

AF



General data

POPULATION, 2023  
**9,053,799**

PHYSICIANS/1000 INH, 2020-2022  
**0.09**

NURSES/1000 INH, 2020-2022  
**0.51**

LIFE EXPECTANCY, 2022  
**63.14**

Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Low income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**161**

GDP PER CAPITA (US\$), 2023  
**985.70**

HEALTH EXPENDITURE, 2021  
**54.15**

UNIVERSAL HEALTH COVERAGE, 2021  
**44**



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT

① EMERGING  
② PROGRESSING  
③ ESTABLISHED  
④ ADVANCED

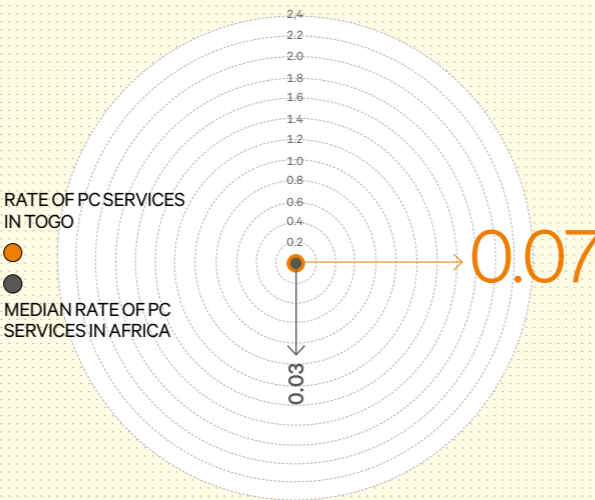
Togo

F Provision of PC (Specialised Services)

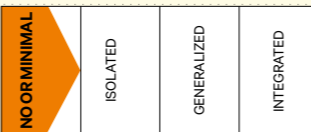
Total number of Specialised PC services  
**6**

Rate of PC services per 100,000 inhabitants  
**0.07**

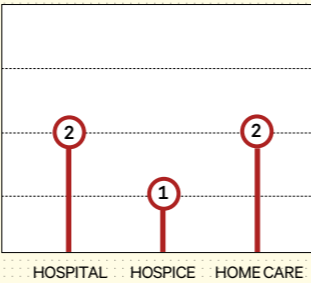
Togo in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**

TOTAL NUMBER  
**1**

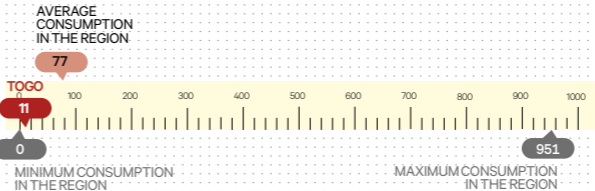
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Togo

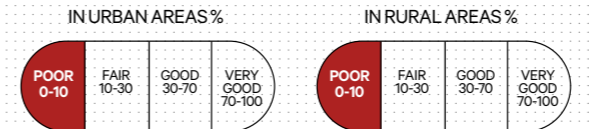
D Use of essential medicines

Opioids consumption (excluding methadone)  
**11**  
S-DDD/MILL INHABITANTS/DAY

Togo in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles

**1**

Existence of PC congresses or scientific meetings

**2**



National Association: Association Togolaise des Soins Palliatifs.  
Consultants: DAKE Esinam Mawuli; Joffrey Alexandre Olympio.

Data collected: From December 2023 to March 2024.  
Date validated by consultants: Yes  
Endorsed by the Organisation Jeunesse pour le Développement Communautaire (ORJEDEC).  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching  
**2/2**

Nursing schools with mandatory PC teaching  
**0/30**

Recognition of PC specialty  
**1**

B Policies

National PC plan or strategy  
**3**

Responsible authority for PC in the Ministry of Health  
**2**





Inclusion of PC in the basic health package at the primary care level  
**1**

A Empowerment of people and communities





Groups promoting the rights of PC patients  
**3**



Advanced care planning-related policies  
**1**







<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/program areas.	Since 2011, the Organisation Jeunesse pour le Développement Communautaire (ORJEDEC) has led efforts to promote palliative care and patients' rights across Togo. Its activities include home- and hospital-based support, bereavement care, volunteer training, advocacy for morphine access, and student education. ORJEDEC has implemented APCA/True Colours Trust-funded projects and won the 2023 IAHPD prize. It partners with the National Nurses Association (ANIIT), and its members receive training from Hospice Africa Uganda. Although the Togolese Palliative Care Association was formed in 2016, no activity has been reported since 2022. ORJEDEC remains the leading integrated group advancing palliative care at national level.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	In the absence of a national policy or guideline regarding advance planning for medical decisions regarding the use of life-sustaining therapies or end-of-life care, these decisions are reserved entirely for the medical profession and physicians' advice.
<b>Ind3</b> 3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, but not actively evaluated or audited.   There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	In Togo, although there is not yet a fully operational national strategic plan for palliative care, monitoring and evaluation mechanisms with measurable objectives are integrated into certain strategic frameworks. The Multisectoral Strategic Plan for the Fight against Noncommunicable Diseases 2018-2022 includes specific indicators such as the percentage of facilities offering palliative care, the number of functional units in University Hospitals, Regional Hospitals, and District Hospitals, as well as the availability of opioids. These indicators make it possible to track progress in integrating palliative care. Furthermore, the Togo Cancer Plan 2022-2025 and the ECOWAS Regional Strategic Plan for Healthy Aging reinforce this commitment by setting clear objectives, particularly for staff training, the integration of palliative care, and the creation of appropriate facilities. Despite these initiatives, the consultants

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	highlight the lack of concrete implementation and an effective operational framework, placing palliative care at an intermediate stage of development in Togo.
<b>Ind4</b> PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Not at all.	According to Law No. 2009-007 on the Public Health Code of the Togolese Republic, it is not explicitly stated that palliative care is part of a package of priority services at the primary care level for universal health coverage within the national health system. Although Article 6 emphasizes the integration of promotion, prevention, curative care, rehabilitation, and palliative care activities as fundamental principles of the national health system, no clear or detailed definition of their implementation or inclusion at the primary care level is specified.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at political level without coordinating entity defined.   There are concrete functions but do not have a budget or staff.	In Togo, a palliative care authority exists within the Ministry of Health, but it lacks the budget, resources, infrastructure, training, and legislation to implement its activities.

<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p></p> <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>There are no national conferences or scientific meetings specifically dedicated to palliative care. A few general conferences (cancer, HIV, chronic diseases) occasionally include sessions on palliative care, but no dedicated meeting has been held for several years.</p>
<p><b>Ind7</b></p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p></p> <p>Indicates a minimal or non-existent number of articles published on the subject in that country.</p>	<p>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, identified one peer-reviewed article on palliative care in Togo that met the inclusion criteria for this indicator.</p>
<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p></p> <p><b>11</b></p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>77</p> <p>TOGO</p> <p>11</p> <p>0</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>951</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	

<p><b>Ind9</b></p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p>	<p></p> <p>Poor: Between 0% to 10%.</p> <p></p> <p>Poor: Between 0% to 10%.</p>	<p>According to the National Health Policy Horizon 2030, the availability of medicines in health facilities (HFs) in Togo has improved overall, with 58.10% of facilities reporting no stock-outs for at least one medicine in 2021. However, more than 40% of facilities continue to experience stockouts, and local production remains insufficient due to limited funding and structural weaknesses. These data refer to medicines in general, but there are no specific estimates on the availability of essential medicines for pain and palliative care in the country.</p>
<p><b>Ind10</b></p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p></p> <p>Poor: Between 0% to 10%.</p> <p></p> <p>Poor: Between 0% to 10%.</p>	<p>In Togo, oral morphine (liquid or tablets) is not available in hospitals or the community. Injectable morphine is reserved primarily for anesthesia and intensive care units, but available quantities are insufficient to meet needs. The lack of oral forms of morphine and concerns about diversion hinder access to essential opioids for pain management in the country.</p>

<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p>	<p>2/2</p> <p>0/2</p> <p>0/30</p> <p>7/30</p>	<p></p> <p>Since 2020, an introductory module on palliative care has been included in the curriculum of the Paramedical School and the Midwifery School, but this training is not systematic or mandatory in all schools. Palliative care is also taught as an optional subject in some nursing schools, representing approximately 7 out of 30, which is a limited proportion.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	<p>Palliative medicine is not yet developed in Togo and there is not yet a process of specialization for palliative medicine for physicians.</p>

<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Not at all.</p> <p> Ad hoc/ in some parts of the country.</p>	<p>In Togo, palliative care is mainly provided on an isolated basis, with a few specialized facilities: 1st) BIASA Clinic: located in the Maritime Region in the south of the country, provides hospital care with a professional specializing in palliative care; 2nd) Four civil society organizations (CSOs) providing home care and nutritional support, also in the Maritime Region, and 3rd) the Sylvanus Olympio University Hospital (CHU/SO), also located in the Maritime Region, offering a pediatric program specialized in palliative care.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>TOGO 0.07</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>6 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>There is a specialized pediatric palliative care program. Sylvanus Olympio University Hospital (CHU/SO): also located in the Maritime Region, has a specialized pediatric palliative care program.</p>