

AP



General data

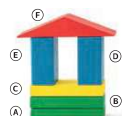
POPULATION, 2023
10,389,635
SURFACE, KM², 2022
462,840
PHYSICIANS / 1,000 INH, 2022
0,063

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
156
GDP PER CAPITA (US\$), 2023
2957,68
HEALTH EXPENDITURE (% GDP), 2021
2,32
UNIVERSAL HEALTH COVERAGE, 2021
30



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT



- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC



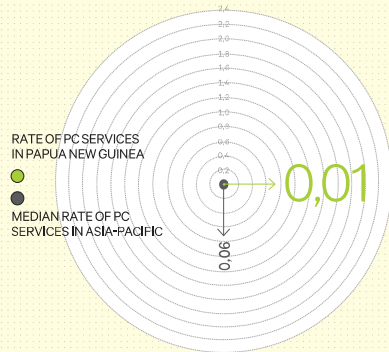
Papua New Guinea

F Provision of PC (Specialized Services)

Total number of Specialized PC services **1**

Rate of PC services per 100,000 inhabitants **0,01**

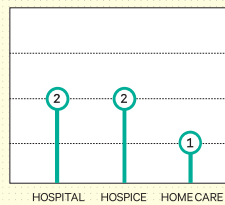
Papua New Guinea in the context of Asia-Pacific regions



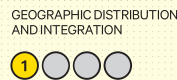
Geographic distribution and integration of PC services



Level of development of different types of PC services



Pediatric PC Services



TOTAL NUMBER **0**

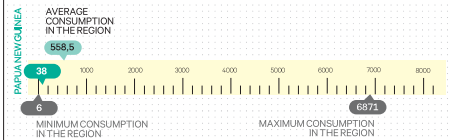
AP

Papua New Guinea

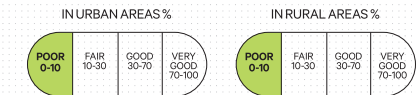
D Use of essential medicines

Opioids consumption (excluding methadone) **38**
S-DDD/MILL INHABITANTS/DAY

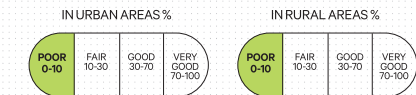
Papua New Guinea in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: -
Consultants: Gwenda Anga.

Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching



Nursing schools with mandatory PC teaching



Recognition of PC specialty

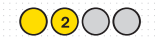


B Policies

National PC plan or strategy



Responsible authority for PC in the Ministry of Health



Inclusion of PC in the basic health package at the primary care level



A Empowerment of people and communities

Groups promoting the rights of PC patients





Advanced care planning-related policies





AP Papua New Guinea

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>In Papua New Guinea there are emerging groups focused on palliative care, though formal structures are still developing. The PNG Cancer Foundation is one organization actively offering resources and advocacy, particularly for cancer patients, and it incorporates supportive care in its initiatives. The Children's cancer team together with volunteers of SIOP – Oceania have also recently performed activities for palliative care education and advocacy in the country.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is no national policy or guideline on advance care planning.</p>	<p>Papua New Guinea currently does not have a formal national policy or guideline specifically addressing advance directives or advance care planning (ACP).</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Not known or does not exist.</p>	<p>The National Cancer Policy in Papua New Guinea prioritizes palliative care as a core mission. While a technical working group is currently updating the Cancer Policy and creating a comprehensive cancer control plan that will include palliative care, this document is still in development. The National Cancer Plan sets clear objectives and targets for tracking palliative care progress, though specific indicators for measuring this progress have yet to be implemented.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>A national palliative care plan is in preparation.</p>	

AP Papua New Guinea

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress exist but have not been yet implemented.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care services are not explicitly included in the list of priority services for Universal Health Coverage (UHC) at the primary care level in Papua New Guinea (PNG). While there is growing awareness of palliative care, particularly in the context of cancer care, it is not yet fully integrated as a priority service within the national health system's UHC framework. Efforts to include palliative care in the broader health policy are ongoing, but formal national policy integration at the primary care level is still in development.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p>  <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>Although there is not a dedicated national authority for palliative care, the cancer unit within the Ministry of Health is responsible for overseeing the progress of palliative care.</p>

AP Papua New Guinea

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



In August 2024, a three-day palliative care workshop was held in Papua New Guinea, organized by SIOP Oceania. This was the second SIOP Oceania Pediatric Oncology workshop taking place in Port Moresby, where 65 doctors and nurses from PNG were learning about the early recognition of cancer in children.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Medicines

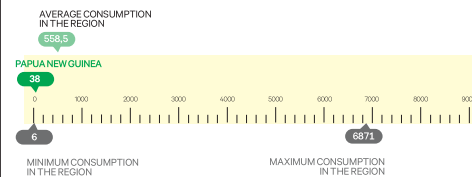
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 38 S-S-DDD



COUNTRY VS REGION



AP Papua New Guinea

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



In Papua New Guinea, pain management faces significant challenges due to limited training in analgesia and widespread misconceptions about opioid use for life-limiting illnesses. Access to essential medications, especially in rural areas, is also highly restricted, with rural health facilities struggling to maintain a reliable supply of necessary drugs and medical resources.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



In Papua New Guinea, pain management faces significant challenges due to limited training in analgesia and widespread misconceptions about opioid use for life-limiting illnesses. Access to essential medications, especially in rural areas, is also highly restricted, with rural health facilities struggling to maintain a reliable supply of necessary drugs and medical resources.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



AP Papua New Guinea

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

0/2



Papua New Guinea has two main medical schools, the University of Papua New Guinea (UPNG) School of Medicine and Health Sciences, and the Divine Word University (DWU) School of Medicine and Health Sciences. While there is growing recognition of the importance of palliative care, it is not consistently included as a core subject across medical programs. Palliative care is not part of the undergraduate nursing curriculum. Recent studies emphasize the importance of training health-care workers in palliative care, highlighting the lack of palliative care education in the country's nursing programs.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

1/2

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/14

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

0/14

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians.

AP Papua New Guinea

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams exist in the country.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Ad hoc/ in some parts of the country.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

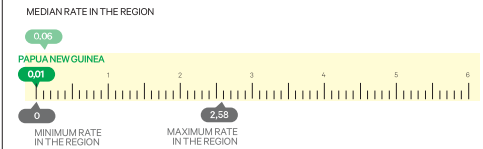


Not at all.

13.5. Please enter the total number of specialized PC services or teams in the country.

In Papua New Guinea, palliative care faces numerous structural and resource-related challenges. The Ministry of Health oversees provincial hospitals, while provincial and local governments manage rural health services, including health centers and aid posts, often in partnership with church providers. Pain management and access to essential medications are limited and palliative care services are sparse, with no dedicated palliative care facilities. A joint proposal by the Catholic Health Services and the Department of Health aimed to establish a National Centre for Palliative Care in Port Moresby, but this project stalled due to limited structure and financial opportunity. Currently, only Port Moresby General Hospital has a dedicated palliative ward, with some trained staff, including one anaesthetist recently trained in palliative care. This corresponds to a rate of 0.01 specialized palliative care services per 100,000 inhabitants.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



1 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has geographic reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



PPC TEAMS