

## Association Sauvons l’Afrique Des Hépatites\*

NGO – hepatitis patient group  
Lomé, Togo  
www.ongasadh.org

## SURVEY HIGHLIGHTS

The Government of Togo did not respond to the World Health Organization survey for the 2013 [Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States](#), and therefore Association Sauvons l’Afrique Des Hépatites could not comment on government information for this report.

**The organisation provided the following general statement regarding key hepatitis policy issues in Togo:**

**National coordination.** There is no national strategy or plan to fight against viral hepatitis and therefore, there is no programme/service focusing on viral hepatitis. We need a national strategy that will lead to a national programme. It suits the government to mobilise the resources needed to develop a national plan/strategy that will lead to the creation of a programme to promote the creation of organisations. International organisations must put pressure on our leaders to create programmes. The community has a responsibility to assist the Government in the fight against the disease.

**Awareness-raising, partnerships and resource mobilisation.** In the area of awareness we have a serious problem: financial resources, on-site inspection, lack of advertising posters (showing indigenous, posters in local language). We are limited by our means. (We are working on our own funds.) We do not have a partner, only the World Health Organization.

We need the Government involved to provide technical and financial support.

**Evidence-based policy and data for action.** There is no systematic monitoring of viral hepatitis. There is no standard case definition for hepatitis. Hepatitis deaths are not reported to a central registry. Among hepatitis B and hepatitis C cases, <8% and <3% respectively are presented as “undifferentiated” or “unclassified” hepatitis. Liver cancer cases and cases of HIV/hepatitis B coinfection are recorded nationally. In 2011, our organisation began to conduct screening campaigns within the population. We want partners and the Government to get involved and allow a struggle worthy.

**Prevention of transmission.** Poor access to vaccines against hepatitis A and B for the population. High cost of vaccines. Newborns do not receive their first dose of vaccine against hepatitis B within 24 hours. Availability of vaccines to the capital not within the country at an affordable cost. Routine vaccination of newborns at DO as the World Health Organization advocated in our regions. The government should opt for a large-scale vaccination (systematic vaccination of newborns from 6th week) and especially those at risk. As partners, support the government and civil society to relay action on the ground. As organisations, they must ensure that information on prevention of disease transmission spreads, working with the media to disseminate information to the population.

**Screening, care and treatment.** Health care professionals do not have sufficient competences to effectively treat people with viral hepatitis. There are no national clinical guidelines for the management of viral hepatitis.

The government must screen people at risk and adopt a large-scale national policy. Availability of essential drugs for the management of hepatitis at the central and peripheral level needs to improve. Test must be made accessible and available in hospitals such as: markers of hepatitis B viral load and other for better support. Skills training and continuing health care education is needed. In that respect, drugs must be subsidised to make it accessible to patients living with hepatitis. Partners must put pressure on Governments and provide support. The community comes relay to the government.

\* World Hepatitis Alliance member.