



Capability Statement

Sudan

Tailored Risk Management

Service Provider Breakdown

Air Ambulance	15
Air Charter	20
Security	18
Maritime	0
Medical	5
Medical Escort	6
Repatriation Mortal Remains	3
Specialist Services	7

Nearest centre of medical excellence

Use our emergency app to initiate an emergency response and access our regional network of stabilisation and evacuation partners.

Sudan no longer retains any operational Centres of Medical Excellence.

Previously functioning tertiary hospitals in Khartoum, Wad Madani and Al-Fasher have been destroyed, looted, or rendered inoperable due to sustained armed conflict between the Rapid Support Forces (RSF) and Sudanese Armed Forces (SAF).

The ongoing civil war has resulted in the collapse of national referral systems, the targeting of medical infrastructure, and the disruption of humanitarian supply chains.

Stabilisation is now only possible through field-level emergency care provided by NGOs and mobile clinics operating under high-risk conditions.

Note: All patients requiring emergency surgery, intensive care, trauma management, or complex diagnostics should be evacuated internationally

as soon as possible. Sudan's healthcare system is no longer clinically or logistically capable of managing high dependency cases.

Recommended Centres of Medical Excellence for international evacuation include:

Cairo (Egypt) – Cairo hosts multiple internationally accredited hospitals such as Cleopatra Hospital, As-Salam International, and Sheikh Zayed Specialised Hospital. These centres provide 24/7 trauma services, ICU beds, advanced surgical specialities, and multilingual clinical staff experienced in receiving international evacuees from conflict zones.

Juba (South Sudan) – Although more limited, Juba offers stabilisation through UN-supported facilities and private hospitals such as Aspen Medical. These locations are often used as short-haul trauma reception hubs before onward repatriation, in particular for Darfur and Kordofan-based evacuations.

Djibouti City (Djibouti) – Djibouti serves as a stable and secure medical evacuation waypoint, with hospitals capable of handling general surgical and medical emergencies. It is frequently used by international organisations for critical case diversion out of eastern Sudan.

Due to the unpredictability of security conditions and border accessibility, evacuation corridors may change without notice. All medical transfers must be arranged in coordination with humanitarian agencies, host governments and available air or ground assets. Early movement is strongly advised once the patient is clinically stable.

Medical evacuation options

1 Emergency Extraction to Home Nation for Treatment	2 Emergency Extraction to Closest Specialist Treatment before Repatriation	3 Ground/Maritime extraction to stabilisation/treatment (In- country no fly)
<p>International air ambulance evacuations are only feasible via Port Sudan International Airport or through military coordinated corridors under UNHAS or Red Crescent. No Western commercial operators are active in Sudanese airspace.</p> <p>Evacuations must route through Cairo, Juba, or Addis Ababa for onward repatriation. Security escort is necessary. Border crossings must be pre-approved and may close unpredictably due to conflict escalation.</p>	<p>Evacuations are most frequently directed to Cairo, Juba or Djibouti, based on availability and patient stability. NGO supported corridors from Darfur to Chad, or from Blue Nile to Ethiopia, may occasionally open under temporary ceasefire arrangements. All transfers require military coordination, security escort, and real time route clearance.</p>	<p>Overland transfers inside Sudan are extremely high risk and only feasible under confirmed humanitarian coordination. Field hospitals supported by ICRC, MSF or Red Crescent operate intermittently in IDP zones and contested areas. Medical convoys must be escorted by armed protection and risk interception or looting. Although Sudan has a coastline, maritime evacuation is not feasible due to lack of appropriate vessels, infrastructure, secure access and connection to viable external medical care. As a result, air and ground routes remain the only practical means of evacuation for international or critical care cases.</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 Sudan is under a CDC Level 1 Global Alert for Measles 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.
Polio	Strongly recommended, as Sudan is under CDC Level 2 Global Alert There have been outbreaks of cVDPV identified in Sudan. 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, there is low vaccination coverage and active community transmission
Hepatitis A	Strongly recommended for all travellers, endemic due to poor sanitation, food and waterborne risk is high
Hepatitis B	Strongly recommended, there is a high prevalence in rural and displaced populations within Sudan, particularly for healthcare/ emergency workers those with exposure to blood or bodily fluids and unsterile equipment
Typhoid	Strongly recommended, due to widespread water contamination
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 reported across Sudan, particularly for humanitarian workers or high risk deployments involving extended stays in displacement camps
Yellow Fever	Recommended for all travellers ≥9 months old going to areas south of the Sahara Desert. Vaccine is not recommended for travel limited to areas in the Sahara Desert or the city of Khartoum (the capital). However the vaccine is not mandatory for entry to Sudan..
Malaria	Recommended strongly prior to going to Sudan, to take prescription medicine to prevent Malaria. Depending on the medicine you take, you will need to start taking this medicine multiple days before your trip, as well as during and after your trip. Talk to your doctor about which malaria medication you should take. Transmission areas <ul style="list-style-type: none"> • All Drug resistance <ul style="list-style-type: none"> • Chloroquine Species <ul style="list-style-type: none"> • <i>P. falciparum</i> (90%) • <i>P. vivax</i> (5–10%) • <i>P. malariae</i> and <i>P. ovale</i> (rare) Recommended Chemoprophylaxis <ul style="list-style-type: none"> • Atovaquone-proguanil, Doxycycline, Mefloquine, Tafenoquine
Meningococcal Meningitis	Strongly recommended, as Sudan is located within the 'Meningitis Belt' region

Special Precautions:

- **Polio (CDC Level 2 – Global Alert):**
Sudan continues to report circulating vaccine-derived poliovirus type 2 (cVDPV2). Travellers should receive an adult IPV booster regardless of prior immunisation. Some countries may require proof of vaccination for exit.
- **Measles (CDC Level 1 – Global Alert):**
Active outbreaks are reported, particularly in camps for internally displaced persons. Ensure full MMR vaccination. Infants aged 6–11 months should receive one early dose before travel.
- **Dengue (CDC Level 1 – Global Alert):**
Dengue is endemic, with recent outbreaks exacerbated by stagnant water, weak vector control, and humanitarian conditions. Use 60% DEET-based repellent,

wear long clothing, and eliminate exposure to standing water. *Aedes* mosquitoes bite during early morning and late afternoon.

- **Vector-Borne Infections:**

Malaria (P. falciparum) is widespread across Sudan, with year round transmission. *Chikungunya*, *Crimean-Congo haemorrhagic fever (CCHF)* and *Rift Valley fever* are also present. Tick-borne and mosquito-borne diseases are common in pastoral and flood prone regions.

Leishmaniasis, transmitted by sandflies, is reported in arid and rural areas. Travellers should avoid outdoor activity after dusk, use insecticide-treated nets, and wear protective clothing.

- **Water and Soil-Related Diseases:**

Cholera, *typhoid*, *hepatitis A*, and *hepatitis E* are prevalent due to contaminated water supplies. *Leptospirosis* risk increases during flooding. *Schistosomiasis* is endemic in Nile tributaries – avoid any contact with freshwater sources.

- **Zoonotic Hazards:**

Rabies is common among stray animals.

PEP is rarely available. *Brucellosis*, *Q fever*, and *Anthrax* are present in livestock zones. Avoid contact with unregulated meat or dairy, carcasses, and animal waste

- **Rodent-Borne Infections:**

Hantavirus and *Lassa fever* are rare but possible where rodents infest shelters or aid facilities. Avoid contaminated food and ensure proper disinfection protocols in enclosed spaces.

- **Airborne and Droplet Diseases:**

Tuberculosis (including MDR-TB) is prevalent in camps and shelters. *COVID-19* continues to circulate with minimal surveillance. Travellers should maintain ventilation and consider N95-grade masks in crowded areas.

- **Environmental Hazards:**

Severe drought, flooding, and sustained heat (often exceeding 45°C) are common. Blackouts, water shortages and unshaded work areas pose dehydration and heatstroke risks. UXO and landmines are widespread, particularly in conflict zones and rural areas. Dust storms and poor air quality may aggravate respiratory illness.

Political evacuation options

There is currently no embassy led political evacuation framework for Sudan.

Diplomatic missions have been suspended or relocated, with most representation operating from Nairobi or Cairo.

All political extractions must be coordinated with UNHAS, ICRC or NGO partners.

Port Sudan International Airport is intermittently operational under humanitarian flight corridors. Movement from conflict zones such as Khartoum, Darfur, and Blue Nile requires deconfliction approval, armed security escort and verified safe passage.

Overland access into Egypt, South Sudan, or Chad remains irregular and vulnerable to sudden closure. In-country hibernation is only viable in fortified compounds with independent power, water, fuel and communications.

Any personnel remaining in Sudan must have a functioning contingency evacuation plan and be embedded with recognised humanitarian networks. All vehicle movement along pre-recce'd routes require armed security escort

Passport and Visas

	Visa Required	Passport Required
Other EU	Yes, advance visa	Valid ≥ 90 days + 2 blank pages
USA	Yes, advance visa	Valid ≥ 90 days + 2 blank pages
Canadian	Yes, advance visa	Valid ≥ 90 days + 2 blank pages
Australian	Yes, advance visa	Valid ≥ 90 days + 2 blank blank
British	Yes, advance visa	Valid ≥ 90 days + 2 blank pages

Political considerations

Local closed sources advisors	Most intelligence is shared through humanitarian cluster networks or informal NGO reporting. State media and official communication are not reliable.
Stable political governance	No , Sudan is engaged in a nationwide civil conflict with no functioning civilian authority. Governance is divided among armed factions and de facto military zones.
Kidnap and ransom capability	Yes , flown in only. Kidnap risk is elevated in all operational areas. Foreign nationals and aid workers remain at high risk in Darfur, Kordofan, and border zones.
Significant political events imminent	Yes , more than 8 million displaced. No peace process is active. Proxy involvement and regional escalation are ongoing.
Borders	<ul style="list-style-type: none"> - Chad and Egypt: Open intermittently under military and humanitarian control - South Sudan: Accessible via limited corridors during ceasefires - Ethiopia/Eritrea: Border zones unstable - Khartoum Airport: Inoperable due to sustained conflict - Port Sudan Airport: Operational under UNHAS clearance - Maritime access: Not viable, ports under armed control

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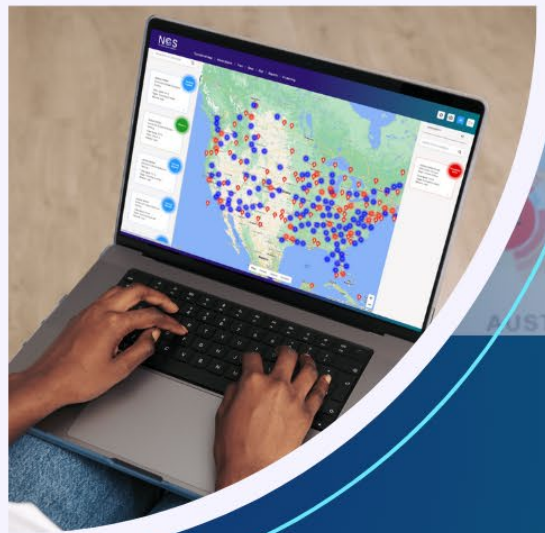
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