



Capability Statement

# Central African Republic

Tailored Risk Management

## Service Provider Breakdown

Air Ambulance	17
Air Charter	12
Security Providers	13
Maritime Security Providers	N/A
Medical Service Providers	13
Medical Escort Providers	12
Repatriation Mortal Remains	8
Specialist Services	90

## Recommended evacuation destinations abroad include:

**Yaoundé (Cameroon)** – Closest regional CME, offering 24/7 emergency, ICU, trauma, surgical and diagnostic services (MRI/CT). Medevac flights from Bangui are routine, with strong coordination for secure transfers.

**Nairobi (Kenya)** – Kenyatta National Hospital provides full ICU support, neurosurgical capability and infectious disease management. Often used for long term critical care and repatriation staging.

**Johannesburg (South Africa)** – Offers premier critical care, specialized trauma surgery, oncology, and multi specialist services. Suitable for long term ICU cases or complex post-operative rehabilitation.

## Nearest centre of medical excellence

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**Bangui** – The capital’s main hospital provides initial stabilisation, trauma triage and basic inpatient care. ICU capacity is minimal; electricity. patient needing prolonged ICU care, specialist surgery or complex rehabilitation must be evacuated abroad promptly.

**Note.** *The Central African Republic can only stabilise trauma and emergency cases, any patient needing prolonged ICU care, specialist surgery or complex rehabilitation must be evacuated abroad promptly.*

## Medical evacuation options

<b>1</b> <b>Emergency Extraction to Home Nation Treatment</b>	<b>2</b> <b>Emergency extraction to Closest Specialist Treatment before Repatriation</b>	<b>3</b> <b>Ground/Maritime extraction to stabilisation/treatment (In- country no fly)</b>
<p>Fixed-wing medical evacuation is executed via Bangui M'Poko International Airport, contingent upon real time security clearance, airport functionality and diplomatic authorisation. All patient transfers must be escorted by armed MINUSCA convoys, typically originating from secured zones within the capital. The airport is occasionally subject to temporary shutdowns due to militia activity, fuel shortages or sudden air traffic control restrictions. Once secured, patients are loaded onto air ambulance or medical escort flights, either direct to their home countries or routed through Yaoundé, which serves as a regional medevac staging point. Evacuation windows are often limited to daylight hours, and all ground movement must be monitored for roadblocks or active threat zones. Clearance through multiple command layers (MINUSCA, Ministry of Health, diplomatic channels) is advised at least 12 hours prior to launch. Families and consulates are advised to remain in secure lodging until final wheels-up confirmation.</p>	<p>If the patient requires urgent tertiary care that cannot be safely managed in Bangui's limited medical environment, evacuation to the nearest Centres of Medical Excellence is recommended. These include Yaoundé (Cameroon) for rapid ICU admission and diagnostics, Nairobi (Kenya) for long term specialist care, and Johannesburg (South Africa) for advanced surgical and post-operative recovery. All three cities maintain 24/7 trauma and infectious disease response units and are regularly used by NGO and diplomatic medevac operations. Flights are typically launched via medical air charter with pre-cleared landing rights and in-transit medical coordination. Once stabilised, patients may proceed to home country treatment or continue under international insurance funding. In some cases, a temporary stabilisation period in these CMEs precedes final repatriation, especially for spinal trauma, infectious diseases, or paediatric ICU cases.</p>	<p>In scenarios where airspace is closed, runways are compromised, or the airport becomes inaccessible due to unrest, patients must be stabilised in Bangui's best available facility, often under field-like conditions. These clinics can provide basic oxygen, IV support and triage for trauma, but have limited critical care capacity. Once stabilised, overland evacuation via secure ground convoy may be initiated. The preferred route to Yaoundé (Cameroon) is heavily dependent on current road conditions, militia presence, and daylight clearance windows. MINUSCA escort is mandatory, and convoys must carry trauma supplies, oxygen, satellite comms, and contingency fuel. Rotary extraction is not viable due to lack of assets and regional airspace restrictions. Maritime options are unavailable. Hibernation in secure compounds may be required until safe ground movement can be assured, particularly during curfews or militia offensives near strategic crossings.</p>

## Vaccination Requirements

Vaccine	Advice
<b>Routine vaccines recommended (up to date)</b>	Chickenpox (Varicella)
	Diphtheria-Tetanus-Pertussis
	Flu (influenza)
	Measles-Mumps-Rubella (MMR)
	Strongly recommended. CAR is on CDC Level 1 measles alert. Two dose coverage mandatory; early dose for infants (6-11 months).
	Polio, strongly recommended, Adult IPV booster advised; ongoing endemic risk.
	Shingles, recommended for adults $\geq 50$ or with chronic health conditions.
<b>COVID-19</b>	Strongly recommended. Full vaccination and recent booster essential due to limited hospital infrastructure.
<b>Hepatitis A</b>	Mandatory for all travellers, including first dose at 6-11 months.
<b>Hepatitis B</b>	Recommended for long-stay visitors and health/field workers.
<b>Typhoid</b>	Recommended for rural or non-commercial food exposures.
<b>Rabies</b>	Advised for animal-exposed travellers. Post-exposure prophylaxis is not readily available
<b>Yellow Fever</b>	Mandatory for travellers $\geq 9$ months. Entry certificate required.
<b>Meningococcal Meningitis</b>	Recommended during dry season travel in Northern CAR (in meningitis belt).
<b>Mpox</b>	Recommended for travellers expecting close physical contact or attendance at large gatherings. Primary dose 6 weeks before travel, second dose after 4 weeks; full protection 2 weeks post-second dose.
<b>Malaria</b>	Endemic countrywide. Wide resistance to Chloroquine. Prophylaxis with Atovaquone-Proguanil, Doxycycline, Mefloquine or Tafenoquine, required alongside insect precautions.

## Special Precautions:

- **Global Level I CDC Alert (Measles):**

*Measles* is resurgent globally, and CAR is included in current alerts. Travellers should have completed two dose MMR immunisation and early infant vaccination where applicable.

- **Airborne and Droplet Infections (*Tuberculosis, COVID-19*):**

*Tuberculosis* is widespread in rural areas and displaced populations. Pre and post-mission testing is recommended. *COVID-19* continues to circulate in urban districts and healthcare settings; mask use and hygiene protocols remain important.

- **Rodent- and Water-borne Diseases (*Hantavirus, Leptospirosis, Schistosomiasis*):**

*Hantavirus* potential exists in grain storage sites or field shelter lodgings, avoid poorly ventilated, rodent-infested areas.

*Leptospirosis* outbreaks may follow flooding, avoid wading in floodwater.

*Schistosomiasis* is transmitted in stagnant freshwater; waterproof footwear and early treatment are advised.

- **Vector-borne Diseases (*Malaria, African Trypanosomiasis, African Tick-bite Fever, Crimean-Congo Haemorrhagic Fever, Dengue, Zika, Chikungunya*):**

Malaria risk is universal, chemoprophylaxis and mosquito barriers are essential.

*African Trypanosomiasis* is transmitted by tsetse flies, neutral coloured clothing reduces exposure. *African Tick-bite Fever* may arise in savannah areas, repellent clothing is advised.

*CCHF* is present near livestock regions, avoid animal blood and farm areas without

protection.

*Dengue, Zika, Chikungunya* are endemic in wetter regions, rigorous insect measures are necessary year round, use 60% DEET containing bug repellent and use insecticide treated nets.

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

High prevalence in stray dog and wildlife populations. Pre-exposure vaccination is advised; any bite needs immediate wound care and evacuation for post-exposure prophylaxis.

- **Water and Foodborne Infections (*Hepatitis A, Typhoid, Cholera*):**

*Hepatitis A* and *Typhoid* remain significant risks. Avoid untreated water and local street food. Cholera is not active, but breakdown in sanitation increases diarrhoeal risk. Carry filters, bottled water, and oral rehydration supplies.

- **Environmental Hazards (Violence, Heat, Infrastructure Failure):**

CAR experiences high armed violence and kidnapping rates, with limited law enforcement outside Bangui. Temperatures often exceed 38 °C, leading to heat stress. Power and water supply are unreliable, teams need robust contingency planning with hydration systems, fuel reserves, and secure lodgings.

- **Antimicrobial Resistance (AMR):**

Resistance to broad spectrum antibiotics is increasing in both clinical and community settings. Empirical therapy should be avoided without microbiology support. Severe infections should be stabilised and evacuated for specialist care and lab diagnostics.

## Political evacuation options

The Central African Republic remains embroiled in conflict between government forces, rebel militias and peacekeepers. Bangui's M'Poko Airport remains the primary evacuation point but is vulnerable to militia incursions, fuel shortages and runway advisories.

Evacuation logistics require MINUSCA-coordinated armed convoys from secure zones to the airport. Road evacuation routes via Cameroon and Chad exist, but are hazardous due to ambush risk and roadblocks; convoys should operate only during daylight with real-time MINUSCA route monitoring.

Border crossings are unpredictable and intermittently closed, requiring route reconnaissance and emergency planner liaison.

Marine or river based evacuations are not feasible. In a worst case, fortified safehouses in Bangui supported by MINUSCA and embassy protection act as hibernation sites until evacuation can be executed.

## Passport and Visas

	Visa Required	Passport Required
Other EU	Yes, embassy approved visa	Yes, (valid 6 months+)
USA	Yes, visa on arrival at Bangui	Yes, (valid 6 months+)
Canadian	Yes, embassy issued visa	Yes, (valid 6 months+)
Australian	Yes, diplomatic mission visa	Yes, (valid 6 months+)
British	Yes, embassy approved visa	Yes, (valid 6 months+)

## Political considerations

Local closed sources advisors	Embedded networks in Bangui and regional hubs offer insights into militia movements, checkpoint dynamics, and local conflict zones. Area coverage outside urban centres is sparse, necessitating field reconnaissance and MINUSCA reporting.
Stable political governance	No, central authority is weak, with up to 80% of the country under militia or non-state control. Governance is fragmented and regional autonomy dominates rural governance
Kidnap and ransom capability	<b>Yes</b> , kidnap for ransom is a persistent threat throughout CAR. Militia groups and criminal gangs frequently target foreigners and local staff. Negotiation support remains essential.
Significant political events imminent	<b>Yes</b> , July's national consultation may spark violence around Bangui and regional capitals. Protest related clashes and ambushes have risen in recent weeks, especially near oil or mining concessions.
Borders	- <b>Bangui M'Poko Airport:</b> MINUSCA secured but subject to militia disruptions and roadblocks. All departures

follow convoy clearance windows, typically provided 24–48 hours in advance.

– **Land border with Cameroon (Garoua-Boulai):**

Available under MINUSCA escort, but prone to extortion and ambush. Daylight transit only.

– **Land border with Chad (N'Djamena route):** Similar risks; requires prior diplomatic clearance and convoy coordination.

– **Other land borders (DRC, South Sudan):**

Uncontrolled, high risk areas with no recommended evacuation routes.



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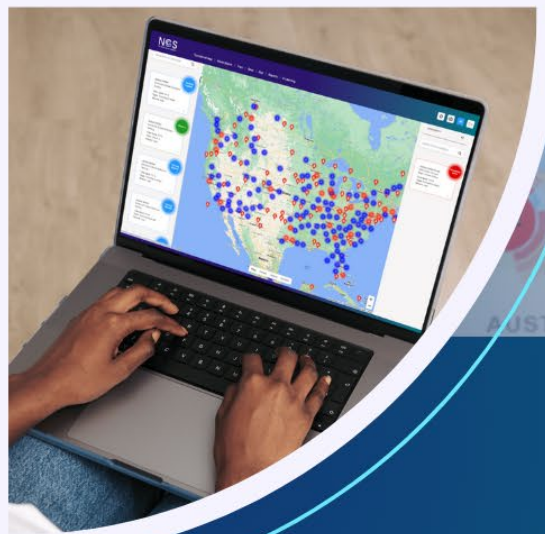
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