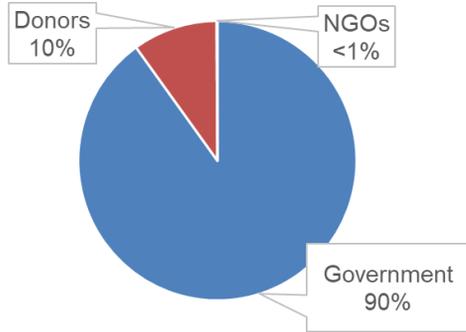


WHO FINANCES HIV AND AIDS?

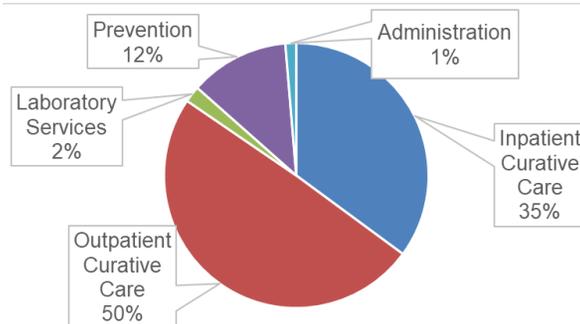
Recurrent health expenditures on HIV and AIDS by financing source, 2015



HIV spending is predominantly financed by the Government, which is responsible for 90 percent of all HIV spending. The Government manages more of the HIV funding than it provides (95 percent compared to 90 percent, respectively). This is because some donor-funded HIV programs are managed through the Ministry of Health.

WHAT DOES HIV AND AIDS SPENDING FUND?

Recurrent health expenditures on HIV and AIDS by function, 2015



Total curative care for HIV and AIDS accounts for 85 percent of all HIV and AIDS expenditure, with prevention accounting for 12 percent. Outpatient curative care includes patient visits to collect their antiretroviral drugs.

POLICY RECOMMENDATIONS:

- Increase government spending on health to reflect national priorities
- Improve government data availability for more detailed analysis of expenditures
- Establish national risk pooling arrangements to reduce household out-of-pocket expenditures to minimize risk of financial burden and potential catastrophic health expenditures
- Increase access to health services and allocative efficiency by spending more resources on preventive care and primary level facilities
- Critically review government spending on HIV and AIDS, particularly considering programs that rely on donor support in the context of likely decreasing external funding
- Increase allocative efficiency of HIV and AIDS services by spending more resources on preventive rather than curative care and reducing the proportion of funding for HIV and AIDS services spent at hospitals
- Improve Health Information Management Systems to ensure better documented and more comprehensive expenditure analysis
- Monitor commitments to Sustainable Development Goals and Universal Health Coverage
- Institutionalize Health Accounts exercise through ongoing and regular data collection and analysis to increase ownership of data, results and application

The Trinidad and Tobago Health Accounts exercise for 2015 was undertaken by the Government of Trinidad and Tobago with support from the United States Agency for International Development (USAID). Technica support for the health accounts estimation was provided by USAID's Health Finance and Governance (HFG) project, implemented by Abt Associates Inc. in partnership in the Caribbean with the HEU, Centre for Health Economics of the University of West Indies under cooperative agreement AID-OAA-A-12-00080.

TRINIDAD AND TOBAGO HEALTH ACCOUNTS 2015: Key Findings and Policy Implications



Republic of Trinidad and Tobago
MINISTRY OF HEALTH

This brochure presents health expenditure data by households, public and private institutions for Trinidad and Tobago's 2015 fiscal year (October 1, 2014—Sept 30, 2015).

THE HEALTH ACCOUNTS METHODOLOGY

Health Accounts (HA) is an internationally standardized methodology utilized by countries to track funding flows through the health system in a given year. More specifically, Health Accounts measures how a country's health expenditure flows from financing sources to financing agents, healthcare providers, and health functions. As the globally recognized methodology for tracking health resources, Health Accounts allows cross-comparisons with data from other countries. Health Accounts data measure financial performance and answer key policy questions, which makes it a critical tool for policy analysis and strategic planning for: Sustainability: Is health financing too donor dependent? Equity: Are households bearing too heavy a burden? Efficiency: Does spending favor inpatient care?

HEALTH ACCOUNTS IN TRINIDAD AND TOBAGO

The current exercise (2015) is Trinidad and Tobago's first round of Health Accounts. Health Account studies provide insights into health spending and resource use in the health system, and the information gathered facilitates an assessment of the financial importance of key players in the health care system. HA is 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 sustainable programming.

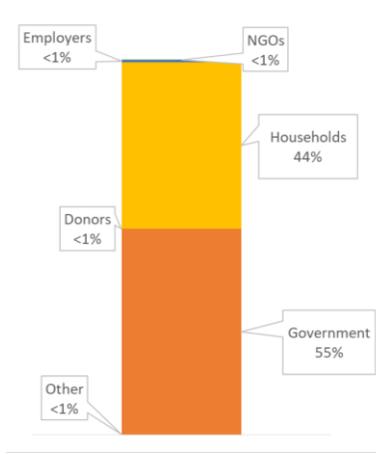
DATA SOURCES

Health Expenditure data was collected from a wide range of primary and secondary sources:

- Ministry of Health
- Regional Health Authorities
- Donors
- Non-Governmental Organisations
- Sample of private employers
- Sample of insurance companies
- Household expenditure data from the 2008/2009 Household Budgetary Survey (HBS)

WHO FINANCES HEALTH?

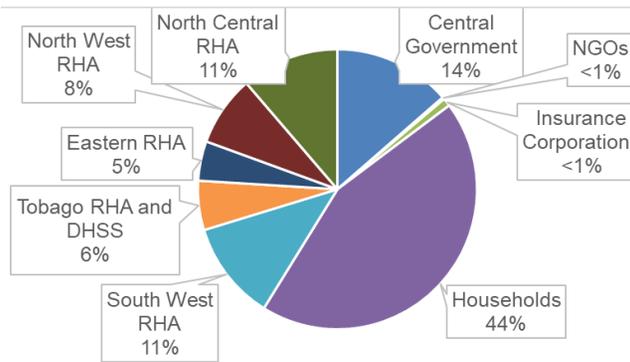
Recurrent health expenditure by financing source, 2015



The Government is the biggest contributor to health spending, followed by households through out-of-pocket payments.

WHO MANAGES HEALTH SPENDING?

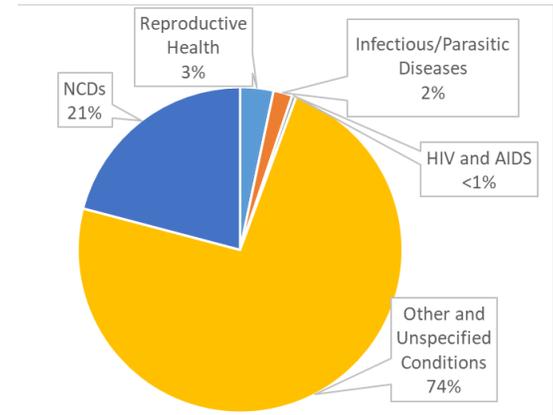
Recurrent health expenditures by manager, 2015



55 percent of recurrent health spending is managed by the government; most of this is managed at the local level through Regional Health Authorities (41 percent of all recurrent health spending) whilst the central government manages 14 percent. Less than 1 percent of current health spending is pooled via insurance schemes and 44 percent is borne by households, whose costs of health goods and services are incurred out-of-pocket.

HOW IS SPENDING ALLOCATED AMONG DISEASES?

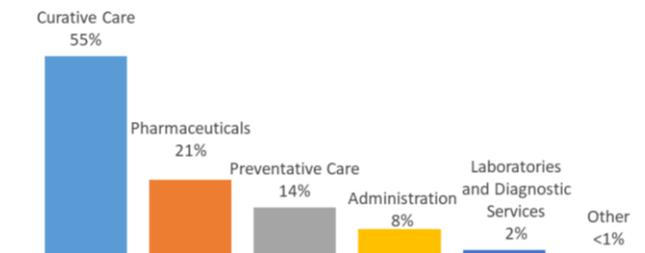
Recurrent health expenditure by disease, 2015



21 percent of recurrent health expenditure is spent on noncommunicable diseases (NCDs). The top three funded NCDs are sense organ diseases (6 percent), oral diseases (5 percent) and mental and behavioral diseases and neurological conditions (3 percent). Spending for HIV and AIDS accounts for <1 percent of all recurrent expenditure. The majority of expenditures could not be attributed to one disease or health condition due to the current Health Information Management System.

HOW IS SPENDING ALLOCATED AMONG TYPES OF SERVICE?

Recurrent health expenditure by type of service, 2015



Health spending in Trinidad and Tobago is predominately for curative care. Curative care includes all inpatient and outpatient care whose principal intent is to relieve symptoms of illness or injury. Spending on prevention represents 14 percent of recurrent health spending.