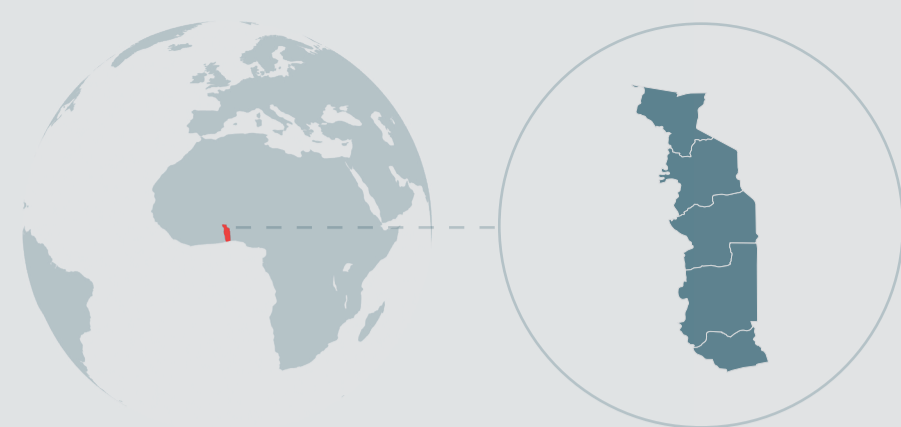




EVOLUTION OF UHC IN TOGO

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



Capital
Official language
National languages
Ethnic groups
Independence
Lomé 6°8'N 1°13'E
French
Ewe, Kabié, Tem, Gourma, and 33 other African groups
1% European, Syrio-Lebanese
from France 27. April 1960

GENERAL INFORMATION

Togo is bordered by Ghana, Burkina Faso, Benin and the Gulf of Benin and is divided into five administrative regions. Its population was 7,9 million in 2018, with an annual growth rate of 2,7 %. The vast majority of the population lives in rural areas (about 68.9 %). A low GDP per capita (\$1390) is accompanied by a high poverty rate and

a gross mortality rate of 10,6 % (in 2010).

The Togolese social protection system includes three contributory schemes : the civil and military pension scheme, the general social security scheme and the compulsory health insurance scheme for public servants and assimilated.



NATIONAL UHC DYNAMICS CARD
www.p4h.world
towards
SDG 3.8.2

1956 - 2008

1956
Establishment of the family benefits branch managed by the "Caisse de Compensation des Prestations Familiales"

1963
Creation of the Togolese Pension Fund (CRT), establishing the civil and military pension system.

1964
Creation of the occupational accidents and diseases branch.

1973
Creation of the National Social Security Fund (CNSS)

1992
Adoption of a new constitution (4th Republic) which clarifies the principle stating the right to health for all citizens.

1998
Development of the first national health policy.

2008
Implementation of free antiretroviral (ARV) drugs for people living with HIV.

2009

Adoption of the new Public Health Code, Article 2.

It states that:
"Every natural person has an inalienable right to health without distinction as to origin, sex, age, social condition, race and religion."

However, Article 7 remains, which states that:
"Health care services are provided for remuneration in the private for-profit sector. In the public and private non-profit sectors, a contribution is required from the beneficiaries of these care and services."



Poverty Reduction Strategy Paper (PRSP)
Preparation of the Poverty Reduction Strategy Paper (PRSP) focusing on reducing regional imbalances and promoting grassroots development.

2011 - 2019

2011
Adoption of Act No. 2011-003 on the creation of compulsory health insurance for civil servants and their dependants.

Adoption of a new health policy by 2022 with two NSDPs.
Institution of the Caesarean section subsidy.

Official launch of the National Health Insurance Institute (INAM)

INAM NATIONAL HEALTH INSURANCE INSTITUTE

2012
Official start of INAM services



Preparation of a Strategy for Accelerated Growth and Employment Promotion

2014
Launch of the National Fund for Inclusive Finance (NFI)
It offers subsidiary health insurance to its beneficiaries who are covered over the repayment period of the loans obtained. The management of this insurance is entrusted to private insurance companies. It is financed by the State subsidy and covers 10% of the population.

2017
Launch of the "School Assur" program
A health insurance for the benefit of students in public schools. It covers both health and liability risks. The students who benefit from it represent 28% of the population.

2019
Launch of the new National Development Plan (NDP), which includes the extension of universal health coverage (UHC) gradually to all Togolese households

The government remains the main provider of health care services: 59%. The private care sector covers: 41%.

INAM COVER:

Health insurance coverage actually affects only 6% of the population, including 4.7% under the INAM scheme and the rest of private or mutual health insurance systems.

OUTLOOK

Although there is no single approach to achieving UHC, the strategies to be developed by Togo must take into account the local context and national dialogue. It is therefore essential to seek coherence between the various mechanisms as part of the fight against fragmentation.

- **Financing:** spend more and better, ensure effective financial protection
- **Services:** patient-centered care, quality of care and multisectoral action
- **Equity:** Target the poor and marginalized groups, leaving no one by the wayside
- **Readiness:** Enhancing health security
- **Governance:** political and institutional anchors of the UHC's national agenda.

TOGO'S HEALTH CARE SYSTEM

Primary Health Care (structured around three levels)

- Community Health Agents (CHWs) provide health care at the family and community level and operate as an interface between the community and health services
- Peripheral Care Units (USP) carry out local activities as a part of a fixed strategy towards the entire population
- District Hospitals constitute the first level of reference for health care

Secondary Health Care

is provided in regional hospitals

Tertiary Health Care

is provided in the country's three University Hospital Centres (UHCs) and in specialized reference hospitals.

CONDITION IN THE YEAR 2018

Number of care facilities:
The basic package includes:
1274
(compared to 1224 in 2016)

Rate of geographical accessibility to health care services:
71.4%

Density of hospital beds:
8.5
beds per 10,000 inhabitants.



Mawunyo ZIGAN
Coordinator of the Coordination Unit for Interventions to Strengthen the Health System /Ministry of Health and Public Hygiene /Togo

"Much has changed in Togo in recent years and a major overhaul of the district health system seems to justify the current situation. Universal health coverage cannot be achieved in Togo unless current and future reforms focus on providing quality essential services to all. And this cannot be done without strengthening the district health system by combining it with many new contextual factors such as administrative decentralization, market liberalization, increasing urbanization and new technologies."

MALARIA



2012
Subsidy for malaria control drugs after biological diagnosis and free impregnated mosquito nets for pregnant women and children under the age of five.

2013
Introduction of free simple malaria treatment for all children under the age of ten.

2014
Extension of free simple malaria care to the entire population in public health facilities as part of the fight against malaria with the support of the Global Fund.

2019
Introduction of free treatment for severe malaria in all health facilities.

HEALTH FINANCING IN TOGO

