



WESTERN PACIFIC

THE COUNTRY PHARMACY PROFILE SERIES



PAPUA NEW GUINEA

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
PHARMACEUTICAL SOCIETY OF PAPUA NEW GUINEA



**ADVANCING
PHARMACY
WORLDWIDE**



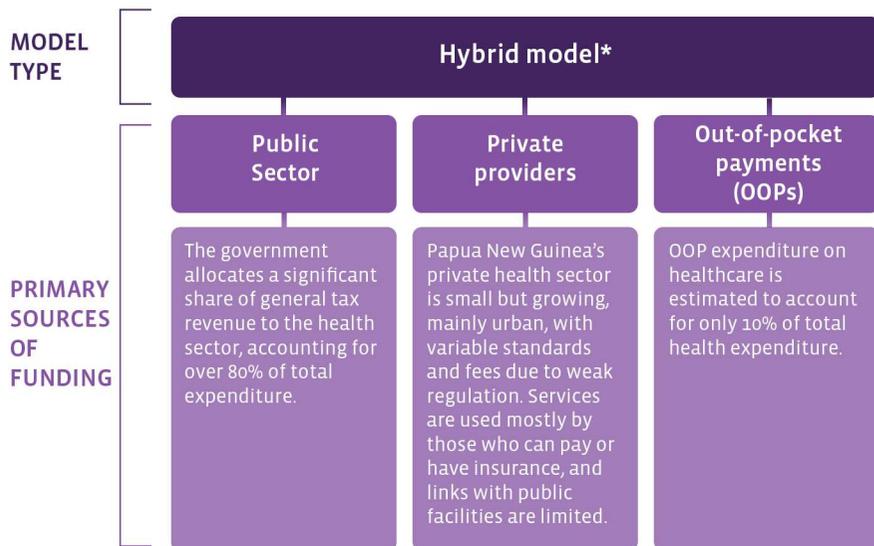
1. OVERVIEW OF THE HEALTHCARE SYSTEM

Papua New Guinea (PNG) has a decentralised healthcare system funded in a mixed model way, shaped by its geography, cultural diversity, and governance structures. It is dominated by the public sector with support from faith-based organisations, and non-governmental and private providers.^{3,2} The Papua New Guinea national health system follows a decentralised, primary health care (PHC) approach organised into seven tiers and delivered through a network of approximately 1,800 functioning aid posts (with plans to transition into community health posts by 2030), around 800 sub-health centres, 21 provincial hospitals, and one national referral hospital, which also serves as a provincial and regional referral hospital.² Health services are predominantly provided by the Government and church-based organisations, with churches operating over half of the rural health network,^{2,3} while provinces and local-level governments (LLGs) are legally mandated to deliver PHC services through rural facilities and outreach. Additional care is offered by employer-based services (e.g., agriculture, mining), a small private sector, and a significant traditional sector.²

Pharmacists in Papua New Guinea (PNG) play a critical role in healthcare delivery. They are vital in managing infectious diseases such as malaria, tuberculosis, HIV/AIDS, and conditions such as cancer. Pharmacists are responsible for dispensing medicines, guiding patients on their proper use, and supporting broader public health initiatives.⁴ They are also involved in implementing national health policies, such as the Papua New Guinea Antimicrobial Resistance National Action Plan, which aims to promote the judicious use of antibiotics and monitor antimicrobial resistance.^{5,6}

However, the profession faces significant workforce shortages and operational challenges. PNG faces a significant shortage of pharmacists across its health facilities, including district hospitals, which reduces both the quality and accessibility of pharmaceutical services. In many cases, community health workers are required to multitask and cover responsibilities typically handled by pharmacists. These challenges are compounded by limited laboratory and pharmacy infrastructure, particularly in rural areas, which further restricts the delivery of comprehensive pharmaceutical care. As a result of workforce shortages, pharmacists and pharmacy technicians are often required to expand their roles, taking on additional responsibilities such as inventory management and administrative tasks.^{3,7}

Healthcare financing model⁸



*The hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: <http://bit.ly/4mFQNL2>

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Papua New Guinea across community and hospital settings.

Services provided by community pharmacies beyond dispensing*	
Therapeutic substitution (changing dose, formulation, etc)	✗
Adjustment of prescribed treatments	✗
Complementary prescribing	✓
Independent prescribing	✗
Prescribing in an emergency	✗
Providing medicines and services in care homes (nursing homes)	✗
Services to hospital and other facilities without a pharmacy	✓
Home deliveries	✓
Home care and medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✓
HIV testing	✗
Counselling on HIV self-test products	✓
COVID-19 testing	✗
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✗

*Data in this table were provided by the Pharmaceutical Society of Papua New Guinea (PSPNG).

Services and activities provided by hospital pharmacies*

Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✗
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Reporting non-quality medicines	✓
Managing medication history	✓
Pharmacogenomics testing	✗
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring	✗
Clinical trials	✗
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

*Data in this table were provided by the Pharmaceutical Society of Papua New Guinea (PSPNG).

Extended scope of practice*

Is pharmacy-based vaccination available in the country?	No	
Are pharmacists authorised to administer vaccines in pharmacies?	No	
Are pharmacists authorised to prescribe vaccines in pharmacies?	No	
Do pharmacists receive vaccination training ?	No	

*Data in this table were provided by the Pharmaceutical Society of Papua New Guinea (PSPNG).

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2025)*

5 years minimum of full-time undergraduate education	1 accredited pharmacy schools/faculties	NO Continuing professional development (CPD) IS NOT mandatory for pharmacists' licence renewal
	1 year minimum of experiential/practical training for registration	
NO The renewal of pharmacist licensing or registration IS NOT based on gaining CPD 'credits' or 'points' or similar credentials	NO CPD IS NOT linked with an annual portfolio-type submission for example, reflective diary entries, or reflective cases)	

*Data in this table were provided by the Pharmaceutical Society of Papua New Guinea (PSPNG).

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

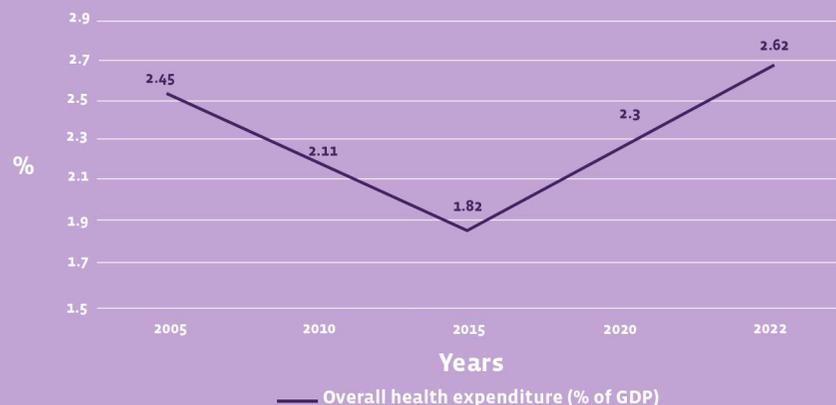
This section provides a macro-level overview of Papua New Guinea's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category⁸

Papua New Guinea: Lower-middle income economy

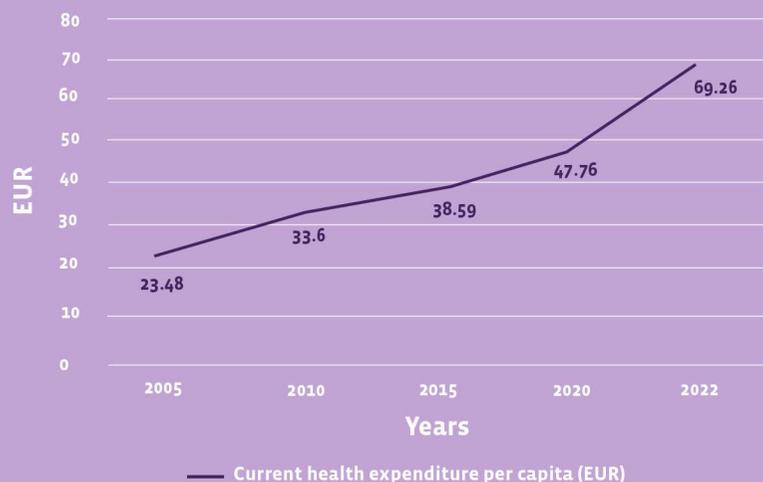
Overall healthcare expenditure as a percentage of GDP⁹

Between 2005 and 2015, Papua New Guinea experienced a decline in the overall healthcare expenditure of the national GDP, falling from 2.45% to 1.82%.⁹ This was driven by a deficit in the final budget outcome, with health spending recorded at 34% below the revised allocation, reflecting significant cuts as the government adjusted expenditures to manage fiscal pressures while supporting overall economic growth.¹⁰ After 2015, healthcare expenditure levels significantly accelerated, reaching a peak of 2.62% in 2022.⁹ This upward trend reflects the gradual prioritisation of healthcare financing relative to national income.²



Health expenditure per capita¹¹

Over the past two decades, health expenditure per capita in Papua New Guinea has demonstrated a steady upward trajectory, from 23.48 EUR in 2005 to 69.26 EUR in 2022.



Life expectancy (male/female)^{12,13}

Papua New Guinea's life expectancy experienced a steady increase from 2005 to 2023 for both genders.

Life expectancy at birth from 2005 to 2023, by gender



Healthcare professionals in the healthcare sector

In comparison with other Pacific Island countries, Papua New Guinea has the lowest ratio of professional health workers, including physicians, nurses and pharmacists, per 1000 population, with only about 354 registered pharmacists in 2012. Regional data highlight that the country's health workforce capacity is considerably below that of neighbouring nations such as Fiji, Samoa, and the Solomon Islands.² The World Bank has described these critical human resource limitations in PNG's health sector as a "crisis" and further noted the inadequate data available on the size, characteristics and deployment of the current publicly financed workforce.¹⁴

5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

In Papua New Guinea, the UHC service coverage index increased from 25 in 2000 to 30 in 2021, which remains relatively low compared to the Western Pacific Region average of 79 in 2021.^{15,16} The UHC index also reflects relatively low coverage of essential services, constrained health service capacity and limited access. Although out-of-pocket spending suggests a relatively low risk of financial hardship, it also indicates low utilisation and restricted availability of health services. Major challenges in UHC remain in the prevention and control of infectious and non-communicable diseases (NCDs), as well as reproductive, maternal, newborn and child health.¹⁶

2. Availability and accessibility of health insurance options

Papua New Guinea operates a dual healthcare system, comprising a government-funded public sector and a private sector financed through out-of-pocket payments and private health insurance.^{3,2} In Papua New Guinea, government facilities provide mostly free healthcare, especially primary care, through the National Public Healthcare System to keep services affordable, particularly in rural areas.² However, some specialised treatments may carry small fees.^{2,17} The system is available to all citizens and legal residents without premiums or insurance cards, offering immunisation, maternal and child health, communicable disease control (malaria, TB, HIV), family planning, inpatient, preventive and emergency care, and rural outreach.¹⁷ Private health insurance, predominantly accessed by higher-income groups and the corporate sector, complements the limited public system by providing broader coverage and quicker access to services.²

3. Policies and strategies implemented within the pharmacy context to promote health and prevent diseases

Pharmacies play a role in promoting health and preventing disease through strategies that ensure access to essential medicines and support safe medication practices. They are required to be registered to dispense medicines and are expected to serve at all levels of the health system to promote rational use, combat antimicrobial resistance, and provide public education. Clinical pharmacists are encouraged in major facilities, and licensing through the Pharmacy Board ensures that they function not just as dispensers but as central actors in improving access, preventing disease, and protecting population health.¹⁸

Nevertheless, challenges such as weak regulation, stockouts, poor storage, irrational prescribing, counterfeit medicines, antimicrobial resistance, a small workforce, urban concentration, and limited training reduce pharmacists' capacity to ensure safe and rational access to medicines and to support disease prevention.^{18,19} Programmes such as mSupply, a pharmaceutical software, play an important role in addressing these issues by helping to manage the supply of drugs and vaccines, thereby reducing shortages and improving availability in both urban and rural areas.²⁰

4. Availability and accessibility of patient medical records (including pharmacy access)

Since 2015, PNG has implemented an electronic national health information system (eNHIS) integrating mobile and geographic information technologies. By the end of 2021, this system had expanded to 473 health facilities across 13 provinces, with online access available to health authorities in all 22 provinces. The initiative has improved the timeliness, completeness, quality, and accessibility of national health data, breaking down previous data silos and supporting both primary care and public health authorities.^{21,22}

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity* (Year 2025)

307

licensed pharmacists in the country

0.3

pharmacists' per 10,000 population

40

new registrants

214

female pharmacists in the country of the total of **347** registered pharmacists

11

pharmacy technicians in the country

62%

female pharmacists in the workforce

36

interns/residents

*Data were provided by the Pharmaceutical Society of Papua New Guinea (PSPNG).

Number of pharmacists across areas of practice (2022)*

134

Private pharmacies

30

Public hospitals

24

Private hospitals

39

Private suppliers

2

Public ambulatory services

18

Pharmacists working in the regulatory sector

7

Public warehouses

*Data were provided by the Pharmacist Registry, the Pharmacy Board of PNG, and the National Department of Health.

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Pharmaceutical Society of Papua New Guinea (PSPNG) on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Papua New Guinea's healthcare system



Digital health information (DHIS2/eNHIS): PNG has been rolling out DHIS2 as the backbone for routine health data, improving timeliness and use of information for decisions at national and provincial levels. Mobile/GIS tools have also strengthened surveillance and logistics.



Medicines supply chain strengthening (mSupply & reforms): Use of mSupply and related technical assistance has supported ordering, stock visibility and distribution efficiency across Area Medical Stores and facilities, addressing chronic stock-outs and record-keeping gaps.



National Health Plan 2021–2030 (policy direction): The NHP emphasises prevention, data-driven planning, and performance monitoring—pushing improvements in service delivery and accountability.

2. Significant challenges currently facing the pharmacy profession in Papua New Guinea



Workforce capacity & continuing competence: Limited CPD institutionalisation and uneven access to training impede consistent standards across settings (hospital, community, regulatory).



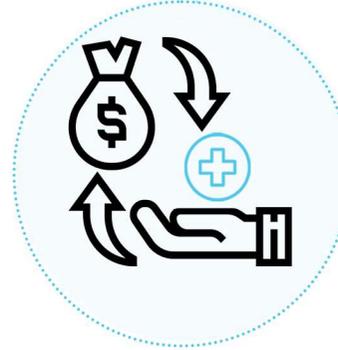
System constraints & regulatory enforcement: Broader health-system resource gaps and the need to strengthen regulatory oversight (PSSB/Pharmacy Board) affect consistent quality of pharmaceutical services.



Supply chain reliability & quality assurance: Persistent issues with distribution, cold-chain, and stock management affect medicine availability and therapeutic outcomes.

3. Reimbursed pharmacy services beyond dispensing

PNG does not yet have a comprehensive national health insurance that routinely reimburses community pharmacy cognitive services (e.g., medication reviews, vaccinations) at scale; where such services occur, they are typically self-pay or covered within employer/insurer outpatient benefits in private settings.



Private medical insurance reimbursements: In the private sector, insurers operating in PNG reimburse eligible outpatient services, including prescribed medicines, GP/clinic visits, and diagnostics—often via pay-and-claim models. Examples include local/international insurers and partnerships linking clinics to insurance claims pathways.

Government-funded services (public sector): In public facilities, pharmacy services are principally funded through government budgets (salaried pharmacists and government-procured essential medicines), rather than claim-based reimbursement. This aligns with NHP policy directions rather than fee-for-service models.



4. Current projects and priorities aligned with FIP Developmental Goals



FIP Development Goal 9 (Continuing professional development strategies): PSPNG is working with the Pharmacy Board to make CPD a prerequisite for licence renewal (events, frameworks, and tracking).



FIP Development Goal 5 (Competency Development) and FIP Development Goal 6 (Leadership Development) – Workforce & Education (competency-based development):



PSPNG's CPD partnerships (e.g., with CPA/FIP platforms) align with competency-based upskilling and career pathways.



FIP Development Goal 20 (Digital Health) linked to digital & data use (practice improvement): Adoption of eNHIS/DHIS2 and supply-chain tools indirectly support practice goals around safe, effective medicines use and service optimisation.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from a desktop review of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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