LES UNIVERSITES SOCIALES DU TOGO

FRONT CITOYEN TOGO DEBOUT

PRELIMINARY REPORT ON THE MANAGEMENT OF THE COVID-19 PANDEMIC IN TOGO

April 2020

STOPCOVID19TG

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Les Universités Sociales du Togo - UST

NUNYA UST

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To the technical and coordination team of the UST as well as all of its members, mobilized in prevention, documentation and analysis of the health crisis in Togo.

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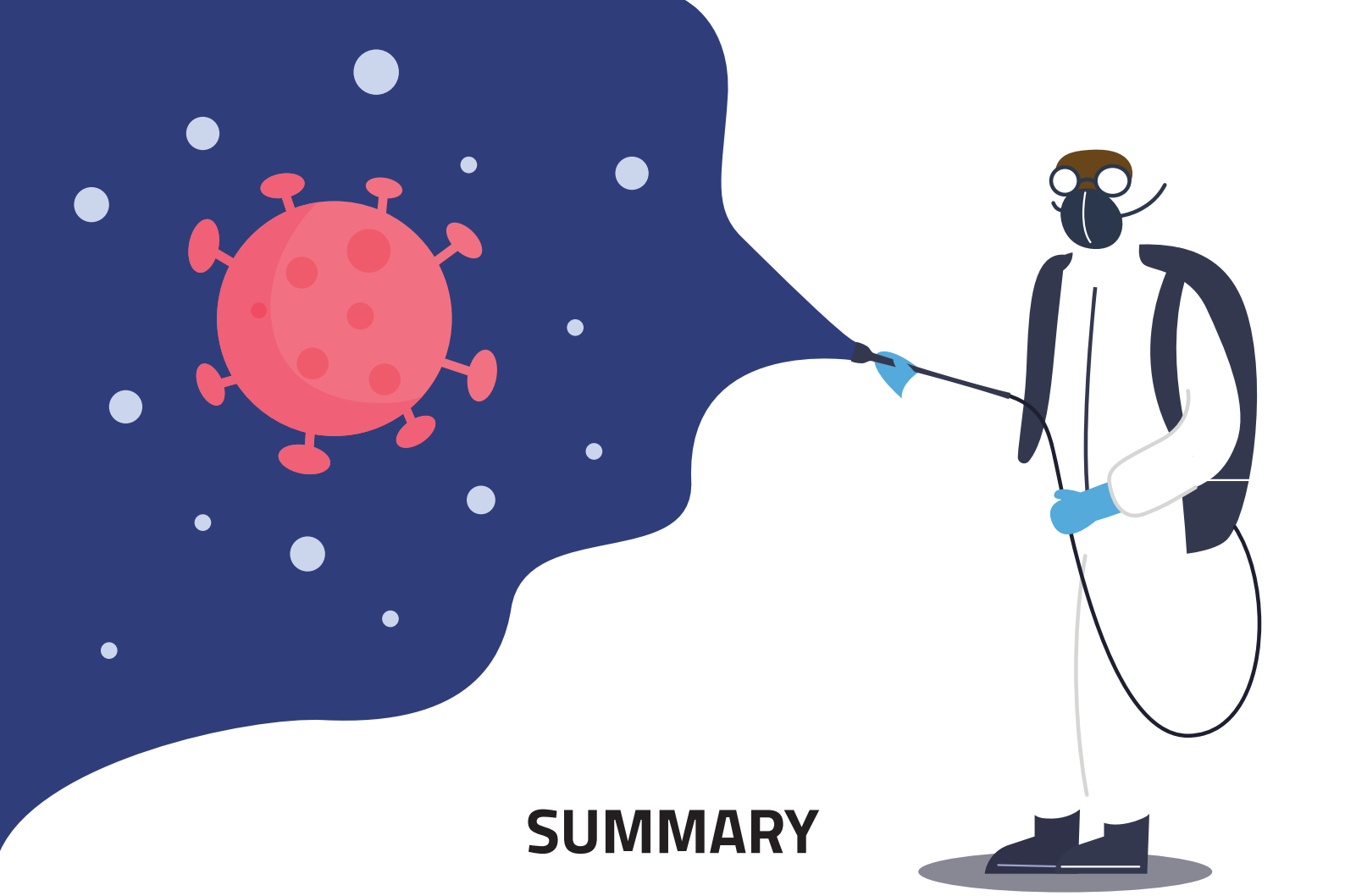
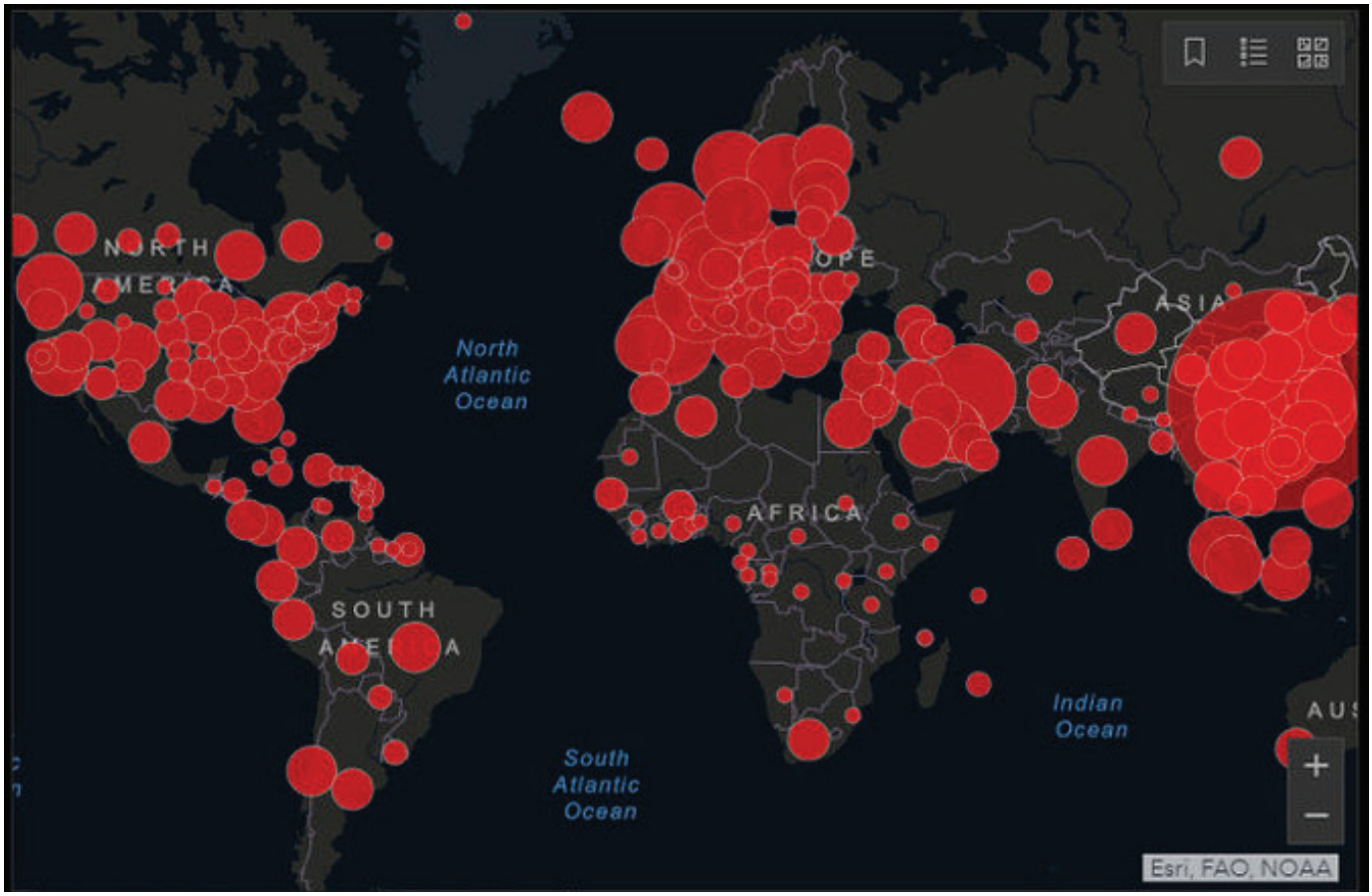
At CCFD-Terre Solidaire and Brot für die Welt for their support for UST activities.

Cover image : © Les UST



SUMMARY



Confirmed cases of COVID-19 in March 2020 / © Johns Hopkins

«Like the dust of highways, vanity is blinding»
Anne Barratin (1913)

INTRODUCTION

The COVID-19 pandemic is an unprecedented situation. The whole world is hit by a health crisis and is trying to respond to it by various measures, all almost as original as each other. We hear everywhere talk of confinement (more than half of the world's confined population), self-isolation, barrier gestures, respirator etc. Since the start of the pandemic in December 2019 in China, more than 2,920,000 people have been infected to date worldwide. More than 200,000 people have been killed by the virus, with more than 50,000 deaths in the USA while countries like Italy, Spain and France have crossed the symbolic threshold of 20,000 dead.

Although Africa seems relatively unaffected at the moment, the number of deaths has suddenly increased, exceeding the 1,000 death mark (the number of deaths has doubled in the period of one week). The health emergency is likely to be complicated by a social emergency that no one really knows the magnitude, and the economic and financial crisis that is looming is likely to exceed worst scenarios ever imagined.

In this context of uncertainty and great difficulty for entire communities, it is vital for each nation **to focus its energies on managing the health crisis and to anticipate the aftermath.**

Managing the health crisis as best as possible, so that the post-crisis is not an impossible pill to swallow, must be at the heart of each of our thoughts and actions.

Today in Togo as in the world, the COVID-19 pandemic is the priority. To quote the Director General of WHO during his press briefing on March 11, 2020 ***« it is not just a public health crisis, it is a crisis that will affect all sectors - therefore all sectors and all individuals must take part in combat. From the beginning, I said that countries must take a whole-of-government approach and society, built around a global strategy to prevent infections, to save lives and keep the impact to a minimum.»***

Armed with this evidence, Les Universités Sociales du Togo (UST), members of the Front Citoyen Togo Debout (FCTD), decided to participate in the collective effort. With other togolese civil society organizations and with the support of the diaspora and partner organizations such as CCFD-Terre Solidaire, the UST has developed a citizen solidarity strategy to support the response to this unprecedented health crisis. Seven weeks after the first confirmed case of COVID-19 in our country (it was March 05), a first assessment of the management of the epidemic in Togo is essential. Was our country prepared to face it? Are the health facilities of an acceptable level to meet the health needs of populations? Was the response strategy sufficiently developed? Were all the means mobilized? So many questions that are taken into account in the following pages before a statement of recommendations.

1. HEALTH CONTEXT IN TOGO

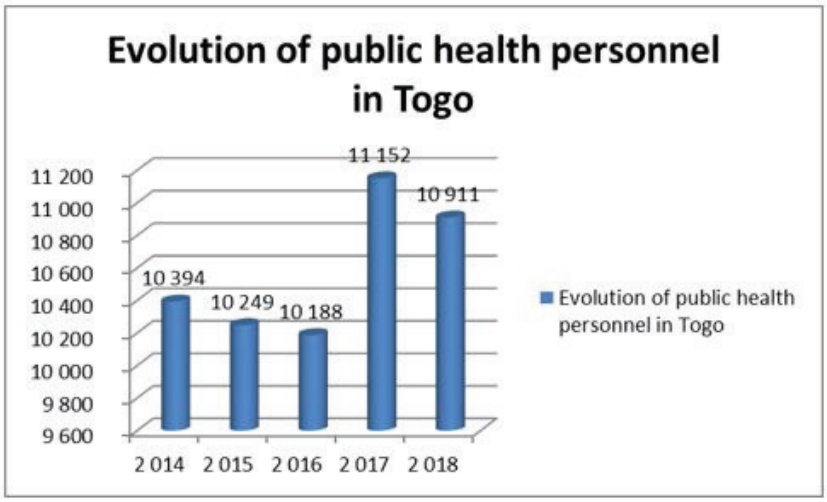
1.1 Human ressources

In Togo, the health system is deployed in all of the country's five administrative regions with the ideal purpose to meet the needs of an estimated population of 7,889,000 inhabitants(1) in 2018. The health sector human resources can be grouped into medical staff, paramedical staff, administrative and support staff. In Togo, according to the Ministry's HRD report of Health and Public Hygiene, as of December 31, 2018, there were a total of 14,630(2) health staff :

- 10,911 public health personnel and
- 3,719 private health personnel.

This workforce is slightly down compared to 2017, when there were 14,877 health personnel, a decrease of 247 agents. This decrease is to be attributed to retirements, abandonments and resignations, deaths or layoffs. A competition was launched in October 2018 to strengthen the workforce through 698 available positions. A second recruitment competition of health personnel initiated in February 2020 is currently suspended until further notice.

Graph 1: Evolution of public health personnel in Togo (2014-2018)

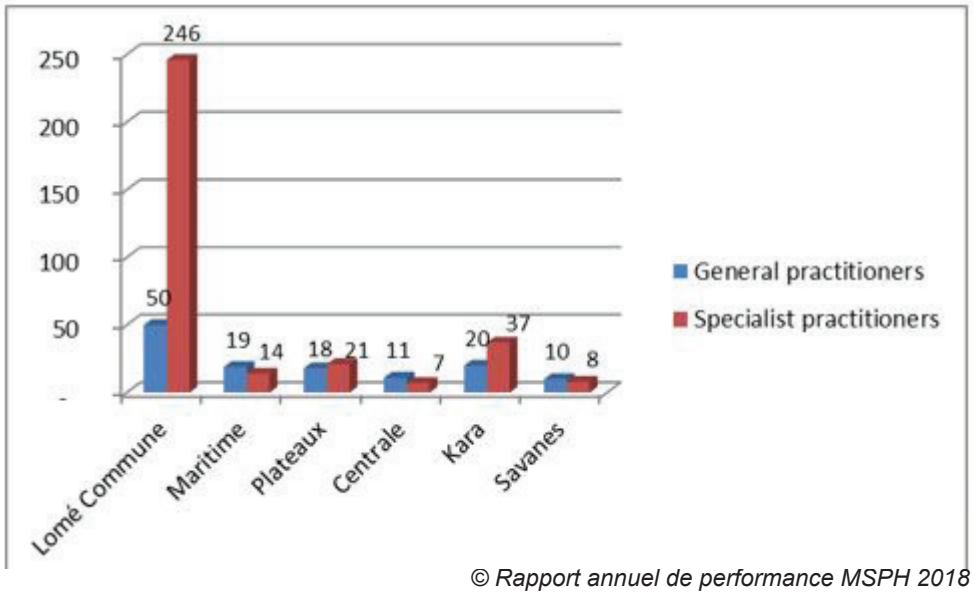


© 2018 HRD report

1. Source : World Bank Statistics
2. 2018 HRD report

An analysis of the personnel by region shows that « Lomé Commune » has almost a third (32.4%) of the health personnel in the public sector. It is followed by the « Plateaux » region with 16.8%. The region of « Savanes » only accounts for 10.1% of the total workforce. This illustrates an uneven distribution between health regions in the public care sector. This uneven distribution is even more accentuated with the health staff for which the Lomé Commune region alone has 64.2% of the workforce, while that of the « Savanne » accounts for only 4%(3).

Graph 2: Disparity in the concentration of general practitioners and specialists in the regions of Togo



© Rapport annuel de performance MSPH 2018

The private sector is also marked by inequalities because 53.52% of health personnel are found in the « Lomé Commune » region and the « Maritime » region (1023 or 27.46% and 971 respectively 26.06%)(4).

3. Source 2018 Annual Performance Report MSPH - June 2019
4. Source 2018 Annual Performance Report MSPH - June 2019

1. Health context in Togo

Let us take a global look at the situation of health personnel in the public and private sector in Togo through the Table 1. **Relative to the general population, these numbers are very low and the ratios far from international standards.**

Table 1: Situation of health personnel in the private and public sector by region as of December 31, 2018

Socio-professionnal categories	Lomé Commune		Maritime		Plateaux		Centrale		Kara		Savanes		Total by sector		Grand Total
	Public	Private	Public	Priv.	Public	Priv.	Public	Priv.	Public	Priv.	Public	Priv.	Public	Private	
General practitioners	50	40	19	38	18	9	11	2	20	1	10	1	128	91	**219**
Specialist practitioners	246	25	14	20	21	10	7	0	37	4	8	0	333	59	**392**
Dental surgeons	9	3	1	4	1	1	1	0	1	0		0	13	8	**21**
Pharmacists	9	118	1	66	1	8	2	6	4	5	0	2	17	205	**222**
Medical assistants	325	78	119	61	131	46	85	15	111	20	78	17	849	237	**1086**
Midwives	163	55	101	60	91	16	53	10	53	8	34	9	495	158	**653**
State nurses	205	67	95	103	157	39	84	20	111	26	95	26	747	281	**1028**
Laboratory staff	209	70	61	65	55	32	42	9	53	18	28	14	448	208	**656**
Functional rehabilitation staff	108	6	19	2	22	2	14	3	37	0	16	5	216	18	**234**
Hygiene and environnemental health personnel	114	1	62	1	66	0	29	2	50	0	25	2	346	6	**352**
Health psychologists	23	11	4	1	4	0	2	0	5	2	2	0	40	14	**54**
Pharmacy auxiliairies	1	0	0	2	0	0	0	0	0	0	0	0	1	2	**3**
Auxiliary birth attendants	78	7	98	15	120	19	88	16	96	9	79	5	559	71	**630**
Auxiliary nurses	124	27	109	38	153	16	143	24	145	14	111	21	785	140	**925**
Permanent nurses	10	216	59	106	49	80	47	10	48	8	35	10	248	430	**678**
Permanent birth attendants	12	36	115	65	128	52	112	23	91	13	75	4	533	193	**726**
Executive administrative staff	299	43	51	28	54	22	23	9	41	23	19	19	487	144	**631**
Administrative support staff	1033	151	442	202	544	270	445	111	420	83	320	145	3204	962	**4166**
ICT Staff	13	1	1	1	3	10	2	1	0	2	0	3	19	18	**37**
Hospital support staff	472	66	146	91	212	72	175	52	229	106	167	81	1401	468	**1869**
Medical and technical staff	29	2	2	2	3	0	2	0	5	2	1	0	42	6	**48**
Grand Total	**3532**	**1023**	**1519**	**971**	**1833**	**704**	**1367**	**313**	**1557**	**344**	**1103**	**364**	**10911**	**3719**	**14630**

© 2018 HRD report

Medical specialists who could be on the front line in the fight against COVID-19 can be counted on the fingers of one hand. These include infectiologists (5 specialists for the whole country), resuscitation anesthesiologists (11 specialists), pulmonologists (6 specialists).

1.2 Material and financial resources

For several years, health professionals in Togo have been demanding better conditions for work including health infrastructure, better equipment, medical supplies sufficient. The insufficient resources allocated to the health sector remain a concern. The proportion of the general state budget allocated to the health sector was 7.28% in 2018(5) (in 2012 this proportion was 3%). **State participation in health financing still largely falls short of the objective recommended by the WHO and for which the heads of state made a commitment in Abuja in 2000 which is 15% of the general budget.**

Regarding health mapping, public health care institutions are organized into three levels including the primary level (which takes into account the Community Health Agent (ASC), care at family and community level, and peripheral care units-USP), secondary level in particular the Regional Hospital Centers (CHR) and the tertiary level which concerns the University Hospital Centers (CHU). The 2017 health map shows that Togo has 3 CHUs (2 in Lomé and 1 in Kara), 6 CHRs (1 per health region), 101 hospitals, 1047 USP, 54 infirmaries and 59 other training sanitary facilities.

Many health structures are in a state of dilapidation and disrepair. Of overall, there is an uneven geographic distribution of healthcare facilities.

The observation is even more worrying with regard to sanitary facilities. The medico-technical equipment is insufficient and obsolete and the shortage of consumables and accessories does not allow healthcare professionals to provide care in optimal conditions. Materials and equipment are in fact insufficient in most health services and facilities at different levels of the system. The minimum equipment package is not respected and does not meet the minimum standards defined at the national level for each type of care structure. The infrastructures devolved to specific technologies such as biological analysis laboratories, medical imaging services (for over 5 years there has been no functional scanner in the public) and dialysis centers (only one in Lomé for all of Togo) are in a worrying state.

The relatively reduced availability of drugs does not make attractive these establishments. Another problem is the one regarding drug quality control, almost non-existent in the territory, and the definition of a body fully responsible for the quality control of the drugs circulating in the territory is therefore essential. On January 17 and 18, 2020, the «Lomé Summit» was held in Togo with the aim of combating trafficking and consumption of fake medicines in Africa. The Lomé agreement will lead seven signatory countries

5. ANNUAL PERFORMANCE REPORT, year 2018 of the Permanent Secretariat of the National Health Development Plan (PNDS) -Togo, P.8.

1. Health context in Togo

(Togo, Congo, Ghana, Gambia, Niger, Uganda, Senegal) to create legislation to criminalize the trafficking of fake medicines by imposing sanctions, acceding to existing international agreements and strengthening the security services law enforcement. However, since this Summit, the implementation of the decisions taken has not yet effective.

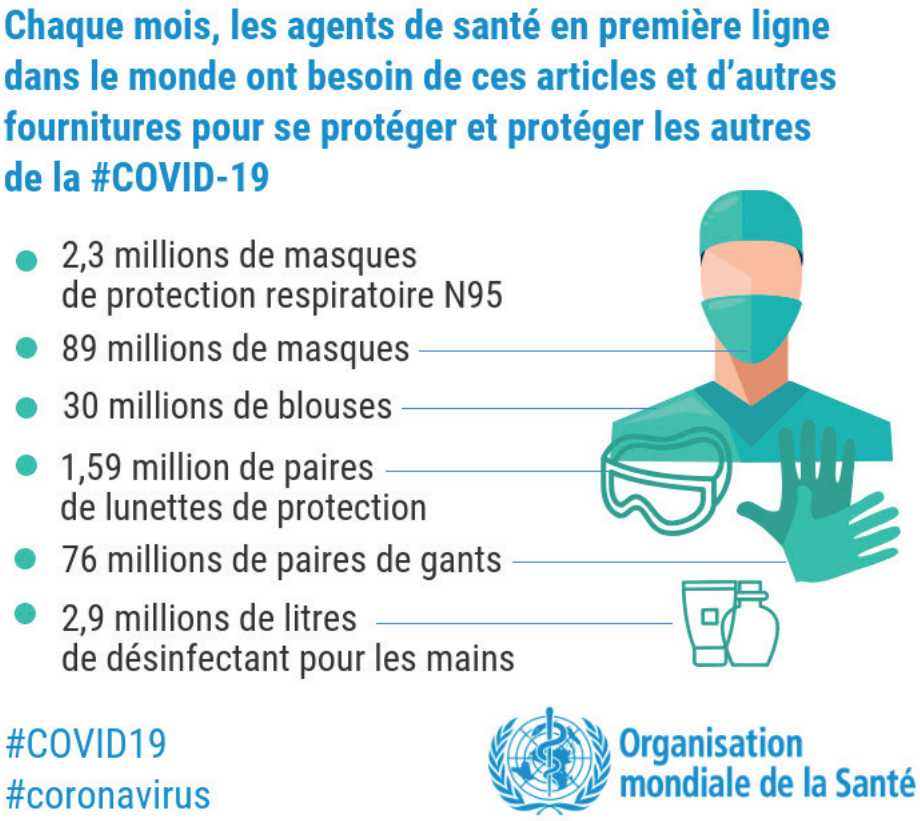
Since 2017, contracting has been brandished by the government as a panacea for many evils that the system knows, but it is clear that the latter did not improve the situation. Despite the figures announced by the Minister of Health in June 2019 as the first assessment the contractualization of Togolese public hospitals (the availability of drugs in centers contracted would be more than 95% and turnover would have increased between 22 and 69% according to the health centers), the reality on the ground is much more mixed. At Sylvanus University Hospital Olympio in particular (national reference hospital) we can cite: maternity where women in labor are lying on the floor due to insufficient beds (the pressure is all the more increased with the requisition of CHR Lomé Commune for the care of COVID-19 patients and pregnant women are directed to the Maternity Hospital of Sylvanus Olympio). In pediatrics, the neonatal emergency unit knows extraordinary deprivation in terms of equipment (3 or 4 newborns can share the same cradle) and staff (sometimes only one nurse cares for more than 30 distressed babies with dramatic consequences.

In surgery, the CHU has only one functional operating room for the management of emergencies. All emergencies, from pediatric surgery, trauma, visceral surgery, urology, and it greatly delays patient care.

University Hopital Center Sylvanus Olympio, Lomé, TOGO © VOA Afrique

Almost all hospitals are not equipped to care for patients in intensive care. For the whole of Togo before the pandemic, the number of respirators should not exceed about the fifteen. Outside the capital, no city in the interior has a intensive care.

Apart from the deplorable state of hospitals, health workers are not protected effective in their workplace: protective barriers are almost non-existent (no mask, no of over-gown or overshoes, each health worker must buy his own outfit and in these circumstances the dress codes are not respected) or prescribed to the sick (gloves, gowns surgery) and in the event of illness or professional accident, coverage by health facility is not systematic.



2. PANDEMIC MANAGEMENT : KEY STEPS

On 06 March 2020, at a press conference held at the Prime Minister's Office, the Togolese Prime Minister, M. Selom KLASSOU, informed the media and the Togolese population in the presence of Pr MIJIYAWA, Minister of Health and Social Protection, and the resident representative of WHO in Togo that a first case has tested positive for COVID-19 in Togo.

As the cases and the difficulties on the ground have evolved, the Togolese government has taken health, safety, economic and social measures to contain the spread of COVID-19 in Togo.

2.1 Health and safety measures

Ten days after the confirmation of the first case, the government met in an Extraordinary Council of Ministers on March 16, 2020 and decided :

- the suspension for two weeks from Friday 20 March 2020 of all routes from high risk countries, namely: Italy, France, Spain and Germany
- 14 days compulsory self-isolation for anyone arriving in Togo who has stayed in a high-risk country under penalty of sanctions
- the prohibition of any gathering of more than 100 people throughout the territory national, for one month, from Thursday March 19, 2020 at midnight
- strengthening surveillance and individual and collective measures for prevention and protection: wash your hands with soap, use hydro-alcoholic gel, do not shake hands while greeting each other, avoid hugs etc.

However, the measures taken in the Council of Ministers of March 16, 2020 were not enough to contain the spread of the virus because on the night of March 19, 2020, the government announced that eight other people had tested positive for COVID-19. On March 20, 2020, an official press release announced additional provisions :

- the closure for two weeks, starting from Friday March 20, 2020 at midnight of all Togo's land borders to passengers
- the closure of certain cities including Lomé, Tsévié, Kpalimé and Sokodé, from Saturday March 21, 2020 at 6:00 am, with strict controls at the entrances to Tsévié on the national road N ° 1; of the toll of Aného on the national road N ° 2 and of Amoussou-Copé on the national road N ° 5
- the closure for one month of places of worship, churches and mosques, from Saturday March 21,

2020 at 6 a.m., of all public, private and denominational, primary schools, secondary schools and universities for a period of three weeks and discotheques on the whole extent of the national territory

- funerals and burials should not gather more than 15 people until new order and all mass cultural and sporting activities are suspended.

On March 21, 2020, when the capacity to receive patients from COVID-19 was very quickly exceeded at the CHU Campus (only 4 beds were initially planned for the reception of patients), the government requisitioned the CHR of Lomé Commune in bluntly evacuating personal and sick who were treated there.

On March 24, 2020, the Le Benin hotel (formerly IBIS) in Lomé was requisitioned for certain contact or suspect cases awaiting testing or confirmation (certain travelers arriving from areas where the disease is prevalent by example), some contact subjects. The government subsequently requisitioned other hotels in Lomé to place the cases declared asymptomatic or paucisymptomatic.

On March 28, 2020, the National Assembly adopted a law authorizing the Government to legislate by way of prescription for a period of 6 months.

On April 1, 2020 the Head of State makes his first television appearance since the start of the health crisis and in a speech broadcast on the public media declares the state of health emergency for a period of three months and announces two important security measures :

- the implementation of a curfew as of April 2, 2020 between 7 p.m. (reduced to 8 p.m. the next day) and 6 a.m. The curfew introduced in Greater Lomé will then be extended to the Prefecture of Tchaoudjo
- the creation of a special anti-pandemic force composed of 5,000 men.

On April 02, 2020, the government announced suddenly :

- the release of 1048 detainees in order to unclog the prisons
- the order of 250 respirators and 2 scanners.

On April 03, 2020, in an official statement, the Minister of Infrastructure announced the formal ban to drivers of 2-wheeled vehicles to transport people. The same is true for tricycles. But these measures are the subject of heated controversy and will be lifted after 72 hours of intense tension (spontaneous demonstration by motorcycle taxi drivers in Kara in particular).

From April 7, 2020, taking into account the evolution of the health situation in the prefecture of Tchaoudjo, the following measures are now applicable :

- the extension of the curfew throughout the prefecture of Tchaoudjo, from Wednesday 8 April 2020
- the strengthening of the closure system of the city of Sokodé, the closure of the locality of Kouvon and surroundings

On April 8, 2020, the head of government, Mr. Komi Selom Klassou, officially installed the coordination national management of the COVID-19 response created since March 30, 2020 and led by the doctor Colonel Djibril Mohaman. The purpose of this coordination is to ensure the application of the measures taken

by the government to curb the spread of the coronavirus pandemic across the country national. It will also ensure interministerial coordination of the implementation of decisions government, centralization and analysis of all information related to the pandemic in order to design anticipation and response scenarios. At the prefectural level, management is ensured by prefectural committees headed by prefects.

On April 9, 2020, the government announces that of the 250 respirators ordered, the first 7 are installing.

On April 10, 2020, 144 respirators were received at Lomé International Airport. This lot is in addition to the 7 respirators already received. The total amount of the 250 respirators is of 4.9 billion FCFA and is supported by the Togolese state budget. Other equipment including 2 million masks and 50,000 personal protective equipment for health workers were also received by the health authorities.

On April 11, 2020, the government announced the additional requisition of several hotels.

On April 13, 2020, the Togolese Minister in charge of Education, indicates that there won't be an opening of schools in view of the situation and add that it is too early to decide on the effective date of return in class. The Minister mentioned the upcoming use, depending on the evolution, of alternative forms of teaching, including distance learning through online courses, courses broadcast at television and radio. For exam classes, specific measures will be announced soon, he said.

On April 14, 2020, a team of Cuban doctors comes to support colleagues in Togo in fight against the virus.

On April 16, 2020, the « Togolaise des Eaux » (TdE) informed the population that water intake at standpipes is free throughout the national territory until the end of June 2020.

2.2 Economic measures

The Togolese government, to mitigate the impact of COVID-19 on the Togolese economy, unlocks on 16 March 2020 for urgent actions the sum of two billion FCFA.

On April 1, 2020, the Head of State announced the establishment of specific support measures to support agricultural production and ensure food self-sufficiency. The first action of Ministry of Agriculture, Animal Production and Fisheries (MAPAH) was to establish a survey until April 13, 2020 which will be the basis for developing future support measures. The purpose of this survey is to enable MAPAH to better understand the needs of agricultural producers in a context of health crisis linked to COVID-19 where the displacement of the workforce has become difficult. It was also announced the creation of a National Fund for Solidarity and Economic Recovery of 400 billion CFA francs.

On April 7, 2020, the government announces lower prices for petroleum products at the pump (a decrease of 60 FCFA on the liter of Super fuel).

2.3 Social measures

On April 08, 2020, Togo implemented “NOVISSI”, a cash transfer program to come in aid of the most vulnerable populations who find themselves strongly impacted due to the restrictions imposed by the measures to fight against the coronavirus (prohibition of certain activities, closings of schools, bars, drinking places, motorbike taxis etc.) .

This program allows :

- to any Togolese citizen over the age of 18 who no longer has a daily income due to response measures against COVID-19 to receive a sum of 12,250 FCFA per month for women and 10,500 FCFA per month for men during the state of health emergency
- free water and electricity for social groups for 3 months and the readjustment of the working hours of officials from 9 a.m. to 4 p.m. In addition, the consumption of the first 40 kilowatt hours, will be free. Otherwise, as part of the implementation of these decisions, the Togolese Water Company (« Togolaise des Eaux » - TdE) makes water intake free for standpipes throughout the national territory until the end of June 2020. The standpipes all open days from 7:00 a.m. GMT to 5:00 p.m. GMT, without interruption.

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3. What lessons can be learned from pandemic management ?

This part is not intended to criticize or castigate the actions of the government but rather to identify areas of weakness in the response strategy against COVID-19. The objective is to help think about corrective actions for a more effective and efficient management of this crisis sanitary.

Since the appearance of the 1st case of COVID-19 on March 05, 2020, Togo now has 96 confirmed cases including 28 still active, 62 restored and 06 deceased. 5,584 screening tests were performed on the whole of the national territory on the evening of April 25, 2020.

The government has taken steps as it has evolved to limit its spread. However, in the management of this pandemic, shortcomings are noted creating even perverse effects.

First of all, it should be noted that the government failed to seize the opportunity offered by the occurrence of the pandemic in other parts of the world. It was obvious that after China and Asia, and the following spread in Europe, Africa would be a next step. This time should be used to build a think tank capable of learning from what had happened in the countries previously affected and propose an appropriate response. **Public health skills, infectious diseases, in pulmonology, in intensive care, in virology necessarily had to be associated with the initial reflection. This could have avoided the mistakes from the start and saved a lot of time.**

3.1 Was the health system efficient enough to respond effectively to the onset of the pandemic ?

Obviously, the answer to this question is negative. Togo's health system is particularly vulnerable and the pandemic has only highlighted its many shortcomings.

From the start of the pandemic in Togo, shortcomings appeared. With a room with 4 beds initially planned for the reception of patients at the CHU Campus, it was clear that the government (or the committee set had not taken the correct measure of the situation. Very quickly overwhelmed, the capacity had to be reinforced and the CHR Lomé Commune requisitioned by evacuating unceremoniously and without delay staff and the sick people. But this public structure which was in the same state of disrepair and of obsolescence that the rest of the health heritage did not offer the best conditions of reception to COVID-19 patients, particularly stressed by the novelty of the disease, the lack listening to health authorities unable to respond to their various requests and doubts about the capacity to manage the disease in Togo.

This is how the first patients with COVID-19 hospitalized at CHR Lomé Commune all lamented poor hospital conditions with a crying lack of hygiene, lack of water during the first 48 hours (and after only the showers made it possible to wash your hands because the sinks were not functional), unsanitary sanitary facilities. They had to organize themselves to make cleaner the sanitary facilities and premises. Worse still, recovered patients were picked up on discharge from hospital by the judicial police because they communicated with the outside on the unacceptable conditions hospitalization. After the stress of illness, it is humanly inconceivable. This situation does not honor our country and further impairs the confidence of the people in the health facilities. Until the acquisition of the first respirators, the CHR Lomé Commune, without a resuscitation room, was unable to respond effectively to the extreme situations imposed by a patient in respiratory distress. All of the sick patients were unlikely to get out of it. However, it was possible, while waiting for the arrival of the new respirators, to have a minimum of equipment and resuscitation equipment (even if it has to be borrowed from another structure) and a resuscitation team able to provide rescue gestures in the event of respiratory failure.

The difficult conditions in which the first deaths at CHR Lomé Commune occurred stirred the opinion which then discovers the reality of the technical platform. Long denied by the public authority (despite numerous calls by the union of health professionals, including SYNPHOT), the weakness of the technical platform is evident today and the COVID-19 pandemic requires urgent ordering of new equipment and strengthening intervention capacity care structures which must now meet the minimum equipment package.

WHO announces that humanity may have to learn to live with the virus. Apart from infectious diseases, all specialties will be tested against COVID-19. So the virus could infect a woman pregnant or a patient with appendicitis etc. We must therefore already consider these different scenarios that could arise at any time by putting in place adequate procedures: where to do the Cesarean if a patient tests positive for COVID-19? What is the procedure if a patient with appendicitis tests positive? Will the Lomé Commune CHR absorb all of them, all the sick of all specialties tested positive? What is being done to manage this eventuality? So what is our national response strategy ?

Apart from the insufficiencies of the CHR Lomé Commune (and of the whole system) in terms of equipment and infrastructure, the pandemic also demonstrates how much there is a deficit in human resources in Togo. The specialists are in short supply and no projections are made by the central government to define needs (in terms of training and specialization) and provide responses to the health problems of populations in the various administrative regions.

3_ WHAT LESSONS CAN BE LEARNED FROM PANDEMIC MANAGEMENT ?

3.2 What leadership for a well-conducted response ?

In the management of an epidemic of such magnitude, quality leadership is essential to best coordinate actions and give confidence to the population. The Ministry of Public Health has missed of leadership. From the start of the crisis, various personalities have spoken in disparate ways during the name of the public authority to speak about the pandemic and the response. These speeches, obviously without prior consultation, and an approximate official communication even brought the populations to question the reality of the pandemic in Togo (the second official press release seemed say that the first confirmed case did not have symptoms of COVID-19). The SYNPHOT has moreover recommended a daily press briefing by the Ministry of Public Health.

The lack of coordination also appears when, six weeks after the first confirmed case and more than 80 patients cared for, the Ministry of Public Health has officially presented no protocol therapeutic for Togo. Other countries like Burkina Faso have made very quickly this task. However, health professionals and the WHO have not failed to request it. The wait continues.

In addition, it was not until April 7, 2020 (more than a month after the start of the pandemic), that a national COVID-19 response management coordination was officially set up. Who therefore coordinated the responds during the first 4 weeks when you know that faced with an epidemic every day of lost is one day too many ?

We must therefore reaffirm quality leadership to drive the response and give confidence to the population on the choice of decisions.

3.3 What communication strategy ?

Immediately after the announcement of the first case, communication to the population and awareness barrier gestures were sorely lacking. The blunders in terms of communication have even led people to doubt the reality of the disease. Social networks were inundated with discussions of all kinds, putting the need to insist on the risks of transmission of the disease and protective gestures in the background.

This situation even led SYNPHOT and other CSOs to take over communication for raising public awareness. The delay in communication and public awareness will certainly affect the spread of the virus. Based on the communication from SYNPHOT of local businesses (banks, supermarkets, etc.) have adopted barrier measures (hand washing device at the entrance of buildings) without further delay from a state directive.

The trial and error of official communication continued with the Head of State who announced a curfew from 7 p.m. on her only message to the nation since the start of the pandemic. The day after its announcement, the curfew was postponed to 8 p.m.

Then, motorcycle taxis were banned from driving by the public authority (to prevent the spread virus because motorcycle taxis do not allow to respect the distance) then authorized to circulate 72h after the ban. False communication and trial and error must be avoided during this sensitive period.

3.4 What protective measures for nursing staff ?

In an epidemic period, for obvious reasons, it is vital to protect health workers. He is in charge of providing care and must be able to benefit from appropriate protection measures to exercise their profession in the best frame of mind and not be exposed unprotected so as not to become in turn a vector for the spread of the virus. In Togo apart from the advertisements (2 million masks for staff), the endowments in protective equipment have so far been insignificant. Only 150 masks have recently been handed over to the CHU SO by the Ministry of Public Health (insufficient quantity even for only 24 hours of activity at the CHU SO) and in the week following this allocation, more than 40 agents were exposed and are currently under quarantine. CHU SO staff were infected during the Easter weekend by taking care of patients without protective barriers, being insufficient. At the CHU Campus, department heads had to buy masks to distribute them to their staff. Beyond the announcements, care must be taken to ensure that medical masks and others protective materials are effectively made available to caregivers for real motivation. Above all, the diversion of funds and materials intended for the protection of personnel must be avoided.

It is important to be transparent and to communicate clearly on planning for the acquisition of protective equipment or even care equipment: how many masks are there today available? What is the national reserve at this level? For how many health workers? For what duration? What are the weekly allocations to each health facility in masks, gloves, gowns etc? Are scanners planned for public training? Planning must be mastered for a quality response.

3.5 Police blunders during curfew

During his speech of April 1, 2020 where he decreed the establishment of a curfew, the Head of State Togolese also announced the creation of a special anti-pandemic force of 5,000 men. A perverse effects of this announcement (intended to reassure the populations on the will of the power of resolutely fight the pandemic) was that the curfew has become an opportunity for certain security forces elements to exert incredible violence on the populations. Despite the abuses that we were used to by the security forces, we would have thought that, given the gravity of the situation and the nature of the challenge, the latter would demonstrate professionalism flawless and put itself exclusively at the service of the order and the health

3_ WHAT LESSONS CAN BE LEARNED FROM PANDEMIC MANAGEMENT ?

of the populations. These abuses have led to popular revolts like in Davié and Adakpamé. Successive deaths which would be the work of the security forces makes people say that this force will ultimately kill more people than the pandemic itself.

The government must imperatively put an end to such practices in order to obtain a real popular support for the measures taken by the authorities. The epidemic is just beginning and these wrongdoing will reinforce distrust of the authorities. The officers responsible for these atrocities must answer for their misdeeds before the law and impunity must no longer prevail in the land of our ancestors.

3.6 The «Novissi» universal income program and the economic impact of crisis

Although beneficial, the Novissi program has major shortcomings: very small amount of aid compared to the standard of living and the average number of dependent children of the population (12,250 FCFA - 19 € / months for women and 10,500 FCFA-16 € / month for men); exclusion of non-holders of the voter card, the main condition for access to these cash transfers (particularly misunderstood because it induces a notion of political politics when it comes to helping everything citizen in difficulty, beyond any partisan consideration) and also exclusion of teachers or students.

The other perverse effect of this program is the gathering of several beneficiaries at the entrances of agencies of mobile telephone operators where they must withdraw solidarity aid. The distancing social is no longer respected at all and the beneficiaries are agglutinated in the heat, sweating a lot and thus promoting the spread of the disease.

On the economic level, since the beginning of the health crisis in Togo, we have witnessed the very slowdown net of activity due to the closure of certain markets or the reduction in their opening hours, the suspension of air traffic, reduction of cross-border and inter-city exchanges, soaring basic necessities, certain pharmaceutical products (hydroalcoholic gels, masks) and the difficulty of transporting goods to urban centers (closure of certain cities, transport restrictions etc.). The hibernation of the Togolese economy in this period of the crisis COVID-19 health affects in a general and lasting way all Togolese but especially those who survive thanks to their daily economic activities which they exercise during the periods of curfew. In order to anticipate the social and economic repercussions of the crisis, apart from coordination responsible for managing the health response, the Head of State must set up a committee responsible for identifying the professions most affected by the crisis and the economic risks for the country. We must necessarily anticipate the post-crisis period and think about the best strategy to limit the economic impact.

The government must put safeguards in order to avoid any financial embezzlement in the management of the pandemic. The 400 billion FCFA announced must be used with transparency and efficiency and there has to be imperative accountability. Already, the daily newspaper « Liberté » in its publication of Monday 20 April 2020 headlined: «COVID-19 / Purchase of respirators - Scents of scandal». In the article the au-

thor refers to an over-the-counter market in ordering respirators; contract awarded to personalities close to power. Malfunctions would have resulted in an estimated loss of $ 2 million.

3.7 The political context needs to be improved

This pandemic occurs in a period of political crisis with the contestation of the results of the last presidential election; political parties and civil society organizations have so tacitly decided to cancel the planned manifestations due to the COVID-19 pandemic. The temptation for power would then be to take advantage of the health crisis to muzzle populations more. The measures can restrict public freedoms, thus undeniably contributing to the strengthening of dictatorship (authorized to legislate by ordinance). The summons and the arrest of Mr. Agbéyomé KODJO (unsuccessful presidential candidate claiming victory) as well as thirty activists, parents and supporters on April 21, 2020, are all disruptive factors because they generate unnecessary gatherings outside his home during this sensitive period.

Released on April 24, 2020 late at night, Mr. KODJO as well as Mrs. ADJAMAGBO-JOHNSON and Mr. ATTISSO (two of its advisers who have also been convened by SCRIC) are placed under judicial control with prohibition to leave the national territory or to “make any declaration tending to the questioning of the results of the last presidential poll of February 22, 2020 ”. 16 people arrested on the same day are under arrest warrant for rebellion and 18 have been released.

To disrupt more socio-political life is synonymous with irresponsibility and the authorities must improve the socio-political atmosphere by freeing more prisoners (especially political prisoners who do not have, the vast majority of them have not benefited from exceptional releases in order to relieve congestion prisons to limit the spread of COVID-19 in prisons if the virus were to enter it).

Conclusion

The COVID-19 pandemic reminds the world of the need to review its relationships with its environment. After SARS in 2002 and 2003, H1N1 flu in 2009, Ebola in 2014, Zika in 2015, COVID-19 further demonstrates the vulnerability of technological advances and the very fragility of the great powers and the economic systems that govern us. To use Anne Barratin's expression, ***« Like the dust of the highways, vanity has blinded humanity ...».***

Experts are already predicting other pandemics of this magnitude in a globalized world where trade (thanks to technological advances and increasingly sophisticated means of travel) very quicklypromote the spread of evil. In this context, countries like ours must review their priorities. **Health must become a real priority.** We must therefore commend the efforts that have been made in favor of this pandemic to upgrade the CHR Lomé Commune. But the real challenge is to rethink and rebuild our health system as a whole.

This first assessment of the management of the pandemic demonstrates the great weakness of our health system, unable to respond to health challenges or simply human challenges. Reception's conditions of some patients were particularly deplorable and some will keep bitter memories for a long time. Obviously, we were in no way prepared to deal with COVID-19. Public structures no longer meet standards and contracting has shown its limits. The response strategy has lacked speed and responsiveness. The skills required were not associated with the initial thinking and every day lost in response will undoubtedly have repercussions on the end result.

By declaring a state of health emergency, the Togolese authorities have taken measures to respond to the challenges security and social, but the perverse effects quickly outweighed the real benefits to be derived from these measures. It is important that the police blunders cease very quickly, that the management of the sums allocated to the response is exemplary. No one knows what will happen to Togo in the coming months and it is important to not to aggravate a latent socio-political crisis at the risk of making the health crisis out of control. We express the hope that one day Togo will offer the image of a democracy standing against pandemics.

Recommandations

For an effective management of the health crisis, the UST recommend to the public authorities :

In terms of health :

- Make the health issue a real priority and a real development issue
- Do not relax your efforts because the WHO is already announcing a second wave of contamination while the first wave is not yet stopped in our country
- Ensure the protection of caregivers by providing sufficient protective equipment
- Publicize the therapeutic protocol of Togo as well as the national strategy of response against the pandemic
- Do not hesitate to call on private structures to come and lend a hand to public structures in their fight against COVID-19 in Togo (both in terms of materials / infrastructure and human resources).
- Rely more on civil society and community relays for better communication and appropriation of barrier gestures and protection measures by the population

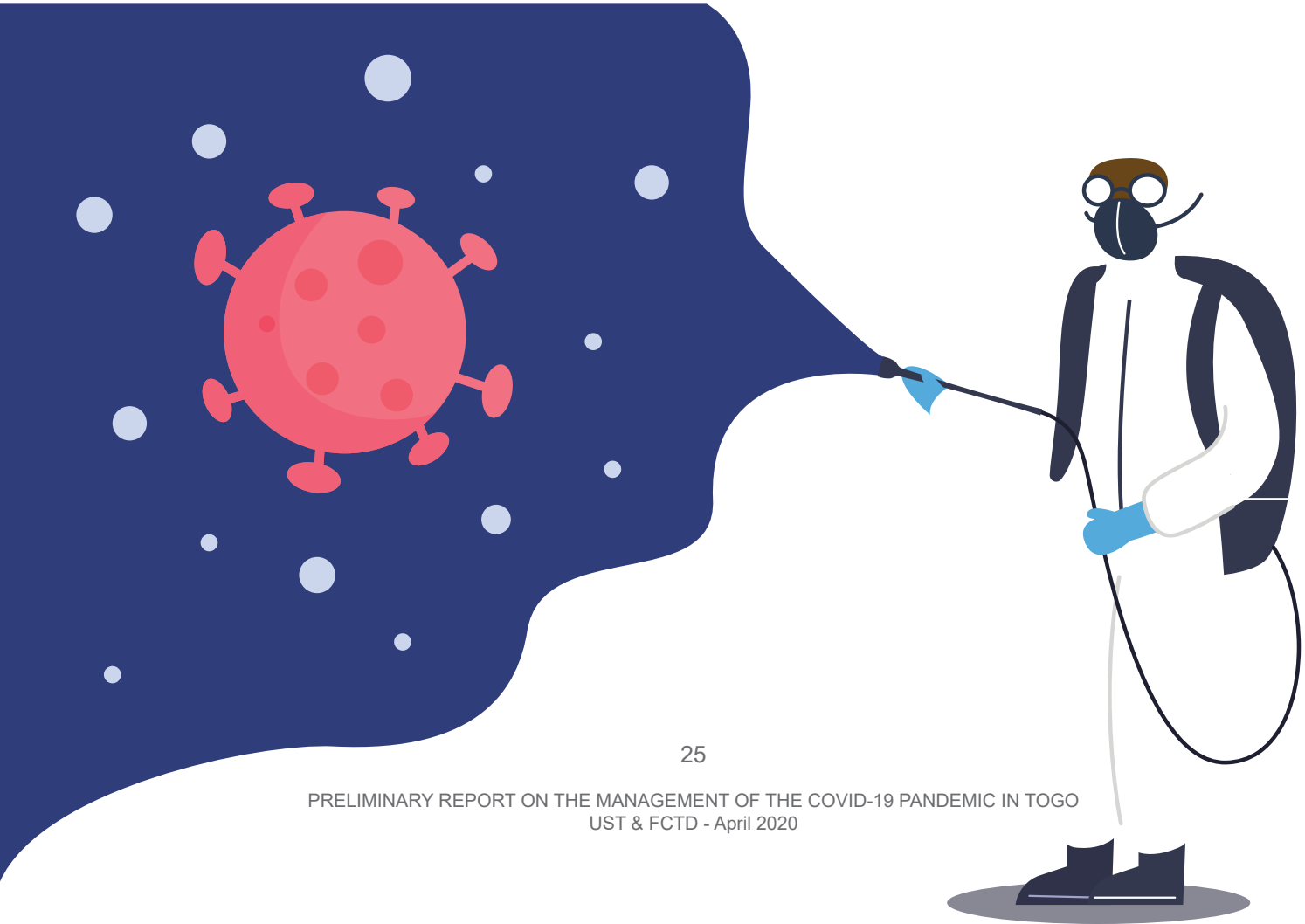
- Establish real leadership for greater clarity in government communication: interlocutors must be defined and they are the ones who must address the population regularly (demonstrate pedagogy for greater public confidence in the decisions taken)

Socio-politically :

- Soften the socio-political climate by now focusing our energies on the response to the pandemic and avoid creating hotbeds of tension
- Very quickly put an end to police blunders and sanction elements of the security forces convicted
- Prevent the management of the crisis from giving rise to embezzlement of funds and protection or care

Socio-economically :

- Establish a think tank on the economic repercussions of the crisis and preservation jobs
- Take appropriate measures to avoid gatherings in order to allow beneficiaries of the «Novissi» program to withdraw their aid tranches without difficulty
- Increase the amount of aid to vulnerable populations affected by the health crisis with extension of aid to all professional strata affected by the slowdown in activities
- Create a mechanism to bear the costs of SMIs / SMEs so that they can survive the crisis
- Promote the movement of goods from the countryside to the cities to ensure both food security of all circles that the preservation of farmers' crops and therefore their income.



A study by the associative platform «Les Universités Sociales du Togo», members of « Front Citoyen Togo Debout ».

LES UNIVERSITES SOCIALES DU TOGO

«The night is long but the day is coming ...»