Papua New Guinea

National Department of Health

Ambulance Service Activity Report 2025

1 JANUARY – 31 DECEMBER 2025

A public service agency of the National Department of Health

National Department of Health

MISSION

Executive Summary

The 2025 Ambulance Activity Report presents the National St John Ambulance's (NStJA) operational performance across Papua New Guinea from 1 January to 31 December 2025. During the year, NStJA responded to 38,277 emergency incidents, remaining relatively stable compared with 2024. A total of 88,731 emergency calls were handled through the 111 Ambulance Operations Centre, highlighting sustained national demand for emergency medical services. In total, 30,275 patients were assisted and 26,075 patients were transported to health facilities, reflecting continued reliance on ambulance services across the communities served.

Key performance highlights include:

Call Centre Efficiency: The Ambulance Operations Centre (111) performed strongly, achieving 94% caller satisfaction and 97% patient satisfaction, demonstrating continued public confidence in NStJA services.

Response Times: The national median response time for Priority 1A incidents was 15 minutes and 6 seconds, meeting the organisation's target for urban areas. However, rural provinces such as Central and East New Britain experienced longer response times due to distance, terrain, and limited ambulance availability.

First Aid Training: NStJA trained 11,670 people in first aid and emergency awareness programmes, including 2,894 students through the Free First Aid in Schools programme and 3,452 participants through workplace first aid training, strengthening community capacity to respond to emergencies.

Aeromedical Services: NStJA coordinated 31 fixed-wing missions and 14 helicopter missions, delivering 108.6 fixed-wing flight hours and 18.1 helicopter flight hours to transport, making sure critically ill patients from remote communities have access to advanced care.

Ambulance Revenue: While the services remained free for public hospital patients, the organisation generated PGK 90,886.50 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 year, 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 meeting 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 2025, from **1 January 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.

National Department of Health

Summary of 2025

Ambulance Service Data

Metric	2024	2025	% change
Emergency calls handled ☎	114,627	88,731	-23%
Emergency incidents	38,423	38,277	-0.4%
Patients assisted *	28,270	30,275	7%
Patients transported	23,784	26,075	10%
Distance covered (km)	1,475,359	1,984,535	35%
Fuel consumed (L)	220,640	215,750	-2%
Caller satisfaction	92%	94%	2%
Patient satisfaction	93%	97%	5%

Table 1: Ambulance service summary data, 2025 vs 2024

**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 Error! Reference source not found. provides an overview of the national operational performance for this year. 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.

Category:	Priority 1A		Priority 1B		Priority 1C		All other priorities P2, P3, P4, P5	
Urgency:	Critical		Urgent		Urgent		Non-urgent	
Timing:	Target	2025	Target	2025	Target	2025	Target	2025
Dispatch time (median)	*< 90 seconds*	169 sec.	*< 120 seconds*	217 sec.	*< 3 minutes*	25 min. 24 sec.	*When appropriate resourcing is available*	51 min. 24 sec.
Response time (median)	*< 15 min. (where possible)*	15 min 6 sec.	*< 20 minutes*	19 min. 5 sec.	*< 30 minutes*	55 min. 24 sec.	*<90 minutes*	86 min. 20 sec.
Scene time (median)	*30 minutes*	21 min. 36 sec.	*30 minutes*	19 min. 30 sec.	*30 minutes*	17 min. 28 sec.	*Case dependent*	17 min.
Overall Case time (median)	*1 hr 15 minutes*	1 hr. 14 min.	*2 hours*	1 hr. 10 min.	*2 hours*	1 hr. 12 min.	*Case dependent*	2 hr. 31 min.

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

Ambulance Staff Trained

Courses	2024	2025
First Responder	34	26
Ambulance Officer	19	24
RAO/RAD	5	4
Advanced First Aid	0	22
Total	**58**	**76**

Table 3: Number of ambulance staff trained 2025 vs 2024 (courses completed)

Public Trained in First Aid

Metric	Number trained			Student satisfaction ☺	
	2024	2025	% change	2024	2025
Free First Aid in Schools	1,079	2,894	168%	-	-
First Aid for Work*	903	3,452	282%	97%	98%
Public Awareness	352	5,289	1,403%	-	-
Hosp Advanced Resus	-	35		-	-
Total	**2,334**	**11,670**	**400%**		

Table 4: Number of people trained in first aid, and student satisfaction, 2025 vs 2024

** 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:

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 5: Public ambulances on duty available at any one time, 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**

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

The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as of 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**

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

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.

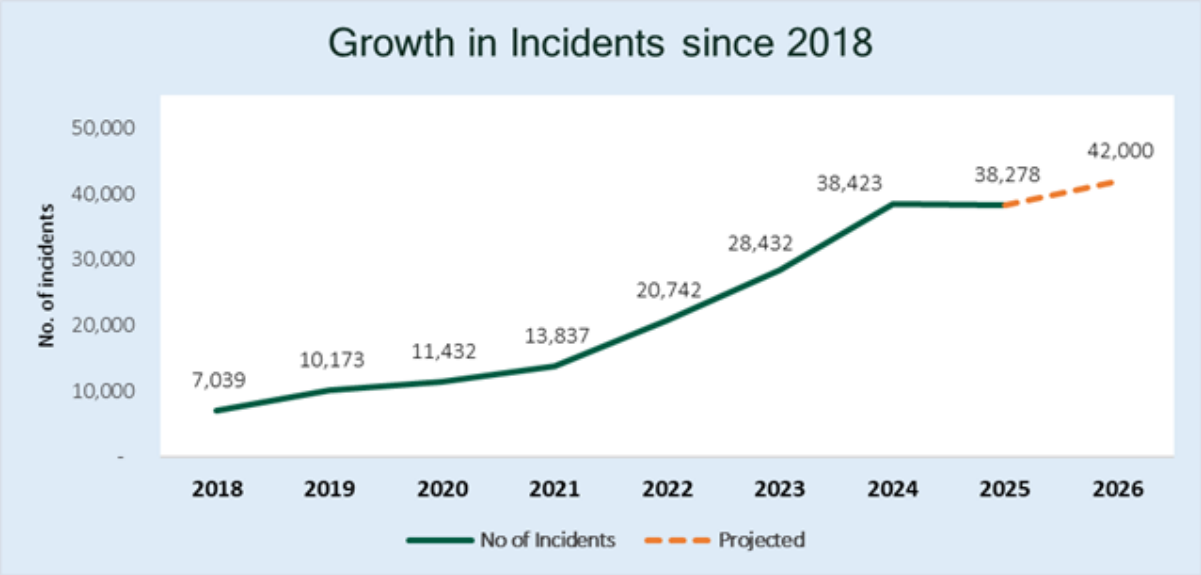


Figure 1: Growth in clinical incidents since 2018

Incidents by Clinical Presentation (Medical Problem)

During the reporting period, NStJA attended to 38,277 incidents, representing a 0.3% increase compared to the previous year.

Clinical Presentation	2024	2025	Change	
			Number	%
Medical general	13,710	13,480	-230	-2%
Obstetric/maternal	5,715	5,688	-27	-0.5%
Trauma	5,553	4,465	-1,088	-20%
Respiratory	5,247	5,821	574	11%
Gastrointestinal	3,310	3,107	-203	-6%
Transfer	2,458	3,711	1,253	51%
Cardiovascular	1,078	1,033	-45	-4%
Bites/stings	426	360	-66	-15%
Motor vehicle collision	318	337	19	6%
Toxicology	205	190	-15	-7%
Shooting	97	62	-35	-36%
Mental health	64	23	-41	-64%
Total	**38,181**	**38,277**	**96**	**0.3%**

Table 8: Incidents by clinical presentation 2025 vs 2024

Analysis of Clinical Presentation (Medical Problem)

The table shows a slight overall increase of 0.3% in incidents recorded this year, rising from 38,181 cases in 2024 to 38,277 in 2025, an increase of 96 cases.

The most significant increase was observed in transfer-related cases, which rose by 51% (1,253 additional cases), indicating substantially higher inter-facility patient movement. Respiratory presentations also increased by 11% (574 cases), while motor vehicle collisions rose modestly by 6% (19 cases).

In contrast, trauma cases recorded a substantial decrease of 20% (1,088 fewer cases), representing the largest absolute reduction across all categories. Mental health presentations decreased sharply by 64%, and shooting-related incidents fell by 36%, though both categories involved relatively small volumes. Bites and stings declined by 15%, gastrointestinal cases by 6%, cardiovascular presentations by 4%, medical general cases by 2%, obstetric/maternal cases by 0.5%, and toxicology by 7%.

Overall, while total clinical activity remained relatively stable, the data reflect a notable shift within specific presentation categories, particularly the significant rise in transfers and the marked reduction in trauma cases.

The chart shows this year's incidents attended by NStJA nationally, organised by incident type, in a graphical format.

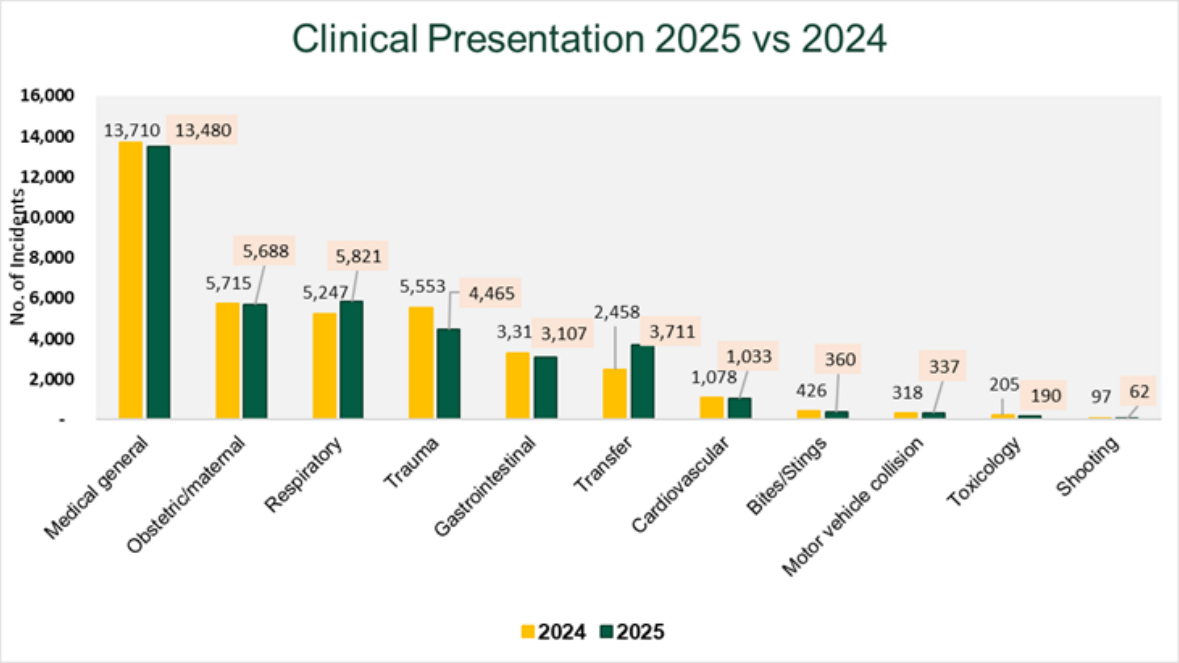


Figure 2: Clinical presentations 2025 vs 2024

Incidents by Province and Clinical Presentation

Error! Reference source not found. indicates incidents by province and clinical presentation.

Clinical Presentation	NCD	Central	ENB	Morobe	EHP	Total
Bites/Stings	98	181	9	72		360
Cardiovascular	595	112	57	269		1,033
Gastrointestinal	1,375	314	283	1,135		3,107
Medical general	6,806	1,405	899	4,366	4	13,480
Mental health	16	2	1	4		23
Motor vehicle collision	220	32	13	71	1	337
Obstetric/maternal	1,758	659	583	2,684	4	5,688
Respiratory	3,199	579	471	1,572		5,821
Shooting	18	6	8	30		62
Toxicology	98	18	9	65		190
Transfer	1,946	1,190	322	250	3	3,711
Trauma	1,997	343	289	1,834	2	4,465
Total	**18,126**	**4,841**	**2,944**	**12,354**	**14**	**38,277**

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

Split of Incidents by Clinical Presentation

Clinical incidents vary across provinces, though general medical cases remain the largest category in all regions, highest in NCD (38%), followed by Morobe (35%), ENB (31%), and Central (29%). Obstetric cases are more common in Morobe (22%) and ENB (20%), while Central records the highest proportion of transfer cases (25%). Trauma cases are highest in Morobe (15%), and respiratory cases are most common in NCD (18%).

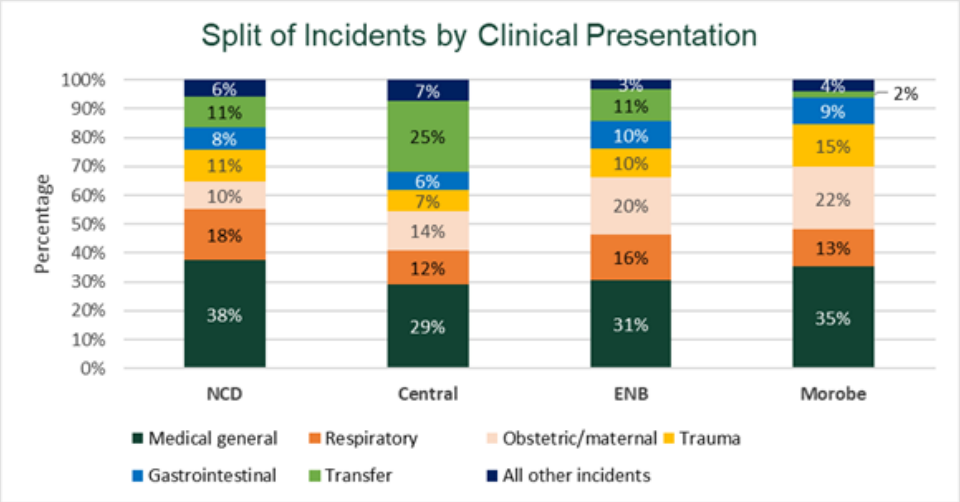


Figure 3: Split of incidents by clinical presentation, by province, 2025.

Peak Call Periods

We keep track of the times at which calls for assistance are received. During this period, call volumes peaked between 19:00 and 20:00, making it the busiest time of day, with 4,684 calls in 2025 and 4,234 calls in 2024. Conversely, the fewest calls were recorded between 05:00 and 06:00, with 1,350 calls in 2025 and 1,240 calls in 2024, indicating the least busy period.

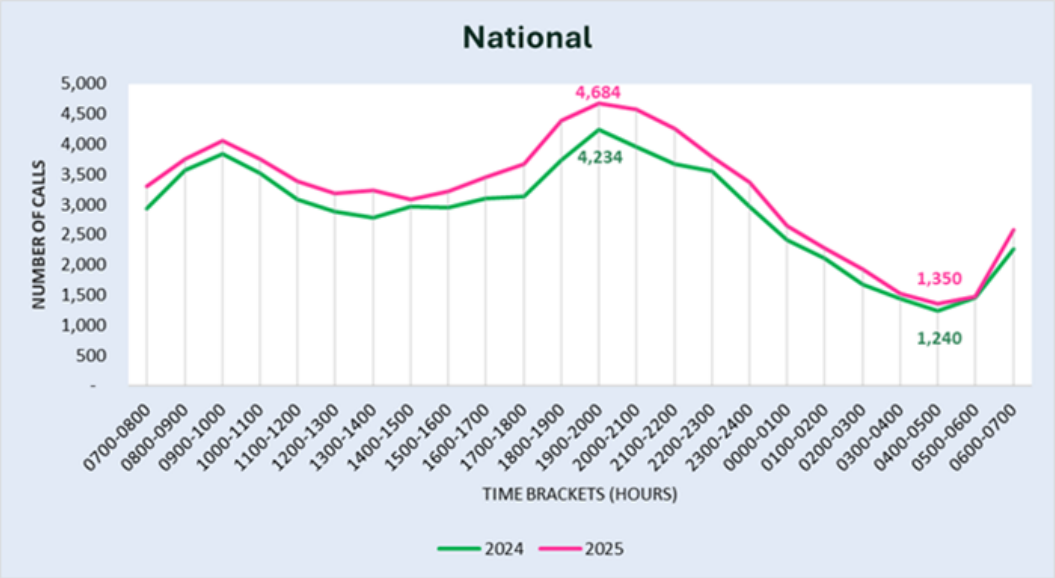


Figure 4: Number of calls per hour, 2025 vs 2024

Average Cases per Day

The average number of incidents per day remained largely stable between 2024 and 2025, with only minor variations across the week. Sunday recorded a slight decrease from 110 incidents in 2024 to 107 in 2025. Monday and Tuesday experienced small increases, while Wednesday and Friday showed slight declines. Thursday and Saturday remained unchanged between the two years. Overall, the pattern indicates consistent incident activity throughout the week, with only minimal fluctuations between 2024 and 2025.

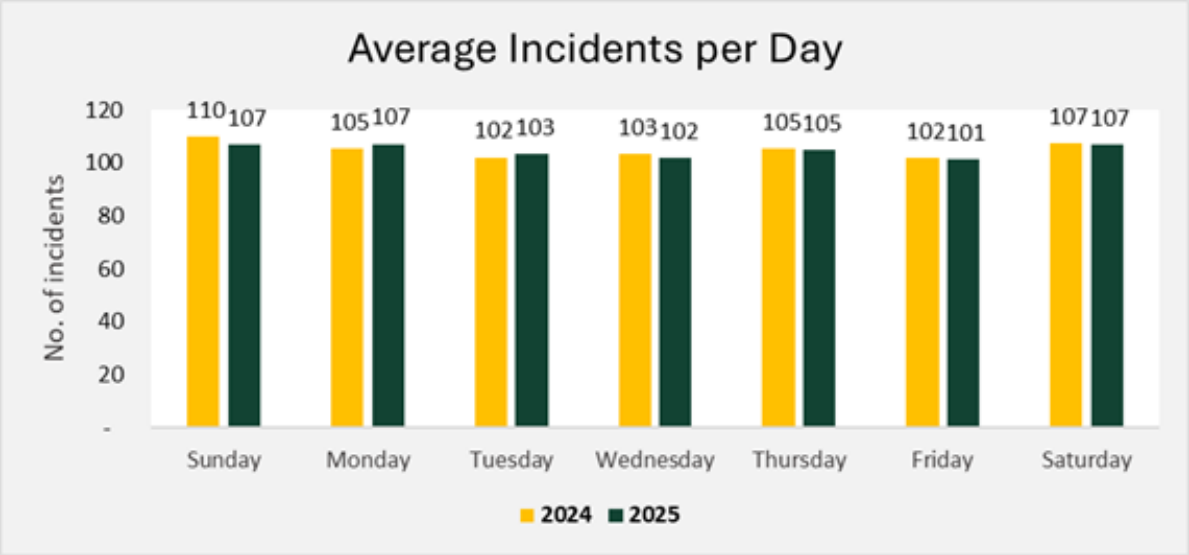
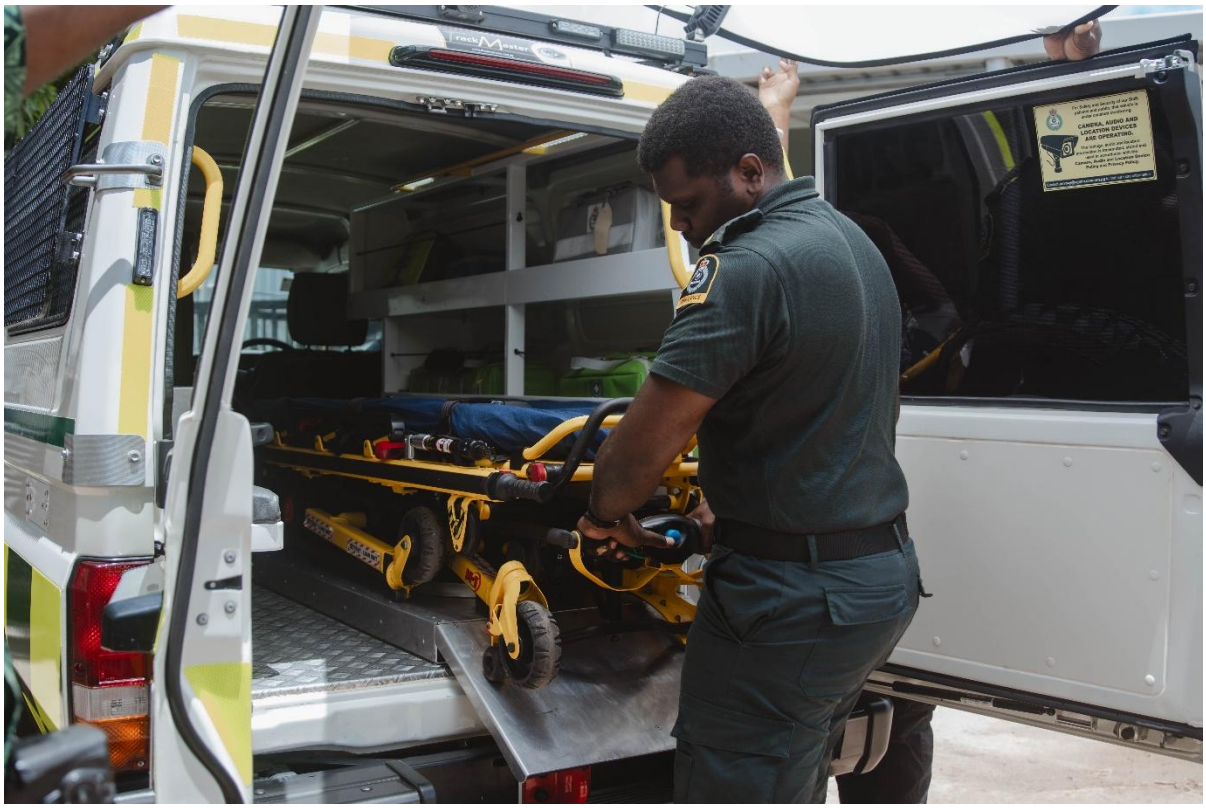


Figure 5: Average cases per day, 2025 vs 2024



Patients by Age and Gender

The chart shows the distribution of patients by age group and gender for 2025. The largest cohort is the 14 to 30-year age group, where females (8,730) significantly outnumber males (3,894), with 63 cases recorded as unknown. This makes young adult females the most prominent patient demographic.

The 31 to 45 years group is the second largest, again with more females (4,074) than males (2,811), and 23 unknown cases. In contrast, males exceed females in the older age groups. Among those aged 46 to 59 years, males (2,027) slightly outnumber females (1,827). This pattern is more pronounced in the 60 years and above category, where males (2,482) are notably higher than females (1,862), with 24 unknown cases.

For children aged 1 to 5 years, males (1,844) are slightly higher than females (1,629), with 626 cases recorded as unknown. In the 6 to 13 years age group, males (1,186) also exceed females (977), with 109 unclassified cases. The 0 to 11 months category is dominated by unknown gender records (3,505), while female (211) and male (190) counts remain low, indicating significant gaps in gender data capture for infants.

Overall, females dominate the younger and middle adult age groups, while males are more prevalent in the older age brackets. The high number of unknown-gender records, particularly among infants and young children, suggests ongoing challenges in data recording.

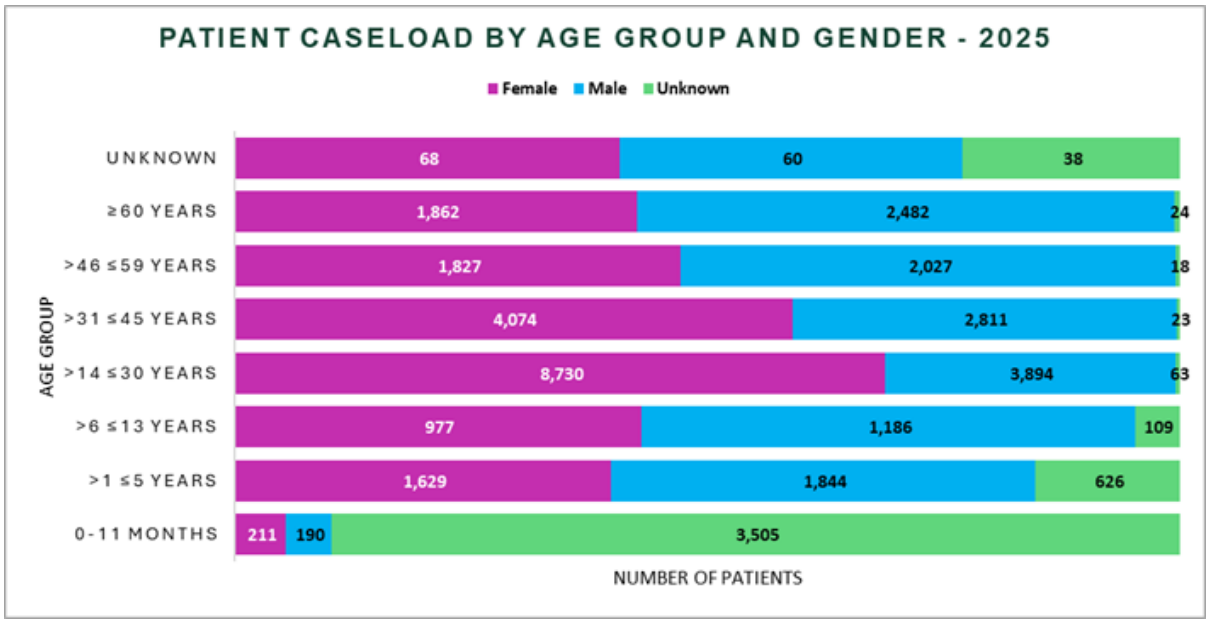


Figure 6: Patient caseload by age and gender, 2025

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 the call because they were attending to other incidents. The table demonstrates that NStJA triages calls and responds much faster to Priority 1A calls, as expected.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	2 min 33 sec	2 min 56 sec	22 min 48 sec	44 min 29 sec
Central	2 min 43 sec	4 min 22 sec	49 min 2 sec	78 min 21 sec
Morobe	3 min 35 sec	4 min 46 sec	33 min 13 sec	58 min 17 sec
East New Britain	3 min 26 sec	6 min 13 sec	35 min 3 sec	67 min 58 sec
National Median	**2 min 49 sec**	**3 min 37 sec**	**25 min 24 sec**	**51 min 24 sec**

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

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.

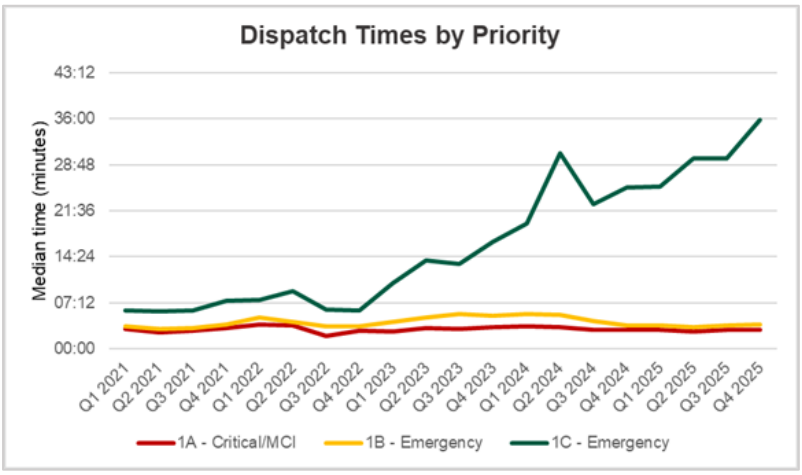


Figure 7: Dispatch times by priority, national, Q1 2021 onwards

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. The most notable increase is in priority 1C cases, which show a significant and sustained increase. Median dispatch times for 1C incidents rose from approximately 6–7 minutes in 2021 to around 30 minutes in 2024, peaking at about 36 minutes by late 2025. Although there was a temporary decline after the 2024 peak, the overall trend remains upward, indicating growing delays in responding to lower-priority emergency cases.

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.

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%**

Table 11: Percentage of incidents by Priority since 2021

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 year'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

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	13 min 45 sec	16 min 26 sec	49 min 49 sec	66 min 45 sec
Central	31 min 49 sec	53 min 13 sec	117 min 48 sec	160 min 15 sec
Morobe	15 min 54 sec	18 min 49 sec	55 min 27 sec	82 min 29 sec
East New Britain	31 min 39 sec	38 min 57 sec	80 min 38 sec	105 min 26 sec
National Median	**15 min 6 sec**	**19 min 5 sec**	**55 min 24 sec**	**86 min 20 sec**

Table 12: Median response times, by priority, 2025

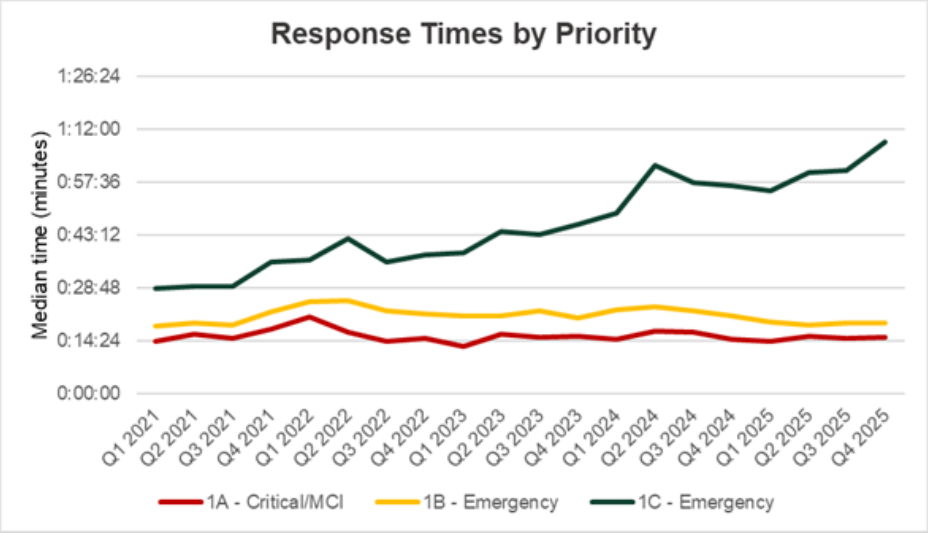


Figure 8: Response times by priority, national, Q1 2021 onwards

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.

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.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	24 min 34 sec	19 min 11 sec	17 min 16 sec	14 min 12 sec
Central	20 min 46 sec	19 min	19 min	21 min 36 sec
Morobe	18 min 18 sec	19 min 6 sec	16 min 7 sec	17 min 33 sec
East New Britain	58 min 39 sec	22 min 50 sec	18 min 13 sec	19 min 12 sec
National Median	21 min 36 sec	19 min 30 sec	17 min 28 sec	17 min

Table 13: Median scene times, by priority, 2025

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

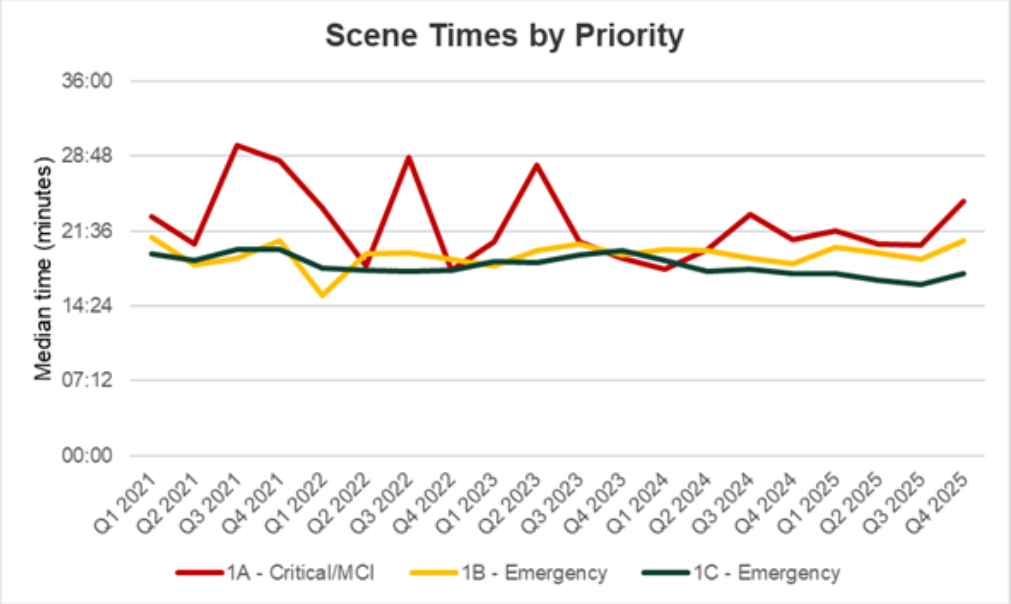


Figure 9: Scene times by priority, national, Q1 2021 onwards.

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.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency:	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	1 hr 20 min	1 hr 8 min	1 hr 9 min	2 hr 2 min
Central	1 hr 56 min	2 hr 29 min	2 hr 18 min	5 hr 46 min
Morobe	1 hr 2 min	57 min	1 hr 1 min	2 hr 8 min
East New Britain	1 hr 3 min	1 hr 40 min	1 hr 34 min	3 hr 7 min
National Median	**1 hr 14 min**	**1 hr 10 min**	**1 hr 12 min**	**2 hr 31 min**

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

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

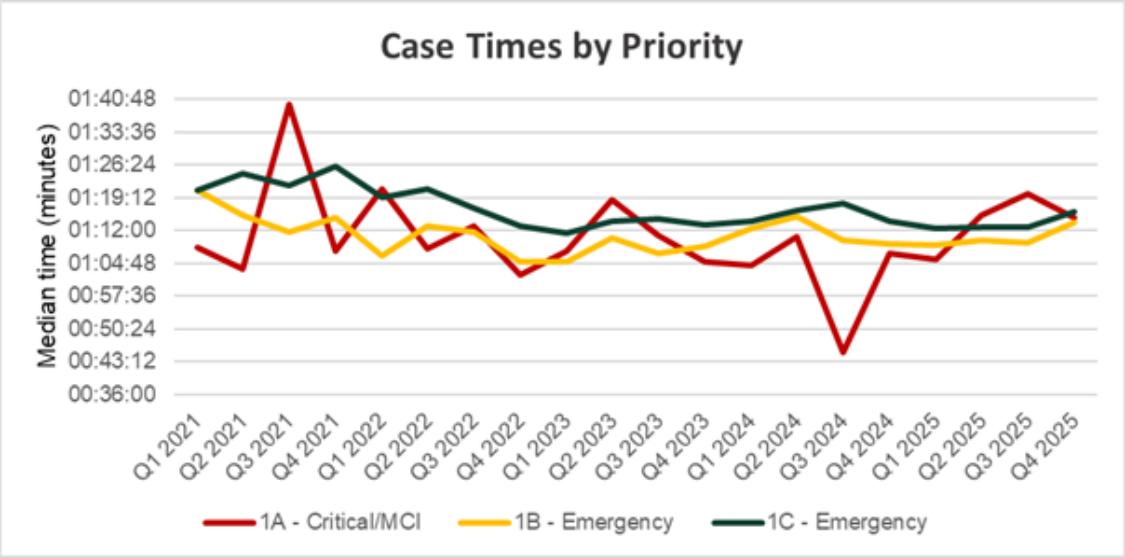


Figure 10: Scene times by priority, national, Q1 2021 onwards.

Vehicle Metrics (National Level)

Distance Travelled

Nationally, a total of 1,475,359 kilometres was travelled in 2024, increasing to 1,984,563 kilometres in 2025. This represents an overall increase of 509,204 kilometres. The rise was driven primarily by significant increases in kilometres travelled by Command and Response vehicles and Administration vehicles. While kilometres travelled by 2WD ambulances declined by 291,274 km, 4WD ambulances recorded a modest increase of 521,531 km. The following graph and table illustrate these changes across vehicle classes.

Vehicle Class	2024	2025	Change
4WD Ambulance	808,846	1,330,377	521,531
2WD Ambulance	387,487	96,213	-291,274
Specialist Ambulance	6,992	-	-6,992
Command and Response	172,015	321,878	149,863
Administration	100,019	236,095	136,076
Total km travelled	**1,475,359**	**1,984,563**	**509,204**

Table 15: Distance travelled by vehicle type (km), 2025 vs 2024

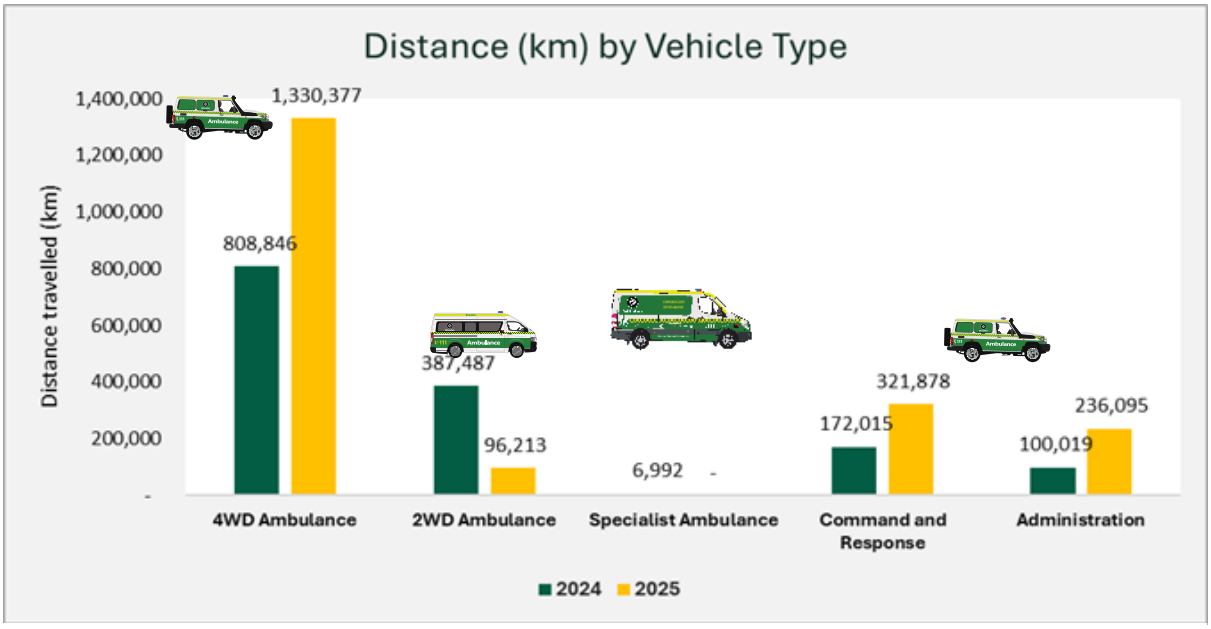


Figure 11: Distance travelled by vehicle type (km), 2024 vs 2025

Fuel Consumption

The table and chart below show fuel consumption (in litres) for 2025, compared with 2024, along with fuel usage relative to the distance travelled during the year. The Specialist Ambulance recorded fuel usage but no mileage, as it remained largely stationary while providing support at various events.

Vehicle Class	2024	2025	Change
4WD Ambulance	120,977	145,324	20%
2WD Ambulance	53,618	12,267	-77%
Specialist Ambulance	1,615	2,095	30%
Command and Response	18,658	19,634	5%
Administration	25,772	33,328	29%
Others	-	3,103	-
Total fuel used (L)	**220,640**	**212,648**	**-4%**

Table 16: Amount of fuel in litres consumed by year, 2025 vs 2024

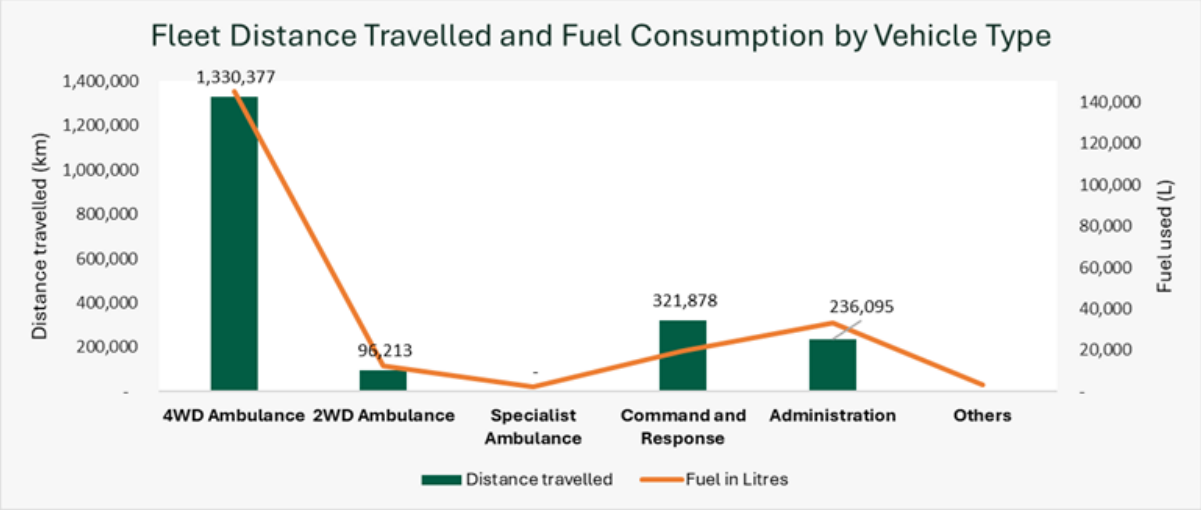


Figure 12: Fleet distance travelled vs. fuel consumed by vehicle type, 2025

National St John Ambulance Welcomes 24 New Ambulance Officers

Port Moresby, 21 November 2025 – The National St John Ambulance (NStJA) proudly announces the graduation of 24 new Ambulance Officers following their successful completion of a 12-week Ambulance Officer Level One Course at the National Ambulance Education College in Baruni, Port Moresby.

These graduates are equipped to uphold NStJA's mission of serving the nation by delivering excellence in emergency care to Papua New Guineans in times of sickness, distress, crisis, or danger without distinction of tribe, class, or creed. They are ready to respond to emergencies, embody NStJA's core values of Care, Agility, Respect, Excellence, and Service Above Self, and contribute to the health and well-being of communities across the country.

The intensive training program combines classroom instruction with practical, hands- on learning, covering the management of medical, trauma, and psychological emergencies. Recruits also undertook parade drills, bootcamp-style physical training, designed to build discipline, teamwork, and resilience which are qualities essential for the demanding role of an ambulance officer. In addition, they completed an advanced emergency driving course to ensure they can respond safely under varied and often challenging conditions.

NStJA Chief Executive, Kai Tane congratulated the graduates, saying:
"These officers have undergone rigorous preparation to respond to emergencies, stabilise patients, and deliver timely, life-saving care. They are ready to serve the people of Papua New Guinea with professionalism and dedication as they step into their roles as Trainee Ambulance Officers."

The graduates will now begin a nine-month Trainee Ambulance Officer placement, working alongside experienced ambulance officers to gain on-road experience and on-the-job training in both urban and remote settings.

Of the 24 graduates, 11 trainees are from the National Capital District, while the remaining 13 come from across the provinces: two from Central, one from Mt Hagen, two from East New Britain, four from Lae, and four from Unggai-Bena in the Eastern Highlands.
This training program was made possible through the generous support of key partners, including ExxonMobil PNG, which funded the National Ambulance Education College, as well as the Marape/Rosso Government and the National Department of Health Emergency Medicine Office. Their support enables NStJA to expand services and strengthen emergency care nationwide.

Further support from the Australian Federal Police through the PNG-Australia Policing Partnership (PNG-APP) has strengthened NStJA's capacity by helping develop in- house ambulance educators, ensuring long-term sustainability in training future emergency responders.

The National St John Council welcomes the 24 new officers as they begin their service to the nation, reinforcing NStJA's commitment to delivering excellence in emergency care to the people of Papua New Guinea.

Reporting by **Province**

National Capital District

Incidents by Electorate

NCD incidents increased by 2% from 2024 to 2025.

At the electorate level, Moresby North-East recorded a slight decline of 1%, while Moresby North-West increased by 3% and Moresby South rose by 4%. Overall, the increases in Moresby North-West and Moresby South outweighed the small reduction in Moresby North-East, resulting in a net rise in total incidents across NCD.

Electorate	2024	2025	% of total	Change	
				Number	%
NCD - Moresby North-East	7,718	7,641	42%	-77	-1%
NCD - Moresby North-West	5,139	5,314	29%	175	3%
NCD - Moresby South	4,983	5,172	29%	189	4%
Total incidents	**17,839**	**18,127**	**100%**	**288**	**2%**

Table 17: Incidents by electorate, NCD, 2025.

shows the split of incidents by electorate in NCD.

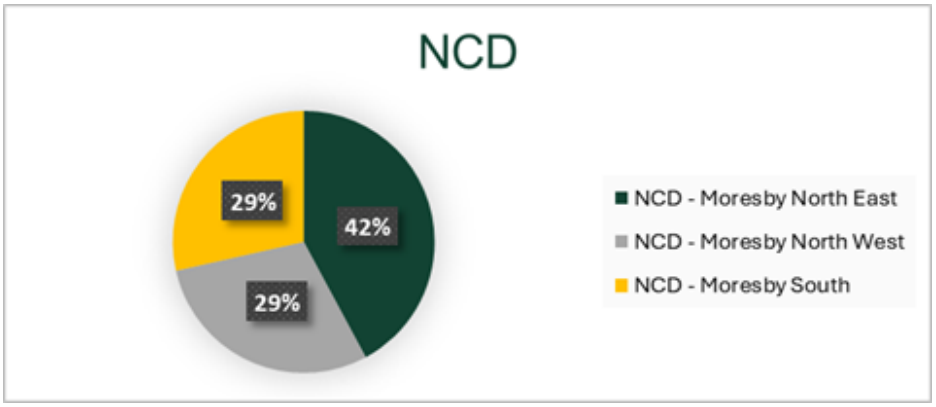


Figure 13: Share of incidents by electorate, NCD, 2025

Average Cases per Day

The graph shows a slight increase in average daily incidents in 2025 compared with 2024 across most days of the week. Sunday and Saturday recorded the highest averages in 2025, both with 51 incidents per day. Monday, Tuesday, Wednesday, and Friday showed small increases, while Thursday recorded a slight decrease. Overall, incident activity remained relatively consistent throughout the week, with only minor variations between the two years.

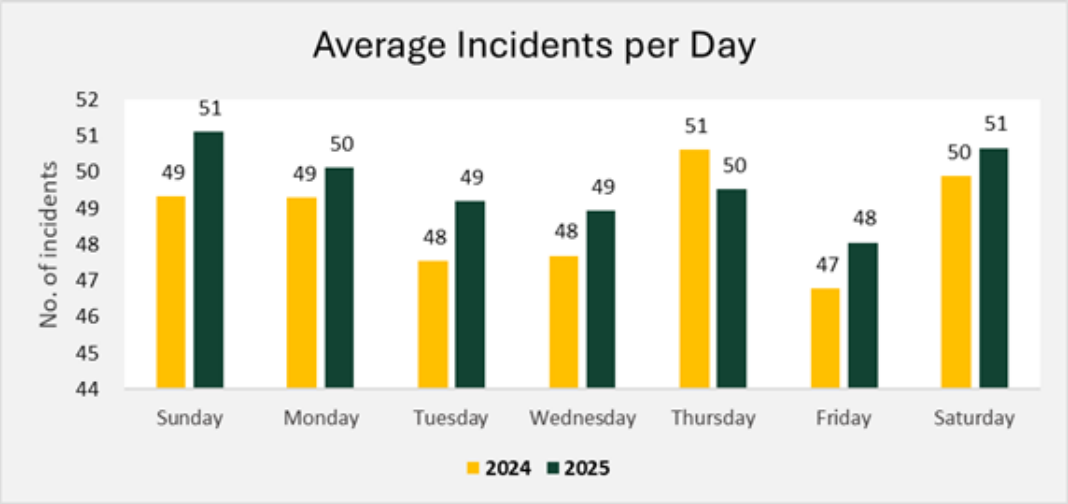


Figure 14: Average incidents per day for NCD, 2025 vs 2024

Distance Travelled by Vehicle Type

There was a 40% increase in the distance travelled in NCD during 2025, compared with last year, as illustrated below.

Vehicle Class	2024	2025	Change
4WD ambulance	362,981	774,356	411,375
2WD ambulance	374,318	79,344	-294,974
Specialist Ambulance	6,992	-	-6,992
Command And Response	131,030	274,846	143,816
Administration	100,019	236,095	136,076
Total distance travelled (km)	**975,339**	**1,364,641**	**389,302**

Table 18: Distance travelled by vehicle type (km), NCD, 2025 vs 2024

Central Province

Incidents by Electorate

In Central Province, Hiri-Koiari District remained the largest contributor to total incidents in 2025, accounting for 53% of all cases despite recording an 18% decrease compared with 2024. Kairuku District represented 27% of total incidents, with a slight decrease of 4%, while Rigo accounted for 9% and decreased by 18%. Goilala contributed 6% of the incidents.

In contrast, Abau experienced a 29% decrease, whereas Aroma recorded a substantial 160% increase, although it represented only 2% of the total incidents. Overall, total incidents across Central Province decreased by 13% compared with the previous year.

Electorate	2024	2025	% of total	Change	
				Number	%
Central - Abau	131	93	2%	-38	-29%
Central - Aroma	45	117	2%	72	160%
Central - Goilala	316	298	6%	-18	-6%
Central - Hiri Koiari	3,102	2,550	53%	-552	-18%
Central - Kairuku	1,389	1,328	27%	-61	-4%
Central - Rigo	553	454	9%	-99	-18%
Total incidents	**5,536**	**4,840**	**100%**	**-696**	**-13%**

Table 19: Incidents by electorate, Central, 2025

shows the split of incidents by electorate.

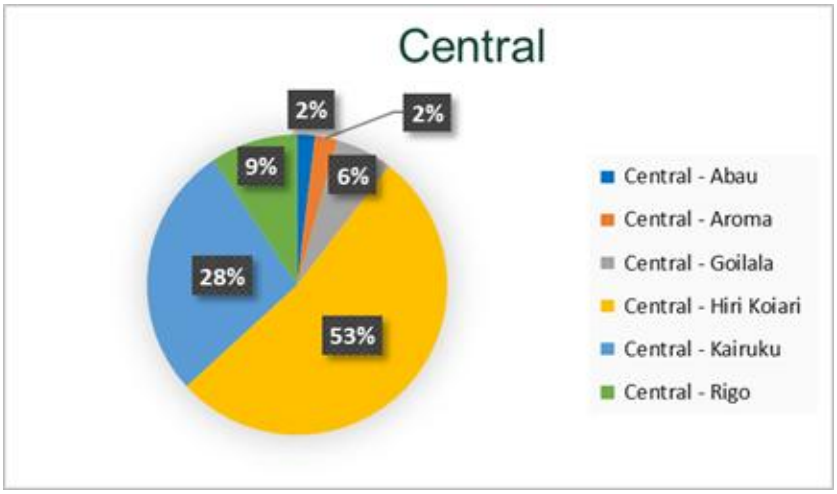


Figure 15: Share of incidents by electorate, Central, 2025

Average Cases per Day

The graph shows that average daily incidents decreased slightly from 2024 to 2025 across all days of the week. The largest decrease occurred on Wednesday and Friday, while smaller decreases were observed on Sunday, Monday, Tuesday, Thursday, and Saturday. Overall, the pattern indicates a modest but consistent decrease in daily incidents throughout the week.

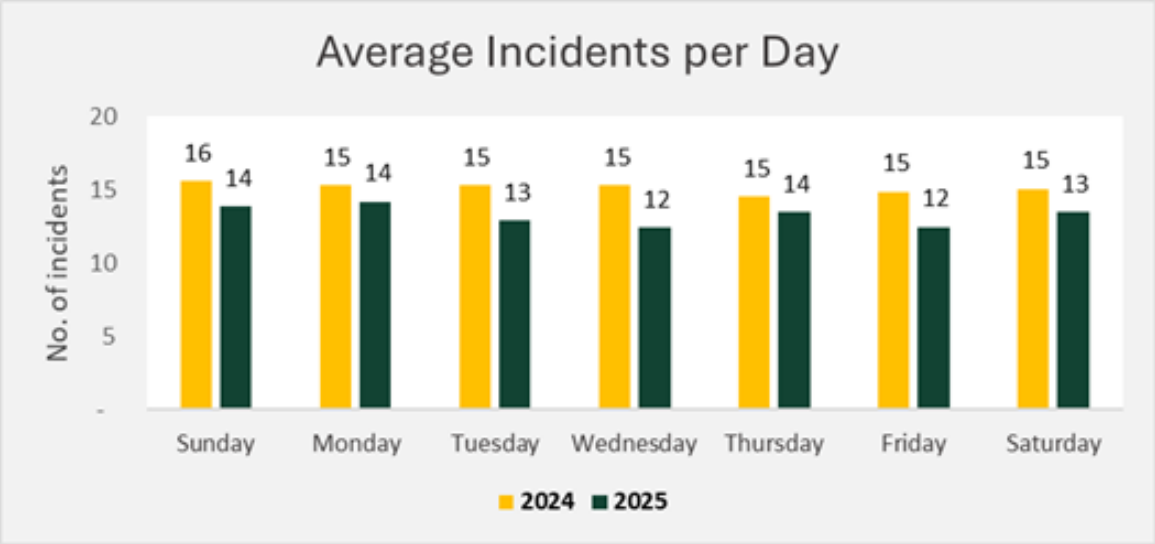


Figure 16: Average cases per day for Central, 2025 vs 2024.

Distance travelled

The distance covered by the 4WD ambulance in 2025 compared to 2024 shows an increase in kilometres by 20%.

Vehicle Class	2024	2025	Change
4WD ambulance	173,467	208,000	34,533
Total distance travelled (km)	**173,467**	**208,000**	**34,533**

Table 20: Distance travelled by vehicle type (km), Central, 2025 vs 2024

East New Britain

Incidents by Electorate

Kokopo and Gazelle in East New Britain together accounted for about three-quarters of all reported incidents in 2025. Kokopo recorded a significant increase in incidents, while Gazelle experienced a slight reduction. Rabaul also showed a small decrease, whereas Pomio recorded a modest increase. Overall, total incidents in East New Britain increased compared to 2024.

Electorate	2024	2025	% of total	Change	
				Number	%
ENB - Gazelle	778	750	25%	-28	-4
ENB - Kokopo	1,262	1,481	50%	219	17%
ENB - Pomio	195	223	8%	28	14%
ENB - Rabaul	523	490	17%	-33	-6%
Total incidents	**2,758**	**2,944**	**100%**	**186**	**7%**

Table 21: Incidents by electorate, ENB, 2025

shows the split of incidents by electorate.

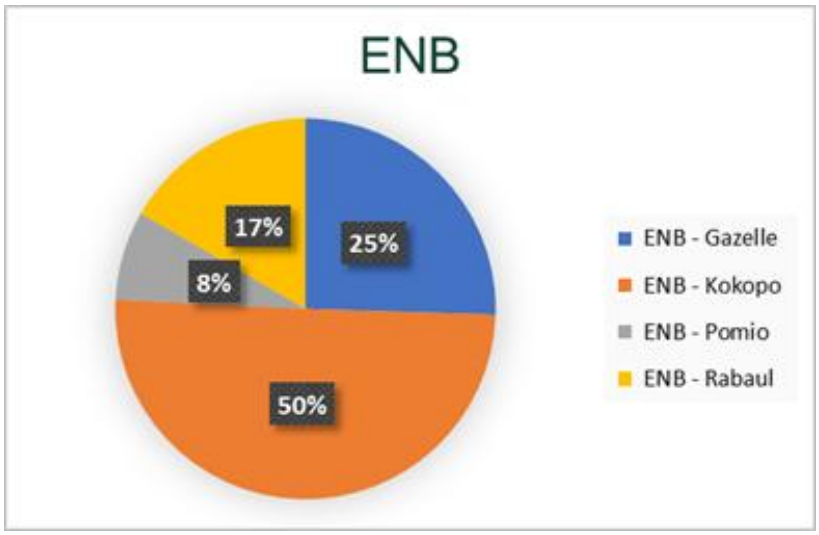


Figure 17: Share of incidents by electorate, ENB, 2025

Average Cases per Day

The graph shows the average number of daily incidents from 2024 to 2025, indicating that incident levels remained fairly steady overall, with small increases on Monday, Tuesday, Wednesday, and Friday.

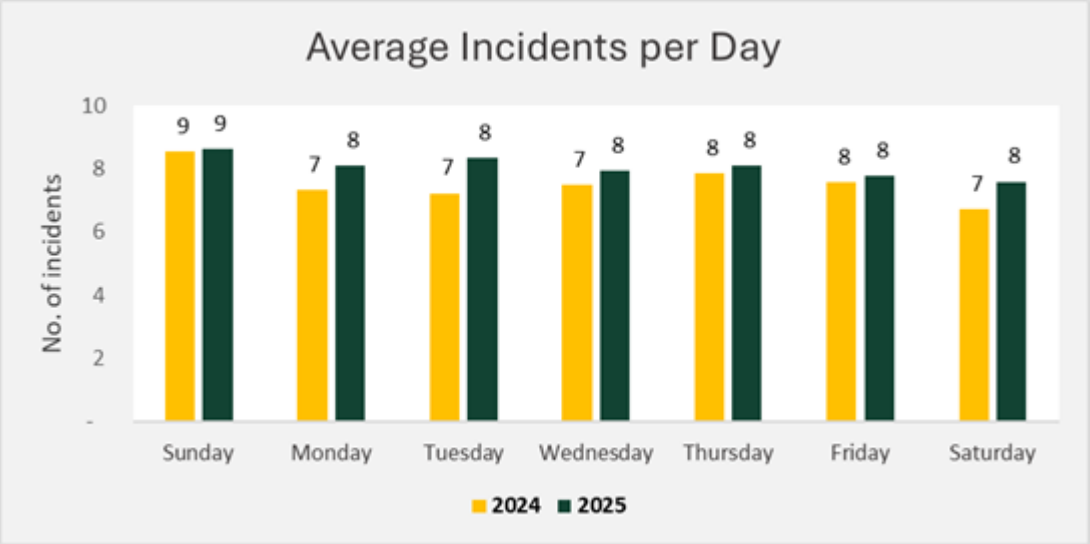


Figure 18: Average incidents per day for ENB, 2025 vs 2024.

Distance Travelled by Vehicle Type

Vehicle Class	2024	2025	Change
4WD ambulance	116,291	168,148	51,857
2WD ambulance	7,665	10,505	2,840
Command and Response	1,987	11,880	9,893
Total distance travelled (km)	**125,943**	**190,533**	**64,590**

Table 22: Distance travelled by vehicle type (km), ENB, 2025 vs 2024

Lae City & Morobe Province

Incidents by Electorate

In Morobe Province, Lae City accounted for the majority of incidents, making up 68% of all cases across the electorates in 2025. The total number of incidents in Morobe electorates grew modestly by 1%, from 12,290 in 2024 to 12,352 in 2025. Lae saw an 11% rise with 865 cases, whereas Huon and Nawae experienced significant decreases of 14% and 20%, respectively.

Electorate	2024	2025	% of total	Change	
				Number	%
Morobe - Huon	2,358	2,039	17%	-319	-14%
Morobe - Lae	7,563	8,428	68%	865	11%
Morobe - Nawae	2,353	1,885	15%	-468	-20%
Morobe - Bulolo	16	-	-	2,932	-
Total incidents	**12,290**	**12,352**	**100%**	**62**	**1%**

Table 23: Incidents by electorate, Morobe, 2025

shows the split of incidents by electorate.

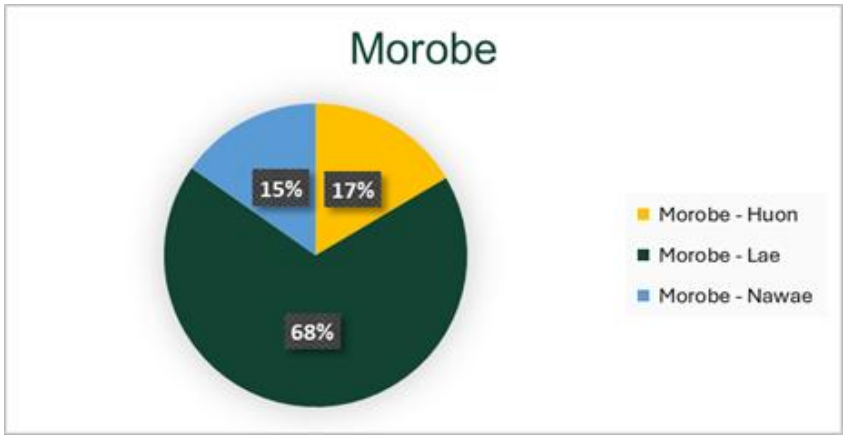


Figure 19: Share of incidents by electorate, Morobe, 2025

Average Incidents per Day

The average number of incidents per day remained relatively stable between 2024 and 2025, with only minor variations across the week. Sunday and Saturday recorded the highest averages in both years, while small increases were observed on Monday, Tuesday, and Thursday, with slight declines on Wednesday and Sunday.

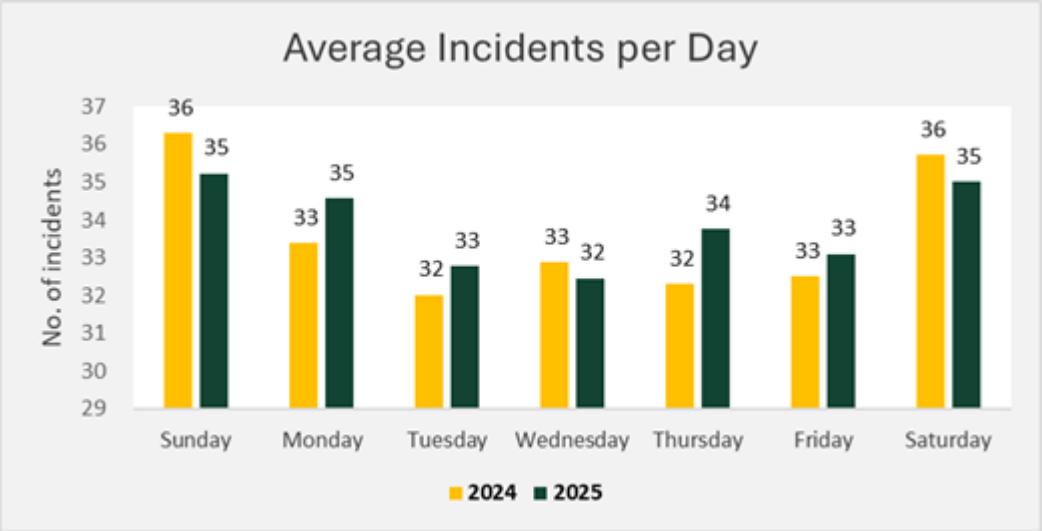


Figure 20: Average calls per hour, Morobe, 2025 vs 2024.

Distance Travelled by Vehicle Type

The table below shows vehicle use in Morobe for 2025 compared to 2024, by vehicle class. Overall, the total distance travelled fell by 48%.

Vehicle Class	2024	2025	Change
4WD ambulance	156,107	83,274	-72,833
2WD ambulance	5,505	10,729	5,224
Command And Response	38,997	9,816	-29,181
Total distance travelled (km)	**200,609**	**103,819**	**-96,790**

Table 24: Distance travelled by vehicle type (km), Morobe, 2025 vs 2024

How is the Service Funded?

When a citizen needs emergency transport to a public hospital, the ambulance service is completely free. As you would expect from any reliable service, operating an emergency ambulance service comes with a significant cost.

Expenses such as fuel, vehicle maintenance, insurance, medical supplies, and purchasing new ambulances must be met to ensure the service remains available 24/7.

The public ambulance service is not yet fully government-funded. Service Agreements between NStJA, the Ministry for Health (through the Treasury) and Provincial Health Authorities (PHAs fund just under 75% of the ambulance service direct operating costs.
The shortfall needs to be covered from:

- payment of part charges for private bookings, events and non-citizen transport.
- community donations, fundraising and revenue from our enterprise activities.

The cost of the Ambulance Service:

- of a typical emergency ambulance call out is around PGK 500 based on attending 40,000 emergency incidents a year (2024 data).
- to buy and equip a new ambulance is PGK 350,000.

Despite this, the National St John Ambulance Council upholds a **No Fee Policy** for public emergencies. This ensures that any citizen can access emergency care and ambulance transport to a public hospital at no personal cost. The policy is designed to ensure no one is denied lifesaving treatment because they cannot afford it. However, it also requires the ambulance service to secure alternative funding to sustain operations.

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.

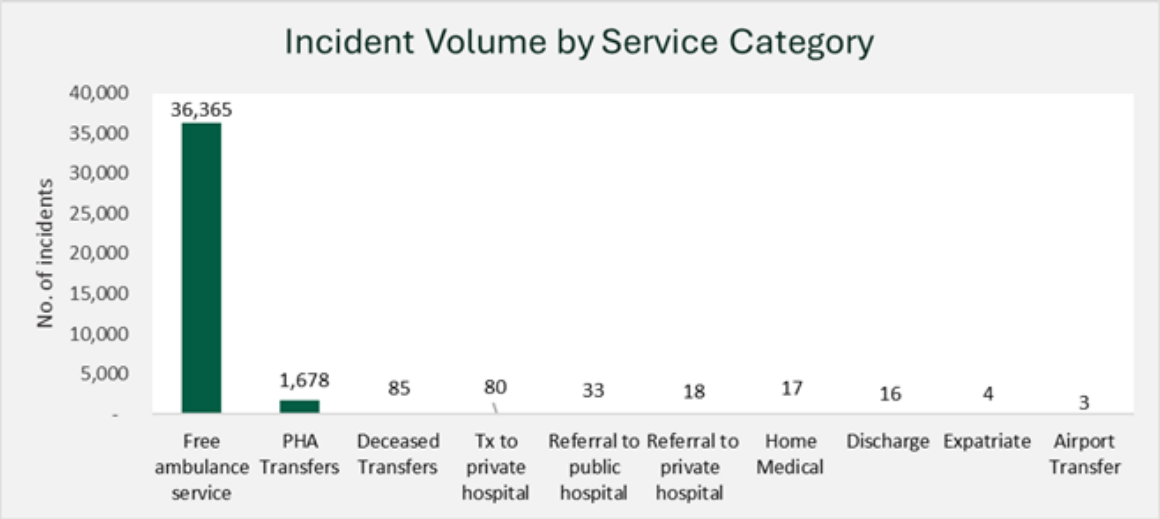


Figure 21: Number of patients treated, by billing category, 2025.

Private Booking Fees

As a statutory organisation, the National St John Ambulance (NStJA) is sometimes engaged by individuals or organisations for private or non-emergency ambulance bookings. To ensure fairness to taxpayers, these services are provided 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.

This year, a total of PGK 90,886.50 was collected from private patient fees. These funds directly helped subsidise the cost of providing free emergency ambulance services to the public, supporting NStJA's commitment to fair healthcare access.

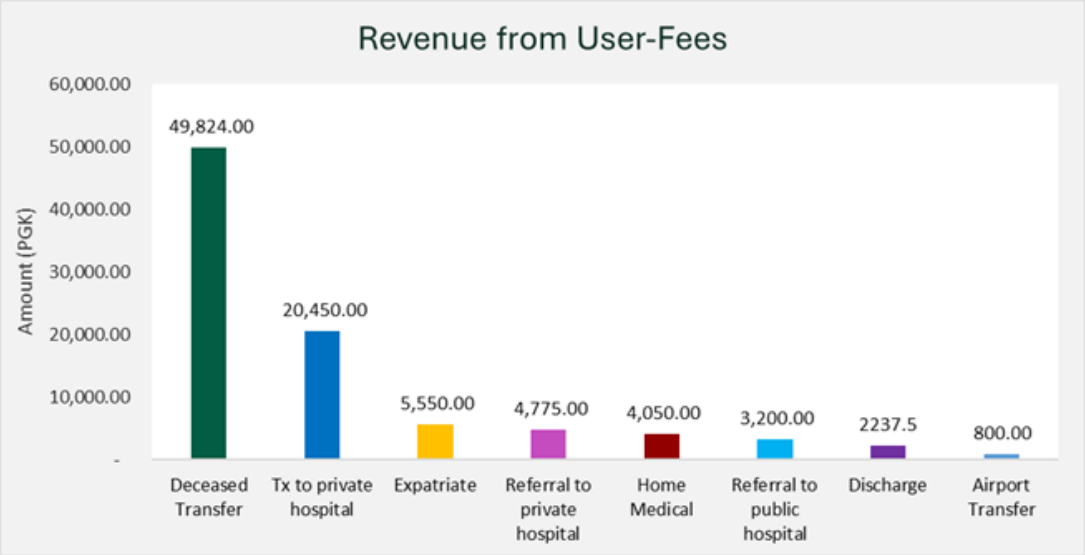


Figure 22: Ambulance service fees by category, 2025

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

Form of Payment	2024	2025
Cash		-
EFTPOS	107,957.50	80,624
Cheque/Internet transfer	15,300.00	102,62
Total (PGK)	**123,257.50**	**90,886.50**

Table 25: Ambulance fees, PGK, 2025 vs 2024

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 (31) fixed-wing missions and fourteen (14) helicopter missions year-to-date.

Fixed wing	2024	2025
Southern	3	6
Momase	4	-
NGI	4	4
Highlands	5	10
Australia	1	10
International (other)	1	1
Total missions	**18**	**31**

Table 26: Fixed-wing missions, 2025 vs 2024

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

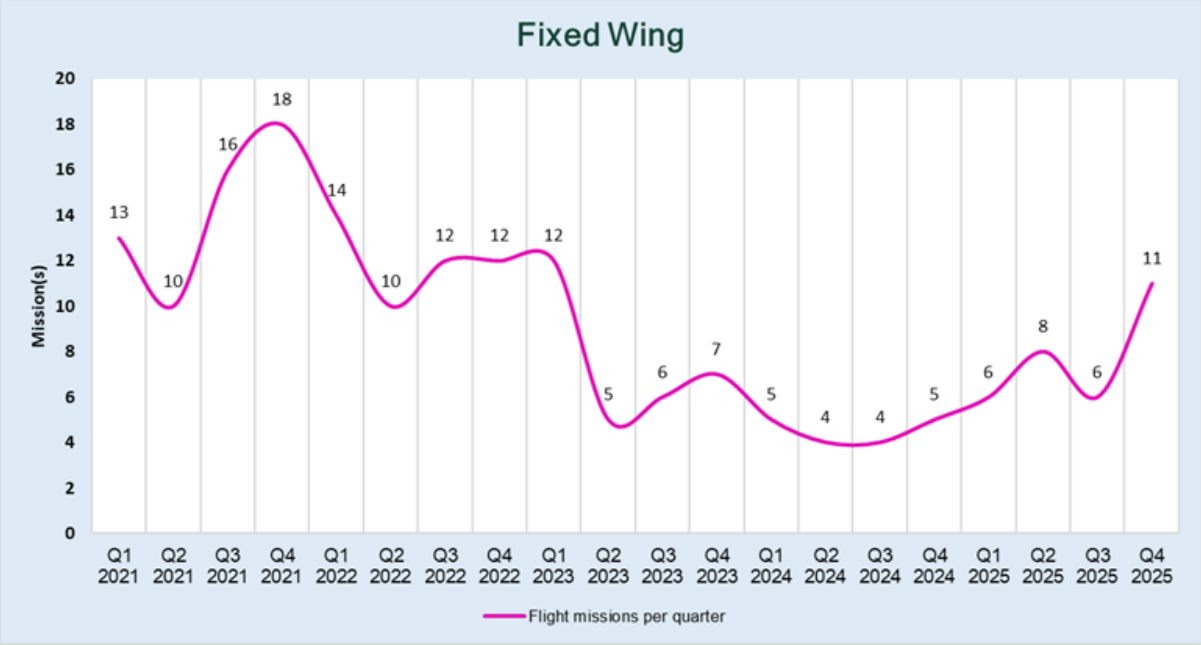


Figure 23: Fixed-wing missions by quarter, Q1 2021 onwards

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

Fixed wing	2024	2025
Southern	7.1	11
Momase	10.9	-
NGI	15.5	14.7
Highlands	12.6	24
Australia	3	46.2
International (other)	13	12.7
Total hours	**62.1**	108.6

Table 27: Fixed-wing flight hours, 2025 vs 2024

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

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

Helicopter missions and flight hours

Helicopter	2024	2025
Southern	23	14
Momase	1	-
NGI	-	-
Highlands	2	-
International	1	-
Total hours	**27**	14

Table 28: Helicopter missions, 2025 vs 2024

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

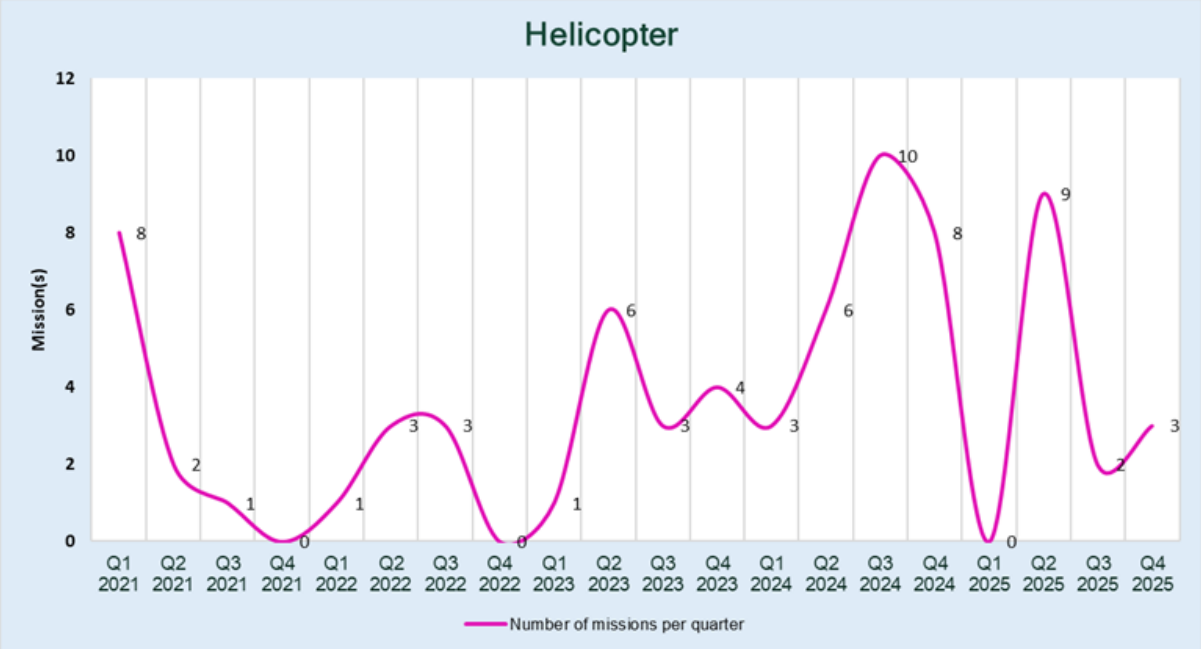


Figure 25: Helicopter missions by quarter, Q1 2021 onwards

The total hours flown by helicopter to provide care last year versus this year are shown below.

Helicopter	2024	2025
Southern	36	18.1
Momase	-	-
NGI	-	-
Highlands	-	-
International	-	-
Total hours	**36**	18.1

Table 29: Helicopter flight hours, 2025 vs 2024

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

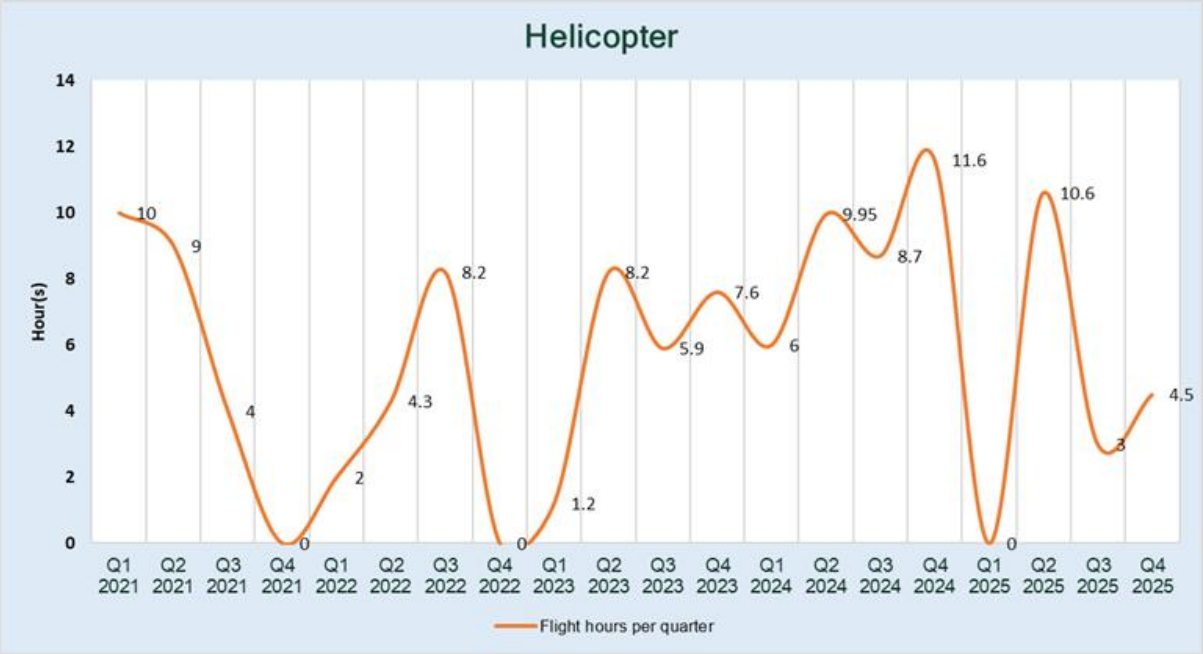


Figure 26: Helicopter flight hours by quarter, Q1 2021 onwards

Mortuary Case Dispositions

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

During the year, a total of 155 mortuary-related cases were recorded. These were categorised into three main dispositions. Patient-transported cases accounted for the largest proportion (85 cases), reflecting ambulance involvement in transferring deceased individuals or conducting mortuary-related movements.

In total, 136 cases involved deceased individuals, including those transported to the mortuary. Of these 136 cases, 85 (63%) were paid cases, generating revenue to help sustain the ambulance service. Additionally, 51 cases were recorded as deceased at the scene. A further 14 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 for understanding patterns in service demand.

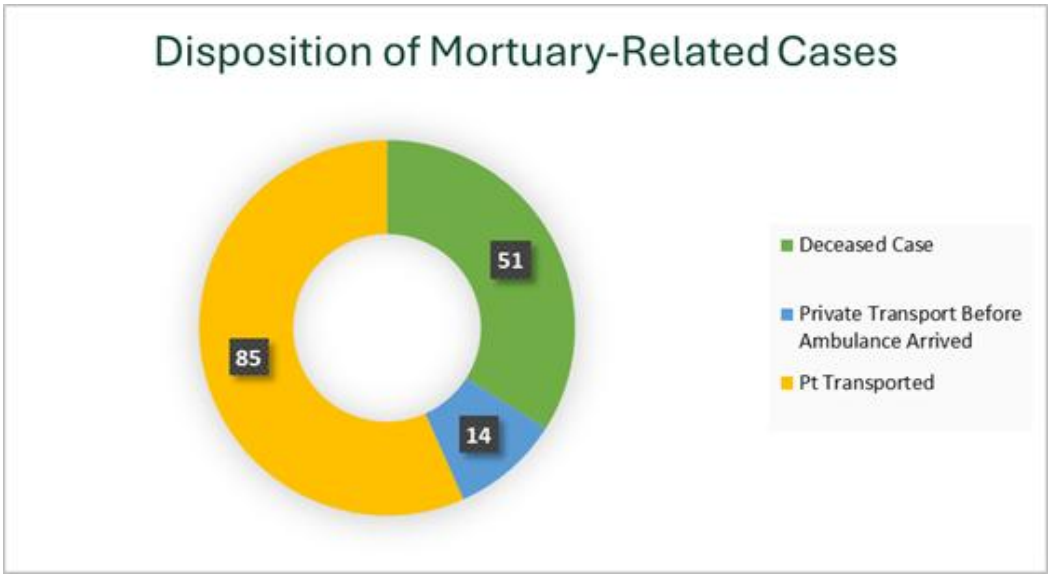


Figure 27: Distribution of mortuary case dispositions in 2025.

Key Performance Indicators

Ambulance Operations Centre 111

Area	Target	Indicator Source	2025 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	11 minutes
Caller Satisfaction	≥ 90% of the callers' report that the 111 call-taker was helpful	CAA Patient Experience Survey	94% caller satisfaction

Table 30: Ambulance operation centre key performance indicators, 2025

Ambulance Service Key Performance Measures

Area	Target	Indicator source	2025 Indicator
Response Time (NCD)	An ambulance arrives on scene within 12 minutes from the time of call for 1A cases, ≥ 50% of the time	CAD Dispatch logs	38%
Response Time (Regional)	An ambulance arrives on scene within 20 minutes from the time of call for 1A and 1B cases, ≥ 50% of the time	CAD Dispatch logs	16%
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NStJA's service	CAA Patient Experience Survey	97% patient satisfaction

Table 31: Ambulance service key performance measures, 2025

Education & Training

Period Ending: 31/12/25

This shows the number of students who completed training as of 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 for high school students.

Province	School Name	Days of training	Students Completed
NCD	La Salle Technical Secondary School	3	342
NCD	Mary Help of Christian	3	79
NCD	Kopkop College	1	39
NCD	Tengei Christian College	1	22
NCD	Don Bosco Gabutu	1	25
NCD	St Charles Lwanga	2	230
NCD	Limana TVET	10	270
NCD	St Joseph International College	2	73
NCD	Waigani Christian Academy	4	198
Morobe	Busu Secondary	1	50
Morobe	Immanuel Lutheran	1	32
Morobe	Malahang Technical	1	47
Morobe	Bumayong Lutheran	1	53
Morobe	Markham Road JHS	1	49
Morobe	Lae Secondary	1	48
Morobe	Taraka JHS	1	53
Morobe	Igam JHS	1	46
Morobe	AOG Secondary	1	50
Morobe	AOG Christian Academy	1	19
Morobe	Bugandi Secondary	1	56
WHP	Mt Hagen Secondary	1	51
WHP	Hagen Park Secondary	1	34
WHP	Notre Dame Girls Secondary	1	55
WHP	Kui Wamp Nga Secondary	1	52
WHP	Togoba Secondary	1	43
WHP	Ogelbeng Secondary	1	39
Gulf	Kerema Coronation	2	104
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
	Total	**62**	**2,894**

Table 32: First aid in schools training, 2025

A total of **2,894** students were educated and trained through First Aid in Schools in 2025.

First Aid and Ambulance Awareness (FAAA)

Free first aid and ambulance awareness for schools in NCD.

Province	School Name	Student numbers	Comments
NCD	Home schoolers	30	Tour at NAOC, demonstrated first aid skills and A99 tour with assistance from the Ambulance Ops team.
NCD	TEMIS	30	Incursion Program at TEMIS with Ambulance Ops Crew
NCD	Bavaroko Junior High School	100	In collaboration with Islands Petroleum and Agmark Gurias
NCD	Emmanuel Lutheran Elementary	390	
NCD	Waigani Primary School	2600	
NCD	Alpha and Omega Christian Academy	180	
NCD	Sunrise Bethel Academy	120	
NCD	Baruni Buk Bilong Pikinini library learning centre	19	First aid awareness
NCD	St John Primary	1000	
NCD	Salvation Army	200	Collaboration with Islands Petroleum and Agmark Gurias

NCD	Zion Zeal	200	
NCD	Tatana Buk bilong Pikinini Library Learning Centre	18	First aid awareness
NCD	Korobosea Adventurers	50	NAOC tour with ambulance and first aid awareness
NCD	Koroboro International	130	
NCD	Caritas Primary	100	In collab with Islands Petroleum
	Total	**5,167**	

Table 33: First aid and ambulance awareness for schools, 2025.

A total of **5,167** were educated through First Aid and Ambulance awareness in 2025.

First Aid Awareness (Early Childhood Education)

Province	School Name	Student numbers	Comments
NCD	Vabukori Buk bilong Pikinini (BbP) LLC	16	
NCD	Ward 3C PMGH, BbP LLC	4	
NCD	6mile BbP LLC	40	
NCD	9mile BbP LLC	32	
NCD	UPNG BbP LLC	30	
	Total	**122**	

Table 34: First aid awareness for early childhood education, 2025

The total number of ECE students educated in 2025 was **122.**

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**

Table 35: Hospital emergency life support training, 2025.

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:

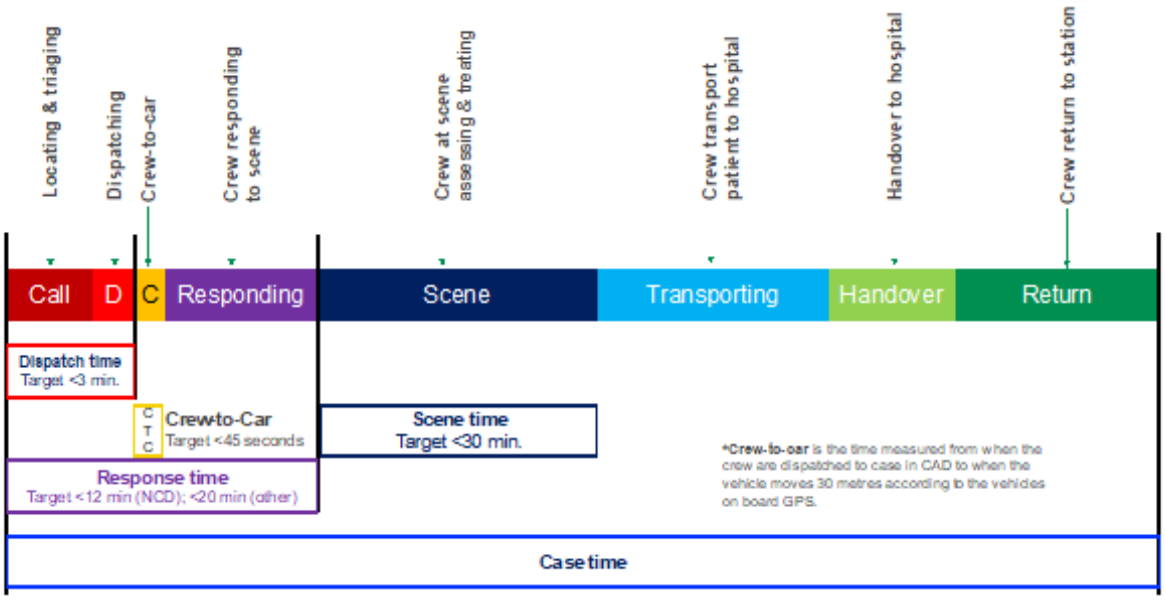
- Port Moresby (NCD)
- Waigani Sub-station (NCD)
- Bereina (Central)
- Kupiano (Central)
- Lae (Morobe)
- Kokopo (East New Britain)

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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