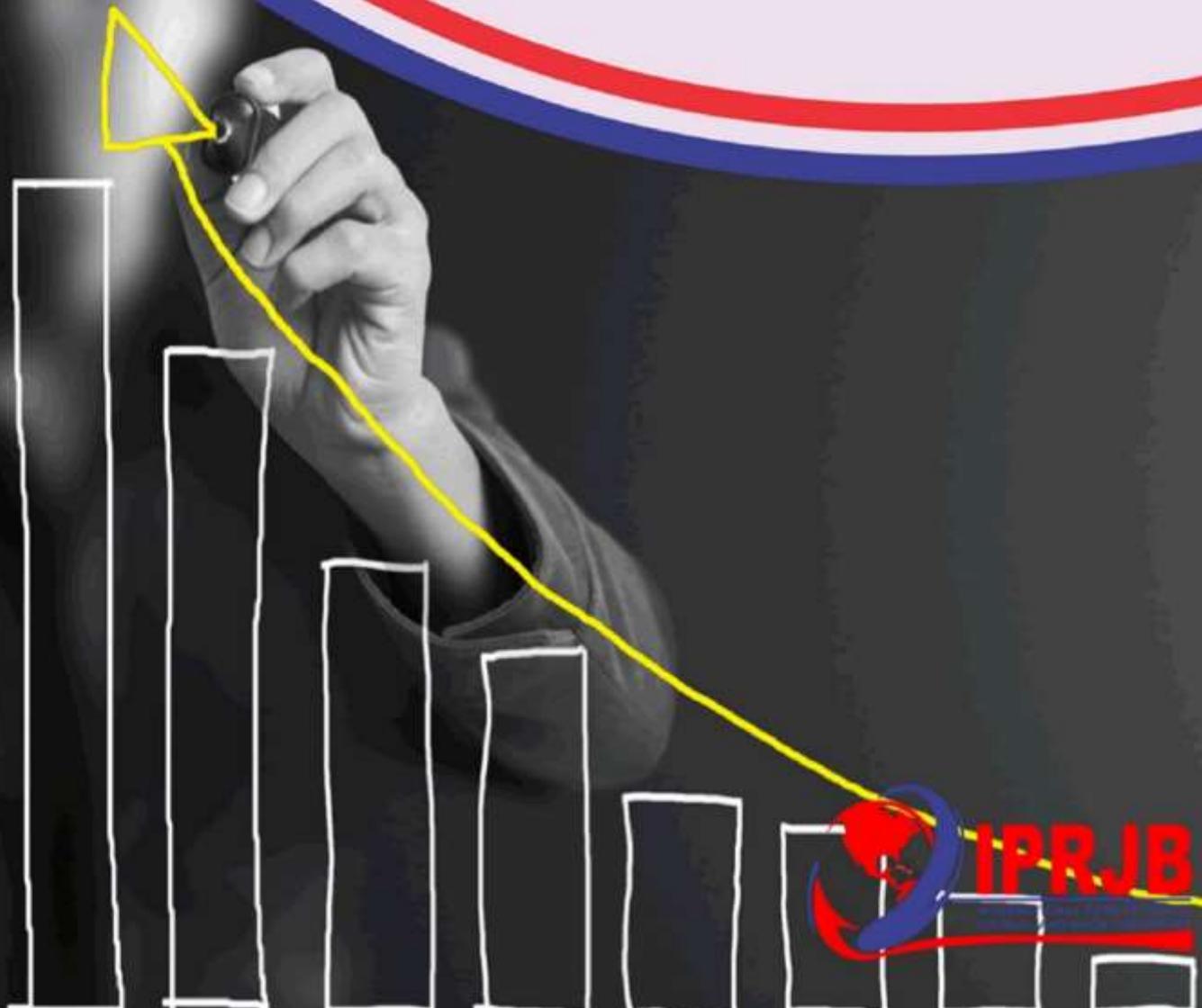


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Social Protection in Developing Countries: The Togolese System Analysis

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Abstract

Purpose: Social protection has dual social and economic functions. It plays a critical role in promoting social equity and economic growth in both developed and developing countries. It is a valuable strategy for combating poverty and promoting sustainable development, especially in developing countries like Togo. It has been adopted as a key strategy to promote socioeconomic development and reduce poverty. Since then, no study has analyzed the system as a whole. We aim to analyze how the political and institutional framework shapes the scope of coverage, legal coverage, effective coverage, and the adequacy of the benefits, based on the four floors of social protection guarantees.

Methodology: It is a mixed-methods study based on a quantitative descriptive analysis of administrative data, the technical group's expertise, and beneficiary perceptions. The technical working group, anchored in the institutional architecture for social protection, comprises national experts from various sectors, including education, health, employment, social security, finance and economics, development planning, grassroots development, agriculture, social action, and social microinsurance.

Findings: Social protection is a priority for economic and social development in Togo. It is one of the main pillars of the National Strategic Development. However, it is worth noting that, to date, there is no national social protection policy serving as a reference framework for stakeholders involved in this area. The scope of coverage is fragmented and unsustainable. Multiple Laws and Decrees do not ensure legal coverage for the population, especially in the informal sector. According to technical experts, the fragmented framework contributes to ineffective coverage and inadequate benefits, along with high economic informality and low fiscal capacity.

Unique Contribution to Theory, Practice and Policy: This study identified multiple shortcomings and opportunities in the Togolese social protection system. It highlights the lack of a coherent policy framework and a plan for developing social protection in the country, as well as insufficient and inefficient coverage of the population and inadequate benefits. These results will inform evidence-based decision-making and policy development.

Keywords: Social Protection, System Analysis, Developing Countries, Togo

JEL Classification: H55, I38, O15, H53

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INTRODUCTION

Almost all nations worldwide recognize the importance of social protection and its dual social and economic functions. Its critical role in promoting social equity and economic growth is at the core of the evidence-based decision-making strategies in both developed and developing countries (Holmes & Brauholtz-Speight, 2009, p. 2; Whiteford & Angenent, 2002, p. 77). By reducing economic and social vulnerability and mitigating the negative impacts of other shocks, it constitutes a means to promote household productivity by increasing their purchasing power and to break the intergenerational cycle of poverty by developing human capital (Pino & Confalonieri, 2014, p. 128). Therefore, social protection is a valuable strategy for combating poverty and promoting sustainable development. The national social protection policies and strategies must be coherent with poverty reduction policies and strategies, as well as strategies for accelerated growth and sustainable development.

Social protection has emerged as a critical area of increased policy attention in Africa over the last decade, during which its programs have proliferated, both in terms of program types and coverage, across most countries on the continent (Holmes & Lwanga, 2012, p. 1). Many national governments and their partners are now playing an increasingly significant role in advocating for, designing, and delivering social protection. However, this expansion of social protection, as an approach to reducing poverty and vulnerability, has not been uniform across the continent (Holmes & Lwanga, 2012, p. 1). The extent to which social protection has been taken up in countries, the social protection strategy development process, the focus on specific objectives of social protection, as well as the types of social protection tools which are prioritized, are strongly influenced by the different country-specific social, leadership, political, and economic environments across the continent. According to the International Labor Organization (ILO), national social protection floors should include the four guarantees: i) access to essential healthcare; ii) basic income for children; iii) basic income for working-age people; and iv) basic income for older persons (*Recommendation R202 - Social Protection Floors Recommendation, 2012 (No. 202)*, n.d.).

However, the levels of poverty and fragility, the significance of foreign dependency or large domestic revenues, the range of institutional capacities, different institutional roles, as well as levels of inequality and poverty, vary significantly in Africa, and play a critical role in shaping and defining a nation's approach to poverty reduction and, subsequently, social protection (Holmes & Lwanga, 2012, p. 2). Therefore, a better understanding of these features, as well as the challenges and opportunities faced by every country, is essential for evidence-based decision-making (Camacho et al., 2014, p. 459).

Togo is not classified as a fragile and conflict-affected (FCA) country by the World Bank in its 2025 FCA classification. However, it is classified as a low-income country (LIC). The country faces structural development challenges, but without the level of institutional fragility or large-scale violent conflict that characterizes FCA contexts. Pro-poor growth and social inclusion have not materialized to the extent expected by various growth strategies, and the population, especially vulnerable groups, continues to face significant difficulties in accessing basic social services. In this context, and faced with numerous challenges related to inequality, exclusion, and social insecurity, the Togolese government has placed social protection at the heart of its economic and social development policy. The government's 2025 roadmap gives significant importance to the social sector, particularly health, through the implementation of universal health coverage. Following some political and institutional reforms, undertaking an

in-depth study of this social protection system is crucial to make it the primary driver of social inclusion.

In this article, the main question is: how does the political and institutional framework shape the scope of coverage, legal coverage, effective coverage, and the adequacy of the benefits, based on the four floors of social protection guarantees? We aim to provide a review of the national social protection strategy, mapping its content, scope, and timeframes, and identifying challenges and opportunities, ultimately proposing some best practices. For this purpose, the following literature review of social protection is essential to establish a conceptual framework.

LITERATURE REVIEW

This review highlights the crucial role of social protection in alleviating poverty and mitigating social risks, particularly in developing countries. It presents the theoretical foundations of social protection, sheds light on the specific characteristics of developing countries, and situates the Togolese system within the scientific and institutional debates.

Theoretical Approaches to Social Protection

There is no universal definition of social protection, as every nation and organization defines it in accordance with its specific context, strategy, and goals. According to Pino and colleagues (Pino & Confalonieri, 2014, p. 135), “[t]he definition that emerged from the analysis of the national social protection documents is that, in general, social protection encompasses a whole range of public investments and public or private initiatives, both formal and informal, aimed at directly addressing risks, vulnerability and chronic poverty.” The pan-African social protection definition encompasses a range of public measures that provide support to all citizens, helping households, individuals, and communities better manage risks and participate actively and effectively in all spheres of life (Holmes & Lwanga, 2012; Osabohien, Olurinola, et al., 2022, p. 483). Notwithstanding the absence of a universal definition, the common denominator among existing definitions is the objective of addressing issues of extreme poverty, risk, and vulnerability. Therefore, one can define social protection as the set of mechanisms established at the national level to support households and individuals in addressing situations of acute poverty resulting from social shocks and chronic poverty caused by market failures in resource distribution (Muir, 2017, p. 14).

On the one hand, social protection implies a set of mechanisms that aim to support poor populations to overcome their poverty conditions through ex-post measures. According to Keynes’s view, poverty is thought to be the consequence of market failure in resource distribution. State intervention must correct this failure by ensuring a redistribution of resources from the wealthy to the less fortunate (vertical redistribution). This mechanism was first proposed in 1942 by the UK Economist William Beveridge, based on the solidarity principle, which holds that taxes primarily from the wealthy population should finance social assistance and social services for the benefit of vulnerable populations (Devereux & Sabates-Wheeler, 2004, p. 15). Moreover, state active and/or passive labor market interventions should assist these vulnerable individuals to emerge from extreme poverty. Poor populations are more sensitive to economic variation. For instance, a recession is systematically and highly devastating to poverty and inequality. It disproportionately affects equality. A study in Latin America found that a 1 percent decline in per capita gross domestic product is associated with a 3.7 percent increase in inequality (Lustig, 2010, p. 11).

On the other hand, social protection encompasses a set of mechanisms designed to support households, individuals, and communities, regardless of their income levels, in overcoming the financial consequences of social shocks through preventive measures (Devereux, 2021, p. 15; Research Institute (Ifpri), 2018, p. 225). These shocks can be sanitary, social, economic, political, natural, or environmental (Hickey et al., 2019, p. 9).

Ultimately, by fulfilling the two aforementioned functions, social protection serves as a pivotal axis for social inclusion. Indeed, if social protection enables inclusive access to infrastructures and social services, then it can contribute to social cohesion (Camacho et al., 2014, p. 641; Samardžija & Butković, 2010, p. 185). According to Koehler, “the role of social protection transfers for social cohesion and vertical trust manifests itself whenever governments intend to downgrade or dismantle acquired rights.” (Koehler, 2021, p. 640). After an extensive review of the literature and the presentation of an analytical framework, Mulugeta et al. provide empirical evidence supporting the notion that social protection and equity are key drivers of inclusion (Mulugeta Woldegiorgis, 2022, pp. 250–2060).

Multiple theories undergird social protection. Welfare State Theory conceptualizes social protection as part of a broader set of state institutions that shape economic outcomes and redistribute income and wealth through taxation, social insurance and assistance, public services, and labor-market regulation, stressing that institutional design choices (e.g., universal versus employment-linked coverage, tax- versus contribution-based financing, and flat versus earnings-related benefits) are as important as the level of spending (Cichon et al., 2004, pp. 109–111; Ohonba & Ogbeide, 2023, p. 170). Human Rights-Based Approaches (HRBA) ground social protection in international human rights law, particularly the right to social security, framing it as a legal entitlement that states must translate into national law and implement in accordance with principles such as non-discrimination, participation, and accountability, with a focus on ensuring coverage for all residents (Loewe & Schüring, 2021, pp. 136–166). Social Risk Management (SRM), meanwhile, treats social protection as a system for managing livelihood risks by helping individuals and societies avoid, reduce, and mitigate shocks that could drive households into poverty, while also raising fundamental questions about which risks should be addressed socially and who should be included (Diallo, 2025, p. 5; Loewe & Schüring, 2021, p. 193).

Social Protection in Developing Countries

In developing countries, social protection aims to protect people from poverty and major shocks; however, it is often shaped by informality, limited fiscal space, and donor influence. These factors determine how instruments are combined and contribute to ongoing challenges in coverage, equity, and sustainability.

Social protection systems in developing countries are highly diverse in design, the risks they cover, and the share of the population they reach. In many African contexts, these schemes historically began as limited initiatives for privileged formal-sector groups, such as civil servants and the military (Cichon et al., 2004, p. 65). High informality means that many people work outside formal wage employment, so contributory social insurance cannot be the sole foundation of protection (Cichon et al., 2004, p. 18). As a result, informal and non-state support remains important, even though it is often less reliable and less equitable (Cichon et al., 2004, p. 18). Governments also face limited budgetary capacity, weak tax collection, and constrained fiscal space, which hinder the comprehensive domestic financing of social policies (Cichon et al., 2004, p. 170). Consequently, external aid often plays a significant role in system-building

but can also contribute to projectized and fragmented programs when funding is unstable or donor-driven (Cichon et al., 2004, p. 170; Loewe & Schüring, 2021, p. 232).

In developing countries, social protection typically relies on the same core mechanisms seen globally, including social insurance, social assistance (cash transfers), labor market policies, social services, and micro-insurance, which are combined in context-specific ways (Loewe & Schüring, 2021, p. 14). Systems often blend contributory schemes, such as pensions or health insurance, for formal workers with non-contributory instruments that can reach poorer and informal households, especially through cash transfers.(Cichon et al., 2004, p. 19) Social services, including child protection, care, and support for individuals with disabilities, remain an integral part of the overall social support system (Cichon et al., 2004, p. 14). Labor market policies, such as skills development and employment support, also feature, although their scope depends on administrative capacity and financing (Loewe & Schüring, 2021, p. 14). Micro-insurance is often framed as a complementary option for low-income and informal workers, rather than a “second-best” addition to comprehensive national systems (Loewe & Schüring, 2021, p. 124).

In developing countries, social protection faces recurring challenges, starting with limited coverage: formal transfers often reach only a small share of the population, while informal transfers remain significant, leaving large protection gaps (Cichon et al., 2004, p. 18). Coverage is also uneven across risks, with some contingencies, such as unemployment protection, being virtually nonexistent in much of Africa, and social assistance often remaining limited (Cichon et al., 2004, p. 65). A second challenge is targeting, as means testing or proxy targeting can produce both inclusion and exclusion errors, with exclusion errors being especially damaging because they deny support to those who need it most (Loewe & Schüring, 2021, p. 153). A third challenge concerns governance and sustainability, as weak governance can undermine credibility, compliance, and financial viability; meanwhile, stronger financial governance is considered crucial for effectiveness, efficiency, sustainability, and transparency (Cichon et al., 2004, pp. 400–402; Siachiwena & Seekings, 2023, p. 282). Finally, administrative fragmentation and a heavy reliance on external technical support can create inefficiencies and weaken national ownership, thereby threatening the longer-term coherence and sustainability of the system (Loewe & Schüring, 2021, p. 231). Below is the diagram of the social protection floor with its four guarantees.

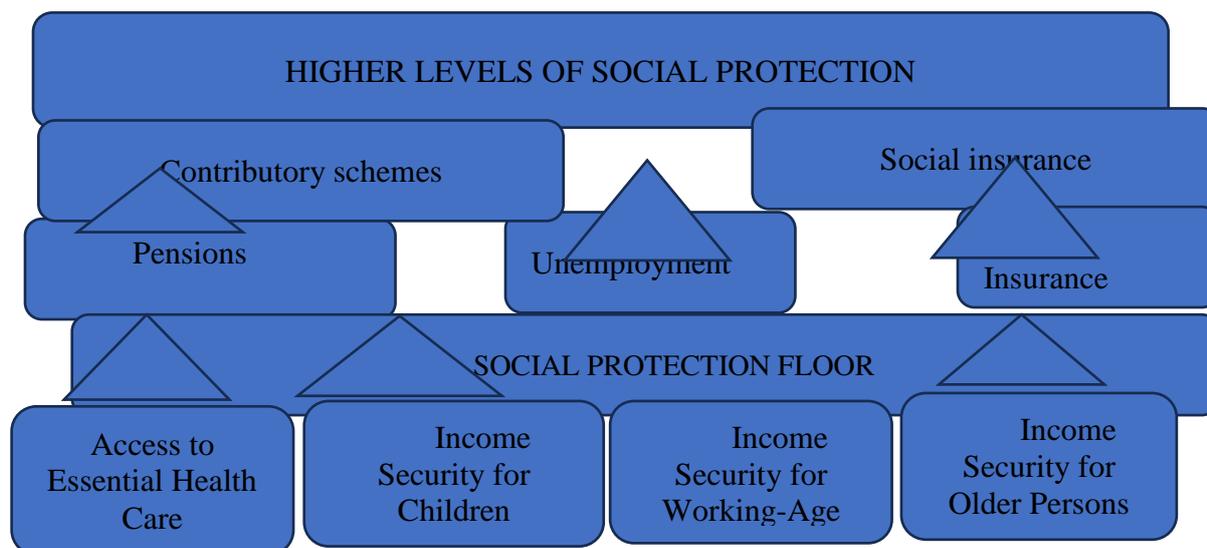


Figure 1: Diagram of the Social Protection Floor with its Four Guarantees

Source: Adapted from “Recommendation R202—Social Protection Floors Recommendation, 2012 (No. 202).

METHODOLOGY

The pragmatist philosophy of science undergirds this study. It is a mixed-methods study based on a quantitative descriptive analysis of administrative data, the technical group’s expertise, and beneficiary perceptions. The technical working group, anchored in the institutional architecture for social protection, comprises national experts from various sectors, including education, health, employment, social security, finance and economics, development planning, grassroots development, agriculture, social action, and social microinsurance. It operates under the supervision and responsibility of the High-Level Committee established as part of the national social protection policy update process. This committee is composed of the ministers responsible for labor, social protection, employment, grassroots development, health, finance, primary education, agriculture, and social action.

Four main steps were planned for the implementation of the process: i) information and capacity building on the process and tools; ii) establishment of the institutional framework; iii) data collection; and iv) system diagnosis. All these steps were implemented through a participatory national dialogue process with all stakeholders.

Training sessions on the process, organized for members of the technical working group and the National Committee for the Promotion of Social Protection (NCPSP), helped build their capacity at the various levels of analysis and diagnosis. This option helped consolidate the technical stakeholders’ buy-in and ownership of the process while preparing them for effective participation in data collection and analysis, as well as in discussions on priority setting. The organization of consultations with regional stakeholders contributed to the collection of information and data on the provision and delivery of social benefits, particularly on social protection challenges. In total, 545 participants took part in 35 focus group discussions. There were 22 focus group discussions involving around 10 sectoral experts, lasting an average of 2 hours, and 13 focus group discussions involving around 25 sectoral beneficiaries in various settings, from cities to remote rural areas (150 were already involved in a social protection

program, while 175 others were marginalized people without coverage). Participants were selected purposively. These groups were kept distinct during data collection to prevent contamination of the beneficiary perspective by the expert presence.

Data collection was primarily conducted through completion of the Core Diagnostic Instrument (CODI) questionnaire (used verbatim). This questionnaire covers all aspects of social protection. It enables an inventory of social protection schemes and programs, as well as an assessment of their design, planning, implementation, monitoring, and evaluation. It also applies to identifying the various benefits offered, coverage levels, and their financing arrangements. Furthermore, it is worth noting that documentary research and analysis played a crucial role in collecting macroeconomic data and information on existing policies, programs, and projects.

Data collection was carried out by the technical working group. To facilitate and ensure the efficiency of its work, the working group was structured into subgroups. Multiple participants were used to collect the data analyzed; multiple researchers employed a similar method to gather data, and various types of measures (documents, interviews, and focus groups) were utilized to enhance coherence. The external audit mechanism was used to validate that the findings were neither idiosyncratic to the perceptions of a single research participant nor a single researcher. The study took place from February 1st to June 30, 2025.

Several parameters were used for the coverage analysis. These are data concerning the division of Togo's total population into major groups, in accordance with the guarantees of the social protection floor. Demographic data from "World Population Prospects: the 2023 Revision" were used to perform the age division using the Sprague formula, as well as indicators from the QUIBB 2023 and the Labor Market Profile 2023.

In addition to these parameters, the provisions of the national legal framework relating to the various schemes/programs were also used, particularly those relating to benefits, the principles and parameters established by the provisions of the International Labor Organization (ILO) Convention (N°. 102) and Recommendation (N°. 202) relating to social security, minimum standards, and national social protection floors, respectively. The guaranteed interprofessional minimum wage (SMIG: 52,500 FCFA per month), poverty rates, and extreme poverty rates were specifically used in the analysis of benefit levels.

For data analysis, the transcripts were analyzed using thematic content analysis. Coding was performed manually. We used a hybrid deductive and inductive approach (deductive coding aligned with the components of the IDSR framework, while inductive coding aimed to capture contextual and operational realities in practice in the country). Triangulation was performed using documentary and focus group data to strengthen the credibility of the results. Discrepancies between policies and practices were systematically identified.

As self-evaluation introduced the potential bias in data collection, we used an external audit service. It involved engaging independent reviewers with no stake in the study in assessing data collection processes and outputs. Two auditors reviewed instruments, protocols, and training materials to ensure both standardization and alignment with objectives. By systematically conducting random spot-checks of raw data, verifying document sources, and replicating selected analyses to detect inconsistencies and discrepancies. To help validate accuracy and reduce self-report bias, field observations and re-interviews of a subsample of participants were utilized. They document deviations and provide corrective recommendations.

Transparent reporting of audit procedures and findings strengthens credibility, minimizes systematic bias, and enhances the study's internal validity and reproducibility.

Data triangulation, based on policy documents and stakeholder perspectives, was implemented, and validation was conducted with selected participants. In addition, a peer debriefing was held within the research team, and a written record of coding decisions was maintained.

The assessment did not require ethical clearance. It is considered a part of routine surveillance activities. However, permission was obtained from the Ministry of Health (N° 325/2024/MHPH/GS/GDRPHI/DRPP/RSD). Written informed consent had been obtained from all FGD participants, and confidentiality and anonymity were ensured by removing every identifying information from transcripts and reports

RESULTS

State of Social Protection in Togo

This section presents the data collected on social protection coverage, including the political and institutional framework for implementation and coordination, the legal foundations, the risks covered, and the benefits related to the four guarantees of the social protection floor. Details of the political and institutional framework are critical for a better understanding of overall effectiveness (Hardee, 2014, p. 6; Hickey, 2008, p. 11). According to the results of the external audit service, which included random spot checks of 10%, re-interviewing participants, and replicating selected analyses, the concordance rate was 92% (inter-rater reliability between the researchers' coding and the auditors' coding of transcripts), and specific discrepancies of 8% were identified and corrected during the audit.

Political and Institutional Framework

As a key component of the political framework, social protection is a priority in Togo's rhetoric on economic and social development. It is one of the main pillars of the National Strategic Development Plan and the government's Roadmap 2025. However, the data suggest it is not yet a priority for implementation. It is worth noting that, to date, there is no national social protection policy serving as a reference framework for stakeholders involved in this area. However, two sectoral policies, namely the National Health Development Plan and the National Employment Policy, as well as the Strategic Plan for Youth Employment, address social protection areas related to labor market programs and health insurance. Social protection, as per Decree N°. 2015-041/PR of June 28, 2015, amended by Decree N°. 066/PR of August 1, 2016, falls under the Ministry of Health and Social Protection. However, in practice, it is the Ministries of Labor and Universal Health Coverage, in collaboration with other relevant ministries, that lead the process of updating the policy and conducting an in-depth study of the social protection system, with a view to strengthening and expanding social coverage.

There are two main institutions responsible for planning, coordination, monitoring, and evaluation. The General Directorate of Social Protection is the national structure responsible for coordinating the implementation of social protection actions. This directorate does not have operational technical departments. It also lacks representation at the regional and local levels. Its capacity to cover the entire country is very limited, with insufficient human, material, and financial resources. The National Committee for the Promotion of Social Protection (NCPSP) was established in 2013 to provide a framework for consultation on all social protection initiatives. It is composed of 32 members representing key technical ministries, social partners,

technical and financial partners, and NGOs involved in the issue. These members work on an ad hoc basis. It is decentralized to all regions of the country.

The processes for developing, implementing, and monitoring social protection actions involve the effective participation of state technical actors, social partners, civil society, and technical and financial partners. However, no mechanism has been developed to enable beneficiary groups to participate and ensure that their specific needs are adequately addressed. The development, planning, and implementation of non-contributory programs are carried out at the sectoral level with a very poorly integrated mechanism. The country uses a mix of financial sources across the different types of schemes, including earmarked taxation, general revenues, social insurance contributions, income from capital, co-payments for services, and donor funding.

Different institutions to anchor social protection schemes and programs. The ministries of labor, finance, and health, and the Ministry of Universal Health Coverage, oversee contributory schemes under specific conditions set out in the legislation. The Ministry of Labor provides technical oversight of the general social security scheme and the universal health insurance scheme, which is managed by the CNSS. The Ministry of Universal Health Coverage oversees the INAM-managed health insurance scheme. The Ministry of Health, like the Ministry of Social Action, participates in the INAM supervisory board. The Ministry of Finance provides financial oversight of all schemes, including the individual accident/occupational life insurance scheme, whose benefit management is delegated to a private insurer.

Non-contributory programs are overseen by the Ministries of Health, Social Action, Agriculture, and Grassroots Development. Within these departments, multiple benefits are not structured as programs. According to 89% of expert participants, there is a lack of coordination between programs across ministries and within the same department. The majority of them think that the unique exception is the Community Development and Social Safety Net Program (PDCPlus). Moreover, most of them perceive a lack of coherence in interventions and a deficiency in mechanisms for information sharing, beneficiary targeting, and monitoring and evaluation. “One can highlight the existence of several structures responsible for managing benefits aimed at the same groups of people, with a significant proportion of resources dedicated to administrative and personnel costs”, stressed a participant. Additionally, some experts and beneficiaries blame the legal framework for failing to lay out sufficient measures to support meaningful participatory processes, accountability, nondiscrimination, equality, access to information, access to justice, monitoring and reporting mechanisms, and the confidentiality of private information. The Togolese system is thought to be overly dependent on foreign aid, leading to instability and unsustainability.

The following sections analyze the effectiveness of the funding efforts in terms of coverage levels and benefits for the various basic protection guarantees, as shown. It first presents administrative data on the benefits provided under each scheme/program. Then, the experts’ and beneficiaries’ perceptions follow.

Scope of Coverage and the Inventory of Social Protection Schemes and Programs

The social protection system in Togo is organized to take into account the different stages of life, covering:

- Social risks as established, with the exception of unemployment, in Convention n° 102. These include illness, medical care, maternity, old age, survivor risk, disability, family responsibilities, work-related accidents, and occupational diseases. The benefits provided are medical care, sickness benefits, family benefits, old-age benefits, benefits for work-related accidents and occupational diseases, maternity benefits, disability benefits, and survivors' benefits.
- Vulnerability related to poverty and social exclusion, for which social safety net programs are developed to meet the needs of individuals, households, or specific groups of the population. Coverage of these social risks and responses to vulnerability is provided by social insurance schemes, social assistance programs, and labor market interventions.

Regarding social security schemes, there are four (4) insurance schemes in Togo. The pension scheme, established in 1963, is administered by the Togolese Retirement Fund (CRT), which provides coverage for old-age, invalidity, maternity, family, survivor, work-related accident, and occupational disease benefits for civil servants and military personnel. The general social security scheme covers the aforementioned benefits for workers in the private sector. This scheme was created in 1968 and is currently managed by the National Social Security Fund (CNSS). One compulsory health insurance scheme, established in 2011, covers illnesses and medical care for public sector employees, whether they are active or retired. It is managed by the National Health Insurance Institute (INAM). Another compulsory health insurance scheme, introduced in 2023, covers illnesses and medical care for private sector employees, whether they are active or retired. It is managed by the National Social Security Fund, Universal Health Coverage (CNSS-AMU)

In addition to the four schemes, an individual accident/occupational life insurance was established in 1970 and covers the “occupational risks branch” for civil servants in the general administration, permanent employees, firefighters, national police, prison guards, water and forestry officers, and members of institutions. It is managed by the Ministry of Economics and Finance. Private health insurance is represented by the Committee of Insurers of Togo (CAT) and supported by five P&C (Fire, Accident, Miscellaneous Risks, Transport) insurance companies: FIDELIA, GTA, NSIA, SANLAM, and SUNU. Furthermore, there are mutual health insurance companies whose mission is to prevent and manage social risks related to illness. They manage the health risk of the agricultural and informal sectors, which are not covered by a health insurance mechanism.

As for social assistance and social safety nets, there are several assistance-type programs, including health subsidies and free programs, social assistance programs aimed at combating vulnerability and social exclusion, and labor market programs. Health subsidies and free programs are implemented pursuant to Law No. 2009-007 of May 15, 2009, which establishes the Public Health Code of the Togolese Republic. Their objective is to provide access to health care for all, particularly for specific groups such as children, women, people living with disabilities, and people suffering from specific medical conditions. These programs are managed by the Ministry of Health and Universal Health Coverage with the support of technical and financial partners. Social assistance programs aimed at combating vulnerability and social exclusion are integral to sectoral policies and are overseen by ministries responsible for social action, education, agriculture, and grassroots development. Moreover, Labor market interventions are primarily comprised of the Employment Integration and Development

Support (AIDE) and National Volunteering programs, established by Law N°2011-004 of February 18, 2011, and Law N° 2011-001 of February 17, 2011, respectively. These programs are managed by the Ministry of Grassroots Development through the National Volunteering Agency in Togo (ANVT) and the Ministry of Employment through the National Employment Agency (ANPE). In addition to these two main programs, there is the Labor-Intensive Works (THIMO) program, implemented since 2012 and under the supervision of the Ministry of Grassroots Development.

There was no consensus between beneficiaries and experts working on different social protection programs regarding the participation of all stakeholders in decision-making. According to the majority of the beneficiaries, the relevant stakeholders affected by social protection provisions do not have the opportunity to participate in the national dialogue on decision-making. By contrast, most experts (85%) believe beneficiaries have an opportunity to participate in decision-making through a national dialogue process, resulting in ownership, increased commitment, and perceived legitimacy of the decision. Moreover, some participants highlight the coherence of social protection policy issues, both internally within the overall social protection system architecture and externally with related policy areas. For instance, “the free cesarean section program in a country where the public sector is severely lacking in obstetrician-gynecologists forces patients to turn to more expensive private clinics, thus exacerbating inequality and inequity”, stressed one expert. Similarly, some participants believe that non-contributory, income-based rural programs targeting the most vulnerable encourage laziness and reinforce the vicious cycle of poverty.

Social Protection Legal Coverage According to the Four Guarantees of the Social Protection Floor

In this section, the analysis is structured according to the four guarantees that a national social protection floor should include at a minimum, as outlined in ILO Recommendation N°. 202. (OECD, 2020, p. 96) These are guarantees for access to essential health care, including maternity care, basic income security for children, basic income security for people of working age who are unable to earn a sufficient income, and basic income security for the elderly (Banerjee et al., 2024, p. 1379; Mumtaz et al., 2024, p. 39). These guarantees, to be considered measures of the social protection floor, are determined and set by law at the national level.

General Legal Coverage of Social Protection in the Togolese Republic

The elements of the social protection floor should, in principle, be established by law, thereby granting social protection rights to the population. Table 1 summarizes the constitutional Foundations and specific texts regarding social protection in the Togolese Republic to date.

Table 1: Constitutional Foundations and Specific Texts Regarding Social Protection in General

Constitutional Article or a Specific Text	Content
Constitution-Article 31	The state has the obligation to ensure the protection of marriage and the family
Constitution-Article 33	The State shall take or cause to be taken measures for persons with disabilities and the elderly to protect them from social injustice
Constitution-Article 34	The State recognizes the right of citizens to health. It works to promote it
Constitution-Article 36	The State protects young people against all forms of exploitation or manipulation.
Constitution-Article 37	The State recognizes the right of every citizen to work and strives to create the conditions for the effective enjoyment of this right.
Constitution-Article 38	Citizens and local authorities are recognized by the State as having the right to a fair redistribution of national wealth.
Law n° 91-11 of May 23, 1991	Establishing the civil and military pension system of the Togolese Retirement Fund
Law n° 2006-010 of December 13, 2006	Establishing the Labor Code;
Law n° 2011-006 of February 21, 2011	Establishing the Social Security Code
Law n° 2011-003 of February 18, 2011	Establishing the compulsory health insurance system for public servants
Law n° 2013-002 of January 21, 2013	Establishing the general status of the Togolese civil service.
Law n° 2021-022 of October 18, 2021	Establishing Universal Health Insurance (AMU).
Decree n° 2023-043/PR of April 24, 2023	Establishing the social registry of individuals and households (RSPM)
Decree n° 2023-107/PR of October 20, 2023	Establishing a social sector support fund.

Source: Authors

However, almost all participants agree that the various non-contributory programs identified, although they provide access to healthcare, income, education, etc., lack a legal basis and therefore do not constitute genuine social protection benefits. According to them, these benefits can be discontinued at any time and do not provide beneficiaries with sustainable social security or a guarantee of benefits.

Legal coverage of the population under the first guarantee of the social protection floor (health): Law n° 2011-003 of February 18, 2011, establishing the compulsory health insurance scheme in Togo and its implementing regulations, guarantee the risk of illness with regard to health care for active public servants and those with a pension or annuity, employees of public

administrative institutions and certain local authorities, as well as members of the Republic's institutions during their term of office and their dependents. Law n° 2021-022 of October 18, 2021, established Universal Health Insurance (AMU), including the private sector. The groups of people legally covered by health insurance include individuals of working age (18-60/64 years), the elderly (60-64 years and older), and children (0-26 years). This guarantee is categorical and applies only to public and private officials, as well as similar employees, whether active or retired.

However, once again, there was no consensus among participants regarding whether those who participate in these contributory schemes receive adequate benefits at least equal to what they have contributed, and whether these schemes fulfill the income-replacement function. According to most beneficiaries of this social health insurance scheme, they do not receive adequate benefits, at least equal to what they have contributed, and these schemes do not fulfill the income-replacement function. Conversely, most experts believe that the population participating in these contributory schemes receives adequate benefits, often more than they have contributed, and that these schemes fulfill income-replacement beyond expectations.

Legal Coverage of the Togolese Population in Terms of the Second Guarantee of the Social Protection Floor (Coverage of Children)

The law establishing the social security code guarantees family benefits (Family Allowances) to employees in the private and para-public sectors, non-civil servants of the State, self-employed workers, workers in the informal economy, and ministers of religion, whether active or retired, as well as their dependents. Similarly, Law n° 2013-002 establishing the general status of the civil service grants State employees access to social benefits, including family allowances. Under these two laws, children (aged 0-21) of the aforementioned categories are guaranteed a means of subsistence through family allowances. The family allowance is 2,000 CFA francs, paid monthly. There is also a Guaranteed livelihood for orphans. Under the general social security system managed by the CNSS, when a pensioner dies, orphans under the age of 21 are entitled to a survivor's pension. This pension is equal to 25 percent for each orphan who has lost one parent and 40 percent for each orphan who has lost both parents, up to a maximum of 50 percent of the insured's pension. The surviving children of a worker who dies as a result of a work-related accident or occupational disease are entitled to survivors' pensions. The orphan's pension is equal to 40 percent of the victim's total permanent disability pension for all orphans. In addition, each orphan who has lost one parent and is a dependent of a public administration pensioner is entitled to a guaranteed income pension equal to 10 percent of the insured's pension. Those who lose both parents are each entitled to a survivor's pension equal to 20 percent of the insured person's pension. In addition, certain elements guarantee children's access to education. Article 35 of the Constitution stipulates: "[t]he State recognizes the right to education of children and creates favorable conditions for this purpose. Schooling is compulsory for children of both sexes up to the age of 15. The State shall progressively ensure free public education."

Most participants emphasized the imperative of disseminating information and raising public awareness of this legal framework, which is largely unknown to potential beneficiaries. Some beneficiaries think that "the national agencies purposefully chose not to disclose this information to the public in order to create more profits." Also, most experts recognize the need to reinforce information dissemination and raise public awareness about this legal framework.

Legal Coverage of the Population in Terms of the Third Guarantee of the Social Protection Floor (People of Working Age)

Apart from health insurance, the legislation guarantees access to income for people of working age in the event of maternity leave, sick leave, and in the event of an accident/occupational illness for members of the CNSS or the CRT. People of working age are legally covered and can access income in the event of maternity (income guarantee for maternity. Maternity leave is granted with compensation. Indeed, Article 148 of the Labor Code stipulates that in the event of work suspension due to maternity, the woman is entitled to compensation equal to the salary she was receiving at the time of the work suspension: 100 percent of the average daily wage insured over the last three months is paid up to eight weeks before and six weeks after the expected date of delivery. This benefit can be extended to 17 weeks if complications arise. This benefit is provided in full by the state employer for public-sector employees. For private-sector employees, the employer provides 50 percent, and the general social security system provides 50 percent. The labor code (Article 58), the interprofessional collective agreement (Article 14), and the general civil service regulations (Article 203 et seq.) grant legal access to income for sick workers when they are off work due to illness (income guarantee for sick leave). The duration of the work stoppage (sick leave) and the amount of income paid by the employer depend on the length of service.

Some income is guaranteed in the event of disability and incapacity due to work accidents for workers covered by the CNSS (private). When total permanent disability or disability results from a work accident or occupational illness, the legislation provides for the payment of income in the form of compensation to the worker. The compensation amount is equal to 85 percent of the insured person's average salary over the last 3 months. The amount of compensation in the event of partial permanent disability depends on the degree of disability. If the assessed disability rate is less than 15 percent, a lump-sum payment equal to three times the annual pension amount is made to the worker. In the case of temporary incapacity for work, the amount of compensation is 66.7 percent of the insured worker's average salary in the three months prior to the disability. In this case, the benefit is paid until full recovery or until certification as permanent disability.

Finally, public employees are covered by an income guarantee in the event of disability or incapacity due to work-related accidents. The State has established individual accident insurance for public employees, the management of which is entrusted to a private insurer. The benefits offered include: reimbursement of medical expenses, partial or total disability benefits, and death benefits. The majority of participants believe this insurance does not have the characteristics of a Social Security benefit.

Legal Coverage of the Population under the Fourth Guarantee of the Social Protection Floor (Coverage of the Elderly)

In Togo, the law protects the elderly by granting them a retirement pension and guaranteeing them social health insurance. However, this applies only to public and semi-public employees, as well as those in the formal private sector. Most participants acknowledge that elderly people from the largely dominant informal private sector are left behind.

Social Protection Effective Coverage According to the Four Guarantees of the Social Protection Floor

This section presents the proportion of the population or target groups with access to social protection measures for each specific function, both in terms of protected persons/households and in terms of effective beneficiaries. By effective coverage, we mean active contribution status and actual utilization of benefits, as enrollment does not always equate to access.

Effective Health Coverage

Data on the size of the mandatory health insurance scheme's target population are not available (population legally covered). However, the management bodies have not yet enrolled all institutions covered by the law. In 2023, only 508499 individuals were covered by social health insurance out of 8095498, meaning 93.7% of the population is not covered. There is a deficit in legal coverage for health insurance, mainly affecting workers in the private formal and informal sectors. This deficit in legal coverage is associated with management bodies' inability to enroll beneficiaries. In 2023, private health insurance companies covered 0.93% of the population. Furthermore, mutual health insurance companies, during the last three (3) years (2021-2023), covered the total population of 56,011 (i.e., 0.7% of the population). The health coverage benefits available to children include health care provided by health insurance and by various free and subsidized programs. It should be noted that health insurance coverage ends at age 26.

“One can infer that the social protection system in Togo is characterized by a deficit in social security for health,” pointed out one expert. Some participants believe that this situation stems from legal gaps in this area, while others link it to fiscal issues. “I think there is a legal deficiency in the matter.” Stated one participant. Health insurance schemes are based on public employment and private formal employment, whereas the private informal sector is the most important, another expert stressed. The inability of managing companies to enroll all individuals within their scope also contributes to this deficit.

However, in addition to mandatory health insurance, subsidies and free programs help expand the population's access to health care, thereby mitigating the deficit to some extent. Table 2 summarizes the statistics of access to health care through free and subsidy programs.

Table 2: Access to Health Care through Free and Subsidy Programs

Program	Service	Number and/or percentage of potential beneficiaries covered in 2023
Disability and injury programs: prevention and rehabilitation	Support for children with intellectual disabilities	376(0.01%) ^a
	Support for people with disabilities	4395(0.15%) ^a
	Support for child victims of trafficking	94(0.012%) ^a
	Support for children who are victims of violence, abuse, and sexual exploitation	1052(0.3%) ^a
School Assur program	Free health services for primary and secondary school students in public institutions	1 948 366(43%)
Tuberculosis control program	Tuberculosis positive screening	3147(66%)
	Free tuberculosis treatment	3147(100%)
HIV control program	Total screening	574504 (0.6%)
	New HIV cases	15198
	Total PLHIV under treatment	88 610(89%)
	Seasonal Malaria Chemoprevention (SMC) for children	1812637(16%)
Malaria control program	Long-lasting insecticide-treated mosquito nets (LLINs) distribution	564949(57%)
	Intermittent Preventive Treatment 1	230550 (59%)
	Intermittent Preventive Treatment 2	200288(77%)
	Intermittent Preventive Treatment 3	167521(88%)
	Chemoprevention, mass treatment with albendazole	2108191(40.3%)
	Chemoprevention, mass treatment with Ivermectin	3050215(23%)
Neglected tropical diseases (NTDs) control program	New cases of Buruli ulcer treated	8(68%)
	New cases of leprosy	86(51%)
	Cases of snakebite envenomation treated in 2023	2660(0.9%)
	Cases of Yaws	15(28%)
Sexual and reproductive health programs	Subsidized caesarean kits	24639(72%)
	Woezou program insuring pregnant women	197 313(31%)
	Obstetric fistulas operated	71(7%)
	Family Planning (FP) services for women (new acceptors)	510000(21%)
	The number of HIV-positive pregnant women on ARV	3488(87%)
Nutrition programs	Children aged 6-59 months with severe acute malnutrition who received care	35%
	Vitamin A supplementation	81%
	Households with iodized salt	80%
Routine vaccination coverage among children aged 0-23 months and pregnant women	BCG	77%
	DTaP-HepB-Hib1	96%
	DTaP-HepB-Hib2	94%
	DTaP-HepB-Hib3	92%
	Pneumococcal conjugate vaccine 1	96%
	Pneumococcal conjugate vaccine 2	93%
	Pneumococcal conjugate vaccine 3	92%
	Measles rubella vaccine 1	86%
	Measles rubella vaccine 2	72%
	Rotavirus 1	96%
	Rotavirus 2	93%
	Meningococcal vaccine	72%
	Poliomyelitis inactive vaccine 1	90%
	Poliomyelitis inactive vaccine 2	83%
	Poliomyelitis oral vaccine 0	79%
Poliomyelitis oral vaccine 1	93%	
Poliomyelitis oral vaccine 2	91%	
Poliomyelitis oral vaccine 3	89%	

Source: Authors

^a These specific data (epidemiological estimate) come from INSEED. 2024. "Statistique de Production, Production Économique." Institut national de la statistique et des études économiques et démographiques. 2024. <https://inseed.tg/>.

As the table below shows, the free and subsidized programs in place specifically target people with specific health needs, such as children, pregnant women, people with disabilities, people living with HIV/AIDS, and the poor. The data provided does not allow us to accurately determine the total number of individuals benefiting from these programs, which prevents us from assessing their contribution to the effective coverage rate. It should be noted that there are numerous programs. They are characterized by the large number of beneficiaries and the vulnerability of affected groups. However, there is no adequate national data collection and management system in place to track inputs and outputs and to allow for periodic outcome and process monitoring of the social protection system. Most experts and beneficiaries agree that the coverage and adequacy are largely below expectations. Furthermore, there is a belief that social protection systems management lacks transparency and accountability, thereby undermining the system's financial, fiscal, and economic sustainability. Moreover, they agree that the lack of a legal framework for these programs makes them inconsistent and unsustainable.

Effective coverage for children (income, food, education, health care, and other necessary goods and services): Table 3 shows the benefits related to basic income security for children

Table 3: Benefits Related to Basic Income Security for Children

Benefit Objectives	Modalities of Access to Income for Children	Beneficiaries 2023
Family allowances CNSS and CRT	Transfer of 2,000 FCFA per month for children aged 0-21	91,595
	Exemption from preschool and primary school fees	127,6553
Improving access to education for vulnerable students	Exemption from exam fees	54,4682
	Exemption from secondary school tuition fees	63,2199
	Subsidies for educational textbooks for preschool and primary schools	166,4472
	Computer subsidies for students	586
Access to food	School canteen	157,888
	Cash transfer of 15,000 FCFA/trimester for vulnerable households	108,279
	Solidarity Back to School" and "Solidarity Christmas" programs (food kits for deprived children)	7915
Other services for children	Support for children with intellectual disabilities	376
	Support for child victims of trafficking	93
	Support for children who are victims of violence, abuse, and sexual exploitation	1052

Source: Authors

The above data show that livelihood benefits for children primarily focus on access to schooling: school fee exemptions or reductions, and the distribution of textbooks and school supplies. Income support, including the transfer of school supplies and textbooks, is universal. Food-related transfers reach a limited number of children. These are targeted benefits for public preschool and primary school children, on the one hand, and for children aged 0 to 59 months in the poorest localities, on the other. Only 15788 children participated in the canteen, representing a coverage rate of approximately 0.44 percent of children aged 0 to 12 years, while the ILO estimates 3589000 children in 2023. Most participant expressed their concerns. "Given the importance of good nutrition during a child's early years of development, this coverage rate is particularly concerning, as extreme poverty affects 16.4 percent of the population", stated

one expert. Some beneficiaries blame the system for a lack of transparency in the setting of eligibility criteria, benefit design, and enrolment in the programs.

Effective Access to Income for Working-Age People

In 2023, 155 solar irrigation kits worth 200,548,500 CFA francs were distributed, and 93 boreholes, water tanks, and tank supports were installed in the Kara and Savanes regions. In addition, 1,727 market gardening kits, valued at 269,244,010 CFA francs, were purchased for vulnerable producers. To increase preparedness to address food insecurity and improve the resilience of food systems in Togo, 301,155 kg of rice and soybean seeds, valued at 364,001,000 CFA francs, were acquired and made available to 22,746 beneficiaries, including 14,635 women (64.34%). This year, 187,473 people, including 32,682 women, benefited from a subsidy of 76,457 tons of fertilizer, valued at 16,441,282,000 CFA francs. The working-age people contributing to the CNS and CRT were covered for occupational risks. CNSS also provides maternity benefits (and prenatal allowances). However, most participants recognized that the Social Security Code is not effectively applied to workers in the informal sector, the self-employed, and ministers of religion. Therefore, they do not have effective access to family, maternity, and pension benefits.

Aside from the cash allowance under the HIMO program, cash transfers targeting working-age people are linked to apprenticeship activities and intended to strengthen the employability of young first-time job seekers and the unemployed, as well as the productive capacity of vulnerable rural groups. In 2023, labor market programs covered a total of 15,802 young people aged 18 to 40. These programs improve employability, foster socio-professional integration, and promote entrepreneurship through internships, capacity building, and access to financing. The 2023 internship applicants placed in companies were 2387, receiving 50000 FCFA per month. The National Volunteer Program aims to develop human resources through volunteering. It contributes to improving the living conditions of poor populations by making national skills available. In total, 63406 volunteers were mobilized during the year, receiving between 40,000 and 60,000 FCFA, depending on their skills.

The majority of the participants perceived the income for working-age people as very low; hence, the need to identify reform options and social protection floor measures to strengthen and expand their coverage. Moreover, here, administrative data contradicted beneficiary perceptions. The majority of the beneficiaries do not trust in administrative data, blaming agencies for a lack of transparency.

Effective Access to Income for the Elderly

As shown in the table below, access to income is exclusively guaranteed by social insurance schemes (CRT, CNSS). The number of retirees who actually benefit from this guarantee is 73475, or 25.6% of all people aged 60 and over (287000). Most participants believe that, given the elderly's vulnerability to poverty, the proposed reforms must include mechanisms to ensure their full access to a substantial income. One might legitimately wonder about the risk of not having an income for the remaining 74.4 percent. Table 4 summarizes the effective access to an income for older people, comparing data from 2016 to 2023.

Table 4: Effective Access to an Income for Older People, Comparing Data from 2016 to 2023

Goals	Services	The number of beneficiaries (definitions and reporting standards remained constant)			
		2016	2023	Improvement	
Access to income for older people receiving a pension	The monthly pension amount is equal to 20% of the average monthly salary.	CNSS	40241(67%)	46604(77.5%)	10,5%
	If the total number of months of insurance and months equated to pension exceeds 180 months, the percentage is increased by 1.33% for each period of twelve (12) months beyond 180 months.				
	The monthly pension amount is equal to 2.5% per annuity payable.	CRT	20275(61%)	26871(80%)	19%
	People of working age are contributing	CNSS	129161(77%)	133200 (79%)	2%
	People of working age are contributing	CRT	52145(52%)	61135 (59%)	7%

Source: Authors

Adequacy of Benefit According to the Four Guarantees of the Social Protection Floor

In addition to the issue of legal and effective coverage across the various branches of social protection, the adequacy of benefit levels must also be considered (Nyamu-Musembi & Cornwall, 2004, p. 25). To quantify the relevant minimum level of benefits, Recommendation N°. 102 of the ILO proposes a non-exhaustive list of potential measures for assessing the adequacy of benefits, including the monetary value of a set of essential goods and services, the poverty threshold, and the income level required to qualify for social assistance. Accordingly, when paid for the benefit of children, benefits should be sufficient to ensure access to nutrition, education, health care, and other essential goods and services. Long-term benefits to beneficiaries should be adequate, not only at their inception, but also to protect against the erosion of purchasing power. As a result, the necessary provisions must guarantee, in law or in practice, periodic adjustments to benefits based on fluctuations in the cost of living.

This section uses the national monetary poverty line of 346.750 CFA francs per year (i.e., \$1.90 per person per day), the national food poverty line of 273,628.3 CFA francs per year (according to the results of the Harmonized Survey on Household Living Conditions -EHCVM-2018-2019 in Togo), and the minimum wage of 52500 CFA francs per month (set by the Interprofessional Collective Agreement since January 1, 2023) as measures of adequacy. Health Benefits coverage is very inadequate. The National Institute for Health Insurance covers health care, including illness, maternity, and non-occupational accidents. The coverage rate is 80-100% of the INAM's basic reimbursement price (PBR). For professional health services, the PBR equals the tariff price specified in Decree No. 2023-093/PR of October 4, 2023, which establishes the reference basket of care for universal health insurance (AMU) for public-sector employees and workers in the formal private sector. Approximately 6.3 percent of the population is covered by the INAM; the remaining 93.7 percent bear healthcare-related expenses, except for beneficiaries of free and subsidized programs. The social health insurance schemes (CNSS and INAM) represented only 3.6% of the national current health expenditures.

Also, there is an inadequacy of livelihood benefits for children. The amount of cash transfers is 5,000 CFA francs per month for households living in extreme poverty. Considering the average household size in Togo of 4.8, this amount represents 3.6 percent of the poverty line or 4.57 percent of the food poverty line, which is below actual income needs.

Regarding income-related social insurance benefits, there is a significant gap between the family allowance and actual needs. The amount of family allowances from the CNSS and the CRT is 2,000 CFA francs per month. This represents approximately 6.9 percent of the poverty line and 8.77 percent of the food poverty line.

Regarding the adequacy of income benefits for working-age individuals, the AIDE program's monthly allowance is 50,000 CFA francs (approximately 14.4 percent of the monetary poverty line, or 18.3 percent of the food poverty line). For the volunteer program, this allowance is 40,000 or 60,000 CFA francs, depending on the level of education. These allowances, for the latter program, are between 11.5% and 17.3% of the monetary poverty line and between 14.6% and 22% of the food poverty line.

Some quantitative data are missing to analyze the adequacy of income benefits for older persons. However, from both experts' and beneficiaries' perspectives, coverage is very inadequate. The CNSS pension is equal to 20% of the average monthly earnings. If the total number of insurance and assimilated months exceeds one hundred and eighty (180), the percentage is increased by 1.33 percent for each twelve (12) month period beyond these one hundred and eighty (180) months. The level of this benefit is 20 percent after 15 years, increased by 1.33 percent for each additional year (i.e., 39.95 percent after 30 years), which is almost equivalent to that required by the ILO Convention concerning Social Security (Minimum Standards), 1952 (N°102), which requires a replacement rate of at least 40 percent after age 30. Furthermore, it is noticeable that the pension amount for low-income workers is very low, and the majority of the population does not receive any old-age pension.

Discussion

Intersectoral coordination plays a pivotal role in the effective implementation of social protection programs, ensuring that diverse sectors such as education, health, labor, and finance collaborate to achieve comprehensive and sustainable outcomes (Rustamova et al., 2025, p. 138). In practice, this coordination involves integrating policy frameworks, resource-sharing, and aligning goals across government ministries, private society, and international agencies. The lack of a clear and sustainable policy framework and an effective intersectoral coordination mechanism is a critical issue. This challenge is common in the African context. In Senegal, despite past progress, a substantial share of the population in 2018 remained exposed to poverty due to a range of factors, including vulnerabilities and the inefficient implementation of social protection measures (Diop, 2018, p. 393). In Nigeria, for instance, reforms are often personality-driven rather than system-driven, leading to institutional instability (T. S. et al., 2025, p. 106).

Nigeria's social protection programmes are often strongly branded by the administration that launched them. Successor administrations tend to relabel or restructure rather than consolidate and scale. This cycle produces uncertainty for beneficiaries and weakens monitoring and evaluation systems because data systems and reporting formats are repeatedly changed. The result is that Nigeria spends political energy relaunching rather than institutionalizing (T. S. et al., 2025).

However, some studies highlight some good practices in this matter. Nodira et al. suggested some successful models of intersectoral coordination. For instance, they demonstrate how in Brazil, “the conditional cash transfer system integrates education and healthcare mandates, reducing poverty while simultaneously increasing school enrollment and improving child nutrition.” (Rustamova et al., 2025, p. 138).

Multisectoral coordination, for instance, between the Ministries of Agriculture, Environment, and Social Affairs, is the mechanism required to deliver climate-responsive protection (Osabohien, Ashraf, et al., 2022, p. 135). However, this study demonstrates that the current social protection framework overlooks risks and opportunities within broader environmental and socio-economic contexts and time scales. Alternatively, in the face of mounting social and environmental risks, countries should develop comprehensive, climate-responsive social protection strategies that support disaster risk reduction and climate change adaptation efforts, addressing residual loss and damage (Aleksandrova, 2020, p. 515; Delpy, 2025, p. 7). The weaknesses of this system are often mistakenly attributed to poverty levels. In essence, the 2008 brief by the International Labor Organization refutes the claim that low-income countries are too poor for social security, and offers practical strategies for achieving basic coverage (International Labour Office (ILO), 2008, p. 22). However, most developing countries face significant constraints in establishing effective social protection systems, ranging from underdeveloped insurance markets and limited credit and resource availability for state social support to high levels of irregular and informal employment, as well as limited access to remote rural areas (Aleksandrova, 2020, p. 516).

Legal coverage is very limited, especially for the informal sector. Moreover, the effective coverage rate per floor and the adequacy of the benefit are far below expectations, especially in remote areas. One major issue in this study is that the social protection systems do not address a wide range of vulnerabilities, including poverty, child dependency, elderly care, and vulnerability to illness for a large proportion of the population. Early in 2018, Diop et al. wrote, “[t]he social protection system in Senegal is excessively narrow, as it is in all sub-Saharan African countries” (Diop, 2018, p. 392)

Most participants link this with irregular funding and macroeconomic pressure. Sustainability is threatened by irregular funding, the absence of institutional continuity, and macroeconomic pressures (T. S. et al., 2025, p. 108). However, in India, Nodira et al. demonstrated that, despite national policies, limited healthcare access and inadequate elderly care systems persist in rural areas, resulting in inequitable social protection coverage (Rustamova et al., 2025, p. 133).

Another critical issue concerns the insufficient access to essential services, such as healthcare and income support, due to administrative complexity, particularly for the majority of those exposed to economic and social risks. In Kenya, “[s]tructural barriers in accessing services remain, with high administrative complexity deterring vulnerable populations from applying for available benefits.” (Rustamova et al., 2025, p. 133). Our results reveal the lack of universal access. Or, a study conducted in Ghana, Malawi, and Zimbabwe demonstrated the positive impact of social protection programs. This study found a wide range of impacts across protective and productive domains (Handa et al., 2022, p. 4).

International norms also emphasize the equality and progressive realization of human rights, which are not fully realized in practice, particularly for those residing in remote areas. In the Philippines, Nodira et al. found that social protection programs often fail to provide equitable

access for those in remote areas, thereby exacerbating social exclusion (Rustamova et al., 2025, p. 133).

According to our study's data, in 2023, up to 93.7% of the population was uninsured. There is a deficit in legal coverage for health insurance, mainly affecting workers in the private formal and informal sectors. This figure demonstrates how the country is very late compared to other Sub-Saharan African countries. These findings explain the low Togolese UHC Service Coverage Index in 2023. Indeed, according to the World Bank Open Data (*World Bank Open Data*, n.d.), Togo's UHC Service Coverage Index in 2023 was 42, compared to Ghana's (56), Burkina Faso's (47), Senegal's (48), Nigeria's (47), and Botswana's (60). However, Togo performed better than Benin (38) and Niger (39).

In 2019, in Ghana, membership had stagnated at 40% of the population, meaning that the social health insurance scheme did not reach 60% of the population (Amporfu et al., 2022, p. 15). However, studies demonstrate how insurance can significantly alter poverty dynamics by preventing vulnerable households from falling into poverty traps, and can also reduce overall social protection costs by being more cost-effective (Janzen et al., 2021, p. 300). Social protection in Togo relies enormously on illegal and unsustainable cash transfers and social services, overlooking social insurance. On the contrary, Janzen et al. demonstrated how an insurance market can reduce the total cost of social protection programs by at least half compared to traditional cash transfers (Janzen et al., 2021, p. 299). According to these authors, insurance protects income and assets, preventing shocks such as climate events or illness from pushing households into long-term poverty, thereby breaking the cycle of intergenerational poverty (Antonopoulos, 2013, p. 9; Janzen et al., 2021, p. 299). It provides a proactive safety net, enabling households to keep consuming and investing even after experiencing losses, unlike reactive aid that often arrives too late. According to the International Labor Organization's report (2008), basic social protection is feasible for low-income countries through a combination of domestic resource mobilization and targeted international aid (International Labour Office (ILO), 2008, p. 9). The experts found that essential healthcare might cost 1.5-5.5% of GDP, while social pensions in poor countries could be around 1.4% of GDP, advocating for extending protection both horizontally and vertically (International Labour Office (ILO), 2008, p. 9).

Finally, the Togolese system excessively depends on foreign aid. The risks associated with donor withdrawal or shifting priorities are high. Donor withdrawal or shifting priorities could significantly and negatively influence the effective coverage rates reported, which may be artificially inflated by temporary external projects. Therefore, the Togolese system requires improvements in policy coherence, legal structuring, financing, and sustained political commitment.

Limitations of the Study

In a context where fundamental concepts of social protection are still being consolidated, even among experts, the learning curve for the tool was a significant factor. Insufficient commitment from some managers of social protection agencies, as well as non-contributory programs and projects, considerably slowed the collection of data essential for analyzing certain benefits. To address these constraints, the working group organized several meetings with these managers to facilitate data collection. Moreover, specific and targeted sessions were organized to explain the fundamental concepts of social protection and to provide practice in completing

questionnaires. Furthermore, training and consultation sessions were organized for stakeholders involved in social benefits programs across the country's regions.

It is worth noting that applying the ILO Social Protection Floors in aid-dependent, fragile contexts is constrained by structural factors. The framework assumes strong state capacity, fiscal space, and institutional coherence, which may be limited where external donors finance and deliver services. Fragmented governance, parallel systems, and volatile funding undermine sustainability, national ownership, and policy harmonization, weakening long-term social protection system-building. Moreover, the Social Protection Floor framework is fundamentally "Eurocentric" and not well-suited to TOGO's context. Designing and adopting a Togo context-specific model is highly advisable.

The analysis of adequacy lacks a comparative baseline, as no study establishes a regional benchmark or defines a minimum consumption basket to serve as a benchmark for purchasing power parity or for comparison with similar economies in West Africa. Moreover, some key limitations worth mentioning. Indeed, dominant personalities, groupthink, reluctance to speak, social desirability bias, moderator influence, artificial settings, and confidentiality issues affected the measurements. However, limitations in the study design and measurement are less likely to affect the quality of the results. Finally, the lack of specific data on informal-sector needs was a critical data gap.

Recommendations

Establishing a coherent policy framework: The first recommendation is to create a coherent policy framework and a plan for developing social protection in the country.

Strengthening the fundamental components of social protection systems: A clear targeting strategy must be developed to facilitate targeting operations. This is more critical due to the high proportion of poor people in the population and the narrow fiscal space, and more challenging due to weak administrative capacity and underdeveloped infrastructure. Also, a strategy for beneficiary identification must be derived. New biometric technologies have significantly reduced the cost of sophisticated equipment, thereby facilitating the identification and location of beneficiaries through various registration, payment, verification, and monitoring processes, as well as recertification and reclassification.

Establishing efficient payment mechanisms: It is crucial for the timely and reliable delivery of transfers and the smooth operation of the entire program. Here again, advances in technology are enabling new payment delivery methods that enhance the timeliness and accuracy of transactions, while also reducing the potential for fraud.

Establishing efficient monitoring and evaluation systems. The implementation of monitoring and evaluation systems is hampered by insufficient administrative capacity and communications infrastructure. However, the data collected through monitoring and evaluation are vitally important, as they provide an indication of the program's effectiveness, hold project managers accountable to the public, and help governments allocate budgetary resources rationally.

Practicing good governance and transparency: It means ensuring the credibility, sustainability, and equity of the social protection system. In the country, weak administrative capacity, financial resources, and infrastructure make this approach particularly challenging. An innovative approach focusing on governance led by local communities, including extensive

awareness-raising on program procedures, the wide dissemination of information, mechanisms for dispute resolution, and social audit activities, is critical.

Future Directions for the Informal Sector: Conduct a pilot study specifically designed for the informal economy, such as testing contributory schemes adapted for irregular incomes; research into the efficacy of mobile-money payment systems to reduce administrative costs; investigating willingness-to-pay thresholds for contributory schemes among informal workers, or analyzing specific regulatory barriers to mobile-money integration in social security.

Conclusion

Social protection is increasingly becoming important in nations' development strategies. Many national governments and their partners are now playing an increasingly significant role in advocating for, designing, and delivering social protection. The levels of poverty and fragility, the significance of foreign dependency or large domestic revenues, the range of institutional capacities, different institutional roles, as well as levels of inequality and poverty, vary significantly in Africa, and play a critical role in shaping and defining a nation's approach to poverty reduction and, subsequently, social protection. Therefore, a better understanding of these features, along with the challenges and opportunities faced by every country, is essential for evidence-based decision-making. In this article, we question whether the Togolese political and institutional framework is suitable, whether the legal and effective coverage is sufficient, and whether the benefits covered are adequate. We aim to provide a review of the national social protection strategy, mapping its content, scope, and timeframes, and identifying challenges and opportunities, ultimately proposing some best practices. A mixed-methods study, based on a quantitative descriptive analysis of administrative data, the technical group's expertise, and beneficiary perceptions, identified limitations in the political and institutional framework. Also, legal and effective coverage is far from expectations, as is adequacy. Some recommendations aim to strengthen this system.

Data Availability Statement

The anonymized transcripts, the specific administrative datasets, or the code used for the thematic analysis are available to other researchers for replication purposes.

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