

الله أكبر



**NCS**  
Northcott Global Solutions

Capability Statement

**Iraq and Kurdistan**

Tailored Risk Management

## Service Provider Breakdown

Air Ambulance	19
Air Charter	8
Security Providers	32
Maritime Security Providers	7
Medical Service Providers	29
Medical Escort Providers	14
Repatriation Mortal Remains	6
Specialist Services	77

## Nearest centre of medical excellence

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

Iraq and the Kurdistan Region maintain a tiered private healthcare structure with varying access across regions. Recommended Centres of Medical Excellence (CMEs) include:

:

**Baghdad** – Iraq’s capital offers a network of private tertiary hospitals capable of delivering trauma, surgical, intensive care and infectious disease management. Facilities operate with 24/7 emergency access, though security instability,

including militia checkpoints and protest blockades, may hinder timely access. Imaging, critical care and laboratory diagnostics are well established.

**Basra** – Located in southern Iraq, Basra supports regional trauma care with emergency, cardiology and paediatric services. Tensions surrounding oil infrastructure protests and low water quality may affect hospital access and sanitation support.

**Erbil** – The Kurdistan Region’s principal referral centre. Private hospitals in Erbil maintain high quality ICU, orthopaedic, cardiovascular and diagnostic services. While more stable than Federal Iraq, Erbil has been affected by intermittent airstrikes from neighbouring Turkey targeting border militias.

**Sulaymaniyah** – This northeastern Kurdish city provides reliable surgical and diagnostic care, including neurosurgery and paediatrics. Hospital access remains secure, though tensions between rival Kurdish political factions occasionally lead to localised unrest or roadblocks.

*Note: Movement between Federal Iraq and the Kurdistan Region is monitored. Curfews and airspace closures occur with limited warning.*

## 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)
<p>Direct fixed-wing evacuation is possible from Baghdad (BGW), Basra (BSR), Erbil (EBL), and Sulaymaniyah (ISU), though subject to airspace clearance, curfews and route security.</p> <p>All transfers require pre-approved flight permissions, ATC coordination and security escorted ground movement due to checkpoint activity and civil unrest.</p> <p>Airport access may close at short notice, and convoys should avoid movement after dark.</p> <p>Where viable, patients are flown directly to their home country with medical escort or air ambulance support.</p>	<p>If direct repatriation is not possible, regional stabilisation in Amman, Istanbul, Ankara or Dubai is recommended. These centres offer full trauma and ICU services and serve as hubs for onward transfer.</p> <p>Short-haul medical flights from Erbil or Baghdad are common, though delays may occur due to flight congestion or protests.</p> <p>Overland crossings into Jordan or Turkey are possible but require armed escort and security pre-clearance.</p>	<p>If airspace is closed, stabilisation should occur at tertiary hospitals in Baghdad, Erbil, or Sulaymaniyah. These facilities maintain critical care access and act as evacuation launch points. Ground convoys must be security-led, equipped with trauma kits and satellite communications. Roadblocks, fuel shortages and protest activity regularly disrupt routes. Rotary extraction may be available in select areas.</p> <p>Maritime options are not recommended due to limited infrastructure and regional naval activity.</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. Iraq is under a global CDC Level 1 measles alert. Travellers should be fully immunised with two MMR doses. Infants 6-11 months should receive an early dose
	Polio, Strongly recommended, adult IPV booster required for travellers staying longer than four weeks. 'Yellow Card' documentation may be requested at exit
Shingles, recommended for older Adults	
<b>COVID-19</b>	Strongly recommended for all travellers. Booster coverage is high, but new variants continue to circulate
<b>Hepatitis A</b>	Recommended for all travellers due to persistent water and sanitation issues
<b>Hepatitis B</b>	Recommended for long term visitors, healthcare workers or those with potential of exposure to blood and bodily fluids
<b>Typhoid</b>	Recommended particularly for those travelling outside major urban centres or engaging in humanitarian fieldwork
<b>Rabies</b>	Considered for outdoor workers, animal handlers, or long-term visitors. Post-exposure prophylaxis is not readily available
<b>Yellow Fever</b>	Required only if transiting from endemic zones or airports with extended layovers
<b>Meningococcal Meningitis</b>	Advised during the dry season or in crowded housing environments
<b>Japanese Encephalitis</b>	Consider for long term rural stays or those stationed near wetlands and marshlands in Southern Iraq

## Special Precautions:

- **CDC Level 1 Global Alert (Measles):**

The CDC has issued a global Level 1 Alert for *Measles*. Iraq has reported multiple outbreaks in recent years, particularly in underserved and displaced populations. All travellers should be fully immunised with two doses of the MMR vaccine. Infants aged 6–11 months should receive an early dose prior to entry. Proof of vaccination may be required at exit, especially for long stay visitors.

- **(Poliovirus):**

Iraq was recently under a CDC Level 2 alert for *Poliovirus* due to detection of vaccine-derived Poliovirus in wastewater, but is no longer on this list. Caution is still advised. Travellers staying longer than four weeks must receive a one-time adult IPV booster at least four weeks prior to departure. 'Yellow Card' documentation may be required for exit clearance. Humanitarian responders, field staff, and those working in refugee camps should prioritise compliance.

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

*Tuberculosis* is endemic throughout Iraq, with high transmission in crowded settings such as IDP camps and urban slums. Long term visitors should undergo TB screening before and after deployment. *COVID-19* continues to circulate, particularly in large gatherings and under resourced hospitals. Mask use in public indoor spaces is advised.

*Hantavirus* may arise from rodent contaminated environments, especially in poorly maintained warehouses or rural dwellings. Avoid unclean food storage areas and use secure waste disposal procedures.

- **Vector-Borne Diseases (*Leishmaniasis, Crimean-Congo Haemorrhagic Fever, Zika, Dengue, Chikungunya*):**

*Leishmaniasis* is endemic in rural and arid regions of Iraq, including central and

southern provinces. The risk increases in areas with conflict damaged housing and poor vector control.

*Crimean-Congo Haemorrhagic Fever (CCHF)* has been reported in livestock handling zones and during the slaughter season. Protective clothing and strict hygiene protocols are advised.

*Zika, Dengue, and Chikungunya* are potential risks in warmer seasons, particularly in urban areas with stagnant water. Travellers should use 60% containing DEET-based repellents, wear protective clothing, and sleep under insecticide-treated nets where necessary.

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

*Hepatitis A* is widespread in areas with compromised sanitation infrastructure. *Typhoid* remains prevalent, especially in informal settlements and rural communities.

*Cholera* outbreaks have occurred in recent years following flooding and infrastructure damage. Safe food practices, bottled water, and avoidance of raw produce are essential.

*Leptospirosis* may be contracted through floodwater or agricultural soil. Travellers should avoid wading through standing water and use waterproof boots when operating in the field.

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

*Rabies* is present in stray dogs and wild animals in northern and desert regions of Iraq. Avoid contact with all animals, especially in rural areas. Post-exposure prophylaxis is limited and may require evacuation. *CCHF* also poses a zoonotic threat through contact with infected livestock or tick bites. Field teams working in agricultural or animal handling zones should use full PPE and perform routine tick checks.

- **Environmental Hazards (*Heatstroke, Flooding, Air Quality*):**

Extreme heat is a major concern during summer, with temperatures exceeding 45°C in central and southern Iraq. Dehydration, heatstroke and exhaustion are common. Proper hydration, shaded rest areas and electrolyte replenishment are critical. Seasonal flooding in Baghdad, Mosul, and the Kurdish foothills can disrupt movement and increase the risk of *Leptospirosis* and *Cholera*. Dust storms and poor air quality caused by oil flaring and conflict debris contribute to respiratory irritation. Travellers with asthma

should carry masks and emergency inhalers.

- **Antimicrobial Resistance (AMR):** Antimicrobial resistance is rising in Iraq due to unregulated pharmaceutical use and overstretched public hospitals. *Multidrug-resistant bacterial infections* have been reported in post-surgical patients and displaced populations. Field teams and clinicians should adhere to infection control protocols, avoid empirical antibiotic use, and utilise private facilities with laboratory access whenever possible.

## Political evacuation options

Political and diplomatic evacuation from Iraq and the Kurdistan Region is feasible but highly dependent on route security, airspace permissions, and consular coordination. Baghdad and Erbil are the primary departure points. Benina-style convoys from Kurdistan to Turkey or from Baghdad to Amman have occurred during past crises, often requiring military liaison and road negotiation with local tribal leaders.

Airports in Baghdad, Basra, Erbil, and Sulaymaniyah are operational but subject to closure due to militia presence, Iranian air activity, or civil unrest. Fixed-wing evacuation should be pre-cleared through Baghdad ATC and local aviation authorities. Overland departure to Jordan may occur via Trebil (Anbar) or to Turkey via Zakho, though both corridors cross contested regions and require pre-recce and armed escort.

Hibernation is viable in Erbil and selected zones of Sulaymaniyah, where foreign compounds maintain water, fuel, and comms stockpiles. Baghdad hibernation is more complex due to unpredictable protest activity and frequent road closures. Our teams maintain access to protected

safe houses and medical caches in all major cities.

## Passport and Visas

### Kurdistan

### Iraq

	Visa Required	Passport Required
<b>Other EU</b>	VOA or e-Visa (30 days)	Valid ≥ 6 months + 1 blank page
<b>USA</b>	VOA or e-Visa (30 days)	Valid ≥ 6 months + 1 blank page
<b>Canadian</b>	VOA or e-Visa (30 days)	Valid ≥ 6 months + 1 blank page
<b>Australian</b>	VOA or e-Visa (30 days)	Valid ≥ 6 months + 1 blank page
<b>British</b>	VOA or e-Visa (30 days)	Valid ≥ 6 months + 1 blank page

	Visa Required	Passport Required
<b>Other EU</b>	E-Visa (30 days), no VOA	Valid ≥ 6 months + 1 blank page
<b>USA</b>	E-Visa (30 days), no VOA	Valid ≥ 6 months + 1 blank page
<b>Canadian</b>	E-Visa (30 days), no VOA	Valid ≥ 6 months + 1 blank page
<b>Australian</b>	E-Visa (30 days), no VOA	Valid ≥ 6 months + 1 blank page
<b>British</b>	E-Visa (30 days), no VOA	Valid ≥ 6 months + 1 blank page

## Political considerations

Local closed sources advisors	Reliable intelligence is available through embedded diplomatic, medical and tribal networks in Erbil, Baghdad, and Basra. Access to high level insight is limited in Anbar, Diyala and Nineveh where tribal militias dominate. Intelligence gaps persist in insurgent controlled zones, and monitoring is required before movement or extraction
Stable political governance	<b>No</b> , Iraq remains politically fragmented. The federal government in Baghdad exercises only partial control in the south and west, while the Kurdistan Regional Government (KRG) maintains autonomy in the north. Iranian backed militias influence both parliament and the security landscape, particularly in Basra, Karbala and Diyala. Turkish military incursions in northern border zones continue to destabilise cross-border coordination. Tensions between Baghdad and Erbil over oil revenue and territorial authority remain unresolved
Kidnap and ransom capability	<b>Yes</b> , K and R risk is elevated in Baghdad, Diyala, Babil, Kirkuk and southern oilfields. Abductions are carried out by tribal factions, militia elements and criminal syndicates, often for political leverage or financial gain. Foreign NGO staff, journalists, and engineers remain primary targets. In Kurdistan, the risk is lower but not absent; isolated incidents have involved contractors and humanitarian workers. NGS has active K and R capability throughout Iraq and can provide localised negotiation, extraction and tracking support.
Significant political events imminent	<b>Yes</b> , the 2025 federal budget debate and stalled implementation of the Oil and Gas Law have reignited Kurdish-Baghdad tensions. Mass protests are expected in Sulaymaniyah and Basra in the coming weeks. Turkish drone activity has increased in Dohuk Province, targeting PKK elements near civilian areas. Cross-border retaliatory actions between Israeli and Iranian proxies have escalated regional alert levels. Upcoming KRG elections may trigger unrest among rival Kurdish factions.
Bening / Safe Borders	<ul style="list-style-type: none"> <li>- <b>Baghdad International Airport (BGW):</b> Iraq's primary commercial air hub. Operational but vulnerable to protest roadblocks, armed checkpoints and sudden closures. Security verification and ATC clearance required before departure.</li> <li>- <b>Erbil International Airport (EBL):</b> The most stable air exit in Iraq, frequently used for international evacuation. Located in the KRG and buffered from most federal unrest. Security threats</li> </ul>

remain low but has close proximity to Turkish military zones.

- **Trebil (Iraq-Jordan Border):**

The main overland route to Jordan via Anbar. Passes through insecure tribal areas and must be assessed in real time. Recommended only for high priority evacuations under armed convoy.

- **Zakho (Iraq-Turkey Border):**

Most reliable land crossing for Kurdistan. Typically, open and functional, can be frequently used for military activity by Turkey in adjacent areas

- **Al-Qaim (Iraq-Syria Border):**

Technically open but not recommended. High militia activity contested control, and recent drone strikes in nearby areas render it unviable for international transit.

- **Umm Qasr Port (Basra):**

Iraq's main maritime port. Operational but not designed for medical or diplomatic extraction. Iranian naval surveillance and lack of medevac-compatible infrastructure limit feasibility.

# CONNECT WITH US



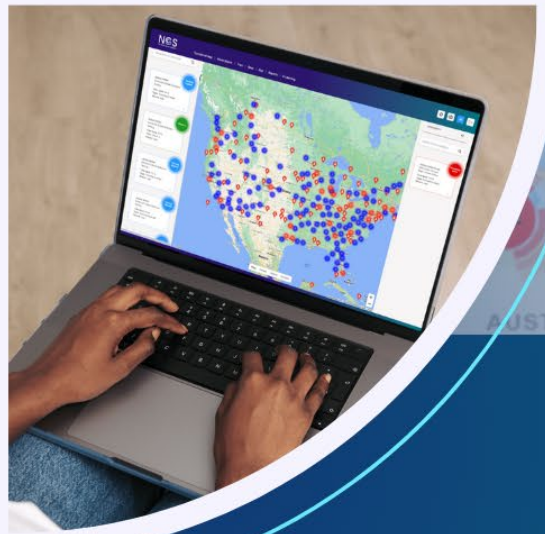
[www.northcottglobalsolutions.com](http://www.northcottglobalsolutions.com)



[info@northcottglobalsolutions.com](mailto:info@northcottglobalsolutions.com)



+44 207 183 8910



89 Charterhouse St,  
Farringdon, London,  
EC1M 6PE, UK