

Papua New Guinea

Population (in millions) (2011)	7.0
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$2570
Total health expenditure as % of GDP (2010)	3.58%
Per capita total health expenditure (PPP int \$) (2010)	\$87.71
Per capita government health expenditure (PPP int \$) (2010)	\$62.76
Life expectancy at birth (in years) (2009)	63
Human Development Index (2011)	0.466
Median age (in years) (2010)	20
Total fertility rate per woman (2010)	4.0

The Government of Papua New Guinea reports as follows.

National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. There are no people working full-time on hepatitis-related activities in any government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: health-care workers (including health-care waste handlers).

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

There are no standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. Information was not provided on the percentage of hepatitis cases reported as "undifferentiated" or "unknown" hepatitis.

Liver cancer cases and cases with HIV/hepatitis coinfection are not registered nationally.

The government does not publish hepatitis disease reports.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is inadequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B by 2017.

Nationally, 31% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 61% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is no specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. However, a hepatitis B vaccination programme for health-care workers was planned for February 2013.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are not always available in all health-care facilities.

Official government estimates of the number and percentage of unneces-

sary injections administered annually in health-care settings are not known.

There is no national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B, but not for hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

It is not known whether the government has guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

It is not known how health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis.

There are no national clinical guidelines for the management of viral hepatitis or for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B, but not for hepatitis C.

People testing for hepatitis B register by name; the names are kept confidential within the system. Hepatitis B tests are free of charge for all individuals and not compulsory for members of any specific group. Information was not provided on whether people testing for hepatitis C register by name, whether the tests are free of charge for all individuals or compulsory for members of any specific group.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: lamivudine and tenofovir. No drug for treating hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of Papua New Guinea welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).