Togo

This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Togo. For a category and indicator-level summary, please see the Country Profile for Togo.

Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a

Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?

Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is no publicly available evidence of a national Antimicrobial Resistance (AMR) plan for the surveillance, detection and reporting of priority AMR pathogens in Togo. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [1,2] There is no evidence of a national AMR plan in the WHO Library of National Action Plans. [3] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, refers to the lack of such a plan and mentions that Togo's abilities in this respect are "quasi non-existent". [4]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[3] World Health Organisation (WHO). "Library of National Action Plans". [http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/]. Accessed 31 August 2020.
[4] World Health Organisation (WHO). 16-20 April 2018. "évaluation externe conjointe des principales capacités RSI de la République togolaise" ("Joint External Evaluation of IHR Core Capacities of the Togolese Republic"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2 , Yes, but not all 7+1 pathogens = 1 , No = 0

Current Year Score: 1

There is evidence that Togo has a national laboratory or laboratory system which tests for some but not all of the 7 +1 priority antimicrobial resistant (AMR) pathogens. The Joint External Evaluation (JEE) for Togo, conducted in April 2018, mentions the existence of sentinel sites which test for the following priority AMR pathogens: S. aureus that is resistant to meticillin, and S. pneumoniae. [1] However, there is no further information on the websites of the Ministry of Health and Public Hygiene, and of the Ministry of Agriculture, Livestock and Fisheries. [2,3] There is no evidence of a national AMR plan in the WHO Library of National Action Plans. [4] No further evidence was found on the testing of AMR pathogens.

[1] World Health Organisation (WHO). 16-20 April 2018. "évaluation externe conjointe des principales capacités RSI de la République togolaise" ("Joint External Evaluation of IHR Core Capacities of the Togolese Republic"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31

August 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[4] World Health Organisation (WHO). "Library of National Action Plans". [http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/]. Accessed 31 August 2020.

1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the government conducts environmental detection or surveillance activities for antimicrobial residues in Togo. No new or updated evidence was found since last year's research. The Ministry of Environment and Sustainable Development does not share relevant information on its website. [1] Togo does not have any national action plan on Antimicrobial Resistance (AMR). [2] There is no relevant information on the website of the Ministry of Health and Public Hygiene, the World Health Organization (WHO) Library of National Action Plans or from the Joint External Evaluation (JEE) for Togo, conducted in April 2018). [3,4,5]

[1] Ministry of Environment and Sustainable Development. [https://environnement.gouv.tg]. Accessed 31 August 2020.
[2] World Health Organisation (WHO). "Library of National Action Plans". [http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/]. Accessed 31 August 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[4] World Health Organization (WHO). "WHO Library of National Action Plans" [https://www.who.int/antimicrobial-resistance/national-action-plans/library/en/]. Accessed 14 October 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.

1.1.2 Antimicrobial control

1.1.2a

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of any national legislation in place requiring prescriptions for antibiotic use for humans and no evidence that a legislation is being enforced. The Joint External Evaluation (JEE) for Togo, conducted in April 2018 mentions that prescriptions for the delivery of antibiotics to humans are not required. [1] The website of the Ministry of Health and Public Hygiene does not mention this issue. [2] Local chemists have reported chronic excessive use of antibiotics. [3,4] A study conducted in 2018 on the quality of medicine in Togo and then another study conducted in 2019 that compared access to antibiotics through prescriptions and non-prescriptions from pharmacies found evidence of sales of antibiotics on the informal market (no prescription required) and have revealed non-compliance in antibiotic orders received in

pharmacies. [5,6] Togo does not have a national action plan, according to the WHO. [7]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[3] Ministry of Health and Public Hygiene. November 2018. "The Chemists Bar of Togo Goes to War against Excessive Use of Antibiotics" ("L'Ordre National des Pharmaciens du Togo part en guerre contre l'usage abusif des antibiotiques").[https://sante.gouv.tg/node/491]. Accessed 31 August 2020.
[4] 24heureinfo.com. November 2018. "Efficiency of Antibiotics: Togolese Chemists Want to be at the Vanguard of the Fight against Antibioresistance". ("Efficacité des antibiotiques: les pharmaciens togolais veulent être à l'avant garde de la lutte contre l'antibiorésistance"). [https://24heureinfo.com/sante/efficacite-des-antibiotiques-les-pharmaciens-togolais-veulent-etre-a-lavant-garde-de-la-lutte-contre-lantibioresistance/] Accessed 31 August 2020.
[5] Simon Schäfermann, Emmanuel Wemakor, Cathrin Hauk, Lutz Heide. November 2018. "Quality of Medicines in Southern Togo: Investigation of Antibiotics and of Medicines for Non-Communicable Diseases from Pharmacies and Informal Vendors". Plos one. [https://doi.org/10.1371/journal.pone.0207911]. Accessed 31 August 2020.
[6] Potchoo, Y., Mounerou, S., Soukouratou, R., Sika, D., Ekouevi, K.D., Mouhoudine, Y., Mireille, P.-D. and Dagnra, A.Y. January 2019. "Access to Antibiotics through Prescription and Non-Prescription Media in Private Pharmacies in Lomé, Togo. Pharmacology & Pharmacy".
[https://www.researchgate.net/publication/330418814_Access_to_Antibiotics_through_Prescription_and_Non-Prescription_Media_in_Private_Pharmacies_in_Lome_Togo/fulltext/5c3f317a92851c22a3797fe2/Access-to-Antibiotics-through-Prescription-and-Non-Prescription-Media-in-Private-Pharmacies-in-Lome-Togo.pdf]. Accessed 31 August 2020.
[7] World Health Organisation. http://www.who.int/antimicrobial-resistance/national-action-plans/library/en. Accessed 31 August 2020.

1.1.2b

Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?

Yes = 2 , Yes, but there is evidence of gaps in enforcement = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of any legislation requiring prescriptions for antibiotic use for animals in Togo and no evidence that any legislation is being enforced. The Joint External Evaluation (JEE) for Togo, conducted in April 2018 mentions that prescriptions for the delivery of antibiotics to animals are not required. [1] There is no official information available on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [2,3] No pharmaceutical regulatory institution has been identified. Togo is not listed in the World Health Organisation's Library of National Action Plans. [4]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[4] World Health Organisation (WHO). Library of National Action Plans. [http://www.who.int/antimicrobial-

resistance/national-action-plans/library/en]. Accessed 31 August 2020.

1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of a national law, plan, or equivalent strategy document, on zoonotic disease. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [1,2] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, mentions the existence of two separate mechanisms at the Ministry of Health and Public Hygiene (Integrated Disease Surveillance and Response) and at the Ministry of Agriculture, Livestock and Fisheries (Epidemiological-Surveillance of Animal Diseases in Togo). However, it says that there is no formal link between them. It has called the country to implement a national plan to monitor and respond to zoonoses according to the "One Health" approach. [3] A One Health Zoonotic Disease Prioritization workshop was held by Centers for Disease Control and Prevention (CDC) in December 2018 for Economic Community of West African States (ECOWAS). Members from the Ministry of Agriculture and Health attended. One of the objectives of the workshop was: "To develop next steps and action plans for addressing the prioritized zoonotic diseases through a multisectoral, One Health approach", however no evidence was found of Togo's next steps or action plans. [4]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[4] Centers for Disease Control and Prevention (CDC). "Workshop Summary: One Health Zoonotic Disease Prioritization for Multisectoral Engagement in the Economic Community of West African States (ECOWAS) Region". [https://www.cdc.gov/onehealth/pdfs/ECOWAS-508.pdf?deliveryName=USCDC_1164-DM23858]. Accessed 31 August 2020.

1.2.1b

Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of a national law, plan, or equivalent strategy document which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [1,2] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, mentions the existence of two separate mechanisms at the Ministry of Health and Public Hygiene (Integrated Disease Surveillance and Response) and at the Ministry of Agriculture, Livestock and Fisheries (Epidemiological-Surveillance of Animal Diseases in Togo). However, neither mention

any details with regards to risk identification and reduction for spillover events. [3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence of national plans, guidelines or laws that account for the surveillance and control of multiple zoonotic pathogens of public health concern in Togo. The Joint External Evaluation (JEE) for Togo, conducted in April 2018, commends Togo's efforts to establish quick response teams for zoonotic emergencies. It says Togo has identified six priority zoonotic diseases (rabies, tuberculosis, anthrax, avian influenza, brucellosis, and Lassa fever) and that both the Ministry of Health and Public Hygiene and the Ministry of Agriculture, Livestock and Fisheries have implemented their own surveillance mechanisms. [1] However, the JEE also recommends that Togo implement a multisectoral surveillance and response plan for zoonoses, implying one does not currently exist. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [2,3] No further evidence was found of a national plan, guidelines or laws that account for the surveillance and control of multiple zoonotic pathogens.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.

1.2.1d

Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence of a zoonotic disease unit which functions across ministries in Togo. The Joint External Evaluation for Togo, conducted in April 2018, mentions the absence of a formal link between the Ministry of Agriculture and the Ministry of Health on this issue. The JEE also mentions the involvement of several ministries regarding the control of zoonotic diseases and says that the implementation of a "One Health" approach is pending. [1] There is no relevant information on zoonotic disease on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [2,3]. The Ministry of Health noted in November 2018 that the implementation of the "One Health" approach had not been implemented yet. [4] A One Health Zoonotic Disease Prioritization workshop was held by Centers for Disease Control and Prevention (CDC) in December 2018 for Economic Community of West African States (ECOWAS). Members from

the Togo Ministry of Agriculture and Health attended. One of the objectives of the workshop was: "To develop next steps and action plans for addressing the prioritized zoonotic diseases through a multisectoral, One Health approach", however no evidence of the action plan or next steps were found to determine whether Togo planned to establish a zoonotic disease unit which functions across multiple ministries. [5] No further evidence was found.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[3] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[4] Ministry of Health. November 2018. "First Meeting of the 2018 Steering of the Project Committee to Improve Disease Surveillance System (REDISSE)" ("Première réunion du comité de pilotage de l'année 2018 du projet d'amélioration des systèmes de surveillance des maladies (REDISSE)"). Accessed 31 August 2020.
[5] Centers for Disease Control and Prevention (CDC). "Workshop Summary: One Health Zoonotic Disease Prioritization for Multisectoral Engagement in the Economic Community of West African States (ECOWAS) Region". [https://www.cdc.gov/onehealth/pdfs/ECOWAS-508.pdf?deliveryName=USCDC_1164-DM23858]. Accessed 31 August 2020.

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that there is a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency in Togo. The Joint External Evaluation (JEE) for Togo, conducted in April 2018 cites the Network of Epidemio-Surveillance Disease in Animal Health (Réseau d'Epidémiosurveillance des maladies Animales au Togo, or REMATO) as a good initiative taken by Togo. [1] Nevertheless, it does not mention any specific mechanism to report to a government agency. There is no relevant information on the websites of the Ministry of Agriculture, Livestock and Fisheries and of the Ministry of Health and Public Hygiene. [2,3] No further evidence was found of such a mechanism.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that there are laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals (for owners) in Togo. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries and in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [1,2,3] No further evidence could be found of such laws or guidelines.

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg] Accessed 31 August 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/] Accessed 31 August 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.

1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?
Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo conducts surveillance of zoonotic disease in wildlife. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries, and in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [1,2,3] As well, no evidence of a law on passive surveillance or hotline to report deceased animals, were found. However, there is evidence that in response to lymphatic filariasis (LF), the second leading infectious cause of disability worldwide, in 2000, Togo began a nationwide LF elimination program which included a passive surveillance system, that was implemented from 2006 through 2015. [4] Aside from very specific cases, such as this, no further evidence of a law or otherwise of a surveillance system could be found.

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[4] Dorkenoo, M.A., de Souza, D.K., Apetogbo, Y. et al. "Molecular xenomonitoring for post-validation surveillance of lymphatic filariasis in Togo: no evidence for active transmission". [https://link.springer.com/article/10.1186/s13071-017-2611-9#citeas]. Accessed 14 October 2020.

1.2.3 International reporting of animal disease outbreaks

1.2.3a

Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?
Yes = 1 , No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a

Number of veterinarians per 100,000 people

Input number

Current Year Score: 0.97

2017

OIE WAHIS database

1.2.4b

Number of veterinary para-professionals per 100,000 people

Input number

Current Year Score: 29.2

2017

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a

Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the national plan on zoonotic disease includes mechanisms for working with the private sector in controlling or responding to zoonoses. There is no relevant information on the websites of the Ministry of Agriculture, Livestock and Fisheries or the Ministry of Health and Public Hygiene. [1,2] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [3] There is no relevant information from the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [4] No further evidence could be found.

[1] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[3] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 31 August 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise").

[https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.

1.3 BIOSECURITY

1.3.1 Whole-of- government biosecurity systems

1.3.1a

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Togo has in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, and of the Ministry of Defence and Veterans. [1,2,3] The website of the Ministry of Higher Education and Research does not provide any relevant information either. [4] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, includes a recommendation in its biosecurity and biosafety chapter that suggests establishing and maintaining "an inventory of pathogens, dangerous toxins and other substances within the structures that store or handle them", suggesting that this kind of inventory did not exist at the time the report was developed. The report also states specifically that Togo has no emergency action plan to specify the roles and responsibilities of relevant organization, or to specify inventories of facilities and potentially dangerous locales. [5] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [6] The VERTIC database has no record or document that provides further evidence. [7]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[3] Ministry of Defence and Veterans. [https://defense.gouv.tg/fr]. Accessed 31 August 2020.
[4] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 31 August 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[6] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 31 August 2020.
[7] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 31 August 2020.

1.3.1b

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has in place legislation or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, and of the Ministry of Defence and Veterans. [1,2,3] The website of the Ministry of Higher Education and Research does not provide any relevant information either. [4] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, mentions the existence of a law on biosafety and biosecurity, and a biosafety and biosecurity action plan for 2017-2020, but does not provide details. Further in the report, the JEE recommends finalizing a "comprehensive cross-sectoral national legislation on biosafety and biosecurity", suggesting that the law was not complete at the time of writing the report in 2018. The JEE also recommends, in its biosecurity and biosafety chapter, that Togo should "develop and disseminate procedures and measures to combat pathogens, in particular for their physical containment, handling and incident reporting" suggesting that these types of procedures also did not exist at the writing of the report. No further evidence of the law or action plan was found otherwise. [5] The Ministry of Environment and Sustainable Development mentions a law on biotechnological risks on its website, but this deals mainly with GMO-related risks. [6] There is no relevant information on the website of the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory. [7] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [8] The VERTIC database has no record or document that provides further evidence. [9]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[3] Ministry of Defence and Veterans. [https://defense.gouv.tg/fr]. Accessed 31 August 2020.
[4] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 31 August 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[6] Ministry of Environment and Sustainable Development. 2009. (Law on the Prevention of Biotechnological Risks). ("Loi sur la prévention des risques biotechnologiques"). [http://www.environnement.gouv.tg/sites/default/files/documents/loi_portant_sur_la_prevention_des_risques_biotechnologiques.pdf]. Accessed 31 August 2020.
[7] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 31 August 2020.
[8] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". https://bwc-ecbm.unog.ch/state/togo. Accessed 31 August 2020.
[9] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 31 August 2020.

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations in Togo. There is an agency at the Ministry of Environment and Sustainable Development (National Agency of Environmental Management) which deals with biosecurity, although it seems to be restricted to GMO-related

matters. [1] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, notes there is a legislation on biosecurity and biosafety in Togo, although it encourages the country to "finalise" its legislation. [2] The 2009 legislation on biotechnology-related risk also seems to focus on GMO-related matters. [3] There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, and of the Ministry of Security and Civil Protection. [4,5,6] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [7] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [8] The VERTIC database has no record or document that provides further evidence. [9] No further evidence could be found.

[1] National Agency of Environmental Management [http://www.angetg.org/]. Accessed 31 August 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 31 August 2020.
[3] Ministry of the Environnement. 2009. "Law on the Prevention of Biotechnological Risks". ("Loi portant sur la prévention des risques biotechnologiques"). Accessed 31 August 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 31 August 2020.
[5] Ministry of Agriculture. Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 31 August 2020.
[6] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 31 August 2020.
[7] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 31 August 2020.
[8] United Nations Office in Geneva (UNOG). "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 31 August 2020.
[9] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 31 August 2020.

1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that shows Togo has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. There is no relevant information on the websites of the Ministry of Health and Public Hygiene; Ministry of Agriculture, Livestock and Fisheries; or Ministry of Security and Civil Protection. [1,2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [4] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [5] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, includes a recommendation in its biosecurity and biosafety chapter that suggests establishing and maintaining "an inventory of pathogens, dangerous toxins and other substances within the structures that store or handle them", suggesting that there is inconsistency with regards to having and maintaining inventories of these types of pathogens. [6] The VERTIC database has no record or document that provides further evidence. [7]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.

[3] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 1 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 1 September 2020.
[5] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". https://bwc-ecbm.unog.ch/state/togo. Accessed 1 September 2020.
[6] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accesssed 1 September 2020.
[7] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient public evidence that Togo has in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax or Ebola. The Ministry of Health and Public Hygiene launched a specialised laboratory in 2016 to implement "in-house capacity to test haemorrhagic fever viruses that threaten West Africa". [1] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, mentions the use of PCR techniques at the National Health Institute. [2] Nevertheless, it is not entirely clear nor explicit (from the JEE and other sources) that PCR-based diagnostic testing is actually available for anthrax or Ebola, which would preclude culturing a live pathogen. There is no relevant information on the websites of the Ministry of Agriculture, Livestock and Fisheries and of the Ministry of Defence and Veterans. [3,4] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [5] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [6] The VERTIC database has no record or document that provides further evidence. [7]

[1] Ministry of Health. 29 June 2016. "Togo Can Now Rely on a Virology Laboratory for the Prevention of Epidemics and the Management of Sanitary Emergencies". ("Pour la prévention des épidémies et gestion des urgences sanitaires, le Togo dispose désormais d'un laboratoire de virologie"). [https://sante.gouv.tg/node/431]. Accesssed 1 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accesssed 1 September 2020.
[3] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accesssed 1 September 2020.
[4] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accesssed 1 September 2020.
[5] National Institute of Hygiene [http://www.inhtogo.tg]. Accesssed 1 September 2020.
[6] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". https://bwc-ecbm.unog.ch/state/togo. Accesssed 1 September 2020.
[7] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a trainthe-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo requires biosecurity training, using a standardised, required approach, such as through a common curriculum or a train-the-trainer programme, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, of the Ministry of Security and Civil Protection, and of the Ministry of Higher Education and Research. [1,2,3,4] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [5] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, recommends in its biosecurity and biosafety chapter that there should be an evaluation of "training needs on biosafety and biosecurity for staff in the sectors animal, human and environmental health" in order to "set up long-lasting courses within training institutions", suggesting that trainings and courses on biosecurity and biosafety do not currently exist in a consistent manner and therefore do not have a standard, required approach. [6] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [7] The VERTIC database has no record or document that provides further evidence. [8] No further evidence was found.

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 1 September 2020.
[4] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[5] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 1 September 2020.
[6] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[7] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". https://bwc-ecbm.unog.ch/state/togo. Accessed 1 September 2020.
[8] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no publicly available evidence that regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to drug testing, background checks, or psychological or mental fitness checks. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, of the Ministry of Higher Education and Research ,of the Ministry of Security and Civil Protection, and of the Ministry of Defence and Veterans. [1,2,3,4,5] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [6] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [7] There was no evidence via the Joint External Evaluation (JEE) for Togo, conducted in April 2018, that regulations or licensing conditions exist with regards to drug testing, background checks, or psychological or mental fitness checks. [8] The VERTIC database has no record or document that provides further evidence. [9]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[4] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 1 September 2020.
[5] Ministry of Defence and Veterans. [https://defense.gouv.tg/fr]. Accessed 1 September 2020.
[6] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 1 September 2020.
[7] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[8] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[9] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available information on national regulations on the safe and secure transport of infectious substances (Categories A and B) in Togo. The Ministry of Infrastructure and Transport does not share information on this issue on its website. [1] There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, of the Ministry of Higher Education and Research, of the Ministry of Security and Civil Protection, and of the Ministry of Defence and Veterans. [2,3,4,5,6] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [7] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [8] There was also no evidence via the Joint External Evaluation (JEE) for Togo, conducted in April 2018, on national regulations on the safe and secure transport of infectious substance. [9] The

VERTIC database has no record or document that provides further evidence. [10]

[1] Ministry of Infrastructure and Transport. [www.infrastructure.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[3] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[4] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[5] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 1 September 2020.
[6] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 1 September 2020.
[7] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 1 September 2020.
[8] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[9] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[10] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that there is a national legislation, regulation, or other guidance in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential in Togo. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, of the Ministry of Defence and Veterans, of the Ministry of Trade and Industry, and of the Ministry of Higher Education and Research. [1,2,3,4,5] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [6] There is no mention of legislations or regulations to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins via the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [7] The VERTIC database has no record or document that provides further evidence. [8]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 1 September 2020.
[4] Ministry of Trade, Industry and Promotion of the Private Sector. [https://commerce.gouv.tg/]. Accessed 1 September 2020.
[5] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[6] United Nations Office in Geneva (UNOG). "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[7] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise").

[https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[8] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a

Does the country have in place national biosafety legislation and/or regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has in place national biosafety legislation or regulations. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, and of the Ministry of Higher Education and Research. [1,2,3] Meanwhile, the Ministry of Environment and Sustainable Development has issued several documents, including a law on biotechnogical risks, but it deals mainly with GMOs. [4] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [5] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [6] The Joint External Evaluation (JEE) for Togo, conducted in April 2018, mentions the existence of a law on biosafety and biosecurity, and a biosafety and biosecurity action plan for 2017-2020, but does not provide details. Further in the report, the JEE recommends finalizing a "comprehensive cross-sectoral national legislation on biosafety and biosecurity", suggesting that the law was not complete at the time of writing the report in 2018. No further evidence of the law or action plan was found otherwise. [7] The VERTIC database has no record or document that provides further evidence. [8]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[4] Ministry of Environment and Sustainable Development. 2009. Law on the Prevention of Biotechnological Risks. [http://www.environnement.gouv.tg/sites/default/files/documents/loi_portant_sur_la_prevention_des_risques_biotechnologiques.pdf]. Accessed 1 September 2020.
[5] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 1 September 2020.
[6] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[7] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[8] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.4.1b

Is there an established agency responsible for the enforcement of biosafety legislation and regulations?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that there is an established agency responsible for the enforcement of biosafety legislation and regulations in Togo. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, the Ministry of Higher Education and Research and the Ministry of Agriculture, Livestock and Fisheries. [1,2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [4] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 makes no mention of an established agency that enforces biosafety legislations and regulations, especially since the report, conducted in April 2018, encourages the country to "finalise" its legislation, suggesting that a legislation was not complete at the time of writing the report. [5] No other evidence was found of an agency responsible for such a legislation or regulation. Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [6] The VERTIC database has no record or document that provides further evidence. [7]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[4] National Institute of Hygiene. [http://www.inhtogo.tg]. Accessed 1 September 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[6] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[7] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a trainthe-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo requires biosafety training, using a standardised, required approach, such as through a common curriculum or a train-the-trainer programme, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. According to previous research, the National Health Institute (INH), which also serves as the national laboratory, has reported a one-year training session sponsored by the Global Health Security Agenda Project (March 2017 - March 2018). But there is no evidence that training has been held on a permanent basis or that the country requires biosafety training for such personnel. The website for the National Institute of Hygiene (INH) was also not accessible at the time of this research. [1] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 rates Togo's training capacity in terms of biosafety as "limited". The report also recommends in its biosecurity and biosafety chapter that there should be an evaluation of "training needs on biosafety and

biosecurity for staff in the sectors animal, human and environmental health" in order to "set up long-lasting courses within training institutions", suggesting that trainings and courses on biosecurity and biosafety do not currently exist in a consistent manner and therefore do not have a standard, required approach. [2] There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries and of the Ministry of Higher Education and Research. [3,4,5] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [6] The VERTIC database has no record or document that provides further evidence. [7]

[1] National Institute of Hygiene. "Biosecurity and Biosafety: Laboratories Awareness" ("Biosécurité et biosûreté: Sensibilisation des laboratoires"). [http://www.inhtogo.tg/index.php/actualites/100-renforcement-de-la-biosecurite-et-la-biosurete-dans-les-laboratoires-de-biologie-medicale-le-personnel-des-structures-publiques-de-sante-sensibilise]. Accessed 1 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[4] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[5] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[6] United Nations Office in Geneva (UNOG). 2018. "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[7] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?
Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and/or other dual use research. There is no relevant information on the websites of the Ministry of Defence and Veterans, of the Ministry of Security and Civil Protection, of the Ministry of Agriculture, Livestock and Fisheries, of the Ministry of Higher Education and Research, and of the Ministry of Health and Public Hygiene. [1,2,3,4,5] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [6] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [7] There is no mention of such an assessment in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [8] The VERTIC database has no record or document that provides further evidence. [9]

[1] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 1 September 2020.
[2] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[4] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 1 September 2020.
[5] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[6] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 1 September 2020.
[7] United Nations Office in Geneva (UNOG). "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[8] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[9] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a national policy requiring oversight of dual use research, such as research with especially dangerous pathogens, toxins, or pathogens with pandemic potential in Togo. Neither the Ministry of Health and Public Hygiene, the Ministry of Agriculture, Livestock and Fisheries, the Ministry of Security and Civil Protection, share relevant information via public websites. [1,2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [4] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [5] There is no mention of dual use research requirements with especially dangerous pathogens, toxins, or pathogens with pandemic potential in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [6] The VERTIC database has no record or document that provides further evidence. [7]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 1 September 2020.
[4] National Institute of Hygiene (INH). [http://www.inhtogo.tg/index.php/component/search/?searchword=zoonose&searchphrase=all&Itemid=101]. Accessed 1 September 2020.
[5] United Nations Office in Geneva (UNOG). "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[6] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[7] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a Togolese agency specifically responsible for oversight of research with especially dangerous pathogens, pathogens with pandemic potential, or other dual use research. Neither the Ministry of Health and Public Hygiene, the Ministry of Agriculture, Livestock and Fisheries, nor the Ministry of Security and Civil Protection, share relevant information via public websites. [1,2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [4] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [5] There is no mention of an agency responsible for oversight of research with especially dangerous pathogens in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [6] The VERTIC database has no record or document that provides further evidence. [7]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 1 September 2020.
[4] National Institute of Hygiene. [http://www.inhtogo.tg]. Accessed 1 September 2020.
[5] United Nations Office in Geneva (UNOG). "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[6] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[7] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.5.2 Screening guidance for providers of genetic material

1.5.2a

Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of national legislation, regulation, policy, or other guidance, requiring the screening of synthesised DNA before it is sold in Togo. Neither the Ministry of Health and Public Hygiene, the Ministry of Agriculture, Livestock and Fisheries, the Ministry of Defence and Veterans, nor the National Institute of Hygiene (INH), which serves as the national laboratory - share relevant information via public websites. [1,2,3,4] Although Togo is a party to the Biological Weapons Convention, it has not submitted a Confidence Building Measures report since 1988. [5] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [6] There is no mention of a national legislation, regulation, policy, or other guidance, requiring the screening of synthesised DNA before it is sold in the Joint External Evaluation (JEE) for

Togo, conducted in April 2018. [7] The VERTIC database has no record or document that provides further evidence. [8]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 1 September 2020.
[3] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 1 September 2020.
[4] National Institute of Hygiene. [http://www.inhtogo.tg]. Accessed 1 September 2020.
[5] United Nations Office in Geneva (UNOG). "Confidence Building Measures: Togo". [https://bwc-ecbm.unog.ch/state/togo]. Accessed 1 September 2020.
[6] National Institute of Hygiene. [http://www.inhtogo.tg]. Accessed 1 September 2020.
[7] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[8] VERTIC Database. "Togo". [https://www.vertic.org/programmes/biological-weapons-and-materials/bwc-legislation-database/t/]. Accessed 1 September 2020.

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)

Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?

Yes = 1 , No = 0

Current Year Score: 1

2020

OIE WAHIS database

Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a

Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 1

There is evidence that Togo can conduct at least 5 of the 10 WHO-defined core tests but it is unclear which of the 5 tests are available. According to previous research conducted in 2018, the website of the National Institute of Hygiene (INH) mentioned diagnostics of HIV (serology), typhoid (bacterial culture for Salmonella) and flu (although there is no specific mention of PCR), however at the time of this year's research in September 2020, the website for the INH was not accessible. [1] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 says the National laboratory system is capable of conducting five or more of the ten core tests. It mentions several diagnostics that are being conducted locally, such as haemorrhagic fever, meningitis, cholera, yellow fever and measles. It rates Togo as a country whose laboratory system has "proved its ability to detect priority diseases". However, the report also mentions that a challenge for the country is the lack of a "national plan for laboratory testing of WHO priority pathogens", suggesting that there is still work to be done in this regard. [2] In 2018, the WHO Strategic Partnership for International Health Regulations (2005) and Health Security (SPH), which is WHO's way of monitoring the health security capacity of countries, also ranked Togo at 80% of 100% of having "Access to laboratory testing capacity for priority diseases", suggesting again that Togo has the capacity to test for some but not all priority diseases. [3] There is no additional or updated information from the Ministry of Health, and Togo has completed a World Organisation for Animal Health (OIE) Performance of Veterinary Services (PVS) evaluation and gap analysis however neither are available on the OIE website, as of August 2020. [4,5]

[1] National Institute of Hygiene. [http://www.inhtogo.tg/index.php/biologie-medicale]. Accessed 2 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[3] WHO. "Strategic Partnership for International Health Regulations (2005) and Health Security (SPH) - 2018 Togo". [https://extranet.who.int/sph/2018-togo]. Accessed 2 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[5] World Organisation for Animal Health (OIE)."PVS Gap Analysis missions". [http://www.oie.int/solidarity/pvs-gap-analysis/status-of-missions/]; Accessed 2 September 2020.

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2, Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1, No evidence of a plan = 0

Current Year Score: 0

There is insufficient evidence of a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing. According to the Joint External Evaluation (JEE) for Togo, conducted in April 2018, "Togo has a public health emergency operations center (Centre des Opérations d'Urgence de Santé Publique, or COUSP). It also has preparedness and response plans against several specific public health emergencies (meningitis, Ebola and Lassa fever)." It is unclear what these plans consist of and whether testing is included and no publicly available evidence of these plans were found. The JEE report continues to explain that public health risks were mapped in 2016, which helped develop the national multi-risk contingency plan. The latest version covers 2017-2018. Again, the plan does not seem to be publicly available as no evidence of it was found. [1] No evidence of a plan was found via the Ministry of Health and the Ministry of Agriculture websites. [2,3] According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, Togo developed a National COVID-19 Preparedness and Response Plan to scale-up and strengthen all aspects of preparedness and response. The report states that the government is receiving implementation support but makes no mention of whether this includes testing for novel pathogens. [4] The actual plan was also not found. The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [5] No other evidence of such a plan was found.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[3] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 2 September 2020.
[4] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 4 April 2021.
[5] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1 , No = 0

Current Year Score: 1

The national laboratory that serves as a reference facility in Togo is accredited. The National Institute of Hygiene (INH) received the ISO 17025 certification from the Ubio laboratory in 2012, and the ISO 15189 certification for hemogram in 2013, according to the website of the Ministry of Health, an interview conducted with Dr. Abiba Kere Banla, Director of the Togo National Institute of Hygiene (Institut Nationale d'Hygiène - INH), and a presentation given during the International Association of National Public Health Institutes conference in Mexico in 2012. [1,2,3]

[1] Ministry of Health. 13 June 2018. "The National Institute of Hygiene (NIH) Celebrates its 50th Anniversary" ("L'Institut National d'Hygiène, INH, Fête ses 50 ans d'Existence". [https://sante.gouv.tg/index.php/node/313]. Accessed 2 September 2020.
[2] African Society for Laboratory Medecine. "Fostering Quality Laboratory Networks through Accreditation in Togo". [https://aslm.org/news-article/fostering-quality-laboratory-networks-through-accreditation-in-togo/]. Accessed 14 October 2020.
[3] National Institute of Hygiene (Togo). 2012. "National Institut of Hygiene (Togo) towards a National Public Health Institute". [https://ianphi.org/_includes/documents/sections/news/2012/2012-national-institut-of-hygiene-togo1.pdf]. Accessed 14 October 2020.

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?
Yes = 1 , No = 0

Current Year Score: 1

There is evidence that the national laboratory that serves as a reference facility in Togo is subject to external quality assurance review. The National Institute of Hygiene (INH) received the ISO 17025 certification from the Ubio laboratory in 2012, and the ISO 15189 certification for hemogram in 2013, according to the website of the Ministry of Health, and an interview conducted with Dr. Abiba Kere Banla, Director of the Togo National Institute of Hygiene (Institut Nationale d'Hygiène - INH). [1,2,3] The article that details Dr. Abiba Kere Banla's interview further explains that "Laboratory accreditation, a validation process in which external quality assessment is used to determine competency and compliance to known international standards, helps certify the delivery of timely and high-quality services to patients and healthcare professionals". [2] The Togo INH is also listed as one of the countries subject to audits from the West African System of Accreditation (SOAC). [4] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 commends Togo for the external review of the INH with the support of the World Health Organisation (WHO) and other partners. [5]

[1] Ministry of Health. 13 June 2018. "The National Institute of Hygiene (NIH) Celebrates its 50th Anniversary" ("L'Institut National d'Hygiène, INH, Fête ses 50 ans d'Existence". [https://sante.gouv.tg/index.php/node/313]. Accessed 2 September 2020.
[2] African Society for Laboratory Medecine. "Fostering Quality Laboratory Networks through Accreditation in Togo". [https://aslm.org/news-article/fostering-quality-laboratory-networks-through-accreditation-in-togo/]. Accessed 14 October 2020.
[3] World Health Organisation. (WHO) "Content Sheet 10-1: Overview of External Quality Assessment (EQA)". [http://www.who.int/ihr/training/laboratory_quality/10_b_eqa_contents.pdf]. Accessed 2 September 2020.
[4] West African Accreditation System (SOAC) (Systeme Ouest Africain d'Accreditation). [https://soacwaas.org/home.html]. Accessed 2 September 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a

Is there a nationwide specimen transport system?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has a nationwide specimen transport system. The current transport system performs poorly, according to the Joint External Evaluation (JEE) for Togo, conducted in April 2018, says that there is no specimen transport system from the periphery to the national level and no procedure in place to transport specimen to the subnational level. It adds that staff are trained to transport specimen, but it refers to the need to create "a permanent and secure specimen transport system" in the country. [1] There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 2 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.2.2 Laboratory cooperation and coordination

2.2.2a

Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?

Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0

Current Year Score: 0

There is no evidence that a plan is in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak in Togo. No mention of a plan exists in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [1] There is no information available on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.

[3] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 2 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a

Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?
Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2, Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0

Current Year Score: 0

There is limited evidence that Togo is conducting ongoing event-based surveillance and analysis for infectious disease, and there is no evidence that the data is being analysed on a daily basis. The country relies on a network of health community agents and local organisations (including NGOs), that can collect relevant information at grassroots level (including rumours) and report them to authorities. [1] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 says that "health community agents (either volunteer or members from the Red Cross) use informal strategies to keep their ear on the ground to collect information and rumours and report to healthcare institutions, which can process these data". Nevertheless, there is no evidence that data is analysed on a daily basis. In addition, the JEE says that there is no standard operational procedure in Togo in terms of risk communication. [2] According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, "The Government of the Republic of Togo is committed to scale-up its disease surveillance, preparedness and response capacity. Surveillance of diseases with epidemic potential is one of the Togolese government's top priorities. It is carried out using the Integrated Disease and Response Surveillance (SIMR) approach proposed by the regional office of the World Health Organization (WHOAfro)". However, no further evidence of a Togo-specific approach was found under the World Bank SIMR website and no other information on Togo could be found in this regard. [3,4] There is no information available on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [5,6] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [7]

[1] World Health Organisation (WHO). "The Health Community Agent: A Key Stakeholder in the Health System in Togo". ("L'Agent de Santé Communautaire: un maillon clé du système de santé au Togo"). [https://afro.who.int/pt/node/5976]. Accessed 2 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". Accessed 2 September 2020.
[4] Centers for Disease Control and Prevention (CDC). "Integrated Disease Surveillance and Response (IDSR)". [https://www.cdc.gov/globalhealth/healthprotection/idsr/index.html]. Accessed 2 September 2020.
[5] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[6] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 2 September 2020.

[7] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.3.1b

Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that the country reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years. [1] On 20 April 2020, it was declared to the WHO that there was a "confirmed yellow fever case in Galangashie health area, located 30 km from Mango village, Oti district, Savanes region in the northern part of Togo". [2] On 28 October 2019, the first case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported to WHO and was "genetically linked to an outbreak originating in Jigawa State, Nigeria". [3] Togo also mentioned an isolated case of Lassa fever in early 2019, but there was no report to the WHO. [4] And the World Bank reports that Togo experiences an epidemic every year due to it's climate and weak health infrastructure. Although not reported to the WHO, the World Bank states that "In 2017, there was a meningitis epidemic (201 cases notified including 17 deaths) and a Cholera alert in Lomé; in 2018 there was an epidemic of Lassa fever disease; in 2019 an epidemic of meningitis and Lassa fever disease, and in 2020 the country is facing an epidemic of measles, poliomyelitis and now COVID-19". [5]

[1] World Health Organisation (WHO). "Emergencies, Preparedness, Response". [https://www.who.int/csr/don/archive/country/tgo/en/]. Accessed 2 September 2020.
[2] WHO. June 2020. "Yellow Fever - Togo". [https://www.who.int/csr/don/05-june-2020-yellow-fever-togo/en/]. Accessed 2 September 2020.
[3] WHO. November 2019. "Circulating vaccine-derived poliovirus type 2 - African Region". [https://www.who.int/csr/don/29-november-2019-polio-african-region/en/]. Accessed 2 September 2020.
[4] APA News. 5 January 2019. "The Togolese Government Has Confirmed a Case of Lassa Fever in the North". ("Le gouvernement togolais confirme un cas de fièvre Lassa au nord"). Accessed 2 September 2020.
[5] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". Accessed 2 September 2020.

2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a

Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Togo operates an electronic reporting surveillance system at both the national and sub-national level. The government has been investing in electronic systems, and some of them have been tested, according to the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [1] Nevertheless, it is not clear whether these have been implemented and are functional. The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [2] There is no relevant evidence via the Ministry of Health and Public Hygiene public website. [3]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 1 September 2020.
[2] National Institute of Hygiene (INH). [http://www.inhtogo.tg]. Accessed 1 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 1 September 2020.

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that an electronic system collects ongoing/real time laboratory data in Togo. There is no relevant information on this issue on the websites of the Ministry of Health and Public Hygiene [1] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [2] Some surveillance electronic systems to collect laboratory have been tested, according to the Joint External Evaluation (JEE) for Togo, conducted in April 2018, but it says they suffer from a lack of interconnexion and interoperationality. The JEE report also recommends strengthening the integration of laboratory data with clinical data to produce complete and harmonized information, which suggests that this is not ongoing and there are improvements to be made.[3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[2] National Institute of Hygiene (INH). [http://www.inhtogo.tg] searchword=zoonose&searchphrase=all&Itemid=101]. Accessed 2 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a

Are electronic health records commonly in use?

Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 0

There is no public evidence that electronic health records are commonly in use in Togo. There is no relevant information on the websites of the Ministry of Health and Public Hygiene. [1] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [2] There is no mention of electronic health records in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[2] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.

2.4.1b

Does the national public health system have access to electronic health records of individuals in their country?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the national public health system has access to electronic health records of individuals in Togo. There is no evidence that electronic health records are available in the country. There is no relevant information on the website of the Ministry of Health and Public Hygiene. [1] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [2] There is no mention of electronic health records of individuals in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[2] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.

2.4.1c

Are there data standards to ensure data is comparable (e.g., ISO standards)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that data standards are used to compare data (e.g., ISO standards). There is no relevant information on the websites of the Ministry of Health and Public Hygiene. [1] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, was not accessible at the time of this research. [2] There is no mention of data standards in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[2] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.

2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a

Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data in Togo. In 2018, the Ministry of Health has acknowledged "weaknesses in our system and the need to implement a One Health approach".[1] There is no relevant information on the websites of the Ministry of Agriculture, Livestock and Fisheries and of the Ministry of Environment and Sustainable Development [2,3] Meanwhile, the Joint External Evaluation (JEE) for Togo, conducted in April 2018, points to a lack of formal integration in surveillance activities between human and animal health, as well as wildlife. It says there is no real time exchange of information between them. [4] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [5]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 2 September 2020.
[3] Ministry of Environment and Sustainable Development. [https://environnement.gouv.tg]. Accessed 2 September 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[5] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Togo makes de-identified health surveillance data on disease outbreaks publicly available at least on a weekly basis via reports (or other format) on government websites. The Joint External Evaluation (JEE) for Togo, conducted in April 2018 mentions that the electronic surveillance system that is being tested (in two regions of the country) needs to be integrated to the District Health Information Software (DHIS2) software at the Information Technology (IT) department of the Ministry of Health and Public Hygiene. [1] The Ministry of Health and Public Hygiene has recently reported progress in the implementation of the DHIS2 software, but there is no evidence that it is operational nationwide. [2] The website of the National Institute of Hygiene (INH, local equivalent of the public health institute, which also serves as the national laboratory) includes a section on "Surveillance activities", but the web page was blank at time of research ("under construction"). [3] No other evidence of de-identified health surveillance data on the website of the Ministry of Health or through a general websearch. [4]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[2] Ministry of Health and Public Hygiene. "First ordinary meeting of the coordinating inter agency CCIA committee on the RSS-GAVI (Première réunion ordinaire du Comité de Coordination Inter-Agences CCIA sur le RSS-GAVI)". [www.sante.gouv.tg/node/509]. Accessed 2 September 2020.
[3] National Institute of Hygiene (INH). [http://www.inhtogo.tg/index.php/surveillance-epidemologique/rapport-d-activites-de-surveillance]. Accessed 2 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.

2.4.3b

Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?
Yes = 1 , No = 0

Current Year Score: 0

There is evidence that Togo makes de-identified health surveillance data on COVID-19 publicly available via frequently published reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar), however they are not shared on a daily basis. The link to the official COVID-19 information site provided by the government can be found on the Ministry of Health website. The site provides data numbers on active cases of COVID-19, cured cases, deaths, confirmed cases in total, number of total tests conducted, how many tests conducted per 1000 people, and how many cases per 100,000 people exist in the last 14 days. The site is updated every couple days. [1] There is no other information available on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] Coronavirus au Togo. "Site d'information officiel du Gouvernement". [https://covid19.gouv.tg/]. Accessed 2 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[3] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 2 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.4.4 Ethical considerations during surveillance

2.4.4a

Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?
Yes = 1 , No = 0

Current Year Score: 1

There is public evidence that there are laws, regulations, or guidelines that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities in Togo. According to the Official Gazette of the Togolese Republic, Law No. 2019-014 "Relating to the Protection of Personal Data" was enacted and entered into force on 29 October 2019. The law specifically states that "Anyone who processes personal data or has it processed

without complying with the security obligations prescribed by the Law, and anyone who, except as provided by the Law, places or stores personal data on a computer or storage device, without the consent of the concerned person, which, directly or indirectly, reveals racial or ethnic origin, political, philosophical or religious opinions, or trade union memberships, or which are related to the health or sex life of the latter will be punished by imprisonment of one to five years and a fine of XOF 1 million to XOF 10 million or one of these two penalties". [1,2] There is no other information available on the Ministry of Health and Public Hygiene website. [3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] One Trust Data Guidance. December 2019. "Togo - Data Protection Overview".
[https://www.dataguidance.com/notes/togo-data-protection-overview]. Accessed 2 September 2020.
[2] Journal Officiel de la Republique Togolaise. October 2019. [https://jo.gouv.tg/sites/default/files/JO/JOS_29_10_2019-64E%20ANNEE-N%C2%B026%20TER.pdf#page=1]. Accessed 2 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of a legislation and/or regulation safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, that includes mention of protections from cyber attacks (e.g., ransomware). According to the Official Gazette of the Togolese Republic, Law No. 2019-014 Relating to the Protection of Personal Data was enacted and entered into force on 29 October 2019. The law specifically states that "Anyone who processes personal data or has it processed without complying with the security obligations prescribed by the Law, and anyone who, except as provided by the Law, places or stores personal data on a computer or storage device, without the consent of the concerned person, which, directly or indirectly, reveals racial or ethnic origin, political, philosophical or religious opinions, or trade union memberships, or which are related to the health or sex life of the latter will be punished by imprisonment of one to five years and a fine of XOF 1 million to XOF 10 million or one of these two penalties". [1,2] There is no other information available on the Ministry of Health and Public Hygiene website. [3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] One Trust Data Guidance. December 2019. "Togo - Data Protection Overview".
[https://www.dataguidance.com/notes/togo-data-protection-overview]. Accessed 2 September 2020.
[2] Journal Officiel de la Republique Togolaise. October 2019. [https://jo.gouv.tg/sites/default/files/JO/JOS_29_10_2019-64E%20ANNEE-N%C2%B026%20TER.pdf#page=1]. Accessed 2 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 2 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 2 September 2020.

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient evidence that the government of Togo has made commitments via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region.

Togo is one of several West African countries who has been included in the Regional Disease Surveillance Systems Enhancement (REDISSE) Phase II project. The second phase of this project began in 2017, is funded by The World Bank and intends to "strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa". [1,2] Togo has also participated in the African Cholera Surveillance Network (Africhol), which is a network of African countries who track suspected incidences of Cholera to better inform public health decision making. [3,4]

The World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, makes no mention of a commitment. [5] No evidence was found of a commitment on websites for the Ministry of Health and Ministry of Agriculture. [6,7] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [8]

[1] The World Bank. 'World Bank Contributes to Improved Disease Surveillance and Health Systems in West Africa following Ebola Epidemic, 2016'. [http://www.worldbank.org/en/news/press-release/2016/06/29/world-bank-contributes-to-improved-disease-surveillance-and-health-systems-in-west-africa-following-ebola-epidemic]; Accessed 3 September 2020.
[2] The World Bank. "Western Africa - Regional Disease Surveillance Systems Enhancement (REDISSE) Phase II". [https://www.worldbank.org/en/news/loans-credits/2017/03/01/western-africa-regional-disease-surveillance-systems-enhancement-redisse-phase-ii]. Accessed 3 September 2002.
[3] Dadja Essoya Landoh, Bradford D. Gessner, Kossi Badziklou, Tsidi Tamekloe, Dalandi Ibrahim Nassoury, Anoumou Dagnra, Akouda Patassi, Ouyi Tante, Bawoumodom Bidjada, Segla Tigossou, Kere Abiba Banla. November 2013. "National Surveillance Data on the Epidemiology of Cholera in Togo". The Journal of Infectious Diseases. Accessed 3 September 2020.
[4] Munier, A., Njanpop-Lafourcade, B. M., Sauvageot, D., Mhlanga, R. B., Heyerdahl, L., Nadri, J., Wood, R., Ouedraogo, I., Blake, A., Akilimali Mukelenge, L., Anné, J. B., Banla Kere, A., Dempouo, L., Keita, S., Langa, J., Makumbi, I., Mwakapeje, E. R., Njeru, I. J., Ojo, O. E., Phiri, I.,... Mengel, M. January 2017. "The African cholera surveillance network (Africhol) consortium meeting, 10-11 June 2015, Lomé, Togo". [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5301166/]. Accessed 3 September 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[6] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[7] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 3 September 2020.
[8] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 3 September 2020.

2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a

Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence that a national system is in place in Togo to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency. There is no information available on contact tracing via the country's official COVID-19 information site. The site provides data numbers on active cases of COVID-19, cured cases, deaths, confirmed cases in total, number of total tests conducted, how many tests conducted per 1000 people, and how many cases per 100,000 people exist in the last 14 days but does not mention contact tracing numbers or whether this kind of system is in place. The site is updated every couple days. [1] No evidence of a national system to provide support to expand contact tracing was found on the websites for the Ministry of Health and Ministry of Agriculture. [2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] Coronavirus au Togo. "Site d'information officiel du Gouvernement". [https://covid19.gouv.tg/]. Accessed 3 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 3 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 3 September 2020.

2.5.1b

Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0

There is no evidence that Togo provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention. No evidence of this kind of service was found on the websites for the Ministry of Health and Ministry of Agriculture. [1,2] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [3] A study conducted in 2018, measured whether Togo's National Health Insurance Scheme (NHIS) protects its members financially against the consequences of ill-health. The study found that "A sizable proportion of insured households face catastrophic health expenditure (CHE), suggesting gaps in the coverage. To limit the impoverishment of insured households with low income, policies for free or heavily subsidized hospital services should be considered. The results call for an equitable health insurance scheme, which is affordable for all

insured households". [4]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 3 September 2020.
[3] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 3 September 2020.
[4] Atake, E., Amendah, D.D. March 2018. "Porous safety net: catastrophic health expenditure and its determinants among insured households in Togo". Accessed 3 September 2020.

2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that Togo makes de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar). There is no information available on contact tracing via the country's official COVID-19 information site. The site provides data numbers on active cases of COVID-19, cured cases, deaths, confirmed cases in total, number of total tests conducted, how many tests conducted per 1000 people, and how many cases per 100,000 people exist in the last 14 days but does not mention contact tracing numbers. The site is updated every couple days. [1] No evidence of de-identified data on contact tracing efforts was found on the websites for the Ministry of Health and Ministry of Agriculture. [2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] Coronavirus au Togo. "Site d'information officiel du Gouvernement". [https://covid19.gouv.tg/]. Accessed 3 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 3 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 3 September 2020.

2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence that a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency in Togo. Togo is a member of the Global Health Security Agenda (GHSA), whose aim is to "leverage and complement the strengths and resources of multisectoral and multilateral partners to address

priorities and gaps in efforts to build and improve country capacity and leadership in the prevention and early detection of, and effective response to, infectious disease threats". However it is unclear what Togo's involvement and commitments have been. [1] No other evidence of a plan or agreement between countries to identify suspected and potential cases in international travelers and trace and quarantine their contacts during a public health emergency was found. No evidence of such a plan or agreement was found on the websites for the Ministry of Health and Ministry of Agriculture. [2,3] The website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [4]

[1] Global Health Security Agenda. "A partnership against global health threats". [https://ghsagenda.org/]. Accessed 3 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 3 September 2020.
[4] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 3 September 2020.

2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a

Does the country meet one of the following criteria?
- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

An applied epidemiology training program (such as FETP) is available in Togo through the African Network of Epidemiology (Afenet). Togo is one of the 31 African countries where Afenet operates. [1] Togo is considered a Frontline Field Epidemiology Training Program state. [2] Most recently, the Togo Frontline FETP took part in organizing a West Africa regional meeting to review the epidemiology program that took place in July 2019. [3] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 confirms that a FETP-type training programme is being implemented. It also adds that local staff have taken part in a regional programme (WAFETP) in neighbouring Burkina Faso. [4] Togo is also listed as a country that provides FETP on the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) website. [5] However, there is no evidence that resources are provided by the government to send citizens to other countries to participate in applied epidemiology training programs (such as FETP). According to the JEE, the funds come from multilateral organisations, the Centers for Disease Control and Prevention (CDC) and others. [4]

[1] AFENET. African Network of Epidemiology. [http://www.afenet.net/index.php/about-us/who-we-are/who-we-are-2]. Accessed 2 September 2020.
[2] Center for Diseases Control (CDC). December 2017. Emerging Infectious Diseases Journal. "Frontline Field Epidemiology Training Programs as a Strategy to Improve Disease Surveillance and Response". [https://wwwnc.cdc.gov/eid/article/23/13/17-0803_article]. Accessed 2 September 2020.
[3] AFENET. 2019. "West Africa regional meeting to review field epidemiology training".

[http://www.afenet.net/index.php/news/news/585-west-africa-regional-meeting-to-review-field-epidemiology-training-2]. Accessed 2 September 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 2 September 2020.
[5] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). "Togo Field Epidemiology Training Program". [https://www.tephinet.org/togo-field-epidemiology-training-program]. Accessed 2 September 2020.

2.6.1b

Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence to show that in Togo there is a field epidemiology training program explicitly inclusive of animal health professionals or a specific animal health field epidemiology training program offered (such as FETPV). An applied epidemiology training program (such as FETP) is available in Togo through the African Network of Epidemiology (Afenet). And Togo is one of the 31 African countries where Afenet operates. [1] Togo is also considered a Frontline Field Epidemiology Training Program state, and includes has included in its trainings participants from both the human and animal health sectors, working together for example to conduct coordinated joint investigations to combat rabies. [2] Togo is listed as a country that provides FETP on the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) website and mentions that the trainings "train professionals in human and animal health". [3] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 confirms that a FETP-type training programme is being implemented and states that animal health / veterinarians are participants of the FETP. [4] No further evidence was found on the website for the Ministry of Health. [5]

[1] AFENET. African Network of Epidemiology. [http://www.afenet.net/index.php/about-us/who-we-are/who-we-are-2]. Accessed 3 September 2020.
[2] Center for Diseases Control (CDC). December 2017. Emerging Infectious Diseases Journal. "Frontline Field Epidemiology Training Programs as a Strategy to Improve Disease Surveillance and Response". [https://wwwnc.cdc.gov/eid/article/23/13/17-0803_article]. Accessed 3 September 2020.
[3] Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). "Togo Field Epidemiology Training Program". [https://www.tephinet.org/togo-field-epidemiology-training-program]. Accessed 3 September 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[5] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.

2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?

Yes = 1 , No = 0

Current Year Score: 1

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country

Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a

Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 1

There is insufficient evidence that Togo has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential, but there is evidence of a disease-specific plan. The National Health Code says that the national policy to fight endemic diseases is set by decree during ministerial meetings. [1] In 2014, the government issued a plan to fight against Ebola fever. [2] In 2017, the Health Ministry set up an emergency agency (Centre des Opérations d'Urgence de Santé Publique, or COUSP) in line with its Integrated Disease Surveillance and Response strategy. [3] Nevertheless, the Ministry has acknowledged that its response capacity has remained weak. [4] The Joint External Evaluation (JEE) for Togo, conducted in April 2018 refers to a national plan of multirisks contingency, although its content is not available online. [5] No further evidence is available on the Ministry of Health website. [6]

[1] Republic of Togo. "Code of Public Health" ("Code de Santé Publique"). 2009. [http://apps.who.int/medicinedocs/documents/s21006fr/s21006fr.pdf]. Accessed 3 September 2020.
[2] Ministry of Health. July 2014. "Plan to Fight Ebola Virus in Togo" ("Plan de lutte contre la fièvre Ebola au Togo"). [http://www.globe-network.org/sites/default/files/fr/article/plan-de-lutte-contre-la-fievre-ebola-togo.pdf]. Accessed 3 September 2020.
[3] Ministry of Health. 16 Sept 2018. "Stakeholders in Healthcare Training in System of Managing Incidents" ("Les acteurs du secteur de la santé en formation sur le système de gestion des incidents"). [https://sante.gouv.tg/index.php/node/476]. Accessed 3 September 2020.
[4] Ministry of Health. "The REDISSE-Togo project has officially been launched" ("Le projet REDISSE-Togo, officiellement lancé"). [https://sante.gouv.tg/node/345]. Accessed 3 September 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic"

("évaluation externe conjointe des principales capacités RSI de la République togolaise").
[https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[6] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.

3.1.1b

If an overarching plan is in place, has it been updated in the last 3 years?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is insufficient evidence that Togo has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential, and therefore it has not been updated within the last three years. The Joint External Evaluation (JEE) for Togo, conducted in April 2018 mentions that public health risks have been mapped in 2016 and that there is a 2017-2018 version of the national multirisks contingency plan, although neither of them are available online from official websites. There is no other mention of a public health emergency response plan in the JEE. [1,2] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. The National Health Code says that the national policy to fight endemic diseases is set by decree during ministerial meetings, which is further evidence that a plan is not in place. [3] No further evidence was found on the website for the Ministry of Health. [4]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise").
[https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[2] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 3 September 2020.
[3] Republic of Togo. "Code of Public Health" ("Code de Santé Publique"). 2009.
[http://apps.who.int/medicinedocs/documents/s21006fr/s21006fr.pdf]. Accessed 3 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.

3.1.1c

If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?

Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is insufficient evidence that Togo has an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential, and therefore there is no evidence that the plan includes considerations for paediatric and other vulnerable populations. There is no relevant information on the website of the Ministry of Health and Public Hygiene. [1] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. The National Health Code says that the national policy to fight endemic diseases is set by decree during ministerial meetings, which is further evidence that a plan is not in place. [2] No further evidence was found on the website for the Ministry of Health. [3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[2] Republic of Togo. "Code of Public Health" ("Code de Santé Publique"). 2009.
[http://apps.who.int/medicinedocs/documents/s21006fr/s21006fr.pdf]. Accessed 3 September 2020.

[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.

3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?

Yes = 1 , No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has a specific mechanism for engaging with the private sector to assist with outbreak emergency preparedness and response. The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. There is no relevant information on the website of the Ministry of Health and Public Hygiene. [1]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.

3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease= 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient evidence to show that Togo has a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic. According to an interview conducted by Planned Parenthood Foundation in March 2020 with Joel Akolly Eklou, the Director of Marketing, Communication and Resource Mobilisation at Association Togolaise pour le Bien-être Familial (ATBEF), on the impact of COVID-19, schools, universities, and learning centers as well as land borders were all closed mid-March. The country was not yet on lockdown but the government had put in place prevention rules that everyone had to respect. There was also an awareness campaign and mechanisms put in place for managing proven cases and suspected cases. However, no evidence was found of the prevention rules or the awareness campaign and mechanisms to track COVID-19 cases. [1] The COVID-19-specific

government website announced certain measures that the government put in place in March, stating that the country would be closed for at least two weeks; No one was allowed on beach property; A month-long closure of places of worship, churches and mosques was put in place; There was an immediate closure of all public, private and denominational, primary, secondary and university schools for a period of three weeks; Funerals and burials could not involve more than 15 people, until further notice; All vendors in the markets had to wear protective masks; Cultural and sporting activities were suspended until further notice; among others. Aside from these announcements, there is no evidence that they come from a specific more general plan. [2] There is no relevant information on the website of the Ministry of Health and Public Hygiene. [3] The emergency management agency has no website.

[1] International Planned Parenthood Federation (IPPF). March 2020. "COVID-19 Impact: What we know so far - Togo". [https://www.ippf.org/blogs/covid-19-impact-what-we-know-so-far-togo]. Accessed 4 September 2020.
[2] Coronavirus au Togo. "Site d'information officiel du Gouvernement". [https://covid19.gouv.tg/#mesures]. Accessed 4 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.

3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?
- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with WHO or separately) in the past year?
Needs to meet at least one of the criteria to be scored a 1 on this measure. , Yes for both = 1 , Yes for one = 1 , No for both = 0

Current Year Score: 1

There is evidence that Togo has activated a national emergency response plan for an infectious disease outbreak, but there is no evidence that they have completed a national-level biological threat-focused exercise (either with World Health Organization (WHO) or separately) in the past year. According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, "Togo has a public health emergency operations center (Centre des Opérations d'Urgence de Santé Publique, or COUSP). It also has preparedness and response plans against several specific public health emergencies (meningitis, Ebola and Lassa fever)." It is unclear what these plans consist of, though, and no publicly available evidence of the plans were found. The JEE report continues to explain that public health risks were mapped in 2016, which helped develop the national multi-risk contingency plan. The latest version covers 2017-2018. Again, the contingency plan does not seem to be publicly available as no evidence of it was found. [1] The COUSP, established in September 2017, does not have an online presence, so no plan under this office could be found. [2] According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, "The Government of the Republic of Togo has developed a National COVID-19 Preparedness and Response Plan. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including surveillance, laboratory, points of entry, risk communication, case management, infection control and safety, coordination, and research. The implementation of this project will be complemented by the Regional Disease Surveillance Systems Enhancement (REDISSE) and Africa Centers for Disease Control and Prevention (CDC) projects". Although the COVID-19 Preparedness and Response Plan was activated by the government, it must be implemented through international organizations' projects, so the reports continues to say that

"there is a need to reinforce the Ministry of Health capacity to reduce the risk of disease outbreaks". The plan is, however, not publicly available. The World Bank further reports that Togo experiences an epidemic every year due to it's climate and weak health infrastructure. [3] No evidence was found to suggest that a national emergency response plan was activated for the annual epidemics or that one exists more globally. No further evidence was found on the website of the Ministry of Health and Public Hygiene. [2] Simulation exercises were last conducted in August 2018 and March 2017, according to the WHO Health Emergency Programme (WHE) Country Health Emergency Preparedness & IHR. [4,5]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 4 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 4 September 2020.
[4] World Health Organization (WHO). "Simulation Exercise Calendar". [https://extranet.who.int/sph/simulation-exercise]. Accessed 4 September 2020.
[5] WHO. 29 March 2017. "Working with Countries to Build Capacities and Strengthen IHR Implementation". [https://www.unog.ch/80256EDD006B8954/(httpAssets)/21FB0CFF5E2FFEB9C12580FB0030BCC7/$file/Session+II.+Presentation+4_WHO.pdf]. Accessed 4 September 2020.

3.2.1b

Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2 , Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Togo in the past year has undergone an exercise to identify a list of gaps and best practices through either an after action review (post emergency response) or a biological threat-focused IHR exercise with the WHO. According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, "the final report will include scores as well as report narrative identifying existing capacities, gaps, and challenges. The results of the JEE are to guide IHR implementation in the country". It says Togo "has conducted a training needs assessment and identified gaps in biosafety and biosecurity training, but it has not yet implemented a comprehensive training or a common training curriculum". [1] The last World Health Organization (WHO) After Action Review (AAR) was conducted in October 2017 in response to the Lassa fever and Meningitis outbreaks. [2] These sources have not provided more recent information. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [3,4] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 4 September 2020.
[2] WHO. "After Action Review". [https://extranet.who.int/sph/after-action-review]. Accessed 4 September 2020.

[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[4] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 4 September 2020.

3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence to show that Togo has undergone a national-level biological threat-focused exercise that has included private sector representatives in the past year. Simulation exercises were last conducted in August 2018 and March 2017, according to the WHO Health Emergency Programme (WHE) Country Health Emergency Preparedness & International Health Regulations (IHR) but they were not biological threat-focused. [1,2] No other evidence was found of more recent biological threat-focused exercises with private sector representatives on websites for the Ministry of Health and Public Hygiene and the Ministry of Agriculture, Livestock and Fisheries. [3,4] According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, there is insufficient training of the Togo IHR Focal Point, there is an absence of legislation as well as standard operating procedures (SOP) and simulation exercises for events which may constitute a Public Health Emergency of International Concern (PHEIC). The report continues to recommend "Develop[ing] and implement[ing] training plans and joint simulation exercises for staff in the public health and security sectors, to strengthen the sharing of information, coordination, preparedness and response to emergencies". [5]

[1] World Health Organization (WHO). "Simulation Exercise Calendar". [https://extranet.who.int/sph/simulation-exercise]. Accessed 4 September 2020.
[2] WHO. 29 March 2017. "Working with Countries to Build Capacities and Strengthen IHR Implementation". [https://www.unog.ch/80256EDD006B8954/(httpAssets)/21FB0CFF5E2FFEB9C12580FB0030BCC7/$file/Session+II.+Presentation+4_WHO.pdf]. Accessed 4 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[4] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 4 September 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 4 September 2020.

3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?

Yes = 1 , No = 0

Current Year Score: 1

Togo has an Emergency Operations Centre in place. The Ministry of Health has set up an Emergency Operations Centre of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) in September 2017. [1] The Joint External

Evaluation for Togo, conducted in April 2018, refers to a ministerial decree (N°165/2017/MSPS/CAB/SG dated 15 September 2017) which established COUSP, but its content does not appear to be accessible online. [2]

[1] Ministry of Health. 16 Sept 2018. "Stakeholders from the Healthcare System Being Trained in Incident Management Techniques". ("Les acteurs du secteur de la santé en formation sur le système de gestion des incidents"). [https://sante.gouv.tg/node/476]. Accessed 3 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.

3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the Emergency Operations Centre has a requirement to conduct a drill at least once per year and no evidence that a drill has been conducted annually. There is no relevant information on the website of the Ministry of Health and Public Hygiene. [1] The Joint External Evaluation for Togo, conducted in April 2018, refers to a ministerial decree (N°165/2017/MSPS/CAB/SG dated 15 September 2017) which established the Emergency Operations Centre of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP), but makes no mention of a drill being required at least once per year. [2] The decree is also not accessible online and COUSP has no website. The World Health Organization (WHO) reports that the last simulation exercise was conducted in 2016. [3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[3] World Health Organization (WHO). "Simulation Exercise Calendar". [https://extranet.who.int/sph/simulation-exercise]. Accessed 4 April 2021.

3.3.1c

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence to show that Togo's Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, there is insufficient training of the

Togo IHR Focal Point, there is an absence of legislation as well as standard operating procedures (SOP) and simulation exercises for events which may constitute a Public Health Emergency of International Concern (PHEIC). The report continues to recommend "Develop[ing] and implement[ing] training plans and joint simulation exercises for staff in the public health and security sectors, to strengthen the sharing of information, coordination, preparedness and response to emergencies". The report also ranks the Procedures and operational plans of the emergency operations center a "1" (no attributes of a capacity are in place). [1] Simulation exercises were last conducted in August 2018 and March 2017, according to the WHO Health Emergency Programme (WHE) Country Health Emergency Preparedness & International Health Regulations (IHR). [2,3] There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture, Livestock and Fisheries. [4,5]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 4 September 2020.
[2] World Health Organization (WHO). "Simulation Exercise Calendar". [https://extranet.who.int/sph/simulation-exercise]. Accessed 4 September 2020.
[3] WHO. 29 March 2017. "Working with Countries to Build Capacities and Strengthen IHR Implementation". [https://www.unog.ch/80256EDD006B8954/(httpAssets)/21FB0CFF5E2FFEB9C12580FB0030BCC7/$file/Session+II.+Presentation+4_WHO.pdf]. Accessed 4 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[5] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 4 September 2020.

3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

3.4.1 Public health and security authorities are linked for rapid response during a biological event

3.4.1a

Does the country meet one of the following criteria?
- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e. bioterrorism attack) or that standard operating procedures, guidelines, MOUs or other agreements between the public health and security authorities to respond to a potential deliberate biological event are publicly available. There have been several exercises to respond to potential terrorist attacks, but not specifically to respond to potential deliberate biological events. [1,2] There is no relevant information from the websites Ministry of Health and Public Hygiene and the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [3,4] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website.

[1] République Togolaise. 12 December 2018. "Terrorism: Anticipating a Potential Threat" (Terrorisme: anticiper une éventuelle menace). [https://www.republicoftogo.com/Toutes-les-rubriques/Cooperation/Terrorisme-anticiper-une-eventuelle-menace]. Accessed 4 September 2020.
[2] Jeune Afrique. 18 February 2016. "Exercise Against Potential Terrorist Attacks at The Radisson Blu 2 février Hotel" ("Simulation d'attaques terroristes à l'hôtel Radisson Blu 2 février"). [https://www.jeuneafrique.com/303422/politique/togo-simulation-dattaques-terroristes-forces-armees-a-lhotel-radisson-blu-2-fevrier/]. Accessed 4 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 4 September 2020.

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that the strategy document used to guide national public health response outlines how messages will reach populations and sectors with different communications needs. There is no relevant information on the website of the Ministry of Health and Public Hygiene, or in the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018. [1,2] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, Regional Disease Surveillance Systems Enhancement (REDISSE) Phase II and the German development agency (Deutsche Gesellschaft für Internationale Zusammenarbeit) (GIZ) are "supporting activities such as developing and testing messages and materials to be used during the COVID-19 pandemic or another emerging infectious disease outbreak. REDISSE will contract various communication channels for personal hygiene promotion including the promotion of "handwashing". the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages)". There is no mention of a communication plan, and no information describing how messages will reach populations and sectors with different communications needs. [3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 3 September 2020.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Togo has adopted a risk communication plan that is specifically intended for use during a public health emergency. The Ministry of Health has issued a plan with the support of the World Health Organisation (WHO) in September 2018. [1] Nevertheless, the Joint External Evaluation for Togo, conducted in April 2018, mentions the absence of standard operating procedures in terms of risk communication and management of rumours (it also points to the lack of training of communication professionals to deal with these rumours during a disease outbreak. [2] There is no relevant information from the websites Ministry of Health and Public Hygiene. [3] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, Regional Disease Surveillance Systems Enhancement (REDISSE) Phase II and the German development agency (Deutsche Gesellschaft für Internationale Zusammenarbeit) (GIZ) are "supporting activities such as developing and testing messages and materials to be used during the COVID-19 pandemic or another emerging infectious disease outbreak. REDISSE will contract various communication channels for personal hygiene promotion including the promotion of "handwashing", the development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages)". This confirms that no risk communication plan intended for public health emergencies exists. [4]

[1] Ministry of Health. 16 September 2018. "Togo now has a Communication Plan on Health Risks" ("Le Togo dispose désormais d'un plan de communication sur les risques sanitaires"). [https://sante.gouv.tg/index.php/node/475]. Accessed 3 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 3 September 2020.
[4] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 3 September 2020.

3.5.1c

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designates a specific position within the government to serve as the primary spokesperson to the public during a public health emergency. The Joint External Evaluation (JEE) conducted in April 2018 by the World

Health Organization (WHO) ranked Togo's risk communication capacity as "2", having limited capacity suggesting that at the time of writing the report, in 2018, Togo did not have much in place in terms of risk communication, including a selected primary spokesperson. [1] The Ministry of Health provides access to Togo's National Health Policy Strategic Plan 2017-2022, Togo also has a National Development Plan 2018-2022. Although both plans stress the importance of having a communication strategy and plan, neither specifies a government primary spokesperson. [2,3] No further information was found on the website of the Ministry of Health. [4] According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, Togo developed a National COVID-19 Preparedness and Response Plan to scale-up and strengthen all aspects of preparedness and response. The report states that the government is receiving implementation support, including for their risk communication and behavior change interventions, from the Regional Disease Surveillance Systems Enhancement (REDISSE) and Africa Centers for Disease Control and Prevention (CDC) projects. The report describes the type of work being done for risk communication but does not mention whether a specific position within the government has been designated the primary spokesperson or whether anyone serves as a spokesperson all together. [5] No risk communication plan or equivalent was found on the WHO Country Planning Cycle Database. [6] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 5 September 2020.
[2] Ministry of Health and Public Hygiene. "National Health Policy Strategic Plan 2017-2022". [http://sante.gouv.tg/node/359]. Accessed 5 September 2020.
[3] Republic of Togo. 2018. "National Development Plan 2018-2022". [http://societecivilemedia.com/wp-content/uploads/2019/02/PLAN-NATIONAL-DE-DEVELOPPEMENT-2018-2022.pdf]. Accessed 5 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[5] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[6] WHO. "Country Planning Cycle Database". [https://extranet.who.int/countryplanningcycles/planning-cycle/TGO]. Accessed 5 September 2020.

3.5.2 Public communication

3.5.2a

In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 1

There is evidence that the government utilises media platforms to inform the public about public health emergencies but only when there is an active public health emergency ongoing. Most recently, through the Ministry of Health, the government established an official COVID-19 information site which provides data numbers on active cases of COVID-19, cured cases, deaths, confirmed cases in total, number of total tests conducted, how many tests conducted per 1000 people,

and how many cases per 100,000 people exist in the last 14 days. [1] The site is updated every day, however, aside from when there is an active public health emergency, there does not seem to be regular information shared via any type of platform. In an article by All Africa, there is mention that WhatsApp is the common platform used to share information, however, links to these communication channels were not found. [2] Some programmes were broadcast over radio during a 2016 Lassa fever outbreak. [3] Although there may be some sporadic actions at the local level, the Joint External Evaluation Report of the World Health Organisation (WHO) emphasises that the local population is not sufficiently informed and that partnerships with the media are weak. [4] Radio still has a greater influence and penetration among the population than online social networks. The presidency of Togo has less than 20,000 followers on Twitter, and the Ministry of Health has less than 500. [5] At time of research, there did not seem to be an active Ministry of Health Facebook page and no COVID-19 information was shared via Facebook. [6]

[1] Coronavirus au Togo. "Site d'information officiel du Gouvernement". [https://covid19.gouv.tg/]. Accessed 5 September 2020.
[2] All Africa. January 2020. "Togo: The Media and the 2020 Elections in Togo - Growing Censorship, Fear of Possible Social Media Ban". [https://allafrica.com/stories/202001230402.html]. Accessed 5 September 2020.
[3] Hindawi. Case Report in Infectious Disease. 2017. "Emergence of Lassa Fever Disease in Northern Togo: Report of Two Cases in Oti District in 2016". [https://www.hindawi.com/journals/criid/2017/8242313/]. Accessed 5 September 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 5 September 2020.
[5] Presidency of the Republic. Twitter. [https://twitter.com/msps_togo?lang=en]. Accessed 5 September 2020.
[6] Ministry of Health. Facebook. [https://www.facebook.com/pages/Ministere-de-la-sant%C3%A9-togo/655735961157079]. Accessed 5 September 2020.

3.5.2b

Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is insufficient evidence to show that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases (in the past two years) in Togo. According to All Africa, a national news source, in Togo "social media, and blogs are increasingly becoming a tool for sharing fake news and misinform citizens". [1] In February 2020, Togo's President Faure Gnassingbé won re-election, despite being accused of widespread fraud to win the election. [2] In 2018, the government of Togo took efforts to strengthen its systems against "fake news and hate speech on social media" by adopting new legislative texts. It also recommended strengthening "the regulation of social networks, in particular by setting up an awareness campaign relating to their use, or the adoption of a law on false information and the creation of a platform. reporting". [3] No further evidence could be found with regards to senior leaders sharing misinformation on infectious diseases.

[1] All Africa. January 2020. "Togo: The Media and the 2020 Elections in Togo - Growing Censorship, Fear of Possible Social Media Ban". [https://allafrica.com/stories/202001230402.html]. Accessed 5 September 2020.
[2] British Broadcasting Channel (BBC). January 2020. "Togo's Faure Gnassingbé 'wins re-election' amid fraud protest". [https://www.bbc.com/news/world-africa-51606972]. Accessed 5 September 2020.
[3] Republic of Togo. March 2018. "Togo: the government strengthens its tone against false information and hate speech on

social media (Togo : le gouvernement durcit le ton contre les fausses informations et les discours haineux sur les réseaux sociaux)". [https://www.republiquetogolaise.com/securite/2203-1671-togo-le-gouvernement-durcit-le-ton-contre-les-fausses-informations-et-les-discours-haineux-sur-les-reseaux-sociaux]. Accessed 5 September 2020.

3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a

Percentage of households with Internet

Input number

Current Year Score: 12.36

2019

International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a

Mobile-cellular telephone subscriptions per 100 inhabitants

Input number

Current Year Score: 77.19

2019

International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a

Percentage point gap between males and females whose home has access to a mobile phone

Input number

Current Year Score: 16.0

2019

Gallup; Economist Impact calculation

3.6.4 Female access to the Internet

3.6.4a

Percentage point gap between males and females whose home has access to the Internet

Input number

Current Year Score: 13

2019

Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

In the last year, there is no evidence that Togo has issued a restriction, without international/bilateral support, on the export/import of medical goods (eg: medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak. On 20 April 2020, a confirmed yellow fever case was declared to the World Health Organization (WHO) in Galangashie health area. The report on the WHO website specifically mentions "WHO does not recommend any restrictions on travel and trade to Togo on the basis of the information available on this outbreak". [1] No further evidence on restrictions could be found with regards to this outbreak. On 2 April 2020, Togo declared a state of emergency due to COVID-19 pandemic, however aside from restrictions of travel, there is no evidence of any other kind of restrictions. [2] Then on 28 October 2019, the first case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported to WHO and was "genetically linked to an outbreak originating in Jigawa State, Nigeria". [3] Togo also had an isolated case of Lassa fever in early 2019. [4] And the World Bank reports that Togo experiences an epidemic every year due to it's climate and weak health infrastructure: "In 2017, there was a meningitis epidemic and a Cholera alert in Lomé; in 2018 there was an epidemic of Lassa fever disease; in 2019 an epidemic of meningitis and Lassa fever disease, and in 2020 the country is facing an epidemic of measles, poliomyelitis and now COVID-19". [5] No evidence of restrictions, without international/bilateral support, on the export/import of medical goods (eg: medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak was found. No news has been reported in relevant media outlets (local press, BBC, etc.). No evidence of disease outbreaks is available on the Animal Health Information (OIE) website. [6] No relevant information is available on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture and Water Resources. [7,8]

[1] World Health Organization (WHO). June 2020. "Yellow Fever - Togo". [https://www.who.int/csr/don/05-june-2020-yellow-fever-togo/en/]. Accessed 5 September 2020.
[2] Medical XPress. April 2020. "Togo declares 'state of emergency' over virus". [https://medicalxpress.com/news/2020-04-togo-declares-state-emergency-virus.html]. Accessed 5 September 2020.
[3] WHO. November 2019. "Circulating vaccine-derived poliovirus type 2 - African Region". [https://www.who.int/csr/don/29-november-2019-polio-african-region/en/]. Accessed 5 September 2020.
[4] APA News. 5 January 2019. "The Togolese Government Has Confirmed a Case of Lassa Fever in the North". ("Le gouvernement togolais confirme un cas de fièvre Lassa au nord"). Accessed 5 September 2020.
[5] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[6] Animal Health Information (OIE). "Weekly disease information".

[https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 5 September 2020.
[7] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[8] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 5 September 2020.

3.7.1b

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 1

In the past year, there is no evidence that Togo has issued a restriction, without international/bilateral support, on the export/import of non-medical goods (eg: food, textiles, etc) due to an infectious disease outbreak. On 20 April 2020, a confirmed yellow fever case was declared to the World Health Organization (WHO) in Galangashie health area. The report on the WHO website specifically mentions "WHO does not recommend any restrictions on travel and trade to Togo on the basis of the information available on this outbreak". [1] No further evidence on restrictions could be found with regards to this outbreak. On 2 April 2020, Togo declared a state of emergency due to COVID-19 pandemic, however aside from restrictions of travel, there is no evidence of any other kind of restrictions. [2] Then on 28 October 2019, the first case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported to WHO and was "genetically linked to an outbreak originating in Jigawa State, Nigeria". [3] Togo also had an isolated case of Lassa fever in early 2019. [4] And the World Bank reports that Togo experiences an epidemic every year due to it's climate and weak health infrastructure: "In 2017, there was a meningitis epidemic and a Cholera alert in Lomé; in 2018 there was an epidemic of Lassa fever disease; in 2019 an epidemic of meningitis and Lassa fever disease, and in 2020 the country is facing an epidemic of measles, poliomyelitis and now COVID-19". [5] No evidence of restrictions, without international/bilateral support, on the export/import of non-medical goods was found for any of these cases. No news has been reported in relevant media outlets (local press, BBC, etc.). No evidence of disease outbreaks is available on the Animal Health Information (OIE) website. [6] No relevant information is available on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture and Water Resources. [7,8]

[1] World Health Organization (WHO). June 2020. "Yellow Fever - Togo". [https://www.who.int/csr/don/05-june-2020-yellow-fever-togo/en/]. Accessed 5 September 2020.
[2] Medical XPress. April 2020. "Togo declares 'state of emergency' over virus". [https://medicalxpress.com/news/2020-04-togo-declares-state-emergency-virus.html]. Accessed 5 September 2020.
[3] WHO. November 2019. "Circulating vaccine-derived poliovirus type 2 - African Region". [https://www.who.int/csr/don/29-november-2019-polio-african-region/en/]. Accessed 5 September 2020.
[4] APA News. 5 January 2019. "The Togolese Government Has Confirmed a Case of Lassa Fever in the North". ("Le gouvernement togolais confirme un cas de fièvre Lassa au nord"). Accessed 5 September 2020.
[5] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[6] Animal Health Information (OIE). "Weekly disease information". [https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 5 September 2020.
[7] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[8] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 5 September 2020.

3.7.2 Travel restrictions

3.7.2a

In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

In the past year, evidence was found of Togo implementing a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak. On 2 April 2020, Togo declared a state of emergency due to COVID-19 pandemic. Togolese authorities had announced that all commercial flights to and from countries highly affected by the coronavirus (COVID-19) outbreak would be suspended as of Friday, March 20, for a period of 15 days and although the list of countries were not clearly identified, authorities stated that the countries included "most European countries". [1,2] In September 2020, Togolese authorities announced that the country would remain in a state of emergency until March 2021. Although some travel restrictions were lifted, especially with regards to flights coming and going, all land borders have remained closed except for humanitarian transport. [3] On 20 April 2020, a confirmed yellow fever case was declared to the World Health Organization (WHO) in Galangashie health area. The report on the WHO website specifically mentions "WHO does not recommend any restrictions on travel and trade to Togo on the basis of the information available on this outbreak". [4] No further evidence on travel restrictions could be found with regards to this outbreak. There is evidence of and the World Bank reports that Togo experiences an epidemic every year due to it's climate and weak health infrastructure: "In 2017, there was a meningitis epidemic and a Cholera alert in Lomé; in 2018 there was an epidemic of Lassa fever disease; in 2019 an epidemic of meningitis and Lassa fever disease, and in 2020 the country is facing an epidemic of measles, poliomyelitis and now COVID-19". [5,6,7] No evidence of implementing a travel ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak was found. No evidence of disease outbreaks is available on the Animal Health Information (OIE) website. [8] No further information is available on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Agriculture and Water Resources. [9,10]

[1] Medical XPress. April 2020. "Togo declares 'state of emergency' over virus". [https://medicalxpress.com/news/2020-04-togo-declares-state-emergency-virus.html]. Accessed 5 September 2020.
[2] GardaWorld. March 2020. "Togo: Authorities suspend flights with at-risk countries as of March 20 /update 1". [https://www.garda.com/crisis24/news-alerts/323516/togo-authorities-suspend-flights-with-at-risk-countries-as-of-march-20-update-1]. Accessed 24 October 2020.
[3] WorldWare. September 2020. "COVID-19 Alert: Togo Extends State of Health Emergency Through March 2021". [https://www.worldaware.com/covid-19-alert-togo-extends-state-health-emergency-through-march-2021]. Accessed 24 October 2020.
[4] World Health Organization (WHO). June 2020. "Yellow Fever - Togo". [https://www.who.int/csr/don/05-june-2020-yellow-fever-togo/en/]. Accessed 5 September 2020.
[5] WHO. November 2019. "Circulating vaccine-derived poliovirus type 2 - African Region". [https://www.who.int/csr/don/29-november-2019-polio-african-region/en/]. Accessed 5 September 2020.
[6] APA News. 5 January 2019. "The Togolese Government Has Confirmed a Case of Lassa Fever in the North". ("Le gouvernement togolais confirme un cas de fièvre Lassa au nord"). Accessed 5 September 2020.
[7] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[8] Animal Health Information (OIE). "Weekly disease information". [https://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/WI]. Accessed 5 September 2020.

[9] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[10] Ministry of Agriculture, Livestock and Water Resources. [https://agriculture.gouv.tg/]. Accessed 5 September 2020.

Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people

Input number

Current Year Score: 7.74

2018

WHO; national sources

4.1.1b

Nurses and midwives per 100,000 people

Input number

Current Year Score: 41.02

2018

WHO; national sources

4.1.1c

Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?

Yes = 1 , No = 0

Current Year Score: 0

There is no public evidence that Togo has a public workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. The Ministry of Health has published information on the size of the workforce and shortages in the health care sector, but its does not have a documented strategy to address these shortages. In the latest National Health Development Plan, the Ministry estimates the

shortage at 4,500 staff, but it says the decision to hire the needed personnel depends on the Ministry of Economy and Finance and the Ministry of Civil Service and Labour.[1,2] Meanwhile, the website of Ministry of Civil Service and Labour informs that the latest selection process of medical staff dates from 2016. [3] The Ministry of Economy and Finance does not share relevant information on its website. [4] There is no relevant information in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [5]

[1] Health Ministry. National Health Development Plan 2017-2022 (PNDS 2017-2022). [http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/togo/togo_pnds_2017-2022_version_definitive_210217_en_edition.pdf]. Accessed 3 September 2020.
[2] World Health Organization. "Country Planning Cycle Database - Togo". [https://extranet.who.int/countryplanningcycles/planning-cycle/TGO]. Accessed 3 September 2020.
[3] Ministry of Civil Service and Labour. 2 June 2017. [http://numerique.gouv.tg//sites/mfptra/files/2018-08/communinique_150.pdf]. Accessed 3 September 2020.
[4] Ministry of Economy and Finance. [https://finances.gouv.tg]. Accessed 3 September 2020.
[5] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.

4.1.2 Facilities capacity

4.1.2a

Hospital beds per 100,000 people

Input number

Current Year Score: 70

2011

WHO/World Bank; national sources

4.1.2b

Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Togo has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country. Following the Ebola outbreak in 2014, a quarantine unit was set up at the main hospital in the capital Lomé, which is the best equipped in the country.[1] Some patients were also put in quarantine in 2016 after an outbreak of Lassa fever. [2] However, there is no evidence that such isolation is capable of isolating for highly contagious pathogens. According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, "The Government of Togo created a crisis management committee (chaired by the Prime Minister) and has taken a series of immediate containment measures", including establishing isolation centers at the port and airport and tents have been set up at the three main land borders. The report continues to say that "the care capacity for COVID-19 cases is limited and supply for protective equipment and

medication is insufficient". The nine treatment centers that have been set up for case management, do not currently have enough bed capacity and they are lacking in equipment and medication. And there is a lack of a quarantine area. At the time the report was written, in March 2020, many people requiring quarantine were being quarantined at their homes and their follow-up was done by telephone. [3] There is no additional information from the website of the Ministry of Health and Public Hygiene. [4]

[1] Togo Actualités. Juillet 2014. "Ahoomey-Zunu visit the isolation centrer of the Campus Hospital in Lomé" (Ahoomey-Zunu au centre d'isolement du CHU Campus de Lomé). [https://www.togoactualite.com/ahoomey-zunu-au-centre-disolement-du-chu-campus-lome/?print=print]. Accessed 5 September 2020.
[2] World Health Organisation. 23 March 2016. "Disease outbreak news - Lassa Fever - Togo". [https://www.who.int/csr/don/23-march-2016-lassa-fever-togo/en/] Accessed 5 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.

4.1.2c

Does the country meet one of the following criteria?
- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
- Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?
Yes = 1, No = 0

Current Year Score: 1

There is evidence that Togo has the capacity to expand isolation capacity in response to an infectious disease outbreak but no evidence that it has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years. According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, "The Government of Togo created a crisis management committee (chaired by the Prime Minister) and has taken a series of immediate containment measures", including establishing isolation centers at the port and airport and tents have been set up at the three main land borders. The report continues to say that "the care capacity for COVID-19 cases is limited and supply for protective equipment and medication is insufficient". The nine treatment centers that have been set up for case management, do not currently have enough bed capacity and they are lacking in equipment and medication. And there is a lack of a quarantine area. At the time the report was written, in March 2020, many people requiring quarantine were being quarantined at their homes and their follow-up was done by telephone. [1] There is no additional information from the website of the Ministry of Health and Public Hygiene. [2]

[1] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.

4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a

Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 0

There is a national procurement protocol in place however there is insufficient evidence that it is utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (such as equipment, reagents and media) and medical supplies (equipment, PPE) for routine need. The Ministry of Health and Public Hygiene, including the National Institute of Hygiene, the local equivalent of the National Public Health Institute, which also serves as the National Laboratory, and the Ministry of Agriculture, Livestock and Fisheries, have to abide to the official rules on public bids, as defined in Decree 2009-277. [1] The website of the Ministry of Health and Public Hygiene mentions the existence of an official in charge of public tenders but does not specifically mention using this to acquire laboratory items and medical equipment. [2] The Regulatory Authority of Public Markets (ARMP) is in charge of implementing regulations (including for laboratory needs). It also rules on appeals when public bids are contested (this includes health or medical supplies). [3] According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, Togo has a national plan dealing with logistics to ensure the delivery / receipt of vaccines and scores this capacity a '3', meaning the country has capacity. However, the JEE also scores it's supply system to access medicine to treat bacterial infections at all levels of the health pyramide a '1', which translates to little to no capacity. [4]

[1] Marchés Publics Afrique. "Togo - Decree 2009-227 11 November 2009 Regarding Public Tenders and Delegation of Public Services" ("Décret 2009-277 du 11 novembre 2009 portant Code des marchés publics et des délégations de service public"). [http://www.marches-publics-afrique.com/reglementations-nationales-des-marches/cede/uemoa---togo---marches-publics/togo---decret-2009-277-portant-code-des-marches-publics-et-des-delegations-de-service-public#TOC-Chapitre-1er-:-Proc-dures-de-passation-des-march-s-publics-]. Accessed 5 September 2020.
[2] Ministry of Health and Public Hygiene. Structure. [https://sante.gouv.tg/index.php/node/253]. Accessed 5 September 2020.
[3] Regulatory Authority of Public Markets (ARMP). [http://armp.tg/]. Accessed 5 September 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 5 September 2020.

4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 1

There is evidence that Togo has a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency, however there is evidence that this stockpile is insufficient. According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, Togo has a "limited" stock of medical means to be used in case of a public health emergency. "Some health structures have minimal stocks of vaccines due to logistical problems where about 32% of them do not have refrigerators for storing vaccines". [1] The Ministry of Health's Complete Multi-Year Plan 2011-2015 for the Expanded Immunisation Program, supports these findings stating that there is central, regional, and district capacity to store vaccines, although in certain areas these are either insufficient or under regulations. [2] A study conducted in 2017 evaluated the controlled temperature chain approach for vaccine logistics in Togo and references the high cost of storage, reinforcing the idea that although the storage capacity may not be sufficient, Togo does have some storage capacity. [3] No further information or evidence was found on the general websites of the Ministry of Health and Public Hygiene the Ministry of Security and Civil Protection, or the Ministry of Defense. [4,5,6] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. The 2015 National Contingency Plan was not available on the website of the Ministry of Security and Civil Protection at the time of this research. [7] A Project Information Document developed by the World Bank which describes Togo's response to COVID-19, states that although Togo has been able to respond to the pandemic, there is still a lack of necessary equipment and the care and bed capacity for COVID-19 cases is limited and supply for protective equipment and medication is insufficient. The nine treatment centers that have been set up for case management, also lack equipment. According to the document, the National Institute of Hygiene (INH) was set up as a national reference laboratory for diseases with epidemic potential since 1998, and is the coordinating body for all the activities of the national network of human health laboratories. However, it also lacks capacity, where in March 2020, the laboratory could not do more than 10 tests per day. [8] The website for the INH was not accessible at the time of this research. [9]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 5 September 2020.
[2] Ministry of Health and Public Hygiene. "Complete Multi-Year Plan 2011-2015 for the Expanded Immunisatioin Programme". [http://staging.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/togo/togo-comprehensive_multi-year_plan_for_2011-2015_-_year_unknown.pdf]. Accessed 25 October 2020.
[3] PanAfrica Medical Journal. 2017. "An economic evaluation of the controlled temperature chain approach for vaccine logistics: evidence from a study conducted during a meningitis A vaccine campaign in Togo". [https://www.who.int/immunization/programmes_systems/supply_chain/economic_evaluation_MenA_Togo.pdf?ua=1]. Accessed 25 October 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[5] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 5 September 2020.
[6] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 5 September 2020.
[7] Ministry of Security and Civil Protection. "2015 National Contingency Plan" ("Plan National de Contingence 2015"). [https://securite.gouv.tg/sites/default/files/documents/plan_national_de_contingence_version_2015.pdf]. Accessed 5 September 2020.
[8] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[9] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 5 September 2020.

4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is no evidence that Togo has a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. There is no publicly available evidence of an agreement with manufacturers or distributors. The World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, makes no mention of a stockpile of laboratory supplies. [1] There is no relevant information on the websites of the Ministry of Health and Public Hygiene the Ministry of Security and Civil Protection, or the Ministry of Defense. [2,3,4] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. The 2015 National Contingency Plan was not available on the website of the Ministry of Security and Civil Protection at the time of this research. [5] A Project Information Document developed by the World Bank which describes Togo's response to COVID-19, states that there is a lack of necessary equipment and the care and bed capacity for COVID-19 cases is limited and supply for protective equipment and medication is insufficient. The nine treatment centers that have been set up for case management, do not have the capacity as they lack equipment. According to the document, the National Institute of Hygiene (INH) was set up as a national reference laboratory for diseases with epidemic potential since 1998, and is the coordinating body for all the activities of the national network of human health laboratories. However, it also lacks capacity, where in March 2020, the laboratory could not do more than 10 tests per day. [6] The website for the INH was not accessible at the time of this research. [7]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 5 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[3] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 5 September 2020.
[4] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 5 September 2020.
[5] Ministry of Security and Civil Protection. "2015 National Contingency Plan" ("Plan National de Contingence 2015"). [https://securite.gouv.tg/sites/default/files/documents/plan_national_de_contingence_version_2015.pdf]. Accessed 5 September 2020.
[6] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[7] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 5 September 2020.

4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Togo conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency. There is no publicly available evidence of an agreement with manufacturers or

distributors of medical drugs or diagnostics. According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, Togo has "limited" stocks of medical means for its own use during a public health emergency. However, it does have a national plan dealing with logistics to ensure the delivery / receipt of medical means and personnel in case of a public health emergency. There is no mention of an annual review of stockpiles in the report. [1] There is no relevant information on the websites of the Ministry of Health and Public Hygiene the Ministry of Security and Civil Protection, or the Ministry of Defense. [2,3,4] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. The 2015 National Contingency Plan was not available on the website of the Ministry of Security and Civil Protection at the time of this research. [5] A study conducted in 2017 evaluated the controlled temperature chain approach for vaccine logistics in Togo and references the high cost of storage, reinforcing the idea that although the storage capacity may not be sufficient, Togo does have some storage capacity. There is no mention of an annual review of national stockpiles. [6] A Project Information Document developed by the World Bank which describes Togo's response to COVID-19, states that although Togo has been able to respond to the pandemic, there is still a lack of necessary equipment and the care and bed capacity for COVID-19 cases is limited and supply for protective equipment and medication is insufficient. There is evidence that whatever stockpiles Togo has available are insufficient but there is no mention in the report about reviewing stockpiles annually. [7] The website for the INH was not accessible at the time of this research. [8]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("Évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 5 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[3] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 5 September 2020.
[4] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 5 September 2020.
[5] Ministry of Security and Civil Protection. "2015 National Contingency Plan" ("Plan National de Contingence 2015"). [https://securite.gouv.tg/sites/default/files/documents/plan_national_de_contingence_version_2015.pdf]. Accessed 5 September 2020.
[6] PanAfrica Medical Journal. 2017. "An economic evaluation of the controlled temperature chain approach for vaccine logistics: evidence from a study conducted during a meningitis A vaccine campaign in Togo". [https://www.who.int/immunization/programmes_systems/supply_chain/economic_evaluation_MenA_Togo.pdf?ua=1]. Accessed 25 October 2020.
[7] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 5 September 2020.
[8] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 5 September 2020.

4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence of a plan/agreement to leverage domestic manufacturing capacity to produce or to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency. There is no publicly available evidence of an agreement with manufacturers or distributors of medical drugs or diagnostics. The Public Markets Regulatory Authority (ARMP) (Autorité de Régulation des Marchés Publics) makes no mention of a plan or agreement. [1] According to the a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, the REDISSE Project Coordination Unit (PCU) is meant to provide support to the government for procurement, suggesting that they do not currently have an effective enough system. The document continues to state that there is a limited supply for protective equipment and medication is insufficient and the nine treatment centers that were set up for responding to COVID-19, do not have the capacity as they lack equipment. [2] The World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018 states that Togo has "limited" stocks of medical means for its own use during a public health emergency. However, it does not mention leveraging manufacturing capacity to produce or procure medical supplies or a national plan dealing with logistics to ensure the delivery / receipt of medical means and personnel in case of a public health emergency. [3] There is no relevant information on the websites of the Ministry of Health and Public Hygiene the Ministry of Security and Civil Protection, or the Ministry of Defense. [4,5,6] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. The 2015 National Contingency Plan was not available on the website of the Ministry of Security and Civil Protection at the time of this research. [7] The website for the National Institute of Hygiene (INH) was not accessible at the time of this research. [8]

[1] Public Markets Regulatory Authority (ARMP) (Autorité de Régulation des Marchés Publics). [https://staging.armptogo.com/]. Accessed 6 September 2020.
[2] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[5] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 6 September 2020.
[6] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 6 September 2020.
[7] Ministry of Security and Civil Protection. "2015 National Contingency Plan" ("Plan National de Contingence 2015"). [https://securite.gouv.tg/sites/default/files/documents/plan_national_de_contingence_version_2015.pdf]. Accessed 5 September 2020.
[8] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 6 September 2020.

4.2.3b

Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no evidence of a plan/agreement to leverage domestic manufacturing capacity to produce or to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency. There is no publicly available evidence of an agreement with manufacturers or distributors of medical drugs or diagnostics. The Public Markets Regulatory Authority (ARMP) (Autorité de Régulation des Marchés Publics) makes no mention of a plan or agreement. [1] According to the a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, the REDISSE Project Coordination Unit (PCU) is meant to provide support to the government for procurement, suggesting that they do not currently have an effective enough system. The document continues to state that there is a limited supply for protective equipment and medication is insufficient and the nine treatment centers that were set up for responding to COVID-19, do not have the capacity as they lack equipment. [2] There is no mention of leveraging manufacturing capacity to produce or procure laboratory supplies in the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018. [3] There is no relevant information on the websites of the Ministry of Health and Public Hygiene the Ministry of Security and Civil Protection, or the Ministry of Defense. [4,5,6] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. The 2015 National Contingency Plan was not available on the website of the Ministry of Security and Civil Protection at the time of this research. [7] The website for the National Institute of Hygiene (INH) was not accessible at the time of this research. [8]

[1] Public Markets Regulatory Authority (ARMP) (Autorité de Régulation des Marchés Publics). [https://staging.armptogo.com/]. Accessed 6 September 2020.
[2] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[4] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[5] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 6 September 2020.
[6] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 6 September 2020.
[7] Ministry of Security and Civil Protection. "2015 National Contingency Plan" ("Plan National de Contingence 2015"). [https://securite.gouv.tg/sites/default/files/documents/plan_national_de_contingence_version_2015.pdf]. Accessed 5 September 2020.
[8] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 6 September 2020.

4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a

Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has a plan, program, or guidelines in place for dispensing medical countermeasures for national use during a public health emergency. There is no relevant information on the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, nor on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Security and Civil Protection and of the Ministry Defence and Veterans. [1,2,3,4] According to the JEE report, public health risks were mapped in 2016, which helped develop the national multi-risk contingency plan. The latest version covers 2017-2018 but the plan does not seem to be publicly available as no evidence of it was found and its content was not accessible online at time of research. [1,5]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 3 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[3] Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 4 September 2020.
[4] Ministry of Defence and Veterans [https://defense.gouv.tg/fr]. Accessed 4 September 2020.
[5] Ministry of Security and Civil Protection. "2015 National Contingency Plan" ("Plan National de Contingence 2015"). [https://securite.gouv.tg/sites/default/files/documents/plan_national_de_contingence_version_2015.pdf]. Accessed 4 September 2020.

4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence of a public plan in place to receive health personnel from other countries to respond to a public health emergency in Togo. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Security and Civil Protection and of the Ministry of Defence and Veterans. [1,2,3] There is no relevant information in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [4] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website.

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[2] [Ministry of Security and Civil Protection. [https://securite.gouv.tg/]. Accessed 4 September 2020.
[3] Ministry of Defence and Veterans. [https://defense.gouv.tg/fr]. Accessed 4 September 2020.
[4] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 4 September 2020.

4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a

Does the constitution explicitly guarantee citizens' right to medical care?

Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 0

2020

World Policy Analysis Center

4.4.1b

Access to skilled birth attendants (% of population)

Input number

Current Year Score: 44.6

2014

WHO/World Bank/United Nations Children's Fund (UNICEF)

4.4.1c

Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)

Input number

Current Year Score: 60.6

2017

WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a

Are workers guaranteed paid sick leave?

Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

Current Year Score: 2

2020

World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a

Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has issued legislation, a policy or a public statement committing to provide prioritised health care services to healthcare workers who become sick as a result of responding to a public health emergency. There is no relevant information on the website of the Ministry of Health and Public Hygiene or in national planning documents. [1,2] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. According to the World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, "Togo has a public health emergency operations center (Centre des Opérations d'Urgence de Santé Publique, or COUSP). It also has preparedness and response plans against several specific public health emergencies (meningitis, Ebola and Lassa fever)." No publicly available evidence of the plans to see whether they mention prioritizing health care services to healthcare workers who become sick were found. The JEE report continues to explain that public health risks were mapped in 2016, which helped develop the national multi-risk contingency plan. The latest version covers 2017-2018. Again, the contingency plan does not seem to be publicly available as no evidence of it was found. [3] According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, "The Government of the Republic of Togo has developed a National COVID-19 Preparedness and Response Plan. The Plan focuses on scaling-up and strengthening all aspects of preparedness and response including surveillance, laboratory, points of entry, risk communication, case management, infection control and safety, coordination, and research. The implementation of this project will be complemented by the Regional Disease Surveillance Systems Enhancement (REDISSE) and Africa Centers for Disease Control and Prevention (CDC) projects". No evidence of the plan was found, however, so it is unclear whether it mentions prioritizing healthcare workers if they become sick. [4]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 4 September 2020.
[2] Ministry of Health and Public Hygiene. 2017. "National Health Development Plan 2017-2022" (Plan national de déveppement sanitaire 2017-2022)".
[http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/togo/togo_pnds_2017-2022_version_definitive_210217_en_edition.pdf.] Accessed 4 September 2020.
[3] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise").
[https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 4 September 2020.
[4] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening".
[http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 4 September 2020.

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a

Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of the existence of a system for public health officials and healthcare workers to communicate during a public health emergency. Togo has set up a Centre of Emergency Public Health Operations (COUSP), according to the Joint External Evaluation (JEE) for Togo, conducted in April 2018, but there is no public information regarding communication between officials and healthcare workers and there is no mention of such on the website of the Ministry of Health and Public Hygiene. [1,2] COUSP has no website. According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, REDISSE, GIZ as well as the Global Fund are supporting the government with risk communication and behavior change interventions including social distancing measures however there is no mention of a system for public health officials and healthcare workers to communicate. The document explains that the partners are assisting the government with communication through boards and broadcast media, as well as revising the risk communication plan. They are developing and testing messages and materials to be used during this pandemic or another emerging infectious disease outbreak. They have "contracted various communication channels for personal hygiene promotion including the promotion of 'handwashing' and communication is done in French and in 17 local languages. The government has in place through the health emergency coordination center a mobile app for sending out health messages including messages about COVID-19. The center also provides specific advice specific to the COVID-19 pandemic through a call center with 111 and 113 as the phone numbers. Finally, the government also has a data analytics dashboard to allow for visualization of identified cases". [3]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of the existence of a system for public health officials and healthcare workers to communicate during a public health emergency and therefore it does not encompass healthcare workers in both the public and private

sector. Togo has set up a Centre of Emergency Public Health Operations (COUSP), according to the Joint External Evaluation (JEE) for Togo, conducted in April 2018, but there is no public information regarding communication between officials and healthcare workers and there is no mention of such on the website of the Ministry of Health and Public Hygiene. [1,2] COUSP has no website. According to a Project Information Document developed by the World Bank which describes Togo's response to COVID-19, REDISSE, GIZ as well as the Global Fund are supporting the government with risk communication and behavior change interventions including social distancing measures however there is no mention of a system for public health officials and healthcare workers to communicate. The document explains that the partners are assisting the government with communication through boards and broadcast media, as well as revising the risk communication plan. They are developing and testing messages and materials to be used during this pandemic or another emerging infectious disease outbreak. They have "contracted various communication channels for personal hygiene promotion including the promotion of 'handwashing' and communication is done in French and in 17 local languages. The government has in place through the health emergency coordination center a mobile app for sending out health messages including messages about COVID-19. The center also provides specific advice specific to the COVID-19 pandemic through a call center with 111 and 113 as the phone numbers. Finally, the government also has a data analytics dashboard to allow for visualization of identified cases". [3]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities. The World Health Organisation's (WHO) Joint External Evaluation (JEE) for Togo, conducted in April 2018, says that there is a national plan for HCAI programs, but that there is no operational standard procedures in the prevention against HCAI and for the protection of heathcare personnel. [1] There is no relevant information on the websites of the Ministry of Health and Public Hygiene and the website for the National Institute of Hygiene (INH), the local equivalent of the National Public Health Intitute, which also serves as the National Laboratory, was not accessible at the time of this research. [2,3] There is no evidence of a national Antimicrobial Resistance (AMR) plan in the WHO Library of National Action Plans. [4]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise").

[https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[3] National Institute of Hygiene [http://www.inhtogo.tg]. Accessed 6 September 2020.
[4] World Health Organisation (WHO). "Library of National Action Plans". [http://www.who.int/antimicrobial-resistance/national-action-plans/library/en/]. Accessed 6 September 2020.

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a

Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence of a national requirement for ethical review in Togo before beginning a clinical trial. There is evidence that Togo has hosted clinical trials for decades (there is evidence that clinical trials on ivermectine were conducted in the mid-1970s). [1] The Ministry of Health has also set up a bioethics committee on healthcare research in 2008. The founding charter outlines the responsibilities of the bioethics review committee Article 9 of its 2009 charter says that "the Ministry of Health authorises or does not authorise the research project on the basis of the recommendation of the committee". [2] The Ministry of Health issued other decrees to define the scope of the work of the committee, but these are not available online ("Arrêté nº 46-126 of 15 March 2007" and "Arrêté n°0120/2008 of 20 June 2008"). No other evidence is available of a national requirement for ethical review.

[1] National Health Institute. "Open Doors: The INH Celebrates its 50 Years of Existence" (Journées portes ouvertes: l'INH célèbre ses 50 ans d'existence). [http://www.inhtogo.tg/index.php/2-uncategorised/93-journees-portes-ouvertes-l-inh-celebre-ses-50-ans-d-existence]. Accessed 5 September 2020.
[2] Ministry of Health. 14 September 2009. "Charter of the Bioethics Committee on Health Research. Arrêté nº153/2009/MS/CAB/DGS". [https://www.healthresearchweb.org/fr/togo/ethics_1132]. Accessed 5 September 2020.

4.7.1b

Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that there is an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Higher Education and Research. [1,2] There is no evidence in the charter of the bioethics committee on healthcare research either. [3] No new or updated evidence was found since last year's research.

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[2] Ministry of Higher Education and Research. [https://edusup.gouv.tg]. Accessed 5 September 2020.
[3] Health Research Web. 2009. "Togo.Ethics Committee". [https://www.healthresearchweb.org/fr/togo/ethics_1132]. Accessed 5 September 2020.

4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of a government agency responsible for approving new medical countermeasures for humans. The Ministry of Health has set up a bioethics committee on healthcare research (CBRS) in 2009, but it is unclear if this committee deals with medical countermeasures. [1] There is no other relevant information from the Ministry of Health and Public Hygiene. [2] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website. No new or updated evidence since last year's research was found.

[1] Health Research Web. 2009. "Togo.Ethics Committee". [https://www.healthresearchweb.org/fr/togo/ethics_1132]. Accessed 5 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.

4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that there is an expedited process for approving medical countermeasures for human use during public health emergencies in Togo. There is no relevant information on the websites of the Ministry of Health and Public Hygiene and of the Ministry of Higher Education and Research. [1,2] The charter of the Bioethics Committee on Healthcare Research does not mention this topic. [3] No new or updated evidence since last year's research was found.

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 5 September 2020.
[2] Ministry of Higher Education and Research. [https://edusup.gouv.tg] Accessed 5 September 2020.
[3] Health Research Web. 2009. "Togo.Ethics Committee". [https://www.healthresearchweb.org/fr/togo/ethics_1132]. Accessed 5 September 2020.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a

Has the country submitted IHR reports to the WHO for the previous calendar year?

Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a

Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that pandemics are integrated into the national risk reduction strategy or that there is a standalone national disaster risk reduction strategy for pandemics in Togo. There is a preparation plan in case of flu pandemics or the emergence of Ebola fever, according to the Ministry of Health and Public Hygiene, however, it is not clear whether these are considered national disaster risk reduction strategies. [1] There is also a platform for the risk reduction of disasters in Togo, according to the Joint External Evaluation (JEE) for Togo, conducted in April 2018. The JEE mentions the "National Multirisk Contingency Plan", however, the document was not found at the time of research. [2] There are articles that broadly describe its contents stating that the "emergency relief organization plans make it possible to assist and bring relief to populations in the event of flooding and other risks related to natural disasters", but it does not indicate whether pandemics are included in their definition of natural disasters. [3,4] The JEE also says: "The healthcare sector has set up its own national multirisk contingency plan, although it does not include animal health and it does not clearly define the missions of the Emergency Operations Centre (COUSP)." [2]

[1] Ministry of Health. July 2014. "Plan to Fight Ebola Virus in Togo" ("Plan de lute contre la fièvre Ebola au Togo"). [http://www.globe-network.org/sites/default/files/fr/article/plan-de-lutte-contre-la-fievre-ebola-togo.pdf]. Accessed 6 September 2020.
[2] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6

September 2020.
[3] Portail Officiel de la Republique Togolaise. July 2018. "Togo updates its contingency plan to deal with disaster risks (Le Togo actualise son plan de contingence pour faire face aux risques de catastrophes)". [https://www.republiquetogolaise.com/securite/0607-2006-le-togo-actualise-son-plan-de-contingence-pour-faire-face-aux-risques-de-catastrophes]. Accessed 6 September 2020.
[4] Lome.com. March 2020. "Togo / Disaster risk reduction: The National Contingency Plan (PNC) and the civil security response organization revised in Kara (Togo/Reduction des risques de catastrophes: Le plan National de Contingence (PNC) et celui d'organisation de la repose de securite civile revises a Kara)". [http://news.alome.com/h/125460.html]. Accessed 6 September 2020.

5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no publicly available evidence of cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to public health emergencies in Togo. According to the Joint External Evaluation (JEE) for Togo, conducted in April 2018, there is no cross-border agreement for the distribution of medical goods and human resources and no legal framework for the reception of foreign medical staff. [1] There is no relevant information on the website of the Ministry of Health and Public Hygiene. [2] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.

5.2.1b

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to animal health emergencies. According to the Joint External Evaluation (JEE) for Togo, conducted in April 2018, there is no cross-border agreement for the distribution of medical goods and the deployment of human resources. The report also states that "The healthcare sector has set up its own national multirisk contingency plan, although it does not include animal health and it does not clearly define the missions of the

Emergency Operations Centre (COUSP)." [1] There is no relevant information on the website of the Ministry of Health and Public Hygiene. [2] The emergency management agency, Centre for Emergency Operations of Public Health (Centre des Opérations d'Urgence de Santé Publique, or COUSP) has no website.

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a

Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?
Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b

Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?
Yes = 1 , No = 0

Current Year Score: 0

2021

Biological Weapons Convention

5.3.1c

Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?
Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d

Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:

Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.2 Voluntary memberships

5.3.2a

Does the country meet at least 2 of the following criteria?

- Membership in Global Health Security Agenda (GHSA)

- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)

- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)

- Membership in the Australia Group (AG)

- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. , Yes for five = 1 , Yes for four = 1 , Yes for three = 1 , Yes for two = 1 , Yes for one = 0 , No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a

Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b

Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?

Yes = 1 , No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a

Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?

Yes = 1 , No = 0

Current Year Score: 1

2021

OIE PVS assessments

5.4.2b

Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?

Yes = 1 , No = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a

Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence that Togo has allocated national funds to improve capacity to address epidemic threats within the past three years. There is no mention of allocating any amount of national funds to improving Togo's

capacity to respond to epidemic threats in the Joint External Evaluation (JEE) for Togo, conducted in April 2018. [1] There is no evidence of programs or projects dedicated to improving capacity on the Ministry of Health or the Ministry of Agriculture websites. [2,3] There is evidence that Togo has leaned and relied on external capacity and financial resources to strengthen its preparedness towards epidemics, but it is unclear whether it has invested its own funds into these efforts. In order to strengthen Togo's control of epidemics and epizootics in the country, it joined the International Development Association (IDA)-financed Regional Disease Surveillance Systems Enhancement (REDISSE) project supporting the countries of the Economic Community West African States (ECOWAS). REDISSE, "which became effective in 2017, has been very useful for the initial response to the COVID-19 epidemic in Togo. REDISSE II has ordered through the UN agencies three medicalized ambulances, two mobile laboratories, thermoflash, thermal cameras, Masks, PPE, and Laboratory reagents to name a few things. It is also refurbishing a few treatment centers as well as supporting all regional, and hospital personnels, 44 health districts in disease surveillane, prevention and control". [4]

[1] World Health Organisation (WHO). 2018. "Joint External Evaluation of IHR Core Capacities of the Togolese Republic" ("évaluation externe conjointe des principales capacités RSI de la République togolaise"). [https://apps.who.int/iris/bitstream/handle/10665/277171/WHO-WHE-CPI-REP-2018.31-fre.pdf?sequence=1]. Accessed 6 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[3] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 6 September 2020.
[4] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a

Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b

Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?

Yes = 1 , No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a

Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Togo can access publicly identified special emergency public financing mechanism and funds in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act). The country is eligible to receive support from the International Development Association (IDA) of the World Bank. [1] As an IDA eligible country, Togo is also eligible to the Pandemic Emergency Financing Facility (PEF) of the World Bank. [2] In order to strengthen Togo's control of epidemics and epizootics in the country, it joined the IDA-financed Regional Disease Surveillance Systems Enhancement (REDISSE) project supporting the countries of the Economic Community West African States (ECOWAS). REDISSE, "which became effective in 2017, has been very useful for the initial response to the COVID-19 epidemic in Togo. REDISSE II has ordered through the UN agencies three medicalized ambulances, two mobile laboratories, thermoflash, thermal cameras, Masks, PPE, and Laboratory reagents to name a few things. It is also refurbishing a few treatment centers as well as supporting all regional, and hospital personnels, 44 health districts in disease surveillane, prevention and control". [3]

[1] World Bank. International Development Association."Borrowing Countries." [http://ida.worldbank.org/about/borrowing-countries]. Accessed 6 September 2020.
[2] World Bank. 2017. "Pandemic Emergency Financing Facility (PEF)". [http://pubdocs.worldbank.org/en/119961516647620597/PEF-Operational-Brief-Dec-2017.pdf]. Accessed 6 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.

5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:

- Support other countries to improve capacity to address epidemic threats by providing financing or support?

- Improve the country's domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no publicly available evidence that senior Togolese leaders have made a public commitment to support other countries to improve capacity to address epidemic threats by providing financing or support in the past three years or improve its own domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity in the past three years. There has been no relevant news issued by the World Health Organization (WHO) or top international and local media outlets. [1] There is no relevant information on the websites of the Ministry of Health and Public Hygiene, including the public health institute, the Ministry of Foreign Affairs and African Integration. [2,3,4] It is unclear whether the senior Togolese leaders made the commitment or not but in order to strengthen Togo's control of epidemics and epizootics in the country, Togo joined the International Development Association (IDA)-financed Regional Disease Surveillance Systems Enhancement (REDISSE) project supporting the countries of the Economic Community West African States (ECOWAS). REDISSE, "which became effective in 2017, has been very useful for the initial response to the COVID-19 epidemic in Togo. REDISSE II has ordered through the UN agencies three medicalized ambulances, two mobile laboratories, thermoflash, thermal cameras, Masks, PPE, and Laboratory reagents to name a few things. It is also refurbishing a few treatment centers as well as supporting all regional, and hospital personnels, 44 health districts in disease surveillane, prevention and control". [3]

[1] World Health Organisation (WHO). News releases. [https://www.who.int/en/news-room/releases]. Accessed 6 September 2020.
[2] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[3] National Institute of Hygiene. [http://www.inhtogo.tg]. Accessed 6 September 2020.
[4] Ministry of Foreign Affairs and African Integration. [https://diplomatie.gouv.tg/]. Accessed 6 September 2020.
[3] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.

5.5.4b

Is there evidence that the country has, in the past three years, either:
- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?
Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

Togo has invested finances from international donors to improve its own domestic capacity to address epidemic threats in the past three years, but there is no publicly available evidence that the country has provided technical support either to support other countries to improve capacity to address epidemic threats. According to the Global Health Security Funding Tracker (GHSA), Togo has received 444.77 million USD from international partners between 2014 and 2020. For example, within the past three years, the World Health Organisation (WHO) contributed approximately US$200,000 for control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens. [1] There has been no relevant information on the official country portal and on ministerial websites (including the Ministry of Health and Public Hygiene and the Ministry of Foreign Affairs and African Integration), as well as on the World Health Organisation's website (WHO). [2,3,4,5] Togo joined the International Development Association (IDA)-financed Regional Disease Surveillance Systems Enhancement (REDISSE) project supporting the countries of the Economic Community West African States (ECOWAS). REDISSE, "which became effective in 2017, has been very useful for the initial response to the COVID-19 epidemic in Togo". REDISSE "aims to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in

West Africa" and it's total investment to the COVID-19 response plan is approximately USD 9 million. [6]

[1] Global Health Security Funding Tracker. [https://tracking.ghscosting.org/#/data]. Accessed 6 September 2020.
[2] Official Portal of the Togolese Republic. [https://www.republiquetogolaise.com]. Accessed 6 September 2020.
[3] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[4] Ministry of Foreign Affairs and African Integration. [https://diplomatie.gouv.tg/]. Accessed 6 September 2020.
[5] World Health Organisation (WHO). News releases. [https://www.who.int/en/news-room/releases]. Accessed 6 September 2020.
[6] The World Bank. March 2020. "Togo COVID-19 Emergency Response and System Preparedness Strengthening". [http://documents1.worldbank.org/curated/en/953211586451699422/pdf/Project-Information-Document-Togo-COVID-19-Emergency-Response-and-System-Preparedness-Strengthening-P173880.pdf]. Accessed 6 September 2020.

5.5.4c

Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?

Yes = 1 , No = 0

Current Year Score: 0

2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1 , No = 0

Current Year Score: 0

There is no publicly available evidence of a plan or policy for sharing genetic data, epidemiological data, clinical specimens, and/or isolated specimens with international organisations and/or other countries that goes beyond influenza. There is no relevant information on the websites of the Ministry of Health and Public Hygiene, of the Ministry of Agriculture, Livestock and Fisheries, and of the Ministry of Higher Education and Research. [1,2,3]

[1] Ministry of Health and Public Hygiene. [www.sante.gouv.tg]. Accessed 6 September 2020.
[2] Ministry of Agriculture, Livestock and Fisheries. [https://agriculture.gouv.tg/]. Accessed 6 September 2020.
[3] Ministry of Higher Education and Research. [https://edusup.gouv.tg] Accessed 6 September 2020.

5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Togo has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years. There has been no relevant news issued by the World Health Organization (WHO) or top international and local media outlets in the past two years. [1]

[1] World Health Organisation (WHO). News releases. [https://www.who.int/en/news-room/releases]. Accessed 6 September 2020.

5.6.1c

Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?

Yes = 0 , No = 1

Current Year Score: 1

There is no public evidence that Togo has not shared pandemic pathogen samples during an outbreak in the past two years. There has been no relevant news issued by the World Health Organization (WHO) or top international and local media outlets in the past two years, and there has not been any reporting of not sharing in the context of Covid-19. [1]

[1] World Health Organisation (WHO). News releases. [https://www.who.int/en/news-room/releases]. Accessed 6 September 2020.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a

Policy formation (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 3

2020

Economist Intelligence

6.1.1b

Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 0

2020

Economist Intelligence

6.1.1c

Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 2

2020

Economist Intelligence

6.1.1d

Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1e

Country score on Corruption Perception Index (0-100, where 100=best)

Input number

Current Year Score: 29

2020

Transparency International

6.1.1f

Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.1g

Human rights risk (Economist Intelligence score; 0-4, where 4=best)

Input number

Current Year Score: 1

2020

Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a

How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?

Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.3 Risk of social unrest

6.1.3a

What is the risk of disruptive social unrest?

Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a

How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.4b

What is the level of illicit arms flows within the country?

4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 3

2020

UN Office of Drugs and Crime (UNODC)

6.1.4c

How high is the risk of organized criminal activity to the government or businesses in the country?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.1.5 Armed conflict

6.1.5a

Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?

No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a

Does the government's authority extend over the full territory of the country?

Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a

Is there a threat that international disputes/tensions could have a negative effect?

No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 1

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a

Adult literacy rate, population 15+ years, both sexes (%)

Input number

Current Year Score: 63.75

2015

United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organization (UNESCO); The Economist Intelligence Unit

6.2.2 Gender equality

6.2.2a

United Nations Development Programme (UNDP) Gender Inequality Index score

Input number

Current Year Score: 0.43

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a

Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)

Input number

Current Year Score: 20.7

2015

World Bank; Economist Impact

6.2.3b

Share of employment in the informal sector

Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0

Current Year Score: 2

For ages ranging from 10 years old to 75 years old, Togo has a share of employment in the informal sector of 90.1% according to the last data available, which was in 2017. [1]

[1] International Labour Organization (ILOSTAT). "Country Profiles - Togo". [https://ilostat.ilo.org/data/country-profiles/]. Accessed 6 September 2020.

6.2.3c

Coverage of social insurance programs (% of population)

Scored in quartiles (0-3, where 3=best)

Current Year Score: 0

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a

Level of confidence in public institutions

Input number

Current Year Score: 0

2021

Economist Intelligence Democracy Index

6.2.5 Local media and reporting

6.2.5a

Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?

Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a

Gini coefficient

Scored 0-1, where 0=best

Current Year Score: 0.43

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a

What is the risk that the road network will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 0

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a

What is the risk that air transport will prove inadequate to meet needs?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)

Input number

Current Year Score: 42.25

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006–2016

Input number

Current Year Score: -0.54

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?

Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 4

2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a

Total life expectancy (years)

Input number

Current Year Score: 60.76

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA) World Factbook

6.5.1b

Age-standardized NCD mortality rate (per 100 000 population)

Input number

Current Year Score: 649.4

2019

WHO

6.5.1c

Population ages 65 and above (% of total population)

Input number

Current Year Score: 2.89

2019

World Bank

6.5.1d

Prevalence of current tobacco use (% of adults)

Input number

Current Year Score: 7.6

2018

World Bank

6.5.1e

Prevalence of obesity among adults

Input number

Current Year Score: 8.4

2016

WHO

6.5.2 Access to potable water and sanitation

6.5.2a

Percentage of homes with access to at least basic water infrastructure

Input number

Current Year Score: 65.13

2017

UNICEF; Economist Impact

6.5.2b

Percentage of homes with access to at least basic sanitation facilities

Input number

Current Year Score: 16.13

2017

UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita

6.5.3a

Domestic general government health expenditure per capita, PPP (current international $)

Input number

Current Year Score: 18.64

2018

WHO Global Health Expenditure database

6.5.4 Trust in medical and health advice

6.5.4a

Trust medical and health advice from the government

Share of population that trust medical and health advice from the government , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 0

2018

Wellcome Trust Global Monitor 2018

6.5.4b

Trust medical and health advice from medical workers

Share of population that trust medical and health advice from health professionals , More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 0

2018

Wellcome Trust Global Monitor 2018