

COUNTRY FACT SHEET

TOGO

(June 2011)



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I. GENERAL INFORMATION

I.1. Organization of the health care system

Togo is divided from the south to the north into six health care regions: Lomé district, the maritime region, the plateau region, the central region, the Kara region and the savannah region. These are subdivided into districts (35 in total).

The health care system is organized as a pyramid system with three levels:

The summit of the pyramid is the central level which corresponds to the Minister's cabinet at the general directorate of health and its central directorates, departments and services, Teaching Hospitals, INIH, the Blood Transfusion centre.

The intermediate or regional level composed of six regional health care offices, known by the abbreviation of their name in French (DRS) and represented in each region by the Regional Hospital Centres

The peripheral or prefectural or sanitary district level, composed of 35 district hospitals, 703 public peripheral care units and 356 private care units

I.2. Recent epidemics

Almost every year Togo experiences two types of epidemics.

They are Meningitis and Cholera.

Meningitis breaks out in the Savanes Region, and is the types A and C.

Cholera is more frequent in the Maritime Region

To control these two epidemics, programmes for vaccination and other means of control, such as treatment of cases and hygiene measures are sometimes carried out.

II. INFRASTRUCTURE

II.1. General information

	Savane	Kara	Central	Plateaux	Maritime	Lomé Town	Total
Teaching Hospital		1				2	3
Regional Hospital	1	1	1	1	1	1	6
Specialised Hospital				1	1		2
District Hospital	3	6	4	7	4	1	25
Confessional Private Hospital	1		1	4	2		8
USP	55	101	59	140	111	19	485
CMP/Private Community Clinic	10	9	13	23	4	5	64
Mother and Child Care		5		9	1		15
Group according to norms	70	123	78	185	124	28	608

Group of FS	73	140	78	192	371	70	924
Delivery Table	79	116	91	197	118	216	787
Pharmacies	02	04	02	05	46	128	187
Public Pharmacy Depots	3	12	6	16	13	3	53

Principal hospitals:

Polyclinique Internationale Saint Joseph
8, Boulevard du Haho (Hédjanawoé)
BP 10039 Lomé
Tel: 00 (+228) 226.72.32 / 226.94.42 / 226.94.43
Fax: 00 (+228) 226.76.55

Clinique ALPIA
27, rue des Manguiers (Hanoukopé)
BP 101 Lomé
Tel: 00 (+228) 221.63.95

Clinique BIASA
30, rue du Pasteur Baeta (Nyékonakpoè)
BP 2160 Lomé
Tel: 00 (+228) 221.11.37 / 221.11.60
Fax: 00 (228) 222.11.60

Clinique de L'Aéroport
Hedzranawoe Tél: 261.04.34

CHU-TOKOIN University Hospital Centre
BP 57 Lomé
Tel: 00 (+228) 221.25.01 / 221.50.72 / 221.08.48
Fax: 00 (+228) 221.36.75

CHU-CAMPUS University Hospital Centre
Tel 225.47.39 / 225.47.68

Hospital in Afagnan: 335.10.01

Hospital in Kara: 660.60.49

Hospital in Aneho: 331.05.57

Hospital in Kpalime: 441.04.15

Hospital in Atakpame: 440.00.01

Hospital in Sokode: 550.01.78

Hospital in Dapaong: 770.81.31

II.2. EQUIPMENT

The equipment and materials are insufficient in most health care facilities of the different levels of the system. The medico-technical equipment existing is at the same time insufficient and obsolete. The minimum set of equipment is not complied with and does not conform to the minimal norms required.

The infrastructures allotted to the specific technologies such as the biological analysis laboratories and the blood transfusion centres are likewise worrying.

The two blood transfusion centres at Lomé and Sokodé are insufficient and lacking in resources for their operation. This situation aggravates the transfusion insecurity in the epidemic context marked by the strong seroprevalence of HIV and transfused viral hepatitis.

The situation of biological analysis laboratories is characterised by a certain amount of anarchy due among other things to the absence of provisions making it possible to standardise analyses and methods, to harmonise the invoicing, control the quality of the services, as well as to the absence of means of inspection.

The cold chain logistics equipment and in particular the petrol containers, refrigerators and freezers are in general insufficient in relation to the needs and requirements of a good vaccine coverage pursued by national politics.

Most of the district hospitals no longer have ambulances for reference in cases of emergency. Certain ambulances available in the hospitals are unsuitable for prevailing road conditions. Certain private health care structures have at their disposal a set of modern and efficient equipment.

III. MEDICINE

The national centre for the provision of essential and generic medicines, known by the initials of its name in French (CAMEG), set up in September 1996, is responsible for the supply of the health care facilities with essential medicines in the entire national territory. The last update of list of essential medicines was done in 2007 with support of French Agency for Development (AFD). The rate of availability of the essential and generic medicines currently in use was around 82%. The share of medicines in the current expenditure is 43.7%.

The private pharmaceutical sector has 187 pharmacies and five distributing wholesalers as well as two private factories for manufacturing and packaging medicines. As far as pharmaceutical structures are concerned, these include:

- 5 authorized distributing wholesalers (CAMEG GTpharm, Socopharm, Sotomed and Uniphart)
- Hospital pharmacies
- 187 private pharmacies of which 130 at Lomé
- 52 authorized private warehouses

III.1. List of principal pharmacies in Lomé

Name	Address	Phone
Pharmacie des Etoiles	rue de la Nouvelle Marche	221.88.47
Pharmacie de l'Hopital	Angle rue Hopital et Tantigou	220.08.08
Pharmacie pour tous	Avenue de Calais	221.63.89
Pharmacie Belair	rue du Commerce	221.03.02
Pharmacie du Boulevard	Bd du 13 Janvier, Doulassame	221.65.49

Indicative prices:

Artemether (50 mg):	2350 FCFA
Artesunate (50mg):	2790 FCFA
Coartem CP B/6:	1340 FCFA

IV. INFANT, CHILD AND ADOLESCENT HEALTH CARE

1. General information

The activities of the PCIME (*Prise en Charge Intégrée des Maladies de l'Enfance* or in English Integrated Treatment and Management of Diseases of Infancy) are in the experimental stage and cover 23% of the country. A system of integrated surveillance of diseases has been set up with an emphasis on illnesses with potential to become epidemics and diseases to be eradicated / eliminated such as poliomyelitis, dracunculosis, neonatal tetanus, etc.

Currently, the health care services for children and adolescents are summarized to the services offered at health facilities in particular those integrating reproductive health. Health problems specific to children in difficult circumstances including drug abuse and other forms of violence against child trafficking are subject of increasing attention from national authorities with support from international partners.

A lot of NGOs and associations participate actively in the promotion of the health of children and adolescents. Among these, one may mention: The Togo Association of Family Welfare [*Association Togolaise pour le Bien-être Familial* (ATBEF)], Family Health and the prevention of Aids [*Santé familiale et Prévention du Sida* (SFPS)], Population Service International (PSI) and the German Association of Technical Cooperation (GTZ).

2. Health of the mother

A national population policy and a document of policy, standards and protocol of family planning exist. A national programme of women's health and one of reproduction has been started. The quality of health care is reinforced in the family planning services. The rate of prevalence of contraception is 24% for all methods combined. Pregnant women benefit from a follow-up during pregnancy (82%) and assistance during the delivery (59%). Moreover, 49% of deliveries take place in the health care facilities (EDST-1998).

The persistence of violence connected to this branch of health care calls for the reinforcement of strategies for combating the behaviours and practices harmful to health.

3. Mental illness

Generally, this is covered by the psychiatric department of the University Hospital Centre and the private sector.

Principal psychiatrists: Dr. NUBUKPO BP 2971 Lomé Tel.: 00 (+228) 222.45.90 Dr. DASSA CHU Campus (Centre Hospitalier Universitaire) Tel.: 00 (+228) 225.77.68

4. Transplantation, cardiovascular surgery, haemodialysis etc.: does not exist.

V. HEALTH INSURANCE

Health insurance in Togo covers neither labourers of the agricultural sector nor those of the informal sector. The salaried workers subject to the Employment Code are affiliated to the National Social Welfare Fund [*Caisse Nationale de Sécurité Sociale*]. They contribute 2.4% of their base salary and benefit from the following categories of service:

- a) Pensions for retirement, invalidity and surviving family members and dependents: the administrative procedures are very cumbersome and the old-age pension does not develop according to the cost of living. The widow's pension is unique and discriminatory for women: the young widow can only receive this benefit after attaining 40 years of age.
- b) Family services, family benefits (limited to 6 children) and finally maternity leave.

Social welfare and medical centres of the National Social Welfare Fund [*Caisse Nationale de Sécurité Sociale* (CNSS)] exist for primary health care services, generally of mother and baby protection [*protection maternelle et infantile* (PMI)].

To date, 7 health insurance companies provide social welfare services with health insurance according to individual or collective formulas. This insurance is only accessible to "privileged persons" of a certain class with incomes vastly superior to the average.

The health care measures of companies: the large companies in Togo (OTP, Port Autonome, Brasserie du Bénin, Société Togolaise de Coton, etc.) insure certain health care measures. The banks, the large commercial companies likewise, often reimburse 100% of the costs of illness and / or medicines to their workers.

The civil servants as well as the members of their families benefit from the state taking over 50% of the cost for all types of health care provided in a public health care facility. The 50% is deducted from their salary at source. But this provision encounters difficulties of an operational nature.

For the particular individuals, the persons admitted in accordance with the law or at their request in the paying wards organized for this effect are considered as paying patients. In addition to the price of the day, they additionally pay the amount of excess charges such as for:

- Surgical interventions and various medico-surgical and specialist acts, radiological examinations,
- All kinds of laboratory analyses and examinations, and medicines.

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