Head 28: Ministry of Health

Total Allocation - $5,587,801,862

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

This guide provides a summary of expenditure for the Ministry of Health (MoH) for the period 2014-2020. It provides 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 2018.
Head 28: Ministry of Health

Ministerial Overview
The Ministry of Health is the national authority charged with oversight of the entire health system in Trinidad and Tobago. 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.

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.

Mission
The Ministry of Health’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.

Core Values
The critical values required to ensure accomplishment and fulfilment of our Vision and Mission are:

- **Professionalism** - The Ministry We will ensure the most efficient and effective delivery of health services by trained and competent health personnel.
- **Total Quality** - Commitment to excellence in our health care systems and all services.
- **Client-centeredness** - We emphasize the delivery of health services that are responsive to consumer needs and preferences.

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• Evidence-based - Relying upon research and information-driven decision-making at all levels.
• Visionary - Providing proactive leadership to the sector.

The Ministry of Health’s Responsibilities
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. There are currently five (5) RHAs which deliver public health care services to the population which include the:

• **North West Regional Health Authority** (NWRHA) provides health services to approximately 500,000 persons residing in the catchment area bounded by St. Joseph in the east to Las Cuevas in the north, the Churchill Roosevelt Highway in the south and Carenage in the west;
• **North Central Regional Health Authority** (NCRHA) has oversight of 15 health centres providing services to approximately 351,137 inhabitants. The catchment area includes the healthcare clusters of Arima, Chaguanas and St. Joseph, Eric Williams Medical Sciences Complex, Mt. Hope Women’s Hospital and the Caura Hospital;
• **South West Regional Health Authority** (SWRHA) provides services to approximately 600,000 inhabitants to a catchment area bounded by Freeport in the north-west, Icacos in the south-west, Moruga in the south-east and Tabaquite in the north-east. The authority has oversight of 2 hospitals, 3 district health facilities, 31 health centres and 2 extended care centres;
• **Eastern Regional Health Authority** (ERHA) provides health care in one hospital and 16 health and outreach centres for the catchment population of approximately 120,000 from Matelot in the North to Guayaguayare, Rio Claro and Brothers Road in the South to Valencia in the East; and
• **Tobago Regional Health Authority** (TRHA) provides health care services through the Scarborough General Hospital and primary care facilities in 19 communities.2

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2 The Tobago Regional Health Authority (TRHA) falls under the purview of the Tobago House Assembly.
While the Ministry of Health does not directly run health facilities, it is required to play a key role in ensuring that they are properly run, by setting policies, goals and targets for regions based on assessment of real health needs.

**Improving Health Care Management**

The Ministry of Health is firmly dedicated to continuously improving public health by increasing our resources to meet health care needs through:

- Significant improvements in the management and delivery of Emergency Services.
- Adoption of a comprehensive and strategic approach towards the development of human resources for the health sector.
- Ensuring that there is synergy and accountability through the institutional strengthening of the Regional Health Authorities and our Vertical Services.

**Meeting the Tertiary Care Needs of Society’s Vulnerable**

The Ministry of Health stands committed to meet the tertiary care needs of our society’s most vulnerable. Some of the ways through which we are achieving this objective are:

1. The Children’s Life Fund: This special fund is designed to provide finance for life-saving surgeries for our nation’s precious children and was launched in 2010.
2. External patient Programme: This programme, which was launched in 2014, funds essential surgeries at private health facilities.

**Supporting patients’ rights and services through health quality standards, policies and legislation**

The Ministry of Health fully endorses and subscribes to the World Health Organization's (WHO) Charter of Patients’ Rights and Obligations. Each Regional Health Authority oversees and runs a Quality/Customer Service Unit which aims as addressing the
needs and concerns of the population. Additionally, our senior citizens are assured of the respect they deserve and thus, are given preferred treatment at all public health institutions and pharmacies.

**Improvement of the physical infrastructure of public health care facilities.**
The physical infrastructures of all public health facilities are consistently reviewed and upgraded, where necessary to ensure that they are fully capable facilitating first class health care for citizens.

**Reducing the prevalence of communicable diseases, including HIV/AIDS**
The Ministry of Health has continued to push and promote free, confidential HIV testing throughout Trinidad and Tobago in public spaces and through our public health facilities.

**Addressing Chronic Diseases and Mental Health**
The promotion of primary health care is the Ministry’s main strategy to deal with the scourge of chronic disease in Trinidad and Tobago. We have been placing particular emphasis on wellness and health promotion to promote healthier lifestyles and self-empowerment among citizens.

**The Human Resource (HR) Factor**
The Health Sector in Trinidad and Tobago has been experiencing shortages and challenges with the supply of medical and allied professionals. The Ministry of Health has adopted a comprehensive and strategic approach towards the development of human resources for the health sector, which involves attracting foreign based nationals who may be considering returning home.
Services Provided

The Ministry of Health provides the following services to the citizens of the Trinidad and Tobago:

<table>
<thead>
<tr>
<th>Ambulance (Dial 811)</th>
<th>Audiology Services</th>
<th>Blood Transfusion / Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Care &amp; Treatment</td>
<td>Chemistry, Food &amp; Drugs Division</td>
<td>Children's Life Fund</td>
</tr>
<tr>
<td>The Chronic Disease Assistance Programme</td>
<td>Health Education</td>
<td>County Medical Officers of Health</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Disaster Preparedness</td>
<td>Environment Health</td>
</tr>
<tr>
<td>External Patient Programme</td>
<td>Hansen's Disease Treatment</td>
<td>Health Screening in Schools</td>
</tr>
<tr>
<td>Immunization</td>
<td>Insect Vector Control Division</td>
<td>Interdisciplinary Child Development</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Non-communicable Diseases (NCD)</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Occupational Health and Safety</td>
<td>Pharmacy/ Drug Inspectorate</td>
<td>Public Health Inspectors</td>
</tr>
<tr>
<td>Trinidad Public Health Laboratory</td>
<td>Sexual and Reproductive Health</td>
<td>Tobacco Control</td>
</tr>
<tr>
<td>Veterinary Public Health</td>
<td>Women's Health</td>
<td></td>
</tr>
</tbody>
</table>

State Enterprises, Statutory Boards and Other Bodies

- [The Children’s Life Fund Board of Management](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [Dental Council of Trinidad and Tobago](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [Drug Advisory Committee](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [The Nursing Council of Trinidad and Tobago](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [The Opticians (Registration) Council of Trinidad and Tobago](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [Couva Medical and Multi – Training Facility Company Limited](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [National Health Services Company Limited](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [Emergency Medical Personnel Council of Trinidad and Tobago](http://www.health.gov.tt/sitepages/default.aspx?id=4)
- [Food Advisory Committee](http://www.health.gov.tt/sitepages/default.aspx?id=4)

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- Medical Council of Trinidad and Tobago
- The Princess Elizabeth Home for Handicapped Children Association
- Pharmacy Council of Trinidad and Tobago
- Pesticides and Toxic Chemicals Board

Health Facilities

The Ministry of Health oversees and manages the services provided by the following public health facilities:\(^4\):

<table>
<thead>
<tr>
<th>Facility</th>
<th>Region</th>
<th>Facility</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aranguez Health Centre</td>
<td>NWRHA</td>
<td>Mason Hall Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Arima Health Facility</td>
<td>NCRHA</td>
<td>Matelot Outreach Centre</td>
<td>ERHA</td>
</tr>
<tr>
<td>Arouca Health Centre</td>
<td>NCRHA</td>
<td>Matura Outreach Centre</td>
<td>ERHA</td>
</tr>
<tr>
<td>Barataria Health Centre</td>
<td>NWRHA</td>
<td>Mayaro District Health Facility</td>
<td>ERHA</td>
</tr>
<tr>
<td>Belle Garden Health Centre</td>
<td>TRHA</td>
<td>Moriah Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Bethel Health Centre</td>
<td>TRHA</td>
<td>Moruga Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Biche Outreach Centre</td>
<td>ERHA</td>
<td>Morvant Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Black Rock Outreach Centre</td>
<td>ERHA</td>
<td>Mt. Hope Women's Hospital</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Blanchisseuse and Brasso Seco Health Centre</td>
<td>NCRHA</td>
<td>Mt. St. George Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Bloody Bay Outreach Centre</td>
<td>TRHA</td>
<td>Oxford Street Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Brothers Road Outreach Centre</td>
<td>ERHA</td>
<td>Palo Seco Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Buccoo Health Centre</td>
<td>TRHA</td>
<td>Parlatuvier Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Canaan Health Centre</td>
<td>TRHA</td>
<td>Pembroke Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Carenage Health Centre</td>
<td>NWRHA</td>
<td>Pembroke Street Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Castara Health Centre</td>
<td>TRHA</td>
<td>Penal Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Caura Hospital</td>
<td>NCRHA</td>
<td>Penal Rock Road Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Cedros Health Centre</td>
<td>SWRHA</td>
<td>Petit Valley Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Chaguanas District Health Facility</td>
<td>NCRHA</td>
<td>Pleasantville Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Charlottesville Health Centre</td>
<td>TRHA</td>
<td>Plymouth Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Chatham Health Centre</td>
<td>SWRHA</td>
<td>Point Fortin Area Hospital</td>
<td>SWRHA</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Health Centre</th>
<th>Authority</th>
<th>Health Centre</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claxton Bay Health Centre</td>
<td>SWRHA</td>
<td>Point Fortin Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Coryal Outreach Centre</td>
<td>ERHA</td>
<td>Port-of-Spain General Hospital</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Couva District Health Facility</td>
<td>SWRHA</td>
<td>Princes Town Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Cumana Outreach Centre</td>
<td>ERHA</td>
<td>Rio Claro Health Centre</td>
<td>ERHA</td>
</tr>
<tr>
<td>Cumuto Outreach Centre</td>
<td>ERHA</td>
<td>Rochard Douglas Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Cunupia Health Centre</td>
<td>NCRHA</td>
<td>Roxborough Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Debe Health Centre</td>
<td>SWRHA</td>
<td>Roy Joseph Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Delaford Health Centre</td>
<td>TRHA</td>
<td>San Fernando General/Teaching Hospital</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Diego Martin Health Centre</td>
<td>NWRHA</td>
<td>San Juan Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>El Socorro Health Centre</td>
<td>NWRHA</td>
<td>San Rafael Health Centre</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Eric Williams Medical Sciences Complex</td>
<td>NCRHA</td>
<td>San Souci Outreach Centre</td>
<td>ERHA</td>
</tr>
<tr>
<td>Erin Health Centre</td>
<td>SWRHA</td>
<td>Sangre Grande Health Centre</td>
<td>ERHA</td>
</tr>
<tr>
<td>Flanagin Town Health Centre</td>
<td>SWRHA</td>
<td>Sangre Grande Hospital</td>
<td>ERHA</td>
</tr>
<tr>
<td>Freeport Health Centre</td>
<td>SWRHA</td>
<td>Santa Cruz Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Fyzabad Health Centre</td>
<td>SWRHA</td>
<td>Scarborough General Hospital</td>
<td>TRHA</td>
</tr>
<tr>
<td>Gasparillo Health Centre</td>
<td>SWRHA</td>
<td>Scarborough Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>George Street Health Centre</td>
<td>NWRHA</td>
<td>Siparia District Health Facility</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Gran Couva Bay Health Centre</td>
<td>SWRHA</td>
<td>South Oropouche Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Grande Riviere Outreach Centre</td>
<td>ERHA</td>
<td>Speyside Health Centre</td>
<td>TRHA</td>
</tr>
<tr>
<td>Granville Health Centre</td>
<td>SWRHA</td>
<td>St. Ann's Hospital (Mental Health)</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Guapo Health Centre</td>
<td>SWRHA</td>
<td>St. Helena Health Centre</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Guayaguayare Outreach Centre</td>
<td>ERHA</td>
<td>St. James District Health Facility</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Icacos Health Centre</td>
<td>SWRHA</td>
<td>St. Joseph Enhanced Health Centre</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Indian Walk Health Centre</td>
<td>SWRHA</td>
<td>Ste. Madeleine Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>L'Anse Fourmi Outreach Centre</td>
<td>TRHA</td>
<td>Success Lavantille Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>La Brea Health Centre</td>
<td>SWRHA</td>
<td>Tabaquite Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>La Horquetta Health Centre</td>
<td>NCRHA</td>
<td>Tableland Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>La Romaine Health Centre</td>
<td>SWRHA</td>
<td>Tacarigua Extended Care Facility</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Las Cuevas Health Centre</td>
<td>NWRHA</td>
<td>Tacarigua Health Centre</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Las Lomas Health Centre</td>
<td>NCRHA</td>
<td>Talparo Health Centre</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Lengua Health Centre</td>
<td>SWRHA</td>
<td>Toco Health Centre &amp; 24 hours A&amp;E</td>
<td>ERHA</td>
</tr>
<tr>
<td>Les Coteaux Health Centre</td>
<td>TRHA</td>
<td>Todd's Road Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Macoya Health Centre</td>
<td>NCRHA</td>
<td>Tunapuna Health Centre</td>
<td>NCRHA</td>
</tr>
<tr>
<td>Maloney Health Centre</td>
<td>NCRHA</td>
<td>Upper Lavantille Health Centre</td>
<td>NWRHA</td>
</tr>
<tr>
<td>Manzanilla Outreach Centre</td>
<td>ERHA</td>
<td>Valencia Outreach Centre</td>
<td>ERHA</td>
</tr>
<tr>
<td>Marabella Health Centre</td>
<td>SWRHA</td>
<td>Williamsville Health Centre</td>
<td>SWRHA</td>
</tr>
<tr>
<td>Maraval Health Centre</td>
<td>NWRHA</td>
<td>Woodbrook Health Centre</td>
<td>NWRHA</td>
</tr>
</tbody>
</table>

**Minister:** The Honourable Terrence Deyalsingh, MP⁵

**Permanent Secretary (Accounting Officer):** Mr. Asif Ali⁶

**Deputy Permanent Secretaries:** Ms. Charmaine Jennings and Ms. Brenda Jeffers

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28 – MINISTRY OF HEALTH

PROCUREMENT OF FUEL AND LUBRICANTS
Fleet Card Registers were not properly maintained at the Ministry of Health in that the type of card, card number, vehicle registration number and date of receipt were not recorded.

VEHICLE CONTROL
Vehicle Registers necessary to maintain control over custody and location of vehicles were not updated at the Ministry of Health, Ministry of Trade and Industry, Ministry of Planning and Development and at certain divisions of the Ministry of Works and Transport.

AUTHORISATION OF EXPENDITURE
At the Ministry of Health, it was noted that cheques prepared for the period 18th June, 2018 to 19th October, 2018 all bore the signature of the former Accounting/Administering Officer who was transferred to the Ministry of Tourism with effect from 18th June, 2018.

From October 2018, cheques issued at the Ministry of Health bore the signatures of the authorised Accounting Officer.

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DEVELOPMENT PROGRAMME

Documents not produced

Contract Agreements at the Ministry of Health to support three payment vouchers totaling $652,639.28 were not produced. As a result, terms and conditions of these contracts could not be ascertained.

NOTES TO THE APPROPRIATION ACCOUNTS

Note 21 (ii) – Contracts already entered into but not yet completed

2.54 At the Ministry of Health, the items listed below were not disclosed at Note 21 (ii). The Ministry’s records revealed that works in respect of three contracts totalling $14,943,900.56 were in progress as follows:

<table>
<thead>
<tr>
<th>Project</th>
<th>Value of contract ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princess Elizabeth Home for Children – Refurbishment Works</td>
<td>743,464.00</td>
</tr>
<tr>
<td>Physical Investments (Hospital, District Health Facilities, Health Centres)</td>
<td>10,770,436.56</td>
</tr>
<tr>
<td>Physical Investments (Hospital, District Health Facilities, Health Centres)</td>
<td>3,430,000.00</td>
</tr>
</tbody>
</table>
HE1 – PERMANENT SECRETARY, MINISTRY OF HEALTH

Revenue collected by the District Revenue Offices on behalf of the Ministry of Health totalling $736,450.00 was not entered in the Revenue Register and the Monthly Returns of Revenue although sums were brought to account in the Statement of Receipts and Disbursements.

FINANCIAL STATEMENTS

At the Ministry of Health, cheques totalling $7,472,869.42 were printed without the required authorisation conveyed by Warrant from the Minister of Finance.

SPECIAL AUDIT REPORT:

Follow-up Audit on the Provision of Pharmaceuticals in the Public Health Sector

Introduction

Paragraphs 5.29 to 5.36 of the Report of the Auditor General on the Public Accounts of the Republic of Trinidad and Tobago for the financial year 2017, highlighted a number of weaknesses as it related to the information systems in use for the distribution and inventory of pharmaceuticals at the Regional Health Authorities (RHAs). Some control gaps previously cited are reiterates below for ease of reference:

- Lack of evidence of collaboration and coordination amongst the RHAs and the Ministry of Health in the selection and implementation of information systems used for inventory and distribution of pharmaceuticals.
- Lack of evidence to show that the Ministry of Health collaborated/guided the RHAs in ensuring that the most efficient and economical information system was used for the inventory and distribution of pharmaceuticals.
- Non-integration of the inventory systems within and amongst the RHAs.
- Staff of the Internal Audit Units of the RHAs did not possess the competencies to audit the information systems.

Recommendations made at paragraph 5.37 of the 2017 Report, stated that the Ministry of Health in consultation with the Ministry of Public Administration and Communication and the Ministry of Planning and Development should ensure that:
• “The respective RHAs develop/update their IT Strategic Plan to ensure that IT risks and resources are managed appropriately;
• IT policies and procedures which adhere to international IT standards are developed for the RHAs;
• A feasibility study is conducted prior to the acquisition of any new system;
• Standardized IT solutions are developed and implemented across all RHAs to facilitate operations as well as to realise benefits such as data comparability, harmonized reporting, cost savings and sharing of expertise;
• All RHAs comply with IT related legislation;
• All RHAs develop a Business Continuity Plan after identifying critical IT assets and processes through a Business Impact Review;
• Regular training is conducted to ensure that IT staff is kept updated with changes in the IT environment in order to maintain high security and quality standards; and
• The Internal Audit Units of the RHAs are strengthened with the required skills and resources so that regular reviews of IT security and controls are undertaken.”

To date, responses were not received from either the Ministry of Health or the Ministry of Planning and Development on the status of implementation of any of the above mentioned recommendations.

In 2018, a further review of the information systems in use for the distribution and inventory of pharmaceuticals at the RHAs was undertaken. Presented below are some key control issues that continue to impact on the efficiency of the distribution and inventory systems of pharmaceuticals at the RHAs:

• Weak or non-existent IT general and application controls.
• Business continuity and disaster recovery plans were not developed to facilitate the timely recovery of critical business processes in the event of a major disruption or disaster.
• Information systems were only partially implemented at the South West and Tobago RHAs.
• The North West and North Central RHAs ceased using the pharmacy system and reverted to manual systems.
• There were instances of duplication of effort when both electronic and manual records were simultaneously maintained at three RHAs.
• None of the RHAs had adopted an IT governance framework or IT security standards.

Conclusion
The Ministry of Health as the oversight authority of the Regional Health Authorities needs to collaborate and guide the RHAs in their efforts to ensure that the most efficient and economical information system is used for the inventory and distribution of pharmaceuticals to benefit from economies of scale and efficiencies in issuing drugs to patients.

SPECIAL AUDIT INTO THE ADMINISTRATION OF PHARMACEUTICALS IN THE PUBLIC HEALTH SECTOR

Introduction
The Ministry of Health (MOH) is the national authority charged with oversight of the entire health sector and in this context has oversight responsibilities for the provision of pharmaceuticals in the public health institutions. Pharmaceuticals are provided free by the MOH to patients accessing healthcare at any public health facility in Trinidad and Tobago.

A pharmaceutical supply management cycle (cycle) is the mechanism by which pharmaceuticals are provided to public health institutions. This cycle has five phases, that is, selection, quantification, procurement, storage and distribution. A Special Audit was conducted on the administration of pharmaceuticals in the public health sector primarily to evaluate whether the Ministry’s framework for the provision of pharmaceuticals to patients accessing public health services was appropriate and adequate.
This Chapter presents the audit findings as it relates to the “Selection” Phase. A Special Report will be issued highlighting findings in the quantification, procurement and storage phases of the cycle by the end of the second quarter of 2019.

Funding for Pharmaceuticals

Funding for pharmaceuticals along with non-pharmaceuticals and other related materials are provided under the MOH’s budgetary provision for drugs and other related materials and supplies. The approved estimates and actual expenditure for the financial years 2013-2018 were as follows:

Table 5.1: Estimates of Expenditure and Actual Expenditure for 2013-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Approved Estimates $</th>
<th>Revised Estimates $</th>
<th>Actual expenditure $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>630,000,000</td>
<td>499,009,245</td>
<td>498,077,892</td>
</tr>
<tr>
<td>2017</td>
<td>760,000,000</td>
<td>751,200,000</td>
<td>531,603,625</td>
</tr>
<tr>
<td>2016</td>
<td>508,875,000</td>
<td>508,455,000</td>
<td>507,456,708</td>
</tr>
<tr>
<td>2015</td>
<td>680,000,000</td>
<td>626,500,000</td>
<td>617,270,701</td>
</tr>
<tr>
<td>2014</td>
<td>596,480,000</td>
<td>677,000,000</td>
<td>596,638,567</td>
</tr>
<tr>
<td>2013</td>
<td>585,312,500</td>
<td>611,312,500</td>
<td>618,600,648</td>
</tr>
</tbody>
</table>

Source: Annual Estimates of Expenditure, MOH’s Appropriation Accounts and Vote Books
AUDIT OBJECTIVE

The Special Audit assessed the adequacy and appropriateness of the Ministry of Health’s framework for the pharmaceutical supply management system for the provision of pharmaceuticals to patients accessing public health services.

The selection phase of the pharmaceutical management system is the building block upon which procurement and distribution of pharmaceutical supplies is founded. The audit objective therefore, was to assess the appropriateness of the selection of medicines (drugs) by the committee responsible for the development of policies regarding selection and therapeutic use of drugs and for maintaining the ‘National Drug Formulary’.

AUDIT SCOPE AND METHODOLOGY

The audit was planned and conducted in accordance with:

- The Food and Drugs Act, Chapter 30:01 and the Exchequer and Audit Act, Chapter 69:01;
- The National Drugs Policy (1998); and
- The International Standards of Supreme Audit Institutions (ISSAIs), where applicable.

The World Health Organization (WHO) is a specialised agency of the United Nations (UN) that is concerned with international public health and provides models and practical guidelines to facilitate the promotion of highest possible level of health by all peoples. Trinidad and Tobago is a member state of the WHO. To this end, the WHO’s publication entitled “Drug and Therapeutic Committees – A Practical Guide’ was used as a benchmark to assess the selection of medicines for the Formulary by the MOH.

The assessment was based on the review of documents, analysis of data and interviews with key personnel as it relates to the selection of medicines.
LIMITATION OF SCOPE
The audit only examined the processes utilized for selection of medicines (drugs). In certain instances, documentation at the MOH to evidence policy and procedures were not made available and this restricted the scope of the audit examination.

PROCEDURE FOR THE SELECTION OF MEDICINES (DRUGS)

Standards

- The criteria for drug selection and the procedure for proposing a drug to be added to the formulary should be documented and published.
- There should be an explicit set of criteria, for selecting drugs, so that the selection process can be objective and evidence-based.

Findings

- The selection of drugs for the Formulary is informed by data inclusive of, but not limited to:
  - pattern of prevalent diseases;
  - treatment facilities;
  - training and experience of available personnel;
  - financial resources; and
  - genetic, demographic and environmental factors.
- The procedure for the selection of drugs for the Formulary was not documented. In the absence of documented procedures, the audit examination was restricted because the nature of information that must be submitted on each drug and the criteria used for the selection of drugs could not be determined. Therefore, this lack of documented procedures made it difficult to determine whether the selection of drugs was objective and evidence-based.
- Formulary Lists were provided for the years 2013 to 2017. A Formulary List, however, was not provided for 2018. It was unclear whether the Formulary Lists which were provided were official documents as evidence of these lists being
approved by the appropriate committee was not seen. Additionally, the Formulary Lists did not specify the years to which they related.

Implication
Without an evidence-based approach for the selection of drugs, there is a risk that the objective selection of appropriate drugs for the Formulary List may be compromised.

PROCEDURE FOR THE MAINTENANCE OF THE FORMULARY

Standards
- There should be documented policies and procedures for adding and deleting drugs.
- The existing Formulary List should be updated every two (2) to three (3) years.

Findings
- Routine review of different therapeutic categories is an important part of maintenance of the formulary that provides in a systematic way for an evaluation of all drugs within each therapeutic class.
- Although Formulary Lists were provided for the years 2013 to 2017, a policy was not presented specifying how often the Formulary should be updated.
- The procedure for adding or deleting drugs from the Formulary List was not documented. However, evidence was seen that an application form is used for the addition of new drugs to the List.
- No evidence was seen that an officer and/or committee was assigned the responsibility for the preparation and implementation of the decisions for the addition or removal of drugs on the Formulary List. It was found that drugs approved for addition and for removal were not always reflected on the Formulary List.
- Documentary evidence was not seen that a systematic review was done of each therapeutic class of drugs on the Formulary List.
Implications

- Ongoing medical research leads to the development of new drugs and treatments for illnesses. Where the Formulary List is not updated regularly, it may not result in the most optimal treatment of patients. Further, as there were no documented processes, there is a risk that decisions made may not be implemented.
- Where there is no systematic review of the therapeutic classes on the Formulary List, there is a risk that non-formulary drugs that are safer, more effective and cost-effective may be excluded from the List.

STANDARD TREATMENT PROTOCOLS (STPS)

Standard

- An Expert Committee should be set up to identify appropriate treatments for each disease.
- There should be established standard treatment protocols (STPs) that are based on publications by unbiased professional organisations and/or academia.
- STPs should be used to inform the Formulary List.

Findings

- Standard treatment protocols and prescribing policies help medical practitioners make decisions about appropriate treatments for specific clinical conditions.
- STPs were not presented for audit examination.
- Evidence was seen that joint meetings of Formulary/Essential Drug Committee and the National Drug Advisory Committee of the MOH were held during the years 2013 - 2016. Evidence was not produced to indicate whether such joint meetings were held for the years 2017 and 2018.
- The Minutes of one such meeting, revealed that the Oncology Protocol was launched on 28th April, 2015. However, this Protocol was not presented for audit examination.
Minutes of the joint meetings, revealed that a minimum of six diseases were scheduled for review and development of STPs. No documentary evidence was produced which identified these six diseases. The STPs and clinical guidelines for these six diseases were also not submitted for audit examination.

There was no evidence that the Formulary was informed by STPs.

**Implication**

In the absence of STPs the MOH will be unable to rationalise the number of drugs on the Formulary.

**Standard**

- A formulary manual should be published that brings all the important summary information on drugs in the formulary list.
- A comprehensive formulary manual should be updated regularly and widely distributed.

**Findings**

- A comprehensive formulary manual can provide excellent drug information for medical practitioners.
- A formulary manual entitled ‘Drug Formulary 2010’ was produced. However, as at 18th April 2019, no later versions of the manual were submitted.

**Implication**

Where a Formulary Manual is not regularly updated so that it reflects the latest drugs and treatment for illnesses there is a risk to patients that drugs and treatments being provided are outdated and less effective.

**CONCLUSION**

- The Audit Findings revealed that the Ministry of Health had a passive approach to its oversight responsibilities in relation to selection of drugs.
- A lack of policies and procedures for the Formulary, an unreliable Formulary List, a published Drug Formulary 2010, and an absence of local STPs highlights certain weaknesses in the control environment in relation to the selection of drugs. Such
weaknesses exposes the MOH to the risk that medical practitioners may provide less effective and unsafe treatments to patients at public health institutions.

- The recommendations highlighted below to assist the MOH to efficiently provide drugs that are safe, effective and cost-effective to patients accessing public health services.

**RECOMMENDATIONS**

**Procedure for the Selection of Medicines (drugs)**

- The process for selection of medicines for the Formulary List should be documented.
- The Formulary Lists should specify the year to which they related.
- The Formulary List should be approved by the relevant committee.

**Procedure for Maintenance of Formulary**

- A policy should be established requiring that the Formulary List be revised every two (2) to three (3) years.
- The process for the maintenance of the Formulary List should be documented. This process should include procedures for adding, evaluating and deleting the drugs, along with disseminating and implementing the decision of the committees.
- In order to keep the Formulary List relevant, there should be a systematic review of all therapeutic classes. Formulary drugs should be compared to new non-formulary drugs to determine if the non-formulary drug is safer, more effective and cost-effective.
- The STPs should inform the Formulary.
- The ‘Drug Formulary 2010’ should be updated so that it reflects the latest drugs and treatments for the diseases in Trinidad and Tobago.
Health/HIV AIDS
The sum of $504.4 million was allocated in fiscal 2019 to improve the delivery and quality of healthcare services in Trinidad and Tobago.

Construction of New Health Facilities
Construction continued at the following facilities:

- Arima Hospital – work continued on the construction of the new 150 bed, five-storey facility on the compound of the existing Arima District Health Facility. The project is 90% completed.
- Point Fortin Hospital – the sum of $36.9 million was expended to continue construction works, which was 78% completed.
- Physical Investments Programme – works continued on the construction of the Linear Accelerator (LINC) Facility, the first of its kind in the public health sector, to provide quality radiation services to cancer patients.
- Diego Martin Health Centre – the sum of $11.7 million was expended on design and construction works. Designs were 90% completed and construction works were 17% completed.

Upgrade of Existing Hospitals and Health Care Facilities
The sum of $25.3 million was utilized for improvement works to the following health facilities implemented under the Hospital Refurbishment Programme:

- North West Regional Health Authority
- South West Regional Health Authority
- Eastern Regional Health Authority

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• North Central Regional Health Authority

Purchase of Medical Equipment
A total of $18.6 million was expended for the purchase of medical equipment for hospitals and health care facilities managed by the Regional Health Authorities (RHAs). Some of the major achievements included:

• North West Regional Health Authority – awarded the contract for supply of a digital X-Ray machines; supplied 10 vital sign monitors;
• South West Regional Health Authority – commenced procurement process for the replacement of the bi-plane system at the Catheterization Laboratory of the Eric Williams Medical Sciences Complex;
• Eastern Regional Health Authority – awarded the contract for emergency medical equipment for the San Fernando General Hospital, and purchased six incubators for the SFGH;
• North Central Regional Health Authority – awarded contract for a Computed Tomography (CT) scanner and an air condition system for the CT suite of the Sangre Grande Hospital (SGH), and supplied and commissioned equipment for the Endoscopy Unit at the SGH.
The Ministry’s total allocation as a percentage of the National Budget for the period 2014 to 2020.

<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>2014</td>
<td>$2,811,587,904.00</td>
<td>$65,020,886,424.00</td>
<td>4.3%</td>
</tr>
<tr>
<td>2015</td>
<td>$3,564,593,903.00</td>
<td>$61,966,922,675.00</td>
<td>5.8%</td>
</tr>
<tr>
<td>2016</td>
<td>$5,085,696,460.00</td>
<td>$56,573,913,053.00</td>
<td>9.0%</td>
</tr>
<tr>
<td>2017</td>
<td>$4,045,271,997.00</td>
<td>$54,883,153,410.00</td>
<td>7.4%</td>
</tr>
<tr>
<td>2018</td>
<td>$4,886,922,382.00</td>
<td>$54,211,726,813.00</td>
<td>9.0%</td>
</tr>
<tr>
<td>2019</td>
<td>$4,769,700,800.00</td>
<td>$54,149,378,860.00</td>
<td>8.8%</td>
</tr>
<tr>
<td>2020</td>
<td>$5,235,201,862.00</td>
<td>$58,058,338,392.00</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

- Total allocation for the Ministry as a percentage of the National Budget illustrated an increase in the allocation to the Ministry of National Security by 0.2% between the period 2019 and 2020.

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9 For the Fiscal Years 2014-2018, actual figures were used to calculate the total allocation. However, estimates were used to calculate the total allocation for the Fiscal Years 2019 and 2020.

10 Total Allocation for the Ministry of Health = Recurrent Expenditure + Consolidated Fund Expenditure

11 The National Budget = Total Recurrent Expenditure + Development Programme Expenditure: Consolidated Fund
Where the Ministry spends its money

2020 Estimates of Expenditure
The budget allocation of $5,587,801,862\(^{12}\) for the Ministry of Health is comprised of:

- The Draft Estimates of Recurrent Expenditure in the sum of $5,000,001,862;
- The Draft Estimates of Development Programme in the sum of $587,800,000
  - Consolidated Fund in the sum of $235,200,000; and
  - Infrastructure Development Fund\(^{13}\) of the sum $352,600,000.

The Estimates of Recurrent Expenditure include:

- 01 Personnel Expenditure - $208,473,380;
- 02 Goods and Services - $353,984,060;
- 03 Minor Equipment Purchases $2,375,000; and
- 04 Current Transfers and Subsidies $4,423,169,422.
- 05 Current Transfers to Statutory Boards and Similar Bodies $12,000,000

The Ministry of Health’s:
- Total allocation as a percentage of National Budget = 9.0%;
- Recurrent Expenditure as a percentage of the total Recurrent Expenditure budget is = 9.0%
- Consolidated Fund allocation as a percentage of the total Consolidated Fund allocation is = 9.19%
- Infrastructure Development Fund allocation as a percentage of the total Infrastructure Development Fund is = 13.17%


\(^{13}\) Head 28 – Ministry of Health, 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 Total Allocation for the Ministry of Health 2020

- Recurrent Expenditure: $5,000,018,622.00 (90%)
- Consolidated Fund: $235,200,000.00 (4%)
- Infrastructure Development Fund: $352,600,000.00 (6%)
# Summary of Recurrent Expenditure for the period 2014-2020

## Summary of Recurrent Expenditure for the Financial Years 2014-2020

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01 Personnel Expenditure</strong></td>
<td>220,603,677</td>
<td>278,868,433</td>
<td>216,518,511</td>
<td>209,988,122</td>
<td>197,669,889</td>
<td>200,343,200</td>
<td>208,473,380</td>
</tr>
<tr>
<td><strong>02 Goods and Services</strong></td>
<td>828,986,079</td>
<td>900,083,500</td>
<td>728,336,312</td>
<td>717,581,960</td>
<td>722,378,479</td>
<td>752,104,700</td>
<td>353,984,060</td>
</tr>
<tr>
<td><strong>03 Minor Equipment</strong></td>
<td>6,085,354</td>
<td>1,879,985</td>
<td>1,173,337</td>
<td>592,144</td>
<td>662,021</td>
<td>243,900</td>
<td>2,375,000</td>
</tr>
<tr>
<td><strong>05 Current Transfers to Stat.Brd.s.&amp;Similar Bodies</strong></td>
<td>9,748,254</td>
<td>12,989,800</td>
<td>10,614,010</td>
<td>11,350,779</td>
<td>10,864,830</td>
<td>11,000,000</td>
<td>12,000,000</td>
</tr>
</tbody>
</table>
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 and Current Transfers and Subsidies. Estimated Recurrent Expenditure for Fiscal Year 2020 is $5,000,001,862.

- Recurrent Expenditure for Fiscal Year 2019 was $4,643,130,700 (Revised). Comparing this figure with Fiscal Year 2020, there is an increase of $356,871,162 or 7.69%.

- The largest portion of the allocation has consistently gone to Sub-Head Current Transfers and Subsidies. This allocation accounts for approximately of 88.46% total funding for the Ministry for Fiscal Year 2020.

- In 2020, Personnel Expenditure’s estimate of $208,473,380 was 4.17% of the Ministry’s total recurrent allocation.

- Minor Equipment Purchases has consistently received the lowest portion of the total allocation for the Ministry over the period 2014 to 2020. In 2020, the allocation of $2,375,000 accounted for 0.05% of the total funding for the Ministry.

- Goods and Services received the second largest portion ($353,984,060) of the allocation for 2020. Comparing 2019 to 2020, there was a $398,120,640 (52.93%) decrease in the allocation.

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2016 Actual

- 01 Personnel Expenditure: 79%
- 02 Goods and Services: 16%
- 03 Minor Equipment: 0%
- 04 Current Transfers and Subsidies: 0%
- 06 Current Transfers to Stat.Brds.&Similar Bodies: 5%

2017 Actual

- 01 Personnel Expenditure: 82%
- 02 Goods and Services: 14%
- 03 Minor Equipment: 0%
- 04 Current Transfers and Subsidies: 0%
- 06 Current Transfers to Stat.Brds.&Similar Bodies: 4%
2020 Estimates

- 01 Personnel Expenditure: 89%
- 02 Goods and Services: 7%
- 03 Minor Equipment: 4%
- 04 Current Transfers and Subsidies: 0%
- 06 Current Transfers to Stat.Brds.&Similar Bodies: 0%
Recurrent Expenditure Unique to the Ministry of Health\textsuperscript{15}

Unique Expenditure refers to expenditure items incurred by the Ministry of Health that may not feature in other Ministries or Departments.

Recurrent Expenditure Unique to the Ministry of Health for the period 2014-2020

- Actual 2014
- Actual 2015
- Actual 2016
- Actual 2017
- Actual 2018
- Revised Estimates 2019
- Estimates 2020

- Eastern Regional Health Authority
- North Central Regional Health Authority
- North West Regional Health Authority
- South West Regional Health Authority

Total
Other Recurrent Expenditure Unique to the Ministry of Health for the period 2014-2020

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Life Fund Authority</td>
<td>1,202,602</td>
<td>1,245,500</td>
<td>1,650,000</td>
<td>2,420,000</td>
<td>2,400,000</td>
<td>2,000,000</td>
<td>2,400,000</td>
</tr>
<tr>
<td>National Emergency Ambulance Services Authority</td>
<td>1,348,760</td>
<td>550,133</td>
<td>598,410</td>
<td>392,200</td>
<td>212,325</td>
<td>405,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Total</td>
<td>2,551,362</td>
<td>1,795,633</td>
<td>2,248,410</td>
<td>2,812,200</td>
<td>2,612,325</td>
<td>2,405,000</td>
<td>2,900,000</td>
</tr>
</tbody>
</table>
The allocation of staff expenditure for the fiscal year 2019/2020 was $\text{359,516,910}$ which represents an increase of approximately $3.67\%$ from the last fiscal year 2018/2019. The following chart provides a breakdown of all expenditure related to staff from 2018-2020.

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Summary of Development Programme Expenditure for the period 2014-2020\textsuperscript{17}

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 allocation to the Ministry of Health for development programmes and projects for fiscal year 2020 = $587,800,000. These funds are presented in two parts as follows:

- Funds disbursed directly from the Consolidated Fund = $235,200,000 and represent (40.01\%) of the total allocation to the Ministry; and
- Funds disbursed from the Infrastructure Development Fund = $352,600,000 and represent (59.99\%) of the total allocation to the Ministry.

Summary of Development Programme Expenditure for the period 2014-2020

<table>
<thead>
<tr>
<th>Year</th>
<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>2014</td>
<td>83,882,829</td>
<td>48,139,350</td>
<td>300,412,675</td>
<td>1,660,623</td>
<td>434,095,477</td>
</tr>
<tr>
<td>2015</td>
<td>53,922,535</td>
<td>27,622,000</td>
<td>421,565,498</td>
<td>1,532,454</td>
<td>504,642,487</td>
</tr>
<tr>
<td>2016</td>
<td>91,392,345</td>
<td>23,934,527</td>
<td>367,350,672</td>
<td>1,097,470</td>
<td>483,775,014</td>
</tr>
<tr>
<td>2017</td>
<td>86,189,578</td>
<td>33,667,800</td>
<td>228,900,000</td>
<td>905,000</td>
<td>349,662,378</td>
</tr>
<tr>
<td>2018</td>
<td>125,169,791</td>
<td>34,137,619</td>
<td>215,778,681</td>
<td>191,812</td>
<td>375,277,903</td>
</tr>
<tr>
<td>2019</td>
<td>94,797,700</td>
<td>31,772,400</td>
<td>218,854,900</td>
<td>20,735,000</td>
<td>366,160,000</td>
</tr>
<tr>
<td>2020</td>
<td>162,000,000</td>
<td>73,200,000</td>
<td>290,600,000</td>
<td>62,000,000</td>
<td>587,800,000</td>
</tr>
</tbody>
</table>
Public Sector Investment Programme 2019/2020

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.

Health/HIV AIDS

In fiscal 2020, Government will invest a total of $587.8 million for the continuation of its thrust towards a healthcare system that is sustainable, modern and delivers higher standards of health services. To this end, priorities for health will entail construction of new hospitals, infrastructural upgrade works on district health facilities across the Regional Health Authorities (RHAs) and the procurement of crucial medical equipment.

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Construction of New Health Facilities

370. A total of $146.0 million will be allocated for the completion and commissioning of the new Arima and Point Fortin Hospitals. In addition, the MOH will be allocated the sum of $10.0 million to commence the construction of the Sangre Grande Hospital to expand healthcare services to the citizens of this region. This new facility will function as a partner with the adjacent Sangre Grande Hospital and the Enhanced Health Centre in providing comprehensive health services.

371. UDeCOTT will continue work on the re-development of Port of Spain General Hospital (POSGH) in fiscal 2020. This existing 540-bed facility is the primary public health care and emergency facility in northern Trinidad and over time the buildings have deteriorated significantly. To this end, an allocation of $60.0 million will be provided for Phase II for works on the new Central Block at the POSGH. The new block will be integrated within the existing Hospital Campus to provide comprehensive health care services.

372. In keeping with the strategic initiative to improve access to health care services at District Health Facilities, to relieve the burden on General Hospitals, the sum of $20.0 million will be allocated for works on the construction of the Diego Martin Health Centre. The health centre is being constructed by UDeCOTT and is proposed to be completed by October 2020.

373. The sum of $5.0 million will be provided to commence the construction of the Caribbean Public Health Agency (CARPHA) headquarters and laboratory, National Public Health Laboratory, Chemistry Food and Drug Division and the National Blood Transfusion Services Laboratory at Real Spring, Valsayn. The co-location of the laboratories will share utilities and central plant equipment allowing for a more efficient facility.

Upgrade of Existing Health Facilities

374. A total of $70.0 million will be allocated under the Physical Investment Programme for priority works including electrical upgrades of the San Fernando General Hospital (SFGH), POSGH (Phase II), and St. James Medical Sciences Complex (III). The
allocation will also be used for upgrading physical infrastructure at the SFGH, Eastern Regional Health Authority (ERHA) and St. James Medical Sciences Complex.

**Medical Equipment Upgrade**

375. A total of $55.0 million will be provided for the purchase of medical equipment for health facilities at the North Central Regional Health Authority (NCRHA), SFGH, POSGH, and the Mayaro District Health Facility.

376. In addition, $40.0 million will be allocated to the MOH for the procurement of equipment for Phase II of the operationalization of the Couva Medical and Multi-Training Facility and the SFGH.
The table below lists the projects that have experienced irregular variances in estimates for funding received under the Ministry of Health:

<table>
<thead>
<tr>
<th>Sub-head /Item /Sub-item/Group /Project Desc.</th>
<th>Project</th>
<th>2019 Estimate</th>
<th>2019 Revised Estimate</th>
<th>2020 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>004-07D-002</td>
<td>Special Programme – Treatment of Adult Cardiac Disease</td>
<td>20,000,000</td>
<td>19,985,500</td>
<td>30,000,000</td>
</tr>
<tr>
<td>004-07D-007</td>
<td>Waiting List for Surgery</td>
<td>19,000,000</td>
<td>5,616,800</td>
<td>15,000,000</td>
</tr>
<tr>
<td>004-07D-018</td>
<td>Establishment of a Renal Dialysis Centre</td>
<td>300,000</td>
<td>-</td>
<td>200,000</td>
</tr>
</tbody>
</table>

---

### Status of New Projects from the Financial Year 2016-2017

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

<table>
<thead>
<tr>
<th>Sub-head / Item / Sub-item / Group / Project Desc.</th>
<th>Project - Item</th>
<th>2017 Actual</th>
<th>2018 Actual</th>
<th>2019 Revised Estimate</th>
<th>2020 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>005-06C-250</td>
<td>Health Services Support Programme</td>
<td>102,076</td>
<td>3,752,469</td>
<td>1,421,400</td>
<td>20,000,000</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>1,377,743</td>
<td>5,685,837</td>
<td>-</td>
<td>1,000,000</td>
</tr>
<tr>
<td>IDF-004-07F-007</td>
<td>Construction of Sangre Grande Hospital</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10,000,000</td>
</tr>
<tr>
<td>IDF-004-07F-008</td>
<td>Construction of Diego Martin Health Centre</td>
<td>777,853</td>
<td>170,061</td>
<td>11,720,300</td>
<td>20,000,000</td>
</tr>
</tbody>
</table>

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Status of New Projects from the Financial Year 2017-2018

For the financial year 2018, the following new projects were scheduled for implementation under the Ministry of Health, and as such require further inquiry on the progress of completion 21:

<table>
<thead>
<tr>
<th>Sub-head /Item /Sub-item /Group /Project Desc.</th>
<th>Project -Item</th>
<th>2018 Actual</th>
<th>2019 Revised Estimate</th>
<th>2020 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDF 005-06F-002</td>
<td>Outfitting of New Office for the Ministry of Health</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IDF 005-06F-003</td>
<td>Re-Development of Port of Spain Hospital</td>
<td>-</td>
<td>20,313,800</td>
<td>60,000,000</td>
</tr>
</tbody>
</table>

Status of New Projects from the Financial Year 2018-2019

For the financial year 2019, the following new projects were scheduled for implementation under the Ministry of Health, and as such require further inquiry on the progress of completion 22:

<table>
<thead>
<tr>
<th>Sub-head /Item /Sub-item /Group /Project Desc.</th>
<th>Project -Item</th>
<th>2019 Revised Estimate</th>
<th>2020 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>004-07A-003</td>
<td>Commissioning and Decommissioning of Arima and Point Fortin Hospitals</td>
<td>12,000</td>
<td>20,000,000</td>
</tr>
<tr>
<td>005-06F-002</td>
<td>Construction of the Ministry of Health New Building</td>
<td>-</td>
<td>3,000,000</td>
</tr>
</tbody>
</table>


New Projects from the Financial Year 2019-2020

The following new projects that received funding in the 2019/2020 financial year:

<table>
<thead>
<tr>
<th>Sub-head /Item /Sub-item /Group /Project Desc.</th>
<th>Project -Item</th>
<th>2020 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>005-06A-002</td>
<td>Disaster Preparedness Coordinating Unit</td>
<td>1,000,000</td>
</tr>
<tr>
<td>005-06A-003</td>
<td>Health Information System for Arima and Point Fortin Hospitals</td>
<td>5,000,000</td>
</tr>
<tr>
<td>IDF 004-07F-009</td>
<td>Construction of CARPHA, NPHL and NBTS Laboratories in Valsayn</td>
<td>5,000,000</td>
</tr>
<tr>
<td>IDF 004-07F-010</td>
<td>Operationalization of the Couva Medical and Multi-Training Facility and the San Fernando General Hospital</td>
<td>40,000,000</td>
</tr>
</tbody>
</table>

Major Programmes and Development for the Period 2018 to 2020

The following table shows a list of the significant expenditure items, based on the proportion of the budgetary allocation assigned.

<table>
<thead>
<tr>
<th>Development Programme 2020</th>
<th>Projects</th>
<th>2018 Actual</th>
<th>2019 Revised Estimate</th>
<th>2020 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>004-07A-001</td>
<td>Medical Equipment Upgrade Programme</td>
<td>37,631,499</td>
<td>18,707,300</td>
<td>55,000,000</td>
</tr>
<tr>
<td>004-07D-002</td>
<td>Special Programme – Treatment of Adult Cardiac Disease</td>
<td>19,981,823</td>
<td>19,985,500</td>
<td>30,000,000</td>
</tr>
<tr>
<td>004-07D-003</td>
<td>Special Programme – Renal Dialysis</td>
<td>42,519,150</td>
<td>43,383,200</td>
<td>40,000,000</td>
</tr>
<tr>
<td>005-06C-234</td>
<td>Hospital Refurbishment Programme</td>
<td>23,512,335</td>
<td>27,237,900</td>
<td>40,000,000</td>
</tr>
<tr>
<td>005-06C-250</td>
<td>Health Services Support Programme</td>
<td>3,752,469</td>
<td>1,421,400</td>
<td>20,000,000</td>
</tr>
<tr>
<td>IDF 004-07-F001</td>
<td>Physical Investments (Hospitals, District Health Facilities, Health Centres)</td>
<td>45,760,591</td>
<td>54,938,800</td>
<td>70,000,000</td>
</tr>
<tr>
<td>IDF 004-07-F004</td>
<td>Construction of the Arima Hospital</td>
<td>118,364,495</td>
<td>86,237,100</td>
<td>60,000,000</td>
</tr>
<tr>
<td>IDF 004-07-F005</td>
<td>Construction of the Point Fortin Hospital</td>
<td>41,136,043</td>
<td>36,866,300</td>
<td>66,000,000</td>
</tr>
<tr>
<td>IDF 004-07-F008</td>
<td>Construction of the Diego Martin Health Centre</td>
<td>170,061</td>
<td>11,720,300</td>
<td>20,000,000</td>
</tr>
<tr>
<td>IDF 005-06F-003</td>
<td>Re-Development of Port of Spain General Hospital</td>
<td>-</td>
<td>20,313,800</td>
<td>60,000,000</td>
</tr>
</tbody>
</table>

### An Inquiry into Mental Health and Wellness Services and Facilities in Trinidad and Tobago

**Presented**

**Presented**

**D, pg. 35**

That the MoH collaborate with the network of public and private mental health care establishments (including the RHAs and outpatient care centres) to develop a robust system to collect data/statistics on the mentally-ill and mental illnesses in Trinidad and Tobago. A Concept Note on this initiative be included in the Ministerial Response to this Report.

**K, pg. 36**

To augment the components of the MoH’s undocumented “Mental Health Plan”, the Committee requests that a policy document on the dispensation of mental health services to minors and adolescents be formulated within the first quarter of 2019. It is recommended that this policy document should inter alia:

i. Inform amendments to the Mental Health Act, the Children Act, Children’s Authority Act and any other relevant law;

ii. Guide the development and expansion of facilities to provide mental health care to this cohort;

iii. Guide the strategy for the development of human resources necessary for the treatment of minors and adolescents;

iv. Promote the application of internationally accepted standards in
the administration and dispensing of mental health care services for the cohort; and

v. Guide the collection of data by the relevant stakeholders on mental health issues pertaining to children and adolescents.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>A, pg. 57</strong></td>
<td>That patient records at the St. Ann’s Psychiatric Hospital be digitized. Consideration should be given to achieving this objective via a public-private partnership. In the interest of pragmatism, a decision should be taken as to how dated the retroactive digitization should be.</td>
<td></td>
</tr>
<tr>
<td><strong>B, pg. 57</strong></td>
<td>Further, through the application of ICT systems, the patient records at all facilities which provide mental health care services should be recorded electronically. A report on the critical requirements for the successful execution of such a project should be included in the Ministerial Response of the MoH.</td>
<td></td>
</tr>
<tr>
<td><strong>C, pg. 57</strong></td>
<td>That consideration be given to establishing separate units/wards at public hospitals dedicated for the treatment of children/minors with mental disorders.</td>
<td></td>
</tr>
<tr>
<td><strong>H, pg. 58</strong></td>
<td>That a CCTV Camera system be installed at the St Ann’s Hospital as a means of bolstering the security surveillance system at the hospital.</td>
<td></td>
</tr>
<tr>
<td><strong>J, pg. 58</strong></td>
<td>Support to women who may be experiencing post-partum depression and other maternity-related mental illnesses should be incorporated within the ambit of post-natal care provided at public health care facilities.</td>
<td></td>
</tr>
<tr>
<td><strong>K, pg. 58</strong></td>
<td>An action plan for attending to the shortcomings at the St. Ann’s Hospital which were identified by the Committee during its site should be produced by the Ministry of</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td>---</td>
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<tr>
<td></td>
<td></td>
<td>M, pg. 59</td>
</tr>
</tbody>
</table>
## Inquiry Topic

An Inquiry into the potential benefits of traditional, complementary and alternative medicine in the treatment of non-communicable diseases affecting the Trinidad and Tobago population

|------------------------------------------------------------------------------|---------------|----------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| An Inquiry into the potential benefits of traditional, complementary and alternative medicine in the treatment of non-communicable diseases affecting the Trinidad and Tobago population | Presented     | Presented            | A, pg. 29          | In line with the recommendations of the WHO Traditional Medicine Strategy, 2014-2023, that the MoH collaborate with the UWI Faculty of Medical Sciences, Faculty of Science and Technology and Faculty of Food and Agriculture to develop a long-term research strategy for:  
  i. Expanding the existing descriptive research on the prevalence of CAM use to treat NCDs throughout the country;  
  ii. Giving specific emphasis to researching CAM use in Tobago;  
  iii. Collecting scientific evidence on the risks and benefits of these forms of CAM, including cost-effectiveness. |
|                                                                               |               |                      | B, pg. 29          | That the MoH give consideration to partnering with regional and/or international funding agencies for conducting evaluative studies to measure the effectiveness of local medicinal plants and herbs for treating NCDs. One of the terms of reference should involve investigating potential and feasible options for commercializing and monetizing herbal remedies that are indigenous to Trinidad and Tobago and or herbal remedies which may have the highest potential health benefits to the population. |
|                                                                               |               |                      | B, pg. 34          | That the MoH provide the UWI with technical or financial assistance to support basic scientific research into the pharmaceutical properties of plants, enzymes and bacteria which are... |
confirmed to be indigenous to Trinidad and Tobago.

A, pg. 39

That the MoH place a higher priority on the implementation of the Regulations for Herbal Medicinal Products following the completion of the review consultations. An implementation plan for achieving this objective inclusive of specified timeframes may assist with advancing this process that has been significantly delayed.

C, pg. 39

That in its draft national policy, the MoH give consideration to:

i. The creation of a national register of CAM practitioners;

ii. The creation of a regulatory board, similar to that of the MBTT or a sub-board of the MBTT to regulate CAM practitioners;

iii. The creation of educational standards for CAM practitioners, requiring qualifications from accredited international and/or regional institutions in the respective field(s).
# Budgetary Allocations Relevant to Achievement of Report Recommendations

<table>
<thead>
<tr>
<th>Development Programme 2020</th>
<th>Projects</th>
<th>2018 Actual</th>
<th>2019 Revised Estimate</th>
<th>2020 Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>005-06A-003</td>
<td>Health Information System for Arima and Point Fortin Hospitals</td>
<td>-</td>
<td>-</td>
<td>5,000,000</td>
</tr>
</tbody>
</table>
General Useful Information

- Ministry of Health and Family Welfare, India: [https://mohfw.gov.in/](https://mohfw.gov.in/)
- Department of Health and Social Care, United Kingdom: [https://www.gov.uk/government/organisations/department-of-health](https://www.gov.uk/government/organisations/department-of-health)
- Ministry of Public Health, Guyana: [https://www.health.gov.g](https://www.health.gov.g)