

## Chad Country strategy

2021–2025

Situated in West Africa, Chad has a population of approximately 17 million people, who experience varied burdens of disease in both rural and urban settings. Children under five are most susceptible to disease. Despite community-based programmes including integrated management of childhood illness and integrated management of acute malnutrition, malaria (40.9 percent prevalence), pneumonia (18 percent) and malnutrition (18.4 percent) are among the leading causes of childhood illness.

While there are positive trends towards achieving Sustainable Development Goal 3 — good health and wellbeing — challenges remain in improving equitable healthcare access. Political instability continues to cause disruptions, government domestic spending on health is low at approximately 1–2 percent of gross domestic product, and out-of-pocket expenditure on healthcare is extremely high, accounting for 55–57 percent of total health expenditure.

The Ministry of Health's (MoH) National Health Policy 2016–2030 seeks to reduce malaria-related morbidity and mortality by at least 90 percent by 2030. It additionally aims to achieve an integrated, efficient, resilient and population-centred health system by this time, particularly for groups most at risk of disease. This will ensure more equitable access to comprehensive quality of care, within the framework of universal health coverage.



## Malaria Consortium in Chad

Malaria Consortium established an office in N'Djamena, the capital of Chad, in May 2016 as part of its Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC) project. Since then, we have continued to deliver SMC projects in the country. In 2021, Malaria Consortium supported SMC in 26 health districts in Chad, reaching over one million children under five.

We work with government and implementing partners to plan campaigns, increase community engagement, distribute antimalarials and undertake operational research. We provide technical advice and the necessary evidence for the MoH and other partners to make informed decisions about adaptation and innovation in SMC at regional and national levels. In 2022, we began a project to strengthen the pneumonia response in the country to improve child survival.



## Our strategic approach

- Lead SMC for all eligible children in selected states and work with the government to interpret/implement other chemoprevention options (e.g. delivery to wider age-groups, geographical expansion, alternative regimens, mass screenings etc.)
- Actively support the government on the approach and delivery of a malaria vaccine campaign as this becomes possible
- Actively develop a pneumonia control strategy with the MoH and link this to a pneumococcal vaccine rollout
- Actively support the MoH to strengthen community integrated management of childhood illness
- Support the training of community health workers in the six provinces covered by Malaria Consortium
- Digitise SMC data collection in supported districts and across other implementers
- Explore opportunities for digital data capture at the community level to strengthen the health information system
- Improve the quality of care provided in hospitals and health facilities at the community level for malaria, pneumonia and malnutrition
- Establish the feasibility of supporting nutrition programmes where there are gaps, and link these to other programme activities
- Actively participate in, take on leadership roles in, and advocate within technical working groups and coordination mechanisms to improve effectiveness, and reduce duplication and parallel systems
- Develop an advocacy plan with partners to accompany the government in the implementation of universal health coverage
- Influence national research agenda priorities and develop/maintain an aligned programme of research linked to:
  - hard-to-reach populations/acceptability and feasibility of SMC in nomadic populations
  - SMC and vaccines
  - pharmacovigilance
  - cost effectiveness.