

Togo

HIV/AIDS epidemiological summary

HIV surveillance information on antenatal clinic women has been available from Togo since 1991. Lomé is considered the major urban area in Togo. In 1996 and 1997, sentinel surveillance among antenatal clinic women tested in Lomé reported HIV prevalence ranging from 7% to 8%. In 1992, 16.5% of antenatal clinic women tested in Lomé were HIV-1- and/or HIV-2-positive. Data for the individual viruses were not available. Outside Lomé, HIV prevalence information is available from Dapaong for the years 1991-1993. In 1991, 1% of the antenatal clinic women tested HIV-1- and/or HIV-2-positive. From 1992 to 1993 in Dapaong, HIV-1 prevalence increased from nearly 2% to 3% of antenatal clinic women tested. In 1993, nearly 2% of the women less than 20 years of age in Dapaong were HIV-1-infected. Between 1994 and 1997, HIV prevalence among antenatal clinic women tested at sentinel surveillance sites was 5%. HIV prevalence ranged from 3% to 8% of women tested in 1997.

One study of sex workers conducted in Lomé in 1992 showed that nearly 80% of the women tested HIV-1- and/or HIV-2-positive. Prevalence by virus type was not available, nor was any other information on prevalence rates among sex workers.

In 1992, 45% of STI clinic patients tested in Lomé were HIV-positive. In Dapaong, HIV prevalence among STI clinic patients tested ranged from 7% to 10% between 1991 and 1993.

A study of truck drivers in Lomé conducted in 1992 reported that 33% tested were HIV-1- and/or HIV-2-positive.

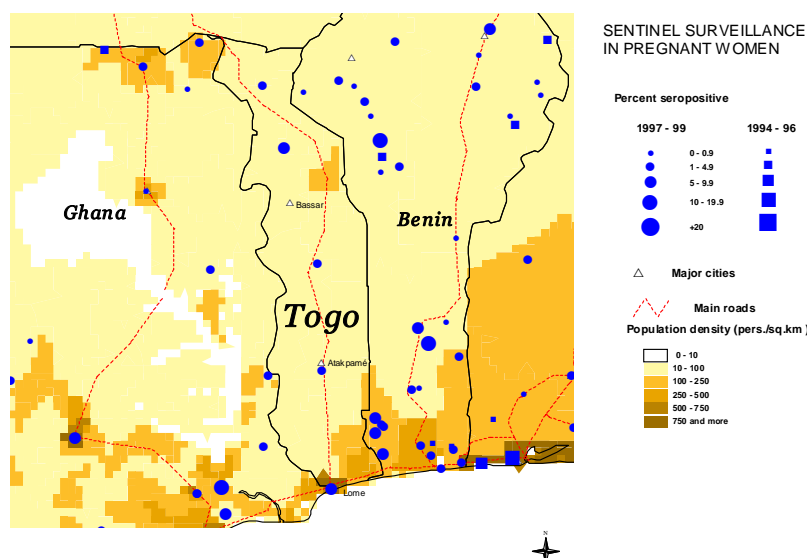
In 1995 and 1996, 2% of army recruits tested HIV-positive.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	130 000	120 000	5.98	66 000	6300

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	95 000	UNAIDS/WHO, JUNE 2000
Estimated AIDS deaths	1999	14 000	UNAIDS/WHO, JUNE 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	1998	15+	35.2	-
Reported non-regular sexual partnership over a 12-month period (%)	1998	15+	18.4	-

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1997	6.8	6.8	6.8



Economic impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

No empirical data on the economic impact of HIV/AIDS on Togo were found in the literature review. Only international studies using models to explore the effect of AIDS on the education and health systems provided any information on the potential impact in the country. However, as with many sub-Saharan African nations, the impact will be felt in each of the sectors identified here. In households and in the agricultural sector, illness and death lead to increased expenditure, reduced savings and shifts in productivity patterns. In the area of businesses, more detailed studies are required to understand the full impact. In education, a model developed by UNAIDS and UNICEF in 2000 shows how increasing mortality rates due to AIDS lead to discontinuity, with many pupils losing or having a change in their teachers. In the health sector, there are still extensive investments required to scale-up AIDS programmes equivalent to US\$ 2–US\$ 3 per capita and 0.9% of GDP. Data are also required in order for us to understand how the epidemic is impacting on demand for education and health as well as how supply in the health sector might be affected by rising infection rates in health care workers.

Macroeconomic impact

Not available

Economic impact of HIV/AIDS on households

Not available

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 830 000 primary school students, 7300 would have lost a teacher to AIDS in 1999 (1).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: Not available

Resource gap: The annual costs of scaling-up HIV/AIDS programmes is estimated to be between US\$ 10 million and US\$ 14 million. (2).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of national HIV/AIDS policy (either a written document or part of one)

Yes	No
X	

Comments/Key elements: MTPII 1995 2000

Source: UNAIDS

Date: June 2000

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		X
Education		X
Health		X
Military		X
Workplace		X
Sports		X
Others		X

Comments/Key elements: No specific policy but all sectors are considered in MTP II

Source: UNAIDS

Date: June 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements: No specific legislation, but national recommendation.

Source: UNAIDS

Date: June 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
	X

Comments/Key elements: However, the proposal has been made to locate a coordinating body at high level.

Source: UNAIDS

Date: June 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
	X

Comments/Key elements: Under preparation, situation analysis being conducted.

Source: UNAIDS

Date: June 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
	NA

Comments/Key elements: National strategic plan under preparation.

Source: UNAIDS

Date: June 2000

Existence of budget for implementation of the national strategic plan

Yes	No
	NA

Comments/Key elements: National strategic plan under preparation.

Source: UNAIDS

Date: June 2000

General demographic and socioeconomic indicators

Demographic indicators	Year	Estimate	Source
Total population (thousands)	1999	4512	UNPOP
Population aged 15–49 (thousands)	1999	2008	UNPOP
Annual population growth (%)	1990–1998	2.8	UNPOP
% of population urbanized	1998	31	UNPOP
Average annual growth rate of urban population (%)	1999	4.1	UNPOP

Economic Indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	340	World Bank
GNP per capita average annual growth rate (%)	1996–1997	2.0	World Bank
Human Development Index rank (HDI)	2000	145	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education Indicators	Year	Estimate	Source
Total adult literacy rate	1995	52	UNESCO
Adult male literacy rate	1995	67	UNESCO
Adult female literacy rate	1995	37	UNESCO
Male secondary school enrolment ratio	1996	39.7	UNESCO
Female secondary school enrolment ratio	1996	14.4	UNESCO
Health Indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	41	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	15	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	640	WHO
Life expectancy at birth	1998	49	UNPOP
Total fertility rate	1998	6.0	UNPOP
Infant mortality rate (per 1000 live births)	1999	82	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	24	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	51	UNICEF
% of one-year-old children fully immunized –(DPT)	1995–1998	37	UNICEF

References

- (1) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (2) World Bank and UNAIDS. *Costs of Scaling HIV Programmes to a National Level in Sub-Saharan Africa*. Draft report, 2000.