The funding of the health care sector in Trinidad and Tobago through the consolidated fund has throughout the period 1982-1992 begun to dwindle and the search for alternative/complimentary methods of obtaining finances is topical. This thesis explores the health financing process in Trinidad and Tobago, in particular it examines the potential of user charges as a means of mobilizing resources which can perform an efficiency role in the health sector whilst at the same time enhancing the inflow of resources to the health sector.

The thesis attempts to demonstrate how the amount of resources available to the health sector can be improved with even minimum charges and emphasizes the merits in terms of resource mobilization that a differential nominal fee structure or a uniform percentage of income fee structure can have on revenues.