

Destination Guide for Ghana

Overview

Destination Risk Levels

- Medium Medical Risk for Ghana
- Low Travel Risk for Ghana
- Medium Travel Risk for Border areas with Burkina Faso, Cote d'Ivoire and Togo; area around Gushiegu (Northern region)

Areas 18 miles (30km) from the borders with Burkina Faso, Cote d'Ivoire and Togo: MEDIUM

Those areas face higher risk of highway banditry and militancy due to the porous border with all three countries. Bandit groups have exploited border areas as well as illegal mining sites to create trafficking hubs. Militant groups periodically border-cross into Ghana for logistic and recruitments purposes at this stage, despite heightened security.

Areas around Gushiegu (Northern region): MEDIUM

Parts of northern Ghana experience periodic ethnic and communal conflict. Outbreaks of unrest often prompt the imposition of curfews. Workforce should seek information on the latest situation before undertaking travel to the above areas, and to exercise additional caution.

Standing Travel Advice

- Travel to Ghana can proceed with precautions.
- Take sensible precautions to mitigate the risk of petty and street crime.
- Carjacking occurs in both rural and urban areas. Take precautions to mitigate this risk, including driving with windows up and doors locked at all times and not travelling unaccompanied.
- Occasional bouts of ethnic violence are possible in parts of northern and south-eastern Ghana. These are usually highly localised and do not pose a significant risk to travellers.
- Road conditions and driving standards are generally poor, emergency and recovery services negligible, and foreign drivers are usually blamed in the event of a traffic accident. Do not self-drive unless very familiar with local conditions. It is preferable to hire a trusted local driver.
- Vehicles should be in good condition and equipped with a full medical kit, adequate communication systems, spare tyres and enough water and fuel to complete your journey. Ensure you carry valid vehicle and identification documents as police roadblocks and spot-checks are common.
- Police roadblocks and spot-checks are common; carry photographic identification at all times.
- Public transport is not suitable for business travellers. Use official taxis, but during daylight hours only.

Upper West, Upper East and North East regions

- Defer non-essential travel to areas within 18 miles (30km) of the borders with Burkina Faso, Cote d'Ivoire and Togo due to cross-border incursions and kidnapping by bandit and Islamist militant groups operating from the Sahel. Essential operations in MEDIUM-risk areas should be undertaken only after seeking itinerary-specific advice. Essential overland movement should be undertaken with solid journey management procedures, including security support, convoy movement, regular check-ins and vehicle monitoring capabilities. Liaise with your security provider and/or with the local authorities to understand the level of risk in the area visited and whether security support is necessary. Officials may deem it necessary to provide an army escort.
- Operations and travel in northern regions should proceed with comprehensive precautions against higher risks of highway banditry, kidnapping and communal clashes in those regions. Ensure that you are fully trained on itinerary-specific threats and mitigating measures and that your protocols include advice related to heightened risks of highway banditry, kidnapping and communal clashes.
- Review your choice of accommodation and ensure locations have enhanced security precautions. Road travel in rural areas should be undertaken in convoy, during daylight hours only. Ensure your vehicle is in good condition and equipped with a full medical kit, adequate communications systems, spare tyres and enough water, food and petrol to complete your journey.
- Expect a heightened security force presence and military checkpoints in northern regions. Comply with all official directives and carry the relevant identification documents to ease passage through security checkpoints or spot-checks.
- Be discreet about your travel plans and nationality as a general precaution. Register with your embassy and all relevant warden networks.

Active Alerts (2)

● Advisory | Category

Sub-Saharan Africa: Monitor developments linked to potential fuel shortages, socio-economic impacts from Middle East conflict (Revised)

30 May 2026 at 19:29

Location : Worldwide Travel**Category :** Infrastructure outage, Transport disruption, Protest/Rally, Strike

Monitor developments related to fuel supplies **over the coming weeks** in sub-Saharan Africa due to the impact of Middle East conflict (*see related alerts*). Although widespread fuel restrictions have not been imposed, sustained disruption could prompt such measures in the short-to-medium term. Rising fuel costs may exacerbate socio-economic pressures, increasing the likelihood of protests, industrial action and transport disruption. Although our travel advice for sub-Saharan Africa remains unchanged, persisting military activity in the Middle East is likely to have knock-on regional effects, highlighting the need to stay abreast of associated developments.

Advice :

- Our inbound and in-country travel advice for sub-Saharan Africa remains unchanged in relation to the Middle East conflict. Consult our Travel security guides for country-specific information and advice.
- Keep abreast of developments linked to fuel supplies and energy-conservation measures. Monitor official government channels or reach out to your nearest International SOS Assistance Centre for verified updates. Do not act on unverified information. Abide by official directives.
- Check fuel availability and prices with local contacts. Expect queues at fuel stations and refill your vehicle's tank when possible. Ensure you have adequate fuel supply for planned journeys, especially intercity travel.
- Maintain access to reliable means of communication and ensure that critical electronic devices, such as mobile phones and laptops, are always fully charged.
- Protests are liable to erupt at short notice. Liaise with local contacts for information on related developments and protests in your vicinity. Avoid all such gatherings as a precaution and leave an area at the first sign of unrest.
- In case of transport union strikes, pre-book private vehicles and reconfirm travel arrangements.
- Monitor our alerts for updates.

More Detail :**Impact***Comoros*

Transport unions and other labour groups observed nationwide strikes between 11-17 May following a fuel price hike on 10 May. Protests and related blockades were reported on all three islands, including in the capital Moroni. At least two people were killed and several others injured during clashes between the security forces and protesters in Paje (Anjouan Island). Late on 16 May, the authorities reversed the price increase.

Ethiopia

The government has announced a policy to redirect fuel and diesel supplies to key sectors aimed at ensuring the delivery of essential services. Fuel shortages have been reported nationwide, including in the capital Addis Ababa. Non-essential government employees in the country have also been mandated to go on annual leave as part of energy-conservation measures. Local media has reported large delays at petrol stations as well as a sharp rise in food prices due to higher transport costs.

Kenya

Since late March, shortages and long queues have been reported at petrol stations across the country, including in the capital Nairobi. Protesters have denounced fuel price hikes. At least four people were killed, 30 injured and 348 arrested during protests amid a nationwide matatu (shared minibus taxi) strike on 18-19 May. Although matatu operators suspended the strike on 21 May after negotiations with the authorities, further related demonstrations were reported on 25 May. The government agreed to reduce diesel prices as part of the agreement with transport union officials.

Despite the authorities issuing tax cuts and assuring people stocks are sufficient, fuel companies have been accused of stockpiling in anticipation of rising prices. Matatu operators announced a 50% fare increase in response to the recent fuel hike.

Malawi

Lengthy queues and shortages at fuel stations have been reported in Blantyre city, Mzuzu (both Southern region) and Zomba (Northern region). Reportedly, the capital Lilongwe has improved fuel supply. Nationwide blackouts have reportedly worsened

in recent weeks as several power stations have reduced generation output.

Mauritius

The government banned decorative lighting, the use of air-conditioning in unoccupied commercial spaces and lighting of outdoor sports facilities when not in use, among other non-essential activities. Essential services and critical infrastructure are exempt. The measures will remain in effect until **1 November**.

Mozambique

Long queues have been reported at petrol stations for several months, with numerous facilities running out of fuel. The authorities have acknowledged an ongoing fuel crisis but stated that the situation is under control and that they will implement related measures. On 26 May, the government announced that the fuel crisis was expected to ease, though the situation was dependent on geopolitical developments.

Nigeria

The Airline Operators of Nigeria has paused two planned shutdowns following government intervention. Financial relief measures introduced by the government include debt and tax relief arrangements. However, several operators have warned of delays to operations nationwide amid fuel supply issues. Some airlines have also announced a temporary reduction in international routes **until 1 July**.

South Africa

The local authorities in Johannesburg (Gauteng province) announced that several metrobus routes across the city would be suspended indefinitely **from 1 June** due to rising fuel costs. Meanwhile, the government is also expected to raise fuel levies on petrol and diesel products **from 1 June**.

South Sudan

In the capital Juba, the government has announced electricity rationing, with some residents reportedly experiencing power outages for up to 12 hours. Additionally, rising fuel costs have led to food price hikes.

Elsewhere in the region

Earlier in April, Senegal and Gambia announced a ban on all non-essential foreign travel for government officials amid oil price concerns. Several countries, including Botswana and Namibia have implemented temporary reductions in fuel taxes to ease fuel price pressures. Moreover, officials in Zambia declared the fuel supply situation an emergency, prompting measures such as zero-rating value-added tax and suspending import duties on petrol and diesel for a three-month period. Most countries in sub-Saharan Africa have yet to begin implementing conservation measures, nor have they confirmed reports of widespread fuel shortages or related unrest.

Outlook

The effects of the conflict on fuel markets are likely to be long-lasting across sub-Saharan Africa, though impacts will vary significantly between countries.

In the short term, sustained increases in global oil prices will be the most immediate impact, translating into higher domestic fuel costs. This will result in elevated prices for essential services and goods, such as food staples and transport fares.

Governments may attempt to mitigate increases through subsidies or price controls. However, such measures may place additional pressure on already-constrained government finances and resources, especially in import-dependent economies, such as Burundi, Kenya, Rwanda, Senegal, Sierra Leone and Uganda. Furthermore, even oil-producing countries, such as Angola and Nigeria, will face risks due to inadequate refining capacity.

In the medium term, fuel shortages across multiple countries are possible. This may trigger the implementation of fuel rationing or other energy-conservation measures. Associated impacts may include disruption to transportation networks and electricity generation, especially in countries reliant on fuel-powered generation.

Meanwhile, elevated living costs, combined with existing structural pressures, such as inflation, unemployment and currency instability, may increase the likelihood of demonstrations, strikes and civil unrest. Such risks will be most pronounced in countries that already face higher levels of socio-economic challenges and anti-government sentiment with a history of protests, such as Cameroon, Kenya, Malawi, Mozambique, Nigeria, South Africa and Uganda. Protests will carry significant potential for unrest, with the security forces liable to use heavy-handed measures to disperse crowds.

Additionally, public concern over potential shortages of fuel and food staples could lead to panic buying. Long queues at fuel stations are likely, along with a heightened risk of altercations or opportunistic violence amid localised tensions. The authorities may respond by increasing the security presence at fuel-distribution points and introducing controls to limit purchases.

Context

Although Africa produces about 8% of global crude oil, it imports much of its refined fuel due to a lack of refining capacity. This necessitates the large-scale import of refined petroleum products, such as petrol, diesel and aviation fuel. Furthermore, several countries in the region rely on fuel for electricity generation due to insufficient or unreliable grid infrastructure. This creates a direct link between fuel-supply disruption and power outages, highlighting the broader economic and social impact.

● Advisory | Category

Greater Accra region: Exercise caution, plan journeys over coming days accounting for ongoing flooding

29 May 2026 at 20:19

Location : Ghana

Category : Flood, Transport disruption

Exercise caution and plan journeys **over the coming days** accounting for ongoing flooding in the Greater Accra region. On 28 May, the authorities opened the spill gates of the [Weija Dam](#) after it reached full capacity following a period of heavy rainfall. Local reports indicate floodwaters have inundated several communities in [Weija-Gbawe Municipal district](#), submerging structures and blocking roads. The Greater Accra Regional Security Council has ordered the evacuation of residents in low-lying areas downstream of the dam. Monitor related developments as further heavy rainfall may trigger additional evacuation orders.

Advice :

- Monitor the National Disaster Management Organisation [website](#) for information on emergency response efforts and the Ghana Meteorological Agency [website](#) for updates on local weather conditions.
 - Exercise caution in the affected areas and follow all directives issued by the authorities.
 - Liaise with local contacts to ascertain the status of routes and feasibility of road journeys before setting out. Do not attempt to cross flooded roads, which may be electrically charged due to underground or fallen power lines. If caught in rising water, exit your vehicle and seek higher ground.
 - Disruption to essential services, such as electricity, may occur in affected areas. Charge all communications devices and keep backup batteries.
 - Monitor our Ghana alerts for updates.
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Destination Guide for Ghana

Before You Travel

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

Passport Required: Yes
Visa Required: Yes
Return Ticket Required: Yes

Australian

Passport Required: Yes
Visa Required: Yes
Return Ticket Required: Yes

Canadian

Passport Required: Yes
Visa Required: Yes
Return Ticket Required: Yes

USA

Passport Required: Yes
Visa Required: Yes
Return Ticket Required: Yes

Visas

Nationals of all countries need to obtain an e-visa to visit Ghana. Citizens of all African countries can obtain e-visas free of charge and are only required to present a valid passport for entry. All foreign nationals can apply for an e-visa through the official Ghana e-visa [portal](#). People applying for business visas require a letter of invitation from a local sponsor in Ghana. Visas are valid for three months from the date of issue. However, length of stay is at the discretion of airport officials. Visas for one year may be granted for specific purposes. Visas may be extended when in Ghana. Transit passengers continuing their journey within 48 hours do not need a visa to exit the airport, provided that they are carrying the necessary documentation.

Procedures

Customs and immigration procedures can be slow. Procedures can be expedited if business travellers arrange to be met by a professional meet-and-greet service. Foreign nationals staying in Ghana for 90 days or more during a calendar year should [register](#) with the National Identification Authority ([NIA](#)).

Entry/Exit Requirements

Entry/Exit requirements

Passports must be valid for six months after the intended date of departure from the country. Foreign nationals must also hold a return or an onward ticket or letter from an employer guaranteeing repatriation. People arriving in or departing from Ghana are permitted to carry up to US\$10,000 or its equivalent in any other currencies without declaration. Local currency up to 1,000 cedis (GHC) and foreign currencies up to US\$10,000 may be exported. Foreign currency may be declared on the Foreign Exchange Declaration Form (FXD Form 4A) which can be downloaded from the Bank of Ghana [website](#). Loss of the form can be a problem, so business travellers should ensure it is kept safe. Export of unused cedis is prohibited. However, it

can be re-exchanged into foreign currency at local banks or at the Bank of Ghana. For further information on prohibited items and detailed regulations, visit [here](#).

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

- It is inadvisable for foreign nationals to refer to tribalism or ethnic affiliations when discussing current affairs.
 - It is illegal to wear any military clothing or sportswear with a camouflage design.
 - Be aware of Islamic social customs, particularly during the fasting month of Ramadan, when visiting the predominantly Muslim north.
 - Ask permission before photographing anyone and before taking a picture of military installations, government buildings or airports.
 - Homosexuality is illegal and this is generally enforced, though legal repercussions are rare. Societal attitudes towards the LGBTQ+ community are often intolerant and violence is sometimes directed towards its members.
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Getting There

METHOD OF ARRIVAL

Accra International Airport ([ACC](#)), five miles (8km) [north](#) of the capital Accra, is the country's only international airport. It caters to both civil and military aircraft. There are three passenger terminals. Terminal 3 handles all international flights, while Terminal 2 serves domestic operations. Terminal 1 is currently undergoing redevelopment. Before reaching passport control, arriving passengers are stopped for a temperature screening and their Yellow Fever certificate is checked.

Security at the airport is good, though security on domestic flights does not meet international standards. Keep luggage and travel documents secure at all times. As an additional check, customs officers may ask people to present tickets for their checked-in luggage and compare these with the tags on the suitcases to prevent theft. Only ticket holders are allowed into the airport terminal, and photography is prohibited at the facility.

For meet-and-greet services courtesy of your hotel, note that the person waiting for you with a hotel sign may be a hotel representative rather than a driver. Avoid using informal porters to carry your luggage (some will attempt to do so without consent), as there have been reports of belongings being stolen. It is advisable to instead ask your local driver for help. Thieves may masquerade as airport staff. Accept offers of assistance only from authorised airport personnel, who usually carry an ID card displaying their name and photo.

Procedures

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Getting Around

BY AIR

Ghana has a limited internal travel network. The country does not have a national carrier, though commercial flights are available between Accra ([ACC](#)), Kumasi ([KMS](#)) and Tamale ([TML](#)). However, poor visibility due to seasonal winds like Harmattan could lead to flight delays or cancellations. Exercise caution when selecting an operator.

BY ROAD

Driving is on the right and there is adequate road signage in English. The road from Accra to Tamale via Kumasi is in an acceptable condition, while the one from Accra to Takoradi is in good condition. Elsewhere in the country, road conditions are

less acceptable. Foreign nationals should not self-drive unless familiar with the local environment. It is preferable to hire a trusted local driver. Overland travel, particularly in border areas, should only be undertaken during daylight hours and following appropriate journey management protocols, including robust communications and contingency planning and itinerary-specific advice.

International companies such as [Avis](#) and [Europcar](#) offer car rental services in Accra. If undertaking cross-country travel, ensure that your vehicle is in good condition and equipped with a full medical kit, adequate communication systems, spare tyres and enough water and fuel to complete your journey. People driving themselves should carry an international driving licence, which must be endorsed by a police licensing officer if their stay exceeds 90 days. Foreign nationals are expected to carry documentation of their status, such as a passport and visa.

People are routinely stopped at police and army checkpoints, and automobiles and passengers may be searched and bribes occasionally demanded. The security forces are less inclined to demand bribes from foreign nationals compared with local nationals. Motorists involved in a collision should go to the nearest police station. Do not stop to assist with any roadside emergency. Drivers should be aware that grass or leaves strewn on the road indicate that an accident or other hazard lies ahead.

Driving standards are poor, especially in rural areas. Cars are inadequately maintained and pose a hazard on roads. We advise against driving at night because of poor street lighting and the unpredictable behaviour of livestock, pedestrians and cyclists. Furthermore, highway robbery poses a risk after dark in rural areas, particularly on southern coastal roads and border regions with Togo and Cote d'Ivoire, as well as on the road from Accra to the central region tourist area of Cape Coast. Caution should be exercised along these roads. Repeated instances of robberies have been reported, even in daylight hours, on roads in the [Bamboi](#) area (Brong Ahafo region), less than 62 miles (100km) from the Ivorian border.

Carjacking occurs in both rural and urban areas. People should not travel unaccompanied and keep vehicle windows rolled up and doors locked. Criminals have been known to reach into vehicles while they are stopped at busy intersections. Cars should always be parked in well-lit, secure car parks. In urban areas, scams are common. One such scam involves individuals pretending to get hit by a car in an attempt to extort money from the driver.

Driving conditions are unsafe and major roads are impassable during the monsoon season (March to November). Flooding may occur during this period, specifically in the North, Upper West and Upper East regions. Heavy rain is likely to cause extensive damage to roads; monitor local weather conditions and avoid travelling in affected areas.

BY TAXI

Taxis are widely available. Drivers generally charge by the hour, and it is advisable to negotiate a fare prior to departure. We advise against sharing a taxi with other passengers. Avoid travelling alone at night due to security concerns, as violent assaults and robberies of taxi passengers have been reported.

Smartphone taxi application or ride-sharing services such as [Uber](#) are available in the capital Accra. These services are permitted to pick up business travellers from airport terminals. Although they are a reasonably safe and reliable form of transport for business travellers in Accra, the suitability of these services will depend on the individual's profile. It is preferable to carry some cash when taking an Uber in case of a glitch in the cashless payment system or a misunderstanding with the driver. Some drivers may cancel a ride if business travellers select card payment instead of cash. Confirm with taxi and/or Uber drivers that they have change prior to setting off.

BY TRAIN

Passenger train services operate between Kumasi, Accra and Takoradi. Rail services also link the two major ports of Tema and Takoradi. However, the overall network infrastructure is poor and hence rail services are not recommended for business travellers.

BY OTHER MEANS

Public transport is not suitable for business travellers. State-run and private coach services connect all major towns. The most popular national coach line is the [Intercity State Transport Corporation](#) (STC). STC shuttle services operate regularly between major towns such as Accra, Takoradi, Kumasi, Tamale and Tema and other regional capitals. It is inadvisable to travel by small private minibuses (called tro-tros) outside major cities, as safety standards are inadequate.

Business Women

BUSINESSWOMEN

Women are well represented at all levels of business. Foreign businesswomen will be well received and treated with respect. When visiting areas in the predominantly Muslim north, female business travellers should take particular care to adopt a

conservative style of dress to avoid causing offence.

Female business travellers should nonetheless take security precautions. Remote beaches, for example, should be avoided unless accompanied by trusted local contacts.

Working Week

WORKING WEEK

- Working week: Monday-Friday.
 - Office hours: 08.00-17.00
 - Banking hours: 08.00-14.00 Monday-Thursday and until 15.00 on Fridays.
 - Some private businesses have a relaxed approach and are open to discussions after official working hours.
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Language & Money

LANGUAGE

English is the official language and used in most business transactions.

MONEY

The unit of currency is the cedi (GHC). US dollars, British pounds and euros are also accepted. Traveller's cheques can be exchanged at major banks, hotels and bureaux-de-change. Major credit cards such as American Express, Diners' Club and Visa are accepted at hotels and other business establishments. However, many restaurants and some airlines prefer to be paid in cash. A few banks give cash withdrawals against Visa and MasterCard, but not without a commission and a fee for the approval telex. ATMs are widely available, but withdrawing a larger sum of money can require several transactions because the limit per transaction is relatively low.

Tipping

TIPPING

Tipping is not compulsory, but a small tip (5-10% of the bill) can be given for good service.

Geography & Weather

CLIMATE

Climate overview

- Ghana's climate is tropical, with the rainy season continuing from March to November and the dry season from December to April.
- Average temperature ranges from 21°C to 32°C (70-90°F) and humidity can be quite high.
- Northern Ghana tends to be cooler and less humid than the coastal south.
- Monitor the [Ghana Meteorological Agency](#) website for weather updates.

Flooding and landslides

- Devastating floods can occur during the rainy season in areas along the country's main rivers.
- The banks of the Birim river (Eastern region) are particularly vulnerable to flooding.
- In October 2023, more than 25,000 people in Volta region were displaced by flooding.
- Landslides during the rainy season can disrupt road travel and cause damage to property.

Bushfires

- Bushfires occur during the dry season, which lasts from mid-November to April.
- Damage to electricity poles because of bushfires can affect power supply.
- The authorities have identified Ahafo, Ashanti, Central, Eastern and North East regions as hotspots for bushfires.

Droughts

- Northern, Savannah, Upper East and Upper West regions are prone to droughts and resultant water shortages.

GEOGRAPHY

Ghana is located in West Africa with a southern coastline along the Gulf of Guinea. It is bordered by Burkina Faso to the north, Cote d'Ivoire to the west and Togo to the east. The country's topography features flat plains and low-hills from north to south. The coastal plains stretch across the southern portion of the country, featuring low sandy beaches interspersed with salt water lagoons. About 57% of the country's total land area is classified as agricultural land areas. The Akosombo Dam on the Volta River provide hydro-electricity for Ghana and several other neighbouring countries.

Accra is the capital of Ghana. It is the country's largest city and its administrative and economic centre. Other major cities include: Kumasi, the principal city of the Ashanti region; Ghana's major ports Sekondi-Takoradi and Tema, the coastal twin cities; and Tamale, a northern trade centre and the college town of Cape Coast. Ghana is administratively divided into 16 regions: Ahafo, Ashanti, Bono, Bono East, Central, Eastern, Greater Accra, North East, Northern, Oti, Savannah, Upper East, Upper West, Volta, Western and Western North.

International Dialing & Power

DIALLING CODES

Country Code : 233

IDD Prefix (International Direct Dialling) : 00

COMMUNICATIONS

Mobile phone coverage is generally reliable in major cities, with 4G services available in urban areas. Local SIM cards and prepaid airtime are inexpensive and can be purchased from travel agents, airports, post offices and gas stations. [MTN](#) offers the most comprehensive mobile phone network, followed by Telecel Ghana (formerly Vodafone Ghana). Other GSM providers include [Glo Mobile Ghana](#) and [AT Ghana](#) (formerly AirtelTigo). Business-class hotels provide fully functional internet facilities without additional charge.

Expect slow internet connectivity and occasional service disruption in urban centres, including Accra, despite improving local connectivity.

Cybersecurity

Individual business travellers, particularly senior executives and those on short and medium term assignments, face high risks from cybercrime. Most cybercrime in Ghana takes the form of internet scams which attempt to steal personal credentials such as usernames and passwords. Mobile fund transfer services are also vulnerable to cybercrime, with criminals known to impersonate close friends and family and ask the user to make payments.

People using the internet in Ghana may also be vulnerable to banking fraud and ransomware if making payments using an unsecure Web connection. Although an increasing number of businesses are accepting credit card payments, it is advisable to make electronic payments only at trusted, reputable establishments.

The National Cyber Security Centre ([NCSC](#)) is responsible for cybercrime matters. Although the extent of the agency's ability to fight complex cyber attacks is unclear, it has proved effective at tackling standard desktop mobile phone malwares. The NCSC frequently runs public awareness campaigns, demonstrating its intent to reduce cybercrime rates. The National Cybersecurity Policy and Strategy (NCPS), launched in October 2024, outlines a roadmap to strengthen legal, technical and institutional cybersecurity frameworks. It builds on the country's Cybersecurity Act, 2020, focusing on critical infrastructure protection, capacity building and international co-operation.

- Minimise the number of devices you bring into the country. Only carry devices that are absolutely essential. Clean devices, containing only data necessary for the trip with no access to shared networks, should be used if targeted attacks are likely.
- Ensure all devices you bring into the country are well secured, with strong passwords; ensure all storage devices have full disk encryption.
- Ensure all software, including anti-virus protection, is up to date prior to travel; avoid updating software while away.
- Avoid connecting to insecure wi-fi networks where possible. Public wi-fi connections are almost always unencrypted, allowing attackers to easily instigate 'man-in-the-middle' attacks, where they redirect your browsing request to a malicious website and then run malware on your device.

- If necessary, only connect to public networks using a Virtual Private Network (VPN). Always familiarise yourself with the legal status of any VPN or application in your destination country prior to travel. Be aware of other relevant legislation including compliance requests which allow authorities to inspect devices.
- Keep devices on your person as much as possible. If unattended, ensure devices are powered down and well secured. If using hotel safes, secure them with a secondary personally-lockable device.
- Limit location tracking/turn off your phone's location function to deter surveillance, with the exception of our Assistance App or other essential applications. Turn off wi-fi and Bluetooth when not in use.
- Run a thorough check of all devices upon your return and use the 'forget network' setting if you did connect to any public wi-fi networks.
- Comply with local legislation. This includes any official requests to inspect devices. If this occurs, inform your IT department as soon as possible and exercise caution when using the device afterwards. Power off devices prior to approaching customs.
- Obtain profile-specific advice taking into account your industry and position in the company.

ELECTRICITY



Calendar

Holidays & Security Dates

2026

04 Jun Anniversary of 1979 coup

01 Jul Republic Day

21 Sep Founder's Day (Kwame Nkrumah's Birthday)

21 Sep Kwame Nkrumah Memorial Day

If the holiday falls on a rest day, it may be observed on the next working day.

02 Dec Farmer's Day

26 Dec Boxing Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is observed on the following Monday or Tuesday respectively.

31 Dec Revolution Day

2027

01 Jan New Year's Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

Destination Guide for Ghana

Medical Overview

Medical Care

Limited

Standard of Health Care

Generally, the standard of medical care in Ghana is evolving and working towards internationally accepted standards. Hospitals may lack basic medications and supplies, and hygiene standards can be variable. More complicated medical conditions will require referral to Accra, where a few private and government medical facilities offer an acceptable standard of care. As the range and quality of services varies significantly from facility to facility, it is advised that you contact International SOS for guidance.

Emergency Response

Emergency Response

The National Ambulance Service provides basic services. Advanced Ambulance services are offered by a limited number of facilities.

Medical Contact

Emergency Numbers, hospital and clinic contact information

EMERGENCY NUMBERS

Police : 112/191/18555
Fire service : 112/192

Hospitals & Clinics

Lister Hospital

1 Finali drive, Off Spintex Road Airport Hills Estate, East Airport
233244313883, 233303409040
info@listerhospital.com.gh

LuccaHealth

West Campus Plot No. 27 Maseru Road East Legon
233544120777
info@luccahealth.com

Nyaho Medical Center

35 Kofi Annan Street
233307086490, 233501436662
info@nyahomedical.com, frontdesk@nyahomedical.com

The Bank Hospital Limited

Block F6 Shippi Road Cantonments
233257962450, 233302739373, 233599700080
info@thebankhospital.com, reception@thebankhospital.com, claims@thebankhospital.com

WARA Clinic in Accra (WRA)

09 Abafun Crescent
233302781258, 233544335959
victoria.boamah@internationalsos.com

Nyaho Medical Centre Takoradi

F168 Anita Mensah Street Beach Road
233201796080
info@nyahomedical.com, takoradi@nyahomedical.com

Sycamore Hospital

55 Adientem Paul Essah Street Adientem
233208907275, 233505787905
sycamoremedicalcenter@yahoo.com, info@sycamoremedicalcentre.com

WARA Clinic in Takoradi

108 Axim Road Dixcove Hill
233243666111, 233288270270
assist@westafrican-rescue.com

Vaccinations

Yellow fever vaccination recommended and proof is required for specified travellers for entry

Cholera

Vaccination should be considered for some travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.

Hepatitis A

Recommended for all travellers and international assignees, especially groups at higher risk including:

- long-term and frequent visitors.
- adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.
- gay, bisexual, and other men who have sex with men (see [US CDC](#)).
- people who use illicit drugs.
- those with liver disease.

Hepatitis B

Recommended for all travellers and international assignees.

Measles

- Recommended for all travellers and international assignees.
 - All travellers should be up to date with their measles vaccination (schedule differs by country). Vaccination for adults is available as MMR (measles, mumps and rubella), two doses given at least four weeks apart are required.
- Some individuals [cannot be vaccinated](#) due to certain health conditions.

Meningitis - meningococcal

Vaccination with the quadrivalent vaccine (serogroups A, C, Y and W135) is recommended for anyone who is:

- Travelling during the dry season (December to June).
- Travelling during outbreaks.
- At increased risk including:
 - Those visiting friends and relatives.
 - Healthcare workers.
 - Long-term travellers who will have close contact with the local population.

Rabies

Consider for certain travellers, especially:

- For international assignees and long-term visitors.
- For children who tend to play with animals and may not admit to being bitten or scratched.
- If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.
(Unvaccinated people need immunoglobulin within 24 hours of an animal injury, and this medication is scarce in some countries. If you are pre-vaccinated, you do not need this immunoglobulin after an injury.)
- If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.
Jogging increases your risk of dog bite.

Typhoid fever

Recommended for all travellers and international assignees.

Yellow fever

Ghana is a [country with a risk of yellow fever transmission](#).

A yellow fever vaccination certificate is **required** for entry for anyone ≥ 9 months of age.

Vaccination is *recommended* for all travellers ≥ 9 months of age going to Ghana.

For onward travel: your next destination, including your home country, may require a vaccination certificate for entry.

(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)

Routine Vaccinations

COVID-19

All travellers should ensure they are up to date with COVID-19 vaccinations. Recommendations vary between countries.

Influenza

Annual vaccination is recommended. Vaccination is especially important for people at higher risk of severe disease, including::

- Young children
- Pregnant individuals
- People 65 years and older
- People with underlying health conditions

Measles-Mumps-Rubella

Vaccinations against measles, mumps, and rubella are routine in childhood, and are usually available as a combined vaccine "MMR".

Everyone should be immune to these diseases before travel.

There are outbreaks of measles in many locations.

If you are unsure of your immunity, consult your doctor well in advance of travel.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

Polio

Vaccination against polio is routine in childhood in many countries. See routine childhood vaccination schedules for [Australia](#), [Canada](#), [Europe](#), the [USA](#), and the [UK](#).

All adults should ensure they are immune to the disease before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or a *booster*. Booster recommendations vary by country.

Tetanus-Diphtheria-Pertussis

Vaccinations against tetanus, diphtheria and pertussis are routine in childhood.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or *booster*. Booster recommendations vary by country.

Varicella

Varicella (chickenpox) vaccinations are included in the routine childhood immunization schedule of some countries. See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to varicella before they travel abroad. If unsure of your immunity, consult your health professional.

Health Threats

Known health threats for this country

Anthrax

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. It most commonly occurs in hoofed mammals, though humans can also become infected. The serious forms of human anthrax are cutaneous anthrax, inhalation anthrax and intestinal anthrax.

Symptoms of anthrax are different depending on the mode of infection. Generally, symptoms develop within seven days of exposure.

Cutaneous anthrax is a skin infection and accounts for 95% of all naturally-occurring anthrax infections. The main risk factor is contact with animal hides or hair, bone products, and wool. The disease can also be spread through contact with infected animals. Hence, the populations most at risk for anthrax include farm workers, veterinarians, and tannery and wool workers. Bacteria infects a person through cuts or abrasions on their skin. An itchy skin lesion, similar to an insect bite, then develops - usually within two weeks of exposure. This lesion may later blister and then break down, resulting in a black ulcer. The ulcer is frequently painless but surrounded by significant swelling. Sometimes painful lymph nodes may develop. Often, a scab forms, then dries and falls off within two weeks. In 20 percent of untreated individuals, the infection may spread through the bloodstream and become fatal. However, death is extremely rare among individuals who receive appropriate treatment. Initial symptoms of *inhalation anthrax* infection may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.

Intestinal anthrax may follow the consumption of contaminated food and is characterized by acute inflammation of the intestinal tract. Initial signs of this disease are nausea, loss of appetite, vomiting and fever. These are followed by abdominal pain, vomiting of blood and severe diarrhea.

Direct person-to-person spread of anthrax is extremely unlikely; it may not even be possible. Therefore, there is no need to immunize or treat people who have been in contact with infected people unless they also were also exposed to the same source of infection (usually, a sick animal).

People who have been exposed to anthrax can take antibiotics to prevent infection. It is necessary to treat anthrax infections early; a delay lessens chances for survival. Anthrax usually is susceptible to penicillin, doxycycline and fluoroquinolones.

An anthrax vaccine can also prevent infection. Vaccination against anthrax is not recommended for the general public and is not available.

Outbreaks, often associated with infected meat, have been reported in the Upper East Region of Ghana. Although there have been no human cases recorded since 2023, risk of infection remains present.

Lassa Fever

Lassa fever is a severe, often fatal, haemorrhagic fever caused by the Lassa virus. It occurs mainly in West Africa, particularly in Guinea, Liberia, Nigeria and Sierra Leone. Humans can become infected through contact with infected rodents, most often when food or water is contaminated with their urine or faeces. People can also get Lassa if they have contact with the bodily fluids of an infected person.

Initial symptoms may include fever, headache, joint and back pain, sore throat, abdominal pain and diarrhoea. Most infections are mild, but around 20 percent of those who get the disease get a serious form involving bleeding. People with serious cases can bleed from a number of sites including the nose, mouth, gastrointestinal tract and vagina. This can be severe and fatal. There is no vaccine against Lassa fever. No antiviral drug is officially approved for the treatment of Lassa fever. The antiviral drug ribavirin has been used in treatment, but its effectiveness remains uncertain. To prevent infection, keep rodents away from living and working areas. Protect food and water supplies from rodent contamination. Take precautions if someone has Lassa fever, avoiding contact with their bodily fluids.

Risk is present throughout the country, including in the capital Accra.

Leptospirosis

Leptospirosis is a bacterial disease commonly present in animals. While these animals often show no sign of disease, they can excrete the bacteria in their urine and other bodily fluids (except saliva), which contaminates water and soil in the environment. Humans become infected primarily through contact with that contaminated water and soil.

Infection can be treated with antibiotic medications. Severe disease can cause liver, kidney, heart and respiratory problems as well as meningitis (inflammation of the membrane around the brain and spinal cord). If left untreated, leptospirosis can be fatal.

The best way to prevent leptospirosis is to consider water safety when swimming, bathing, boating or wading. Avoid water that might be contaminated with animal urine. If unsure whether the water is contaminated and contact is unavoidable, wear protective clothing such as thigh-high waterproof boots and cover all wounds with waterproof dressings. Wash thoroughly after potential exposure.

Cases of leptospirosis are reported sporadically in Ghana. Outbreaks are more likely in urban and low-lying areas, especially where rodent infestation is prevalent. Risk is generally higher following heavy rainfall or flooding, which is most common in the rainy season (March to November). Infections are also identified in agricultural workers.

Marburg virus

Marburg is a rare but potentially deadly viral disease found in Africa, primarily carried by cave-dwelling fruit bats.

Humans contract the virus through contact with animals or from another person. Human-to-human transmission occurs through direct contact with the blood or body fluids of infected individuals, or contaminated equipment, bedding, or clothing. This can happen when caring for a sick person, or through funeral practices where there is direct contact with the body.

Symptoms develop suddenly. These include fever, chills, headache and muscle pain. A rash may appear on the patient's chest, back and stomach around the fifth day of illness. Nausea, vomiting, chest and abdominal pain, sore throat and diarrhoea may develop. As the disease progresses, bleeding can occur, with blood in the stools and vomit, from the mouth and nose. Organ failure may develop. About 25 to 88 percent of those infected die of the disease.

There is no specific antiviral medication or vaccine available to treat or prevent Marburg virus disease. Supportive treatment, which may necessitate intensive care, improves survival rates. Prevention involves avoiding direct contact with animals, including bats (both dead and live), and bat-infested caves. Do not eat bats or "bush meat" from gorillas, monkeys, and other primates. Avoid close contact with people who are sick and refrain from participating in high-risk activities, such as attending funerals in outbreak areas. (Do not touch / wash dead bodies.) Avoid hospitals that are treating suspected Marburg cases and maintain high levels of personal hygiene by washing your hands well and often.

The risk is low for those who avoid contact with bats and other animals, as well as sick people and funerals.

The first and only outbreak recorded to date occurred in 2022 in the Ashanti region with three confirmed infections, of which two were fatal.

Mpox

Mpox (formerly known as monkeypox) virus belongs to the same group as the smallpox virus. It causes disease with similar symptoms but less severe than smallpox. It is spread to humans following close contact with an infected person, animal or infected objects. In Central and Western Africa where the virus is predominant, the disease spreads through contact with the skin, blood or body fluids of an infected animal. In humans, the disease can spread through direct contact (including sexual contact) and indirect contact. Direct contact includes contact with the rash, infected body fluids or large respiratory droplets from a sick person. Indirect contact includes contact with virus-contaminated objects, such as bedding or clothing. The risk of contracting the disease via casual contact with a sick person is low.

People usually become sick about seven to 14 days after exposure, but it can take as long as 21 days. The first symptoms are flu-like: fever, headache, muscle aches, backache, swollen lymph nodes, chills and a general feeling of discomfort and exhaustion. About one to three days after the fever begins, patients develop a rash of raised bumps. It usually first appears on the face. Lesions progress through several stages before crusting and falling off. People are infectious until all the crusts have

fallen off. The illness typically lasts for two to four weeks. Children and people with weak immune systems may suffer severe disease. Complications such as secondary infections, sepsis, eye and lung infections and inflammation of the brain (encephalitis) may occur. Fatality rate varies depending on the clade (strain), with Clade II responsible for less than 1% while Clade I may cause more than 10% fatality rate. There is no specific cure for mpox, treatment is mainly supportive - caring for skin lesions, relieving pain, and reducing the risk of complications. Some antivirals are being used on an emergency basis and tested through clinical trials. Vaccines against mpox exist and are increasingly available.

In addition to vaccination, prevention is through:

- Avoiding close, skin-to-skin contact with people who have a rash that looks like mpox.
- Avoiding contact with objects and materials that a person with mpox has used.
- Washing hands well and often.
- Observing good personal hygiene.
- Taking extra precautions when caring for a sick person, and cleaning areas / items that have been used by them.

In the context of the global outbreak, ongoing since 2022, authorities recommend additional preventive measures:

- Limit the number of sexual partners.
- Minimise skin-to-skin contact as much as possible when attending crowded events.
- Wear condoms for a further 12 weeks after recovering from a mpox infection. Using condoms reduces the risk of exposure to mpox but does not prevent infection through close physical contact.

In areas where mpox is present in animals, additional preventive measures are:

- Avoiding contact with wild animals.
- Avoiding touching objects which have been in contact with animals.
- Avoiding preparing or eating "bush meat" (wild game).

Mpox is considered to be endemic or consistently present in animals in Ghana. Human cases are commonly reported.

Rabies

Rabies is a viral disease that is almost always fatal but is preventable with correct post-exposure treatment. People are infected through the bite, scratch, or lick to broken skin by an infected animal. Any mammal, including dogs, cats, bats, monkeys, foxes, coyotes, raccoons, skunks, jackals, seals and other marine mammals can carry the virus. Globally, most human infections occur through dog bites.

It is imperative to seek treatment promptly after a potential exposure (bite, scratch, lick to broken skin). Treatment is highly effective in preventing rabies, but is not readily available in some locations.

Following an animal / bat bite or scratch or lick (on broken skin) :

- The wound should be immediately cleaned, with soap and water for at least 15 minutes. Apply an antiseptic such as povidone-iodine if available.
- Medical advice should be obtained promptly to **assess the need for preventive treatment, even if previously vaccinated. This is life-saving.**
- Treatment is with post-exposure vaccination (a series of injections required). Rabies immunoglobulin (RIG) is also required if not previously vaccinated, and is injected into and around the wounds. Note that bat bites are very small, and sometimes are not obvious. Some health authorities advise that rabies post-exposure treatment should be given if a bat was in the room while a person was asleep even if there is no obvious bat bite or scratch.

Prevention is through avoiding contact with animals, and vaccination.

Pre-exposure vaccination is often recommended for visitors to destinations where rabies is common, especially if rabies treatment and quality medical care are not readily available. Pre-exposure vaccination is also important for children, since they may not tell adults they have been bitten/scratched.

Post-exposure vaccination must be given soon after a bite or scratch, or lick to broken skin, **even if pre-exposure vaccination has been completed.** Fewer doses are required if pre-exposure vaccination has been completed. Rabies immunoglobulin (RIG) is also required if not previously vaccinated.

Rabies is found in bats, wild animals, and domestic animals, including cats and dogs, in Ghana. Rabies vaccine and quality rabies immunoglobulin (HRIG) may not be readily available (HRIG is required for treatment of rabies exposures for people who have not had pre-exposure vaccination). The risk to travellers is high, and pre-exposure vaccination is recommended for specific travellers and assignees.

Dengue fever

Dengue, or "break-bone" fever, is a viral disease of the tropics and sub-tropics. It is transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes that bite during the daytime and are found in and around human habitation. Transmission from mother to child is possible during pregnancy or birth. Symptoms include high fever, severe headaches, joint and muscle pain, nausea and vomiting. A rash often follows. The acute illness can last up to ten days, but complete recovery can take two to four weeks. Occasionally, a potentially fatal form of dengue called severe dengue (previously known as dengue haemorrhagic fever or DHF) occurs. Severe dengue is more likely in infants and those who are pregnant, as well as people who have been infected in the past and are infected again with a different strain of dengue. When a pregnant person is infected, there is a risk of pre-term birth, low birth weight and foetal distress. Approximately 3% of severe dengue cases are likely to be fatal.

Prevention is through avoiding mosquito bites. Dengue vaccine is available in some countries. Authorities have different eligibility and recommendation for use.

Dengue transmission occurs year-round, with peak transmission between April and November.

Filariasis

Filariasis is a parasitic disease, also sometimes called "elephantiasis". It is caused by microscopic, thread-like worms that are spread via mosquito bites. Larvae enter the skin when a person is bitten, then travel to the lymph nodes, where they develop into adult worms. The adult worms reproduce (creating microfilaria) then migrate further in the tissues and circulate in the blood causing a variety of symptoms.

Initial symptoms include skin redness and swollen lymph nodes in the arms and legs. Headache, weakness, muscles pain, coughing, wheezing and fever are also common.

People who are repeatedly bitten by mosquitoes over several months or years are at risk. Thus, short-term travellers are at low risk. Nevertheless, all travellers should prevent insect bites.

Risk is present in Ellembele and Nzema East (Western region), Nkoranza South (Bono East region), Wenchi district (Bono region).

Leishmaniasis

Leishmaniasis is a disease caused by a parasite that can infect humans, dogs, rodents and other small animals. It is transmitted by sandflies that bite mainly between dusk and dawn and can occur in both rural and urban environments. Sandflies breed quickly in unsanitary conditions, and the spread of the disease is exacerbated by war, chronic food shortages and urbanisation activities like deforestation and building of dams and irrigation systems, changes in temperature, heavy rainfall and population movement. The disease can manifest in one of the three forms, cutaneous (is the most common form and causes skin ulcers), mucocutaneous (is a rare form which affects the inner parts of the nose and mouth) or visceral (which is the more severe form and can lead to death). There is no vaccine or drug to prevent leishmaniasis.

Prevention

The only way to avoid leishmaniasis is to prevent sandfly bites.

- Minimise outdoor activities from dusk to dawn- this is when sand flies are most active.
- Use protective clothing and insect repellent.
- Consider using an insecticide-treated bed net with *fine mesh* if there are sandflies in your living quarters. The standard bed nets used to prevent malaria are not effective, as sandflies are about one-third the size of mosquitoes and can fly through the malaria nets.
- Note that sandflies are small and do not make noise while flying. This makes it difficult to determine whether they are in your environment. Their bites cause mild symptoms and might not be noticed.

The cutaneous form of leishmaniasis is endemic in Ghana.

Malaria

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.

B: Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

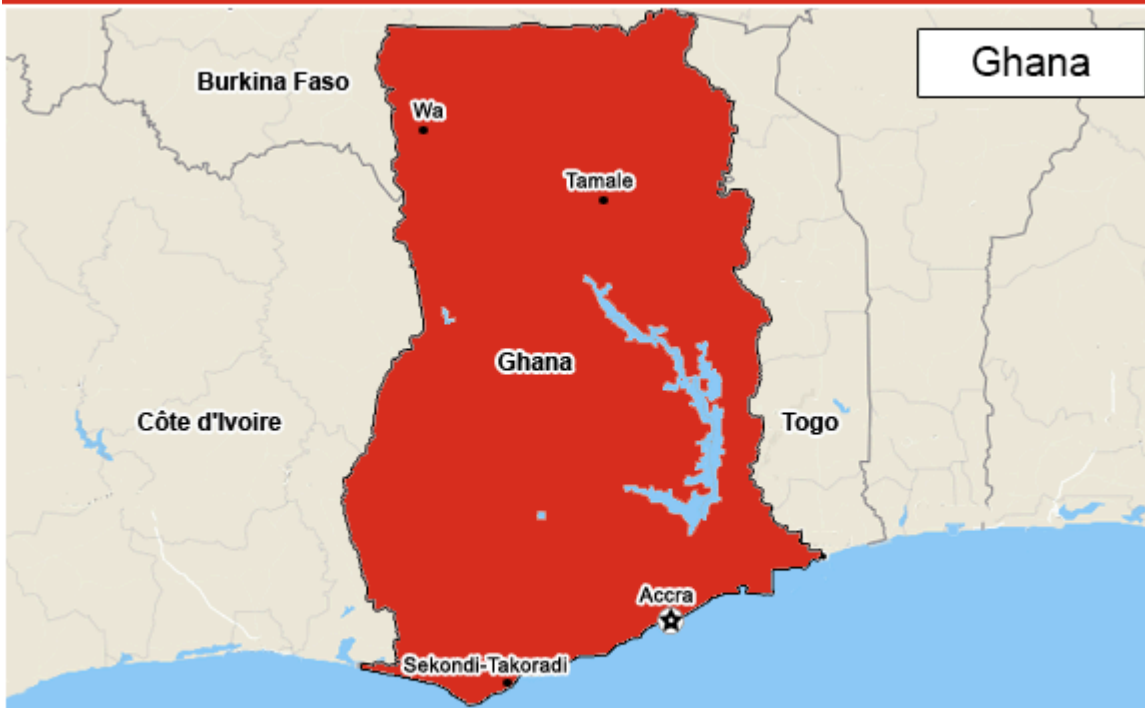
D: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

E: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Malaria is present year-round in all of Ghana.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication.

MALARIA RISK**Malaria Risk****■ High risk**

This map is intended as a visual aid only and not a definitive source of information about malaria risk.

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Malaria vaccination is included in the country's routine immunisation programme for young children.

Onchocerciasis

Onchocerciasis, also known as "river blindness", is caused by parasitic worms. The disease is mainly found in parts of tropical Africa, though several non-African countries are also affected. Humans contract the disease via fly bites. Once introduced into the human body, the worms enter the bloodstream and mature in nodules under the skin. Later, large numbers of microscopic larvae (called microfilariae) are released. These migrate within the body. Prevent insect bites to avoid infection.

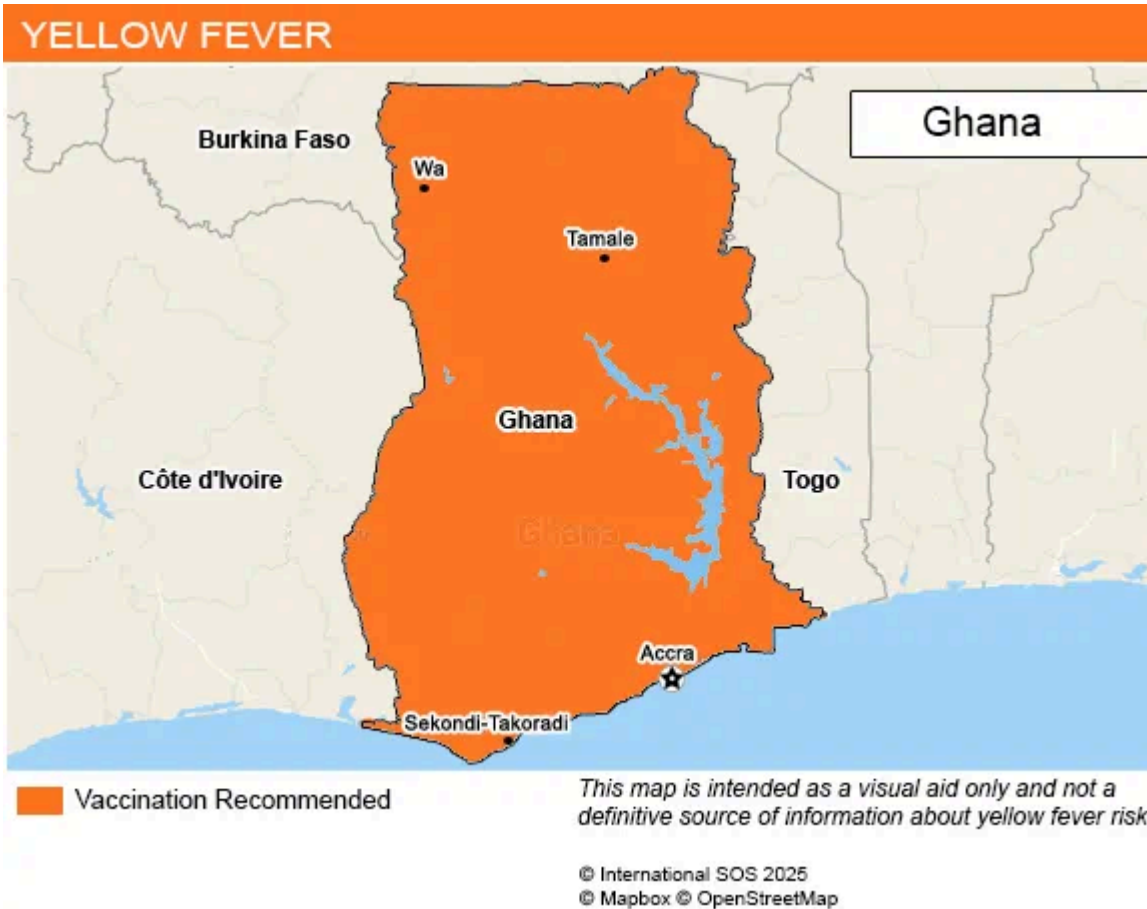
Yellow fever

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites. Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

There is a risk of yellow fever throughout Ghana

Sporadic outbreaks are common. The last outbreak occurred in 2022 with over 100 cases reported.



Meningitis - meningococcal

Meningococcal disease is a severe and sometimes fatal bacterial infection. People can contract the disease if they are exposed to droplets of respiratory or throat secretions (saliva or spit) from carriers. Close contact (e.g. through kissing, sharing drinks or utensils) or prolonged contact (e.g. living in close quarters) with an infected person increases the chances of getting infected.

Meningococcal meningitis infects the lining of the brain and spinal cord. Meningococcal bloodstream infections affect the blood and damage the walls of blood vessels. A characteristic red, blotchy rash occurs all over the body in most serious cases. Symptoms include fever, intense headache, vomiting, and neck stiffness. Infected people must receive antibiotics quickly, as the disease progresses rapidly and can cause permanent brain damage or death.

The risk to travellers is mainly limited to areas of the "meningitis belt" of sub-Saharan Africa and pilgrims to Mecca (Saudi Arabia), but an outbreak can occur in any country at any time.

Vaccines against some strains of the disease are available. People who have been in close contact with an infected person should be promptly treated with preventive antibiotics.

Parts of northern Ghana lie in the "meningitis belt" where periodic epidemics occur during the dry season (December to June) and hundreds of cases are reported each year. The rest of the country has an increased risk for the disease.

Tuberculosis (TB)

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close, exposure to an infected person. Family members, close friends and healthcare workers are most at risk. People with compromised immune systems, babies and children, those travelling to or living in countries with high TB rates, smokers and those who consume alcohol or other substances and those residing in group accommodation (such as prisons or nursing homes) are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include prolonged cough, chest pain, weakness, lack of appetite, weight loss, fever, chills, night sweats, tiredness, and lack of energy. Latent (inactive) TB causes no symptoms. Tuberculosis is diagnosed by evaluating a patient's risk factors for exposure to TB, clinical symptoms, chest X-rays, CT scan, tuberculin skin testing and examination of sputum or secretions which may contain the bacteria.

Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening. Some forms of TB have become resistant to drugs (MDR TB), and some forms are extensively resistant to drugs (XDR TB). These forms are hard to treat.

A vaccine, Bacillus Calmette-Guerin (BCG) is available. It protects children against severe TB. Some authorities recommend vaccinating children up to 16 years old or for travellers who may live or travel for three months or more to places with higher

rates of TB infection or with the risk of multi-drug resistant TB. It must be discussed on an individual basis with your own health care provider.

Avoid enclosed or crowded environments where there are known TB patients, such as hospitals and prisons, whenever possible. People who must enter such places, such as health care workers, should wear specially fitted personal respiratory protective masks (such as the N-95 mask). Other ways to prevent the spread of TB include early identification, isolation and treatment of active cases, spreading awareness of symptoms to ensure people seek medical care early and ensuring that people on treatment take their medication and complete the entire course.

Ghana falls in the "endemic" incidence category for tuberculosis with an estimated 126 cases per 100,000 population in 2024. BCG vaccination is given at birth and is included in the country's immunisation schedule.

Air Pollution

Poor air quality, also known as haze, smog, and air pollution, can negatively impact one's health. Some groups are especially vulnerable to the effects of polluted air. These include children, the elderly, pregnant women, unborn babies, and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis, or asthma.

The chemicals in polluted air can affect the lungs, resulting in wheezing, coughing, shortness of breath, chest tightness, and even pain. Polluted air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer, neurological and reproductive disorders, type 2 diabetes, and premature death.

Limiting exposure to polluted air is the best way to prevent health problems. When air quality is poor, it may be advisable to reduce/avoid outdoor physical activities. While indoors, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions.

See the International SOS [Air Pollution website](#) - use your membership number to log in.

According to the World Health Organization (WHO), air pollution is a major cause of disease and death in the country. Air pollution is typically highest during the dry season from November to March due to desert dust. Industrialisation, burning of biomass for cooking and waste, vehicle emissions, road dust, wildfires and Harmattan winds are also major sources of pollution. Air quality is routinely monitored by the [national Environmental Protection Authority](#).

Cholera

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe watery diarrhoea, often called "rice-water" stools. Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About one in ten of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease. Healthcare and relief workers travelling to areas with cholera outbreaks and limited access to safe water are at higher risk of infection. Vaccination against cholera should be considered for these individuals.

There is a risk of cholera throughout Ghana, particularly in the Ashanti, Central, Eastern, Greater Accra, Northern, and Western regions. People visiting areas without clean water or good sanitation are most at risk.

Hepatitis A

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

Travellers diarrhoea

Travellers' diarrhoea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water.

Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

Travellers staying outside of first class hotels and tourist resorts are to exercise additional caution to reduce the risk of contracting travellers' diarrhea and other intestinal illnesses.

Typhoid fever

Typhoid fever is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important. Vaccination is recommended for people travelling to locations where typhoid is consistently present.

The risk of typhoid infection is constantly present in Ghana, particularly in the northeastern and southwestern districts.

HIV, Hepatitis B and C, and STIs

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen).

- unprotected sex,
- needle sharing during IV drug use, or
- unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact.

Prevention:

- In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
- Always use new condoms (preferably brought from your home country).
- IV drug users should not share needles.
- Avoid having tattoos or piercings done.
- In healthcare settings, make sure that needles and syringes are sterile and not shared between patients.
- Call International SOS or your corporate medical department if you are hospitalised.
- Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
- Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

Schistosomiasis

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

- Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.
- Using soap during bathing *reduces* the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do *not* rely on these methods to prevent schistosomiasis.
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

Food & Water

Drink bottled water. Care with food.

Food Risk

Food-borne illness is common. To reduce your risk:

- Food served in larger hotels and well-known restaurants should be safe.
- Busier restaurants may be safer as they are more likely to serve freshly cooked food.
- Always choose food that has been freshly cooked and is served hot.
- Avoid food that has been stored warm – such as in a “bain marie.”
- Avoid raw foods, shellfish, pre-peeled fruit and salad.
- Fruit that you wash and peel yourself is safe.
- Avoid street vendors and market food because the standard of hygiene may be low and food may not be fresh.

Water and Beverages

Tap water is unsafe.

- Drink only bottled or boiled water or carbonated drinks.
 - Avoid ice, as it may have been made from unsterile water.
-

Destination Guide for Ghana

Security Overview

Personal Security

STANDING TRAVEL ADVICE

- Travel to Ghana can proceed with precautions.
- Take sensible precautions to mitigate the risk of petty and street crime.
- Carjacking occurs in both rural and urban areas. Take precautions to mitigate this risk, including driving with windows up and doors locked at all times and not travelling unaccompanied.
- Occasional bouts of ethnic violence are possible in parts of northern and south-eastern Ghana. These are usually highly localised and do not pose a significant risk to travellers.
- Road conditions and driving standards are generally poor, emergency and recovery services negligible, and foreign drivers are usually blamed in the event of a traffic accident. Do not self-drive unless very familiar with local conditions. It is preferable to hire a trusted local driver.
- Vehicles should be in good condition and equipped with a full medical kit, adequate communication systems, spare tyres and enough water and fuel to complete your journey. Ensure you carry valid vehicle and identification documents as police roadblocks and spot-checks are common.
- Police roadblocks and spot-checks are common; carry photographic identification at all times.
- Public transport is not suitable for business travellers. Use official taxis, but during daylight hours only.

Upper West, Upper East and North East regions

- Defer non-essential travel to areas within 18 miles (30km) of the borders with Burkina Faso, Cote d'Ivoire and Togo due to cross-border incursions and kidnapping by bandit and Islamist militant groups operating from the Sahel. Essential operations in MEDIUM-risk areas should be undertaken only after seeking itinerary-specific advice. Essential overland movement should be undertaken with solid journey management procedures, including security support, convoy movement, regular check-ins and vehicle monitoring capabilities. Liaise with your security provider and/or with the local authorities to understand the level of risk in the area visited and whether security support is necessary. Officials may deem it necessary to provide an army escort.
- Operations and travel in northern regions should proceed with comprehensive precautions against higher risks of highway banditry, kidnapping and communal clashes in those regions. Ensure that you are fully trained on itinerary-specific threats and mitigating measures and that your protocols include advice related to heightened risks of highway banditry, kidnapping and communal clashes.
- Review your choice of accommodation and ensure locations have enhanced security precautions. Road travel in rural areas should be undertaken in convoy, during daylight hours only. Ensure your vehicle is in good condition and equipped with a full medical kit, adequate communications systems, spare tyres and enough water, food and petrol to complete your journey.
- Expect a heightened security force presence and military checkpoints in northern regions. Comply with all official directives and carry the relevant identification documents to ease passage through security checkpoints or spot-checks.
- Be discreet about your travel plans and nationality as a general precaution. Register with your embassy and all relevant warden networks.

Crime

Occurs in many areas, sometimes violent

CRIME

Petty crime poses the main risk to in-country workforce. Pickpockets and bag-snatchers usually operate near crowded market areas, beaches, parks and tourist attractions. Remain vigilant at the capital's Accra International Airport (ACC), where thieves are known to operate. Avoid ostentatious displays of wealth. Credit card scams involving simple theft, or the 'skimming' of cards, may occur during transactions, including at hotels, restaurants and supermarkets, as well as at ATMs in poorly lit places. Exercise caution when using a credit card, shield the number pad when entering the PIN and regularly monitor your bank statements to check for any suspicious transactions.

Armed robberies occur occasionally, especially in Accra. Areas popular with international assignees are affected occasionally by residential break-ins; in some cases, criminals resort to violence against victims who offer resistance. Most break-ins occur in large apartment buildings, as it affords criminals the opportunity to raid several flats, often with the help of security guards.

Vary routines to avoid establishing predictable patterns of movement. Robberies by taxi drivers have been reported in Accra. Use reputable companies and/or ride-share providers and, wherever possible, avoid using taxis alone at night. Vehicle crime is also reported to be on the rise.

Curfews are often imposed due to social unrest or an increase in crime. Recent curfews imposed can be found on the [website](#) of the Ministry of the Interior.

Terrorism

Minimal risk to foreigners

TERRORISM

Ghana has not experienced any terrorist attacks to date and there are no known local terrorist groups. However, since 2019, the country has been a potential target for Islamist extremist organisations based in neighbouring countries. This risk is greatest in northern border areas. Since an attempted bombing in Bawku (Upper East region) in February 2023, no major incidents have been reported.

The country's terrorism alert level was raised after the May 2022 attack in Togo. Isolated incidents targeting the security forces in border areas with Burkina Faso, Cote d'Ivoire and Togo are likely, depending on the security environment in Burkina Faso, particularly its Centre-Sud region. Militant groups will continue to exploit trafficking hubs created by bandits in western and eastern tri-border regions. They will also continue to kidnap local nationals for ransom to raise funds. While security forces and local nationals remain the primary targets, foreign workforce represent a high-profile target for militant and bandit groups.

Kidnapping

KIDNAPPING

Most victims are locals, though foreign nationals can be targeted. Most victims are locals, though foreign nationals can be targeted. Several kidnapping incidents involving foreign nationals were reported in Kumasi (Ashanti Region) in 2019, including two Canadian nationals, an Indian national and a Lebanese national. The individuals who were kidnapped were later rescued or escaped safely. No significant kidnapping incidents have been reported since then.

The growing presence of Islamist extremist groups in the tri-border regions has increased the risk of kidnapping in northern Ghana, particularly in MEDIUM travel risk locations. The main target remains local nationals, but foreign nationals would represent high-value targets.

Social Unrest

SOCIAL UNREST

Protests against government policies or living conditions are common in Ghana; student groups and unions are particularly active in organising demonstrations, which tend to increase in frequency ahead of elections. Several demonstrations have been organised by the Arise Ghana civil society groups over the economic situation. These are legally allowed under the constitution, though they must adhere to certain guidelines. Demonstrations are mostly peaceful and the security forces are quick to disperse them if they turn violent.

Although clashes between rival political or ethnic groups can occur, these are usually highly localised and do not pose a significant risk to business travellers. The country's multi-ethnic structure does not pose a threat to overall stability, as most conflicts tend to involve either land disputes between nomadic herdsman and local farmers or tribal succession issues. Outbreaks of violence resulting from such disputes prompt tightened security in the rural areas where they occur and pose only incidental risks to business travellers.

Conflict

CONFLICT

Ghana is a largely peaceful country. However, ethnic tensions occasionally lead to incidents of communal violence in the three northern regions, with some scattered communal unrest in the south-eastern Volta region. The Homeland Study Group

Foundation (HSGF) is calling for the independence of Togoland. This is a former German protectorate comprising parts of Oti and Volta regions, as well as parts of Northern, North East and Upper East regions. Communal clashes are usually highly localised and do not pose a significant risk to foreign nationals. However, short-notice security operations, as well as movement restrictions such as curfews, may be imposed, affecting in-country workforce.