

# EG CHAD SD

#### General data

POPULATION, 2023 18,278,568

PHYSICIANS/1000 INH, 2020-2022

0.09

NURSES/1000 INH, 2020-2022

0.21

LIFE EXPECTANCY, 2022

55.43

#### Socioeconomic data

COUNTRY INCOME LEVEL, 2022

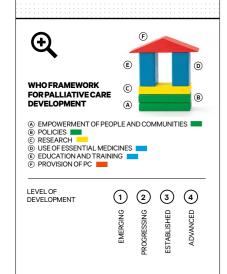
#### Lowincome

HUMAN DEVELOPMENT INDEX RANKING, 2023 189

GDP PER CAPITA (US\$), 2023 680.64

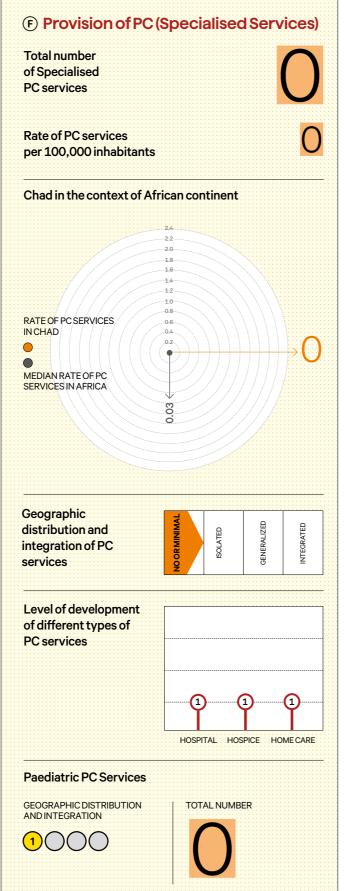
HEALTH EXPENDITURE, 2021 35.64

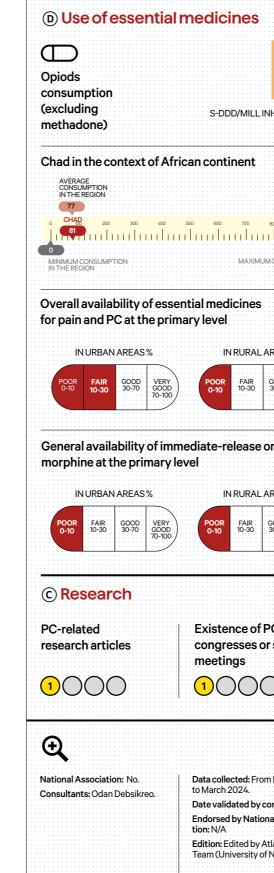
UNIVERSAL HEALTH COVERAGE, 2021 29

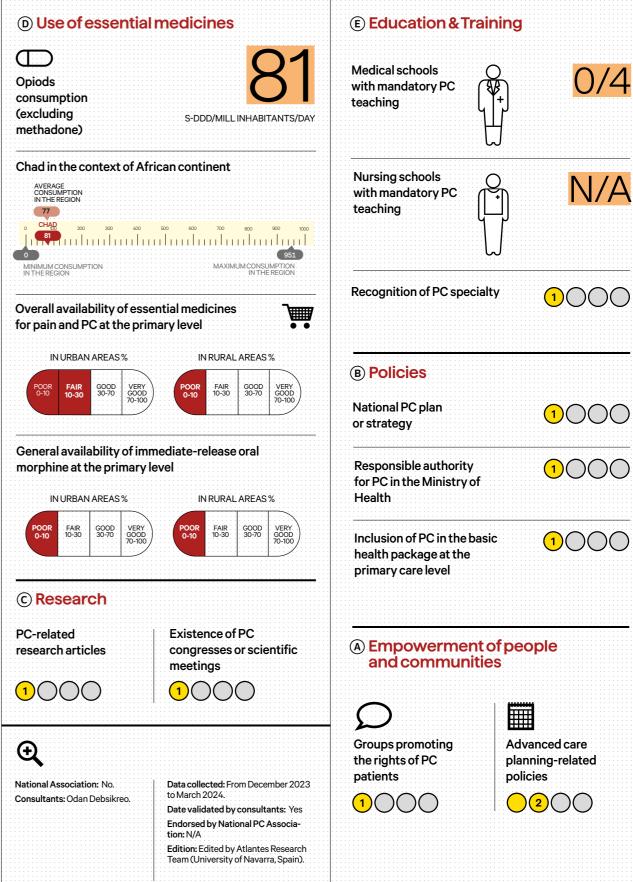












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#### Ind1

Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.



Only isolated activity can be detected.

#### Ind2

Is there a national policy or guideline on advance directives or advance care planning?



There is/are a national policies or guidelines on surrogate decision-makers. No national policy or guideline was identified that explicitly  $addresses\, advance\, directives\, or\, life-sustaining\, treatment\, in\, the$ context of palliative care. However, a general directive exists concerning the designation of surrogate decision-makers for healthcare decisions. This framework applies broadly to all medical care and is not specific to palliative or end-of-life contexts.

### Ind3

3.1. There is a current national PC plan, programme, policy, or strategy.



Do not know or does not exist.

3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.



A national palliative care plan is in preparation.

There is currently no national palliative care plan in place in  $Chad.\,According \,to\,the\,Director\,of\,the\,National\,Cancer\,Control$ Programme, the forthcoming cancer strategy will include a palliative care component. However, no information is available regarding implementation mechanisms or monitoring frameworks for this planned integration.



## **AF** Chad

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.



Do not know or does not exist.

#### Ind4

PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.



Not at all.

No evidence found.

#### Ind5

- 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?



There is no coordinating entity.

No evidence found.

5.2. The national authority has concrete functions, budget and staff.



Does not have concrete functions or resources (budget, staff,

etc.).

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#### Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



There are no national congresses or scientific meetings related to palliative care.

No evidence found.

#### Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Minimal or nonexistent number of articles published on the subject in that country.

 $A comprehensive scoping \, review \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, in \, March \, 2023, cover-independent \, conducted \, condu$  $ing\,publications\,from\,2017\,onward, did\,not\,identify\,any\,peer-re$  $viewed\ articles\ on\ palliative\ care\ in\ Chad\ that\ all\ met\ the\ inclusion$ criteria for this indicator.

#### Ind8

Reported annual opioid consumption -excluding methadone-in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day, 2020-2022.



COUNTRY VS REGION 77 <u> Լուսիստիստիստիստիստիստիստիալի </u> MINIMUM CONSUMPTION IN THE REGION MAXIMUM CONSUMPTION IN THE REGION



## **AF** Chad

#### Ind9

-9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.

-9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Fair: Between 10% to 30%.



Poor: Between 0% to 10%.

#### **Ind 10**

- 10.1. Percentage of health facilities at the primary care level in urban areas that have immediaterelease oral morphine (liquid or tablet).
- -10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.



Poor: Between 0% to 10%.





#### **Ind 11**

- 11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with OPTIONAL teaching in PC.
- 11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with OPTIONAL teaching in PC.





Chad has four medical faculties. While their programmes include general oncology training, there is no evidence that palliative care is incorporated as a distinct subject, either as a mandatory or optional component.

#### **Ind 12**

Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians.

No evidence found



### AF Chad

#### **Ind 13**

- 13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPH-IC reach and is delivered through different service delivery platforms.
- 13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- -13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.

No or minimal provision of palliative care specialized services or teams exist in the country.



Not at all.

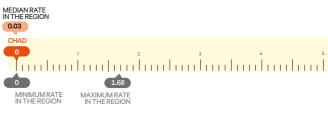
No dedicated palliative care service has been identified in Chad. Palliative care is provided exclusively at the University Hospital Centre of La Renaissance in N'Djamena, through the oncology team. There are no mobile teams or structured community services elsewhere in the country.

Not at all. RATE OF SPECIALISED PC SERVICES/100,000 INH



1000 Not at all.

1000





← SPECIALISED PALLIATIVE **CARE SERVICES** 

#### Ind14

- 14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.
- 14.2. Number of pediatric specialised PC services or teams in the country.



No or minimal provision of palliative care specialized services or teams for children exists in country.



PPC **TEAMS**