

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

**TRINIDAD AND TOBAGO**

**HEALTH SERVICES SUPPORT PROGRAM**

**(TT-L1039)**

**PROJECT PROFILE**

The project team consisting of prepared this document: Ian Ho-a-Shu, Team Leader (SPH/CSU); Tiphani Burrell-Piggott (SCL/SPH); Bernardita Sáez (LEG/SGO); Gregory Dunbar (FMP/CTT); Shirley Gayle (FMP/CTT); Priya Ramsumair (CCB/CTT); and Martha Guerra (SCL/SPH)

Under the Access to Information Policy, this document is subject to Public Disclosure.

## PROJECT PROFILE

### I. BASIC DATA

<b>Project Name:</b>	Health Services Support Program		
<b>Project Number:</b>	TT-L1039		
<b>Project Team:</b>	Ian Ho-a-Shu, Team Leader (SPH/CSU); Tiphani Burrell-Piggott (SCL/SPH); Bernardita Sáez (LEG/SGO); Gregory Dunbar (FMP/CTT); Shirley Gayle (FMP/CTT); Priya Ramsumair (CCB/CTT); and Martha Guerra (SCL/SPH).		
<b>Borrower:</b>	The Republic of Trinidad and Tobago		
<b>Executing Agency:</b>	Ministry of Health (MoH)		
<b>Financial Plan:</b>	<b>IDB:</b>	US\$110,000,000	
	<b>Total:</b>	US\$110,000,000	
<b>Safeguards:</b>	<b>Policies triggered:</b>	OP-102, OP-761	
	<b>Classification:</b>	C	

### II. GENERAL JUSTIFICATION AND OBJECTIVES

- 2.1 **Health Situation.** Consistent with regional and global health trends, Trinidad and Tobago has experienced general improvements in key health indicators. For example, life expectancy has increased from 63.7 in 1960 to 70.8 in 2011.<sup>1</sup> Additionally, Trinidad and Tobago has the fourth lowest maternal mortality ratio among IDB member countries (46 per 100,000 live births). This improvement is widely attributed to: (i) Increased access to public health care;<sup>2</sup> (ii) Increased public expenditure in the health sector;<sup>3</sup> and (iii) Improvements in social determinants of health such as education, economic stability, and gender equality. Despite these advances in public health and improvements in health outcomes, there are emerging public health threats that stem from the current epidemiological and demographic transition. Consequently, population aging, urbanization, shifts toward disabling causes, and changes in risk factors and lifestyle habits have resulted in sharp increases in non-communicable diseases.<sup>4</sup>
- 2.2 **Chronic Non-Communicable Diseases (NCDs).** The Ministry of Health is greatly concerned about the growth trend in chronic non-communicable diseases, which are linked to lifestyle patterns and aging. Over the past 30 to 40 years, the country has been experiencing the aforementioned epidemiologic and demographic transition, in which NCDs increasingly account for a larger percentage of premature deaths. Most recent burden of disease statistics indicate that NCDs account for 27% of all deaths. Among these NCDs, cardiovascular diseases (CVDs) account for 45%, cancer 28% and diabetes 23%.<sup>5</sup> The most

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<sup>1</sup> WHO (2011), World Bank (2011), CIA (2011).

<sup>2</sup> The Ministry of Health Strategic Plan, 2012 to 2016.

<sup>3</sup> In 2011, Government increased overall health expenditure to TTD\$3.6 billion, a 10.5% increase from the previous year and a 50% increase over the period 2007-2011. 2011 Annual Economic Survey, the Central Bank of Trinidad and Tobago, 2012.

<sup>4</sup> Draft Strategic Plan for the Prevention and Control of NCDs, MOH, Trinidad and Tobago, 2009.

<sup>5</sup> Situational Analysis of the Health Sector in Trinidad and Tobago, Ministry of Health, 2010.

prevalent risk factors for death and disability<sup>6</sup> include high body mass index (BMI), smoking, alcohol use, and physical inactivity. Currently, 65% of adults are overweight, 30% are obese, 23% have hypertension, 7% have diabetes, and 81% of adolescents engage in low physical activity, and 5% of children <5 are overweight. Statistics also indicate that females have a higher prevalence of risk factors, except for smoking, where 37% of males smoke versus 7% of females.

- 2.3 **Organization of the Sector.** The Ministry of Health (MOH) sets sector priorities, policy development, planning, monitoring and evaluation.<sup>7</sup> Service delivery has been decentralized to five Regional Health Authorities (RHAs).
- 2.4 **Persistent Sector Challenges.** Due principally to contributions originated under the IDB funded Health Sector Reform Program (937/OC-TT), the health sector has undergone significant transformation over the last decade, including new legislation and updated policies, changes in the structure and management of the health systems, improvement of primary health care access and facilities, and the establishment of a national ambulance service. While these changes have served to improve the health of the population, there are persistent systemic challenges in the sector that need to be addressed, including: (i) inadequate information systems to provide timely data for planning, policy development, improved healthcare quality, healthcare information portability/sharing, and to manage decision-making; (ii) inadequate supply of qualified healthcare personnel to meet the needs of the country's current health profile;<sup>8</sup> (iii) lack of a comprehensive structured approach to reduce current impact of NCDs and also prevent NCDs especially among children and youth; and (iv) the need to improve service capacity at the RHAs while concurrently exploring innovative mechanisms to finance and guide these improvements in service delivery quality and efficiency.<sup>9</sup>
- 2.5 **Innovative Service Delivery Model.** In keeping with 2.4 (iv) above to enhance service delivery within the current sector constraints, the MOH has identified a public-private partnership PPP pilot project for the provision of diagnostic services to complement the RHAs' diagnostic capacity. In line with the National PPP Policy,<sup>10</sup> the Ministry of Finance (MOF) in collaboration with the MOH is in the process of contracting consultants to assist with the PPP procurement process.
- 2.6 **Retooling of Healthcare System.** The country's health care delivery system was based on an acute care model developed when infectious diseases accounted for the majority of disease burden. However, given the disease burden shift from acute to chronic diseases and coupled with the need to squarely address the aforementioned sector challenges, the healthcare system now requires retooling. It is crucial that for the retooling to be successful in delivering quality primary care and continuity of care, that the approach is managed in a systematic manner

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<sup>6</sup> Institute for Health Metrics and Evaluation [IHME]. (2013). Global Burden of Disease Study 2010.

<sup>7</sup> Health Systems Profile Trinidad and Tobago, Pan American Health Organization, 2008.

<sup>8</sup> The public healthcare system suffers from not having a health workforce that corresponds in quantity, competency and quality to the current and projected health needs of the population. Draft Manpower Plan. 2012 to 2022. Ministry of Health.

<sup>9</sup> Strategic Plan for Strengthening National HIS, 2012-2016. Ministry of Health.

<sup>10</sup> National PPP Policy, Government for the Republic of Trinidad and Tobago. 2012.

- and that the retooling components work in tandem as an integrated sector improvement solution and not just be a lumping of disjointed activities.
- 2.7 **Project Objective.** Against the above background, the objective of the Health Services Support Program (HSSP) is to strengthen the organizational and institutional capacity of the health system in a structured cohesive manner to address the challenges of the health sector.
- 2.8 **Consistent with evidence-based guidelines,** this health system upgrade will be accomplished through specific interrelated activities, including: (i) a revamping of health care personnel skills to meet the needs of the current epidemiological profile of the country; (ii) the implementation of a comprehensive NCD control plan to reduce the impact of NCDs, namely cancers, diabetes, CVDs, and stroke; (iii) strengthening the MOH/RHAs to manage the PPP Diagnostic Services Pilot Project; and (iv) the implementation of a health informatics management system (HIMS). The HIMS will be the e-health data backbone to support the roll out of activities (i) to (iii) based on an integrated implementation plan which will focus on the logical grouping of activities working in parallel to achieve both individual and collective project component outputs/outcomes.
- 2.9 **Government Priorities and Policy Framework.** The HSSP is framed within Government's six priorities for the health sector<sup>11</sup> and its 2011 to 2014 Medium-Term Policy Framework, which emphasizes prevention and strengthening of primary health care services delivery through an integrated health care system.<sup>12</sup>
- 2.10 **Country Strategy.** The HSSP is directly aligned to the social protection pillar of the current CS and supports GORTT's efforts to improve delivery, access and quality of the supply of public health services, especially to the poor. The HSSP will also contribute to overall enhanced primary care services and continuity of care by: (i) improving quality and availability of health sector personnel; and (ii) creating health information management systems to measure, track, and share health data which will improve health quality and outcomes.
- 2.11 **Alignment with IDB-9 Lending Priority Targets.** The HSSP is aligned with the Ninth General Capital Increase (IDB-9 [CA-511]) strategic priority which focuses on the special needs of the less developed and small countries. Specifically, the HSSP will support Government to improve continuity of care by increasing key healthcare personnel, updating IT infrastructure/equipment; addressing NCDs, and enhancing service delivery performance, which is squarely aligned with the pillars of the Health and Nutrition Sector Framework Document.<sup>13</sup>
- 2.12 **Project Components.** Adhering to the use of evidence-based approaches, the HSSP will implement the following components: See a [detailed description of the component activities and key deliverables](#).

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<sup>11</sup> See [Government priorities](#)

<sup>12</sup> "Innovation for Lasting Prosperity" GORTT, Medium Term Policy Framework, 2011-2014.

<sup>13</sup> International evidence proves that: (i) organized integrated service delivery system increases effective access to health services; and (ii) a key determinant of the quality of integrated health networks is continuity of care; it is essential that when establishing the network, it provides for continuous, coordinated, and uninterrupted service delivery. Health and Nutrition Sector Framework Document GN-2735-3.

- 2.13 **Implementation of NCDs control plan (30 Million).** The control plan will fund the implementation of a NCDs surveillance plan and will focus on the prevention and control of non-communicable diseases using a life-course approach that addresses NCD risks early in life and throughout older age, including: educational and employment programs, disease-specific policy and protocols (including disease registries) for screening, prevention, control, and tracking of NCDs.
- 2.14 **Implementation of Health Informatics Strategy (50 Million).** This component will fund the procurement of a Health Information Management System (HIMS), and application training. While the HIMS will be developed using a central repository of patient and health data to be accessed by health care professionals, safeguards will be put in place to protect patient confidentiality. The HIMS will be the e-health data backbone to support implementation of the other components where access to accurate, real-time data will result in sector wide improvements, including NCDs health surveillance, health-system management, and clinical management decision. The HIMS will assist in establishing baselines, tracking progress, determining improved course of action for disease interventions and health policies, and in determining and sharing best practices. Also, having a good e-health system will increase continuity of care, improve the functioning of primary care networks, and build on early health IT successes in other countries. Government sees e-health as an innovative way to improve the outcomes of public-health initiatives while controlling service costs.
- 2.15 **Implementation Support to establish and train PPP Unit at MOH and RHAs (5 Million).** This component will support the PPP Diagnostic Services Pilot Project by strengthening the MOH's and RHAs' capacity to manage contract compliance and at the same time, identify future PPP opportunities in the sector.
- 2.16 **Execution of Human Resources (HR) Development Plan for the Health Sector (20 Million).** This component will address HR constraints by: developing workforce planning capacity of the sector; modernizing/expanding training programs especially for primary care staff working in the area of NCDs; and establishing financially sustainable retention strategies for each staff category. As part of the HR Development Plan, a Human Resources Information System, will be developed as a sub-component of the HIMS as outlined in 2.14 in order to monitor staffing requirements, performance management, compensation and benefits activities.

### III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

- 3.1 **Sector Work and PROPEF.** The HSSP has been guided by preliminary technical work done by the MOH Technical Team<sup>14</sup> which was funded by local resources. **A PROPEF loan (2955/OC-TT)** is providing additional resources to refine the existing technical work required for loan approval in September 2014.

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<sup>14</sup> See [Government priorities](#)

#### IV. SAFEGUARDS AND FIDUCIARY SCREENING

- 4.1 The safeguard policy filter categorized this loan as a “C” project indicating that the environmental and social impacts are likely to be positive for those beneficiaries who will have increased access to health services.
- 4.2 **Fiduciary Aspects.** Procurements under the loan will be carried out in accordance with the Policies for the Procurement of Goods and Works Financed (GN-2349-9) of March 2011; the Policies for the Selection and Contracting of Consultants (GN-2350-9) of March 2011. The procurement plan will be developed and special conditions to be included in the Loan Contract will be identified during the analysis stage and incorporated into the Proposal for the Operation Development (POD).
- 4.3 The Bank will use three key sub-systems: budget, treasury and external control. The MOH financial management arrangements will be assessed and recommendations made, based on the fiduciary risks associated with the country, sector and the loan, as well as the results of any subsequent periodic assessments.

#### V. OTHER ISSUES

- 5.1 **Lessons from the Health Sector Reform Program (937/OC-TT).** Informed by the experiences of loan 937/OC-TT (TT0024), the Execution Unit for the PROPEF will continue as the Execution Unit of the HSSP which will mitigate delays in implementation start-up by creating a seamless transition from HSSP preparation to implementation. Also, a MOH Technical Team which is providing technical supervision of the PROPEF will be retained throughout the execution of the HSSP to maintain key stakeholder understanding, commitment and engagement to the project.
- 5.2 **Changes in Political Leadership.** Based on the outcome of the 2015 elections, there could be a change in political leadership and priorities for the sector. The following mitigating measures will be done: (i) The HSSP will be designed in line with the health sector strategic plan 2012-2016; (ii) key activities will be front-loaded within limits of available capacity; and (iii) quick-wins to generate early institutional project buy-in momentum.

#### VI. RESOURCES AND TIMETABLE

- 6.1 In October 2013 a project concept was agreed upon with the GORTT and information was gathered to prepare the Project Profile. Program preparation costs are US\$91,000 from administrative funds which includes mission travel of US\$20,000. US\$1,500,000 from PROPEF TT-L1035 (2955/OC-TT) resources will support consultancies for project preparation during 2014. Annex V outlines the project preparation timeline and prospective activities.<sup>15</sup> OPC approval is expected by August, 2014 and Board approval by September, 2014.

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<sup>15</sup> The total cost of this operation is estimated at US\$110 million (which will include the repayment of the PROPEF resources of US\$1.5 million) with the funds coming from Ordinary Capital. There is no counterpart financing. The disbursement period is estimated at 60 months.

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<sup>1</sup> The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.

## SAFEGUARD POLICY FILTER REPORT

PROJECT DETAILS	
IDB Sector	HEALTH-HEALTH SYSTEM STRENGTHENING
Type of Operation	Investment Loan
Additional Operation Details	
Investment Checklist	Generic Checklist
Team Leader	Ho-A-Shu, Ian (IANH@iadb.org)
Project Title	Health Services Support Program
Project Number	TT-L1039
Safeguard Screening Assessor(s)	Burrell-Piggott, Tiphani (TIPHANIB@iadb.org)
Assessment Date	2014-02-19

SAFEGUARD POLICY FILTER RESULTS		
Type of Operation	Loan Operation	
Safeguard Policy Items Identified (Yes)	Operation for which (Type 1 ) disaster risk is most likely to be low .	(B.01) Disaster Risk Management Policy– OP-704
	The Bank will make available to the public the relevant Project documents.	(B.01) Access to Information Policy– OP-102
	Does this project offer opportunities to promote gender equality or women's empowerment through its project components?	(B.01) Gender Equality Policy– OP-761
	The operation is in compliance with environmental, specific women's rights, gender, and indigenous laws and regulations of the country where the operation is being implemented (including national obligations established under ratified Multilateral Environmental Agreements).	(B.02)
	The operation (including associated facilities) is screened and classified according to their potential environmental impacts.	(B.03)
	Suitable safeguard provisions for procurement of goods and services in Bank financed projects may be incorporated into project-specific loan agreements, operating regulations and bidding documents, as appropriate, to ensure environmentally responsible procurement.	(B.17)
Potential Safeguard Policy	No potential issues identified	





<b>Items(?)</b>	
<b>Recommended Action:</b>	Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR.
<b>Additional Comments:</b>	

### ASSESSOR DETAILS

<b>Name of person who completed screening:</b>	Burrell-Piggott, Tiphani (TIPHANIB@iadb.org)
<b>Title:</b>	
<b>Date:</b>	2014-02-19

### COMMENTS

No Comments

## SAFEGUARD SCREENING FORM

PROJECT DETAILS	
IDB Sector	HEALTH-HEALTH SYSTEM STRENGTHENING
Type of Operation	Investment Loan
Additional Operation Details	
Country	TRINIDAD AND TOBAGO
Project Status	
Investment Checklist	Generic Checklist
Team Leader	Ho-A-Shu, Ian (IANH@iadb.org)
Project Title	Health Services Support Program
Project Number	TT-L1039
Safeguard Screening Assessor(s)	Burrell-Piggott, Tiphani (TIPHANIB@iadb.org)
Assessment Date	2014-02-19

PROJECT CLASSIFICATION SUMMARY		
Project Category: C	Override Rating:	Override Justification:
		Comments:
Conditions/ Recommendations	<ul style="list-style-type: none"> <li>No environmental assessment studies or consultations are required for Category "C" operations.</li> <li>Some Category "C" operations may require specific safeguard or monitoring requirements (Policy Directive B.3). Where relevant, these operations will establish safeguard, or monitoring requirements to address environmental and other risks (social, disaster, cultural, health and safety etc.).</li> <li>The Project Team must send the PP (or equivalent) containing the Environmental and Social Strategy (the requirements for an ESS are described in the Environment Policy Guideline: Directive B.3) as well as the Safeguard Policy Filter and Safeguard Screening Form Reports.</li> </ul>	

SUMMARY OF IMPACTS/RISKS AND POTENTIAL SOLUTIONS	
Identified Impacts/Risks	Potential Solutions

DISASTER RISK SUMMARY	
Disaster Risk Category: Low	
Disaster/ Recommendations	<ul style="list-style-type: none"> <li>No specific Disaster Risk Management is required.</li> </ul>

**ASSESSOR DETAILS**

<b>Name of person who completed screening:</b>	Burrell-Piggott, Tiphani (TIPHANIB@iadb.org)
<b>Title:</b>	
<b>Date:</b>	2014-02-19

**COMMENTS**

No Comments

## **ENVIRONMENTAL AND SOCIAL STRATEGY**

The general objective of this project is to strengthen the organizational and institutional capacity of the health sector in order to enhance the health services delivery system in Trinidad and Tobago.

There are no environmental or social risks associated with the activities outlined in this operation. In accordance with the results of the "Safeguards Policy Filter Report," it is proposed that the transaction be classified as category "C" (see Annex II).

### INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Description	Expected Dates	References & hyper links to Technical files
<b>For the NCDs component</b>	The PROPEF is funding consultants to: (i) complete the design of NCDs surveillance system (data collection, analysis and dissemination of findings) on incidence, prevalence, morbidity, survival and mortality associated with NCDs; (ii) undertake an assessment of the NCDs risk factors; (iii) design M & E framework; and (iv) design of pilot programs to assess the early impacts of NCDs interventions	July 2014	
<b>Health Informatics Strategy (HIS)</b>	The HIS was developed by consultants funded from national resources and approved by Cabinet in 2011 based on a full appraisal of the technical aspects and cost estimates of the proposed application conducted by iGovTT (the Government Department responsible for all ICT public sector projects). The next stage is the procurement of the application software and hardware for the Health Information Management Systems through an open tender process which will be funded from the HSSP (TT-L1039) as part of Component 2. PROPEF resources are funding consultants to review local legislation and draft recommendations for necessary legislation modifications to support project initiatives required to implement electronic medical records systems which is a component of the HI	July 2014	
<b>PPP Diagnostic Center</b>	Under the guidance of both the Ministry of Finance and the Ministry of Health, PROPEF resources are funding technical assistance to establish the business case for the PPP Diagnostic Center project; and to undertake the critical path analysis required to take the project from business case to implementation	July 2014	
<b>Human Resources Development Plan</b>	Using the Draft Manpower Plan for the Ministry of Health, 2012 to 2022 as the key reference document, PROPEF resources are funding consultants who are refining the plan to: (i) to address healthcare workforce planning capacity of the sector; (ii) modernize the recruitment process and modernize and expand the training programs for primary care health professionals; health managers,	July 2014	

Topic	Description	Expected Dates	References & hyper links to Technical files
	public health specialists, doctors and nurses; and (iii) establish innovative and financially sustainable programs to attract and retain healthcare talent		
<b>Analysis of institutional capacity / human resources, procedures and other aspects of implementation capacity</b>	SESI	July 2014	
<b>Technical Options and Design Aspects</b>	Project Economic Evaluation, Cost Benefit Analysis Project preparation support (detailed budget preparation by component and activity, Procurement Plan and support preparation of the PEP)	August 2014	
<b>Data collection and analysis for reporting project results</b>	Preparation of Results Matrix with results indicators (targets and baseline) Preparation of Monitoring and Evaluation Framework	August 2014	

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