



Capability Statement

South 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

Note: All patients requiring intensive care, emergency surgery, or complex diagnostics should be stabilised and evacuated internationally as soon as clinically safe to do so. In-country treatment of moderate or severe trauma is not feasible. There is no national referral network or consistent access to blood transfusion services, specialist care, or ICU-level monitoring.

Recommended external Centres of Medical Excellence include:

Nairobi (Kenya) – Nairobi serves as the primary medical evacuation hub for the region. Nairobi offers 24/7 trauma care, cardiology, intensive care units (ICU), imaging, oncology and multi-speciality surgical teams.

Addis Ababa (Ethiopia) – Addis Ababa supports critical medical care providing surgical, internal medicine and ICU services suitable for stabilised transfers.

Kampala (Uganda) – Kampala offers advanced medical imaging, trauma surgery and ICU care for evacuees from South Sudan.

All international evacuations must be coordinated with UNHAS, AMREF and local authorities. Timing depends on weather, security status of airstrips, and availability of cross-border clearances.

Nearest centre of medical excellence

Use our emergency app to initiate an emergency response and access our worldwide network of medical assistance care.

South Sudan does not possess any internationally accredited Centres of Medical Excellence.

Public healthcare services are extremely limited and concentrated in major towns, with private and NGO-supported clinics offering only stabilisation care.

Tertiary services are unavailable nationwide, and most hospitals lack consistent power, laboratory support, or surgical capacity.

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>South Sudan’s airspace is operational, but options for direct international repatriation are extremely limited.</p> <p>Most air ambulances operate via Juba International Airport, transferring patients to Nairobi, Addis Ababa or Kampala for onward repatriation.</p> <p>UNHAS supports emergency logistics but cannot evacuate civilian patients without NGO partnership and armed security escorts.</p> <p>Road evacuation is generally unsafe.</p>	<p>Critical cases are best transferred to Nairobi, Addis Ababa or Kampala for advanced treatment. These cities host the closest Centres of Medical Excellence with the necessary clinical infrastructure.</p> <p>Short-haul fixed-wing and rotary-wing services are available but must be arranged in advance and cleared with both departure and receiving states.</p> <p>Coordination with AMREF and ICRC is advised..</p>	<p>Road based medical evacuation is highly restricted due to insecurity, poor infrastructure and seasonal impassability.</p> <p>Rural medical posts are limited to basic first aid or malaria testing. MSF, ICRC, and NGO-supported field clinics may offer very limited trauma support in select IDP camps or mission hospitals, but these are not equipped for intensive stabilisation.</p> <p>South Sudan is a landlocked country with no maritime options.</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 South 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 South Sudan is under CDC Level 2 Global Alert There have been outbreaks of cVDPV2 identified in South 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 the general population of South Sudan, particularly for healthcare/ emergency workers those with exposure to blood or bodily fluids and unsterile equipment
Typhoid	Strongly recommended, due to unreliable food and water sanitation

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 in 2025 across South Sudan, particularly for humanitarian workers or high risk deployments involving extended stays in displacement camps
Yellow Fever	Required, as the Yellow Fever certificate is mandatory for entry to South Sudan
Malaria	<p>Recommended strongly prior to going to South 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.</p> <p>Transmission areas</p> <ul style="list-style-type: none"> • All <p>Drug resistance</p> <ul style="list-style-type: none"> • Chloroquine <p>Species</p> <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) <p>Recommended Chemoprophylaxis</p> <ul style="list-style-type: none"> • Atovaquone-proguanil, Doxycycline, Mefloquine, Tafenoquine
Mpox	<p>Recommended, as cases have been identified in East Africa.</p> <p>Your first Mpox vaccine should be at least 6 weeks before travelling if possible. After completing your first and second vaccine doses, which are given 4 weeks apart, it takes about 2 more weeks to reach optimum immunity.</p>
Meningococcal Meningitis	Strongly recommended, as South Sudan is located within the 'Meningitis Belt' region

Special Precautions:

- **Polio (CDC Level 2 – Global Alert):**
Circulating vaccine derived Poliovirus type 2 (cVDPV2) has been reported. Travellers should receive a one-time IPV booster prior

to travel. Some countries may request proof of vaccination before departure.

- **Measles (CDC Level 1 – Global Alert):**
Measles remains a public health risk in IDP

camps and underserved regions. Travellers should ensure full immunisation with two MMR doses. Infants aged 6–11 months require an early dose before travel.

- **Dengue (CDC Level 1 – Global Alert):**

Dengue is endemic and spreading rapidly in urban and peri-urban areas. Day-biting *Aedes* mosquitoes are responsible. Travellers should use DEET-based repellents ($\geq 60\%$), eliminate standing water and avoid outdoor exposure during peak biting times.

- **Mpox (Monkeypox):**

Mpox cases have been identified in East Africa, and zoonotic spillover risk remains. Transmission occurs through contact with infected individuals or animals. Travellers should avoid contact with rodents, primates, and bushmeat, and monitor for rash or flu-like symptoms.

- **Ebola and Marburg (CDC Risk Advisory):**

While there are no active outbreaks in South Sudan, the country lies within the geographic range of past spillovers. Avoid contact with sick individuals, body fluids and local funeral practices. Healthcare settings should employ strict barrier protection.

- **Vector-Borne Diseases:**

Malaria (P. falciparum) is hyperendemic year-round; chemoprophylaxis is required. *Chikungunya*, *Crimean-Congo haemorrhagic fever (CCHF)*, *Rift Valley fever*, and *Leishmaniasis* are all reported. Use of treated mosquito nets, long clothing, and Permethrin-based insecticide is essential. Sandflies (*Leishmaniasis*) and ticks (*CCHF*) are prevalent in arid and livestock zones.

- **Trypanosomiasis (African Sleeping Sickness):**

Although rare, sleeping sickness is possible in rural TseTse-infested areas. No vaccine

exists. Travellers should avoid bush travel and wear neutral coloured, long-sleeved clothing. Symptoms may not appear for weeks.

- **Water and Soil-Related Infections:**

Cholera, *Typhoid*, *Hepatitis A*, and *Hepatitis E* are widespread due to sanitation collapse. *Leptospirosis* can occur after flooding or exposure to animal-contaminated water. *Schistosomiasis* is present in slow-moving freshwater- do not wade, bathe or wash clothes in rivers or lakes.

- **Zoonotic Hazards:**

Rabies is prevalent. PEP is unavailable readily outside of Juba. Travellers should avoid animal contact and report any bites immediately. *Brucellosis*, *Q fever*, and *Anthrax* are present in livestock zones. Avoid raw dairy, unregulated meat and animal waste exposure.

- **Rodent-Borne Infections (Hantavirus & Lassa Fever):**

Hantavirus exposure may occur through inhalation of aerosolised rodent droppings in poorly ventilated shelters. *Lassa fever* is rare but possible in rodent infested areas. Rodent-proof all food and avoid disturbing rodent nests.

- **Airborne and Droplet Diseases:**

Tuberculosis is widespread and includes multidrug resistant strains. *COVID-19* remains present, although largely untracked. Maintain ventilation where possible.

- **Environmental Hazards:**

Extreme heat (over 40°C), flash flooding, drought and dust storms contribute to travel risk and disease transmission. Landmines and UXO are found in rural zones. Fuel and clean water availability remains inconsistent outside Juba.

Political evacuation options

Formal political evacuation support is minimal. Most embassies operate from Nairobi, with limited consular presence in Juba.

The default extraction mechanism for diplomatic personnel is UNHAS airlift or ICRC/private charter under secure movement. Juba International Airport remains the only consistent point of air departure, although flight operations are regularly suspended during insecurity.

Hibernation within Juba may be possible using armed secure compounds with generators, water tanks, satellite phones and onsite medical supplies. Overland border crossings to Uganda,

Kenya or Sudan are high risk and require case by case assessment, as well as essential armed security escort. Movements must be registered with humanitarian coordination centres and the UN's Humanitarian Air Service (UNHAS) when available.

Passport and Visas

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

Political considerations

Local closed sources advisors	Information flows through UN OCHA, IOM, NGO security groups. Government communications are inconsistent and often censored.
Stable political governance	No , transitional arrangements remain fragile. Local militias retain de facto control in many provinces. Political violence and impunity persist.
Kidnap and ransom capability	Yes , flown-in only. Abduction risk is elevated along oilfields, border zones, and contested tribal regions. No in-country K and R support exists.
Significant political events imminent	Yes , ethnic clashes, peace deal violations, and food insecurity continue to destabilise movement and humanitarian corridors.
Borders	<ul style="list-style-type: none"> - Uganda/Kenya: Open, but require vehicle screening and often armed escort - Sudan: Open irregularly via humanitarian corridors - Ethiopia/DRC: Unreliable and prone to closure - Juba Airport: Operational but may be shut during security escalations - Maritime Access: Not applicable , landlocked nation

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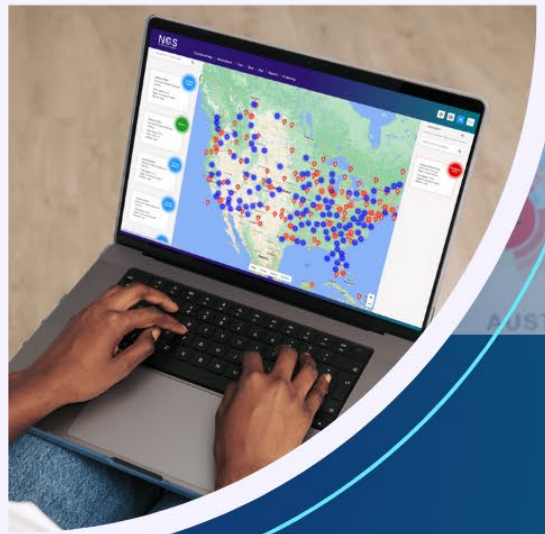
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