

## Chad



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
<b>CURRENT HEALTH INDICATORS</b>	
Total population in thousands (2012)	12 448
% Population under 15 (2012)	48.52
% Population over 60 (2012)	3.8
Life expectancy at birth (2012) Total, Male, Female	50 (Male) 51 (Both sexes) 52 (Female)
Neonatal mortality rate per 1000 live births (2012)	40 [23-66] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	150 [109-202] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	1100 [640-2000]
% DTP3 Immunization coverage among 1-year-olds (2012)	45
% Births attended by skilled health workers (2010)	16.6
Density of physicians per 1000 population (2007)	0.037
Density of nurses and midwives per 1000 population (2006)	0.188
Total expenditure on health as % of GDP (2011)	4.3
General government expenditure on health as % of total government expenditure (2011)	3.3
Private expenditure on health as % of total expenditure on health (2011)	72.9
Adult (15+) literacy rate total (2011)	34.5
Population using improved drinking-water sources (%) (2011)	50 (Total) 44 (Rural) 71 (Urban)
Population using improved sanitation facilities (%) (2011)	12 (Total) 31 (Urban) 6 (Rural)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	61.9
Gender-related Development Index rank out of 148 countries (2012)	
Human Development Index rank out of 186 countries (2012)	184

Sources of data:  
Global Health Observatory, April 2014  
<http://apps.who.int/gho/data/node.cco>

### HEALTH SITUATION

The epidemiological profile of Chad is characterized by the prevalence of endemic and epidemic diseases, primarily malaria, tuberculosis, acute respiratory infections, HIV/AIDS and diarrhoeal diseases. A number of noncommunicable health problems such as malnutrition, injuries, cardiovascular and metabolic diseases are also widespread causes of morbidity and mortality. Life expectancy at birth is 51 years (52 years for women and 50 years for men). The prevalence of noncommunicable diseases is a growing concern. A number of risk factors, such as inappropriate nutrition, physical inactivity, tobacco use, alcohol abuse and obesity play a major role in the emergence of such diseases. National HIV prevalence is 3.3% according to a seroprevalence survey conducted in 2005.

Analysis of the indicators shows that Millennium Development Goals 3, 4 and 5 will not be achieved. Progress has been made, however, in controlling HIV, malaria and vaccine-preventable diseases such as tuberculosis.

### HEALTH POLICIES AND SYSTEMS

Chad's national health development plan (PNDS 2) for 2013-2015 and its 22 regional development plans (corresponding to the country's 22 regions) take into account national, subregional, and international guidelines on health systems and policies. In addition to these plans, a compact will shortly be signed between the Government and its health-sector partners. The following sectoral policy documents also exist:

- Roadmap for reducing maternal mortality
- Comprehensive, multi-year plan for the Expanded Programme on Immunization covering the period 2014-2018, designed to facilitate implementation of the global immunization plan
- Master plan for neglected tropical diseases, which will be developed into a strategic plan
- Sectoral policy document on malaria
- Sectoral policy document on HIV

### COOPERATION FOR HEALTH

At the end of 2013, WHO reviewed the implementation of the 2008-2013 country cooperation strategy at every level of the health system. Following this review, it appeared necessary to extend the current CCS for another two years (2014-2015) in order to ensure alignment with the priorities defined in the various national development plans (2013-2015), the United Nations interim plan and the regional priorities of WHO.

The current interim CCS for 2014-2015 has five sections: (i) findings of the 2008-2013 CCS review; (ii) priority concerns identified; (iii) main areas of work under the interim 2014-2015 CCS; (iv) support for the implementation of the interim CCS; (v) monitoring and evaluation mechanisms for the interim CCS.

The interim CCS is incorporated into the recently adopted programme budget for Chad (2014-2015). This programme budget will thus be the primary WHO financing tool for implementing the CCS.

The 2014-2015 budget programme was developed taking into account the strategic areas of work under PNDS2 for 2013-2015, with input from senior officials from the Ministry of Public Health at central level. Chad's 2014-2015 programme budget is divided into five categories:

1. Communicable diseases
2. Noncommunicable diseases
3. Health promotion throughout the life course
4. Health systems
5. Preparedness, surveillance and intervention

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2013)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<b>STRATEGIC PRIORITY 1:</b> Control of communicable and neglected tropical diseases	<ul style="list-style-type: none"> <li>• Develop strategies and action plans for HIV/AIDS control</li> <li>• Implement the Stop TB Strategy</li> <li>• Implement policies and strategies to eliminate/eradicate neglected tropical diseases</li> <li>• Implement the 2014-2018 strategic plan for malaria control</li> <li>• Implement and monitor the Global Vaccine Action Plan</li> </ul>
<b>STRATEGIC PRIORITY 2:</b> Noncommunicable disease control	<ul style="list-style-type: none"> <li>• Development and implementation of national policies and strategic plans for noncommunicable disease control incorporated into national health planning and development programmes</li> </ul>
<b>STRATEGIC PRIORITY 3:</b> Health promotion throughout the life course	<ul style="list-style-type: none"> <li>• Improved access to effective, high quality interventions for: (i) continuum of care from before pregnancy to the postpartum period; (ii) child health and young child development; (iii) unmet needs in the area of sexual and reproductive health; (iv) nutrition</li> <li>• Improved access to effective, quality care from before pregnancy to the postpartum period</li> <li>• Capacity-building for improved maternal and perinatal health information</li> <li>• Development of policies and strategies including integrated management of childhood illness, adaptation/adoption and enforcement of guidelines</li> </ul>
<b>STRATEGIC PRIORITY 4:</b> Health system strengthening	<ul style="list-style-type: none"> <li>• Strengthen advocacy, dialogue and technical support for the development of policies and comprehensive strategic plans</li> <li>• Support the development of policies, guidelines and guides: (i) to ensure that health services are integrated, equitable and patient-centred; (ii) to ensure that public health approaches enhance patient safety and the quality of services</li> <li>• Capacity-building to develop and implement: (i) national policies to improve access to health technologies; (ii) regulations and standards applicable to medical products</li> </ul>
<b>STRATEGIC PRIORITY 5:</b> Preparedness, surveillance and response	<ul style="list-style-type: none"> <li>• Capacity-building to develop and implement operational plans in line with WHO recommendations on strengthening resilience and national preparedness with respect to: (i) epidemic and emerging diseases; (ii) support for disease control and the prevention, treatment and surveillance of pandemic- and epidemic-prone diseases</li> <li>• Increased support to ensure continuation of national poliomyelitis-free status</li> </ul>