



MINISTRY OF HEALTH Government of the Republic of Trinidad and Tobago

**MINISTERIAL RESPONSE OF THE
MINISTRY OF HEALTH TO THE SECOND
REPORT OF THE JOINT SELECT
COMMITTEE ON HUMAN RIGHTS,
EQUALITY AND DIVERSITY**

MINISTRY OF HEALTH

17/11/2016

JOINT SELECT COMMITTEE ON HUMAN RIGHTS, EQUALITY AND DIVERSITY

The Second Report of the Joint Select Committee on Human Rights, Equality and Diversity on the Challenges Faced by Persons with Disabilities with specific focus on Access to Services and Employment, outlined the following objective:

To understand the challenges in accessing the various services faced by persons with disabilities in Trinidad and Tobago including:

- Facilities;
- Transport;
- Employment;
- Education (primary, secondary and tertiary);
- Health; and
- Licensing Office.

The Ministry of Health acknowledges the overall objective of the report and its recommendations together with the challenges for Persons with Disabilities, particularly adolescents accessing Sexual Reproductive Health (SRH) services and its impact on adolescent girls being among the most marginalized groups and at high risk of unwanted pregnancy and HIV infection.

In this regard, the Ministry of Health through the HIV/AIDS Coordinating Unit commenced the distribution of preventive material for those with disabilities noting the risk issues and challenges with treatment. Additionally, the following initiatives are currently being implemented to improve service delivery to persons with disabilities:

- A policy to collect standardized information from all its programme areas that capture different issues of social vulnerability and absence of presence of disabilities;
- Information is collected from SRH, HIV and STI treatment sites and Civil Society groups to determine the extent of the problem;
- Establish mechanisms to decrease apparent risk factors once determined;
- Improve the structure of all chronic disease and SRH clinics to have relevant staff to address social vulnerability and disabilities;
- To ensure all prevention material is accessible to persons with varying levels of ability; and
- Provide training to staff and strategic access points of care to persons with disabilities.

Ministry of Health Response to Recommendations of the Joint Select Committee

Stakeholder	Health Recommendations	Ministry of Health Response
Persons Associated with Visual Impairment	<p>Visual Eligibility is a requirement and is determined by a diagnostic eye examination. Many of our clients have seen vision specialists, privately or in health clinics and hospitals, including low vision clinics. However, very few have received any written reports and attempts to get these from any source are very problematic.</p>	<p>Patients with irreversible visual impairment or blindness are always reviewed by senior doctors to ensure all refractive, medical or surgical options are addressed. Usually persons who are referred to private institutions by the Ophthalmology Clinic would receive a written report within 3 to 6 weeks and thereafter, patients are expected to return to the Ophthalmology Clinic for further intervention or assessment. Across all public health institutions, the average number of reports issued per fiscal year is 180.</p>
	<p>Adjustment to Blindness benefits are of paramount importance to persons who are visually impaired as well as individuals with progressive or permanent vision loss to prepare them with the necessary skills to adjust to vision loss. A referral system through the clinics and hospitals.</p>	<p>Patients are usually reviewed by the Optometrist at Regional Health Authorities (RHAs) for low vision assessment or referred on to UWI School of Optometry and then to the Blind Welfare for low vision aids. The Ophthalmology Clinic would usually give patients a written referral to external agencies, for example, Social Welfare, Blind Welfare Association, and Medical Aid to assist with aids.</p>

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	<p>Many students attend the school for Blind Children for years but are asked repeatedly for proof of blindness and visual impairment by other Government departments and schools. An identification system or statement of legal blindness (if vision loss is deemed severe or permanent) is necessary to prevent this, as many clients cannot afford the high cost of specialist visits and are unable to get this from clinics and hospitals.</p>	<p>The appropriate medical disability forms and a referral to social welfare are completed with an estimation of the percentage disability due to the visual impairment at the Ophthalmology Clinics. It is recommended that a registry be developed as a proof of blindness and to track the progress of treatment and care.</p>
	<p>Subsidies or grants for diagnostic tests are necessary, especially for children in lower primary classes, and older unemployed persons, who are often referred to PAVI where functional vision assessments are conducted; however these cannot</p>	<p>The Ministry of Health provides vision screening for all primary school entrants, 4th standard students and any other with concerns within the school. Students who fail the screening assessment are seen by the Medical Officer at the Health Centres and are issued application form for eyeglasses. These students are either referred to private providers for eye tests for glasses or referred to the Eye Clinics for medical eye examinations. If eyeglasses are recommended, the Ministry of Health provides purchase orders for same.</p> <p>In 2015-2016, the School Health Programme received six hundred and twenty-eight (628) application forms of which four hundred and sixty-nine (469) or 74.7% were</p>

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	<p>always determine diagnosis, which helps in planning and implementing a rehabilitation plan.</p>	<p>recommended for further assessment. One hundred and forty-seven (147) students or (23.2%) were referred to optometry/ ophthalmology clinics. Of those, one hundred and eight (108) or 17.2% were referred for a second opinion because of weak prescriptions, forty (40) or 6.4% because of poor corrected visual acuity or other abnormality.</p> <p>This programme assesses and provides some form of rehabilitation for patients with continuous treatment and care.</p>
	<p>Cost of medication is extremely expensive for individuals whose only source of income is a Disability Grant. Many go blind due to lack of sight saving medication.</p>	<p>The Ministry of Health recognizes that medication for persons with visual impairment is costly and is presently reviewing and assessing the procurement and distribution of all pharmaceuticals to ensure greater availability and access.</p>
	<p>Insufficient medication in stock at health care facilities.</p>	<p>The Ministry of Health is currently reviewing the arrangement with NIPDEC to alleviate the issue of stock outs at health care facilities. Some of the steps taken to reduce the risk of drug shortages in the future include:</p> <ul style="list-style-type: none"> - Increased availability of funding and greater collaboration with the RHAs and NIPDEC in the distribution and usage rate in order to minimise the stock outs at health care facilities; and - The Ministry of Health is also seeking to procure pharmaceuticals through the PAHOs Strategic Fund at lower prices to minimise stock outs.
<p>T&T Association for Retarded Children</p>	<p>More professionals /specialists needed in the health care system. This will also reduce the long waiting time.</p>	<p>Medical Social Work (MSW) services are offered at RHAs through the Social Work Department to persons with disabilities. Such services include access to funding for both invasive and non-invasive procedures, speech and occupational therapy, braces and wheelchairs. Additionally, therapeutic intervention services are provided for persons with disabilities who are experiencing difficulty adjusting to or managing their diagnoses. These services are provided by trained professionals. The Ministry is</p>

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		currently finalising its Manpower Plan for the Health Sector to assess its human resource needs and staffing requirements to ensure that there are adequate and suitably qualified medical personnel to provide healthcare at all levels.
T&T Blind Welfare Association	Implement programs to reduce the cataract waiting list to no more than 3 months. There should also be regular testing for glaucoma and diabetes.	<p>The External-Patient Programme (EPP) is an arrangement with private health institutions to facilitate patients whose procedures cannot be accommodated at the public institutions within a suitable timeframe. This initiative was developed to reduce the waiting times at public health institutions. Under the EPP, to date, the total number of cataract applications is totalled at 3,455 patients, 2,373 of whom were approved thus far and sent to institutions. Since the inception of the EPP, the waiting time for cataract surgeries has been reduced from 2-3 years to 9 months- 1 year.</p> <p>Facilities to enable the expansion of testing for glaucoma and diabetes will be addressed through the approved NCD Strategic Plan, which will include mobile clinics and specialised clinics.</p>
Autistic Society of Trinidad and Tobago	Medical personnel must be sensitized to persons with autism while they are being trained as students.	<p>Currently, the Ministry of Health provides an annual subvention to the Autistic Society of Trinidad and Tobago to assist this organisation in providing training, parental workshops and other therapy for their children.</p> <p>Using the above arrangement, the training and education programmes should be extended to medical personnel.</p>