



Capability Statement

Iran

Tailored Risk Management

Service Provider Breakdown

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|-----------------------------|----|
| Air Ambulance | 27 |
| Air Charter | 19 |
| Security Provider | 9 |
| Maritime Security Providers | 10 |
| Medical Service Providers | 18 |
| Medical Escort Providers | 4 |
| Repatriation Mortal Remains | 6 |
| Specialist Services | 87 |

Nearest centre of medical excellence

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

Recommended Centres of Medical Excellence (CMEs) include:

Tehran – Iran’s medical capital hosts multiple tertiary hospitals offering trauma surgery, advanced diagnostics (MRI, CT), cardiology, neurology, and ICU services. Despite intermittent cyber disruption and fuel rationing, critical care remains functional.

Shiraz – Major referral centre in the south with strong capabilities in internal medicine, paediatrics and orthopaedics. Intensive care access exists, though specialist follow-up may be limited by supply shortages.

Mashhad – Northeast hub with large public hospitals handling both trauma and infectious disease. Access may be restricted due to heightened border security during regional escalations.

Note: Iran can stabilise acute medical and surgical cases. However, for any condition requiring prolonged ICU admission, complex rehabilitation or multi specialist oversight, evacuation abroad should be prioritised as soon as the patient is stable enough to travel.

Recommended evacuation destinations abroad include:

Dubai (UAE) – Equipped with internationally accredited hospitals providing trauma, critical care and neurology with multilingual support teams.

Istanbul (Turkey) – Hosts advanced regional trauma and cardiac centres, suitable for post-surgical and long-term monitoring.

Doha (Qatar) – Highly rated emergency and inpatient care facilities with consistent medevac connectivity from Iran.

Medical evacuation options

| <p>1 Emergency Extraction to Home Nation 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> |
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| <p>Fixed-wing evacuation is possible via Tehran Imam Khomeini International Airport (IKA), Shiraz International Airport and Mashhad International Airport, pending airspace status, security clearance and coordination with Iranian authorities.</p> <p>All departures must be arranged through pre-approved diplomatic or medical channels and include IRGC checkpoint negotiation.</p> <p>Ground access to these airports requires security escorted convoy movement, typically with convoy window approvals issued no more than 24-48 hours in advance.</p> <p>Due to cyber disruptions and unpredictable curfews, flight timing must remain flexible.</p> <p>Patients in stable condition may be transferred directly to their home countries via international medical escort or air ambulance services staged from Dubai, Doha or Istanbul.</p> | <p>When direct repatriation is not viable, transfer to a regional Centre of Medical Excellence is recommended. Dubai (UAE), Istanbul (Turkey) and Doha (Qatar) are the primary referral hubs, offering advanced ICU, surgical and post-operative care unavailable in the country under current conditions. These locations are accessible via short-haul medevac from IKA or Shiraz and provide reliable onward repatriation services.</p> <p>All flight permissions must be pre-coordinated with Iranian Civil Aviation and, in most cases, routed through Ministry of Health or IRGC liaison officers. Access to these hubs ensures rapid surgical intervention, trauma follow-up and secondary stabilisation for patients unable to remain in Iran's overstretched healthcare system.</p> | <p>If air evacuation is suspended due to military escalation, no-fly orders, or airspace closures, patients may be stabilised in Tehran, Shiraz or Mashhad tertiary centres. While these hospitals offer advanced care, the availability of ICU beds fluctuates based on internal caseload and infrastructure strain.</p> <p>Intra-country transfers require military authorised convoy routing and close real time monitoring for roadblock changes or civil unrest. Maritime evacuation via Bandar Abbas or other Gulf ports is not viable under current conditions, as naval routes are under strict IRGC oversight and heavily sanctioned. Ground based handover at border crossings with Turkey or Armenia may be considered under embassy facilitated convoys, though routes remain restricted and require formal clearance with Iranian and neighbouring security forces.</p> |

Vaccination Requirements

| Vaccine | Advice |
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| Routine vaccines recommended (up to date) | Chickenpox (Varicella) |
| | Diphtheria-Tetanus-Pertussis - booster required every 10 years |
| | Flu (influenza) |
| | Measles-Mumps-Rubella (MMR) |
| | Strongly recommended. Iran is under a CDC Global Measles Level 1 Alert. Early dose advised for infants 6–11 months. |
| | Polio, Strongly recommended, adult IPV booster required for travellers staying longer than four weeks. 'Yellow Card' documentation may be requested. Iran maintains routine polio vaccination, but international outbreaks increase importation risk |
| Shingles, recommended for ages 50+, particularly immunocompromised individuals | |
| COVID-19 | Strongly recommended for all travellers, booster is advised |
| Hepatitis A | Recommended for all travellers, particularly those eating local or non-commercial food, or staying in rural areas where sanitation is unreliable. Infants aged 6–11 months should receive an early dose before travel. |
| Hepatitis B | Recommended for all unvaccinated travellers, especially those engaging in healthcare, dental or humanitarian work. Also recommended for extended stays or those at risk of contact with blood or bodily fluids. |
| Typhoid | Recommended for travellers visiting smaller cities, rural areas, or staying in local households. Injectable or oral vaccine options are available |
| Rabies | Recommended for those working with animals, engaging in outdoor activities, or visiting rural provinces. Pre-exposure vaccination is advised due to limited access to post-exposure prophylaxis outside major cities |
| Yellow Fever | Vaccination required only if arriving from countries with risk of yellow fever transmission or transiting for more than 12 hours through such areas. |

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| Meningococcal Meningitis | Consider for long stays, crowded accommodation, or during national pilgrimages and large gatherings, especially during warmer mont |
| Malaria | Risk exists in Sistan-Baluchestan, southern Hormozgan and parts of Kerman Province. <i>P. vivax</i> (90%) and <i>P. falciparum</i> (10%) reported. Recommended chemoprophylaxis includes Atovaquone-Proguanil, Doxycycline, or Mefloquine for travel in transmission zones (March–November). The Malaria found in Iran has a resistance to the drug Chloroquine. Mosquito avoidance is essential across all regions. |
| Cholera | Recommended during outbreak periods or when travelling to flood prone regions with known sanitation issues. Useful for humanitarian deployments. |

Special Precautions:

- Level 1 Global Health CDC Alert (*Measles*):**
Measles outbreaks are active worldwide. Iran is on the CDC Level 1 Global Alert list. Two documented MMR doses are essential; infants 6–11 months should receive an early dose before departure.
- Airborne and Droplet Infections (*Tuberculosis, COVID-19, MERS, Avian Influenza*):**
Tuberculosis is endemic, particularly in rural and underserved areas. Long term travellers should be screened pre and post-deployment.
COVID-19 continues to circulate in Tehran, Qom and major cities. Masking is advised in enclosed spaces.
MERS-CoV is a rare but severe respiratory disease linked to dromedary camel exposure, avoid contact with Camels in particular, in southern provinces.
Avian influenza has been reported near poultry farms; avoid live bird markets and direct contact with birds.
- Rodent-borne Infections (*Hantavirus*):**
Hantavirus may be encountered in warehouses, grain storage, or rural lodging. It is spread through aerosolised rodent droppings. Avoid enclosed, unventilated spaces and take pest precautions in rural accommodation.
- Tick-borne Illness (*Crimean-Congo Haemorrhagic Fever*):**
CCHF is endemic in livestock-farming provinces such as Kerman and Sistan-Baluchestan. It spreads through tick bites and blood contact with infected animals. Avoid animal handling, wear long clothing, and use permethrin-treated garments when travelling to agricultural zones.
- Vector-Borne Diseases (*Malaria, Dengue, Zika, Chikungunya*):**
Malaria is restricted to Sistan-Baluchestan and Hormozgan provinces. Chloroquine-resistant *P. vivax* and *P. falciparum* have been reported, appropriate prophylaxis is required.
Dengue, Zika, and *Chikungunya* circulate seasonally in tropical provinces and southern coastal areas. Use 60% DEET based repellent, insect proof lodging and mosquito nets in endemic zones.
- Water and Soil-Borne Infections (*Hepatitis A, Typhoid, Cholera, Leptospirosis*):**
Sanitation standards vary by province. *Hepatitis A* and *Typhoid* are common in rural areas and informal food settings. *Cholera* outbreaks occur during floods and are reported along southern river basins. *Leptospirosis* risk increases after heavy rainfall or flood exposure, wear sealed footwear and avoid contact with stagnant water.
- Zoonotic Hazards (*Rabies*):**
Feral dogs and wild animals carry rabies.

Bites from infected dogs are the most common exposure route. Pre-exposure vaccination is recommended for remote area travel. Post-exposure treatment is limited and delayed outside Tehran.

- **Environmental Hazards (Pollution, Chemical Exposure, Heat):**

Air pollution in cities like Tehran and Ahvaz frequently exceeds safe thresholds. Travellers with asthma or cardiac conditions should avoid outdoor activity on smog days. Heatstroke is common in the

summer months, especially in desert regions. Iran's industrial zones carry a low but credible risk of accidental chemical release.

- **Antimicrobial Resistance (AMR):**

AMR is increasing in urban hospitals. Avoid empiric broad-spectrum antibiotic use. Seek care in private facilities with access to microbiology. Resistance to Cephalosporins and Carbapenems is reported in nosocomial infections.

Political evacuation options

Tensions remain high in Iran following the June 2025 military escalation with Israel, which included drone and missile exchanges over strategic targets in Isfahan and Qom. Though a ceasefire is nominally in place, Tehran remains under heightened security alert.

The Islamic Revolutionary Guard Corps (IRGC) has maintained control over international flight authorisations, internal checkpoints and foreign movement. Internet restrictions continue across major cities and foreign phone connectivity has been throttled on multiple occasions. Evacuation planning must revolve around Tehran Imam Khomeini International Airport (IKA), with alternative capacity in Shiraz. Fixed-wing medical flights can depart from IKA, but all clearances must be arranged through diplomatic or intelligence channels and require at least 48 hours buffer time for mobilisation.

Internal transfer from Tehran city centre requires convoy planning with military escort and clearance from the Ministry of Interior and the IRGC.

Shiraz offers marginally more predictable access but fewer outbound medical flights and limited embassy staffing.

Overland evacuation via Turkey or Armenia is theoretically possible, though crossings remain tightly controlled and often closed

without notice. These routes were used during previous diplomatic evacuations but are not reliable for civilian or corporate evacuation.

Maritime extraction from ports such as Bandar Abbas is not advised due to sanctions, naval surveillance and military restrictions. There are no reliable commercial marine channels for outbound movement.

In the event of sustained closure of IKA or regional unrest, hibernation is feasible in selected diplomatic compounds and private safehouses in northern Tehran or residential areas of Shiraz. These sites must be stocked with power backup, satellite communications and contingency fuel/water for a minimum of 10 days. Daily threat assessments and contact with the 24/7 NGS Operations centre and the relevant embassy or MSS liaison are mandatory.

Passport and Visas

| | Visa Required | Passport Required |
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| Other EU | E-Visa or visa on arrival (for 30 days) | Valid ≥ 6 months + 2 blank pages |
| USA | Advance visa only | Valid ≥ 6 months + 2 blank pages |
| Canadian | Advance visa only | Valid ≥ 6 months + 2 blank pages |
| Australian | E-Visa or visa on arrival (for 30 days only) | Valid ≥ 6 months + 2 blank pages |
| British | Advance visa only | Valid ≥ 6 months + 1 blank page |

Political considerations

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| Local closed sources advisors | <p>Reliable intelligence channels exist within Tehran, Shiraz and Mashhad via embedded diplomatic, medical and humanitarian networks. While these sources provide useful insights on city-level developments, IRGC controlled provinces such as Khuzestan, Sistan-Baluchestan and Kermanshah remain intelligence restricted.</p> <p>Monitoring of local protests, security force movements, and checkpoint activity requires close liaison with in-country sources and remote partner cells due to sustained internet restrictions.</p> |
| Stable political governance | <p>No, Iran is currently experiencing a period of increased authoritarianism and strategic volatility.</p> <p>The Supreme Leader’s office and the IRGC retain de facto control over governance, while elected officials exert limited functional authority.</p> |

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| | <p>The June 2025 regional confrontation with Israel and internal suppression of dissent have further consolidated security first rule.</p> <p>Policy decisions affecting borders, evacuations, and public health access are frequently issued without warning. Civil unrest is sporadically suppressed through enforced blackouts, detention and media control.</p> |
| Kidnap and ransom capability | <p>Yes, while Iran does not face widespread criminal abduction like other conflict zones, state sponsored detentions and ‘hostage diplomacy’ remain active risks.</p> <p>Dual nationals and NGO or medical workers may be accused of espionage or ideological violations.</p> <p>Risk is highest near strategic installations, border provinces and during periods of elevated foreign diplomatic tension.</p> <p>NGS maintains alert protocols and tracking coverage across key provinces.</p> |
| Significant political events imminent | <p>Yes, although direct conflict with Israel has de-escalated under the June ceasefire, diplomatic channels remain limited.</p> <p>Iran’s presidential reshuffle is pending approval from the Guardian Council, with conservative bloc dominance expected.</p> <p>Anti-government protests following the economic crisis and fuel subsidy changes continue sporadically in provincial towns.</p> <p>The upcoming anniversary of Mahsa Amini’s death on 16 September is expected to trigger coordinated demonstrations, especially among students and women’s rights groups. Security forces are on high alert in Tehran, Mashhad and Qazvin.</p> |
| Borders | <ul style="list-style-type: none"> - Tehran Imam Khomeini International Airport (IKA) – Iran’s primary air exit. Operational but access requires convoy clearance, IRGC authorisation and real time coordination due to checkpoint deployment around city outskirts. International flights may be suspended with little notice during regional military escalations or cyber interference. - Shiraz International Airport – Functions as an alternate evacuation site with fewer international routes. Medical flights and charter departures have been permitted in prior evacuations, though security presence remains high. Localised protests have blocked access roads in recent weeks. - Land border with Turkey – Crossings are technically operational but heavily monitored. Movement of non-Iranians is tightly controlled and often denied without prior diplomatic arrangement. Border towns near West Azerbaijan and Kurdistan Province are |

under periodic curfew due to counterinsurgency operations.

- **Land border with Armenia** – Crossing available at Nordooz, but delays are frequent. Access requires embassy pre-clearance and convoy support. Route has been used during coordinated foreign national evacuations but is unsuitable without escort.
- **Port of Bandar Abbas** – Heavily militarised and subject to IRGC naval control. Commercial shipping traffic exists, but there are no practical or secure maritime evacuation options. Port access for international medevac is not authorised without military or UN support.

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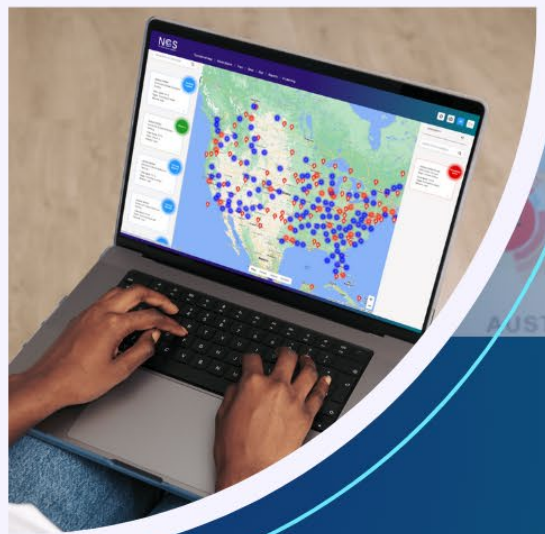
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