Papua New Guinea

National Department of Health

Ambulance Service Activity Report

Quarter Four

1 OCTOBER – 31 DECEMBER 2025

A public service agency of the National Department of Health

Executive Summary

The Quarter Four 2025 Ambulance Activity Report presents the National St John Ambulance's (NStJA) operational performance across Papua New Guinea from 1 October to 31 December 2025. During the quarter, NStJA responded to 8,934 emergency incidents, a 4% decrease from Q3 2025. However, total emergency calls handled increased by 5%, indicating sustained and growing demand for ambulance services nationwide. What this means is that emergency calls are increasing but the ambulance service cannot attend more incidents at the same pace because there are limited resources available.

Key performance highlights include:

Call Centre Efficiency: The Ambulance Operations Centre (111) performed strongly, achieving 93% caller satisfaction and 96% patient satisfaction, demonstrating continued public confidence in NStJA services.

Response Times: The national median response time for Priority 1A incidents was 15 minutes and 21 seconds. Urban areas, particularly the National Capital District, continued to record faster response times (14 minutes and 58 seconds), while rural and regional provinces like Central and East New Britain provinces experienced longer delays due to distance, terrain, and limited ambulance availability.

First Aid Training: A total of 1,982 people received first aid training during the quarter, including 1,079 students through the Free First Aid in Schools program and 903 participants through workplace and community first aid training.

Aeromedical Services: NStJA completed 11 fixed-wing missions and 3 helicopter missions, recording 36.4 fixed-wing flight hours and 4.5 helicopter flight hours, ensuring critically ill patients from remote areas accessed timely advanced care.

Ambulance Revenue: While the services remained free for public hospital patients, the organisation generated PGK 24,400.00 from private and mortuary bookings to help sustain operations.

While NStJA continues to strengthen service coverage, workforce capability, and clinical performance, fixed government funding, an ageing ambulance fleet, increasing maintenance downtime, and rising demand without proportional resource growth remain critical challenges. These constraints particularly affect response times in rural and remote areas.

We acknowledge the Marape/Rosso Government for continued funding this quarter, the NCDC under Governor Powes Parkop for their support, and our partners for the donation of new ambulances:

- Lae City Authority
- Butibam Pipeline Landowners Association
- Nambawan Trophy Limited through the Green Angels Appeal
- Motu Koita Assembly through EMPNG,
- ExxonMobil PNG

Sustained government investment in ambulances, workforce, and infrastructure is critical to ensuring timely emergency care and meet the growing needs of Papua New Guinea's population.

National Department of Health

Contents

Reporting period:

This report covers National St John Ambulance activity in quarter four, from **1 October to 31 December 2025**.

This report provides key insights into clinical outcomes, patient demographics, and the geographic distribution of ambulance calls.

It covers all provinces where NStJA operates, giving a clear picture of the service's reach and performance. The data is drawn from 111 call reports and the ambulance Computer-Aided Dispatch (CAD) system.

Summary of Quarter Four

Ambulance Service Data

Table 1: Ambulance service summary data, Q4 2025 vs Q3 2025

Metric	Q3 2025	Q4 2025	% change
Emergency calls handled ☎	22,046	23,124	5%
Emergency incidents	9,350	8,934	-4%
Patients assisted *	7,122	7,507	5%
Patients transported	6,484	5,910	-9%
Distance covered (km)	396,063	502,352	27%
Fuel consumed (L)	47,655	47,831	0.4%
Caller satisfaction	91%	93%	2%
Patient satisfaction	98%	96%	-2%

**Patients assisted by ambulance (treated at scene and/or transported to hospital) that are documented using an electronic medical report system.*

National Time-based Operational Performance Measures

Table 2 provides an overview of the national operational performance for this quarter. Where response times exceeded the target, this was primarily due to the distance and geographical challenges between the station and the patient's location and the availability of an ambulance at the time of the call.

Table 2: Time-based operational performance measures, National, Q4 2025

Category:	Priority 1A		Priority 1B		Priority 1C		All other priorities P2, P3, P4, P5	
Urgency:	**Critical**		**Urgent**		**Urgent**		**Non-urgent**	
Timing:	**Target**	**Q4**	**Target**	**Q4**	**Target**	**Q4**	**Target**	**Q4**
Dispatch time (median)	*< 90 seconds*	174 sec	*< 120 seconds*	228 sec	*< 3 minutes*	35 min 47 sec	*When appropriate resourcing is available*	56 min 53 sec
Response time (median)	*< 45 min. (where possible)*	51 min 21 sec	*< 60 minutes*	19 min 11 sec	*< 90 minutes*	68 min 43 sec	*As soon as practicable*	91 min 3 sec
Scene time (median)	*30 minutes*	24 min 26 sec	*30 minutes*	20 min 38 sec	*30 minutes*	17 min 33 sec	*Case dependent*	15 min 53 sec
Overall Case time (median)	*1 hr 15 minutes*	1 hr 14 min	*2 hours*	1 hr 13 min	*2 hours*	1 hr 16 min	*Case dependent*	2 hr 39 min

Ambulance Staff Trained

Table 3: Number of ambulance staff trained Q4 2025 vs Q3 2025 (courses completed)

Courses	Q3 2025	Q4 2025
First Responder ⛑	9	
Ambulance Officer 🧍	0	24
RAO/RAD 🧍🧍🚑	0	
Advanced First Aid ⛑	22	
Total	**31**	**24**

Public Trained in First Aid

Table 4: Number of people trained in first aid, and student satisfaction, Q4 2025 vs Q3 2025

Metric	Number trained			Student satisfaction ☺	
	Q3 2025	Q4 2025	% change	Q3 2025	Q4 2025
Free First Aid in Schools 🏫	1,079	735	-32%		
First Aid for Work* 👷👷‍♀️👩‍⚕️	903	650	-28%	97%	97%
Public Awareness 👫	352	-	-100%	-	
Hosp Advanced Resus 👩‍⚕️👨‍⚕️	-	35	-	-	
Total	**2,334**	**1,420**	**-39%**		

** Workplace first aid includes L1 (BEFA), L2 (PSFA), L3 (AFA).*

Resourcing

The table below indicates the number of crewed public ambulances available in each province at any one time:

Table 5: Public ambulances on duty available at any one time, by province, 31 December 2025

24-hour resources	NCD	Central	Morobe	ENB	Total
Advanced Life Support	1	-	-	-	**1**
Basic Life Support	5	-	2	1	**8**
Reservist	-	2	-	-	**2**
Paramedic/HEO standby	-	-	-	-	**-**
Total	**6**	**2**	**2**	**1**	**11**

Table 6: On-call resources, by province, 31 December 2025

On-call resources	NCD	Central	Morobe	ENB	Total
Reservist	-	2	-	-	2
Advanced Life Support	-	-	-	-	-
Paramedic	1	-	-	-	1
Doctor	3	-	-	-	3
Command	3	1	1	1	6
Total	**7**	**3**	**1**	**1**	**12**

The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as of 31 December 2025:

Table 7: Number of staff by clinical level and province, 31 December 2025.

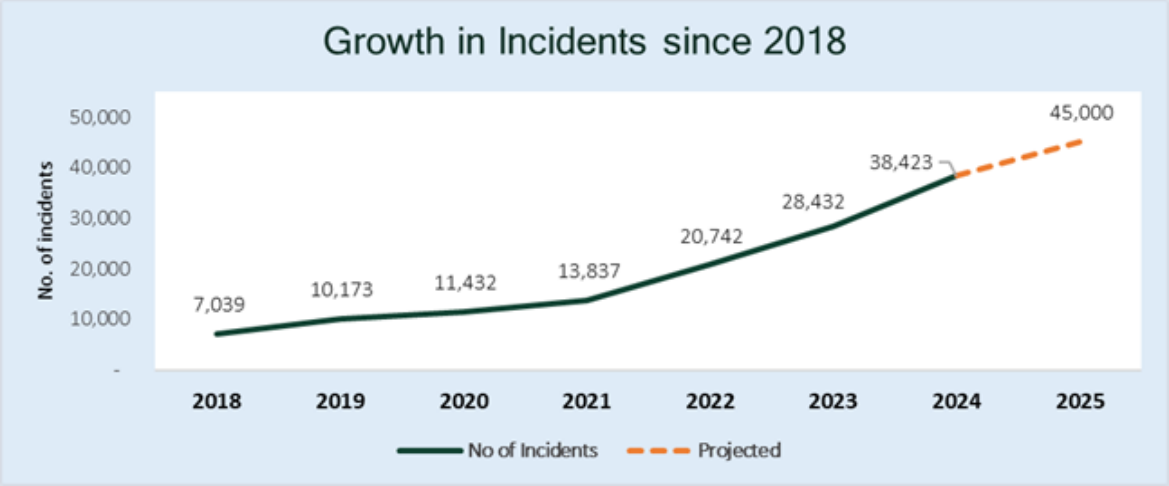
Province	NCD	Central	Morobe	ENB	Hagen	Goroka	Total
	Clinical staff						
Ambulance Driver (AD)	-	4	5	2	-	-	**11**
Reservist Ambulance Officer (RAO)	-	5	7	-	-	-	**12**
Ambulance Officer L1 (AO1)	12	1	-	-	-	3	**16**
Ambulance Officer L2 (AO2)	21	-	6	-	-	-	**27**
Ambulance Officer L3 (AO3)	28	-	2	-	-	-	**30**
Emergency Medical Technician (EMT)	1	-	1	-	-	-	**2**
Clinician L1	4	-	1	1	-	-	**6**
Clinician L2	-	-	-	-	-	-	**-**
Clinician L3	2	-	1	-	-	-	**3**
Clinician L1 / L2 (projects)	1	-	-	-	-	-	**1**
Paramedic (incl management)	2	-	1	-	1	-	**4**
SMO (Medical Officer)	3	-	-	-	-	-	**3**
Reservist SMOs	3	-	-	-	-	-	**3**
Support Services Staff							
Fleet & Infrastructure	21	-	-	-	-	-	**21**
Service Planning	4	-	-	-	-	-	**4**
Facilities & Admin Drivers	13	-	-	-	-	-	**13**
NAOC Staff							
	39	-	-	-	-	-	**39**
Other HQ Staff							
Finance	4	-	-	-	-	-	**4**
People Workforce & Culture	4	-	-	-	-	-	**4**
Office of CEO	4	-	-	-	-	-	**4**
Enterprise & Education	16	-	-	-	-	-	**16**
Clinical Systems	6	-	-	-	-	-	**6**
Total	**188**	**10**	**24**	**3**	**1**	**3**	**229**

National Performance Reporting

Emergency Incident Growth

The graph below illustrates the total number of incidents responded to by NStJA since 2018. In the second quarter of 2020, NStJA opened new ambulance stations in regional centres, beginning with a station in East New Britain. This expansion is reflected in the subsequent rise in incident numbers and is projected to continue through 2025. In 2024, NStJA attended to over 38,000 incidents, falling short of the predicted 39,000, nonetheless underscoring the growing demand and pressure on NStJA services.

Figure 1. Growth in clinical incidents since 2018



Incidents by Clinical Presentation (Medical Problem)

During the reporting period, NStJA attended to 8,934 incidents, representing a 4% decrease compared to the last quarter.

Table 8: Incidents by clinical presentation Q4 2025 vs Q3 2025

Clinical Presentation	Q3 2025	Q4 2025	Change	
			Number	%
Medical general	3,097	3,066	-31	-1%
Obstetric/maternal	1,356	1,265	-91	-7%
Trauma	1,099	1,140	41	4%
Respiratory	1,622	1,371	-251	-15%
Gastrointestinal	801	704	-97	-12%
Transfer	852	906	54	6%
Cardiovascular	261	236	-25	-10%
Bites/stings	99	88	-11	-11%
Motor vehicle collision	91	88	-3	-3%
Toxicology	48	53	5	10%
Shooting	17	14	-3	-18%
Mental health	7	3	-4	-57%
Total	**9,350**	**8,934**	**-416**	**-4%**

Analysis of Clinical Presentation (Medical Problem)

The table shows an overall 4% decrease in clinical presentations, declining from 9,350 in Q3 to 8,934 in Q4 2025, representing a decrease of 416 cases.

The largest reductions were observed in respiratory cases, which fell by 15%, followed by gastrointestinal presentations decreasing by 12% and obstetric/maternal cases 7%. Medical general presentations also saw a modest reduction of 31 cases while cardiovascular cases dropped by 10%. Significant proportional declines were noted in mental health presentations and shooting-related incidents, though these categories involved relatively small absolute numbers.

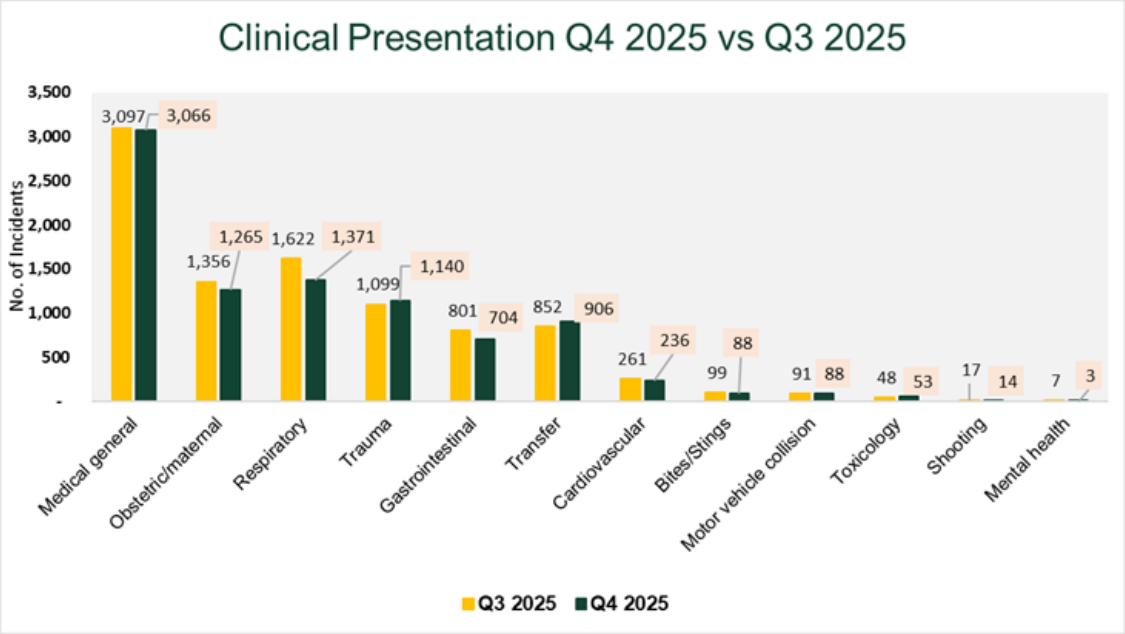
In contrast, several categories recorded increases. Trauma presentations rose by 4% and transfer-related cases increased by 6%, indicating increased inter-facility patient movement. Toxicology cases also increased by 10% despite remaining low in overall volume.

Motor vehicle collisions and bites/stings experienced a minor 3% and 11% decreases respectively.

Overall, the data reflects a general reduction in clinical activity by 4%.

Figure 2 shows this quarter's incidents that NStJA attended nationally, by clinical presentation, in graphical format.

Figure 2: Clinical presentations Q4 2025 vs Q3 2025



Incidents by Province and Clinical Presentation

Table 9 indicates incidents by province and clinical presentation:

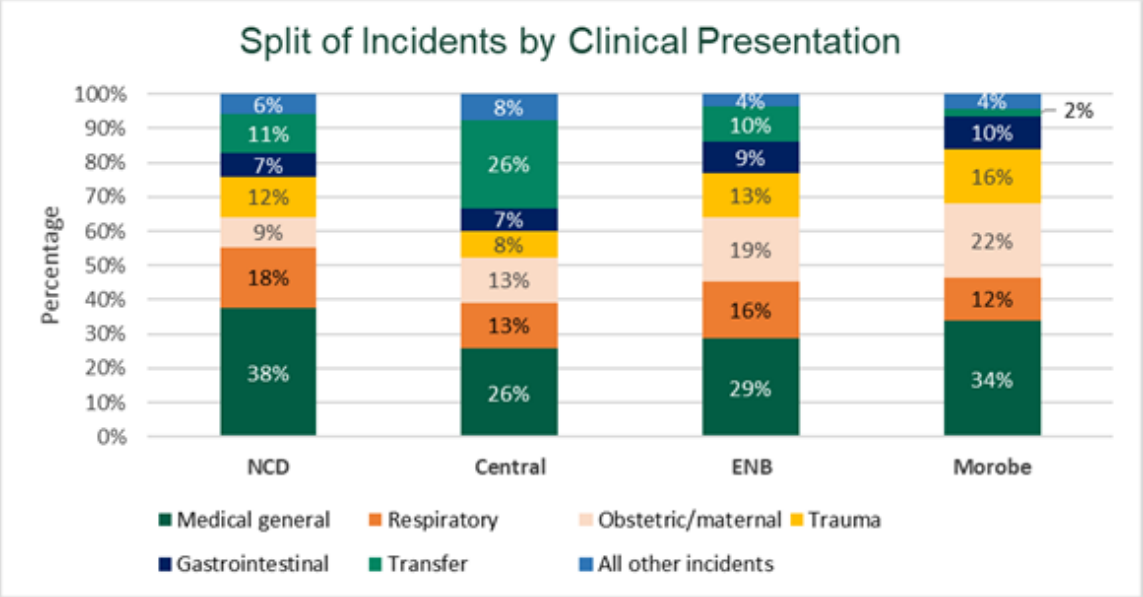
Table 9: Incidents by clinical presentation and province, Q4 2025.

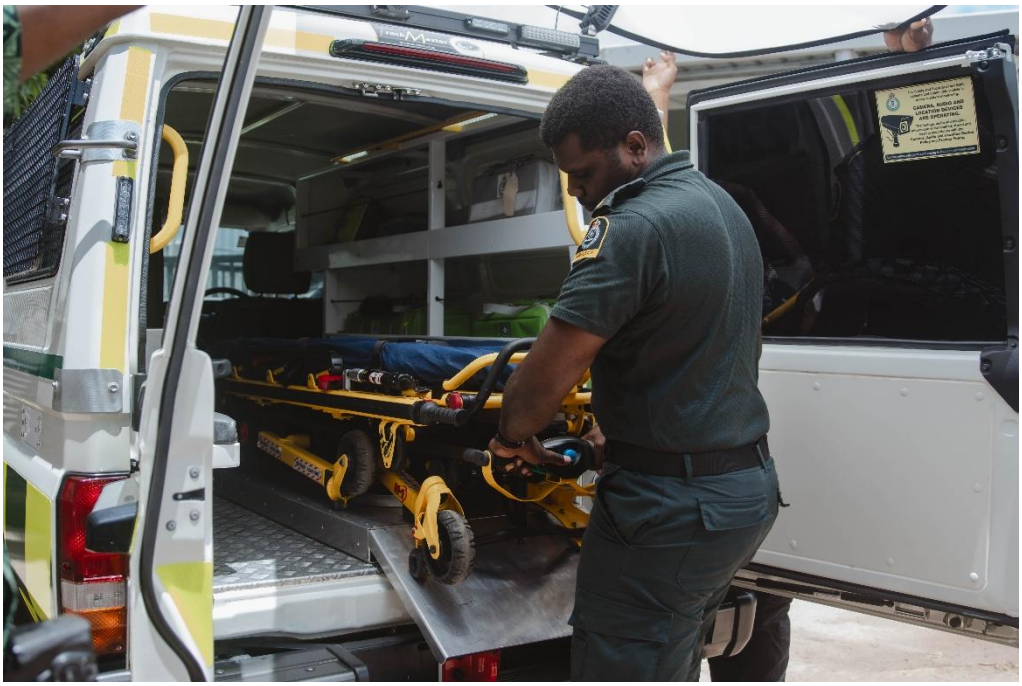
Clinical Presentation	NCD	Central	ENB	Morobe	Total
Bites/Stings	19	48	3	18	88
Cardiovascular	139	27	14	56	236
Gastrointestinal	294	76	56	278	704
Medical general	1,592	299	183	992	3,066
Mental health	2	1	-	-	3
Motor vehicle collision	57	7	2	22	88
Obstetric/maternal	368	151	119	627	1,265
Respiratory	753	154	104	360	1,371
Shooting	2	-	3	9	14
Toxicology	30	5	1	17	53
Transfer	478	296	66	66	906
Trauma	501	91	82	466	1,140
Total	**4,235**	**1,155**	**633**	**2,911**	**8,934**

Split of Incidents by Clinical Presentation

The distribution of clinical presentations varies notably across provinces. For instance, obstetric and maternal cases account for a significant portion of incidents in Morobe and ENB while representing a smaller share in Central and NCD. Central also reports the highest proportion of transfer-related cases, suggesting a strong reliance on inter-facility transport. In contrast, Morobe has the lowest percentage of transfer cases, indicating differing service structures or accessibility. These variations highlight the diverse clinical priorities and healthcare demands across the regions.

Figure 3: Split of incidents by clinical presentation, by province, Q4 2025.

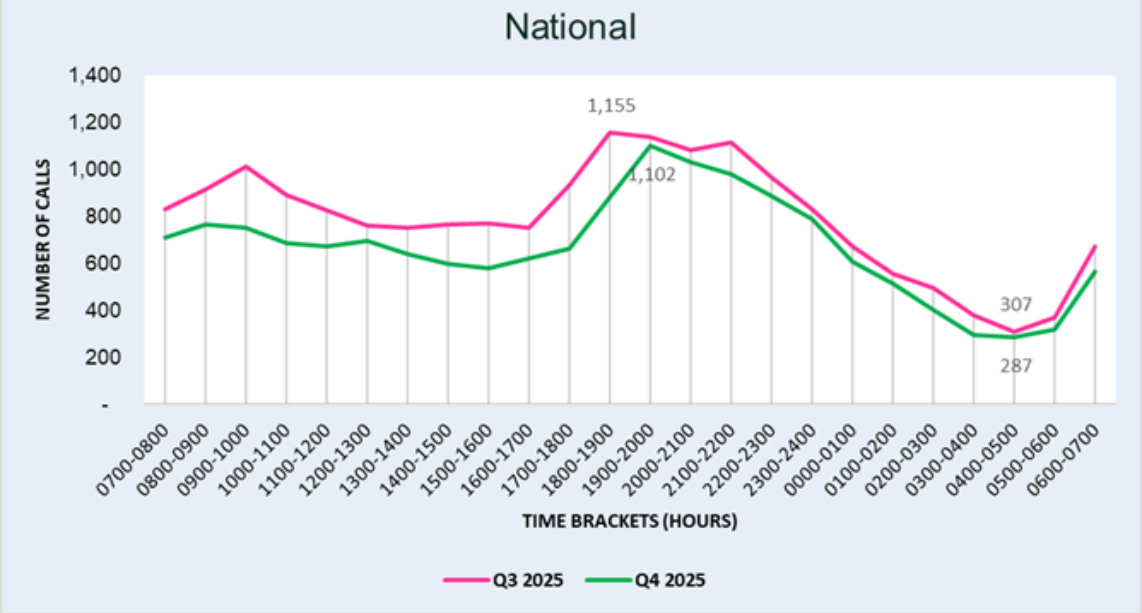




Peak Call Periods

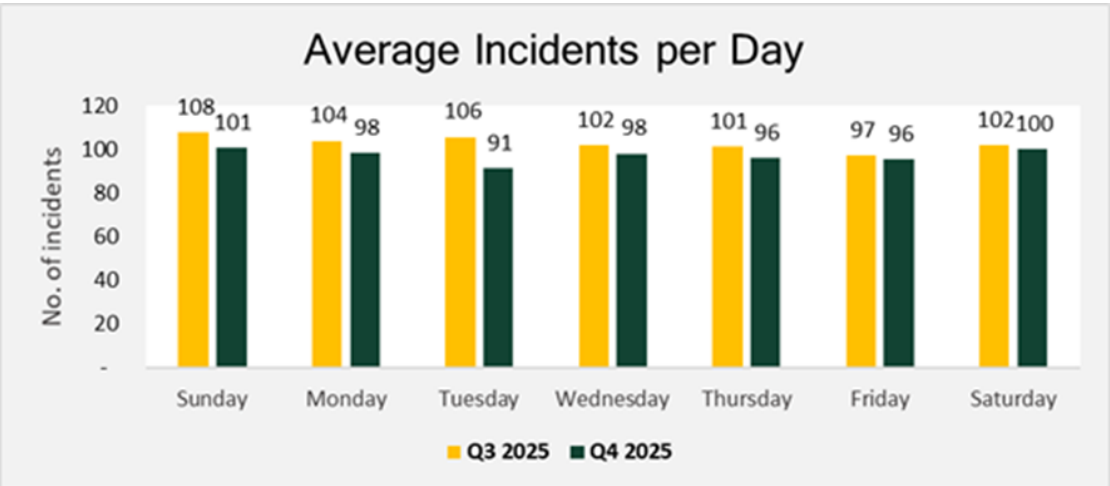
We monitor the times at which calls for assistance are received. During this period, call volumes peaked between 19:00–20:00, making it the busiest time of day. Conversely, the lowest number of calls was recorded between 04:00–05:00, indicating the least busy period.

Figure 4: Number of calls per hour, Q4 2025 vs Q3 2025.



Average Cases per Day

The average number of incidents per day remained largely stable between Q3 and Q4 of 2025, with modest declines observed across all days of the week. The most notable reduction occurred on Tuesday, where incidents fell from 106 in Q3 to 91 in Q4. Smaller decreases were recorded on other days, including Sunday, Monday, and Thursday, while Friday and Saturday showed only minimal changes. Overall, the pattern indicates consistent incident activity throughout the week, with only minor day-to-day fluctuations between the two quarters.



Patients by Age and Gender

The chart presents the distribution of patients by age and gender in Q4 2025. The largest patient group falls within the 14-30 years' age range, where females (2,155) significantly outnumber males (887), with only a very small number recorded as unknown (5). This highlights young adult females as the most prominent patient demographic during the quarter.

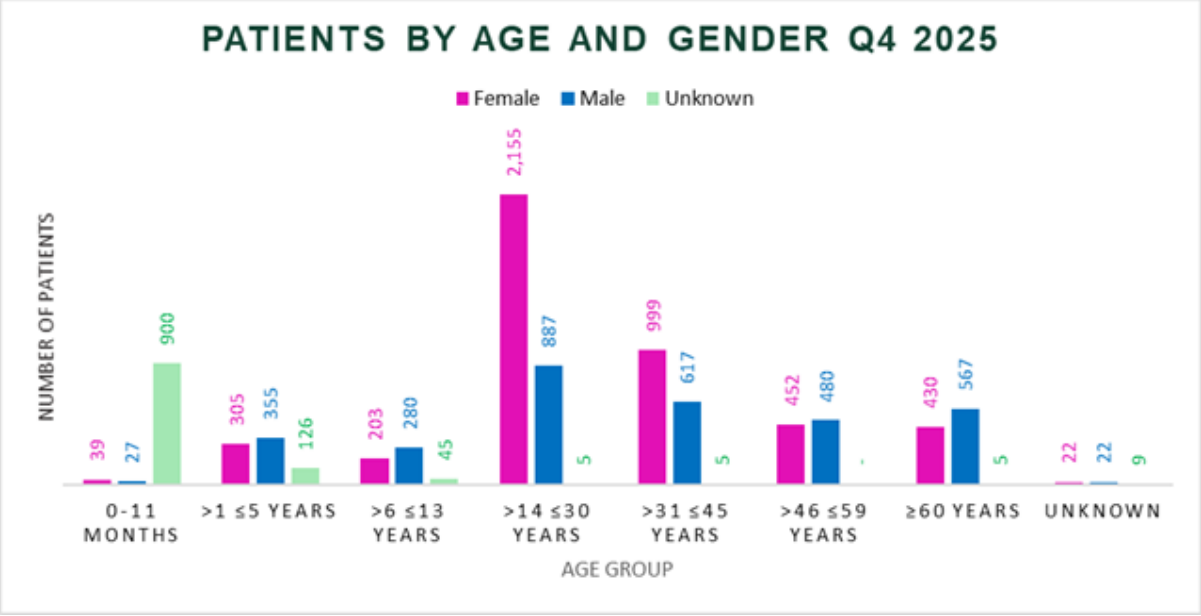
In contrast, the 0-11 months' category is dominated by patients with unknown gender (900), while recorded female (39) and male (27) counts remain very low, indicating substantial data capture gaps for infants.

Among children aged 1-5 years, males (355) slightly outnumber females (305), with 126 cases recorded as unknown. A similar but more balanced pattern is observed in the 6-13 years' age group, where females (285) and males (280) are nearly equal, and 45 cases remain unclassified.

In the 31-45 years' category, females (999) exceed males (617), while in the 46-59 years' group, males (480) slightly outnumber females (452). Among patients aged 60 years and above, males (567) are notably higher than females (430).

Overall, the data shows that young adult females represent the largest patient group, while older age groups are predominantly male. The persistently high number of unknown gender records particularly among infants suggests ongoing challenges in accurate gender data recording.

Figure 6: Patients by age and gender, Q4 2025



Median Response Performance by Priority

The response time of the ambulance services is an elemental factor for prehospital care to be successful and, therefore, must be targeted to increase the chances of survival.

Calls to 111 are assessed and triaged by NStJA call-takers. The call-taker uses a computer-aided dispatch system to ask scripted questions. The computer automatically determines the priority based on the answers the caller gives to the scripted questions. Higher priority is automatically given according to the patient's level of consciousness and respiratory status.

Incidents are responded to in order of priority and availability of ambulances. Category 1A is the highest priority. All category 1 calls receive a lights and sirens response. Other categories generally receive a response under normal driving conditions. The time to reach a patient can be affected by many factors. Some factors are relatively within NStJA's control, such as how long it takes to handle the call (call handling time) and how long it takes an ambulance crew to go from the station to their ambulance. Other times cannot easily be controlled by NStJA, such as the distance from the station to the patient's location, and the difficulty of the terrain.

Dispatch Time

'**Dispatch time**' is defined as the time between when the call-taker first receives the call about a case and the dispatcher tasks an ambulance crew to attend the case by sending a message to the crew (usually by radio or pager). The median dispatch time in each province is shown in the table below. Extended dispatch times indicate NStJA ambulances were not available at the time of call because they were attending to other incidents. The table demonstrates that NStJA triages calls and responds much faster to Priority 1A calls, as it expected.

Table 10: Median dispatch times, by priority, Q4 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	2 min 29 sec	3 min	29 min 31 sec	48 min 33 sec
Central	2 min 52 sec	5 min 45 sec	54 min 11 sec	99 min 11 sec
Morobe	3 min 51 sec	4 min 51 sec	43 min 32 sec	63 min 23 sec
East New Britain	3 min 26 sec	6 min 52 sec	27 min 13 sec	56 min 42 sec
National Median	**2 min 54 sec**	**3 min 48 sec**	**35 min 47 sec**	**56 min 53 sec**

The graph below shows national median dispatch time by quarter for priority 1A, 1B, and 1C cases, from Q1 2021 to the current reporting period.

Figure 7: Dispatch times by priority, national, Q1 2021 onwards

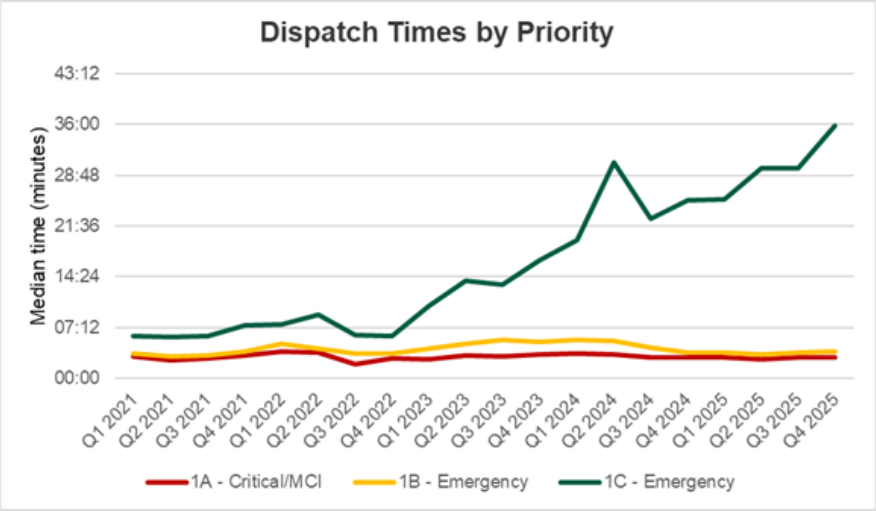


Figure 7 shows how dispatch times for different priority cases have changed over the last four years. Dispatch times for the highest priority emergencies (1A and 1B) have remained almost unchanged. This stability is attributable to having fewer 1A and 1B incidents and dispatchers being able to prioritise resources from 1C incidents to 1A and 1B when they occur. Most notable is the increase in priority 1C cases. Dispatch times for priority 1C emergencies have increased more than four-fold from 7 minutes in 2021 to over 33 minutes in 2024.

Partly, this reflects constraints on available ambulance resources – more incidents without a corresponding increase in resources (ambulances). It also reflects how incidents are categorised by the computer-aided dispatch (CAD) system. Over 2021 to 2025, the proportion of incidents categorised as Priority 1C increased from 46% to 73%. The higher the proportion of 1C incidents, the less ability dispatchers have to reallocate cases to vehicles en route to lower priority jobs. This means 1C jobs sit in the queue for longer and dispatch and response times are extended.

Table 11: Percentage of incidents by Priority since 2021

	Percentage of incidents				
Priority	**2021**	**2022**	**2023**	**2024**	**2025**
1A	1%	1%	1%	1%	1%
1B	6%	7%	7%	8%	8%
1C	46%	57%	63%	77%	73%
2	32%	25%	22%	9%	10%
3	11%	7%	6%	4%	7%
Other (P4 – P7)	4%	3%	1%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Response Time

Response time is the time between notification of an occurrence and the ambulance's arrival at the scene. According to the WHO, an ideal response time for priority 1A critical cases is less than 8 minutes. NStJA targets 15 minutes in urban areas. Ambulance response times in PNG are measured against a 15-minute target rather than the commonly used 8-minute benchmark because many factors affecting response times are beyond operational control. These include challenging geography and road conditions, long travel distances to remote communities and health facilities, and limited ambulance availability in rural areas resulting in extended transport times. Response times may also be affected by caller cancellations or prank calls requiring reconfirmation before deployment, as well as security risks in some locations that require additional precautions or police escorts. These realities make a 15-minute target a more practical and fair measure of ambulance performance while still striving to deliver timely emergency care. This quarter's median response time in minutes and seconds is shown below for each province. Target response times are:

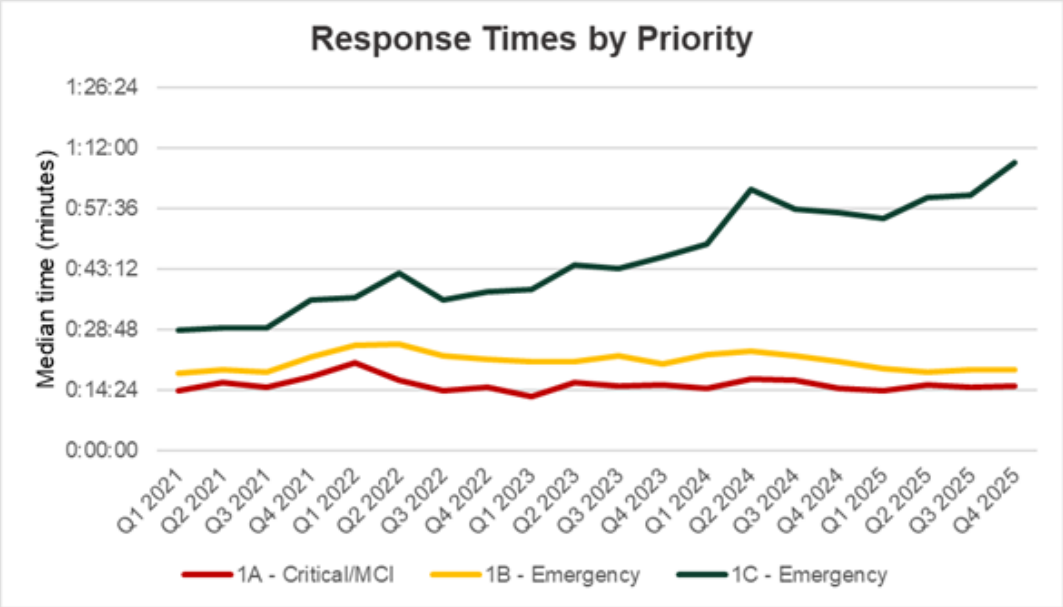
- Priority 1A: 15 minutes in urban areas, 45 minutes in rural areas
- Priority 1B: 20 minutes in urban areas, 60 minutes in rural areas

Table 12: Median response times, by priority, Q4 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	14 min 58 sec	17 min 5 sec	57 min 42 sec	71 min 23 sec
Central	31 min 5 sec	66 min 15 sec	125 min 45 sec	193 min 29 sec
Morobe	17 min 23 sec	19 min 5 sec	71 min 12 sec	90 min 57 sec
East New Britain	31 min 14 sec	44 min 58 sec	77 min	97 min 14 sec
National Median	**15 min 21 sec**	**19 min 11 sec**	**68 min 43 sec**	**91 min 3 sec**

Figure 8 shows how response times for different priority cases have changed over the last 4 years. For priority 1C incidents, the time from when the call is received to the crew arriving at the scene has more than doubled from 28 minutes in 2021 to over 57 minutes in 2024.

Figure 8: Response times by priority, national, Q1 2021 onwards



As with the dispatch time, the lengthening of response times for 1C incidents is a consequence of NStJA handling more emergency calls without a corresponding increase in resourcing, as well as a growing proportion of the workload categorised as 1C (reduced flexibility to take vehicles off lower priority cases).

To improve response times and manage the growing number of emergencies, NStJA needs government support for additional resources. Investing in more ambulances, staff, and equipment will ensure timely and effective responses to all priority cases, enhancing overall emergency medical services in the locations we serve in Papua New Guinea.

Scene Time

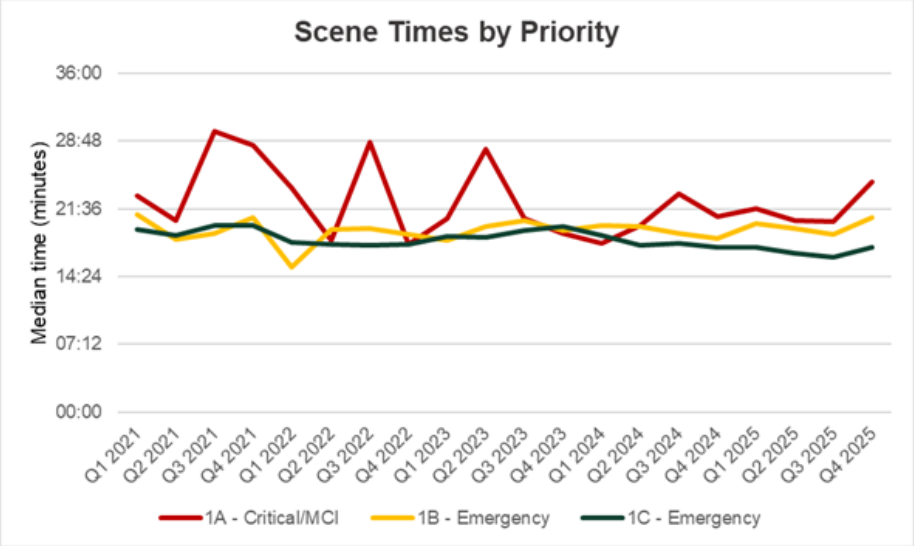
Scene time is the time between when the first ambulance arrives at the incident to when it departs the scene. The table below shows this quarter's scene time in minutes and seconds. In most provinces, scene times were below target (<30 minutes), indicating that crews treat and transport patients to hospitals efficiently.

Table 13:Median scene times, by priority, Q4 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	24 min 41 sec	19 min 33 sec	16 min 19 sec	14 min 17 sec
Central	24 min 26 sec	17 min 41 sec	17 min 41 sec	18 min 7 sec
Morobe	19 min 54 sec	21 min 47 sec	18 min 20 sec	16 min 2 sec
East New Britain	-	27 min 28 sec	16 min 11 sec	17 min 51 sec
National Median	**24 min 26 sec**	**20 min 38 sec**	**17 min 33 sec**	**15 min 53 sec**

The graph below shows the national median scene time by quarter for 1A, 1B, and 1C, from Q1 2021 to the current reporting period.

Figure 9: Scene times by priority, national, Q1 2021 onwards.



Overall Case Time

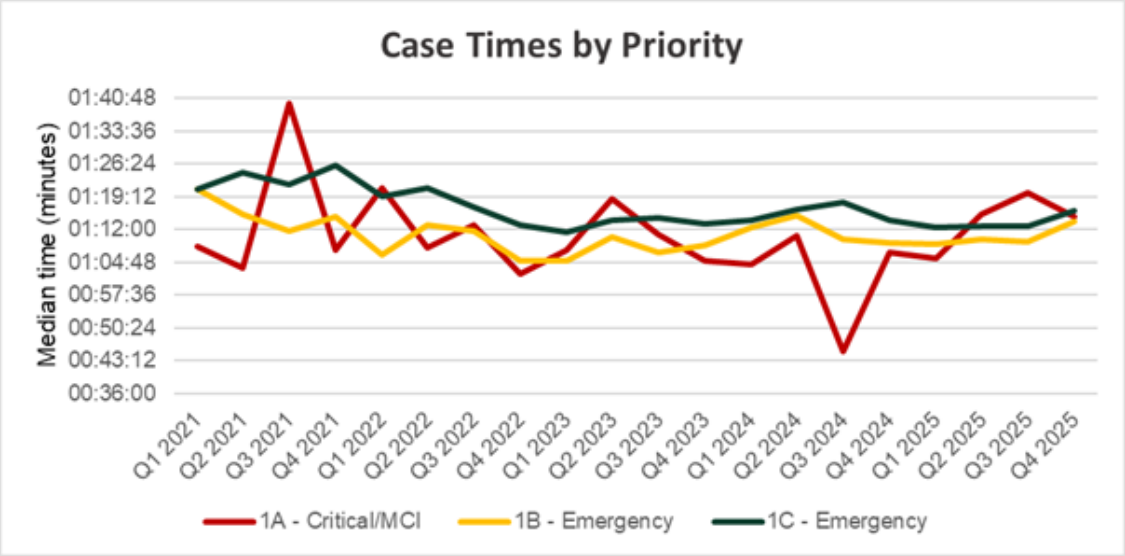
Overall case time is the time between when the emergency call is received by NStJA to when the ambulance is clear and available for the next case. The table below shows this median case time in minutes and seconds.

Table 14: Median case times, by priority, Q4 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency:	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	1 hr 25 min	1 hr 11 min	1 hr 10 min	2 hr 5 min
Central	1 hr 25 min	2 hr 37 min	2 hr 12 min	6 hr 18 min
Morobe	1 hr 6 min	1 hr 4 min	1 hr 10 min	2 hr 20 min
East New Britain	24 min	1 hr 18 min	1 hr 35 min	2 hr 54 min
National Median	**1 hr 14 min**	**1 hr 13 min**	**1 hr 16 min**	**2 hr 39 min**

The graph below shows the national median case time by quarter for 1A, 1B, and 1C, from Q1 2021 to the current reporting period.

Figure 10: Scene times by priority, national, Q1 2021 onwards.



Vehicle Metrics (National Level)

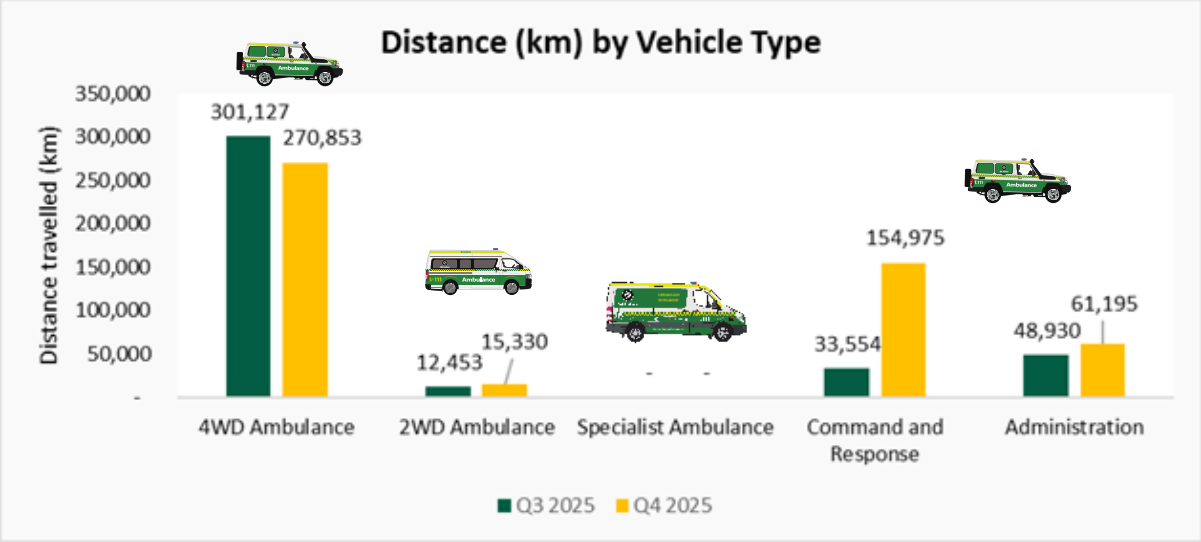
Distance Travelled

Nationally, a total of 396,063 kilometres was travelled in Q3 2025, increasing to 502,352 kilometres in Q4 2025. This represents an overall increase of 106,289 kilometres. The rise was driven primarily by significant increases in kilometres travelled by Command and Response vehicles and Administration vehicles. While kilometres travelled by 4WD ambulances declined by 30,274 km, and 2WD ambulances recorded a modest increase of 2,877 km. The following graph and table illustrate these changes across vehicle classes.

Table 15: Distance travelled by vehicle type (km), Q4 2025 vs Q3 2025

Vehicle Class	Q3 2025	Q4 2025	Change
4WD Ambulance	301,127	270,853	-30,274
2WD Ambulance	12,453	15,330	2,877
Specialist Ambulance	-	-	-
Command and Response	33,554	154,975	121,421
Administration	48,930	61,195	12,265
Total km travelled	**396,063**	**502,352**	**106,289**

Figure 11:Distance travelled by vehicle type (km), Q4 2025 vs Q3 2025



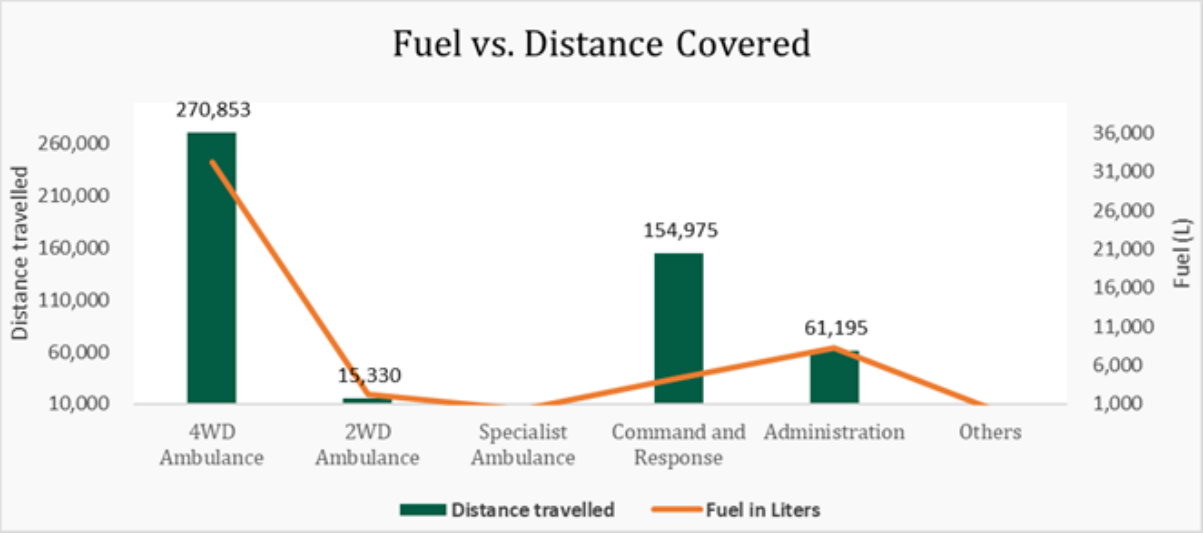
Fuel Consumption

The table and chart below show fuel consumption (in litres) for Q4 2025, compared with Q3 2025, along with fuel usage relative to the distance travelled during the quarter. The Specialist Ambulance recorded fuel usage but no mileage, as it remained largely stationary while providing support at various events.

Table 16: Amount of fuel in litres consumed by quarter, Q4 2025 vs Q3 2025

Vehicle Class	Q3 2025	Q4 2025	Change
4WD Ambulance	32,777	32,312	-466
2WD Ambulance	976	2,310	1,334
Specialist Ambulance	71	274	203
Command and Response	4,361	4,286	-75
Administration	7,436	8,210	-9,467
Others	2,034	439	-1,595
Total fuel used (L)	**47,655**	**47,831**	**176**

Figure 12: Fuel vs distance travelled, by quarter, Q4 2025



Ambulance Officer Recruits Gain Firsthand Experience with PNG Fire Service

Port Moresby, Tuesday 7 October 2025 – Ambulance Officer recruits from the National Ambulance Education College (NAEC) gained valuable first-hand experience with the Papua New Guinea Fire Service during an educational visit to the Waigani Fire Station on Monday.

The visit provided recruits with an in-depth understanding of the Fire Service's daily operations, including station routines, crew readiness, rescue techniques, and incident command procedures. It also highlighted the vital teamwork and coordination required across emergency services to ensure safe and effective responses for communities across Papua New Guinea.

The 24 recruits are currently in their seventh week of a rigorous 12-week Ambulance Officer Level One course at NAEC in Baruni, Port Moresby. Since commencing training in August, the group has been immersed in both theoretical and practical learning experiences designed to prepare them for the demanding responsibilities of ambulance work.

National St John Ambulance Education Commander Alexander Dimain said the training program combines classroom learning with practical, hands-on experience, including the management of medical, trauma, and psychological emergencies.

"Recruits undertake parade drills, bootcamp-style training, and physical fitness activities to instil discipline, teamwork, and the endurance required for the challenging role of an ambulance officer. Additionally, they will complete an advanced safe driving course for emergency responders to ensure they can respond safely under varied and often challenging conditions," Commander Dimain said.

He added that the visit to the Fire Service plays an important role in building inter-agency collaboration.

"The ambulance service works closely with the Fire Service during emergencies. This visit not only enhances the recruits' knowledge but also strengthens camaraderie and cooperation between our teams. Through such interactions, recruits gain practical insight into the realities of emergency response, improving collaboration and preparedness in real-world scenarios."

The National St John Ambulance Council thanked the Papua New Guinea Fire Service and the Waigani Fire Station team for their time, hospitality, and willingness to share their expertise. The visit made a meaningful impact on the professional development of future ambulance officers.

Reporting by **Province**

National Capital District

Incidents by Electorate

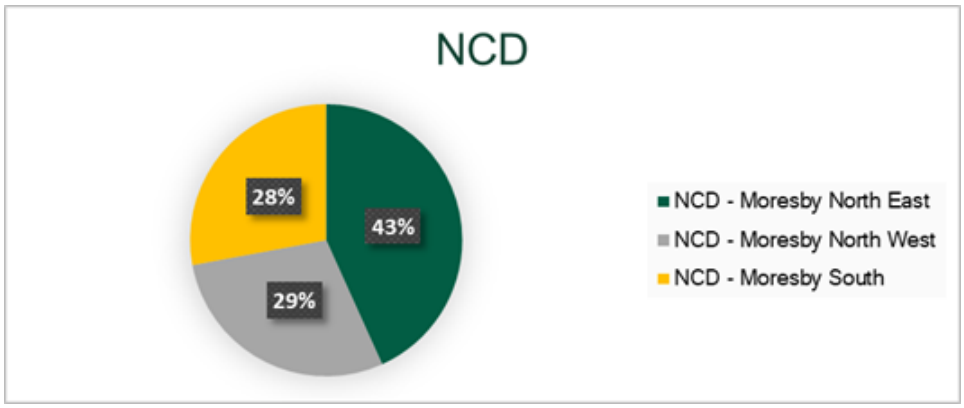
NCD incidents recorded a modest overall decline of 5% from Q3 to Q4 2025. The largest decrease was observed in Moresby North-West, which reported a 12% reduction. Moresby South also experienced a notable decline of 7%. In contrast, Moresby North-East showed relative stability, with a slight increase of 27 cases (1%).

Table 17: Incidents by electorate, NCD, Q4 2025.

Electorate	Q3 2025	Q4 2025	% of total	Change	
				Number	%
NCD - Moresby North East	1,912	1,832	43%	-80	-4%
NCD - Moresby North West	1,268	1,220	29%	-48	-4%
NCD - Moresby South	1,281	1,183	28%	-98	-8%
Total incidents	**4,461**	**4,235**	**100%**	**-226**	**-5%**

Figure 13 shows the split of incidents by electorate in NCD.

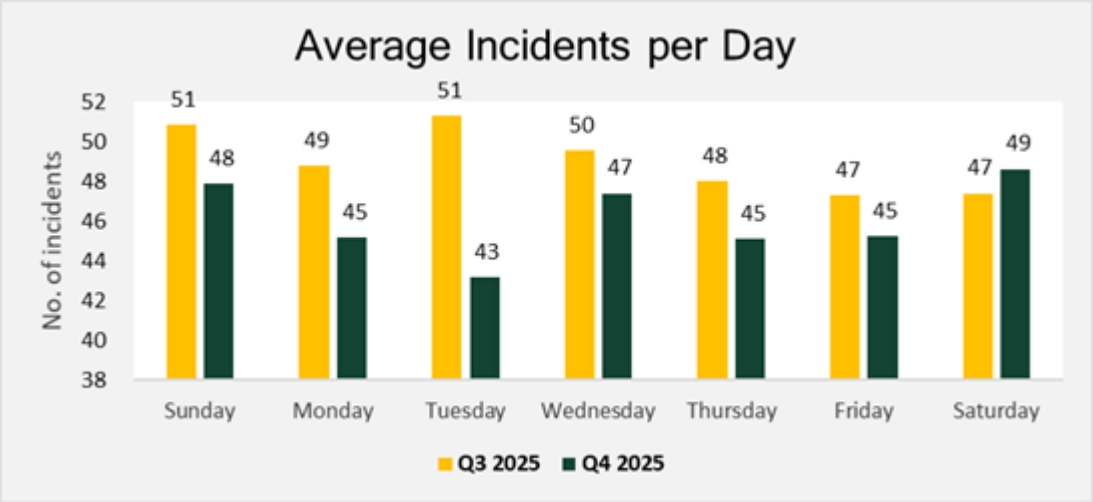
Figure 13: Share of incidents by electorate, NCD, Q4 2025



Average Cases per Day

The graph indicates that average daily incidents generally declined from Q3 to Q4 2025 across most days of the week. The largest reduction was observed on Tuesday, where the daily average fell from 51 incidents in Q3 to 43 in Q4. Sunday remained one of the busier days, decreasing slightly from 51 to 48 incidents. In contrast, Saturday was the only day to record an increase, rising from an average of 47 incidents in Q3 to 49 in Q4, making it the highest daily average in Q4. Overall, Tuesday recorded the lowest average incidents per day in Q4 2025.

Figure 14: Average incidents per day for NCD, Q4 2025 vs Q3 2025



Distance Travelled by Vehicle Type

There was a 23% decrease in the distance travelled in NCD during Q4 2025, compared with Q3 2025, as illustrated below.

Table 18: Distance travelled by vehicle type (km), NCD, Q4 2025 vs Q3 2025

Vehicle Class	Q3 2025	Q4 2025	Change
4WD ambulance	181,299	181,818	519
2WD ambulance	4,573	13,800	9,227
Specialist Ambulance	-	-	-
Command And Response	25,806	147,515	121,709
Administration	48,930	61,195	12,265
Total distance travelled (km)	**260,607**	**404,328**	**143,721**

Central Province

Incidents by Electorate

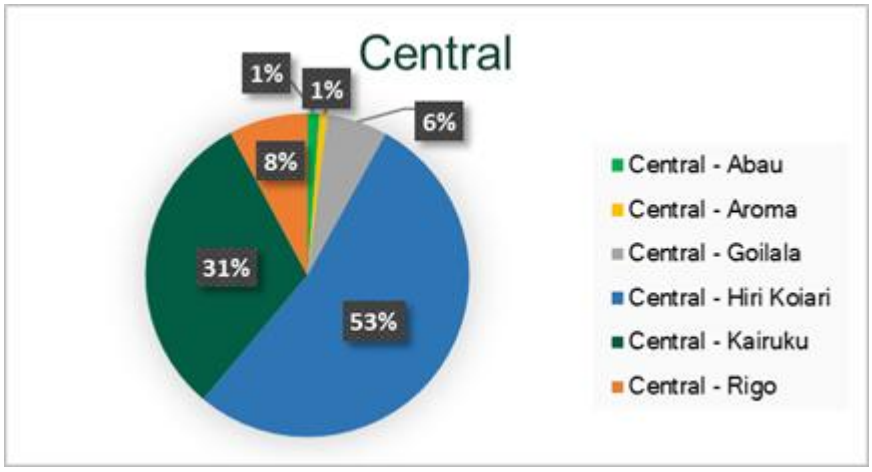
In Central Province, Hiri-Koiari District, the largest district in the province accounted for 53% of all incidents this quarter. This significant share indicates increasing demand for ambulance services in the area and underscores the need to strengthen resources and support to adequately meet community needs. Overall, total incidents decreased by 4% compared with the previous quarter.

Table 19: Incidents by electorate, Central, Q4 2025

Electorate	Q3 2025	Q4 2025	% of total	Change	
				Number	%
Central - Abau	8	14	1%	6	75%
Central - Aroma	8	9	1%	1	13%
Central - Goilala	76	70	6%	-6	-8%
Central - Hiri Koiari	704	613	53%	-91	-13%
Central - Kairuku	312	358	31%	46	15%
Central - Rigo	92	91	8%	-1	-1%
Total incidents	**1,201**	**1,155**	**100%**	**-46**	**-4%**

Figure 15 shows the split of incidents by electorate.

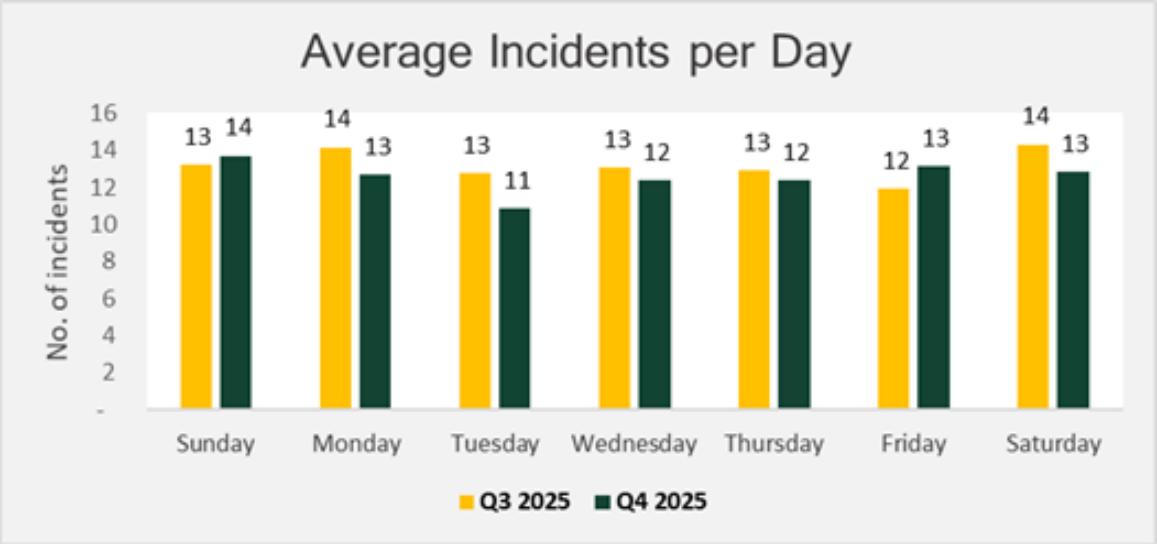
Figure 15: Share of incidents by electorate, Central, Q4 2025



Average Cases per Day

The graph shows that daily incident levels remained mostly stable between Q3 and Q4 2025, with a notable decline on Tuesday and smaller decreases on Saturday, Monday, Wednesday, and Thursday, while Friday and Sunday showed a slight increase.

Figure 16: Average cases per day for Central, Q4 2025 vs Q3 2025.



Distance travelled

The distance covered by 4WD ambulance in Q4 2025 compared to Q3 2025 shows an increase in kilometres by 5%.

Table 20: Distance travelled by vehicle type (km), Central, Q4 2025 vs Q3 2025

Vehicle Class	Q3 2025	Q4 2025	Change
4WD ambulance	36,381	38,269	1,888
Total distance travelled (km)	**36,381**	**38,269**	**1,888**

East New Britain

Incidents by Electorate

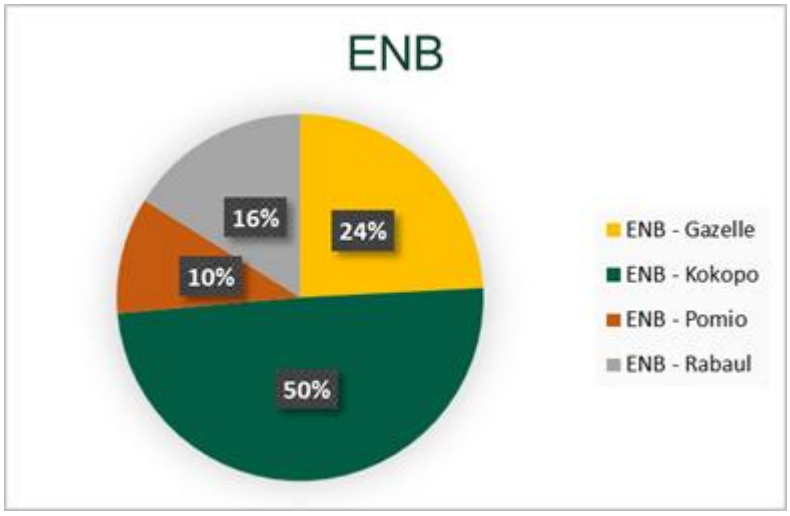
Kokopo and Gazelle in East New Britain together accounted for 73% of all reported incidents in Q4 2025. Both electorates recorded notable declines compared to Q3, with Kokopo decreasing by 15% (57 cases) and Gazelle by 16% (29 cases). Overall, total incidents in East New Britain fell by 14%, declining from 740 cases in Q3 to 633 cases in Q4 2025, despite an increase in Pomio.

Table 21: Incidents by electorate, ENB, Q4 2025

Electorate	Q3 2025	Q4 2025	% of total	Change	
				Number	%
ENB - Gazelle	182	153	24%	-29	-16%
ENB - Kokopo	370	313	49%	-57	-15%
ENB - Pomio	47	65	10%	18	38%
ENB - Rabaul	140	102	16%	-38	-27%
Total incidents	**740**	**633**	**100%**	**-107**	**-14%**

Figure 17 shows the split of incidents by electorate.

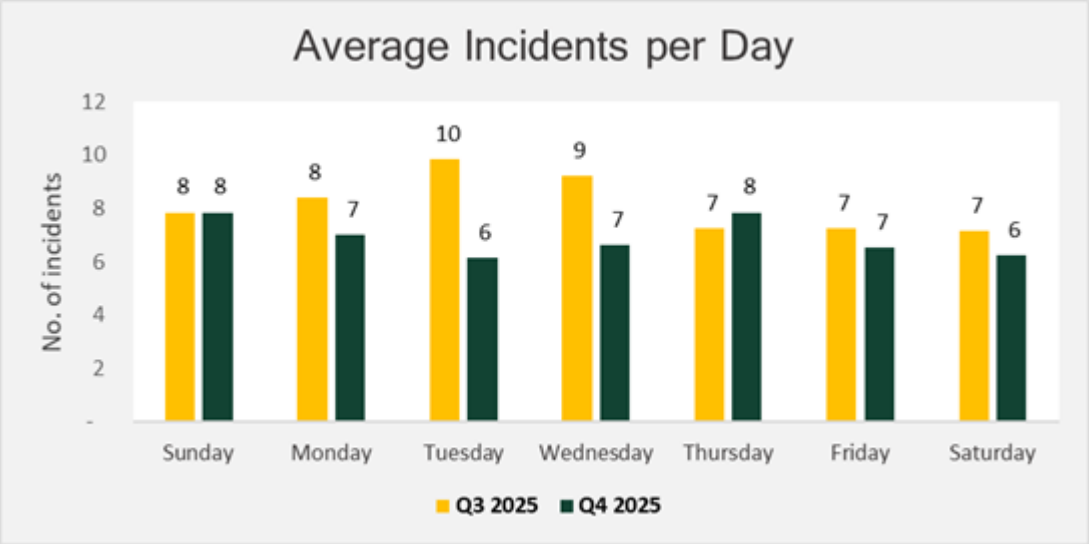
Figure 17: Share of incidents by electorate, ENB, Q4 2025



Average Cases per Day

The graph shows a general decline in average daily incidents from Q3 to Q4 2025. The largest decrease occurred on Tuesday, followed by a smaller drop on Wednesday. Most other days recorded minor reductions, Sunday and Friday remained unchanged, and Thursday showed a slight increase.

Figure 18: Average incidents per day for ENB, Q4 2025 vs Q3 2025.



Distance Travelled by Vehicle Type

Table 22: Distance travelled by vehicle type (km), ENB, Q4 2025 vs Q3 2025

Vehicle Class	Q3 2025	Q4 2025	Change
4WD ambulance	21,174	25,446	4,272
2WD ambulance	1,517	1,529	12
Command and Response	2,885	3,541	656
Total distance travelled (km)	**25,576**	**30,517**	**4,941**

Lae City & Morobe Province

Incidents by Electorate

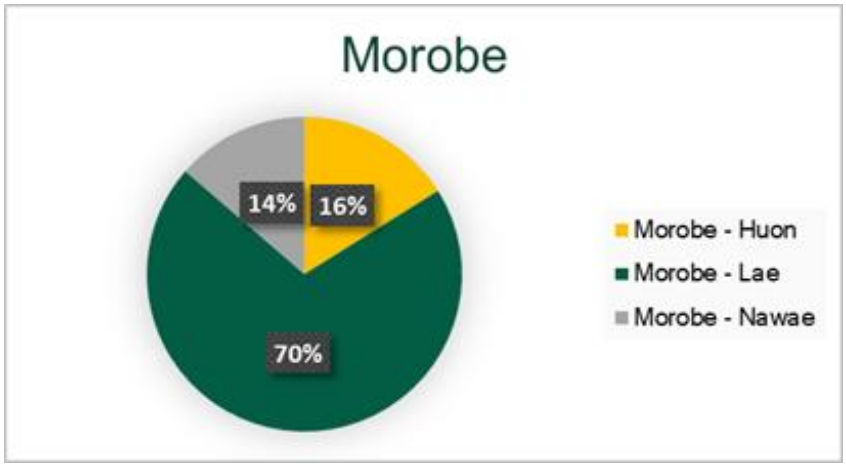
In Morobe Province, Lae City recorded the highest number of incidents, accounting for 70% of all cases across the electorates. Overall, total incidents across Morobe electorates declined by 37% from Q3 2025 to Q4 2025, reflecting a notable reduction compared to the previous quarter.

Table 23: Incidents by electorate, Morobe, Q4 2025

Electorate	Q3 2025	Q4 2025	% of total	Change	
				Number	%
Morobe - Huon	469	469	16%	-	-
Morobe - Lae	2,032	2,044	70%	12	1%
Morobe - Nawae	448	397	14%	-51	-11%
Total incidents	**2,948**	**2,911**	**100%**	**-37**	**-1%**

Figure 19 shows the split of incidents by electorate.

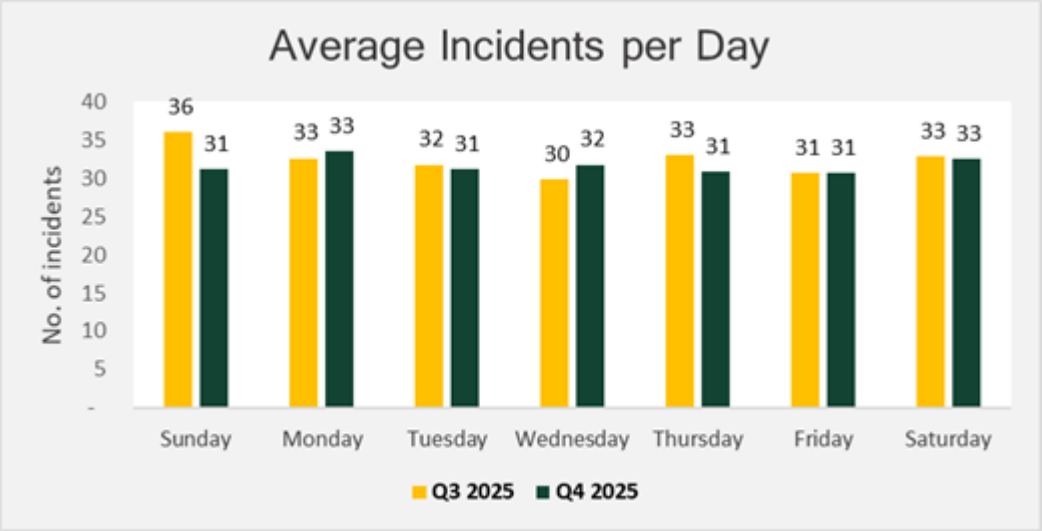
Figure 19: Share of incidents by electorate, Morobe, Q4 2025



Average Incidents per Day

The average number of incidents per day remained largely stable in Q4 2025 compared to Q3 2025, with only minor fluctuations across the week. Sunday recorded the highest average in Q3, while Monday and Saturday were highest in Q4. Several days, including Sunday, Tuesday, Thursday, and Friday, shared the lowest averages in Q4. Most days experienced slight declines, Wednesday was the only day to show an increase, and Monday, Friday, and Saturday recorded no change between quarters.

Figure 20: Average calls per hour, Morobe, Q4 2025 vs Q3 2025.



Distance Travelled by Vehicle Type

The table below presents vehicle usage in Morobe for Q4 2025 compared with Q3 2025, by vehicle class. Overall, the total distance travelled decreased by 46,963 km. No kilometres were recorded for 2WD ambulances in Q4, representing a reduction of 6,363 km, while Command and Response vehicles recorded a smaller decrease of 945 km.

Table 24: Distance travelled by vehicle type (km), Morobe, Q4 2025 vs Q3 2025

Vehicle Class	Q3 2025	Q4 2025	Change
4WD ambulance	60,917	21,262	-39,655
2WD ambulance	6,363	-	-6,363
Command And Response	4,864	3,919	-945
Total distance travelled (km)	**72,144**	**25,181**	**-46,963**

Service Fees

Every year, the National St John Ambulance (NStJA) proudly delivers thousands of emergency responses at no cost to patients or their families.

Thanks to partial support from the Government of Papua New Guinea, 8,491 emergency incidents were attended to this quarter, free of charge for those in need.

Emergency ambulance transport to public hospitals remains completely free for all Papua New Guineans and permanent residents, ensuring that no one is denied care in a crisis.

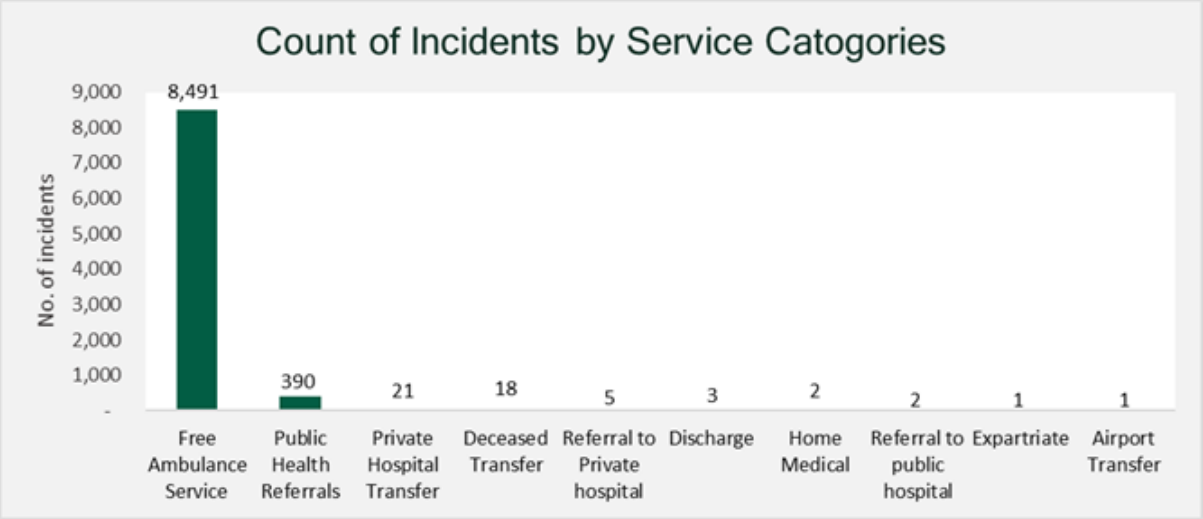
Delivering this vital service, however, comes at a cost. On average, it costs PGK 600 to care for and transport one patient. Of this amount, the Government currently contributes around PGK 400 per case, leaving NStJA to raise the remaining PGK 200 through community donations, corporate partnerships, and fundraising initiatives.

In recent years, demand for ambulance services has increased by more than 30 percent, yet government funding has remained largely unchanged since 2019. This widening gap is putting increasing strain on NStJA's ability to maintain and expand equitable ambulance coverage across the country.

To keep lifesaving emergency care free and accessible to everyone, sustained government investment is crucial.

The graph below illustrates this commitment, showing that the vast majority of cases fall under the "free ambulance service" category, which reflects NStJA's mission to deliver accessible, equitable, and lifesaving care for all Papua New Guineans regardless of their ability to pay.

Figure 21: Number of patients treated, by billing category, Q4 2025.



Private Booking Fees

As a statutory organisation, the National St John Ambulance (NStJA) is occasionally engaged by individuals or organisations for private or non-emergency ambulance bookings. In the interest of fairness to taxpayers, these services are offered on a user-pays basis.

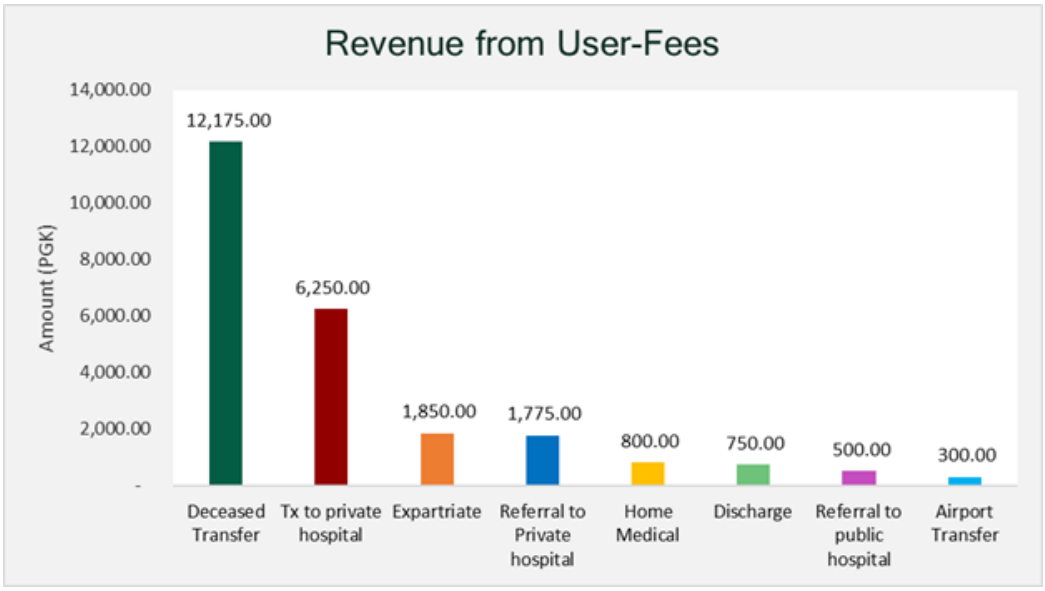
Such requests may include transport to private hospitals, patient discharges from public hospitals to home, transfers to airports for overseas medical care, or mortuary transfers requested by families. NStJA charges fees for these services on a cost-recovery basis to ensure financial sustainability and support continued delivery of essential emergency care.

Full cost recovery is applied to services for international visitors and deceased transfers. Public hospital referrals are offered at a subsidised rate, with government funding helping to keep these services more affordable for Papua New Guinean patients.

NStJA maintains a strict no-cash policy, with all payments for private services processed via EFTPOS or bank transfer since the second quarter of 2022.

For this quarter, a total of PGK 24,400.00 was collected in private patient fees. These funds directly contributed to subsidising the cost of delivering free emergency ambulance services to the public, reinforcing NStJA's commitment to equitable healthcare access.

Figure 22: Ambulance service fees by category, Q4 2025



The table below shows ambulance service fees for this quarter compared to the previous quarter.

Table 25: Ambulance fees, PGK, Q4 2025 vs Q3 2025

Form of Payment	Q3 2025	Q4 2025
Cash	-	-
EFTPOS	6,125.00	24,400.00
Cheque/Internet transfer	24,337.50	-
Total (PGK)	**30,462.50**	**24,400.00**

National Aeromedical Retrieval Service (NARMS)

National Aeromedical Retrieval Service

The National St John Ambulance (NStJA) operates a vital aeromedical service, bridging the gap between remote communities and advanced healthcare facilities across Papua New Guinea. With a dedicated team of flight-trained doctors, nurses, and paramedics, NStJA works aboard chartered helicopters and fixed-wing aircraft to reach patients in some of the country's most inaccessible regions and deliver them safely to PNG's leading hospitals.

By ensuring that lifesaving care extends beyond urban centres and into the most isolated villages, the service caters to both planned patient transfers and swift responses to emergent situations, such as severe injuries, critical illnesses, or obstetric emergencies, as well as scheduled patient transfers for those requiring specialist treatment unavailable locally, demonstrating NStJA's commitment to providing comprehensive and timely healthcare. This crucial service ensures that even the most isolated communities have access to urgent medical care.

Air Ambulance Services

Fixed wing missions and flight hours

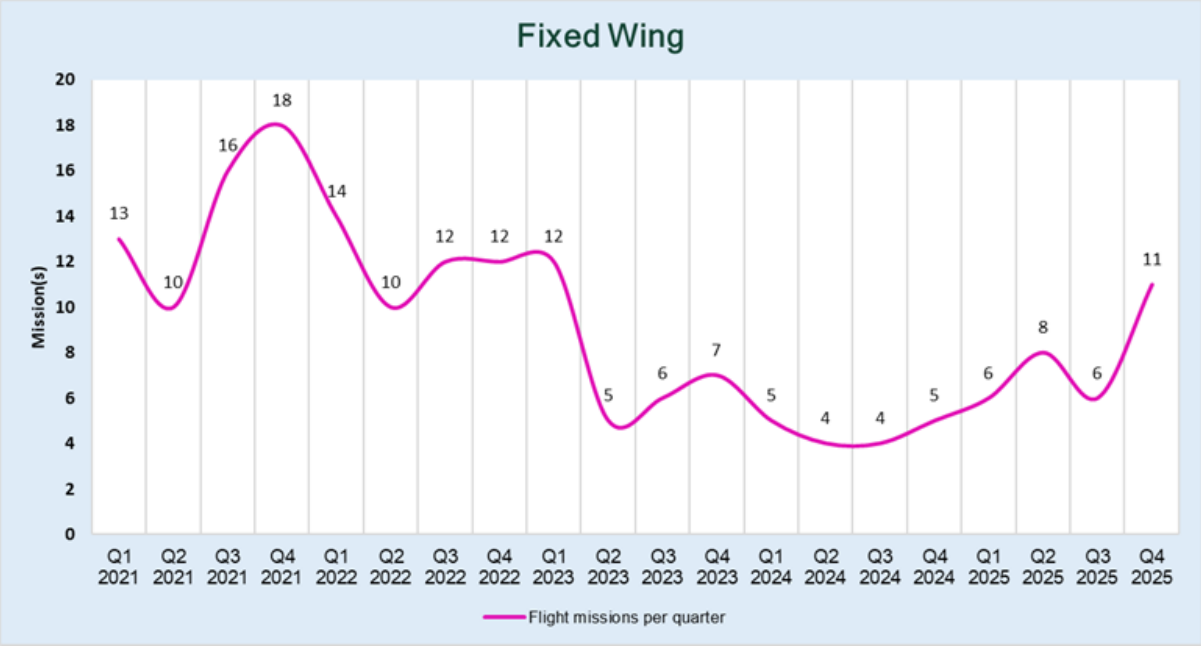
NStJA coordinated eleven (11) fixed-wing missions this quarter and a total of thirty-one (31) year-to-date.

Table 26: Fixed-wing missions, Q4 2025 vs Q3 2025

Fixed-wing	Q3 2025	Q4 2025	YTD Total
Southern	1	1	6
Momase	0	0	0
NGI	1	2	4
Highlands	1	3	10
Australia	2	5	10
International (other)	1	0	1
Total missions	**6**	**11**	**31**

The chart below shows quarterly fixed wing missions over the last four years.

Figure 23: Fixed wing missions by quarter, Q1 2021 onwards



The total hours flown by fixed-wing aircraft to provide care during this year are shown below.

Table 27: Fixed-wing flight hours, Q4 2025 vs Q3 2025

Fixed wing	Q3 2025	Q4 2025	YTD Total
Southern	3.5	2	11
Momase	0	0	0
NGI	3	7.5	14.7
Highlands	2.4	9	24
Australia	6.5	19.9	46.2
International (other)	12.7	0	12.7
Total hours	**28.1**	**36.4**	**108.6**

The chart below shows quarterly fixed-wing flight hours over the last four years.

Figure 24: Fixed-wing flight hours by quarter, Q1 2021 onwards

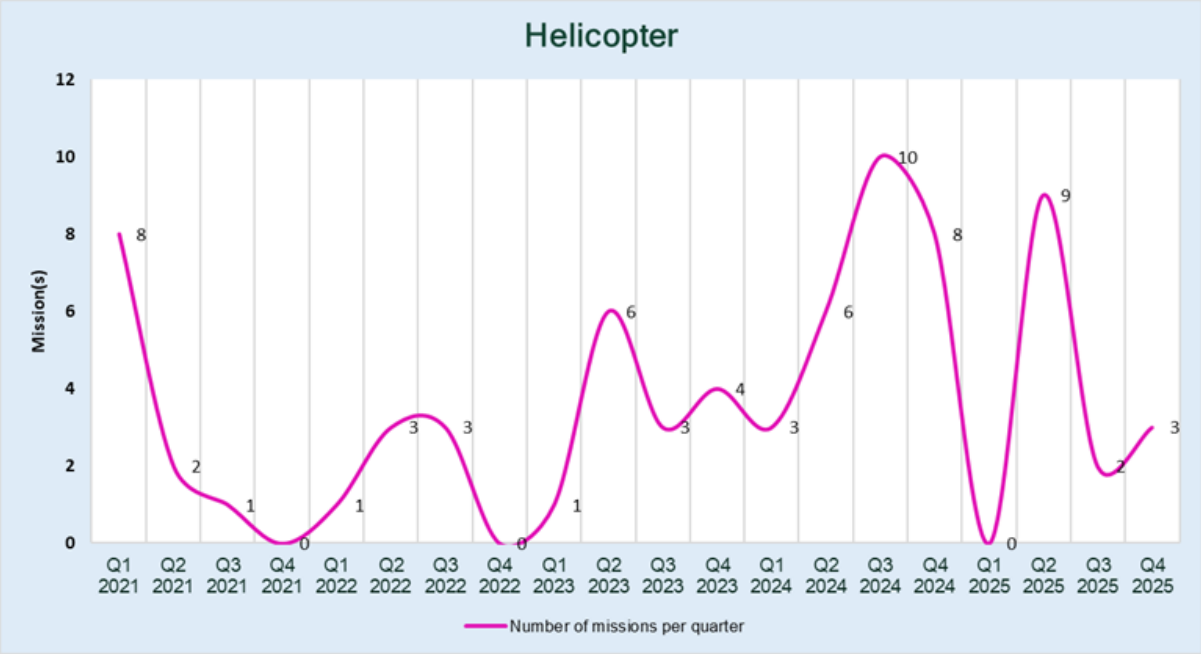
Helicopter missions and flight hours

Table 28: Helicopter missions, Q4 2025 vs Q3 2025

Helicopter	Q3 2025	Q4 2025	YTD Total
Southern	2	3	14
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	**2**	**3**	**14**

The chart below shows quarterly helicopter missions over the last three years.

Figure 25: Helicopter missions by quarter, Q1 2021 onwards



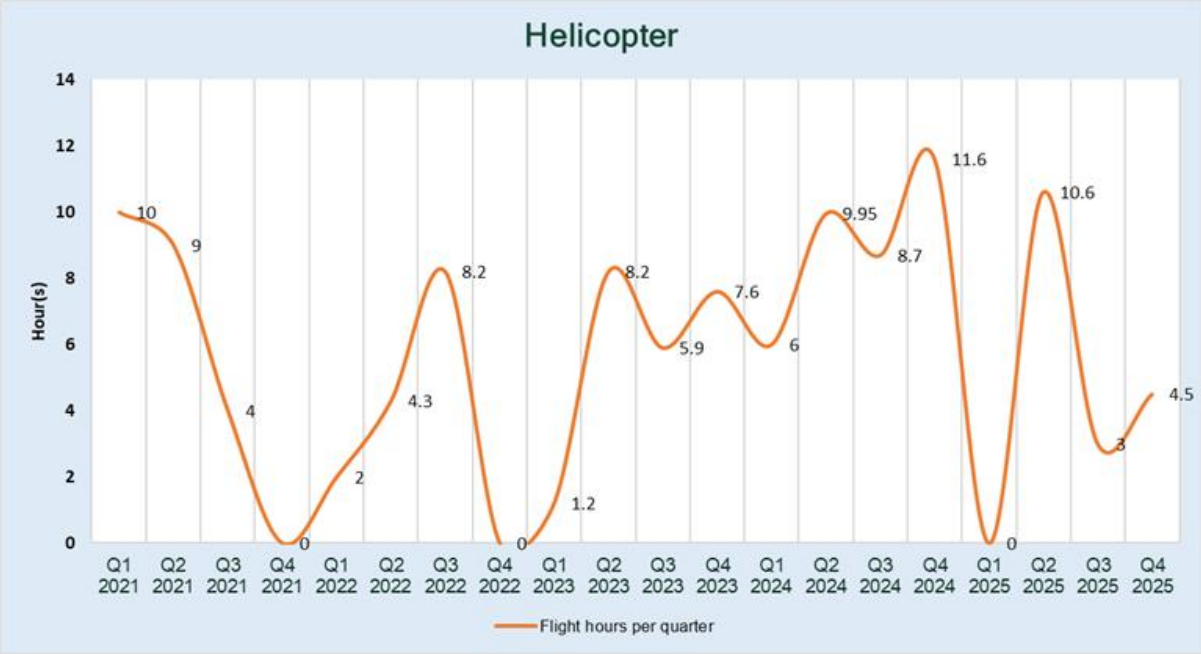
The total hours flown by helicopter to provide care last quarter compared to this quarter are shown below.

Table 29: Helicopter flight hours, Q4 2025 vs Q3 2025

Helicopter	Q3 2025	Q4 2025	YTD Total
Southern	3	4.5	18.1
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	**3**	**4.5**	**18.1**

The chart below shows quarterly helicopter flight hours over the four years.

Figure 26: Helicopter flight hours by quarter, Q1 2021 onwards



Mortuary Case Dispositions

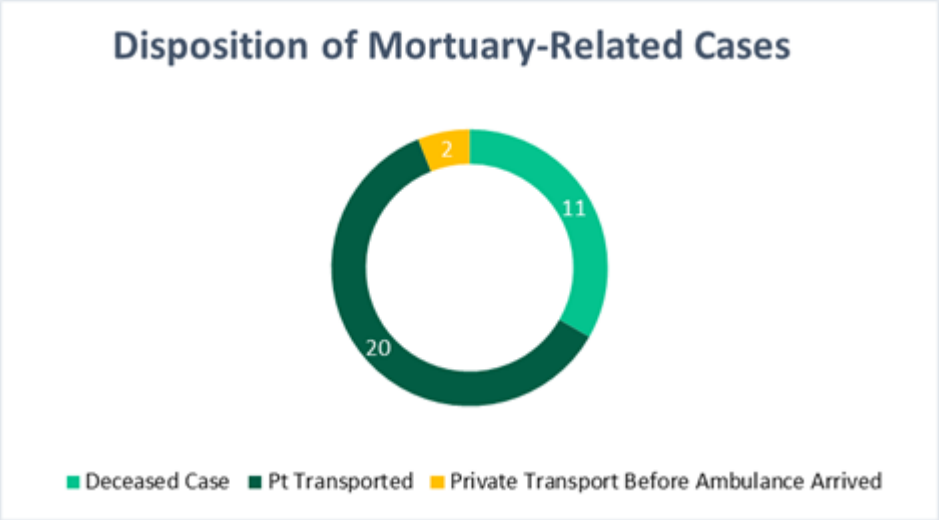
This section outlines the breakdown of mortuary-related cases attended by NStJA during the reporting period, focusing on case dispositions.

A total of 33 mortuary-related cases were recorded. These were categorised into three main dispositions. Patient-transported cases accounted for the largest share (20 cases), of which 18 were paid, reflecting ambulance involvement in transferring deceased individuals or related mortuary movements.

Deceased cases recorded at the scene totalled 11, where no further transport was undertaken by ambulance services. In addition, two cases involved private transport before ambulance arrival, indicating limited ambulance involvement in those instances.

Overall, mortuary-related responses represent a diverse workload with varying levels of ambulance engagement. Ongoing monitoring of case dispositions remains important for operational planning and understanding service demand.

Figure 27: Distribution of mortuary case dispositions in Q4.



Key Performance Indicators

Ambulance Operations Centre 111

Area	Target	Indicator Source	Qtr 4 Indicator
Call Answering Time	Calls to 111 are answered by the call-taker within 10 seconds on average	PABX call-logs	11 seconds
Dispatch Time (NCD & Lae)	An ambulance is dispatched to life-threatening (1A and 1B) medical emergencies within 3 minutes on average of the call being received by NStJA in Port Moresby and Lae.	CAD Dispatch logs	6 minutes
Dispatch Time (Regional)	An ambulance is dispatched to life-threatening medical emergencies within 7 minutes on average of the call being received by NStJA in rural areas	CAD Dispatch logs	12 minutes
Caller Satisfaction	≥ 90% of the callers' report that the 111 call-taker was helpful	CAA Patient Experience Survey	93% caller satisfaction

Ambulance Service Key Performance Measures

Area	Target	Indicator source	Qtr 4 Indicator
Response Time (NCD)	An ambulance arrives on scene within 12 minutes from time of call for 1A cases, ≥ 50% of the time	CAD Dispatch logs	36%
Response Time (Regional)	An ambulance arrives on scene within 20 minutes from time of call for 1A and 1B cases, ≥ 50% of the time	CAD Dispatch logs	19%
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NStJA's service	CAA Patient Experience Survey	96% patient satisfaction

Education & Training

Period Ending: 31/12/25

This shows the number of students who completed training as at the last day of the reporting period. If students are still completing (studying) the course at the end of the reporting period, the course is not to be shown here and should be shown in the next reporting period.

First Aid in Schools

Free first aid training conducted by the SBBF-SJA First Aid in Schools Team to high school students.

Province	School Name	Days of training	Students Completed
ENB	Woolnough TVET Centre	1	47
ENB	Warangoi Secondary	1	51
ENB	Waterhouse JHS	1	74
ENB	Kabaira Girls TVET Centre	1	46
ENB	Malaguna Technical Secondary School	1	50
ENB	Kabaleo TVET Centre	1	26
ENB	Sacred Heart International Catholic College	1	45
ENB	Kokopo Technical Secondary School	1	51
Central	Veifa JHS	1	24
Central	Alain de Boismenu High School	1	71
Central	Mt Diamond Adventist Secondary	1	49
Central	Iarowari Agri Tech Secondary	1	44
Central	Rearea JHS	1	50
Central	Redscar JHS	1	44
Central	Papa High School	1	42
Central	Tubusereia JHS	1	21
		17	**735**

Total of 735 students educated and trained through First Aid in Schools in Q4 2025.

Hospital Emergency Life Support Training

Free Basic Emergency Care training conducted by the SBBF-SJA to clinicians.

Province	Location	Days of training	Students Completed
NCD	Taurama Aquatic Centre	4	11
NCD	Taurama Aquatic Centre	4	12
NCD	Taurama Aquatic Centre	4	12
	Total	**12**	**35**

About the National St John Ambulance Council of Papua New Guinea

The National St John Ambulance Council of Papua New Guinea (NStJA) is the statutory body identified by law to deliver ambulance and related emergency services. It operates in six of Papua New Guinea's 22 provinces, covering a population catchment of approximately 3.5 million people.

Established under the St John Council Incorporation Act 1976, NStJA operates in partnership with the National Department of Health (NDoH) and Provincial Health Authorities (PHAs) to ensure timely, quality, and lifesaving ambulance services are accessible to all Papua New Guineans, including in remote and rural communities.

National Coverage and Capabilities

As the only dedicated statutory ambulance service in Papua New Guinea, NStJA is responsible for managing ambulance operations in both urban centres and rural and remote locations. The service maintains a dedicated aeromedical retrieval capability, working in partnership with Tropicair, Helifix, and Farland Aviation to provide emergency medical evacuations across the country. These capabilities are critical to reaching patients in isolated areas where road access is limited or non-existent.

Collaborative Partnerships

NStJA maintains strong operational partnerships with public hospitals, provincial health authorities, national government agencies, and private and aid sector organisations. These partnerships support an integrated emergency response system, helping to optimise scarce health resources, reduce response times, and improve clinical outcomes for patients.

Since 1983, NStJA has been engaged under an Agreement with the National Department of Health to deliver the national ambulance service. As responsibility for health services has transitioned to PHAs, NStJA continues this work under MOAs with individual provinces, ensuring local-level ownership and alignment with provincial health strategies.

Community Health and Outreach

In addition to frontline emergency response, NStJA is committed to improving community resilience and public health literacy. Through programs such as:

- First Aid, CPR, and AED training
- WHO-endorsed Basic Emergency Care courses for doctors and nurses
- Snakebite prevention and treatment partnerships, including managing the distribution of AUD $1.3m in CSL Seqirus antivenom donations across the country.
- Health care awareness and educational outreach.

NStJA empowers communities to respond to emergencies and contributes capacity within the health system. The organisation also facilitates youth development initiatives and public safety campaigns to promote a culture of preparedness.

Financial Sustainability

NStJA's lifesaving work is made possible through a combination of government funding, corporate donations, and user-pays services. While government support remains the cornerstone of service provision, rising demand and operational costs have led to an increasing reliance on enterprise-for-fundraising, private partnerships, and fee-based non-emergency services to ensure sustainability.

Ongoing investment is essential to:

- Maintain and upgrade ambulance fleets and equipment
- Train and retain skilled clinical and operational staff
- Expand coverage into unserved and underserved areas

As a public service provider, NStJA operates with a focus on equity, accountability, and national impact, striving to deliver emergency care that is accessible to all, regardless of ability to pay.

NStJA Station Locations

NStJA currently provides PNG's primary emergency ambulance service, serving a combined population of about 3 million people by road, and the entire population by air. NStJA has stations in each the following towns:

- Port Moresby (NCD)
- Waigani Sub-station (NCD)
- Baruni (NCD)
- Metoreia (NCD)
- Bereina (Central)
- Kupiano (Central)
- Lae (Morobe)
- Kokopo (East New Britain)

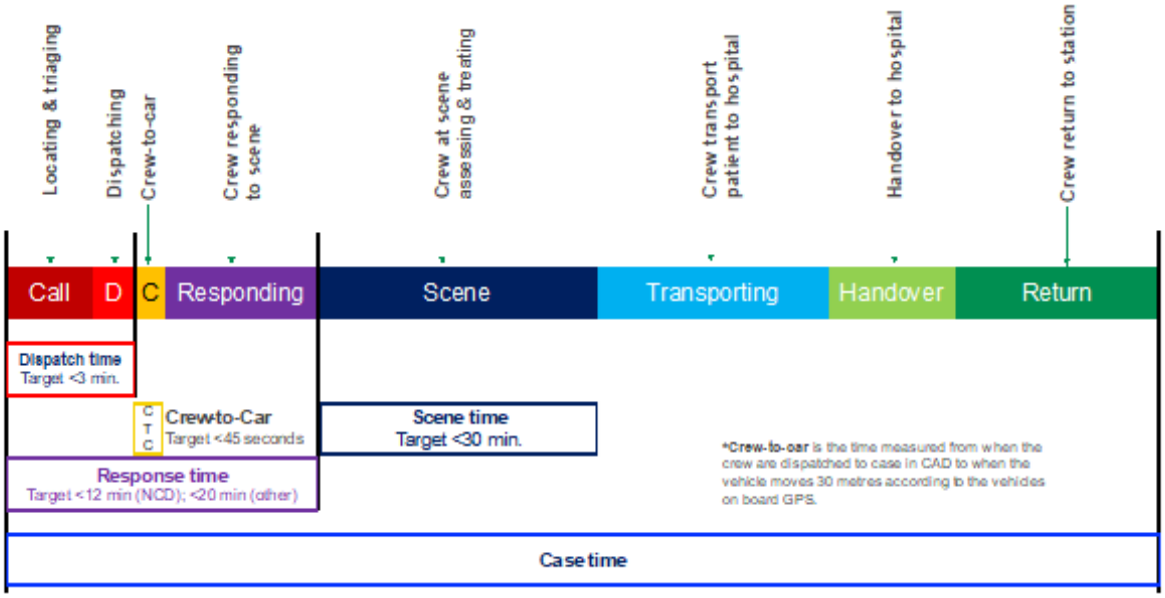
Terminology

These definitions match that of the Council of Ambulance Authorities Australasia's Report on Government Services.

Term	Definition	Comment
Incident	An event that results in a demand for ambulance resources to respond.	Incidents are logged in CAD as a case. Incidents are measured using CAD data.

Response	An ambulance response is a vehicle sent to an incident.	There may be multiple responses to one incident if several units are dispatched to a single incident
Patient	A patient is someone assessed, treated, or transported by the ambulance service.	Patients are counted by the number of episodes. Patients may be the subject of more than one (1) episode per year. The ambulance worker completes an individual 'patient care report' for each patient. The patient care report is documented either on a paper sheet or using NStJA's eMR system.

Key Incident Time Intervals



Response priorities

Response Code	Problem	Urgency	Lights & Sirens	Recommended resources to send	Target response time (median)
1A	Immediately life-threatening problem *e.g., cardiac arrest, ineffective breathing*	**Immediate** Highest priority response. Closest ambulances to respond.	Yes	Minimum 3, preferably 4	Within 15 minutes (Ideally < 8 minutes)

1B	Potentially life-threatening problem *e.g., unconscious, severe trauma*	**Immediate** High priority	Yes	1 – 2	Within 20 minutes
1C	Possible life-threatening emergency *e.g., serious bleeding, breathing problem*	**Priority**	Yes	1 - 2	Within 30 minutes
2A	Unlikely threat to life *e.g., abdominal pain, minor trauma*	Urgent	No	1	Within 90 minutes
2B	No immediate threat *e.g., minor illness/injury, limb injury*	Mobilise when sufficient resources available	No	1	Within 120 minutes
3	Hospital transfer, inter-facility transport	Within requested timeframe	No	1	Within 180 minutes
4-9	Non-emergency	Routine transport	No	1	-

Papua New Guinea
Since 1957

NStJA is a statutory organisation operating in accordance with the
St John Council Incorporation Act of *1976*.
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