TRINIDAD AND TOBAGO 2015 HEALTH ACCOUNTS – STATISTICAL REPORT

Port of Spain, August 2018

The Health Finance and Governance Project
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ACRONYMS

AIDS	Acquired immune deficiency syndrome
CBTT	Central Bank of Trinidad and Tobago
CDC	Centers for Disease Control and Prevention
CMOH	County Medical Officers of Health
ED	Enumeration District
EWMSC	Eric Williams Medical Science Complex
FA	Financing agents
FP	Factors of provision
FS	Revenues of financing schemes
HF	Financing schemes
HA	Health Accounts
HBS	Household Budgetary Survey
HC	Health care functions
HEU	Health Economics Unit
HIV	Human immunodeficiency virus
HP	Health care provider
IEC	Information, education, and counseling
MOH	Ministry of Health
NCD	Noncommunicable disease
n.e.c.	Not elsewhere classified
NGO	Non-governmental organization
NIPDEC	National Insurance Property Development Company Limited
NPISH	Non-profit institutions serving households
OOP	Out-of-pocket
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV and AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PSS	Psychosocial support
RHAs	Regional Health Authorities
SHA	System of Health Accounts
USAID	United States Agency for International Development
UWI	University of West Indies

1. HEALTH ACCOUNTS IN TRINIDAD AND TOBAGO

1.1 Background

The conduct of this Health Accounts (HA) estimation is a critical step in understanding health spending in Trinidad and Tobago. It allows for aligning health spending with the country's goals and priorities. By answering questions on how health is financed and managed, who the main providers are, the activities being conducted, and the inputs into health maintenance and production, this HA study can support the government's health finance and service delivery reform efforts. This is especially important in an economic climate in which external funding in several health areas is decreasing.

The HA study provides important baseline information, which is needed to guide policy and get value for money. It is founded on the principle that "we cannot manage what we cannot measure." The institutionalization of HA represents a step in the direction of finding ways in which the health system can work better, especially with limited resources. The HA study promotes being efficient (avoiding waste) and being effective (value for money).

In April 2017, persons from the Ministry of Health (MOH) and other government agencies were trained in the methodology and the use of the HA Production Tool. This training was aimed at building in-country capacity for future HA studies. After the HA estimation launch workshop on July 28, 2017, the HA technical team, comprised of MOH staff, University of West Indies' Health Economics Unit, Health Economics Unit (UWI-HEU), and others began primary and secondary data collection. The Health Economics Unit, Centre for Health Economics led the data collection process, with technical support from USAID's Health Finance and Governance project and support from the United Nations Development Programme. Collected data were compiled, cleaned, triangulated, and reviewed. The preliminary results of the analysis were discussed with country stakeholders at a validation workshop conducted on December 15, 2017. A second round of validation was held with the MOH on July 20, 2018, after which the reports summarizing the results were finalized for dissemination.

The Trinidad and Tobago HA exercise, which included a focus on HIV and AIDS spending including health-related spending such as that on psychosocial support (PSS), was conducted for the fiscal year 2015 (October 2014 to September 2015). The objective was to provide specific data on the magnitude and components of health expenditure in Trinidad and Tobago during the period, for both the public and private sectors of the health system. The conduct of the HA study was guided by key policy questions that were identified by key stakeholders on a HA Steering Committee during the planning stage (Table 1.2). These questions reflect some of the policy questions that the HA findings can help answer, when combined with other information, to help improve health financing and resource allocation.

1.2 Overview of the Health System

1.2.1 Public Sector

The MOH is responsible for governance and leadership of the health sector. This governance function includes policy setting, quality assurance and regulations, monitoring and evaluation, and financing of the public health system. The MOH also has responsibility for some vertical services and national programs, such as the one managed by its HIV/AIDS Coordinating Unit (HACU).

Public health care services are provided through five Regional Health Authorities (RHAs): the North West Regional Health Authority (NWRHA), North Central Regional Health Authority (NCRHA), Eastern Regional Health Authority (ERHA), South West Regional Health Authority, (SWRHA) and the Tobago Regional Health Authority (TRHA). Each RHA is led by a chief executive officer and has a management team that typically includes the medical chief of staff, the finance manager, hospital manager, health care managers, and other heads of institutions and specialties who operate within the ambit of the RHA.

The RHAs are autonomous bodies that are responsible for the operation of multiple health facilities in their regions. The MOH allocates financial resources to each RHA based on individual Annual Services Agreements. The health facilities managed by the RHAs include hospitals, district health facilities, health centers, and outreach centers. The population can access care at all public health sector facilities free at the point of service. Table 1.1 shows the numerical breakdown of the facilities in each RHA.

Table 1.1: Facilities Managed by the Regional Health Authorities

Regional Health Authority	Hospitals	Health Centers	District Health Facilities
North West Regional Health Authority	3	17	0
North Central Regional Health Authority	3	13	1
Eastern Regional Health Authority	3	16	1
South West Regional Health Authority	2	34	2
Tobago Regional Health Authority	1	18	1

Source: Government of the Republic of Trinidad and Tobago MOH, MOH Statistical Report 2009-2011.

1.2.2 Private Sector

The private health sector in Trinidad and Tobago consists of at least 11 hospitals that deliver tertiary-level care, over 100 private nursing homes, and numerous general practitioners. Additionally, there are at least 300 private pharmacies, and together with several private laboratories and medical diagnostic centers, they supplement the services that are provided in the public health sector (HEU-UWI 2015). There are often public/private sector arrangements, which are negotiated in order to reduce waiting times for various procedures when there are delays in the public sector. The population usually accesses private health sector services through health insurance coverage and by paying out of pocket (OOP).

1.3 Epidemiological Overview

Trinidad and Tobago experienced a general improvement in key health indicators over the course of recent years. There is however, great concern about the growth trend in noncommunicable diseases (NCDs), which have become a significant cause of mortality in Trinidad and Tobago. NCDs account for more than 60 percent of deaths annually: 52 percent of deaths in males and 41 percent of deaths in females (Government of the Republic of Trinidad and Tobago Ministry of Health 2017a). Of the NCDs, heart disease is the number one cause of death, accounting for a quarter (25 percent) of all deaths annually, followed by diabetes (now the second leading cause of death, accounting for 14 percent), cancer (13 percent), and cerebrovascular disease (10 percent) (Government of the Republic of Trinidad and Tobago Ministry of Health 2017a).

1.3.1 HIV and AIDS

The MOH's Strategic Plan 2012–2016 identifies key health conditions that fall under strategic priority areas. HIV is one of those highlighted, in addition to chronic noncommunicable diseases, maternal and child health, and mental health (Government of the Republic of Trinidad and Tobago Ministry of Health 2017b). The MOH's HACU makes it possible to access free HIV testing and

counselling through the RHAs, non-governmental organizations (NGOs), and the Prevention of Mother-to-Child Transmission program. The HACU also coordinates health promotion activities through information, education, and counseling (IEC) strategies, as well as the HIV treatment and care program, which provides free antiretroviral therapy (ART) and diagnostic services at the RHAs.

According to Trinidad and Tobago's Global AIDS Response Progress Report 2016, the adult prevalence rate rose slightly in 2013 to 1.65 percent, up from 1.5 percent over the period 2009 to 2012. New HIV infections reported and diagnosed in 2014 numbered 1,053, which is a decline of 9 percent over the 2010 figure of 1,154. Women accounted for 43 percent of the reported new HIV infections in 2014. There was an 80 percent decrease in AIDS cases and an almost 70 percent decline in AIDS-related deaths over the 10-year period 2005 to 2014, with the cause of the latter being mainly attributed to the government providing access to free antiretroviral drugs (Trinidad and Tobago HIV Secretariat 2016).

1.4 Key Policy Questions Addressed by the HA Study

As a reflection of the status of the health sector, and epidemiological priorities, the following policy questions were identified by the Steering Committee at the outset of the Health Accounts Study. See Table 1.2 below.

Table 1.2: Key Policy Questions Guiding Health Accounts Estimation

Scope	Policy Area	Policy Question
Overall health system	Sustainability of health financing	Who funds the health system and how much do they contribute? What is the role of the private sector?
	Risk pooling	How are funds managed and to what extent are funds for health pooled to minimize risk?
	Financial risk protection	What level of financial risk protection is available to households in Trinidad and Tobago? What is the level of OOP spending?
	Efficiency	How are funds distributed across levels of care (e.g., primary vs. secondary/tertiary spending?). What percentage of funds are spent on administration?
	Universal health coverage (UHC)	What is the percentage of Gross Domestic Product spent on health and per capita spending? Is this adequate/sustainable in view of the country's move towards UHC?
	Disease burden/NCD spending	Which diseases dominate Trinidad and Tobago's spending? Is this in line with the disease burden?
National HIV response	Sustainability of HIV financing	Who is funding HIV and AIDS goods and services?
	Financial risk protection	What level of financial risk protection is available for people living with HIV in Trinidad and Tobago when they seek care?
	Efficiency	How is health spending allocated among HIV treatment, prevention, PSS, and other activities?
	Psychosocial support (PSS)	What is the level of investment in PSS? Who is funding PSS? For what services? How much PSS funding is spent at the community level?

2. OVERVIEW OF THE METHODOLOGY

The 2015 HA estimation for Trinidad and Tobago was conducted using the System of Health Accounts (SHA) 2011 framework. A summary of the results of the 2015 HA exercise for Trinidad and Tobago is presented in the Main HA Report; this Statistical Report contains supplementary information to the Main Report and provides details on the methodology used in the 2015 HA exercise, and the tables that show the flow of resources from the source to end use. This methodological supplement is intended for government technicians and researchers who will be using the HA results.

2.1 The Health Accounts Methodology

The HA uses the internationally recognized standardized SHA 2011 framework to summarize, describe, and analyze the financing of the health system of Trinidad and Tobago. A HA exercise captures information using primary and secondary data collection techniques to track health spending throughout the economy by all donors, NGOs, the public sector, and the private sector, including households. The 2015 HA estimation in Trinidad and Tobago is the first for the country.

The HA answers questions such as: Who pays for health care? How much? For what services? Actual expenditures, rather than budget inputs, are used to detail funding flows. HA data are crucial for informing resource allocation decisions, comparing planned with actual expenditures, increasing transparency and accountability, and evaluating value for money. HA results are also an essential foundation in the planning of major health financing reforms, such as national health insurance. For Trinidad and Tobago, the HA specifically examines spending on HIV and AIDS programs, since this information is critical for planning for sustainable programming.

2.2 Boundaries of the Estimation[1,2]

- **Health boundary:** The boundary of "health" in the SHA 2011 is money spent with the primary purpose of health restoration, maintenance, and improvement for the nation during a defined period of time. This is a functional definition in that it: emphasizes activities intended for health care, regardless of the provider or paying entity; is organized in terms of the type of care received; and is inclusive of health spending in all sectors of the economy within the health system.
- **Health care-related activities:** Health care-related items refer to activities related to improving the health status of the population, but whose primary purpose lies elsewhere. Health-related functions are linked to health care in terms of operations, institutions, and personnel, but are excluded when measuring activities belonging to core health functions. PSS is considered a health -related activity in Trinidad and Tobago's 2015 HA.
- **Time boundary:** The HA time boundary specifies that each analysis covers a one-year period and includes the value of the goods and services that were consumed during that period. HA

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1 Source: OECD, European Union, and the World Health Organization. 2011. A System of Health Accounts.

2 Source for Time, Space, Disease, and Curative Care Boundaries: Namibia Ministry of Health and Social Services. September 2017. *Namibia 2014/15 Health Accounts: Statistical Report*. Windhoek, Namibia.

include expenditure according to accrual accounting, by which expenditures are classified within the year they create economic value rather than by when the cash was received.

- **Space boundary:** The HA methodology "focuses on the consumption of health care goods and services of the resident population irrespective of where this takes place" (OECD et al. 2011). This means that goods and services consumed by residents (citizens and non-citizens) are included, whether in Trinidad and Tobago or outside the country, while non-residents who are in Trinidad and Tobago are excluded.
- **Disease boundary:** HA according to the SHA 2011 methodology focus on the spending, on priority diseases, whose primary purpose is prevention, health promotion, treatment, rehabilitation, and long-term care. This boundary of disease spending does not include spending on other activities key to the priority disease responses, such as: care for orphans and vulnerable children (e.g., education, community support and institutional care), enabling-environment programs (e.g., advocacy, human rights programs, and programs focused on women and gender-based violence), and social protection and social services (e.g., monetary benefits, social services, and income-generation projects).
- **Curative care boundary:** Curative care starts with the onset of disease, and encompasses health care during which the "principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function" (OECD et al. 2011). It includes inpatient, outpatient, home-based, and day curative care. Across each of these types, it also includes general and specialized curative care.
- **Prevention:** Prevention activities in the framework refer only to expenditure on health prior to diagnosis, which are related notably through population-based programs such as information campaigns, vaccination, early case detection, and healthy-condition monitoring. Other types of prevention activities that result from individuals' initiative to visit an outpatient facility—for example, information, education, and communication programs or immunizations, outside of a program setting—are not included as prevention, but rather are rolled into curative treatment. Thus, total spending on prevention using the framework underestimates the actual resources the country allocates to prevention.

2.3 Definitions of the Classifications[3]

The HA exercise involves analyzing health expenditure data according to a set of classifications, which are defined below. For additional details on the SHA 2011, please refer to the SHA 2011 Brief or the SHA 2011 manual (Cogswell et al. 2013; OECD 2011).

- **Financing schemes (HF):** the main funding mechanisms by which people obtain health services, answering the question "how are health resources managed and organized?" Financing schemes categorize spending according to criteria such as: the mode of participation in the scheme (compulsory vs. voluntary), the basis for entitlements (contributory vs. non-contributory), the method for fund-raising (taxes/compulsory pre-payments vs. voluntary payments), and the extent of risk pooling. Examples include government programs such as

[3] Source for classification definitions: Namibia Ministry of Health and Social Services. September 2017. *Namibia 2014/15 Health Accounts: Statistical Report*. Windhoek, Namibia.

general government spending or the Chronic Disease Assistance Program (CDAP); voluntary private insurance; and direct (i.e., OOP) payments by households for goods and services.[4]

- **Revenue of financing schemes (FS):** the types of transactions through which funding schemes mobilize their income. Examples include transfers from the Ministry of Finance to governmental agencies; direct foreign financial transfers (e.g., external donors providing funds to NGOs); and voluntary prepayment from employers.
- **Financing agents (FA):** the institutional units that manage one or more health financing schemes. Examples include Ministry of Health, commercial insurance companies, NGOs, and international organizations.
- **Health care providers (HP):** organizations and actors who provide medical goods and services as their main activity, as well as those for whom the provision of health care is only one activity among many others. Examples include hospitals, clinics, health centers, and pharmacies.
- **Health care functions (HC):** the goods and services consumed by health end users. Examples include: curative care; information, education, and counselling programs; medical goods such as supplies and pharmaceuticals; and governance and health system administration.
- **Factors of provision (FP):** the inputs to the production of health care goods and services by health care providers. Examples include: compensation of employees, health care goods and services (e.g., pharmaceuticals, syringes, or lab tests used as part of a curative or preventive contact with the health system), and non-health care goods and services (e.g., electricity and training).

2.4 Health Accounts Aggregates and Indicators[5]

The aggregates and indicators defined below are among those estimated as part of this HA exercise. Some of these aggregates and indicators rely exclusively on HA estimates, while others require additional information from other sources.

- **Total current health expenditure (CHE):** Total current expenditure on health quantifies the economic resources spent on health functions, and represents final consumption of health goods and services by residents of the country within the year of estimation.
- **Gross capital formation:** Gross capital formation on health is measured as the total value of assets that providers have acquired during the estimation year (less the value of sales of similar assets) and that are used for longer than one year in the provision of health services.
- **Total health expenditure (THE):**[6] The sum of current health spending and gross capital formation.

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[4] Note that detail on the CDAP financing scheme was not available for inclusion in Trinidad and Tobago's 2015 Health Accounts exercise.

[5] Source for definitions of aggregates and indicators: Namibia Ministry of Health and Social Services. September 2017. *Namibia 2014/15 Health Accounts: Statistical Report*. Windhoek, Namibia.

[6] This aggregate is comparable to National Health Accounts and SHA 1.0 estimations.

3. SOURCES OF DATA

3.1 Institutional Surveys

A wide range of secondary data and information was collected from various government documents. Primary data were collected via surveys from a wide range of informants. Data were simultaneously collected on both overall health spending and HIV-specific health spending. Additionally, a separate survey was distributed to NGOs to collect data on PSS spending. The following institutions were surveyed to obtain primary data for the HA process:

a. **Donors (both bilateral and multilateral)**, to get an understanding of the level of external funding for health programs in Trinidad and Tobago. A list of all donors involved in the health system was compiled through secondary research and consultation with the MOH and other key stakeholders. Of the seven donors contacted, responses were obtained from six; however, the HA only used information from five, because one donor reported figures for the Caribbean region, and expenditure in Trinidad and Tobago could not be isolated.

b. **NGOs involved in health**, to understand flows of health resources through NGOs that manage health programs. A complete list of NGOs involved in the health sector was compiled through consultation with the MOH and other key stakeholders, as well as through desk research. Thirty-four NGOs were contacted, and completed surveys were obtained from seven; 14 responded that they did not have any health expenditures in the study time period. Because weights are not typically applied to NGOs, the NGOs that did not respond to the survey are not accounted for in the final estimation of total NGO spending. It is important to note that some of the key NGOs involved in the health sector did not respond.

c. **Employers**, to understand the extent to which employers provide health insurance through the workplace and, where applicable, which employers manage their own health facilities or provide workplace prevention programs. The employer list was developed using a sample frame from the Central Statistical Office. Completed surveys that reported health spending were obtained from eight employers, and their spending was useful to establish the share of contribution by employers and employees; two employers responded that they did not provide any health benefits to employees during the study period.[7] None of the employers that responded provided additional health benefits to their employees. The total amount of contributions to Voluntary Health Insurance was obtained at the national level.

d. **Insurance companies**, to understand their total expenditure on health. A list of insurance companies providing medical and general coverage was compiled through desk research and consultation with key stakeholders. Ten insurance companies were contacted—three provided data on the survey, while four responded that they did not have any health expenditures during the study period. However, only one company provided disaggregated data. Therefore, data on insurance companies' market share was obtained from the Supervisor of Insurance in the Central Bank of Trinidad and Tobago (CBTT). Detailed spending data from the survey submitted by one company was used to disaggregate the market share data from the CBTT.

[7] Note that employers who reported that they did not provide health benefits to employees are considered responses in Table 3.1.

Table 3.1: Institutional Survey Response Rates of Contacted Entities

Entities	Number Contacted	Number Responded	Response Rate
Donors	7	6	86%
NGOs	34	21	62%
Employers	27	10	37%
Insurance	10	7	70%

3.2 Household Data

For conduct of the HA, the 2008/09 Household Budgetary Survey (HBS), which is a nationally representative survey of all private households in Trinidad and Tobago, was used to estimate health spending by households. The frame for the HBS was the 2000 Population and Housing Census; the survey itself was conducted by the Central Statistical Office. Three questionnaires and a diary were used to capture expenditure information from households. The expenditure classification used in the 2008/09 HBS was based on the Classification of Individual Consumption Expenditure by Purpose (COICOP). This classification allows six levels of disaggregation and carries a 10-digit code.

A sample size of 7,680 households was initially selected so that estimates of expenditure from the sample would produce a margin of error of 3 percent after accounting for an expected nonresponse rate of 15 percent. Due to nonresponse by households, the realized sample size was 7,090 households, with an overall nonresponse rate of 7.7 percent.

Table 3.2: Distributions of Initial Sample of Enumeration Districts (EDs) and Households

Region	Number of EDs	Number of Households
Trinidad	***1,838***	***7,352***
10 Port of Spain	80	320
11 Mayaro/Rio Claro	48	192
12 Sangre Grande	95	380
13 Princes Town	132	528
14 Penal/Debe	123	492
15 Spiraria	125	500
20 City of San Fernando	90	360
30 Borough of Arima	47	188
40 Borough of Chaguanas	101	404
50 Borough of Point Fortin	32	128
60 Diego Martin	165	660
70 San Juan/Laventile	257	1028
80 Tunapuna/Piarco	307	1228
90 Couva/Tabaquite/Talparo	236	944
99 Tobago	***82***	***328***
91 St. George	8	32
92 St. Mary	4	16
93 St. Andrew	26	104
94 St. Patrick	22	88
95 St. David	12	48
96 St. Paul	6	24
97 St. John	4	16
Trinidad and Tobago	***1,920***	***7,680***

The sample design used a stratified two-stage cluster sample of households, divided into 12 equal subsamples that were nationally representative by region and income area. The sample was stratified by region. The first stage comprised Enumeration Districts (EDs). The sample units in the first stage were selected using probability proportional to size. In the second stage, a compact cluster of four households was selected in each ED. Each of the 12 subsamples was further divided into two periods, so that the total sample was spread across 24 periods. The distribution of the initial sample of EDs and households is shown in Table 3.2. The 2008–09 HBS used retrospective moving reference periods to capture expenditures. In most cases, 12-month retroactive moving reference periods were used to record expenditures. A 14-day diary period was also used to collect expenditures on food and non-alcoholic beverages, and tobacco, as well as some purchases in restaurants and hotels.

In order to obtain 2014–2015 equivalent household health expenditure, the 2008–2009 HBS data on health was adjusted for inflation, using the price indices on health from the CBTT. The growth in demand for health care was accounted for using the population growth from 2008–2009 to 2014–2015.

3.3 Other Supplementary Data

The following secondary data sources were used in the 2015 HA estimation and report:

a. Executed budgets from the MOH (2015) via the Estimates of Revenue and Expenditure for Trinidad and Tobago

b. The Trinidad and Tobago 2008–2009 HBS, which was used to derive estimates of direct health expenditure by households

c. Costing of Health Services in Trinidad and Tobago 2013, which was used as a proxy to determine cost allocation ratios in Trinidad and Tobago

d. Data from the CBTT provided supplementary statistics such as the GDP for 2015

e. MOH Statistical Report 2009–2011 for health services utilization data

f. Supervisor of Insurance in the CBTT for data on total insurance premiums and claims

g. Data on the fiscal balance, from the MOF's Estimates of Revenue and Expenditure (Table 3.3)

h. Data from the Ministry of Finance on the health-related spending by Borough, City, and Regional Corporations

Table 3.3: Fiscal Balance for the Period 2008–2016

Year	Recurrent Revenue (TT$ Mn)	Recurrent Expenditure (TT$ Mn)	Overall Fiscal Balance (TT$ Mn)
2008	54,315.3	51,162.8	3,152.50
2009	37,897.2	41,781.2	-3,884.00
2010	42,298.2	43,099.6	-801.40
2011	45,610.4	51,197.1	-5,586.70
2012	47,622.1	52,382.4	-4,760.30
2013	50,730.4	53,624.6	-2,894.20
2014	55,455.6	61,390.2	-5,934.60
2015	51,307.2	57,902.6	-6,595.40
2016	40,395.8	50,281.4	-9,885.60

Source: Ministry of Finance, Estimates of Revenue and Expenditure (2010–2018).

4. ESTIMATION AND APPLICATION OF SPLIT RATIOS

Some reported expenditures were not easily disaggregated. To address this problem, the HA team estimated and applied cost allocation rations to complete the analysis. In most cases, the splits were developed by using unit and institutional cost data from the Costing of Health Services in Trinidad and Tobago 2013 study, utilization data from the RHAs, and the MOH Statistical Report 2009–2011. The following splits were developed from these sources:

- **Provider Splits** (based on Costing Study data)
    - ***Ambulatory care providers for North Central Regional Health Authority (NCRHA)—Arima Cluster and Chaguanas Cluster.*** This split was used to enable the HA team to separate government expenditure by type of provider as it relates to County Medical Officers of Health (CMOHs), district health facilities, and health centers.
    - ***Ambulatory care providers for North West Regional Health Authority (NWRHA)—St. George West and St. George Central Clusters***. This split was used to enable the HA team to separate government expenditure by type of provider with respect to CMOHs, district health facilities, and health centers.
    - ***Eric Williams Medical Science Complex (EWMSC) and Wendy Fitzwilliams Paediatric Hospital.*** This split was applied to expenditure for EWMSC, which was not disaggregated to reflect expenditure of Wendy Fitzwilliams Paediatric Hospital.
- **Other Provider Splits**
    - ***Dental and paramedical services***. 50/50 splits were applied due to lack of disaggregated information in the household component.
    - ***Vision and dental***. 50/50 splits were applied due to lack of disaggregated information in the household component.
    - ***Insurance providers***. The split for providers to which insurers pay benefits was obtained from one insurance company, which provided a detailed expenditure breakdown, and applied to all, under the assumption that they operate in a similar manner.
- **Health Function and Disease Splits** (based on Costing Study data)
    - ***Inpatient versus outpatient splits—All hospitals (public and private) and unspecified hospitals***. This split was used to disaggregate inpatient from outpatient spending at all hospitals. It was also used to allocate spending to different disease classifications. This was also necessary in instances where the total amount allocated to a hospital was not known.
    - Ambulatory care providers for North Central Regional Health Authority (NCRHA)—St. Joseph, Arima and Chaguanas Clusters, Women's Hospital, EWMSC, health centers, and district health facilities. This split was used to disaggregate the type of services offered and the diseases being addressed by these providers for outpatient care. Siparia District Health Facility was used as a proxy for all district health facilities in Trinidad.
    - ***Health centers for Tobago***. The Scarborough Health Centre split was used to disaggregate expenditure by disease for all health centers in Tobago.

- **Other Health Function/Disease Splits**
  - ***Dental and paramedical***. 50/50 splits were applied due to lack of disaggregated information in the household component. This 50/50 split was also applied to NCDs and mental health.
  - ***Inpatient and healthy condition monitoring***. 50/50 splits were applied due to lack of disaggregated information in the household component for specialized inpatient curative care and healthy condition monitoring programs.
  - ***Pharmacy***. This split was used to split expenditures at pharmacies as they relates to prescribed medicines, over the counter drugs, and other medical non-durables. For disease split, the allocations of drugs to disease provided by the National Insurance Property Development Company Limited (NIPDEC) were used for all pharmacies.
  - ***Chronic Disease Assistance Program (CDAP) drugs.*** This split was developed using the allocation of CDAP drugs by disease provided by NIPDEC.
  - ***Rescue Mission disease***. This split was developed to disaggregate spending by disease for HIV versus non-HIV diseases for this NGO.
- **Other Splits**
  - ***Insurance source split: corporations versus hospitals***. The HA used the percentage contributions of employers and employees for private health insurance to split insurance source between corporations and households.
  - ***Health-related services: nutritional support and social services***. A 50/50 split was used to disaggregate the type of PSS due to lack of disaggregated data.

5. LIMITATIONS

The first HA estimation is a significant accomplishment for the Trinidad and Tobago MOH. However, some challenges arose during the process, which may impact the coverage and accuracy of the information. It is important to highlight them for consideration for future HA exercises.

5.1 Estimation of Government Expenditure Breakdown

The main challenge encountered was the lack of disaggregated data, particularly for the RHAs and the central Ministry of Health, making it necessary to adjust the data. One main adjustment was that "distribution keys" were estimated and applied to expenditures, in order to break down spending by disease, type of activity, and providers. These distribution keys were calculated using information provided by the Costing of Health Services in Trinidad and Tobago 2013 study. However, in the case of *disease allocations by providers*, distribution keys were developed using utilization data from the MOH and RHAs.

For example:

- The MOH was unable to provide disaggregated data for vertical services, which meant that some details were lost in analysis. In the absence of disaggregated data, most vertical services were allocated to prevention. However, data from the Trinidad Public Health Laboratory and the National Blood Transfusion services were disaggregated using information provided in the Costing of Health Services Trinidad and Tobago 2013 study.
- In the case of Tobago, the total expenditure of the Division of Health and Social Services, which includes the Tobago RHA, was obtained with no level of disaggregation. Raw data obtained during the conduct of the Costing of Health Services Trinidad and Tobago 2013 was used to disaggregate this spending, under the assumption that spending patterns did not change significantly between 2013 and 2015. This also applies to HIV spending at all levels.
- Breakdown of health spending by disease was possible for only 34 percent of health spending because lack of disaggregated data did not permit further analysis by disease or health condition.
- RHAs' information was ambiguous with respect to the inclusion of NIPDEC expenditure. It seemed that all NIPDEC expenditure was accounted for through the RHAs; therefore, the data that NIPDEC provided on allocations to the RHAs were excluded from the estimation under the assumption that those allocations appeared in the RHAs' data.
- Extended care facilities were treated as district health facilities and outreach centers were treated as health centers.

5.2 Estimation of Donor Spending

- The Pan Caribbean Partnership Against HIV and AIDS (PANCAP) reported expenditure over a four-year period for several items; therefore, 25 percent of that total expenditure was allocated to 2015.
- The Centers for Disease Control and Prevention (CDC) reported spending on communication connectivity and surveys; this included both capital and current expenditure. Due to lack of information, all spending was coded to current expenditure.

5.3 Estimation of Household OOP Expenditure

- Use of a secondary source to estimate household OOP (in this case the HBS) may underestimate health spending by households. Although the HBS did allow some level of analysis, for a more in-depth examination of household OOP spending, more health questions need to be added to existing national surveys, or a HA household survey should be conducted. For the household data, the growth in population was used as a proxy for the growth in demand. Inflation was accounted for using the health indices from the CBTT (CBTT Data Centre 2018).
- Some of the line items in the HBS survey were ambiguous, and therefore assumptions were necessary:
    - For the household data, splits for the regions were calculated based on population data.
    - Herbal shops in the HBS data were coded as pharmacies, under the assumption that they operate in a similar manner.
    - All line items in household (HBS) data indicating "in hospital" care were assumed to be inpatient care, and paid public hospital care was assumed to be inpatient care in the private wing of a public hospital.
    - All medical treatment abroad was assumed to be inpatient.

5.4 Response Rates

- The response rate for NGOs was 62 percent, and this may contribute to an underestimation of both general health (prevention) and HIV spending. Additionally, the data show that MOH subventions are provided to NGOs; however, because the MOH subvention data were not disaggregated, some details of the NGO data were not captured and remained aggregated for analysis. However, the effects of NGO under-reporting were reduced through donor surveys that reported through support for NGOs.
- The response rate for employers was 37 percent. Of the employer surveys that were completed and used in the HA estimation, none reported health spending on prevention and curative activities through the workplace, or through specific financial arrangements to benefit employees. Employer contributions to insurance schemes were captured through the insurance company data; therefore, the limited expenditure data on the submitted employer surveys were excluded from the HA estimation. Given the observed dominance of insurance subsidy as the main form of benefit by employers that responded, the underestimation is not likely to be significant.

6. GENERAL HEALTH ACCOUNTS STATISTICAL TABLES

The statistical tables shown in this section summarize recurring health spending in TT$ (millions), unless otherwise stated. The tables cross-tabulate spending for two HA classifications, and were created using the HA Production Tool.

Table 6.1: Health Financing Schemes and Their Revenue by Type (FS x HF)[8]

Financing schemes			Revenues of health care financing schemes *TT Dollars (TTD), Million*	FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.2 Transfers distributed by government from foreign origin	FS.5 Voluntary prepayment	FS.5.1 Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.	FS.6.3 Other revenues from NPISH n.e.c.	FS.7 Direct foreign transfers	FS.nec Unspecified revenues of health care financing schemes (n.e.c.)	All FS
HF.1			**Government schemes and compulsory contributory health care financing schemes**	**4,979.66**	**10.03**										**4,989.69**
	HF.1.1		Government schemes	**4,979.66**	**10.03**										**4,989.69**
HF.2			**Voluntary health care payment schemes**	**1.07**		**84.80**	**27.98**	**56.82**	**0.10**	**0.04**	**0.01**	**0.05**	**0.30**	**0.41**	**86.67**
	HF.2.1		Voluntary health insurance schemes			**84.80**	27.98	56.82							**84.80**
	HF.2.2		NPISH financing schemes (including development agencies)	**1.07**					**0.10**	0.04	0.01	0.05	**0.30**	**0.41**	**1.87**
		HF.2.2.1	NPISH financing schemes (excluding HF.2.2.2)	**1.07**					**0.10**	0.04	0.01	0.04	**0.30**	**0.41**	**1.87**
		HF.2.2.nec	Unspecified NPISH financing schemes (n.e.c.)						**0.00**			0.00			**0.00**
HF.3			**Household out-of-pocket payment**						**3,996.73**	**3,996.73**					**3,996.73**
	HF.3.1		Out-of-pocket excluding cost-sharing						**3,993.34**	3,993.34					**3,993.34**
	HF.3.nec		Unspecified household out-of-pocket payment (n.e.c.)						**3.39**	3.39					**3.39**
All HF				**4,980.73**	**10.03**	**84.80**	**27.98**	**56.82**	**3,996.83**	**3,996.77**	**0.01**	**0.05**	**0.30**	**0.41**	**9,073.09**

8 HF.1.1 (Government schemes) classifies funds that flow through central and local government mechanisms, e.g. central government funds that are managed by the MOH or the Tobago House of Assembly.

Table 6.2: Health Care Providers and Their Related Financing Schemes (HF x HP)[9]

Financing schemes			HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.2	HF.3	All HF
Health care providers		*TT Dollars (TTD), Million*	Government schemes and compulsory contributory health care financing schemes	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Household out-of-pocket payment	
HP.1		**Hospitals**	**2,652.76**	**2,652.76**	**2,420.71**	**232.04**	**67.84**	**67.84**		**466.74**	**3,187.34**
	HP.1.1	General hospitals	**2,151.19**	2,151.19	1,919.15	232.04	**67.84**	67.84		**267.85**	**2,486.88**
	HP.1.2	Mental health hospitals	**152.74**	152.74	152.74						**152.74**
	HP.1.3	Specialised hospitals (Other than mental health hospitals)	**318.61**	318.61	318.61						**318.61**
	HP.1.nec	Unspecified hospitals (n.e.c.)	**30.22**	30.22	30.22					**198.89**	**229.10**
HP.2		**Residential long-term care facilities**	**9.12**	**9.12**	**9.12**		**1.07**		**1.07**	**3.65**	**13.84**
	HP.2.1	Long-term nursing care facilities								**3.65**	**3.65**
	HP.2.2	Mental health and substance abuse facilities	**9.12**	9.12	9.12		**1.07**		1.07		**10.19**
HP.3		**Providers of ambulatory health care**	**617.57**	**617.57**	**564.14**	**53.43**	**5.68**	**5.26**	**0.42**	**1,371.00**	**1,994.25**
	HP.3.1	Medical practices					**5.26**	5.26		**1,356.55**	**1,361.81**
	HP.3.2	Dental practice								**1.99**	**1.99**
	HP.3.3	Other health care practitioners								**1.99**	**1.99**
	HP.3.4	Ambulatory health care centres	**541.73**	541.73	488.30	53.43	**0.42**		0.42	**10.25**	**552.40**
	HP.3.5	Providers of home health care services	**75.84**	75.84	75.84					**0.22**	**76.06**
HP.4		**Providers of ancillary services**	**4.79**	**4.79**	**4.79**					**188.97**	**193.75**
HP.5		**Retailers and Other providers of medical goods**	**29.82**	**29.82**	**29.82**		**10.85**	**10.85**		**1,956.73**	**1,997.41**
HP.6		**Providers of preventive care**	**976.21**	**976.21**	**883.74**	**92.48**	**0.38**		**0.38**		**976.60**
	HP.6.1	CMOH	**215.68**	215.68	123.20	92.48					**215.68**
	HP.6.nec	Other Providers of preventive care	**760.54**	760.54	760.54		**0.38**		0.38		**760.92**
HP.7		**Providers of health care system administration and financing**	**698.17**	**698.17**	**598.21**	**99.96**					**698.17**
	HP.7.1	Government health administration agencies	**693.74**	693.74	593.78	99.96					**693.74**
	HP.7.9	Other administration agencies	**4.43**	4.43	4.43						**4.43**
HP.8		**Rest of economy**					**0.00**		**0.00**		**0.00**
	HP.8.3	Community health workers (or village health worker, community health aide, etc.)					**0.00**		0.00		**0.00**
HP.9		**Rest of the world**					**0.85**	**0.85**		**6.25**	**7.10**
HP.nec		**Unspecified health care providers (n.e.c.)**	**1.25**	**1.25**	**1.25**					**3.39**	**4.63**
All HP			**4,989.69**	**4,989.69**	**4,511.78**	**477.91**	**86.67**	**84.80**	**1.87**	**3,996.73**	**9,073.09**

[9] The SHA 2011 classification of HF.1.1.2 is for "State/regional/local government schemes". This classification was used to characterize funds that were sent from the central government of Trinidad and Tobago to the Tobago House of Assembly for distribution to financing agents in Tobago such as the Tobago Division of Health and Social Services and the Tobago Regional Health Authority. The classification of HF.1.1.1 (Central Government Schemes) was used to describe funds that flow through central government schemes, such as expenditures made by the central MOH and the RHAs (except for the Tobago Regional Health Authority).

Table 6.3: Health Care Functions and Their Related Health Financing Schemes (HF x HC)

Financing schemes			HF.1	HF.1.1	HF.1.1.1	HF.1.1.2	HF.2	HF.2.1	HF.2.2	HF.3	All HF
Health care functions		*TT Dollars (TTD), Million*	Government schemes and compulsory contributory health care financing	Government schemes	Central government schemes	State/regional/local government schemes	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes (including development agencies)	Household out-of-pocket payment	
HC.1		**Curative care**	**2,978.06**	**2,978.06**	**2,729.89**	**248.17**	**74.15**	**73.95**	**0.21**	**1,913.10**	**4,965.31**
	HC.1.1	Inpatient curative care	**1,826.35**	1,826.35	1,690.60	135.75	**49.09**	48.88	0.21	**367.15**	**2,242.58**
	HC.1.2	Day curative care	**11.90**	11.90	11.90						**11.90**
	HC.1.3	Outpatient curative care	**1,029.12**	1,029.12	916.70	112.42	**25.07**	25.07		**1,545.73**	**2,599.92**
	HC.1.4	Home-based curative care	**79.04**	79.04	79.04					**0.22**	**79.26**
	HC.1.nec	Unspecified curative care (n.e.c.)	**31.65**	31.65	31.65						**31.65**
HC.2		**Rehabilitative care**	**5.02**	**5.02**	**5.02**						**5.02**
	HC.2.1	Inpatient rehabilitative care	**1.98**	1.98	1.98						**1.98**
	HC.2.3	Outpatient rehabilitative care	**0.17**	0.17	0.17						**0.17**
	HC.2.nec	Unspecified rehabilitative care (n.e.c.)	**2.88**	2.88	2.88						**2.88**
HC.3		**Long-term care (health)**	**31.71**	**31.71**	**31.71**		**1.07**		**1.07**	**3.65**	**36.43**
HC.4		**Ancillary services (non-specified by function)**	**7.58**	**7.58**	**7.58**					**188.97**	**196.55**
	HC.4.1	Laboratory services	**4.24**	4.24	4.24					**81.58**	**85.81**
	HC.4.2	Imaging services								**107.33**	**107.33**
	HC.4.3	Patient transportation	**3.35**	3.35	3.35					**0.06**	**3.40**
HC.5		**Medical goods (non-specified by function)**	**29.82**	**29.82**	**29.82**		**10.85**	**10.85**		**1,887.62**	**1,928.30**
HC.6		**Preventive care**	**1,238.08**	**1,238.08**	**1,108.29**	**129.79**	**0.60**		**0.60**		**1,238.68**
	HC.6.1	Information, education and counseling (IEC) programmes	**14.11**	14.11	14.11		**0.02**		0.02		**14.13**
	HC.6.2	Immunisation programmes	**11.82**	11.82	10.91	0.91					**11.82**
	HC.6.3	Early disease detection programmes	**5.18**	5.18	3.21	1.97	**0.03**		0.03		**5.21**
	HC.6.4	Healthy condition monitoring programmes	**214.19**	214.19	183.24	30.95	**0.22**		0.22		**214.40**
	HC.6.5	Epidemiological surveillance and risk and disease control programmes	**88.99**	88.99	88.99		**0.00**		0.00		**88.99**
	HC.6.6	Preparing for disaster and emergency response programmes	**4.10**	4.10	0.62	3.48					**4.10**
	HC.6.nec	Unspecified preventive care (n.e.c.)	**899.69**	899.69	807.21	92.48	**0.34**		0.34		**900.02**
HC.7		**Governance, and health system and financing administration**	**698.17**	**698.17**	**598.21**	**99.96**					**698.17**
HC.9		**Other health care services not elsewhere classified (n.e.c.)**	**1.25**	**1.25**	**1.25**					**3.39**	**4.63**
All HC			**4,989.69**	**4,989.69**	**4,511.78**	**477.91**	**86.67**	**84.80**	**1.87**	**3,996.73**	**9,073.09**

Table 6.4: Health Care Functions and Their Related Health Care Providers (HP x HC)

Health care functions		Health care providers / TT Dollars (TTD), Million	HP.1 Hospitals	HP.1.1 General hospitals	HP.1.2 Mental health hospitals	HP.1.3 Specialised hospitals (Other than mental health hospitals)	HP.1.ne Unspecified hospitals (n.e.c.)	HP.2 Residential long-term care facilities	HP.3 Providers of ambulatory health care	HP.3.1 Medical practices	HP.3. Dental practice	HP.3. Other health care practitioners	HP.3.4 Ambulatory health care centres	HP.3.5 Providers of home health care services	HP.4 Providers of ancillary services	HP.5 Retailers and Other providers of medical goods	HP.6 Providers of preventive care	HP.6.1 CMOH	HP.6.nec Other Providers of preventive care	HP.7 Providers of health care system administration and financing	HP. Rest of economy	HP.9 Rest of the world	HP.nec Unspecified health care providers (n.e.c.)	All HP
HC.1		**Curative care**	**3,000.57**	**2,371.56**	**152.74**	**247.17**	**229.10**		**1,888.44**	**1,361.81**	**1.99**	**1.99**	**446.60**	**76.06**		**69.11**	**0.09**	**0.08**	**0.00**	**0.00**		**7.10**		**4,965.31**
	HC.1.1	Inpatient curative care	**2,235.27**	1,739.48	149.82	152.28	193.69		**0.20**				0.20				**0.00**		0.00	**0.00**		**7.10**		**2,242.58**
	HC.1.2	Day curative care	**11.90**	11.90																				**11.90**
	HC.1.3	Outpatient curative care	**721.75**	620.18	2.92	93.45	5.20		**1,808.98**	1,361.81	1.99	1.99	443.19			**69.11**	**0.08**	0.08						**2,599.92**
	HC.1.4	Home-based curative care							**79.26**				3.20	76.06										**79.26**
	HC.1.nec	Unspecified curative care (n.e.c.)	**31.65**			1.43	30.22																	**31.65**
HC.2		**Rehabilitative care**	**5.02**	**3.04**		**1.98**																		**5.02**
HC.3		**Long-term care (health)**	**22.59**			**22.59**		**13.84**																**36.43**
HC.4		**Ancillary services (non-specified by function)**							**2.80**				**2.80**		**193.75**									**196.55**
HC.5		**Medical goods (non-specified by function)**														**1,928.30**								**1,928.30**
HC.6		**Preventive care**	**159.15**	**112.28**		**46.87**			**103.01**				**103.01**				**976.51**	**215.59**	**760.92**		**0.00**			**1,238.68**
	HC.6.1	Information, education and counseling (IEC) programmes	**5.35**	5.35					**7.45**				7.45				**1.34**		1.34					**14.13**
	HC.6.2	Immunisation programmes							**11.82**				11.82											**11.82**
	HC.6.3	Early disease detection programmes							**4.55**				4.55				**0.65**	0.61	0.04		**0.00**			**5.21**
	HC.6.4	Healthy condition monitoring programmes	**150.07**	103.19		46.87			**61.54**				61.54				**2.80**		2.80					**214.40**
	HC.6.5	Epidemiological surveillance and risk and disease control programmes															**88.99**		88.99					**88.99**
	HC.6.6	Preparing for disaster and emergency response programmes	**3.70**	3.70													**0.41**		0.41					**4.10**
	HC.6.nec	Unspecified preventive care (n.e.c.)	**0.04**	0.04					**17.66**				17.66				**882.32**	214.98	667.34					**900.02**
HC.7		**Governance, and health system and financing administration**																		**698.17**				**698.17**
HC.9		**Other health care services not elsewhere classified (n.e.c.)**																					**4.63**	**4.63**
All HC			**3,187.34**	**2,486.88**	**152.74**	**318.61**	**229.10**	**13.84**	**1,994.25**	**1,361.81**	**1.99**	**1.99**	**552.40**	**76.06**	**193.75**	**1,997.41**	**976.60**	**215.68**	**760.92**	**698.17**	**0.00**	**7.10**	**4.63**	**9,073.09**

Table 6.5: Health Care Schemes and Their Related Financing Agents (FA x HF)

Financing schemes			Financing agents *TT Dollars (TTD), Million*	FA.1 General government	FA.1.1 Central government	FA.1.2 State/Regional/Local government	FA.2 Insurance corporations	FA.4 Non-profit institutions serving households	FA.5 Households	All FA
HF.1			**Government schemes and compulsory contributory health care financing schemes**	**4,970.32**	**1,235.65**	**3,734.67**		**19.37**		**4,989.69**
	HF.1.1		Government schemes	**4,970.32**	1,235.65	3,734.67		**19.37**		**4,989.69**
		HF.1.1.1	Central government schemes	**4,492.41**	1,235.65	3,256.76		**19.37**		**4,511.78**
		HF.1.1.2	State/regional/local government schemes	**477.91**		477.91				**477.91**
HF.2			**Voluntary health care payment schemes**				**84.80**	**1.87**		**86.67**
	HF.2.1		Voluntary health insurance schemes				**84.80**			**84.80**
	HF.2.2		NPISH financing schemes (including development agencies)					**1.87**		**1.87**
HF.3			**Household out-of-pocket payment**						**3,996.73**	**3,996.73**
All HF				**4,970.32**	**1,235.65**	**3,734.67**	**84.80**	**21.24**	**3,996.73**	**9,073.09**

Table 6.6: Financing Agents by Type of Disease (FA x DIS)

Classification of diseases / conditions		Financing agents *TT Dollars (TTD), Million*	FA.1 General government	FA.1.1 Central government	FA.1.2 State/Regional/Local government	FA.2 Insurance corporations	FA.4 Non-profit institutions serving households (NPISH)	FA.5 Households	All FA
DIS.1		**Infectious and parasitic diseases**	**204.35**	**111.04**	**93.32**	**0.01**	**1.82**	**2.74**	**208.93**
	DIS.1.1	HIV/AIDS	**35.43**	15.52	19.91		**1.82**		**37.25**
	DIS.1.2	Tuberculosis (TB)	**55.89**	0.34	55.55				**55.89**
	DIS.1.4	Respiratory infections	**0.81**	0.81					**0.81**
	DIS.1.6	Neglected tropical diseases	**1.56**	1.56					**1.56**
	DIS.1.7	Vaccine preventable diseases	**11.14**		11.14				**11.14**
	DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	**99.54**	92.82	6.72	**0.01**		**2.74**	**102.29**
DIS.2		**Reproductive health**	**281.23**	**4.23**	**277.00**	**0.10**	**0.42**	**21.17**	**302.91**
	DIS.2.1	Maternal conditions	**131.21**	0.06	131.14	**0.01**	**0.42**	**2.11**	**133.74**
	DIS.2.2	Perinatal conditions	**116.78**		116.78				**116.78**
	DIS.2.3	Contraceptive management (family planning)	**1.57**		1.57	**0.09**		**19.06**	**20.72**
	DIS.2.nec	Unspecified reproductive health conditions (n.e.c.)	**31.68**	4.17	27.51				**31.68**
DIS.3		**Nutritional deficiencies**	**6.13**		**6.13**				**6.13**
DIS.4		**Noncommunicable diseases**	**910.22**	**56.65**	**853.57**	**8.85**	**1.12**	**924.20**	**1,844.39**
	DIS.4.1	Neoplasms	**13.33**		13.33				**13.33**
	DIS.4.2	Endocrine and metabolic disorders	**156.82**	12.45	144.37	**0.10**		**20.63**	**177.54**
	DIS.4.3	Cardiovascular diseases	**125.52**	7.00	118.52	**0.04**		**8.24**	**133.80**
	DIS.4.4	Mental & behavioural disorders, and Neurological conditions	**258.37**	8.37	250.00		**1.07**	**1.02**	**260.45**
	DIS.4.5	Respiratory diseases	**7.35**		7.35				**7.35**
	DIS.4.6	Diseases of the digestive	**9.17**	0.89	8.28	**0.03**		**7.42**	**16.63**
	DIS.4.7	Diseases of the genito-urinary system	**190.58**	16.74	173.84			**10.25**	**200.84**
	DIS.4.8	Sense organ disorders	**59.73**		59.73	**4.27**		**506.86**	**570.86**
	DIS.4.9	Oral diseases	**60.78**	10.99	49.79	**4.41**		**369.77**	**434.96**
	DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	**28.57**	0.20	28.38		**0.05**		**28.63**
DIS.5		**Injuries**	**21.82**		**21.82**				**21.82**
DIS.6		**Non-disease specific**	**714.86**	**327.29**	**387.57**		**17.41**		**732.27**
DIS.nec		**Other and unspecified diseases/conditions (n.e.c.)**	**2,831.70**	**736.45**	**2,095.25**	**75.84**	**0.47**	**3,048.62**	**5,956.64**
All DIS			**4,970.32**	**1,235.65**	**3,734.67**	**84.80**	**21.24**	**3,996.73**	**9,073.09**

Table 6.7: Health Care Providers and Their Related Factors of Provision (FP x HP)

Health care providers	Factors of health care provision *TT Dollars (TTD), Million*	FP.1 Compensation of employees	FP.2 Self-employed professional remuneration	FP.3 Materials and services used	FP.4 Consumption of fixed capital	FP.5 Other items of spending on inputs	FP.nec Unspecified factors of health care provision (n.e.c.)	All FP
HP.1	Hospitals	1,998.64	28.24	1,150.18	9.75	0.47	0.05	3,187.34
HP.2	Residential long-term care facilities	6.13		6.64		1.07		13.84
HP.3	Providers of ambulatory health care	386.60	1,357.62	156.23	0.41	93.39	0.00	1,994.25
HP.4	Providers of ancillary services	1.68		192.07				193.75
HP.5	Retailers and Other providers of medical goods			1,997.41				1,997.41
HP.6	Providers of preventive care	292.86	0.02	680.12	1.90	1.22	0.47	976.60
HP.7	Providers of health care system administration and financing	477.93	18.52	127.22	0.40	73.66	0.43	698.17
HP.8	Rest of economy			0.00				0.00
HP.9	Rest of the world			7.10				7.10
HP.nec	Unspecified health care providers (n.e.c.)					1.25	3.39	4.63
All HP		3,163.85	1,404.40	4,316.98	12.46	171.06	4.35	9,073.09

Table 6.8: Health Care Functions by Disease (HC x DIS)

Classification of diseases / conditions		Health care functions *TT Dollars (TTD), Million*	HC.1 Curative care	HC.1.1 Inpatient curative care	HC.1.2 Day curative care	HC.1.3 Outpatient curative care	HC.1.4 Home-based curative care	HC.1.ne Unspecified curative care (n.e.c.)	HC.2 Rehabilitative care	HC.3 Long-term care (health)	HC.4 Ancillary services (non-specified by function)	HC.5 Medical goods (non-specified by function)	HC.6 Preventive care	HC.6.1 Information, education and counseling (IEC) programmes	HC.6.2 Immunisation programmes	HC.6. Early disease detection programmes	HC.6.4 Healthy condition monitoring programmes	HC.6.5 Epidemiological surveillance and risk and disease control	HC.6.6 Preparing for disaster and emergency response programmes	HC.6.ne Unspecified preventive care (n.e.c.)	HC.7 Governance, and health system and financing	HC.9 Other health care services not elsewhere classified (n.e.c.)	All HC
DIS.1		**Infectious & parasitic diseases**	**93.15**	**45.73**		**47.42**	**0.00**		**0.00**		**2.40**	**3.56**	**109.32**	**0.19**	**11.22**	**1.05**	**0.01**	**84.49**		**12.37**	**0.49**		**208.93**
	DIS.1.1	HIV/AIDS	**31.48**	13.07		18.41					**0.74**		**4.53**	0.19		0.79		1.38		2.17	**0.49**		**37.25**
	DIS.1.2	Tuberculosis (TB)	**55.55**	29.51		26.04					**0.34**												**55.89**
	DIS.1.4	Respiratory infections										**0.81**											**0.81**
	DIS.1.6	Neglected tropical diseases											**1.56**					1.19		0.37			**1.56**
	DIS.1.7	Vaccine preventable diseases											**11.14**		11.13		0.01						**11.14**
	DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	**6.11**	3.14		2.96	0.00		**0.00**		**1.32**	**2.76**	**92.10**		0.09	0.26	0.00	81.92		9.83			**102.29**
DIS.2		**Reproductive health**	**145.20**	**128.62**		**16.36**	**0.22**		**0.00**			**21.05**	**136.65**	**0.04**			**135.21**		**0.02**	**1.38**	**0.02**		**302.91**
DIS.3		**Nutritional deficiencies**	**0.05**			**0.05**							**6.09**	**6.09**									**6.13**
DIS.4		**Noncommunicable diseases**	**1,252.62**	**473.44**		**761.24**	**0.04**	**17.90**	**0.00**	**10.19**		**517.01**	**63.59**	**0.24**	**0.07**	**2.17**	**47.91**	**2.97**	**0.00**	**10.23**	**0.98**		**1,844.39**
	DIS.4.1	Neoplasms	**11.30**	2.30		9.00							**1.36**			1.36					**0.67**		**13.33**
	DIS.4.2	Endocrine and metabolic disorders	**97.50**	76.84		20.65						**33.18**	**46.87**				46.87						**177.54**
		Other and unspecified endocrine and metabolic disorders (n.e.c.)	**84.44**	76.84		7.60																	**84.44**
	DIS.4.3	Cardiovascular diseases	**119.92**	20.13		98.36		1.43	**0.00**			**13.86**	**0.03**				0.03						**133.80**
	DIS.4.4	Mental & behavioural disorders, and Neurological conditions	**240.64**	211.43		29.18	0.04		**0.00**	**10.19**		**6.73**	**2.58**	0.20	0.06	0.02	0.65	1.45	0.00	0.20	**0.31**		**260.45**
	DIS.4.5	Respiratory diseases	**7.35**	2.87		4.48																	**7.35**
	DIS.4.6	Diseases of the digestive	**8.28**	5.33		2.94						**8.35**											**16.63**
	DIS.4.7	Diseases of the genito-urinary system	**200.57**	106.74		77.36		16.47				**0.27**											**200.84**
	DIS.4.8	Sense organ disorders	**115.96**	42.67		73.29			**0.00**			**454.63**	**0.27**			0.27	0.00			0.00			**570.86**
	DIS.4.9	Oral diseases	**422.99**			422.98	0.00						**11.97**	0.03	0.00	0.26	0.36	1.52		9.80			**434.96**
	DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	**28.12**	5.12		22.99							**0.51**	0.02		0.26				0.23			**28.63**
DIS.5		**Injuries**	**21.82**	**11.40**		**10.43**																	**21.82**
DIS.6		**Non-disease specific**	**0.00**	**0.00**									**34.98**						**0.21**	**34.77**	**696.04**	**1.25**	**732.27**
DIS.nec		**Other and unspecified diseases/conditions (n.e.c.)**	**3,452.47**	**1,583.40**	**11.90**	**1,764.42**	**79.00**	**13.75**	**5.02**	**26.25**	**194.15**	**1,386.68**	**888.05**	**7.58**	**0.52**	**1.99**	**31.27**	**1.54**	**3.88**	**841.27**	**0.64**	**3.39**	**5,956.64**
All DIS			**4,965.31**	**2,242.58**	**11.90**	**2,599.92**	**79.26**	**31.65**	**5.02**	**36.43**	**196.55**	**1,928.30**	**1,238.68**	**14.13**	**11.82**	**5.21**	**214.40**	**88.99**	**4.10**	**900.02**	**698.17**	**4.63**	**9,073.09**

Table 6.9: Revenues of Financing Schemes by Disease (FS x DIS)

Classification of diseases / conditions		Revenues of health care financing schemes *TT Dollars (TTD), Million*	FS.1 Transfers from government domestic revenue (allocated to health purposes)	FS.2 Transfers distributed by government from foreign origin	FS.5 Voluntary prepayment	FS.5.1 Voluntary prepayment from individuals/households	FS.5.2 Voluntary prepayment from employers	FS.6 Other domestic revenues n.e.c.	FS.6.1 Other revenues from households n.e.c.	FS.6.2 Other revenues from corporations n.e.c.	FS.6.3 Other revenues from NPISH n.e.c.	FS.7 Direct foreign transfers	FS.7.1 Direct foreign financial transfers	FS.7.3 Other direct foreign transfers (n.e.c.)	FS.nec Unspecified revenues of health care financing schemes (n.e.c.)	All FS
DIS.1		**Infectious and parasitic diseases**	**202.47**	**3.37**	**0.01**	**0.00**	**0.01**	**2.77**	**2.74**		**0.03**	**0.30**	**0.30**	**0.00**		**208.93**
	DIS.1.1	HIV/AIDS and Other Sexually Transmitted Diseases (STDs)	**33.54**	**3.37**				**0.03**			0.03	**0.30**	0.30	0.00		**37.25**
	DIS.1.2	Tuberculosis (TB)	**55.89**													**55.89**
	DIS.1.4	Respiratory infections	**0.81**													**0.81**
	DIS.1.6	Neglected tropical diseases	**1.56**													**1.56**
	DIS.1.7	Vaccine preventable diseases	**11.14**													**11.14**
	DIS.1.nec	Other and unspecified infectious and parasitic diseases (n.e.c.)	**99.54**		**0.01**	0.00	0.01	**2.74**	2.74							**102.29**
DIS.2		**Reproductive health**	**279.80**	**1.43**	**0.10**	**0.03**	**0.06**	**21.18**	**21.17**		**0.01**				**0.41**	**302.91**
DIS.3		**Nutritional deficiencies**	**6.13**													**6.13**
DIS.4		**Noncommunicable diseases**	**910.89**	**0.39**	**8.85**	**2.92**	**5.93**	**924.25**	**924.24**	**0.01**	**0.00**					**1,844.39**
	DIS.4.1	Neoplasms	**13.33**													**13.33**
	DIS.4.2	Endocrine and metabolic disorders	**156.82**		**0.10**	0.03	0.06	**20.63**	20.63							**177.54**
	DIS.4.3	Cardiovascular diseases	**125.52**		**0.04**	0.01	0.03	**8.24**	8.24							**133.80**
	DIS.4.4	Mental & behavioural disorders, and Neurological conditions	**259.24**	**0.20**				**1.02**	1.02							**260.45**
	DIS.4.5	Respiratory diseases	**7.35**													**7.35**
	DIS.4.6	Diseases of the digestive	**9.17**		**0.03**	0.01	0.02	**7.42**	7.42							**16.63**
	DIS.4.7	Diseases of the genito-urinary system	**190.58**					**10.25**	10.25							**200.84**
	DIS.4.8	Sense organ disorders	**59.73**		**4.27**	1.41	2.86	**506.86**	506.86							**570.86**
	DIS.4.9	Oral diseases	**60.78**		**4.41**	1.46	2.95	**369.77**	369.77							**434.96**
	DIS.4.nec	Other and unspecified noncommunicable diseases (n.e.c.)	**28.38**	**0.20**				**0.05**	0.04	0.01	0.00					**28.63**
DIS.5		**Injuries**	**21.82**													**21.82**
DIS.6		**Non-disease specific**	**728.28**	**3.98**												**732.27**
DIS.nec		**Other and unspecified diseases/conditions (n.e.c.)**	**2,831.33**	**0.84**	**75.84**	**25.03**	**50.81**	**3,048.62**	**3,048.62**		**0.00**					**5,956.64**
All DIS			**4,980.73**	**10.03**	**84.80**	**27.98**	**56.82**	**3,996.83**	**3,996.77**	**0.01**	**0.05**	**0.30**	**0.30**	**0.00**	**0.41**	**9,073.09**

Table 6.10: Fixed Capital Formation by Financing Agent (FA x HK)

Capital Account		Financing agents *TT Dollars (TTD), Million*	FA.1 General government	FA.1.1 Central government	FA.1.2 State/Regional/Local government	FA.4 Non-profit institutions serving	All FA
HK.1		**Gross capital formation**	**882.55**	**812.76**	**69.79**	**0.03**	**882.58**
	HK.1.1	Gross fixed capital formation	**881.84**	812.76	69.08	**0.03**	**881.87**
	HK.1.nec	Unspecified gross capital formation (n.e.c.)	**0.71**		0.71		**0.71**
All HK			**882.55**	**812.76**	**69.79**	**0.03**	**882.58**

Table 6.11: Health-Related Items: Social Care by Associated Health Financing Scheme (HF x HCR)

Financing schemes		HF.1	HF.2	HF.2.2	All HF
Health care functions related items	*TT Dollars (TTD), Million*	Government schemes and compulsory contributory health care financing schemes	Voluntary health care payment schemes	NPISH financing schemes (including development agencies)	
HCR.1	Long-term care (social)	0.0119			0.01186
HCR.2.1.1	Advocacy		0.0453	0.0453	0.04527
HCR.2.2.nec	Other Orphans and vulnerable children		0.0406	0.0406	0.04059
HCR.2.3.2	Social Services		0.0734	0.0734	0.07340
HCR.2.3.5	Nutritional/food support		0.0615	0.0615	0.06150
HCR.2.3.6	Counselling and spiritual support		0.0098	0.0098	0.00980
All HCR		0.0119	0.2306	0.2306	0.24242

Note: The health-related spending by Borough, City, and Regional Corporations is not included in this table

Table 6.12: Health Care Functions by Their Health Care Providers for HIV and AIDS (HC x HP x DIS 1.1)

Health care providers	Health care *TT Dollars (TTD), Million*	HC.1 Curative care	HC.2 Rehabilitative care	HC.4 Ancillary services (non-specified by function)	HC.5 Medical goods (non-specified by function)	HC.6 Preventive care	HC.7 Governance, and health system and financing administration	All HC
HP.1	Hospitals	79.92	0.00			0.14		80.06
HP.3	Providers of ambulatory health care	13.22				12.08		25.31
HP.4	Providers of ancillary services			2.40				2.40
HP.5	Retailers and Other providers of medical goods				3.56			3.56
HP.6	Providers of preventive care	0.00				97.10		97.11
HP.7	Providers of health care system administration						0.49	0.49
HP.8	Rest of economy					0.00		0.00
All HP		93.15	0.00	2.40	3.56	109.32	0.49	208.93

Table 6.13: Health Care Functions by Financing Agents for HIV and AIDS (HC x FA x DIS 1.1)

Financing agents		Health care functions *TT Dollars (TTD), Million*	HC.1 Curative care	HC.1.1 Inpatient curative care	HC.1.3 Outpatient curative care	HC.4 Ancillary services (non-specified by function)	HC.6 Preventive care	HC.6.1 Information, education and counseling (IEC) programmes	HC.6. Early disease detection programmes	HC.6.5 Epidemiological surveillance and risk and disease control programmes	HC.6.nec Unspecified preventive care (n.e.c.)	HC.7 Governance, and health system and financing administration	All HC
FA.1		**General government**	**29.99**	**13.07**	**16.92**	**0.74**	**4.20**	**0.19**	**0.77**	**1.38**	**1.87**	**0.49**	**35.43**
	FA.1.1	Central government	**11.46**		11.46	**0.74**	**3.32**	0.05	0.01	1.38	1.87		**15.52**
	FA.1.2	State/Regional/Local government	**18.53**	13.07	5.47		**0.88**	0.13	0.75			**0.49**	**19.91**
FA.4		**Non-profit institutions serving households (NPISH)**	**1.49**	**0.00**	**1.49**		**0.33**		**0.03**	**0.00**	**0.30**		**1.82**
All FA			**31.48**	**13.07**	**18.41**	**0.74**	**4.53**	**0.19**	**0.79**	**1.38**	**2.17**	**0.49**	**37.25**

Table 6.14: Capital Expenditures—Institutional Financing Source by Agent (Capital x FS.RI x FA)

Financing agents		Institutional units providing revenues to financing schemes *TT Dollars (TTD), Million*	FS.RI.1.1 Government	FS.RI.1.4 NPISH	All FS.RI
FA.1		**General government**	**882.55**		**882.55**
	FA.1.1	Central government	**812.76**		**812.76**
	FA.1.2	State/Regional/Local government	**69.79**		**69.79**
FA.4		**Non-profit institutions serving households (NPISH)**		**0.03**	**0.03**
All FA			**882.55**	**0.03**	**882.58**

Table 6.15: Capital Expenditures—Institutional Financing Source by Type of Disease (Capital x FS.RI x FA)

Classification of diseases / conditions			Institutional units providing revenues to financing *TT Dollars (TTD), Million*	FS.RI.1. Government	FS.RI.1. NPISH	All FS.RI
DIS.1			Infectious and parasitic diseases		0.03	0.03
	DIS.1.1		HIV/AIDS		0.03	0.03
DIS.4			Noncommunicable diseases	36.94		36.94
	DIS.4.1		Neoplasms	36.53		36.53
	DIS.4.4		Mental & behavioural disorders, and Neurological conditions	0.41		0.41
DIS.6			Non-disease specific	826.93		826.93
DIS.nec			Other and unspecified diseases/conditions (n.e.c.)	18.69		18.69
All DIS				882.55	0.03	882.58

Table 6.16: Institutional Financing Source by Financing Agent for HIV and AIDS (FS.RI x FA x DIS.1.1)

Financing agents			Institutional units providing revenues to *TT Dollars (TTD), Million*	FS.RI.1.1 Government	FS.RI.1.4 NPISH	FS.RI.1.5 Rest of the world	All FS.RI
FA.1			General government	33.54		1.89	35.43
	FA.1.1		Central government	13.63		1.89	15.52
	FA.1.2		State/Regional/Local government	19.91			19.91
FA.4			Non-profit institutions serving households (NPISH)		0.03	1.79	1.82
All FA				33.54	0.03	3.67	37.25

Table 6.17: Capital Expenditures—Institutional Financing Source by Financing Agent for HIV and AIDS (Capital x FS.RI x FA x DIS.1.1)

Financing agents	Institutional units providing revenues to financing schemes *TT Dollars (TTD), Million*	FS.RI.1.4 NPISH	All FS.RI
FA.4	Non-profit institutions serving households (NPISH)	0.03	0.03
All FA		0.03	0.03

Table 6.18: Financing Agents and Their Related Health Care Providers for HIV and AIDS (FA x HP x DIS.1.1)

Financing agents *TT Dollars (TTD), Million* Health care providers				FA.1 General government	FA.1.1 Central government	FA.1.2 State/Regional/Local government	FA.4 Non-profit institutions serving households (NPISH)	All FA
HP.1			**Hospitals**	**18.62**		**18.62**		**18.62**
	HP.1.1		General hospitals	**5.05**		5.05		**5.05**
	HP.1.3		Specialised hospitals (Other than mental health hospitals)	**13.57**		13.57		**13.57**
HP.3			**Providers of ambulatory health care**	**12.25**	**11.46**	**0.79**	**1.49**	**13.74**
	HP.3.4		Ambulatory health care centres	**12.25**	11.46	0.79	**1.49**	**13.74**
		HP.3.4.6	District health facilities	**0.04**		0.04		**0.04**
		HP.3.4.7	Health centres	**0.75**		0.75		**0.75**
		HP.3.4.8	Medical Research Foundation	**4.30**	4.30		**1.49**	**5.79**
		HP.3.4.9	All Other ambulatory centres	**7.16**	7.16			**7.16**
HP.4			**Providers of ancillary services**	**0.74**	**0.74**			**0.74**
HP.6			**Providers of preventive care**	**3.32**	**3.32**		**0.33**	**3.65**
HP.7			**Providers of health care system administration and financing**	**0.49**		**0.49**		**0.49**
HP.8			**Rest of economy**				**0.00**	**0.00**
All HP				**35.43**	**15.52**	**19.91**	**1.82**	**37.25**

Table 6.19: Capital Expenditures—Financing Agents and Their Related Health Care Providers for HIV and AIDS (Capital x FA x HP x DIS.1.1)

Health care providers		Financing agents *TT Dollars (TTD), Million* FA.4 Non-profit institutions serving households (NPISH)	All FA
HP.6	Providers of preventive care	0.03	0.03
All HP		0.03	0.03

Table 6.20: Financing Agents and Their Health Care-Related Functions for HIV (FA x HCR x DIS.1.1)

Health care functions related items					Total
			HCR.2.1.1	Advocacy	0.05
			HCR.2.2.nec	Other Orphans and vulnerable children	0.01
			HCR.2.3.2	Social Services	0.04
			HCR.2.3.5	Nutritional/food support	0.03
			HCR.2.3.6	Counselling and spiritual support	0.01
			All HCR		0.13

ANNEX A: REFERENCES

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