

# Chad

## Health Sector Needs Assessment

Chad is regularly hit by various types of emergency including meningitis, cholera and hepatitis E outbreaks, new waves of refugees and internally displaced people (IDPs), conflicts and floods. Most of these emergencies occur in the east and in the south where, apart from refugee camps, access to health care for displaced populations is limited or non-existent. There are no health services in the areas bordering Sudan that are home to hundreds of thousands of IDPs and returnees. Many humanitarian health partners have ceased activities permanently (for mandate reasons) or temporarily (due to insecurity).

Most of the humanitarian agencies that remain in the country are based in Abeche, eastern Chad. However, the size of the country does not allow these agencies to cover humanitarian needs in the southern areas. In eastern Chad, the referral system is beset by security problems and logistic difficulties. There are delays in responding to disease outbreaks: although an early warning system for epidemic-prone diseases has been established, weekly notifications arrive late or not at all. Many health centres are isolated and lack basic amenities such as radios that would allow them to communicate vital health information. Most of the health centres bordering Sudan have been looted and abandoned during repeated attacks and confrontations, with many health care workers among those fleeing the area. With the improvement of security conditions and the return of IDPs, eight health centres (Gongour, Allacha, Borota, Daguessa, Tissi, Tiero, Kawa, Daguessa) need to be urgently refurbished with equipment and essential drugs.

The main cause of morbidity mortality in eastern Chad remains malaria (average 22 to 24%) followed by diarrhoea and acute respiratory infections. WHO and the Ministry of Public Health recommendations on appropriate combination therapies are not implemented due to lack of resources. Drugs to treat tuberculosis are frequently in short supply.

Immunization coverage is below standard, with oral polio vaccine coverage at 66% in 2007 and 40% in the first half of 2008. As a result, previous polio control successes (only two cases in 2005 and one in 2006) have suffered a serious setback, with 21 cases detected in 2007. From January to October 2008, 26 cases were registered, including



one in Bredjiing refugee camp. There is a high risk of the further spread of the polio outbreak, with sub-regional and international implications.

Chad's maternal health indicators remain among the worst in Africa, due to the lack of pre-natal and delivery services and the poor referral system. Vaginal fistulae due to multiple pregnancies and unassisted deliveries frequently remain untreated.

Treatment programmes for HIV/AIDS in eastern and southern Chad are inadequate, despite an estimated HIV prevalence of 3.3% in the east and 10% in the south. There is a serious risk of a further spread of HIV in the country, given the dense population concentrations (Sudanese refugees and displaced persons in the east, Central African refugees to the south), the proliferation of other sexually transmitted infections and the lack of prevention and care programmes.

Moreover, the food price crisis will further aggravate the health and nutrition status of people already affected by the humanitarian situation. The rise in food prices, especially among populations living below the poverty line, will have a direct effect on their access to basic health services, since a large proportion of their health expenditure comes from out-of-pocket expenditures.

The cluster approach has been implemented in the country since 2007. Coordination and strategic planning need to be strengthened in the capital, N'Djamena.

## Health Sector Priorities for 2009

### *1. Access of vulnerable to essential health care*

- Strengthening existing health facilities (especially for referral systems);
- Increasing health coverage in areas not covered, including returnees;
- Providing essential medicines, vaccines and consumables, reproductive health kits, various diagnostic tests and nutritional inputs;
- Strengthening the capacity of health staff and community members for promotion, prevention and care;
- Implementing communication activities in the community;
- Improving the management of chronic and acute malnutrition cases;
- Implementing monitoring/surveillance activities and nutritional surveys;
- Supervision, monitoring.

### *2. Control of endemic and outbreak-prone communicable diseases*

- Capacity building for epidemic control committees;
- Pre-positioning of contingency stocks for emergencies and epidemics;
- Implementing epidemiological early warning and surveillance systems for the rapid detection and confirmation of outbreaks;
- Developing a comprehensive package for HIV control (screening, prevention, care).

### *3. Building the technical and coordination capacity of local and national health actors*

- Strengthening the health information system;

- Ensuring the presence of health coordination focal points in N'djamena and the field (Sarh and Goz Beida).

## WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Nutritional monitoring towards reducing morbidity and mortality <b>CHD-09/H/20479/122</b>	168 650	MoH, UNICEF and ACF
Maintaining existing presence in the east and filling the gaps of Health Cluster functions in N'Djamena and southern Chad <b>CHD-09/H/20481/122</b>	760 342	MoH and all the health partners
Reinforcing disease surveillance and emergency health response in Chad <b>CHD-09/H/20485/122</b>	1 100 966	MoH, health NGOs and Red Cross
Improving access to health care for IDPs and host populations in east Chad <b>CHD-09/H/20488/122</b>	507 870	MoH; IRC; IMC, Red Cross, PSF
Maintaining ongoing emergency HIV health actions in eastern and southern Chad <b>CHD-09/H/20490/122</b>	1 697 752	MoH, UNAIDS, NGOs
Supporting polio surveillance and control programmes among the affected population especially refugees and IDPs <b>CHD-09/H/20494/122</b>	2 500 000	MoH, health NGOs and Red Cross
Monitoring the food price crisis and responding to its impact on health <b>CHD-09/H/20495/122</b>	500 000	MoH, UNICEF, WFP and NGOs

\* Amounts given in US dollars.

**Total funds requested: US\$ 7 235 580**