Northcott Global Solutions

Capability Statement

Libya

Tailored Risk Management

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Libya's healthcare infrastructure remains fragile and fragmented. Only basic stabilisation is available in-country. For long term, intensive, or specialist care transfer to a neighbouring country with accredited facilities is essential.

Tripoli – Limited private hospitals exist in the capital offering basic surgical, maternity, and diagnostic services. However, facilities operate under strain, with intermittent power, limited ICU beds and reduced access to medications. Hospital security is unpredictable due to militia activity, and road access may be disrupted by curfews or checkpoints.

Note: *No facility in Libya currently offers consistently safe, internationally accredited intensive care or specialist surgical support. Major cities lack tertiary referral capacity and are not suitable for managing complex trauma or prolonged post-operative cases. Access to even routine medical services can be delayed by security incidents, infrastructure degradation or fuel shortages.*

Where feasible, patients should be transferred to Centres of Medical Excellence in the surrounding region for definitive care. Recommended destinations include:

Tunis, Tunisia – Offers French-accredited hospitals with full ICU, trauma surgery, neurology, cardiology and infectious disease support.
Cairo, Egypt – Hosts internationally affiliated university hospitals with broad specialist coverage, 24/7 surgical response and multilingual medical staff.
Valletta, Malta – Provides EU-standard care with rapid air ambulance access, modern diagnostics, and intensive care capacity.

All cross-border movement requires real time security assessment and logistical coordination. Delays should be expected due to regional tensions and administrative bottlenecks.

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)
Fixed-wing evacuation is technically possible via Mitiga International Airport (Tripoli), Benina Airport (Benghazi), and Misrata Airport, though all are subject to unpredictable closures, fuel shortages and airspace restrictions. ATC coordination must be confirmed within 24 hours of movement. Airport access frequently depends on local militia approval and security force cooperation. Ground convoy delays and route instability are common.	Where direct repatriation is not viable, short-haul stabilisation transfers are recommended to Tunis (Tunisia), Cairo (Egypt), or Valletta (Malta). These centres offer full ICU support, trauma care and onward air ambulance connectivity. Road convoys from Tripoli to the Ras Ajdir border crossing (Tunisia) are sometimes possible but require armed escort and clearance from both sides. Delays are likely due to shifting checkpoints.	If airspace is closed, local stabilisation at private hospitals in Tripoli or Misrata is possible. However, ICU services and surgical capacity are limited. Rotary extraction is rarely viable due to air defence concerns and absence of helipads. Maritime options are extremely limited; ports such as Tripoli, Misrata, and Benghazi lack medical facilities or evacuation infrastructure and are considered high-risk zones. Ground convoys must be accompanied by private security, with satellite communication, trauma packs and pre-mapped alternate routes.

Vaccination Requirements

Vaccine	Advice
Routine vaccines recommended (up to date)	Chickenpox (Varicella)
	Diphtheria-Tetanus-Pertussis
	Flu (influenza)
	Measles-Mumps-Rubella (MMR) Strongly recommended. Libya is listed under the CDC's May 2025 Global Level 1 Measles Alert. Travellers should receive two documented doses of MMR at least 14 days prior to departure. Infants aged 6–11 months should receive an early dose that does not count toward the standard series.
	Polio, recommended. All travellers should be up to date on polio immunisation. A one-time adult IPV booster is advised for stays longer than four weeks. While no current CDC alert is active, risk persists due to regional transmission.
	Shingles, recommended for older Adults
COVID-19	Strongly recommended. All eligible travellers should be up to date with COVID-19 vaccinations, including recent boosters. Libya has no structured surveillance or immunisation reporting.
Hepatitis A	Recommended for all travellers aged one and above. Infants aged 6–11 months should receive one dose before travel (not counted toward routine series). Immune globulin is advised for those departing with less than two weeks' notice.
Hepatitis B	Recommended for unvaccinated travellers under 60. Particularly important for anyone with potential exposure to blood or medical interventions.
Typhoid	Recommended particularly for most travellers, especially those visiting smaller towns, rural zones, or staying with family and local hosts. Food and water contamination is common.
Rabies	Considered for long stays, outdoor work, or animal exposure. Rabid dogs are commonly reported in Libya. Post-exposure prophylaxis is not reliably available. Pre-exposure vaccination is advised for high-risk itineraries.
Yellow Fever	Required only if transiting from endemic zones or airports with extended layovers

Special Precautions:

- **CDC Level 1 Global Alert (*Measles*):** The CDC issued a Level 1 Global Alert for measles in May 2025. Libya is included in the list of countries with increased global *Measles* risk. All travellers should receive two documented doses of MMR vaccine

before travel. Infants aged 6–11 months should receive an early dose. Imported cases are likely due to regional migration, poor vaccination coverage and the breakdown of routine immunisation programmes. Proof of vaccination may be required for exit in some cases.

- **Airborne and Droplet Infections (*Tuberculosis, Hantavirus, COVID-19*):**
  Tuberculosis (TB) is present in Libya, particularly in overcrowded urban settlements, refugee camps and detention centres. All long term travellers should undergo TB screening before and after deployment.
  Hantavirus may be transmitted via aerosolised rodent droppings in rural housing, abandoned buildings or storage facilities. Although the *Andes* virus (human-to-human) has not been reported, caution is advised when handling food or bedding stored in rodent-prone environments.
  COVID-19 remains a concern. Libya has no comprehensive monitoring programme and no centralised response. Mask wearing in crowded public areas and health facilities is advised.
- **Vector-Borne Diseases (*Leishmaniasis*):**
  Leishmaniasis, a parasitic infection spread by sand fly bites, is endemic in rural Libya, especially in arid and peri-urban environments with poor sanitation or conflict related housing damage. Skin ulcers (cutaneous form) are the most common manifestation. There is no vaccine. Travellers should avoid outdoor activity from dusk to dawn, wear long sleeved clothing, and apply 60% DEET-based repellents. Use treated mosquito nets when sleeping in rural dwellings or tents.
- **Water and Soil-Borne Infections (*Leptospirosis*):**
  Leptospirosis may be contracted through exposure to animal urine, particularly in flood-affected zones or contaminated agricultural land. Travellers working in field conditions should avoid swimming or wading in freshwater sources. Use sealed boots and protective clothing. Maintain strict hygiene and consume only bottled or purified water. Avoid raw foods from street vendors and rinse fruits/vegetables thoroughly.
- **Zoonotic Hazards (*Rabies*):**
  Rabies is present in stray dog populations across Libya. *Rabies* vaccines are not reliably available, especially outside of Tripoli. Travellers involved in fieldwork, animal handling, or humanitarian aid in high-risk zones should receive pre-exposure vaccination. Post-exposure treatment may require international evacuation. Avoid contact with all wild or stray animals and report any bites or scratches immediately for assessment.
- **Environmental Hazards:**
  Libya experiences extreme heat, frequent power outages, and limited access to potable water, especially in southern governorates and during summer. Temperatures regularly exceed 45°C, increasing the risk of heatstroke, dehydration, and renal strain. Sandstorms, poor air quality and fuel shortages may disrupt healthcare access and exacerbate chronic respiratory or cardiac conditions. Travellers should carry hydration salts, appropriate respiratory protection (N95 masks), sunscreen, and backup power sources (solar or battery).

Political evacuation options

Political and diplomatic evacuation from Libya remains highly constrained, with extremely limited foreign diplomatic presence and irregular airspace availability.

Tripoli's Mitiga International Airport operates intermittently under militia control, and its use for fixed-wing evacuation requires short notice coordination with multiple local actors.

Benina Airport (Benghazi) is subject to military control and often unavailable to civilian or diplomatic traffic.

Fixed-wing evacuations require ATC clearance, militia security guarantees and verified ground access routes. Any movement to airport staging zones must be pre-approved, escorted and secured. Real-time coordination is essential due to frequent runway closures, protests, or active conflict near airport infrastructure.

Where direct evacuation is not feasible, short-haul stabilisation in Tunis, Cairo, or Valletta is recommended.

Road movement to the Ras Ajdir (Tunisia-Libya) border is possible from western Libya, but demands full security escort, coordination with border authorities and advance planning due to changing checkpoint locations and crossing times.

The Sallum crossing into Egypt is theoretically open but remains unreliable due to administrative bottlenecks and security friction in eastern Libya.

Maritime evacuation is not recommended due to Libya's limited naval infrastructure, lack of port medical capability and ongoing surveillance by regional naval forces. Should all air and land routes be unavailable, hibernation protocols must be initiated.

Hibernation is viable in secure compounds in Tripoli and Misrata, provided teams have pre-stocked reserves of fuel, medical kits, food, communications equipment and water purification tools.

Any hibernation location should avoid symbolic buildings, government facilities, or large intersections. Localised unrest can escalate rapidly in both coastal and desert urban centres.

All organisations operating in Libya should maintain a fully validated evacuation matrix, pre-identified safe zones and access to vetted local security partners. Embassy coordination is minimal; many countries operate Libya affairs remotely from Tunis or Cairo.

Passport and Visas

	Visa Required	Passport Required
Other EU	Advance visa or e-Visa (for 30 day stay only)	Valid ≥ 6 months + 1 blank page
USA	Advance visa or e-Visa (for 30 day stay only)	Valid ≥ 6 months + 1 blank page
Canadian	Advance visa or e-Visa (for 30 day stay only)	Valid ≥ 6 months + 1 blank page
Australian	Advance visa or e-Visa (for 30 day stay only)	Valid ≥ 6 months + 1 blank page
British	Advance visa or e-Visa (for 30 day stay only)	Valid ≥ 6 months + 1 blank page

Political considerations

Local closed sources advisors	Access to reliable intelligence is extremely limited. Most international missions have withdrawn and NGO activity is regionally restricted. Intermittent field reporting is possible through tribal and humanitarian networks, particularly in Tripoli and Misrata. However, eastern Libya (Benghazi, Derna) remains opaque, with competing security forces obstructing transparency. Intelligence gaps are pronounced in Fezzan and desert towns.
Stable political governance	**No**, Libya remains deeply fragmented, governed by rival administrations in Tripoli (Government of National Unity) and Benghazi (House of Representatives/LNA). Ceasefires are fragile and state services remain decentralised or absent outside major cities. UN peace initiatives have stalled, and no unified defence or health system exists. Security decisions are often made by non-state actors or local militias with shifting alliances.
Kidnap and ransom capability	**Yes.** K and R risk is severe, particularly in southern and eastern regions, and among oilfield infrastructure or humanitarian corridors. Foreigners remain high value targets. Criminal groups, extremist cells, and tribal factions engage in opportunistic abductions. Ransom and political leverage remain key motivators. NGS maintains local negotiation assets and has supported extractions from Tripoli, Sabha, and border towns.
Significant political events imminent	**Yes**, ongoing negotiations between the Tripoli and Benghazi factions over oil revenue distribution, militia demobilisation and electoral timelines are unresolved. UN-sponsored elections remain stalled, and local tensions continue to flare in Zawiya, Sabha and along the coastal road to Misrata. Instability near oil terminals (e.g. Sidra, Ras Lanuf) is expected to escalate. Israeli-Iranian proxy tension has prompted airspace closures across North Africa, impacting cross-border coordination.
Borders	- **Mitiga International Airport (Tripoli):** Sporadically operational; requires militia coordination. Last minute closures are common. - **Benina Airport (Benghazi):** Unreliable for civilian use. LNA controls access. - **Ras Ajdir (Tunisia Border):** Frequently used for land evacuation. Crossings depend on local checkpoint cooperation and weather. - **Sallum (Egypt Border):** Administrative delays common; open irregularly. - **Tripoli Port:** Not recommended. No medevac support or diplomatic infrastructure. Monitored by

	naval surveillance and vulnerable to smuggling interference.

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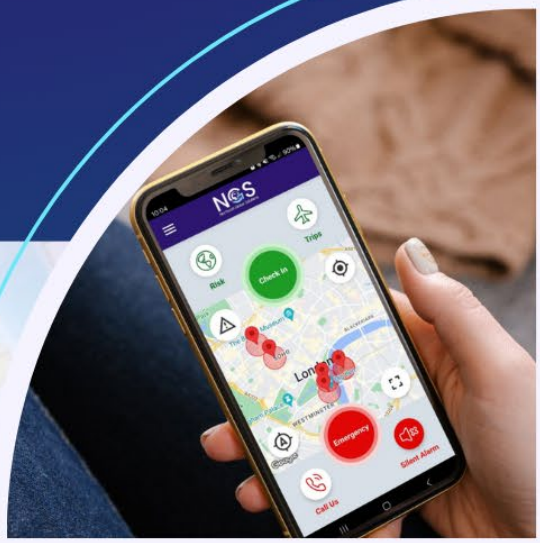

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