








Public Health Situation Analysis (PHSA)

This is the second PHSA published by WHO on the crisis in Chad.

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS) ¹	INFORM (2025) ²
 Conflict  Food insecurity  Displacement (refugees)  Returnees  Epidemics  Flooding  Drought	Malaria Acute Respiratory Infections (ARI), including COVID-19 Cholera and Acute watery diarrhea (AWD) Meningitis Non-communicable Diseases (NCD) Maternal and Neo-natal health Malnutrition Measles Protection Risks (including GBV)	Grade 3: Sudan refugee crisis Grade 2: Sahel Region Humanitarian Emergency	Moderate (3): All of Chad, including East Substantial (4): Lake Area:	Risk Index: 7.7/ 10 (Very High) Global Risk Ranking in 2025: 6 out of 191 countries

SUMMARY OF CRISIS AND KEY FINDINGS

Chad is consistently facing multidimensional crises including conflict induced displacements, nutritional crisis, natural disasters due to climate changes, epidemics, economic crisis, and political instability.³ Chad is at the centre of the Sudan refugee crisis and its profound impact on health. Since the start of the conflict in April 2023, over 760 000 refugees and more than 220 000 Chadian returnees have entered eastern Chad (as of February 2025).⁴

The refugees live in numerous formal and informal camps located in nine health districts across the provinces of Ennedi East, Ouaddaï, Sila, and Wadi-Fira.⁵ In the camps, access to essential health services is disrupted due to difficult physical access and limited human and material resources. Malaria, acute respiratory infections, watery diarrhea, and malnutrition remain the most common health issues. This humanitarian situation is exacerbated by outbreaks of measles, chickenpox, hepatitis E, and yellow fever.⁶

More broadly, the number of vulnerable people in Chad has increased from 4.7 million in 2017 to 07 million in need for humanitarian assistance in 2025.⁷ The nutritional situation remains alarming in Chad. The 2024 SMART (Standardized Monitoring and Assessment of Relief and Transitions) survey found a prevalence of global acute malnutrition in children under age five years of 10.8%, and the prevalence of severe wasting is 2.1%. An estimated 2.1 million children aged six to 59 months suffer from wasting and require treatment.⁸

The security situation in eastern Chad was relatively calm in December 2024, except for volatility in the border areas between Wadi-Fira and Darfur. Crime remains a security challenge but the electoral campaign for legislative and municipal elections took place without significant incidents. This persistent insecurity and the worsening humanitarian crisis suggest the likelihood of additional new displacements.⁹

In 2024, a total of 7.5 million people were affected by flooding across 18 countries in West and Central Africa. Chad was the hardest hit, with 1.9 million affected people.¹⁰ Since the end of July 2024, torrential rains in Chad caused flooding in all 23 provinces of Chad. Approximately 10% of the country's population, almost 2 million people, were affected by these floods as of 15 October 2024, including 576 deaths.¹¹ The floods, coupled with the influx of Sudanese refugees and Chadian returnees, have strained the healthcare system, leading to shortages of essential reproductive health supplies, disrupting access, and increasing protection and maternal mortality risks.¹²

Apart from the Sudan refugee crisis in east Chad, there are several conflicts and grievances throughout the country.¹³ Notably the Lac province in west Chad has experienced a protracted crisis since 2013 when armed groups linked to Boko Haram became active in the region, leaving more than one million displaced.¹⁴ Intra-communal violence also occurs across Chad, with 81% of incidents recorded occurring in the south.¹⁵

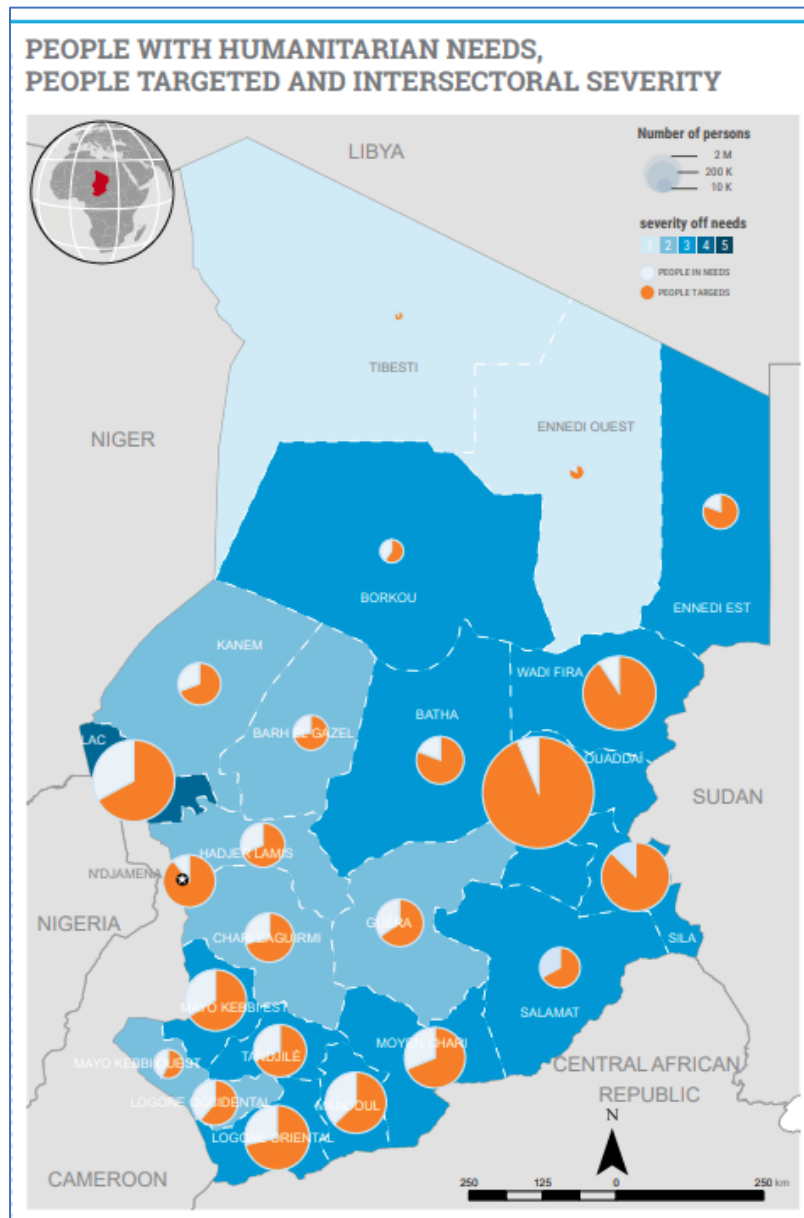
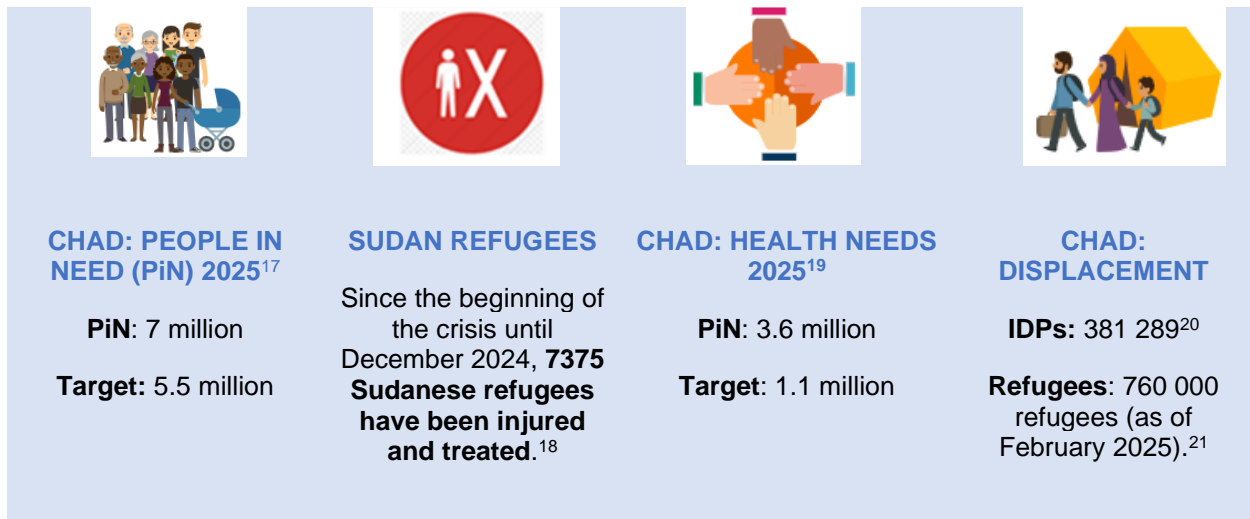


Figure 1 People with humanitarian needs, people targeted and intersectoral severity (OCHA, 2025)¹⁶

HUMANITARIAN PROFILE



Humanitarian Needs Analysis and Response Plan (HNRP) 2025

Almost 40% of the population, or 7 million people, need humanitarian assistance.²² In 2025, the humanitarian response will target 5.5 million people, concentrating on priority provinces where 58% of the most vulnerable populations are located. Approximately USD 1.454 billion will be needed to step up emergency assistance activities.²³ Protracted and rapid-onset multidimensional crises, aggravated by climate change, have created a challenging humanitarian situation for the people of Chad.²⁴

Sudan Refugee Crisis

With over one million registered refugees, Chad ranks as the world's fifth-largest refugee-hosting country per capita.²⁵ Chad is surrounded by conflicts from neighbouring countries and these dynamics exacerbate internal crises in Chad, making the conflict-prone country vulnerable to both national and regional instabilities.²⁶ Refugees from Sudan, Libya and the Central African Republic have placed additional pressure on the country's poor social services and systems. Moreover, the violent operations of Boko Haram affect all countries in the region of the Lake Chad Basin, notably Chad, resulting in persistent insecurity in the country.²⁷

Chad is at the centre of the Sudan refugee crisis and its profound impact on health. Since the start of the conflict in April 2023, over 760 000 refugees and more than 220 000 Chadian returnees have entered eastern Chad (as of February 2025).²⁸ Refugees have arrived spontaneously in Chad through over 32 border entry points mainly in the provinces of Ouaddai, Sila, Wadi-Fira and Ennedi Est in Eastern Chad.²⁹

Refugees primarily come from Darfur, a region severely affected by violence, exacerbating internal and external displacement across Sudan and neighbouring countries.³⁰ Of the displaced, 88% are women and children, who are highly impacted by reduced access to sexual and reproductive health services and higher rates of gender-based violence and sexual violence in this uncertain context.³¹

The refugees live in numerous formal and informal camps located in nine health districts across the provinces of Ennedi East, Ouaddai, Sila, and Wadi-Fira.³² In the camps, access to essential health services is disrupted due to difficult physical access and limited human and material resources. Malaria, acute respiratory infections, watery diarrhoea, and malnutrition remain the most common health issues. This humanitarian situation is exacerbated by outbreaks of measles, chickenpox, hepatitis E, and yellow fever.³³

Internal Displacement

Internal displacement in Chad is a significant issue, driven by multiple factors including conflict, intercommunal violence, and natural disasters. The Lake Chad Basin, in particular, has been a hotspot for displacement due to ongoing insurgencies by armed groups like Boko Haram. As of late 2024, over 910,000

people were displaced within Chad, including many fleeing conflicts in neighbouring Sudan³⁴. This influx has strained local resources and services, such as water, education, and healthcare. The situation is further complicated by rapid demographic growth, entrenched poverty, and the impacts of climate change.³⁵ Efforts are ongoing to provide immediate assistance and support sustainable recovery for displaced populations and host communities.³⁶

Flooding

Since the end of July 2024, the torrential rains that have been falling on the country have caused flooding in all 23 provinces of Chad. Almost two million people (1 941 869 people, and 342 471 households) were affected by these floods as of 15 October 2024, including 576 deaths.³⁷ The most affected provinces are Lake (more than 277 409 people), Mandoul (267 408), Moyen Chari (245 531), Tandjilé (226 535), Mayo-Kebbi East (218 238) and Batha (172 750).³⁸ Flooded roads, damaged bridges and health infrastructures as well as losses of medical materials and equipment are blocking humanitarian access to affected communities, such as Koukou in Sila province and Bédaya in Mandoul province, heightening the risk of excess mortality and morbidity.³⁹

About 200 000 people across the country have received emergency assistance that covers the needs of food security, shelter and essential household items, health and nutrition, protection, water, hygiene and sanitation. On 15 October 2024, humanitarian partners announced that they had received US\$ 20.4 million in funding for emergency assistance for rainwater and river flooding in the most affected areas. As the needs are growing, the financing needs are 84% at that date.⁴⁰

Food Insecurity

In Chad, it is estimated that more than 3.7 million people (or 21% of the Chadian population) could be in acute food insecurity (phases 3 and above) during the next lean season (June-September). Nearly 50 departments are affected, with more than 3.2 million people in crisis phase and more than 400 000 people in emergency phase.⁴¹

This is the largest number of people in food insecurity ever recorded in Chad. Regarding malnutrition, health facilities have recorded high admission rates of children under 5 years old in malnutrition care facilities, compared to the average of the last 9 years. The situation is exacerbated by aggravating factors such as: atypical increases in food prices, massive influx of refugees, population movements linked to insecurity and climatic shocks (floods and drought).⁴²

The areas of concern are the provinces of Ouaddaï, Sila, Wadi Fira and Ennedi East, where Sudanese refugees and Chadian returnees are welcomed. Between October 2023 and May 2024, there are pockets of households in Emergency (IPC Phase 4). The continued influx of refugees fleeing the conflict in Sudan, is putting pressure on livelihoods, increasing labour supply and competition amid scarce on-farm and off-farm work opportunities. The refugees' food consumption depends on markets and especially on food assistance, despite an insufficient volume and irregular distribution. In addition, the floods have made it difficult to access some localities and refugee camps, which has further impacted the distribution of food assistance.⁴³

The population in Lac province is also expected to face Integrated Food Security (IPC) Phase 3, which has been affected by attacks by terrorist groups and floods, and which also remains among the areas of concern. Insecurity, exacerbated by the floods, is causing displacement and disrupting livelihoods and market supplies in the province.⁴⁴

Eastern Chad also faces the phenomenon of house and field fires during the dry season, which have an impact on household food security.⁴⁵

Vulnerable Groups

- **Children:** Many children – including displaced, refugee, returnee and host community children – are extremely vulnerable to such protection violations as physical and sexual violence, exploitation and recruitment by non-state armed groups.⁴⁶

- **Women and Girls:** As a result of recent flooding across Chad, vulnerabilities for women and girls have intensified, particularly due to the use of schools as emergency shelters, which disrupts the educational system and exposes adolescent girls to additional risks. With further rains expected, the outlook remains bleak for those already facing substantial hardships.⁴⁷

HEALTH STATUS AND THREATS

Population mortality: In Chad, the current population is 19 million as of 2023 with a projected increase of 100% to 38 million by 2050. Chad is a young country with 65% of the population being under 25 years of age - the median age is 16.8 years.⁴⁸ Life expectancy (years) has improved by 8.01 years from 51.1 years in 2000 to 59.1 years in 2021.⁴⁹ The top causes of deaths for males and females in Chad in 2021 were lower respiratory infections, diarrhoeal diseases, malaria, preterm birth complications and stroke.⁵⁰

MORTALITY INDICATORS		YEAR	SOURCE
Life expectancy at birth	59.1 ⁵¹	2021	WHO
Infant mortality rate (deaths < 1 year per 1000 births)	64 ⁵²	2019	UNICEF
Child mortality rate (deaths < 5 years per 1000 births)	103 ⁵³	2019	UNICEF
Maternal mortality ratio (per 100 000 live births)	1063 ⁵⁴	2020	World Bank

Vaccination coverage: Chad's vaccination coverage rates are suboptimal and the country is a long way from meeting the 90% target coverage rates for vaccination in children.⁵⁵ While strengthening the routine immunization system to reach new cohorts sustainably, Chad should also consider the implementation of appropriate catch-up vaccination strategies to protect these cohorts of children from vaccine-preventable diseases and reduce the probability of outbreaks in the future.⁵⁶

VACCINATION COVERAGE DATA (WHO, 2023) ⁵⁷	
DTP-containing vaccine, 1st dose	84%
DTP-containing vaccine, 3rd dose	67%
Polio, 3 rd dose	67%
Measles-containing vaccine, 1st dose	63%
Yellow fever vaccine	62%

COVID-19 Vaccination: In Chad, from 3 January 2020 to 30 August 2023, there have been 7 698 confirmed cases of COVID-19 with 194 deaths.⁵⁸ The COVID-19 vaccination campaign started in Chad on 4 June 2021 with vaccines obtained through the COVAX/GAVI initiative.⁵⁹ However, a 2022 study found that 22% of Chadians would not accept the COVID-19 vaccine, with urban residents much more likely to refuse the vaccine than rural residents. The study observed that distrust of COVID-19 vaccines and mistaken beliefs played a crucial role in the reluctance to be vaccinated.⁶⁰

EASTERN CHAD: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Malaria		Malaria is endemic in Chad. ⁶¹ All of Chad's population is at risk of malaria, with 1.8 million confirmed cases and over 2 500 inpatient deaths in 2022. ⁶² Heavy rains and river flooding during the peak season contribute to increased rates of malaria, which has a prevalence rate of 41% in the general population. ⁶³
Acute Respiratory Infections (ARI), including COVID-19		Acute lower respiratory infections account for 5.8 million deaths globally and 50% of these deaths occur in sub-Saharan Africa. Among children under-five, ALRIs contribute to about 4 million out of the 15 million under-five mortality cases recorded annually across the globe. ⁶⁴ The top causes of deaths for females and males (2019) were lower respiratory infections. ⁶⁵ The first confirmed COVID-19 case was reported in Chad on 19 March 2020. As of 26 April 2023, a total of 7 822 confirmed COVID-19 cases were reported in the country, including 194 deaths. ⁶⁶
Cholera and Acute watery diarrhea (AWD)		In countries neighbouring Chad, cholera is endemic and regularly occurs during the rainy season. The Lake Chad region, which intersects all three countries, has experienced regular epidemics in the area since 1971. ⁶⁷ Due to recent flooding, the risk of a cholera outbreak remains high due to limited access to water, sanitation, and hygiene services. ⁶⁸ Lack of access to safe water and sanitation will increase the risk of waterborne diseases, such as cholera. ⁶⁹
Meningitis		Chad is part of the African Meningitis Belt (AMB), which accounts for the majority of meningitis cases worldwide. ⁷⁰ Outbreaks in Chad date back to 1998 and occurred multiple times until 2011 ⁷¹ . In 2005, cases were identified in the Bredjing and Treguine refugee camps in the Ouaddaï province, starting in January ⁷² . More recently, Chad experienced an outbreak in 2019. Regionally, vaccination coverage remains very low, and as of July 2023, an epidemic has been ongoing in Niger. ⁷³
Non-communicable Diseases (NCD)		Chad has a high burden of communicable and non-communicable disease (NCDs), with the latter making up 27% of deaths in 2019. ⁷⁴ The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was high at 698 per 100 000 in males and 584 in females in 2021. ⁷⁵
Maternal and Neo-natal health		The maternal mortality ratio in Chad has improved from 1366 in 2000 to 1063 in 2020. Maternal mortality in Chad is higher than its regional average. ⁷⁶ UNICEF reports 34% of girls and women (aged 15-49 years) have undergone female genital mutilation (FGM). ⁷⁷
Malnutrition		Chad has one of the highest levels of hunger in the world, with 42% of its population living below the poverty line. Around 38% of children aged under 5 suffer from stunting, with low height for their age caused by chronic malnutrition. ⁷⁸ The health of pregnant and breastfeeding women is poor, with high maternal mortality rates due to inadequate access to health services. ⁷⁹

Measles		Between January and December 2024 ⁸⁰ , 569 suspected and 109 confirmed cases of measles were recorded in the crisis-hit eastern provinces ⁸¹ . However, immunization coverage rates in Chad are not optimal, and the country is far from reaching the 90% target for child immunization coverage.
Protection Risks (including GBV)		Some of the children coming from Sudan are unaccompanied or separated from their parents, exposing them to protection risks including sexual exploitation and abuse. ⁸² Accounts of sexual violence against women and girls were also common. ⁸³
Trauma and Injuries		The level of violence and destruction in Sudan is reaching unsustainable proportions and the security situation remains tense and volatile. The main cause of the flight of Sudanese is widespread insecurity, kidnappings and assassinations of men and boys, sexual violence against women and girls, and extortion of property. ⁸⁴ Since the beginning of the crisis, 7375 people have been injured and treated. ⁸⁵
Mental Health Conditions		There is little data available on mental health in Chad. However, because of the Sudan refugee crisis, humanitarian agencies have set up mobile health clinics to provide tailored consultations for several sectors, including mental health support. ⁸⁶ Notably, the crisis presents a range of protection risks for vulnerable groups (GBV, child protection etc.) which increase the need for mental health services.
Tuberculosis		In 2021, incidence of tuberculosis for Chad was 140 cases per 100 000 people. The mortality rate of TB cases (all forms, excluding HIV) has increased since 2015, going from 23 to 25 per 100 000 population in 2021. In contrast, the TB mortality rate among HIV-positive people has fallen from 12 to 8 in the same period. ⁸⁷ There is limited data on the number of people living with HIV and on treatment who are virally suppressed. Approximately 82 755 people were receiving antiretroviral treatment in 2021. ⁸⁸
HIV/AIDS		Chad was one of the countries in Africa most affected by the AIDS epidemic, with an overall prevalence of 1% according to according AiDsinfo 2023. ⁸⁹ Mobile populations are potentially at an increased risk of HIV, as people are exposed to a unique set of sociocultural, economic and environmental factors that render them more vulnerable. ⁹⁰
Hepatitis E		Hepatitis E is an emerging endemic disease found across the African continent. Outbreaks have been closely linked to refugees and IDPs in camps which accounted for 50% of reported outbreaks. ⁹¹
Acute Jaundice Syndrome (AJS)		In December 2024, in Province Ouaddaï / Adre, 25 cases of jaundice (icteric syndrome) were reported in the Abouteingué camps (12), at the lycée transit site (7), in the Hileket RZ (4) and in the Hilouta RZ (2). ⁹²
Poliomyelitis (cVDPV2)		From January to December 2024 ⁹³ , 135 suspected cases of AFP were recorded in the 04 provinces of Chad in crisis. ⁹⁴ In 2024, Chad reported 36 cases of circulating poliovirus derived from a type 2 vaccine strain (cVDPV2), including 05 in the eastern provinces in crisis (01 in the Abeche health district, 01 Abdi, 02 in Biltine). This figure follows the 55 cases of cVDPV recorded in 2023. In 2022, 44

		cases of cVDPV2 were reported. In 2020, 106 cases of cVDPV2 were reported from three different outbreaks. Nine cases were reported in 2019.
Neglected Tropical Diseases (NTD)		Chad was endemic for four of the five NTDs, namely lymphatic filariasis, soil-transmitted helminthiasis, schistosomiasis, and trachoma. ⁹⁵ In December 2024, there were 3 cases of snakebites and 8 scorpion stings. ⁹⁶
Dengue Fever		The recent outbreak of dengue fever in Chad is the first the country has experienced. The declaration by the Ministry of Health on 15 August 2023, followed the confirmation of dengue fever through laboratory samples at the National Laboratory of Biosecurity and Outbreaks (LaBiEp) in Ndjamenā. ⁹⁷ Epidemiological data shows a total of ⁹⁸ : 2,404 suspected cases; 63 confirmed cases, 158 probable cases; 1 death recorded between August 2024 and January 2025. In total, 12 health districts and 4 provinces (Ouaddāi, Wadi Fira, Sila, and N'Djamena) have been affected by this outbreak.
Chikungunya		The Ouaddāi province experienced a Chikungunya epidemic in 2020, with a total of 34 052 cases and one death recorded from 14 August to 2 October 2020. The age group most affected was 15 years and older, with a predominance of females. ⁹⁹
Visceral Leishmaniasis (VL)		Four countries, namely Cameroon, Nigeria, Chad and Central African Republic, are currently known to be endemic. Sporadic cases of VL were reported in Chad prior to 2018. ¹⁰⁰ Countries such as Sudan and Libya, which share borders with Chad, report thousands of cases each year. ¹⁰¹ In August 2020, there were rumours of a febrile illness decimating young gold miners in Tibesti and Borkou, hard-to-reach regions located in insecure areas. ¹⁰²
Yellow Fever		WHO assesses the risk at regional level to be high. Current multi-country outbreaks and active virus circulation in West, Central and East Africa have resulted in increased morbidity and mortality, with continued risk of amplification and spread. The immunization coverage for yellow fever has been suboptimal in Chad (45%) and there were 24 confirmed cases in Chad reported between 1 January 2021 to 26 August 2022. ¹⁰³
Chicken Pox		In December 2024, there were 30 new cases of chickenpox recorded at the Abéché remand centre, bringing the total to 251 cases for the Abéché health district, including 175 at the remand centre, 33 in the AEB RZ, 1 in the Evangelical RZ, 1 in Kamina and 41 in the Kowetien RZ. ¹⁰⁴
Mpox		As of December 2024, there were no suspected cases of mpox. ¹⁰⁵
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

EPIDEMIC-PRONE DISEASES

Malaria: Malaria is endemic in Chad.¹⁰⁶ All of Chad's population is at risk of malaria, with 1.8 million confirmed cases and over 2 500 inpatient deaths in 2022.¹⁰⁷ The country ranks 13th highest for malaria mortality, with children under 5 years of age accounting for almost 60% of malaria deaths.¹⁰⁸

Malaria remains a public health problem in Chad with an estimated 3.5 million cases in 2021 (with incidence rate of 206.4 cases per 1000), resulting in 11 744 deaths. Chad's malaria incidence rate has been steady since 2015 and the country is off track to meet the targets set by the Global Technical Strategy for Malaria.¹⁰⁹ Heavy rains and river flooding during the peak season contribute to increased rates of malaria, which has a prevalence rate of 41% in the general population.¹¹⁰ Chad's malaria incidence rate has been stable since 2015 but the country is off track to meet the targets set by the Global Technical Strategy for Malaria.¹¹¹ In 2020, 95% of the 6 million people targeted were reached with mass drug administration (MDA).¹¹²

Acute Respiratory Infections (ARI): A suspected case of whooping cough was reported at the Adré lycée site.¹¹³ Acute lower respiratory infections account for 5.8 million deaths globally and 50% of these deaths occur in sub-Saharan Africa. Among children under-five, ALRIs contribute to about 4 million out of the 15 million under-five mortality cases recorded annually across the globe.¹¹⁴ The top causes of deaths for females and males (2019) were lower respiratory infections.¹¹⁵

Cholera and Acute Watery Diarrhoea (AWD): In countries neighbouring Chad, cholera is endemic and regularly occurs during the rainy season. The Lake Chad region, which intersects all three countries, has experienced regular epidemics in the area since 1971.¹¹⁶ Due to recent flooding, the risk of a cholera outbreak remains high due to limited access to water, sanitation, and hygiene services.¹¹⁷ Less than 50% of the population in the eastern provinces have access to water and only 33% of health facilities have a functional drinking water point, while the rate of open defecation is over 80%.¹¹⁸

Meningitis: Chad is part of the African Meningitis Belt (AMB), where most cases are registered globally.¹¹⁹ In Chad alone, outbreaks have occurred most recently in 2019¹²⁰ and multiple times between 2011 and 1998.¹²¹ There were outbreaks in 2005, when cases were discovered in Bredjing and Treguine refugee camps, Ouaddaï province, at the beginning of January 2005.¹²² Regionally, there is very low vaccination coverage; with an on-going epidemic in Niger as of July 2023.¹²³

Non-Communicable Diseases (NCD): Chad has a high burden of communicable and non-communicable disease (NCDs), with the latter making up 27% of deaths in 2019.¹²⁴ The age-standardised mortality rate across four major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was high at 698 per 100 000 in males and 584 in females in 2021.¹²⁵ Chad has implemented initial efforts on the NCD progress indicators related to NCD policy and plans, tobacco taxes, tobacco smoke free/pollution, tobacco health warnings, tobacco advertising bans and alcohol taxes, however progress has been limited.¹²⁶

Maternal and Neo-natal Health Risks: The maternal mortality ratio in Chad has improved from 1366 in 2000 to 1063 in 2020. Maternal mortality in Chad is higher than its regional average.¹²⁷ The most recently published estimates regarding maternal health in Chad were collected in 2014–2015 as part of the last national survey on demographics and health (DHS14/15). According to those estimates, maternal deaths account for 45% of all deaths among women of reproductive age (15–49 years).¹²⁸

Coverage of maternal health service (MHS) at national level is low, with 64% of women reporting use of antenatal care (ANC), 24% reporting use of delivery care in a healthcare facility (DC) and only 22% reporting use of postnatal care (PNC) in 2014–2015.¹²⁹ Gender-related inequalities are associated with maternal mortality as the level of literacy is much lower among women (22%) compared with men (54%) and only 14% of women receive a secondary-level education compared with 33% of men.¹³⁰ Furthermore, only 16% of deliveries among mothers with no education had a skilled attendant at birth, compared to 30% of

deliveries among mothers with primary education and 95% of deliveries among mothers with a higher education.¹³¹

A 2019 study found that the main access barriers to any service were related to transport issues (indicating gaps in the current health infrastructure) and to factors related to culture and belief. There is an urgent need for accessible and free services combined with community-based dialogue to overcome cultural access barriers. The study also found that future programmes need to be specific to setting (rural or urban), as this was the most influential factor regarding the use of maternal health services and access barriers to care.¹³²

A summary of maternal and new-born care health indicators is displayed below (data is the most recently available, from various years):

MATERNAL AND NEWBORN HEALTH INDICATORS ¹³³	Chad
Postnatal care for mothers – percentage of women (aged 15-49 years) who received postnatal care within 2 days of giving birth (Female)	26%
Antenatal care 4+ visits – percentage of women (aged 15-49 years) attended at least four times during pregnancy by any provider (Female)	31%
Skilled birth attendant – percentage of deliveries attended by skilled health personnel (Female)	47%
C-section rate – percentage of deliveries by caesarean section	1%

Malnutrition: In 2025, 1.8 million children are suffering from malnutrition.¹³⁴ Chad has one of the highest levels of hunger in the world, with 42% of its population living below the poverty line. Around 38% of children aged under 5 suffer from stunting, with low height for their age caused by chronic malnutrition.¹³⁵ The health of pregnant and breastfeeding women is poor, with high maternal mortality rates due to inadequate access to health services.¹³⁶

Child malnutrition is a major health challenge in eastern Chad, where hundreds of thousands of people have fled armed conflict in Sudan.¹³⁷ Since the beginning of the Sudan refugee crisis and by June 2024, 213 (41.1% of all deaths attributed to the crisis) were malnourished children.¹³⁸

While Chad has slightly improved its child survival rates (falling from 130 to 107 per 1000 births between 2015 and 2021), it is far from meeting the SDG targets for neonatal or under-five mortality rates and the target of 25 per 1000 births).¹³⁹ The neonatal mortality rate decreased from 36 to 32 per 1000 live births in the same period, remaining significantly above the SDG target of 12.¹⁴⁰ Low rates of exclusive breastfeeding (7% in 2022), are exposing children to serious child health risks such as increased risk of wasting, repeated bouts of infections (e.g., diarrhoea) and threats to child survival.¹⁴¹ Most deaths of children under the age of five are due to all sorts of diseases (66%), while 43% are attributable to malnutrition.¹⁴²

A summary of breastfeeding related indicators is displayed below (data is the most recently available, from various years):

NUTRITION INDICATORS ¹⁴³	Chad
Early initiation of breastfeeding (Per cent)	16%
Exclusive breastfeeding (0-5 months) (Per cent)	16%
Continued breastfeeding (20-23 months) (Per cent)	49%

Measles: As of December 2024, there were no suspected cases of measles.¹⁴⁴ In May 2024, a measles outbreak was reported in Adré. The cases were among the host population of Adré. No deaths were reported.¹⁴⁵ From 1 January to 5 May 2024, 5 631 suspected measles cases, including 20 deaths, were recorded in the health districts of Moissala, Guelo, Dono Manga, Kouloudia, Arada, N'Djamena Centre,

N'Djamena East, Gagai, Gore, N'Djamena North, Amtiman, Pala, Kouno, Massakory, and Koukou Angarana. Between Week 1 and Week 18 of 2024, 182 suspected cases were recorded in the crisis-affected provinces of the East, with no deaths reported.¹⁴⁶

More broadly, the region is at a very high risk of measles outbreaks due to poor vaccination coverage and a high prevalence of malnutrition. Most countries of the Sahel zone regularly experience large and disruptive measles outbreaks (>20 cases/million population). Challenges in the fight against measles include the difficulty of reaching nomadic populations and the disruption of routine and supplementary immunization.¹⁴⁷ Lack of access to safe water and sanitation will increase the risk of waterborne diseases, such as cholera and hepatitis E, and will increase the risk of severe acute malnutrition, particularly among children under five. This also affects the functioning of health and education facilities.¹⁴⁸

Protection Risks (including GBV): These risks are detailed in the *Determinants of Health* section of the report.

Trauma and Injuries: The level of violence and destruction in Sudan is reaching unsustainable proportions and the security situation remains tense and volatile. The main cause of the flight of Sudanese is widespread insecurity, kidnappings and assassinations of men and boys, sexual violence against women and girls, and extortion of property.¹⁴⁹

Since the beginning of the crisis, 7375 people have been injured and treated.¹⁵⁰ Up to June 2024, a total of 518 deaths were recorded, of which 213 (41.1%) were malnourished children, 42 were maternal deaths, 26 were injured, 100 were other deaths and 137 people died because of the flooding.¹⁵¹

In Adré, Ouaddaï region, MSF reported in June 2023 that they received about 600 patients with gunshot wounds over three days, with many having been shot in the legs as they ran away.¹⁵² The highest number of daily casualties admitted was 438 recorded on June 16, 2023, at Adré hospital, Ouaddaï province.¹⁵³ Access to basic health services has become difficult, as Adré's only hospital is overwhelmed by the new arrivals. Although the situation has calmed down, the hospital remains overstretched, with around 1400 people seeking medical treatment each week, compared to an average of 600 before the crisis, according to hospital officials.¹⁵⁴

Mental Health Conditions: An estimated 3.76 million Chadians and 243 100 Sudanese refugees suffer from mental disorders such as depression, anxiety, PTSD, psychosis, or bipolar disorder.¹⁵⁵ Substance use is a significant issue, with at least 53 900 individuals using alcohol and 152 900 using cannabis. Locally made alcohol and opioid painkillers like tramadol are also prevalent.¹⁵⁶

The Ministry of Health (MOH) has a dedicated mental health unit, but MHPSS coordination is managed separately. The national MHPSS Technical Working Group (TWG) is inactive, while a subnational TWG focusing on refugee response is active. Over 98% of people with severe mental disorders lack access to mental health services. There have been no psychiatrists in Chad since 2019, and there is no pre-service mental health training for health cadres at universities. The MOH operates one specialized mental health unit with a capacity of four beds.¹⁵⁷

Given the ongoing emergencies, partners like humanitarian organizations run outpatient clinics in eastern camps, and two primary health care clinics are staffed with mhGAP-trained personnel.¹⁵⁸ Language and cultural barriers between French-speaking providers and Arabic-speaking patients lead to misunderstandings. Essential psychotropic medications are scarce, and children with epilepsy lack services and access to medications. Domestic and intimate partner violence, often linked to alcohol and substance use, are significant challenges reported by girls and women.

Tuberculosis (TB): In 2021, incidence of tuberculosis for Chad was 140 cases per 100 000 people. The mortality rate of TB cases (all forms, excluding HIV) has increased since 2015, going from 23 to 25 per 100 000 population in 2021. In contrast, the TB mortality rate among HIV-positive people has fallen from 12 to 8 in the same period.¹⁵⁹ There is limited data on the number of people living with HIV and on treatment who are virally suppressed. Approximately 82 755 people were receiving antiretroviral treatment in 2021.¹⁶⁰

HIV/AIDS: There is limited data on the number of people living with HIV and on treatment who are virally suppressed. Approximately 82 755 people were receiving antiretroviral treatment in 2021.¹⁶¹ Chad was

reported to be one of the countries in Africa most affected by the AIDS epidemic, with an overall prevalence of 1.6% according to DHS/MICS 2014-2015.¹⁶² The prevalence among young women rises with age: 1.2% among 15-19 olds, at 1.8% among 18-19 olds and 2.4% among 23-24 olds. It is lower among boys (0.7%).¹⁶³ The prevalence of HIV is seven times higher in urban areas (4.3%) than in rural areas (0.4%).¹⁶⁴

The role of mobile populations in the spread and control of HIV is increasingly being recognized and understood. While migration does not automatically equal HIV vulnerability, and not all mobile populations are at increased risk of HIV because of their mobility, in many contexts people are exposed to a unique set of sociocultural, economic and environmental factors that render them more vulnerable to HIV including lack of access to health services, information and environments that are conducive to engaging in high-risk behaviour.¹⁶⁵

Hepatitis E: Hepatitis E is an emerging endemic disease found across the African continent. Outbreaks have been closely linked to refugees and IDPs in camps which accounted for 50% of reported outbreaks. In Sila province in December 2024, two new suspected cases of hepatitis E were reported, bringing the total to 903 suspected cases and 9 deaths (16 confirmed cases since the start of the epidemic). In Wadifira province, in the Touloum camp (Iriba health district), there were 29 new suspected cases of hepatitis E reported in December 2024, bringing the total to 184 cases since 30 May 2024.¹⁶⁶ Awareness of preventive measures against hepatitis E and active research are continuing.¹⁶⁷ In 2004 there was a large outbreak of Hepatitis E in Darfur with over 4000 cases and as a substantial population of Darfur residents fled to Chad, the country also experienced an outbreak of over 1000 cases amongst Sudanese refugees. In 2017, a widely dispersed outbreak of HEV was reported across the Lake Chad region comprising parts of Niger, Nigeria, Chad and Cameroon.¹⁶⁸

Acute Jaundice Syndrome (AJS): In December 2024, in Province Ouaddaï / Adre , 25 cases of jaundice (icteric syndrome) were reported in the Abouteingué camps (12), at the lycée transit site (7), in the Hileket RZ (4) and in the Hilouta RZ (2).¹⁶⁹

Poliomyelitis (cVDPV2): From January to December 2024, 135 suspected cases of AFP were recorded in the 04 provinces of Chad in crisis.¹⁷⁰ In 2024, Chad reported 36 cases of circulating poliovirus derived from a type 2 vaccine strain (cVDPV2), including 05 in the eastern provinces in crisis (01 in the Abeche health district, 01 Abdi, 02 in Biltine). This figure follows the 55 cases of cVDPV recorded in 2023. In 2022, 44 cases of cVDPV2 were reported. In 2020, 106 cases of cVDPV2 were reported from three different outbreaks. Nine cases were reported in 2019. As of February 26, 2025, no human cases or cVDPV2-positive environmental samples have been reported in Chad's crisis-affected eastern provinces.¹⁷¹

Neglected Tropical Diseases (NTD): Chad was endemic for four of the five NTDs amenable to preventive chemotherapy through mass drug administration (MDA), namely lymphatic filariasis, soil-transmitted helminthiasis, schistosomiasis, and trachoma.¹⁷² In December 2024, there were 3 cases of snakebites and 8 scorpion stings.¹⁷³

In 2020, 5.7 million of the six million targeted (95%) were reached with MDA. Other notable NTDs that remain endemic are dracunculiasis (Guinea worm disease), human Africa trypanosomiasis (gambiense), leishmaniasis (cutaneous and visceral), leprosy and loasis.¹⁷⁴

As of June 2022, there were 303 reported new cases of leprosy in Chad.¹⁷⁵ Leprosy is a disease found and unevenly distributed in Chad. Since 1997, the annual national prevalence has been less than 1/10000 inhabitants, the elimination threshold set by the WHO. However, a study in 2022 found that epidemiological trends are in favour of the persistence of the disease and there is a delay in diagnosis and in the management of leprosy cases.¹⁷⁶ As of June 2022, there were 303 reported new cases of leprosy.¹⁷⁷ Only 13 human cases of guinea worm disease were reported worldwide in 2022, but six of these cases were reported in Chad.¹⁷⁸

Dengue Fever: The recent outbreak of dengue fever in Chad is the first the country has experienced. The declaration by the Ministry of Health on 15 August 2023, followed the confirmation of dengue fever through laboratory samples at the National Laboratory of Biosecurity and Outbreaks (LaBiEp) in Ndjamena.¹⁷⁹

Chikungunya: The Ouaddaï province experienced a Chikungunya epidemic in 2020, with a total of 34 052 cases and one death recorded from 14 August to 2 October 2020. The age group most affected was 15 years and older, with a predominance of females.¹⁸⁰ In 2020, the WHO reported the risk at national level is moderate due to the high number of cases reported in a short period of time, the presence of *Aedes* vectors in the country, and the fact that this is the first outbreak in the country. It has been demonstrated in the past in other parts of the world that the virus has a strong epidemic potential in the regions where the population is naive to chikungunya virus.¹⁸¹

Visceral Leishmaniasis (VL): Four countries, namely Cameroon, Nigeria, Chad and Central African Republic, are currently known to be endemic. Sporadic cases of VL were reported in Chad prior to 2018.¹⁸² Countries such as Sudan and Libya, which share borders with Chad, report thousands of cases each year. Between January 2018 and May 2021, an outbreak of visceral leishmaniasis was reported by three provinces in Chad – N’Djamena, Borkou, and Tibesti – resulting in 122 cases and 6 fatalities.¹⁸³ In August 2020, there were rumours of a febrile illness decimating young gold miners in Tibesti and Borkou, hard-to-reach regions located in insecure areas.¹⁸⁴

Yellow Fever: WHO assesses the risk at regional level to be high. Current multi-country outbreaks and active virus circulation in West, Central and East Africa have resulted in increased morbidity and mortality, with continued risk of amplification and spread. The immunization coverage for yellow fever has been suboptimal in Chad (45%) and there were 24 confirmed cases in Chad reported between 1 January 2021 to 26 August 2022.¹⁸⁵

Chicken Pox: In December 2024, there were 30 new cases of chickenpox recorded at the Abéché remand centre, bringing the total to 251 cases for the Abéché health district, including 175 at the remand centre, 33 in the AEB RZ, 1 in the Evangelical RZ, 1 in Kamina and 41 in the Kowetien RZ.¹⁸⁶

Mpox: As of December 2024, there were no suspected cases of mpox.¹⁸⁷

DETERMINANTS OF HEALTH

Lac Province Crisis

The Lac province in west Chad has experienced a protracted crisis since 2013 when armed groups linked to Boko Haram became active in the region.¹⁸⁸ The humanitarian situation in Lac Province is characterised by ongoing armed incursions, the effects of climate change and its impact on the population's nutritional status, child malnutrition and poor access to livelihoods and basic social services.¹⁸⁹ More than one million people are forcibly displaced because of the insurgency by non-state armed groups and military counter-offensives in the Lac Province, as well as instability in neighbouring countries (Central African Republic, Sudan, Cameroon, Nigeria, etc.).¹⁹⁰

Southern Chad: Inter/intra-community conflict

Southern Chad, affected by inter-community conflicts and flooding, is facing growing food insecurity, with 3.7 million people in a critical situation.¹⁹¹ During the second half of 2024, 28 cases of inter/intra-community conflict were reported in Chad. This figure represents an increase of 7.7% compared with the first half of 2024.¹⁹² The southern provinces are the most affected by these incidents, with 23 cases reported, that is 82% of incidents recorded throughout the country. In the province of Logone Oriental alone, 11 incidents were recorded. In total, the 28 recorded cases resulted in 71 deaths and 61 injuries, down from 111 deaths and 88 injuries in the first half of 2024. However, compared with the situation in 2023, there was a 100% increase in the number of conflicts recorded over the same period (July-December), i.e. 28 conflicts in 2024 compared to 14 in 2023. The same applies to the number of deaths recorded (71 deaths in 2024 compared to 40 in 2023).¹⁹³

These security incidents, targeting civilians that have resulted in ambushes, theft of livestock and other subsistence goods, have continued in 2024.¹⁹⁴ These displaced people found refuge in makeshift shelters and community centres (schools, churches, public places) requiring emergency assistance. In several other

localities, protection incidents continue to be reported, including murders/homicides, physical assaults, kidnappings, looting, arson, theft of property, cases of gender-based violence and other types of violence not recorded due to the lack of a protection monitoring mechanism on the ground.¹⁹⁵

Water, Sanitation and Hygiene (WASH)

On average, refugees have access to less than 12 litres of clean water per person per day, with huge disparities between settlements. The expansion of water infrastructure is essential to ensure refugees and host communities have sufficient access to clean water.¹⁹⁶ More broadly, less than 50% of the population in the eastern provinces have access to water and only 33% of health facilities have a functional drinking water point, while the rate of open defecation is over 80%.¹⁹⁷

Furthermore, the education sector is indirectly impacted by worsening deficiencies in water, sanitation and hygiene. A Chadian girl spends about 1 500 hours a year, or 62 days, collecting water instead of studying.¹⁹⁸ Those able to study must still miss school because there are no toilets adapted to their specific menstrual hygiene needs.¹⁹⁹ An overview of WASH indicators can be viewed in the below table (data is the most recently available, from various years):

WASH INDICATORS²⁰⁰	Chad
Proportion of population using safely managed sanitation services	11%
Proportion of population using basic sanitation services	2%
Proportion of population using at least basic sanitation services	13%
Proportion of population using limited sanitation services	5%

Climate Change

Climate change poses significant threats to the health sector owing to the increased frequency of heat waves, floods, droughts and storms. The main health impacts include increased morbidity and mortality from vector- and non-vector-borne tropical diseases and water-related diseases, which often occur after floods (e.g., diarrhoea and cholera).²⁰¹ Climate change is also likely to aggravate difficulties in accessing basic health services, which in turn increase mortality rates (i.e., infant, child, maternal and senile mortality).²⁰² Food insecurity is one of the major problems in the country and is the subject of a significant amount of emergency aid. The effects of climatic shocks associated with conflicts and migration exacerbate the various conditions of malnutrition.²⁰³ Climate-induced events stress an already food-insecure region by affecting agriculture – Chad’s main source of food and livelihoods.²⁰⁴

Protection Risks

Gender Based Violence (GBV): Incidents of GBV are being reported less frequently to the relevant authorities. This is likely because of challenges in accessing healthcare due to distance and the lack of free medical services, which particularly affects vulnerable women and girls. This is occurring in a context marked by abductions and increasingly unsafe spaces for them.²⁰⁵

In 2024, 2780 incidents of GBV were reported by members of the GBV Sub-Cluster, including 15% sexual violence, 34% physical assault, 3% forced marriages, 24% denial of resources/services and 24% psychological violence.²⁰⁶ The survivors were 93.1% Chadian nationality, while 6.8% were of Sudanese origin and 0.1% of Nigerian origin. The majority of survivors were women (92.5%) and girls (6.9%). A total of 64% of GBV survivors were IDPs. Most GBV incidents occurred in the survivor’s home (63.1%), followed by the perpetrator’s home (14.9%) and the bush/forest (9.9%). Between January and December 2024, access to medical services for rape survivors within 72 hours of the incident is estimated at 65%.²⁰⁷

The Sudan crisis has also resulted in a surge in arms and fuel smuggling and is also likely to boost demand for northbound human smuggling.²⁰⁸

Child Protection: Chad ranks 190 of 191 countries in the Human Development Index and is the second worst country in the world for child exposure to climate change. Children make up 57% of the country's 18 million people, and 50% of children are affected by multidimensional poverty.²⁰⁹ UNICEF reports 61% of women (aged 20-24 years) were married or in union before age 18 and 34% of girls and women (aged 15-49 years) have undergone female genital mutilation (FGM).²¹⁰ As a result of the Sudan crisis, some of the children coming from Sudan have been unaccompanied or separated from their parents. Many have been exposed to protection risks including sexual exploitation and abuse.²¹¹ Accounts of sexual violence against women and girls were also common.²¹²

A summary of key protection indications is displayed in the below box (data is the most recently available, from various years):

PROTECTION INDICATORS ²¹³	Chad
Percentage of women (aged 20-24 years) married or in union before age 18	61%
Percentage of children (aged 5-17 years) engaged in child labour (economic activities and household chores)	39%
Percentage of children (aged 1-14 years) who experienced any physical punishment and/or psychological aggression by caregivers	85%

Mine Action: Chad has more than 90km² of land contaminated with landmines and explosive remnants of war (ERW), resulting from the 1973 Libyan invasion and more than 30 years of internal conflict. In 2020, 34 new mine casualties were recorded in Chad and while the total number is not known, there are thought to be more than 1802 survivors in Chad.²¹⁴ Demining has taken place in northern Chad by humanitarian agencies, but there are limited reports of land clearance in the eastern region. In 2022, Sudan offered to do a joint clearance project along the eastern border, but this was initiated and then stopped due to political problems and unrest in Chad and in Sudan. The project will resume as soon as the situation allows. Chad confirmed that the Eastern border of Chad is not contaminated with anti-personnel mines but with explosive remnants of war.²¹⁵

Education

Access to quality education services for children in humanitarian situations across Chad is challenging, 1.4 million children needed education services in 2024.²¹⁶ The level of literacy is much lower among women (22%) compared with men (54%) and only 14% of women receive a secondary-level education compared with 33% of men.²¹⁷ The academic level of teachers is generally low and there is little access to higher education, technical education and professional training. The humanitarian crises across Chad have created added pressure on the educational system in Chad, with more than 600 000 refugee children in need of schooling.²¹⁸

Furthermore, cultural and religious differences in the north and south have created deep resentment and antagonism between groups. Inter-community fighting and sectarian conflicts within communities are also mirrored in the school system, affecting relationships between students, teachers, school administrators and parents.²¹⁹

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status

Chad's health system is characterized by high morbidity and mortality, with national aspirations focused on reducing risks associated with mother and child health, strengthening interventions against main diseases, and improving access to quality health services.

The healthcare system in Chad is pyramidal, with three levels of responsibility and activity: central, intermediate, and peripheral. The central level is responsible for designing and guiding the country's national health policy, mobilizing resources, coordinating interventions, and supervising the implementation of national programs. The intermediate level coordinates the implementation of national policies and provides technical support to health districts. The peripheral level comprises 123 functional health districts, each with 1816 areas of responsibility, and advisory bodies.²²⁰





The Ministry of Health has a National Health Security Plan and Guidelines document on Integrated Disease Surveillance and Response (SIMR), which are being updated. A National Technical Committee for Epidemic Control has been established to monitor and act in case of an epidemic. The committee's aim is to improve the system for monitoring epidemics and natural disasters, reduce the occurrence of epidemic outbreaks, and reduce the impact of natural disasters on the Chadian population.

Chad is also a member state of the International Health Regulations (IHR), which aims to prevent, protect against, control, and respond to the international spread of disease through public health action proportionate to the risks it poses to public health. However, the implementation of a National Health Security Plan is lagging due to a lack of available resources.

Access to healthcare remains difficult in Chad, in a context already characterized by the weakness of the health system. Chad has a minimum number of personnel to carry out human health activities, but this number does not meet the country's needs.²²³ Access to healthcare remains limited: the ratio of one doctor per population is 26712, and one nurse per 5983. The WHO standard is one doctor per 10 000 population and one nurse per 5000 population.²²⁴ The average ratio of 1 trained midwife per 5707 women of childbearing age, which exceeds the WHO standard of 1 midwife per 3000 women of childbearing age.²²⁵ Current statistics show that in Chad there are 854 doctors, 1228 nurses, and 635 midwives.²²⁶

Health system status & local health system disruptions

Key information on disruption of key health system components

 <p>ACCESS TO HEALTHCARE</p> <p>A 2023 health facilities assessment found that for the three affected provinces, 28% of health facilities are not functional.²²¹</p>	 <p>DISRUPTION TO SUPPLY CHAIN</p> <p><i>Limited information available.</i></p>	 <p>DAMAGE TO HEALTH FACILITIES</p> <p>According to the 2019 HeRAMS report, 33% of health facilities are partially damaged while 66% are intact.²²²</p>	 <p>ATTACKS AGAINST HEALTH</p> <p><i>Limited information available but at least one attack was reported in September 2024.</i></p>
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No data is available for certain professions, such as epidemiologists, clinicians, biostatisticians, information systems specialists, and veterinarians. In the environmental field, there are a limited number of specialists in laboratory analysis. The distribution of this staff is to the disadvantage of rural areas, where several health facilities suffer from a lack of qualified personnel.

Many nomadic and island populations (because of their mobility) have very limited access to preventive and curative health services.²²⁷ To access care, patients travel an average of 9 miles.²²⁸ Local clinics often lack the necessary medicines or trained staff. Despite a national free care policy for malnourished children, there are often other hidden costs that make it impossible for people to afford this essential care.²²⁹ The out-of-pocket payment is the most common mechanism of healthcare financing, as it represents about 50% of total health expenditure. Private health insurance, used by less than 2% of the population, is provided as part of contracts by large corporations for the benefit of employees.²³⁰

Cultural traditions also often clash with the need for specialized medical care. For example, according to MSF, mothers often prefer to take their sick child to a religious leader rather than a health clinic.²³¹

In crisis health system status

Chad has been affected by floods since late July 2024. Families have been displaced, and essential services, including sexual and reproductive health (SRH) and gender-based violence (GBV), have been disrupted. The floods, coupled with the influx of Sudanese refugees and returnees, have strained the healthcare system, leading to shortages of essential reproductive health supplies, disrupting access, and increasing protection and maternal mortality risks.²³²

The health situation is very worrying following the unprecedented flooding due to heavy rainfall and the flooding of rivers making it impossible to travel for operations, access to health facilities, evacuation of patients, transport of samples for the laboratory, etc.²³³ In the camps, access to essential health services is disrupted due to difficult physical access, limited human and material resources. Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies. This humanitarian situation is exacerbated by the epidemics of measles, chickenpox, hepatitis E and yellow fever.²³⁴

A 2023 health facilities assessment conducted nationwide found that for the three affected provinces, out of the 403 health facilities (including health centres and hospitals), 28% are not functional at the time of the assessment, ranging from 41% in Ouaddai to 3% in Sila.²³⁵ In the three provinces of eastern Chad affected by the Sudan crisis, there are a total of 23 main refugee camps (13 in Ouaddai, 5 in Sila, and 6 in Wadi Fira). There are at least 21 fixed health facilities and 17 mobile clinics. During WHO's last field visit in August 2023, at least half of the health facilities experienced a stock-out of a marker drug (antipyretics, antimalarials, antibiotics, or even vaccines). The health facilities are overwhelmed by the influx of refugees, who are not only using the mobile clinics but also the fixed HFs used by the local population.²³⁶

There is limited information available about attacks against healthcare. However, one report of an attack on healthcare workers was made by NGO Alima, in September 2024.²³⁷ A security incident affected health workers from the Chadian state, who were working at the fixed health post about 40 km from Liwa in the Fouli department (Liwa). The head nurse of the post was fatally injured, and two health workers were abducted. The other three personnel were found and safely returned to Liwa.²³⁸

HUMANITARIAN HEALTH RESPONSE

The Health Cluster has identified 3.6 million people in need of health services in 2025. Requiring USD 41.5 million USD, the Cluster will target 1.1 million people as part of the HNRP.²³⁹

Challenges facing humanitarian health response activities in the three provinces include insufficient resources, insecurity, insufficient healthcare workers and poor-quality internet which impacts the timely reporting of epidemiological data. Most notably, recent floods have slowed down activities in some health structures, with five damaged.²⁴⁰

In December 2024, the Health Cluster reported challenges to the implementation of health services in Eastern Chad, including insufficient resources, insecurity linked to the proximity of the refugee camps and the Sudanese border, resulting in the need for costly escorts for the majority of operations; insufficient human resources (doctors, surgeons) in the Adré and Goz Beida hospitals, inadequate management of the health crisis along the Hajer Hadid - Arkoum - Allacha axis and poor internet connection with field teams, resulting in delays in transmitting reports.²⁴¹

Information Gaps / Recommended Information Sources		
Health status & threats for the affected population	Gap	Recommended tools/guidance for primary data collection
	Epidemics prone diseases	Early Warning, Alert and Response System (EWARS Mobile)
	Recent and up-to-date nutrition data	Emergency Nutrition Assessment
	Data on NCDs and their risk factors	Community- and hospital-based studies (STEPS approach)
	Data on crisis attributable deaths and injuries, trauma (including violence against children and GBV) and mental distress	Review of humanitarian health actor's data GBV IMS Community surveys
Health Resources & Services Availability	Availability of health services and distribution and functionality of health care facilities	Health Resources and Services Availability Monitoring System (HeRAMS)
	Scarce or lack of data on attacks against health	Surveillance System for Attacks on Health Care (SSA)
Humanitarian Health System Performance	Lack of data on utilisation of humanitarian health services, including mobile clinics	Health Cluster and partners
	Lack of data on quality of humanitarian health services	Health Cluster and partners
	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations (AAP))	Beneficiary satisfaction survey

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