

Togo



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	7304.6
% Population under 15 (2015)	42.2
% Population over 60 (2015)	4.5
Life expectancy at birth (2015)	58.6 (Male) 61.1 (Female) 59.9 (Both sexes)
Neonatal mortality rate per 1000 live births (2015)	26.7 [20.5-34.2]
Under-five mortality rate per 1000 live births (2015)	78.4 [65.1-93.9]
Maternal mortality ratio per 100 000 live births (2015)	368 [255 - 518]
% DTP3 Immunization coverage among 1-year-olds (2014)	87
% Births attended by skilled health workers (2013)	59.3
Infants exclusively breastfed for the first 6 months of life (%) (2010)	62
Density of physicians per 1000 population (2008)	0.053
Density of nurses and midwives per 1000 population (2008)	0.274
Total expenditure on health as % of GDP (2014)	5.2
General government expenditure on health as % of total government expenditure (2014)	7.8
Private expenditure on health as % of total expenditure on health (2014)	61.6
Adult (15+) literacy rate total (2007-2012)	60
Population using improved drinking-water sources (%) (2015)	91.4 (Urban) 44.2 (Rural) 63.1 (Total)
Population using improved sanitation facilities (%) (2015)	24.7 (Urban) 2.9 (Rural) 11.6 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2011)	28.2
Gender Inequality Index rank out of 155 countries (2014)	134
Human Development Index rank out of 188 countries (2014)	162

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

The health situation in Togo is characterized by persistently high morbidity and mortality rates, despite progress in recent years in interventions such as integrated management of childhood illnesses, the use of treated mosquito nets and immunization coverage. An epidemiological transition is under way, in that noncommunicable diseases are increasingly becoming an issue.

Scant progress has been made on most health indicators, particularly those related to the Millennium Development Goals (MDG). With regard to MDG 6, in the period 2010-2013, HIV prevalence fell from 3.2% to 2.5%, the number of new infections halved, and the rate of mother-to-child transmission fell from 34.9% to 14.7%. Between 2005 and 2014, the incidence of tuberculosis fell from 77 to 58 cases per 100 000 of population; however, mortality increased from 10 to 13 deaths per 100 000 of population. The TB/HIV coinfection rate remained high at an estimated 21% in 2014. In 2013, malaria was the leading cause of morbidity in all age groups (46%), and of mortality (12.26%) in health facilities. The epidemic of Ebola virus disease in West Africa and the meningitis and Lassa fever epidemics in the central and northern regions of the country in 2016 have revealed shortcomings in the health system and in the enforcement of the International Health Regulations (2005). Nevertheless, in 2014 and 2015, Togo actively prepared itself to address public health emergencies.

Noncommunicable diseases have emerged due to higher exposure to risk factors such as tobacco use, alcohol abuse, the use of drugs and other psychoactive substances, and obesity. Thus in the population aged 15 to 64, the prevalence of high blood pressure is 19% and that of diabetes 2.6%. Cardiovascular diseases are responsible for 6% of all deaths recorded at health-care facilities nationwide.

HEALTH POLICIES AND SYSTEMS

Since 2010, Togo has availed itself of regional and international health partnership initiatives such as the International Health Partnership and related initiatives (IHP+) and has proceeded to reform the political and strategic framework of its health system through inclusive sectoral dialogue. In addition, Togo has a national health policy dating from 2011, a national health development plan for the period 2012-2015, and a joint framework for monitoring and evaluation. These reforms led to the signing, in May 2012, of a national compact between the Government and its partners to support implementation of the health development plan through planning and annual reviews at the operational and central levels of the health system. The national health development plan for 2012-2015 has been evaluated and the development of a new plan has begun. Togo's health system is relatively well-equipped in terms of infrastructure, and 70.9% of the population have access to facilities. Nonetheless, geographical, economic and social disparities regarding the supply and accessibility of essential health care persist.

Analysis of the distribution of human resources for health indicates that most of the health workforce is concentrated in the capital; rural areas are disadvantaged in this respect. Various initiatives are in place to improve the distribution of health workers.

Access to high-quality and affordable essential and generic medicines is inadequate due to the weak supply system.

Health financing is at 6%, clearly below the 9.33% expected for 2015. According to the health accounts for 2008, 51% of health spending was supported by households through the direct payment system. According to the health accounts for 2010, 2011 and 2012, now in preparation, only 7.6% of the population is covered by a system of financial risk protection. 4.4% of the population is covered by the mandatory health insurance for public-sector workers. Initiatives are currently under way to extend protection to workers in the public, informal and agricultural sectors.

COOPERATION FOR HEALTH

By subscribing to IHP+, Togo has strengthened and galvanized partnership cooperation and resource mobilization. The national health compact signed in 2012 is the concrete outcome of cooperation. It has been followed by a number of partnership programmes such as the European Union/WHO Universal Health Coverage Partnership; the EU/African, Caribbean and Pacific Island countries (ACP)/WHO Renewed Partnership for access to essential medicines; and the MUSKOKA initiative.

The United Nations Development Assistance Framework (UNDAF) for the period 2014-2017 contains a component on access to basic social services. All the United Nations agencies are proactively involved in interventions to control communicable diseases and respond to epidemics.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2009–2013)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Improve maternal, child and adolescent health</p>	<ul style="list-style-type: none"> • Support strengthening of maternal and neonatal health-care services (monitoring during pregnancy, delivery and the postpartum period), repositioning of family planning and elimination of mother-to-child transmission of HIV (EMTCT), and strengthening the Expanded Programme on Immunization including introduction of new vaccines. • Support community-based integrated management of childhood illness (IMCI) and promote essential family practices at the household and community level • Improve the reproductive health of adolescents and young people • Support the promotion of nutrition interventions, including micronutrient supplements, food fortification, nutritional advice and routine deworming of children under five.
<p>STRATEGIC PRIORITY 2: Communicable and noncommunicable disease control</p>	<ul style="list-style-type: none"> • Support control of HIV/AIDS, tuberculosis and malaria • Support control of communicable diseases, including epidemic- and pandemic-prone diseases • Support control of neglected tropical diseases • Support prevention of health risk factors related to noncommunicable diseases • Capacity-building for management (secondary and tertiary prevention) for noncommunicable diseases
<p>STRATEGIC PRIORITY 3: Strengthening of the health and community systems</p>	<ul style="list-style-type: none"> • Support improved governance and health-system steering • Support the development of human resources for health • Improve availability of services and quality of care • Support the pharmaceutical sector and the availability of high-quality medicines, vaccines, blood products and medical technologies • Support necessary research into health financing and draft a national strategy to finance and develop Universal Health Coverage • Strengthen the national health information system • Develop community-based interventions
<p>STRATEGIC PRIORITY 4: Strengthening of partnerships, coordination and resource mobilization</p>	<ul style="list-style-type: none"> • Strengthen the mobilization of partnerships and resources • Strengthen leadership of the coordination of interventions by health stakeholders