

In Togo, inadequate health services feed growing dissatisfaction with government performance

Afrobarometer Dispatch No. 310 | Thomas Isbell and Hervé Akinochu

Summary

Despite significant gains on basic health indicators, Togo's health system remains fragile (Africa Renewal, 2010). Periodic disruptions became particularly trying for the public during a 2018 strike when even essential services were unavailable (Tounou-Akué, 2018; L-frii, 2018; alome.com, 2018; VOA, 2018; Kamako, 2018). Striking health-care workers have sought better working conditions and technical platforms as well as better salaries (Republicoftogo.com, 2018; lomeinfos.com, 2018).

Critics have also challenged the system's governance, but solutions proposed by the government have not convinced its social partners (Togotribune.com, 2018). Union leaders acknowledge that management outsourcing may bring improvements at Togo's largest health facility, the Centre Hospitalier Universitaire Sylvanus Olympio, but they also insist that investments beyond good governance are needed to bring the system up to par (Lomeinfos.com, 2018).

In the most recent Afrobarometer survey in Togo, citizens clearly express their dissatisfaction with health services in their country. They cite health as one of their top priorities for government action and give the government poor marks for its performance in the sector. Meanwhile, fully three-fourths of Togolese report having had the experience of going without needed health services during the past year.

Afrobarometer survey

Afrobarometer directs a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues in African countries. Seven rounds of surveys have been completed in up to 38 countries since 1999. Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples.

The Afrobarometer team in Togo, led by the Center for Research and Opinion Polls (CROP), interviewed 1,200 adult Togolese in November 2017. A sample of this size yields country-level results with a margin of error of +/-3 percentage points at a 95% confidence level. Previous surveys were conducted in Togo in 2012 and 2014.

Key findings

- Health ranks near the top among problems that Togolese say their government needs to address, second only to unemployment.
- Three-fourths (76%) of Togolese say they went without needed medicine or medical care during the 12 months preceding the survey, including 36% who say this

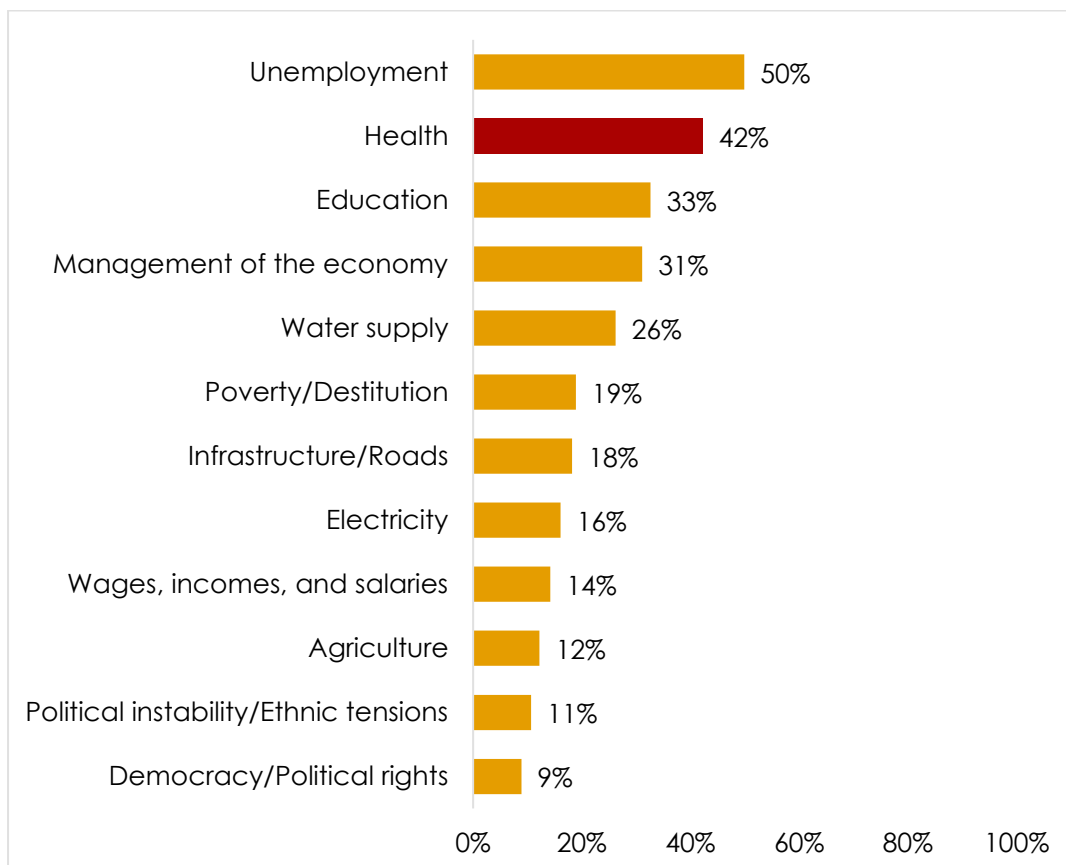
happened “many times” or “always.” Poor and less-educated citizens are particularly likely to lack health services.

- Almost half (48%) of respondents who sought care at a public health facility during the year preceding the survey say it was difficult to obtain the care they needed. This is a modest improvement from 2014.
- A plurality of Togolese think that things are getting worse when it comes to health services: Compared to “a few years ago,” 44% say their ability to get care has deteriorated, while 33% say it has improved.
- Six in 10 Togolese (62%) say the government is doing a poor job of improving basic health services, an 11-percentage-point increase in negative evaluations since 2014.

Health a top priority

When Togolese are asked what they consider the most important problems that their government should address, health ranks at No. 2, cited by 42% of respondents as one of their top three priorities. The only issue mentioned by more respondents is unemployment (50%) (Figure 1).

Figure 1: Most important problems | Togo | 2017



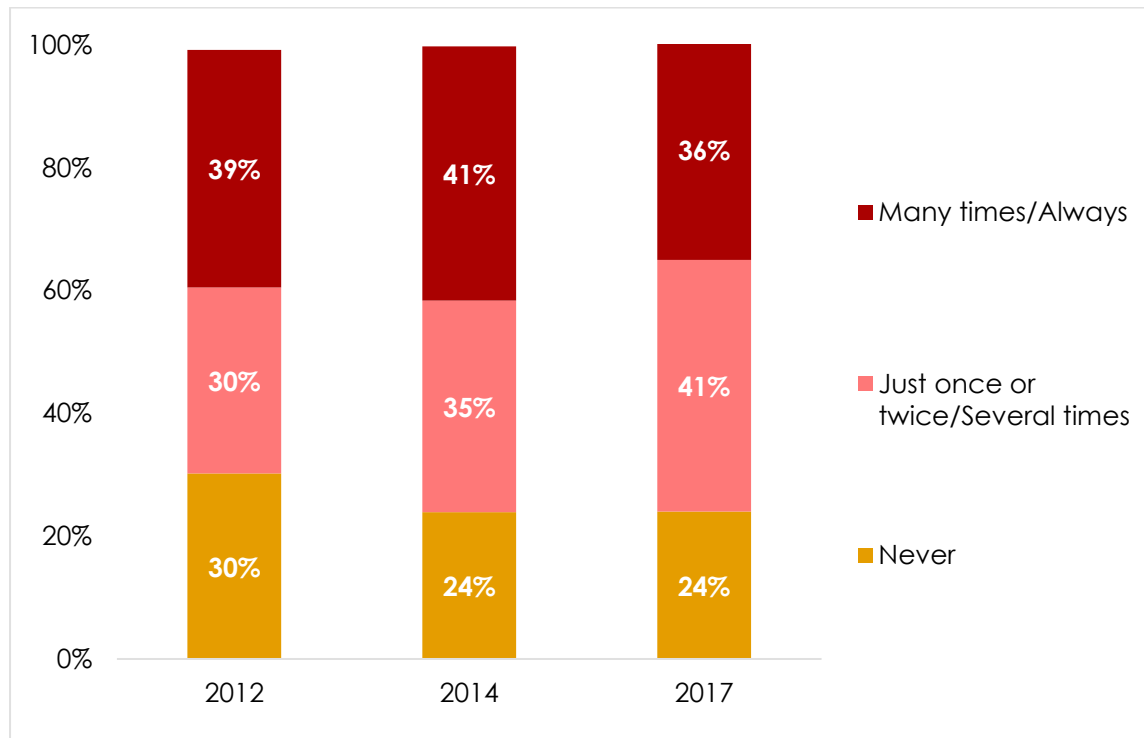
Respondents were asked: *In your opinion, what are the most important problems facing this country that government should address? (Up to three responses were recorded for each respondent.)*

Experience with health services

One reason citizens assign such a high priority to government action on health services may be that many of them find it difficult or impossible to obtain the care they need.

Fully three-fourths (76%)¹ of respondents say they went without needed medicine or medical care during the 12 months preceding the survey, including 36% who say this happened “many times” or “always.” The share of the population who say they “never” went without care has decreased by 6 percentage points since 2012 (Figure 2).

Figure 2: How often went without medical care | Togo | 2017



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

As one would expect, citizens who are poor² or less educated are more likely to go without health services than their better-off and more-educated counterparts (Figure 3). For example, almost all respondents who experienced high lived poverty say they went without care at least once, including 68% who say this happened “many times” or “always,” while none of those with no or low lived poverty experienced frequent deprivation.

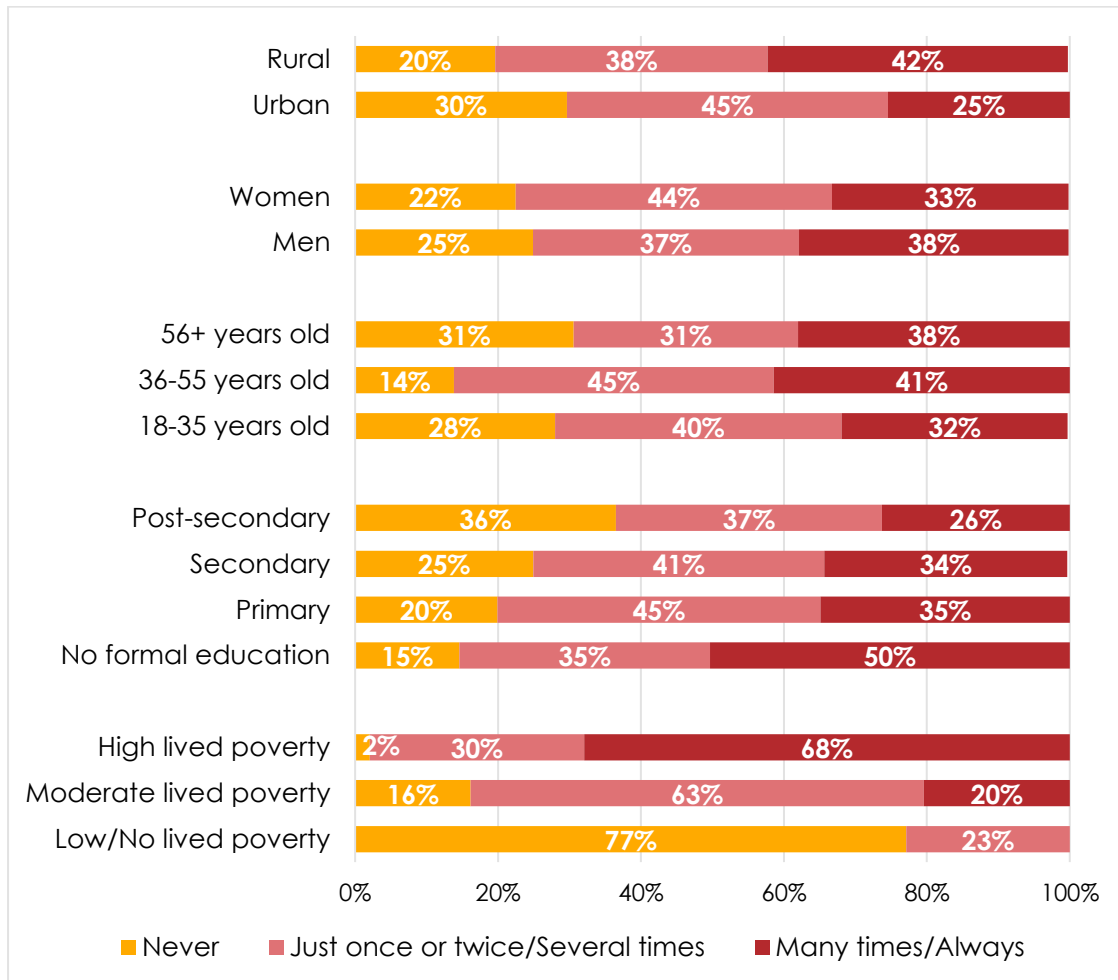
Rural residents are more likely than urbanites to lack health services (80% vs. 70% at least once), and middle-aged respondents more frequently report such deprivation than youth or elders.

Moreover, differences appear between regions within Togo. Respondents from Kara region are almost twice as likely to report “never” going without medical care during the past year as those in Centrale region, where about half (49%) of respondents say this happened “many times” or “always” (Figure 4).

¹ Due to rounding, totals may differ by 1 percentage point from the sum of sub-categories (e.g. 36% many times/always + 41% just once or twice/several times = 76%).

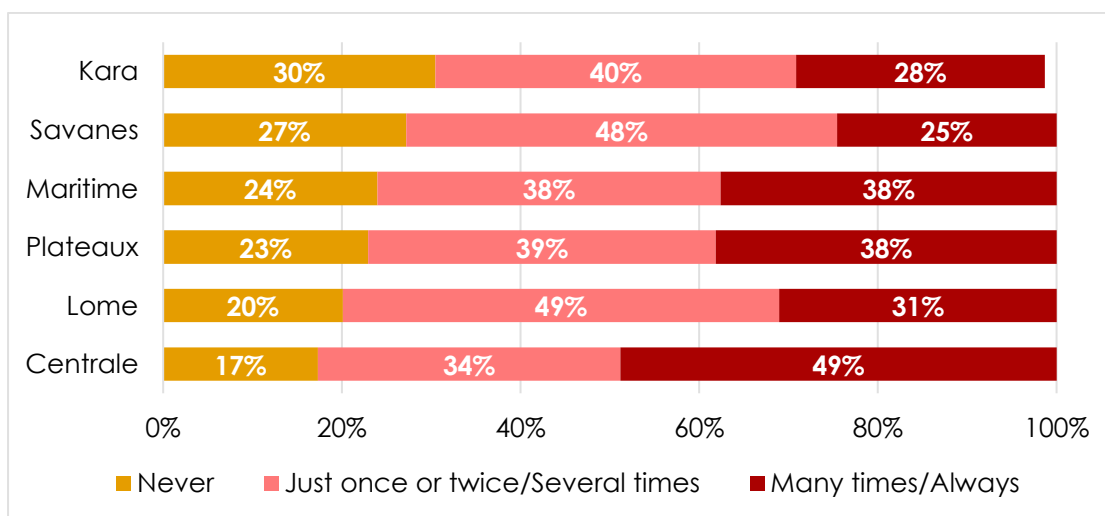
² Afrobarometer assesses respondents’ “lived poverty” based on responses to the following questions: “Over the past year, how often, if ever, have you or anyone in your family gone without: Enough food to eat? Enough clean water for home use? Medicines or medical treatment? Enough fuel to cook your food? A cash income?”

Figure 3: How often went without medical care | by socio-demographic group | Togo | 2017



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

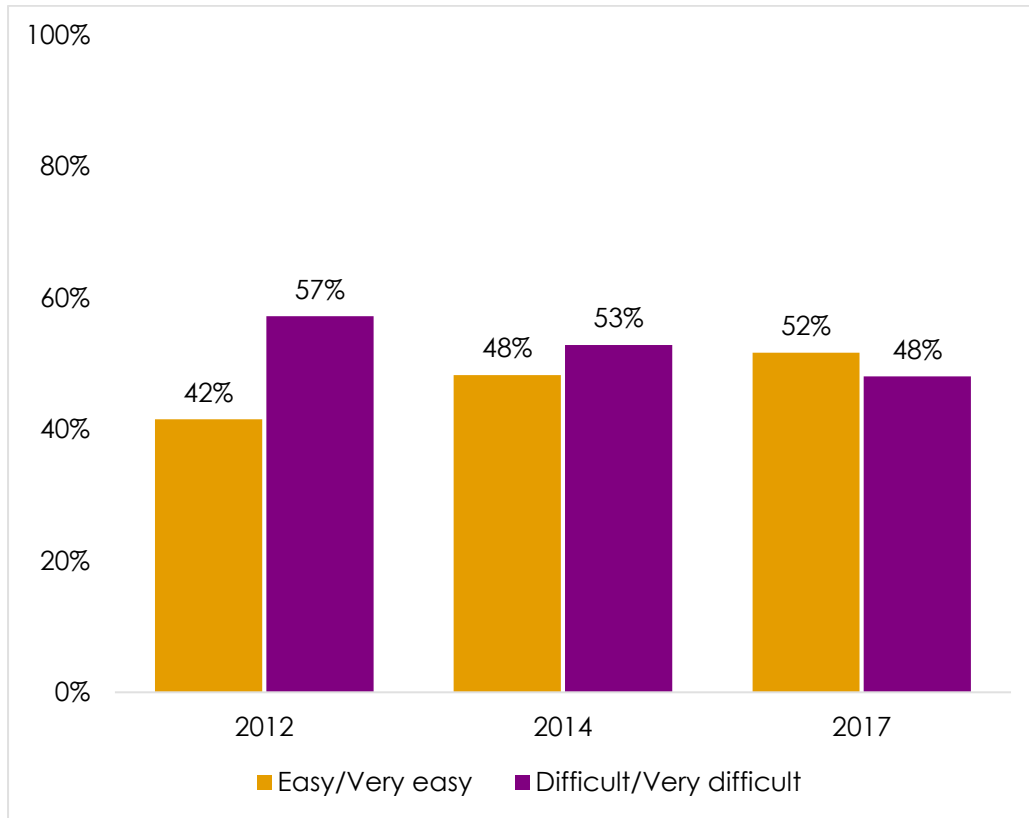
Figure 4: How often went without medical care | by region | Togo | 2017



Respondents were asked: Over the past year, how often, if ever, have you or anyone in your family gone without medicines or medical treatment?

Even when they don't have to go without medicine and care, almost half (48%) of Togolese say it is "difficult" or "very difficult" to obtain the health services they need. This represents a modest improvement from 2012 (57%) and 2014 (53%) (Figure 5).

Figure 5: Easy or difficult to obtain medical treatment? | Togo | 2017



Respondents who said they had contact with a public clinic or hospital during the previous 12 months were asked: How easy or difficult was it to obtain the medical care you needed?

While rural and less-educated residents are more likely to report going without health services, urbanites (55%) and better-educated citizens (51%) are more likely to say it is difficult to get the care they need. Difficulties in getting care also increase with respondents' poverty level, ranging from 32% among those with low or no lived poverty to 57% among those with high lived poverty (Figure 6).

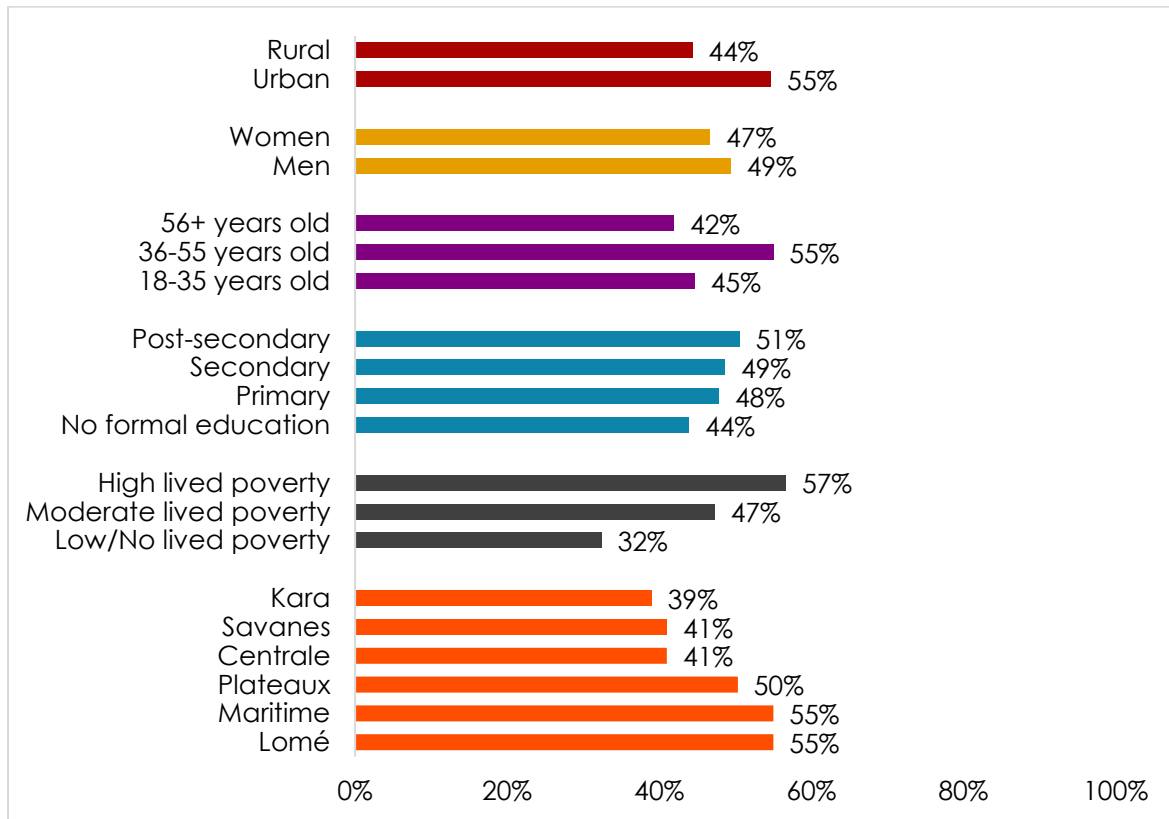
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Residents of Lomé and Maritime (55% each) report more problems getting health services than those in other regions (39%-41%).

On another indicator of service quality – the time it took to obtain needed care – almost

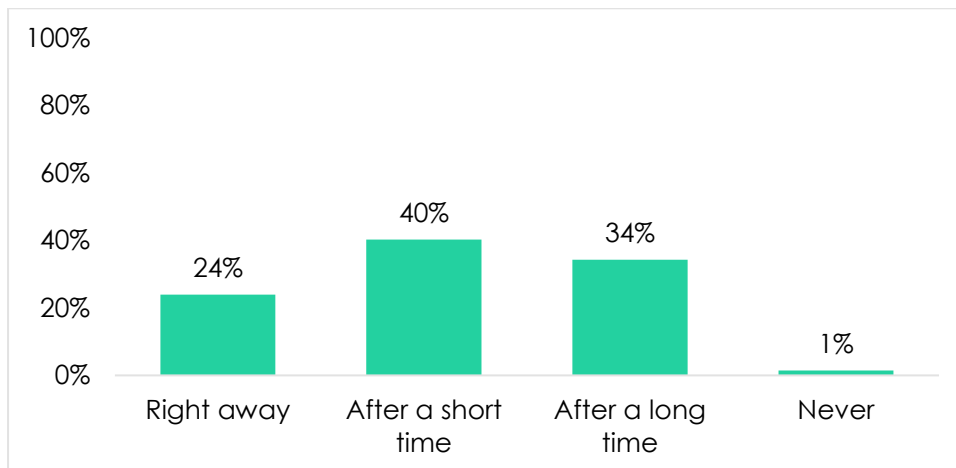
two-thirds of Togolese say they received services "right away" (24%) or "after a short time" (40%). One in three (34%) say they had to wait "a long time," and 1% say they "never" received care (Figure 7).

Figure 6: Difficult to obtain medical treatment | by socio-demographic group | Togo | 2017



Respondents who said they had contact with a public clinic or hospital during the previous 12 months were asked: How easy or difficult was it to obtain the medical care you needed? (% who say “difficult” or “very difficult”)

Figure 7: Time taken to receive medical care | Togo | 2017



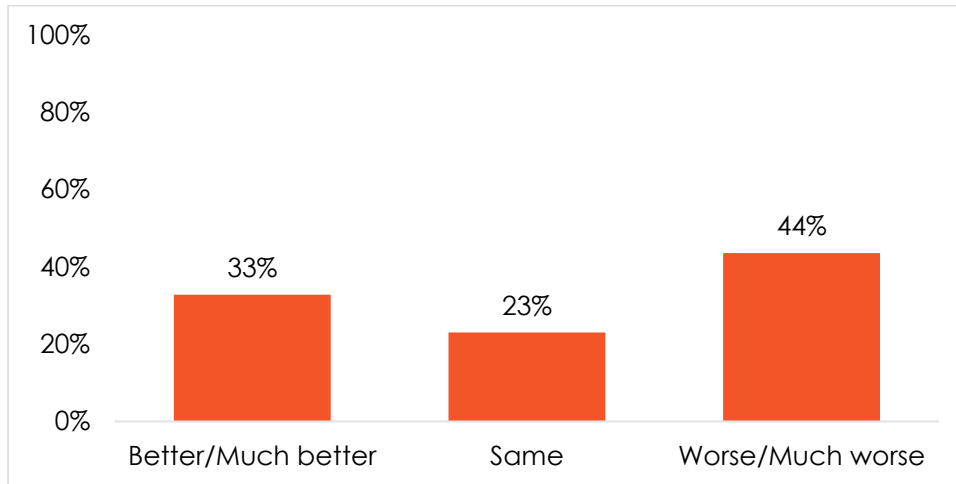
Respondents who said they had contact with a public clinic or hospital during the previous 12 months were asked: How long did it take you to receive the medical care that you needed?

In assessing their access to health services, more Togolese say that their ability to get medical care has deteriorated compared to “a few years ago”: A plurality (44%) say it has gotten “worse” or “much worse,” while 33% believe it’s gotten better. One in four (23%) say nothing has changed (Figure 8).

As on the question about the ease or difficulty of obtaining services, urban and poor residents are more likely to see their access to health services as having deteriorated in recent years. But more-educated respondents are more likely to see access as having improved than their less-educated counterparts (Figure 9).

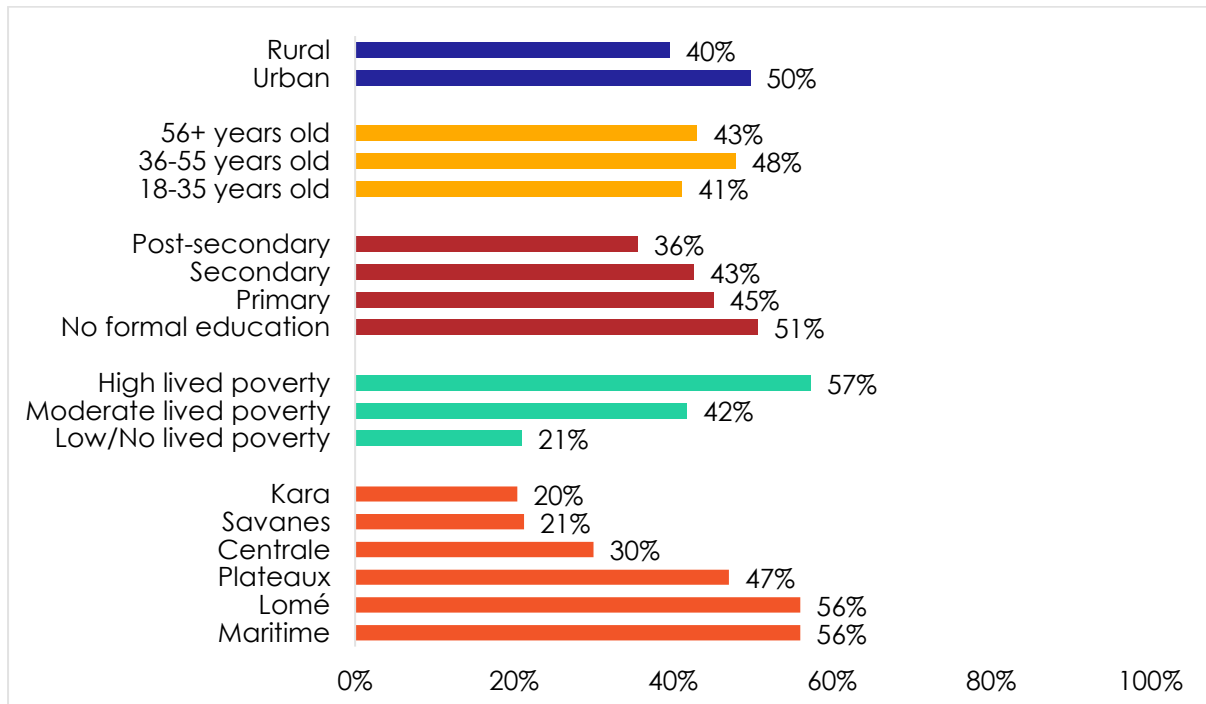
Middle-aged respondents (aged 36-55), the cohort that was also most likely to go without care and to experience difficulties when they did get care, is again more likely than youth and elders to say that their access to health services has gotten worse.

Figure 8: Better or worse: Access to medical care? | Togo | 2017



Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it?

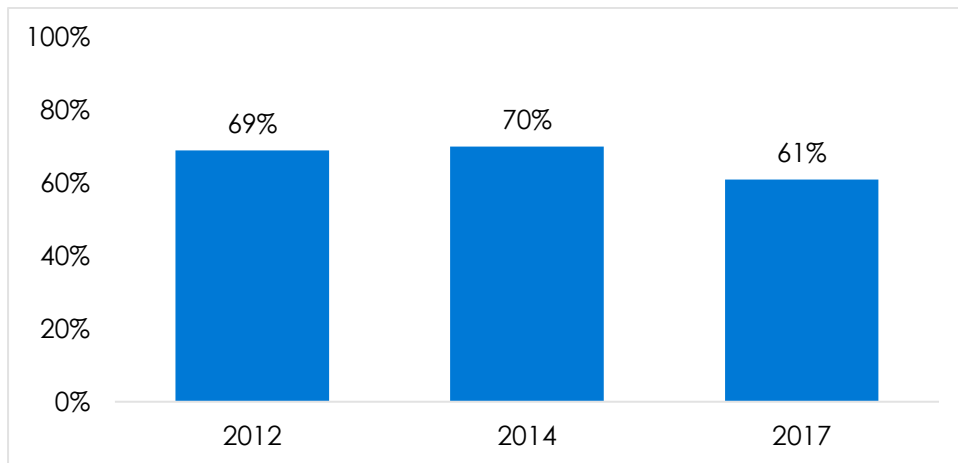
Figure 9: Access to medical care worse | by socio-demographic group | Togo | 2017



Respondents were asked: Please tell me if the following things are worse or better now than they were a few years ago, or are they about the same: Your ability to get medical care when you need it? (% who say "worse" or "much worse")

Geographic access may be one concern for people who say their ability to obtain care has not improved. Afrobarometer survey enumerators were asked to record the presence or absence of a health facility in each sampling area they visited, or within easy walking distance. In Togo, six in 10 respondents (61%) had a nearby health clinic. This is slightly better than the average (57%) across 34 African countries surveyed in 2016/2018, but lower than in the two previous surveys in Togo (69% in 2012, 70% in 2014) (Figure 10).

Figure 10: Health clinic in the area | Togo | 2017

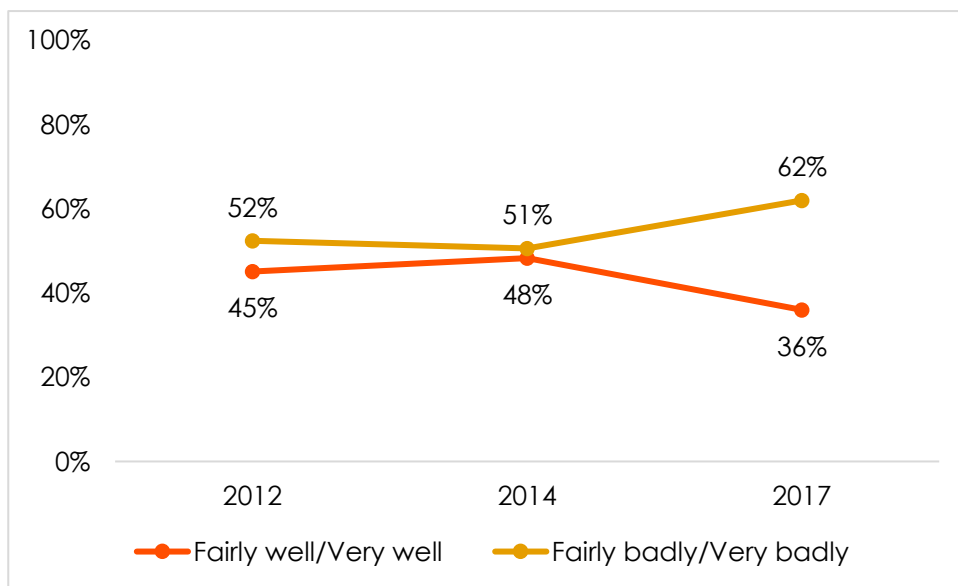


Survey enumerators were asked to record: Are the following services present in the primary sampling unit/enumeration area or in easy walking distance: Health clinic (private or public or both)?

Government performance on improving basic health services

Overall, six in 10 Togolese (62%) say the government is performing “fairly badly” or “very badly” on improving basic health services, an 11-percentage-point increase in negative evaluations since 2014. The share of respondents who praise the government’s performance dropped from nearly half (48%) to about one-third (36%) (Figure 11).

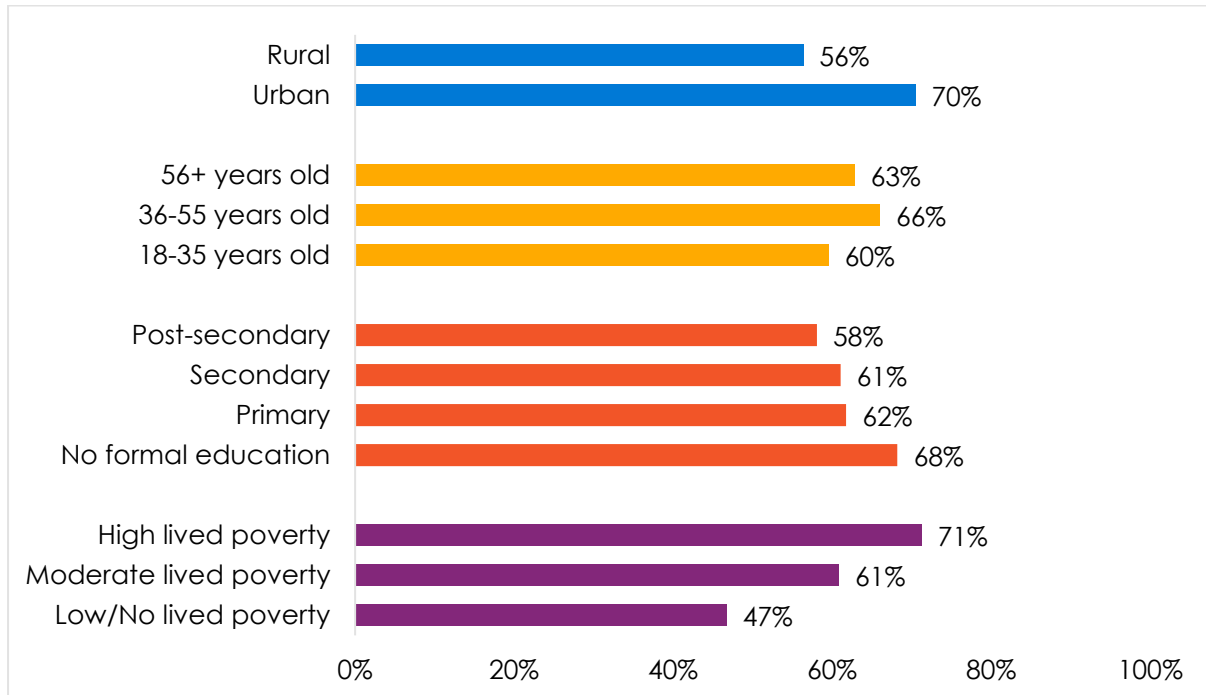
Figure 11: Government performance on improving basic health services | Togo | 2012-2017



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services?

Urban residents (70%), citizens with no formal education (68%), and poor respondents (71%) are particularly likely to be critical of the government's performance on health care. Only among economically better-off Togolese does a slim majority (52%) think the government is doing at least "fairly well" (Figure 12).

Figure 12: Government performing poorly on improving basic health services
 | by socio-demographic group | Togo | 2017



Respondents were asked: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: Improving basic health services? (% who say "fairly badly" or "very badly")

Conclusion

For Togolese citizens, getting better health services is a high priority. Many average citizens, not to mention those who are poor or less educated, are going without needed health care. And only one in three citizens think their ability to get care when they need it has improved in recent years. Given these experiences and perceptions, it's little wonder that people are growing increasingly dissatisfied with the government's performance on health care.

References

- Africa Renewal. (2010). Africa's hard road to Millennium Development Goals.
- L-frii. (2018). Grève 'sèche' dans le secteur de la santé au Togo. 12 March.
- Alome.com. (2018). Togo: grève dans le secteur de la santé, manifestants dans les rues contre le pouvoir. 31 January.
- Lomeinfos.com. (2018). Togo: Si personnel de santé en grève, il faut craindre le pire. 15 January.
- Kamako L. (2018). Le CHU Sylvanus Olympio paralysé par une grève d'une semaine. 13 August.
- Republicoftogo.com (2018). Quelle thérapie pour le secteur de la santé? 3 April.
- Togotribune.com. (2018). Togo: Contractualisation du CHU Sylvanus Olympio, un projet qui fâche au SYNPHOT. 24 April.
- Tounou-Akué, M.-A. (2018). Crise dans les hôpitaux publics togolais: Vers la fin de la paralysie? 9 April.
- VOA Afrique. (2018). Nouvelles grèves dans la santé et l'éducation au Togo. With AFP. 13 March.

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