

Evidence brief to support **increased investment in family planning and reproductive health** in Chad



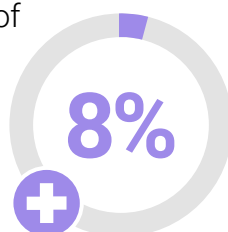
Health spending in Chad remains significantly below international and regional benchmarks on the resources needed to achieve universal health coverage (UHC)

In 2023, the per capita national expenditure on health was:

7,274 CFA*
/ 12 \$US¹

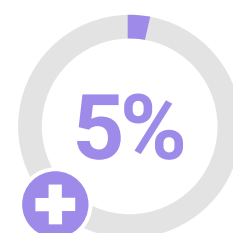
An annual public expenditure of **at least US\$86** per capita is needed for LMICs to deliver an essential package of services.²

In 2024, government expenditure on health as a proportion of total government expenditure was **8%**³ far below the Abuja Declaration commitment of 15%.¹



In 2001, African Union (AU) member states committed to allocate **at least 15%** of their national budgets to health.³

Health expenditure in Chad accounted for **5%** of GDP in 2023.¹



It is widely accepted that achieving UHC requires governments to spend **at least 5 – 6%** of their GDP on health care.⁴

*the average exchange rate in 2023 was US\$1 equating to 588 CFA.

This investment comes against a backdrop of fragility, with Chad facing a complex crisis due to regional violence, significant refugee and displaced populations, health emergencies and climate shocks. It is estimated that in 2026, 4 million people in Chad will require humanitarian assistance.⁵

Chad has some of the worst reproductive health outcomes in the world.



Maternal mortality ratio: 748 maternal deaths per 100,000 live births.⁶



135 of every 1,000 girls aged 15-19 gave birth in Chad in 2023.⁶



Female genital mutilation prevalence of 34.1% among women aged 15-49.⁷



27% of women aged 15-49 have experienced intimate partner violence.⁶

In 2023, sources of funding for health in Chad came primarily from households, followed by government and the rest of the world.¹

Households



65.45%

Chad is among the countries with the highest reliance on households for its health expenditure in Sub-Saharan Africa.⁸ This lack of financial protection raises important equity considerations, exposing the population to catastrophic health expenditures in a context of high poverty and insecurity.

Government



16.9%

As noted above, government expenditure on health is far below the amount needed to ensure access to essential services. In order to increase access to life saving reproductive, maternal and child health services, it is critical to increase government investment in health.

Rest of the World



16.3%

In the context of declining donor funds, this funding source, which the country has depended on for humanitarian assistance, health systems strengthening and other health interventions aimed at progressing towards the SDGs, is reducing. This funding gap must be filled through domestic sources.

Reproductive health expenditure increased from 2020-2022, from 51.58 billion to 78.45 billion CFA. This accounts for on average 15.48% of total health expenditure.¹

Reproductive health is primarily financed by government and households. Between 2020 and 2022, household financing decreased from 49% to 33% and government financing increased from 36% to 56%.¹ The rest of the world contributed a maximum of 10% during this period. This is in line with the government of Chad's commitment to improving maternal and child health but still demonstrates weak financial protection needed to progress towards UHC.

Most reproductive health expenditure is allocated to maternal conditions, but specific details on allocation are limited. There is a need for improved data collection and resource allocation data to help disaggregate information on reproductive health and the levels and type of service delivery provided and financed.¹



Curative care: 61%¹



Medical Goods: 12%¹



Governance, administration and financing: 11%¹



Preventive care: 9%¹



Auxiliary services: 7%¹



Chad has a significant reliance on bilateral Overseas Development Aid (ODA). In 2023, it received US\$ 623,481,438. This is expected to decline by approximately, 13,737,514 in 2026.⁹

The decline in ODA funding in 2026, will impact an already financially weak health and social system. In 2026, Chad is estimated to have an US\$975million funding requirement. However, in 2025 only 26% of the humanitarian funding requirement was met, signally significant challenges in sourcing resources to meet population need.⁵

Chad is one of the 54 countries that has a signed a UNFPA Supplies Compact and Matched Fund and sits as a programme country seat Steering Committee member.¹⁰ As part of the UNFPA Supplies Partnership Chad is commitment to increasing its envelope for reproductive health products by 1% each year until 2030.¹¹

Under the matched fund arrangement, UNFPA provides \$2 worth of quality-assured RH commodities for every \$1 contributed by the government, up to \$2 million per year.

Engagements



As part of their FP2030 commitments, Chad has committed to:

1. Creating a national budget line for the purchasing of reproductive health products, including contraceptives and revising it upwards (from 500 to 1 billion a year).
2. To gradually increasing budgetary resources allocated to the health sector, with the goal of budget allocated to health reaching 20% of the national budget by 2030.
3. Allocating 25% of the health budget for the health of the mother and the child.¹¹



To achieve this, Chad is working with the Global Financing Facility on a series of health financing reforms designed to increase access to quality health services among the poorest. This includes promoting public health management reforms, strengthening civil society engagement and mobilising new partners to fund the GFF Investment Case.¹²

An additional per capita investment of US\$19.53 per year would meet the need for contraceptive, maternal and newborn and abortion related services in Chad.¹³



Contraception yields cost savings by reducing unintended pregnancies:



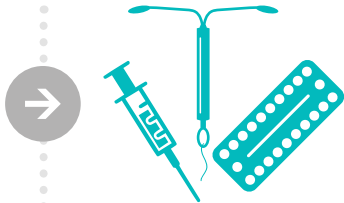
In Chad, every **\$1** spent on contraceptive services beyond the current level would save **\$2.50** in the cost of maternal, newborn and abortion care.

If Chad invested 1 billion CFA as per its FP 2030 Commitments this would result in:



CFA 1,000,000,000 investment

Funded by
Government of Chad



221,509 women and couples receiving modern contraceptive care



58,994 unintended pregnancies averted
32,692 unplanned births averted
15,831 unsafe abortion averted



451 women's and girls' lives saved

If all needs were met for contraceptive, maternal and newborn and abortion care in Chad the following sexual and reproductive health outcomes for women aged 15-49 and their newborns would decrease dramatically.

Unintended pregnancies would drop by

43%

Unsafe abortions would drop by

43%

Maternal deaths would drop by

71%

Newborn deaths would drop by

69%

Urgent Actions:

Government of the Republic of Chad

- Accelerate the operationalization of Universal Health Coverage, particularly in terms of reproductive health;
- Increase the share of financing for health investments;
- Produce and more disaggregated health and health financing data and disseminate widely to government, partners and civil society. This will improve transparency and joint action to accelerate progress on RMNCAH outcomes.

Technical and financial partners

- Increase development assistance in the health sector in line with the Paris Declaration;
- Supporting the Government in the march towards Universal Health Coverage;
- Ensuring support for the regular production of health data for advocacy.

Households

- Join risk-sharing institutions (Mutual Health Societies, Insurance Companies);
- Organise community-based structures allowing the implementation of mechanisms for sharing health risks.

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