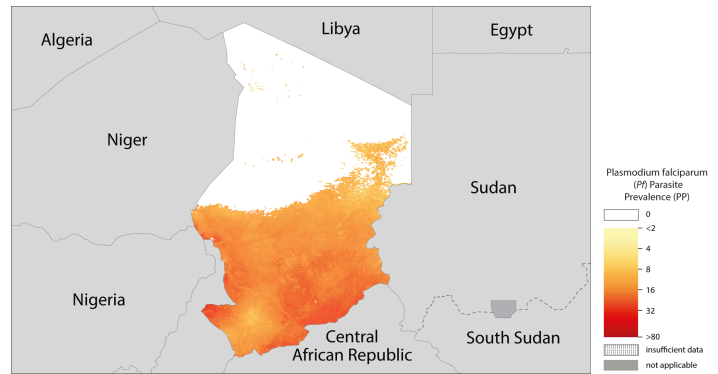
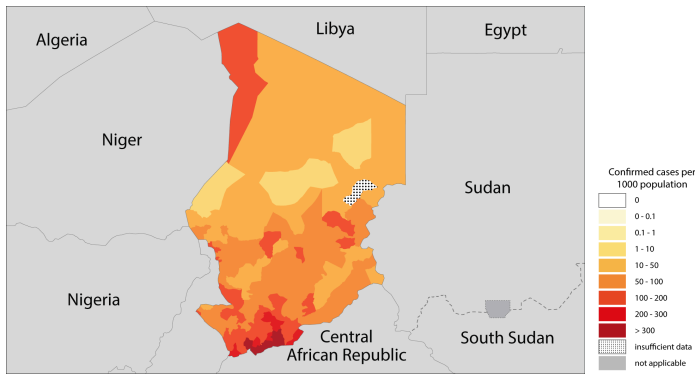


Chad

African Region



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	13M	67
Low transmission (0-1 case per 1000 population)	6.1M	32
Malaria free (0 cases)	211.5K	1
Total	19.3M	

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Major anopheles species:	<i>An. coustani</i> , <i>An. gambiae s.l.</i> , <i>An. arabiensis</i> , <i>An. funestus s.l.</i>
*includes mixed infections and other species of Plasmodium	

Reported cases and deaths	
Presumed and confirmed cases	2 294 100
Total confirmed cases:	2 159 037
Confirmed cases from public sector:	1 697 679
Confirmed cases from private sector:	30 242
Confirmed cases at community level:	431 116
Confirmed cases in combined health sectors:	-
Reported deaths:	2864

Estimates	
Estimated cases:	3.9M [2.4M, 6.2M]
Estimated deaths:	13.7K [10.4K, 18.9K]

II. Intervention policies and strategies

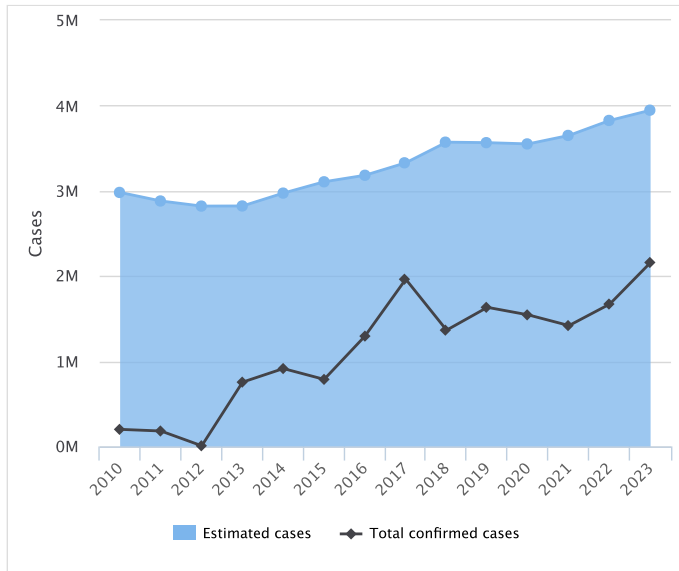
Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITN distributed by mass campaign	Yes	2011
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	No	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2009
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2009
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	2009
	Malaria diagnosis is free in the private sector	Yes	2009
Treatment	ACT is free for all ages in public sector	Yes*	2009
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2009
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-
	G6PD test is a requirement before treatment with primaquine	NA	-
	Directly observed treatment with primaquine is undertaken	NA	-
Surveillance	System for monitoring of adverse reaction to antimalarials exists	Yes	2015
	Malaria is a notifiable disease	No	-
	ACD for case investigation (reactive)	NA	-
	ACD at community level of febrile cases (pro-active)	NA	-
	Mass screening is undertaken	NA	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	NA	-
	Foci investigation undertaken	NA	-
	Case reporting from private sector is mandatory	No	-

Yes* = Policy adopted, but not implemented in 2023
 Disc = Discontinued
 Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

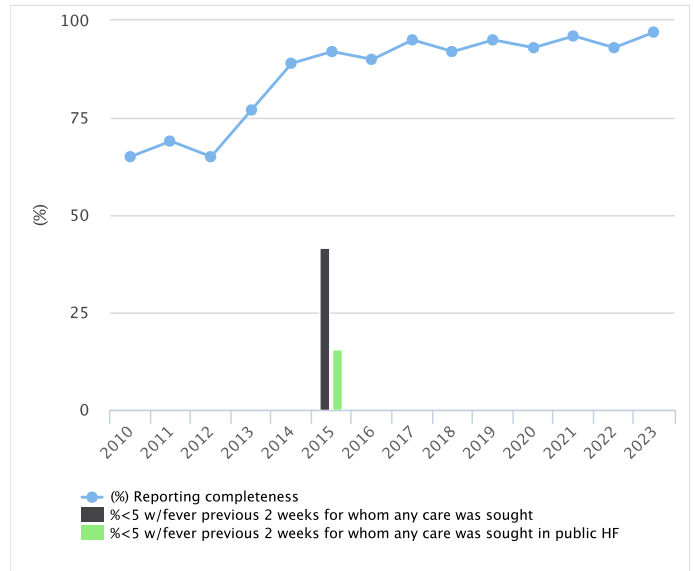
Antimalaria treatment policy		Medicine	Year adopted				
First-line treatment of unconfirmed malaria		AL; AS+AQ	2010				
First-line treatment of <i>P. falciparum</i>		AL; AS+AQ	2010				
Second-line treatment <i>P. falciparum</i>		AL; AS+AQ	2010				
Treatment of severe malaria		ART; AS; QN	2014				
Treatment of <i>P. vivax</i>		NA	-				
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used (public)		Pf + Pv, Po, Pm (Combo)					
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2019-2021	0	0	2.2	28 days	7	<i>P. falciparum</i>
AS-AQ	2015-2021	0	0	0	28 days	8	<i>P. falciparum</i>
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
Insecticide class	(%) sites ¹	Vectors ²	Used ³				
Carbamates	0% (0/3)		No				
Neonicotinoids			No				
Organophosphates	0% (0/3)		Yes				
Pyrethroids	100% (3/3)	<i>An. coluzzii</i>	Yes				

¹Percent of sites for which resistance is confirmed and total number of sites that reported data
²Vectors reported to exhibit resistance to insecticide class
³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

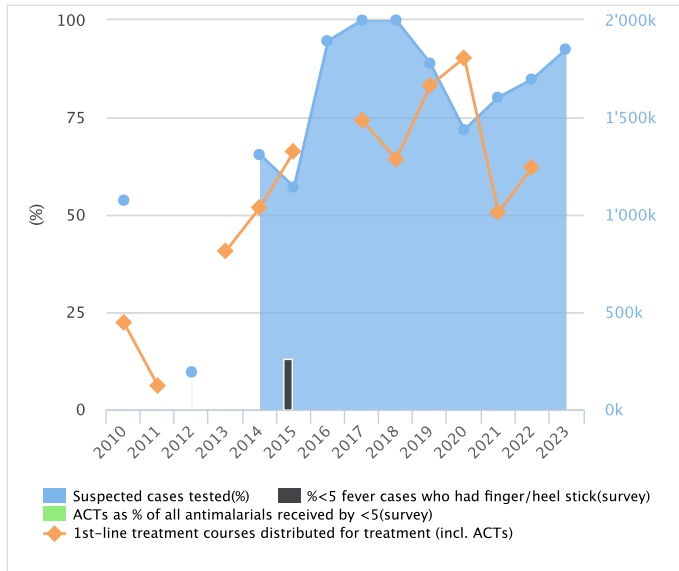
III. Estimated and reported cases



Treatment seeking and reporting completeness

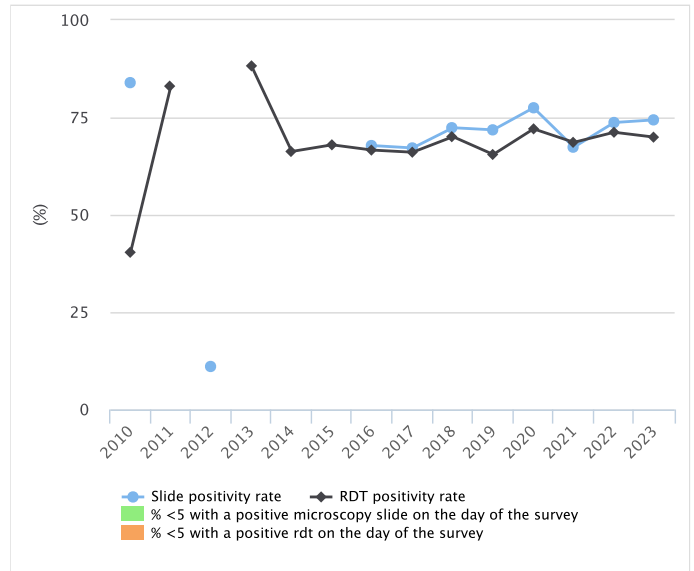


IV. Cases tested and treated



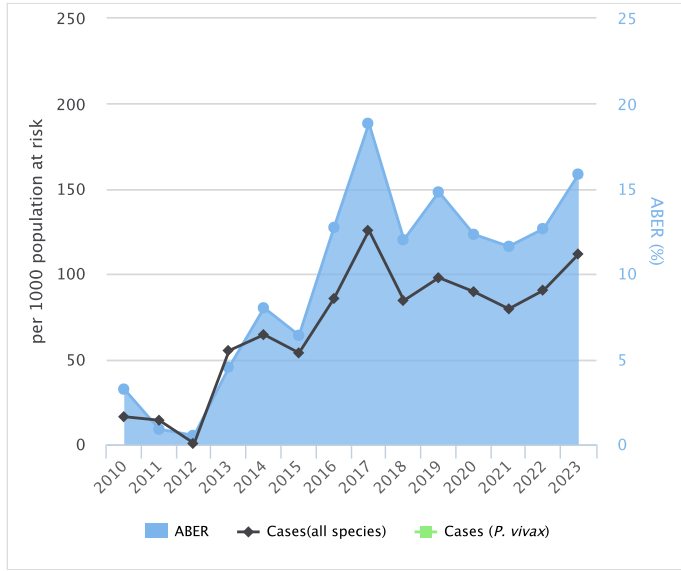
Source: DHS 2015

Test positivity



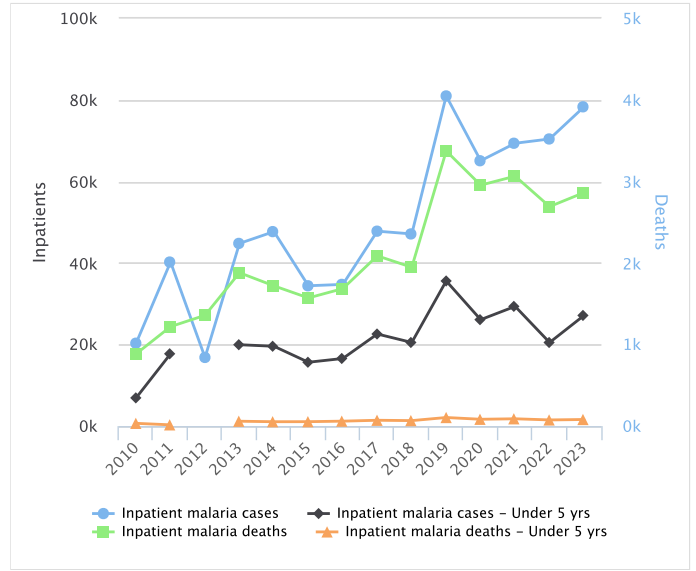
Source: DHS 2015

V. Confirmed malaria cases per 1000 population at risk and ABER

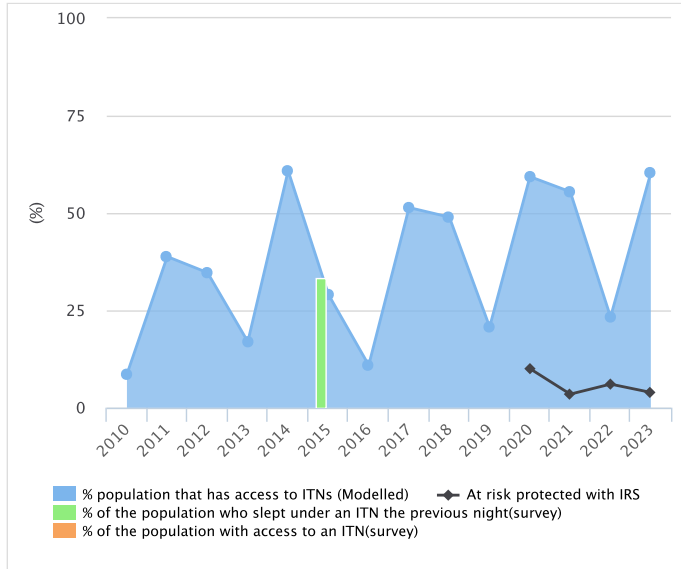


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

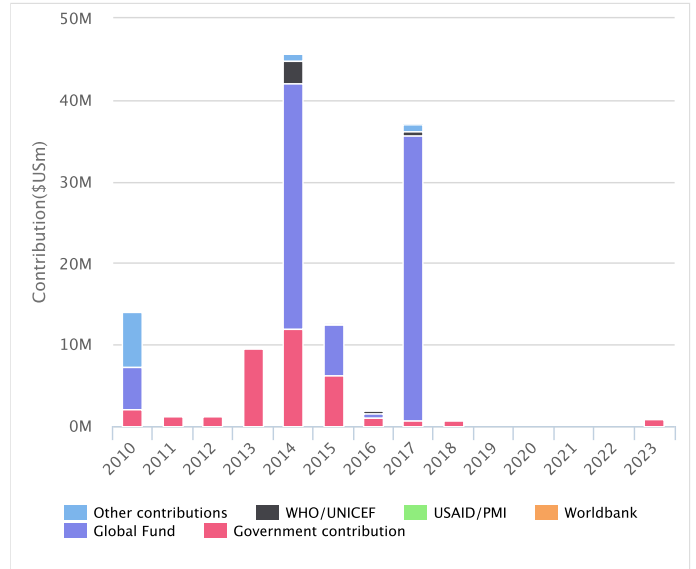


V. Coverage of ITN and IRS

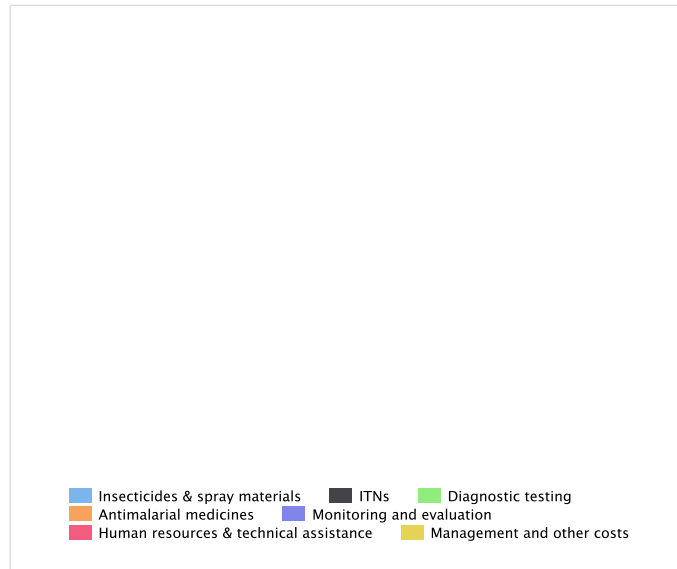


Source: DHS 2015

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6.pdf)