



Capability Statement

Haiti

Tailored Risk Management

Service Provider Breakdown

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Note: Due to the ongoing collapse of healthcare infrastructure, Haiti should be considered a stabilisation only environment. Any patient requiring prolonged inpatient treatment, intensive care, surgical monitoring or post-operative rehabilitation must be evacuated abroad to an advanced facility for definitive care.

Recommended Centres of Medical Excellence (CMEs) include:

Port-au-Prince - Private facilities in the capital offer trauma triage, minor surgery and outpatient treatment, but most lack consistent electricity, sterile surgical theatres, or ICU level monitoring. Recent gang activity has caused prolonged staff shortages and damage to hospital perimeters. While stabilisation is possible in select private clinics under security, all moderate to severe cases require urgent evacuation.

Recommended evacuation destinations abroad include:

Santo Domingo (Dominican Republic) – Located 300 km from Port-au-Prince, Santo Domingo offers multiple internationally accredited hospitals (e.g. Cedimat, Plaza de la Salud) with 24/7 emergency departments, ICUs, cardiology, orthopaedics and advanced imaging (MRI, CT). Medevac from PAP is possible by air or through coordinated land convoys, though the border remains volatile and often closed.

Miami (USA) – A regional hub for trauma and tertiary care, with full-service hospitals like Jackson Memorial and Mount Sinai offering trauma, burn care, neurology and infectious disease services, albeit Miami remains on the much higher cost end of medical care compared to other CME options. Fixed-wing medical flights from PAP require ATC clearance and diplomatic coordination.

Panama City (Panama) – Hospitals such as Punta Pacifica and Hospital Nacional provide critical care beds, advanced diagnostics and surgical teams. Often used as a staging location for South America bound transfers or for patients requiring specialist evaluation prior to repatriation.

Havana (Cuba) – Equipped with experienced trauma surgeons, infectious disease units and intensive care, particularly for humanitarian support cases. Access may be viable via short-haul fixed-wing aircraft during coordinated humanitarian missions.

Medical evacuation options

1 Emergency Extraction to Home Nation Treatment	2 Emergency extraction to Closest Specialist Treatment before Repatriation	3 Ground/Maritime extraction to stabilisation/treatment (In- country no fly)
<p>Fixed-wing medical evacuation remains possible via Toussaint Louverture International Airport (PAP), though all movements require real time airspace clearance and secure ground transport through gang dominated zones. Runway operations are frequently paused during flare-ups, and convoys must be escorted.</p> <p>When functional, patients can be transferred directly to their home country with either air ambulance or medical escort on commercial flights. Most flights are routed through regional hubs to connect with long-haul departures.</p>	<p>Patients may be stabilised in Haiti and evacuated to nearby tertiary centres in the Dominican Republic, Cuba, Panama or the United States. These facilities offer ICU access, trauma surgery and medical specialisations unavailable locally.</p> <p>Air transfer is the preferred mode due to insecurity on roads and borders.</p> <p>These regional CMEs can also facilitate staging for onward repatriation.</p>	<p>Where airspace is closed or flights are unavailable, in-country stabilisation is possible at private clinics in Port-au-Prince. These can support wound care, IV fluids, and monitoring, but ICU-level care is unsustainable. Rotary evacuation is not available.</p> <p>Maritime extraction is not advised due to the absence of medical ports and high maritime crime. Road transfers are high risk and must be conducted with security teams using armoured vehicles and direct liaison with MSS or UN forces.</p>

Vaccination Requirements

Vaccine	Advice
Routine vaccines recommended (up to date)	Chickenpox (Varicella)
	Diphtheria-Tetanus-Pertussis
	Flu (influenza)
	Measles-Mumps-Rubella (MMR)
	Strongly recommended. Haiti is under a global CDC Level 1 measles alert. Two documented doses required; infants 6–11 months should receive an early dose before travel
	Polio, recommended for all travellers. Booster advised for long stays
	Shingles, recommended for adults age 50+
COVID-19	Strongly recommended for all travellers, booster advised
Hepatitis A	Recommended due to high risk from contaminated food and water
Hepatitis B	Recommended for long term visitors, healthcare workers or those with potential of exposure to blood and bodily fluids
Typhoid	Recommended particularly for rural travel or exposure to informal food services
Rabies	Recommended for travellers with potential animal exposure. Post-exposure treatment may not be readily available.
Yellow Fever	Required only if transiting from endemic zones or airports with extended layovers
Meningococcal Meningitis	Consider in crowded housing environments
Malaria	Present in rural departments. Prophylaxis with atovaquone-proguanil, doxycycline, or mefloquine is recommended
Cholera	Recommended for those staying in areas with active outbreaks or humanitarian deployments.

Special Precautions:

- Level 1 CDC Global Health Alert (*Measles*):**
Measles is circulating globally and Haiti has confirmed cases. All travellers should be fully immunised with two MMR doses. Infants aged 6–11 months require an early dose prior to travel. Unvaccinated individuals are at risk of infection and may face travel disruption during outbreaks
- Airborne and Droplet Infections (*Tuberculosis, Hantavirus, COVID-19*):**
Tuberculosis (TB) remains a serious public health issue in Haiti, particularly in urban

slums and camps for displaced persons. Travellers on extended deployments should undergo screening before and after travel. *Hantavirus* is rare but possible in areas with rodent infestation. Avoid contact with rodent habitats and maintain food storage hygiene. *COVID-19* continues to circulate, especially in Port-au-Prince. Masks are advised in crowded indoor areas, healthcare facilities, and during air travel.

- **Vector-Borne Diseases (*Malaria, Dengue, Zika, Chikungunya*):**

All four are transmitted by mosquitoes and are endemic in Haiti and present year-round.

Malaria is found primarily in rural and coastal areas, chemoprophylaxis is essential.

Dengue and *Chikungunya* outbreaks are recurrent in urban zones.

Zika remains a concern for pregnant travellers due to the risk of congenital transmission. 60% DEET-based repellents, insecticide treated bed nets, and long-sleeved clothing should be used consistently.

- **Water and Soil-Transmitted Diseases (*Hepatitis A, Typhoid, Cholera, Leptospirosis*):**

Sanitation infrastructure is poor in many areas. *Hepatitis A* and *Typhoid* are spread via contaminated food and water.

Cholera is endemic and flares after flooding or disaster events. Travellers should drink only bottled or boiled water, avoid ice, and consume thoroughly cooked foods.

Leptospirosis is present in flood prone zones and may be contracted through contaminated soil or water. Avoid wading in floodwater or walking barefoot outdoors.

- **Zoonotic Hazards (*Rabies*):**

Stray dogs and bats are common and *Rabies* cases are documented annually. Travellers working in animal handling, rural areas or exposed outdoor environments should receive pre-exposure vaccination. Post-exposure prophylaxis is often unavailable in-country, evacuation may be necessary following suspected exposure.

- **Environmental Hazards (*Gang Violence, Heat, Flooding, Infrastructure Disruption*):**

Haiti faces extreme daily violence, including shootings, kidnappings and road ambushes. Movement must be security-led. Heat related illness is common, temperatures regularly exceed 35°C with high humidity.

Seasonal flooding destroys roads and sanitation infrastructure, increasing the spread of infectious disease and disrupting travel. Carry a personal supply of rehydration salts, filtration bottles, and essential medications.

- **Antimicrobial Resistance (AMR):**

Resistance rates are increasing, particularly in wound infections and *Pneumonia*. Diagnostic support is limited and antibiotics are often misused. Whenever possible, seek care in private facilities with laboratory services. In severe cases, stabilisation should be followed by evacuation for treatment abroad.

Political evacuation options

Haiti remains in a state of prolonged political and civil instability. While the transitional presidential council nominally governs from Port-au-Prince, more than 85% of the capital and surrounding neighbourhoods are under the control of rival gang federations.

The security situation is fluid and deteriorating, with kidnappings, targeted assassinations and armed robberies affecting civilians and humanitarian operations.

Evacuation planning should be centred around two possible departure points: Toussaint Louverture International Airport (PAP), and Cap-Haïtien International Airport in the north.

While PAP remains the main international hub, access is constrained by gang checkpoints, fuel shortages and protest activity. Armed convoys are required and road routes may be blocked with no warning.

Cap-Haïtien offers marginally more predictable access but fewer outbound flights.

All evacuations must be pre-cleared through MSS coordination teams or foreign diplomatic missions.

Land based exit via the Dominican Republic is no longer viable due to heightened border tension and reports of foreign nationals being intercepted.

Maritime extraction through Haiti's major ports is only possible through UN-escorted charters or military operations and is not appropriate for routine medical or corporate use.

In the event of total airport closure, hibernation protocols are advised.

Secure compounds in Pétion-Ville and central Cap-Haïtien have been designated

for extended hold positions and are equipped with satellite communications, backup power, potable water, and food for up to two weeks. All teams operating in Haiti must maintain daily contact with external operations and have at least two tested contingency routes for evacuation.

Passport and Visas

Embassies maintain reduced operations, and most consular services are now handled remotely from Santo Domingo or Washington DC.

	Visa Required	Passport Required
Other EU	Visa free ≤3 months; pay \$10 on arrival	Valid ≥ 6 months + 1 blank page
USA	Visa free ≤3 months; pay \$10 on arrival	Valid ≥ 6 months + 1 blank page
Canadian	Visa free ≤3 months; pay \$10 on arrival	Valid ≥ 6 months + 1 blank page
Australian	Visa free ≤3 months; pay \$10 on arrival	Valid ≥ 6 months + 1 blank page
British	Visa free ≤3 months; pay \$10 on arrival	Valid ≥ 6 months + 1 blank page

Political considerations

Local closed sources advisors	Reliable closed source intelligence is available through embedded humanitarian, security and diplomatic liaisons in Port-au-Prince and Cap-Haïtien. These sources provide timely insight into gang activity, protest planning and infrastructure collapse. Intelligence gathering in areas beyond these zones is extremely limited, as over 80% of national territory is inaccessible without gang approval. Coordination with MSS (Multinational Security Support Mission), local partners and trusted civil society actors is essential for route and movement assessment.
Stable political governance	No , Haiti is in a state of prolonged constitutional and institutional collapse. The transitional Presidential Council has nominal control over government functions, but most ministries operate with reduced or non-existent staff. Daily governance in much of Port-au-Prince and surrounding communes is dictated by rival gang federations such as 'G9' and 'G-Pep'. Civil services, including law enforcement, healthcare and customs, are fragmented and often non-functional. The situation is considered among the most unstable in the Western Hemisphere.
Kidnap and ransom capability	Yes , Haiti remains one of the world's most active environments for 'kidnap for ransom' operations. Gangs target foreign aid workers, journalists, corporate personnel and local staff perceived to be affiliated with foreign organisations. Kidnappings occur at checkpoints, on arterial roads and at known hotel compounds. The risk is highest in Port-au-Prince but has extended to Cap-Haïtien and the central plateau. NGS maintains live K and R support in-country, including negotiation capability, safe extraction coordination and liaison with diplomatic networks.
Significant political events imminent	Yes , national elections, provisionally scheduled for November 2025, remain contentious. Multiple factions have declared parallel authorities and the risk of civil violence is high. Public protest movements continue to emerge across the south and west, often met with gang retaliation or heavy handed suppression by Haitian National Police (HNP). The deployment of the Kenya-led MSS force has sparked backlash from some armed groups and further escalation is anticipated around key political deadlines, including the appointment of a transitional Prime Minister.
Borders	<ul style="list-style-type: none"> - Port-au-Prince International Airport (PAP): Haiti's main international airport remains operational but requires pre-planned movement through multiple gang-controlled zones.

The airport itself is protected by a fortified perimeter under MSS oversight, but access roads (including Route Nationale 2 and Boulevard Toussaint Louverture) are subject to sporadic closures, roadblocks and ambushes. All airport movements require security escort and real time clearance with operational planning.

- **Cap-Haïtien Airport:**

Offers limited commercial and medical evacuation flights, typically via Santo Domingo or Miami. Road access to the airport is more reliable than PAP, but increasing gang activity in surrounding communes has begun to affect northern movement corridors. Security led convoy is still mandatory.

- **Dominican Border Crossings (Ouanaminthe and Belladère):**

Land borders with the Dominican Republic are currently closed to foreign nationals due to persistent violence, irregular migration and bilateral tension. Even when open, crossings are subject to extortion, mass displacement and militia interference. These routes are not viable for foreign evacuation.

- **Port Terminals (Port-au-Prince, Cap-Haïtien, Miragoâne):**

These facilities are not under reliable government control. Ports are currently operated under gang influence or inoperative due to staff flight. Maritime evacuation is not advised unless coordinated at state or multilateral level with naval support. Medical transfers via sea are infeasible under current conditions.

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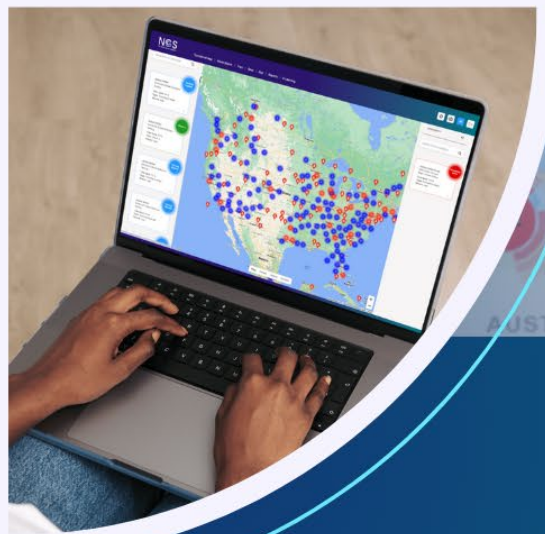
www.northcottglobalsolutions.com



info@northcottglobalsolutions.com



+44 207 183 8910



89 Charterhouse St,
Farringdon, London,
EC1M 6PE, UK