>004-07A-002</td>
<td>Structural Assessment of the Port of Spain General Hospital</td>
<td>11,000,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>005-06C-250</td>
<td>Health Services Support Programme</td>
<td>20,000,000</td>
<td>1,000,000</td>
<td>24,000,000</td>
</tr>
<tr>
<td>005-06F-001</td>
<td>Refurbishment and Improvement of Accommodation for the Vertical Division of the Ministry of Health</td>
<td>6,000,000</td>
<td>1,000,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>005-06G-001</td>
<td>Purchase of a Linear Accelerator</td>
<td>1,000,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>004-07F-007</td>
<td>Construction of Sangre Grande Hospital</td>
<td>1,000,000</td>
<td>800,000</td>
<td>15,000,000</td>
</tr>
<tr>
<td>004-07F-008</td>
<td>Construction of Diego Martin Health Centre</td>
<td>1,000,000</td>
<td>800,000</td>
<td>15,000,000</td>
</tr>
</tbody>
</table>

New Projects for the Financial Year 2017-2018

The following new projects that received funding in the 2017/2018 financial year:

<table>
<thead>
<tr>
<th>Development Programme 2018</th>
<th>Project -Item</th>
<th>2018 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>005-06F-002 IDF</td>
<td>Outfitting of New Office for the Ministry of Health</td>
<td>4,000,000</td>
</tr>
<tr>
<td>005-06F-003 IDF</td>
<td>Re-Development of Port of Spain Hospital</td>
<td>23,000,000</td>
</tr>
</tbody>
</table>

---

Major Programmes and Development for the Period 2016 to 2018
The following table shows a list of the significant expenditure items, based on the proportion of the budgetary allocation assigned.\(^3\)

<table>
<thead>
<tr>
<th>Development Programme 2017</th>
<th>PROJECTS</th>
<th>2016 Actual</th>
<th>2017 Revised Estimate</th>
<th>2018 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>004-07A-001</td>
<td>Medical Equipment Upgrade Programme</td>
<td>29,980,755</td>
<td>30,000,000</td>
<td>45,000,000</td>
</tr>
<tr>
<td>004-07D-002</td>
<td>Special Programme – Treatment of Adult Cardiac Disease</td>
<td>17,623,796</td>
<td>20,000,000</td>
<td>20,000,000</td>
</tr>
<tr>
<td>004-07D-003</td>
<td>Special Programme – Renal Dialysis</td>
<td>18,606,700</td>
<td>24,000,000</td>
<td>24,000,000</td>
</tr>
<tr>
<td>004-07D-007</td>
<td>Waiting List for Surgery</td>
<td>10,140,950</td>
<td>3,000,000</td>
<td>20,000,000</td>
</tr>
<tr>
<td>005-06C-234</td>
<td>Hospital Refurbishment Programme</td>
<td>21,830,856</td>
<td>25,000,000</td>
<td>45,000,000</td>
</tr>
<tr>
<td>005-06C-250</td>
<td>Health Services Support Programme</td>
<td>-</td>
<td>20,000,000</td>
<td>24,000,000</td>
</tr>
<tr>
<td>004-07-F001 IDF</td>
<td>Physical Investments (Hospitals, District Health Facilities, Health Centres)</td>
<td>85,588,011</td>
<td>41,200,000</td>
<td>77,000,000</td>
</tr>
<tr>
<td>004-07-F003 IDF</td>
<td>Construction of the National Oncology Centre</td>
<td>9,936,986</td>
<td>17,250,000</td>
<td>5,000,000</td>
</tr>
<tr>
<td>004-07-F004 IDF</td>
<td>Construction of the Arima Hospital</td>
<td>133,309,625</td>
<td>107,200,000</td>
<td>95,000,000</td>
</tr>
<tr>
<td>004-07-F005 IDF</td>
<td>Construction of the Point Fortin Hospital</td>
<td>96,915,843</td>
<td>46,850,000</td>
<td>60,000,000</td>
</tr>
<tr>
<td>004-07-F006 IDF</td>
<td>Construction of the Couva Children’s Hospital</td>
<td>39,506,009</td>
<td>15,600,000</td>
<td>-</td>
</tr>
</tbody>
</table>

Auditor General Report Finding for the Fiscal Year 2016

28 - MINISTRY OF HEALTH

Chemistry Food and Drugs Division

Chemicals entering the country are not subjected to any checks at the ports of entry but are checked after relocation to the importer’s premises. This contravenes Regulation 53 of the Pesticides and Toxic Chemicals Act, Chapter 30:03 of 1979. The laboratory used for testing of imported chemicals has been closed since 2014.

Overpayments

The Appropriation Account disclosed 190 cases of overpayment totalling $741,911.88 discovered during the year. However, audit examination revealed 177 cases amounting to $398,935.57, resulting in a difference of $342,976.31.

PERMANENT SECRETARY, MINISTRY OF HEALTH

Evidence was not seen that verification of the figure of $681,540.00 representing Revenue collected by the District Revenue Offices was done by the Ministry.

28 – MINISTRY OF HEALTH 61 – MINISTRY OF HOUSING AND URBAN DEVELOPMENT

Construction of Couva Children’s Hospital

Cabinet, on 16th February, 2012, approved the construction of a Children’s Hospital at Preysal, Couva. On 27th September, 2012, Cabinet further conveyed approval for the project and the relevant budget and financing. The Ministry of Housing and Urban Development was given responsibility for the project and UDeCOTT was appointed as the executing agency.

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40 Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago,
http://www.auditorgeneral.gov.tt/sites/default/files/Auditor%20General%27s%20Report%20on%20the%20Public%20Accounts%202016_0.pdf
The total estimated cost of this project was $1,520,924,891.98 and was funded from three sources:

- Government to Government Concession Loan from the People’s Republic of China for $1,003,000,000.00. This agreement was made on 15th March, 2013 and is to be repaid in 31 instalments beginning on 21st March, 2018 and ending on 15th March, 2033 at an interest rate of 2% per annum.
- Pre-construction costs estimated at $53,191,981.93 financed locally by ANSA Merchant Bank (funds redeployed from Maracas Redesign and Restoration Project).
- Project development costs estimated at $464,732,910.05 provided for in the expenditure estimates.

The project scope included:

- A 230-bed Hospital (80 paediatric and 150 adult)
- A 330-student Multi-Training Facility
- A Central Energy Plant
- A Waste Water Treatment Plant
- A Helipad
- External Works – 598 car parks, roads, drainage, landscaping
- Major Medical Equipment, furniture, security and data systems.

A Status Report as at 19th April, 2017 on the following items was requested from both the Ministry of Health and the Ministry of Housing and Urban Development:

- Expected date of completion or date of completion.
- Moneys paid from the Infrastructure Development Fund and the Development Programme.
- Intended use of the facilities.

As at the date of the signing of this report no update was received. Both Ministries have denied responsibility for the project.
<table>
<thead>
<tr>
<th>Inquiry</th>
<th>Report Status</th>
<th>Ministerial Response</th>
<th>Key Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Ninth Report of the Public Accounts Committee for the Second</td>
<td>Report Presented:</td>
<td>Presented: H.O.R - 08.09.2017</td>
<td>• The Permanent Secretary should notify the Public Service</td>
</tr>
<tr>
<td>Auditor General on the Public Accounts of the Republic of Trinidad</td>
<td></td>
<td></td>
<td>staff so arrangements can be made for these persons</td>
</tr>
<tr>
<td>and Tobago for the financial years 2014 and 2015 with specific</td>
<td></td>
<td></td>
<td>to fill the currently vacant positions by July 31,</td>
</tr>
<tr>
<td>reference to the Ministry of Health</td>
<td></td>
<td></td>
<td>2017.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Accounting Officer must ensure that each</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Department has employees with specialized skills and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>competencies. This can be done through stronger</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Succession Planning which will identify and develop</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>internal people with the potential to fill the higher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>level positions in the organization.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• An entirely separate unit for pensions and leave</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>should be created. Internal Audit should not be</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>burdened with an additional function which usually</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>involves the creation of a unit specifically for</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>pensions and leave.</td>
</tr>
<tr>
<td>2. The First Report of the Public Administration and</td>
<td>Report Presented:</td>
<td>Presented: H.O.R - 23.02.2017</td>
<td>• Urgently makes arrangements with the Public Service</td>
</tr>
<tr>
<td>Government of T&amp;T</td>
<td>H.O.R - 09.11.2016</td>
<td></td>
<td>Commission to appoint</td>
</tr>
</tbody>
</table>

41 Key Recommendations relate to recommendations that may have a financial impact on the Ministry
| Appropriations Committee, First Session of the Eleventh Parliament on Examination into the Current Expenditure of Ministries and Departments under three Sub-Heads: Current Transfers and Subsidies, Development Programme - Consolidated Fund and Infrastructure Development Fund | Senate -15.11.2016 | suitably qualified persons to fill the vacancies of the Internal Audit Unit.  
- Ensures staff of the Internal Audit Unit are properly trained and certified. |
General Useful Information

- Ministry of Health and Family Welfare, India: http://www.mohfw.nic.in/
- Department of Health, United Kingdom: https://www.gov.uk/government/organisations/department-of-health
- Ministry of Health, Jamaica: http://moh.gov.jm/