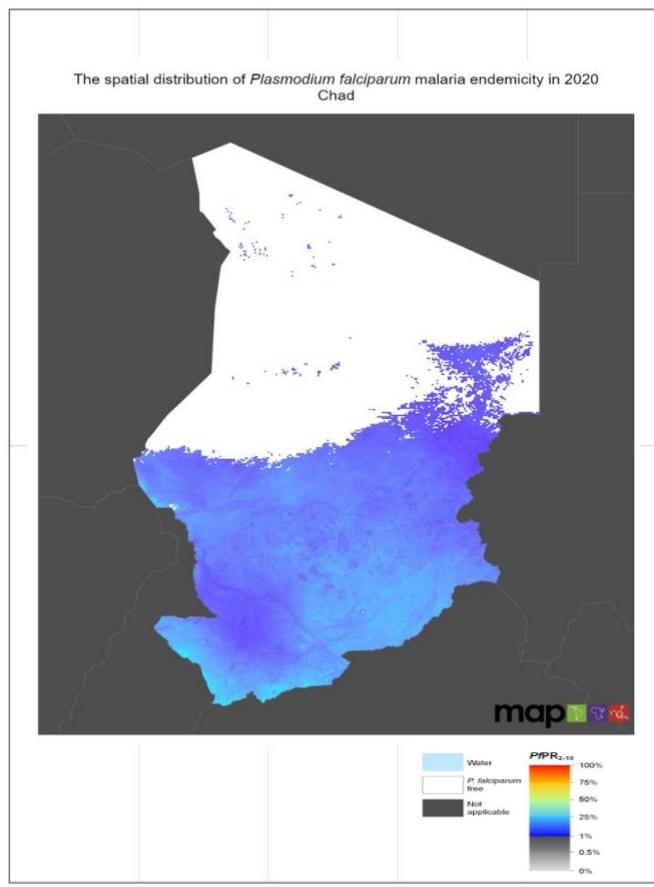


# Chad ALMA Quarterly Report

## Quarter Four, 2025

### Scorecard for Accountability and Action



#### Metrics

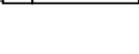
##### Policy

Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	

##### Resistance Monitoring, Implementation and Impact

Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	
Insecticide resistance monitored since 2020 and data reported to WHO	
% of vector control in the last year with next generation materials	90
ACTs in stock (>6 months stock)	
RDTs in stock (>6 months stock)	
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	

##### Tracer Indicators for Maternal and Child Health and NTDs

Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)	 17
% of Neglected Tropical Disease MDAs Achieving WHO Targets	 60
National Budget Allocated to NTDs	
Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2024)	 20
DPT3 coverage 2024 (vaccination among 0-11 month olds)	 68
Climate Change and VBDs in NDCs	

#### Key



- Target achieved or on track
- Progress but more effort required
- Not on track
- No data
- Not applicable

Malaria transmission in Chad is intense in the south of the country. The annual reported number of malaria cases in 2024 was 2,692,500 with 5,420 deaths.

## **Malaria - The Big Push towards 2030**

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$181 million.

A recent report by ALMA and MNM UK, "The Price of Retreat," highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Chad cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 9,685,632 additional cases, 30,209 more deaths, and GDP loss of US\$1.4 billion between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Chad there will be a US\$3.4 billion increase in GDP.

### **Progress**

Chad has carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees. The country has launched Zero Malaria Starts with Me campaign. Chad has good stocks of ACTs and RDTs.

In line with the priority agenda of the ALMA chair, President Advocate Duma Gideon Boko, Chad has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Scorecard, however this scorecard is not yet shared through the ALMA Scorecard Hub. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

## **Impact**

The annual reported number of malaria cases in 2024 was 2,692,500 with 5,420 deaths.

## **Key Challenges**

- Weak health information system.
- Lack of resources to sustain coverage of essential life-saving malaria services

## **Previous Key Recommended Actions**

Chad has responded positively to the recommended actions for the reporting of insecticide resistance to WHO.

## **New Key Recommended Action**

Objective	Action Item	Suggested completion timeframe
Impact	Work to address the increase in malaria incidence since 2015, and the lack of progress in reductions in malaria deaths which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2026

## **Reproductive, Maternal, Newborn, Adolescent and Child Health**

### **Previous Key Recommended Action**

Chad has responded positively to the recommended actions for ART coverage in children and continues to track progress as actions are implemented. An increase in coverage has been recently reported.

## **Neglected Tropical Diseases**

### **Progress**

Progress in addressing Neglected Tropical Diseases (NTDs) in Chad is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminthiasis and trachoma. Preventive chemotherapy coverage in Chad is 78% for lymphatic filariasis; 77% for onchocerciasis, 93% for schistosomiasis; 25% for soil-transmitted helminthiasis and 0% for trachoma. Overall, the NTD preventive chemotherapy coverage index for Chad in 2024 is 17 representing an increase compared with the index value of 2023 (5). The country reached WHO MDA coverage targets for Lymphatic Filariasis, onchocerciasis and for schistosomiasis. The country is congratulated for the elimination of human African Trypanosomiasis in 2024.

## Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Climate Change and health	Work to collate data on the impact of climate change on Vector Borne disease and incorporate into the next round on National Determined Contributions and National Climate Change Action Plans	Q4 2025	Green	The NMP is planning to implement the MPR and during this exercise climate data will be analysed to propose a mix of interventions which will be considered in the new NSP from 2026-2030. Chad plans to evaluate its updated Nationally Determined Contribution (NDC) and National Adaptation Plan (NAP) to ensure it is centered on establishing a robust Measurement, Reporting, and Verification (MRV) system. This system, supported by international partners, is critical for tracking progress on both mitigation and adaptation actions, and its institutional framework is currently being formalized. The country was aiming for readiness to submit its First Biennial Transparency Report (BTR) in 2024, and the next major national review and update process, leading to the submission of the NDC 3.0, is due by the end of 2025. Furthermore, the current implementation cycle for the first NAP is scheduled to run in conjunction with the NDC, generally covering the period of 2021–2026
NTDs	Work to implement preventive chemotherapy for Soil Transmitted Helminthiasis, schistosomiasis, trachoma, lymphatic filariasis, and onchocerciasis and reach WHO targets	Q4 2025	Green	The country increased MDA coverage in 2024 compared to 2023 and achieved high coverage for Lymphatic Filariasis, Onchocerciasis and Schistosomiasis. In 2025, Chad worked to mobilize resources for Mass Drug Administration with Schistosomiasis and Soil Transmitted Helminthiasis MDAs carried out in Q4 2025. Onchocerciasis MDA has been completed in three out of seven provinces. Surveillance and routine NTD case management activities are being conducted. The country is also working to have NTDs fully integrated into primary health care.

## New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
NTDs	Work to implement preventive chemotherapy for trachoma and reach WHO targets for soil transmitted helminthiasis.	Q4 2026

### Key

Action achieved
Some progress
No progress
Deliverable not yet due

