



Capability Statement

Somalia

Tailored Risk Management

Service Provider Breakdown

Air Ambulance	15
Air Charter	7
Security Providers	32
Maritime Security Providers	5
Medical Service Providers	13
Medical Escort Providers	5
Repatriation Mortal Remains	6
Specialist Services	35

Nearest centre of medical excellence

Use our emergency app to initiate a response and access our regional medical assistance network.

Somalia does not maintain any internationally recognised Centres of Medical Excellence. Due to protracted insecurity, weak healthcare infrastructure and the absence of a centralised referral system, medical capabilities within the country remain extremely limited.

Stabilisation is often only possible through humanitarian field hospitals, and advanced care is not available in any public or private facility nationwide.

All critical cases should be evacuated internationally at the earliest medically appropriate opportunity. Somalia's lack of advanced surgical units, ICU capacity, and secure patient transfer networks makes local treatment for complex trauma, severe infection, or specialist needs untenable.

Recommended regional destinations for evacuation include:

Nairobi (Kenya) – The primary regional hub for East African medical evacuations, Nairobi hosts internationally accredited tertiary hospitals such as The Aga Khan University Hospital and Nairobi Hospital. These centres offer trauma care, intensive care units (ICUs), advanced imaging, surgical

specialities, and multilingual medical staff experienced in handling international evacuees.

Addis Ababa (Ethiopia) – Serving as a major East African referral destination, Addis Ababa provides access to multi-speciality hospitals including St. Gabriel and Nordic Medical Centre. Facilities are equipped for emergency stabilisation, internal medicine, general and orthopaedic surgery, and critical care.

Djibouti City (Djibouti) – While smaller in scale, Djibouti City offers stable private care options suitable for short term stabilisation and triage. It is often used as a staging point for onward transfer to higher-level facilities in Kenya, Ethiopia, or the Gulf region.

***Note:** Patients should not remain in Somalia for management of any condition requiring sustained monitoring, invasive procedures, or intensive treatment. Evacuation planning must include security escort, coordination with humanitarian partners, and updated intelligence on airfield and route availability.*

Medical evacuation options

<p>1 Emergency Extraction to Home Nation for Treatment</p>	<p>2 Emergency Extraction to Closest Specialist Treatment before Repatriation</p>	<p>3 Ground/Maritime extraction to stabilisation/treatment (In- country no fly)</p>
<p>Somalia’s airspace is open but requires advanced notice and coordination with aviation authorities. Emergency medical evacuations via air ambulance or charter are available from international airports such as Mogadishu or Hargeisa, with initial stabilisation provided locally.</p> <p>All evacuations require airport security clearance, medical authorisation and armed escort for ground transport. Most repatriations to home country route through Nairobi, Dubai, or Johannesburg.</p>	<p>For urgent clinical cases, medical evacuations are routed to nearby centres of excellence such as Nairobi or Djibouti. These transfers are executed by fixed wing or rotary aircraft with onboard medical personnel.</p> <p>Due to the operational risk environment, ground transfers to rendezvous points must be secured with deterrent level security teams and pre cleared routes.</p>	<p>If flying is not viable due to weather, security or access constraints, patients may require temporary stabilisation at a secure site within Somalia.</p> <p>A medical escort team with a security unit may be deployed for on-site treatment and monitoring until an extraction window opens. Evacuation routes are often split between northern and southern corridors, depending on proximity to international borders.</p> <p>Maritime medical extraction is a viable option for select coastal and offshore incidents, particularly for clients in the oil, gas, and maritime security industry.</p> <p>Medically equipped vessels and high speed craft may be used to transfer patients to international waters or rendezvous with aeromedical teams or naval vessels. Due to the piracy threat, all maritime extractions require pre planned routes, naval coordination and armed protection.</p> <p>Weather and sea conditions may also impact extraction timing and feasibility.</p>

Vaccination Requirements

Vaccine	Advice
Routine vaccines recommended (up to date)	Chickenpox (Varicella)
	Diphtheria-Tetanus-Pertussis
	Flu (influenza)
	Measles-Mumps-Rubella (MMR)
	Strongly recommended, as Somalia is under a CDC Level Global Alert for Measles
	Measles is endemic in Somalia. Travellers are at risk if not fully vaccinated at least two weeks prior to departure or have not had measles in the past. All international travellers should be fully vaccinated against measles with the MMR vaccine, including an early dose for infants 6-11 months.
COVID-19	Polio
	Strongly recommended, as Somalia is under CDC Level 2 Global Alert
	Poliovirus has been identified in Somalia in the past year. Travellers are at increased risk of exposure. Adults who received a complete Polio vaccination series as children may receive a single lifetime booster dose of inactivated polio vaccine. Unvaccinated or incompletely vaccinated travellers should complete the polio vaccination series before travel. Children not fully vaccinated may follow an accelerated schedule
Shingles	
COVID-19	Strongly recommended for all travellers
Hepatitis A	Strongly recommended for all travellers, food and waterborne risk is high
Hepatitis B	Recommended, particularly for healthcare/ emergency workers those with exposure to blood or bodily fluids and unsterile equipment
Typhoid	Strongly recommended, for urban but especially for rural or extended stays; food and water hygiene is variable

Rabies	Recommended strongly, especially for outdoor, humanitarian or rural deployments where medical access is limited; many stray dogs and bats are present. Post exposure prophylaxis is not readily available
Cholera	Recommended, following active outbreaks 2024/25, particularly for humanitarian workers or high-risk deployments involving extended stays in displacement camps
Yellow Fever	Certificate of vaccination required if arriving from countries with Yellow Fever transmission
Chikungunya	Strongly recommended, Chikungunya vaccination is recommended for people traveling to an area with a Chikungunya outbreak.
Meningococcal Meningitis	Recommended for those in crowded, communal, or high exposure settings such as IDP camps

Special Precautions:

- Vector-Borne Diseases:**

Malaria is endemic in Somalia and on the CDC's Global watch list, with year-round transmission. *Plasmodium falciparum* is the dominant species. Travellers should take chemoprophylaxis (e.g.

Atovaquone-proguanil Doxycycline or Mefloquine) Please note in Somalia the Malaria is resistant to the drug

Chloroquine. Regularly apply 60% DEET-based repellent, wear long-sleeved clothing, and sleep in screened or air-conditioned accommodations.

Dengue and *Chikungunya* viruses are transmitted by *Aedes* mosquitoes, which bite during early morning and late afternoon. Travellers should avoid outdoor activity during peak hours, remove standing water near dwellings, and apply the same bite prevention strategies used for Malaria. There is an outbreak of Chikungunya in Somalia. Two vaccines are available, a live-attenuated vaccine (*IXCHIQ*) and a virus-like particle vaccine (*VIMKUNYA*). Each vaccine can only be given to people in specific age groups and each has certain precautions and contraindications.

African tick-bite fever occurs in grassy or pastoral zones. Exposure may arise

through contact with livestock or vegetation. Travellers should wear long clothing, apply Permethrin to outerwear, and inspect skin and clothing for ticks after outdoor activity.

Leishmaniasis, transmitted by sandflies, is present in arid and rural parts of Somalia. Travellers should avoid outdoor exposure after dusk, wear protective clothing, sleep under insecticide-treated bed nets, and use EPA-approved repellents.

- Water and Soil Related Infections:**

Cholera and *Typhoid* fever are widespread, particularly during the rainy season and in displacement zones with inadequate sanitation. Travellers must use sealed or purified water, avoid raw or street food, and practise strict personal hygiene.

Leptospirosis may occur following contact with freshwater contaminated by animal urine, particularly in flood-affected areas. Travellers should avoid wading or swimming in rivers, floodwaters or stagnant pools and wear waterproof boots when walking through muddy or contaminated terrain.

Schistosomiasis risk in Somalia is lower than in other parts of East Africa but may still be present in freshwater bodies. All

recreational freshwater contact should be avoided. Only treated or chlorinated water should be used for bathing or cleaning.

- **Rodent-Borne Diseases:**

Hantavirus and *Lassa fever* are rare but possible in areas with rodent infestations. Infection may occur via inhalation of particles from dried rodent droppings, saliva, or urine. Travellers should avoid abandoned buildings, ventilate enclosed spaces before entering and refrain from sweeping contaminated areas. Food should be stored in sealed containers to prevent contamination.

- **Airborne and Droplet Infections:**

Tuberculosis (TB) is prevalent in Somalia, especially in urban slums and overcrowded camps. Travellers should avoid prolonged time in enclosed or poorly ventilated spaces. Healthcare workers or long-term visitors may require pre-departure screening and consultation.

Measles remains a significant risk in Somalia due to low immunisation

coverage. Travellers must ensure they have received two doses of the MMR vaccine. Infants aged 6–11 months should receive an early dose prior to deployment.

- **Operational and Environmental Hazards:**

Seasonal *flooding* during heavy rains poses risks of injury, displacement, and waterborne disease outbreaks. Travellers should consult local weather alerts and avoid flood-prone areas during deployment.

Road safety is highly variable. Rural routes often lack signage and are prone to ambush. Armed convoy and route assessment is required for overland movement. Night driving is not recommended under any circumstances.

Marine hazards exist for travellers operating along the coast, including risk of injury from jellyfish, sharp coral, or strong currents.

Protective footwear and wound care are advised for all maritime activity. Seek immediate care for any marine sting or injury exposed to seawater.

Political evacuation options

Somalia remains a high-risk environment with an enduring terrorist threat, ongoing conflict and limited diplomatic presence. In the event of deterioration, commercial and diplomatic evacuation via Mogadishu or Berbera airports is possible but will require significant coordination. In country hibernation protocols may be activated for short term safety, but long term shelter in place is discouraged. All movement outside secure compounds must be planned with armed security and real time intelligence updates. In country hibernation protocols may be activated for short term safety, but long term shelter in place is discouraged. All movement outside secure compounds

Passport and Visas

	Visa Required	Passport Required
Other EU	Visa on arrival or advance eTAS	Valid ≥ 6 months + 1 blank page
USA	Visa on arrival or advance eTAS	Valid ≥ 6 months + 1 blank page
Canadian	Visa on arrival or advance eTAS	Valid ≥ 6 months + 1 blank page
Australian	Visa on arrival or advance eTAS	Valid ≥ 6 months + 1 blank page
British	Visa on arrival or advance eTAS	Valid ≥ 6 months + 1 blank page

Political considerations

Local closed sources advisors	Available through vetted regional networks in Mogadishu and Hargeisa
Stable political governance	No , Somalia remains politically fragile, with ongoing tensions between federal and regional authorities, compounded by security threats from non-state armed groups
Kidnap and ransom capability	Yes , Ransom incidents and abductions remain a significant risk; foreign nationals and high-profile locals are often targeted by both criminal and politically motivated actors
Significant political events imminent	Ongoing , Parliamentary and presidential electoral processes remain delayed in multiple federal states. Political rivalry and the presence of Al Shabaab contribute to instability.
Bening / Safe Borders	No , Border areas with Kenya and Ethiopia are volatile and frequently experience militant activity, smuggling, and cross-border skirmishes

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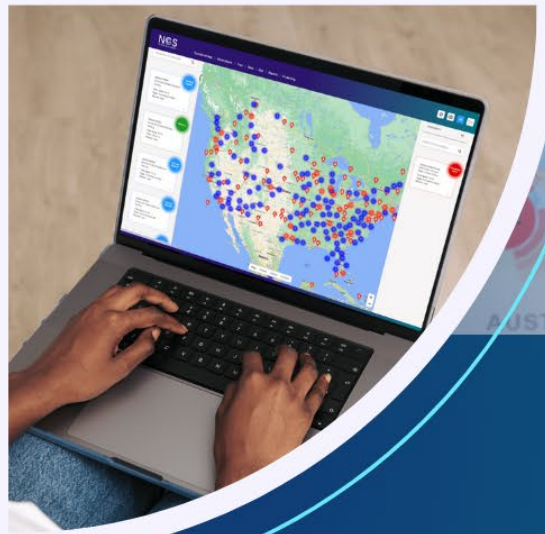
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