Triple Elimination: Opportunities for prioritising hepatitis B in PNG

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PNG Background

- Located north of Australia and shares land border with Indonesia on the main island of New Guinea
- Eastern half of mainland New Guinea, 4 larger main islands and over 600 smaller islands.
- Population 10 million + with majority (~80%) scattered across in rural isolated and hard to reach geography with limited access to basic health services.
- Most linguistically diverse nation 800+ languages with majority Christians.
- Low doctor: patient ratio (all health cadre face the same challenge of shortages).
- High rates of physical and sexual violence.
- Safety and Security issues can be barrier to accessing health services.
- Financial burden on patients.
- Challenges with medical supplies with persistent stock outs of basic medicines.
- PNG Health system function is decentralised to 22 Provincial Health Authorities
- National Department of Health is mainly responsible for policy and procurement.
- Currently PNG does not have a National Hepatitis B Policy/Strategy.
- PNG National Triple Elimination Strategy 2024-2028

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Hepatitis B: PNG overview

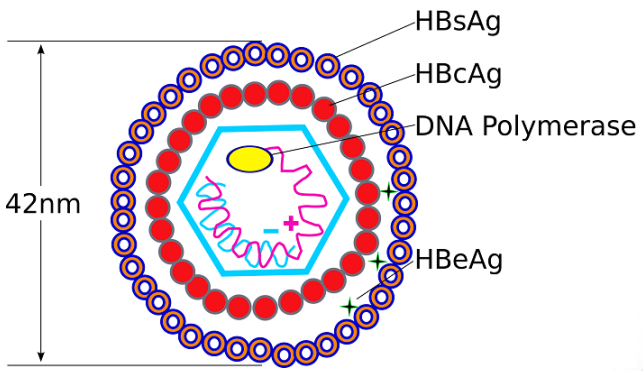
PNG Mother & Child Burden

- **8.0% to 14.6%** estimated Hepatitis B surface antigen (HBsAg) prevalence in the general PNG population (highly endemic).
- **10.9% to 12.8%** prevalence among pregnant women and females of childbearing age (19-35 years).
- **90% Risk** of chronic carrying status if infected perinatally (mother-to-child) compared to <5% in healthy adults.
- **2.3% to 3.29%** prevalence in children under 5, exceeding the WHO Western Pacific target of <1.0%.

PNG Prophylaxis Barriers

- **29% (2025 eNHIS)** timely birth dose (HepB-BD) coverage due to high home birth rates and cold-chain/refrigeration gaps.
- **No Routine Screening** of pregnant women for HBsAg, leaving high-risk pregnancies completely undetected.
- **Triple Elimination (2024-2028)** strategy established the blueprint for HIV, syphilis, and HBV elimination, but clinical rollouts remain limited.
- **HBIG Prophylaxis** is virtually unavailable in PNG, compounding the risks of horizontal transmission.

PNG focus: Hep B vaccination as intervention for EPTCT of Hepatitis B



- To decrease Hep B burden in PNG, Hep B vaccination was introduced in 1989, and Hep B Birth Dose in 1992, however coverage has been <40%..
- Hepatitis B vaccination at birth remains low due to low proportion of institutional deliveries and availability of vaccines.

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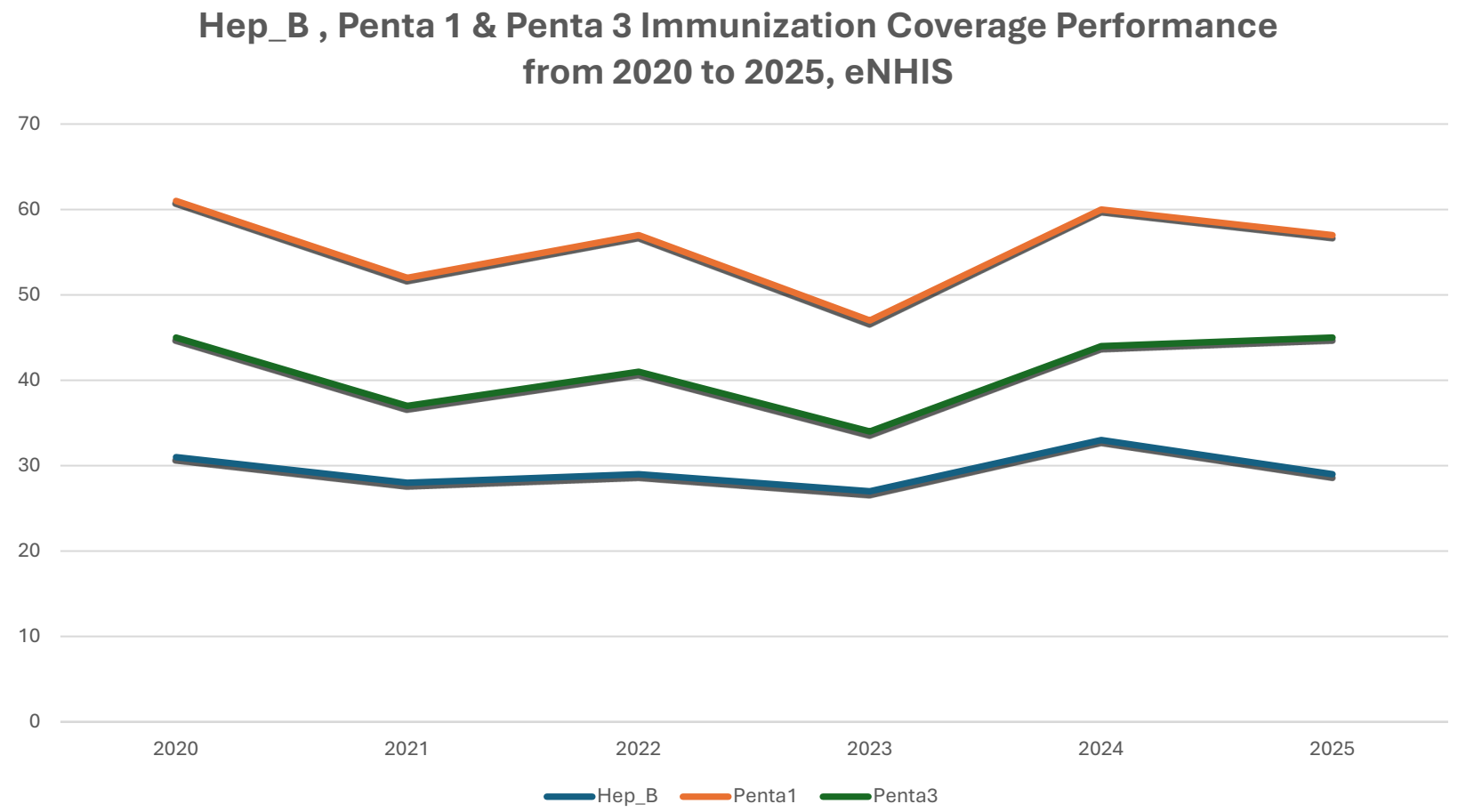
Hepatitis B vaccination coverage: 2020-2025



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Progress of Triple Elimination Strategy: syphilis

Year	First ANC visit	Syphilis tests done	New syphilis positive cases	Positive test rate (%)	Syphilis testing coverage (%)	Syphilis treatment coverage (%)
2025	162,201	114,724	3,671	3.2	3,304	90
2024	160,611	46,879	1,793	3.8	1,511	84
2023	135,645	21,624	1,444	6.7	1,201	84

***2025 – Congenital syphilis: 1,303 per 100,000**
Source: Program data eNHIS/HPDB

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Progress of Triple Elimination Strategy: HIV

Year	First ANC visit	HIV tests done	New HIV positive cases	New cases started on ART	Known HIV-positive cases (new pregnancy)	HIV-positive women on ART	Started treatment (%)	Positive test rate (%)	HIV testing coverage (%)
2025	162,201	114,724	1,368	1,231	1,086	2,317	90%	1.20%	71%
2024	160,611	75,627	1,208	1,061	978	2,039	88%	1.60%	47%
2023	135,645	58,014	618	516	999	1,515	83%	1.07%	43%
2022	140,857	49,509	681	385	854	1,239	56%	1.38%	35%

Opportunities for hep B Activities:

- Improve hep B birth dose and follow up vaccination.
- Hep B testing and prophylaxis.
  - Challenge of identifying mothers needing chronic hepatitis B care and providing chronic care.
- Hep B policy Strategy development.
- Health systems on procurement and distribution of medical supplies need to be strengthened and sustainable.
- Utilize Triple Elimination platform for advocacy.
- STEPT support to PNG supports the implementation the National Triple Elimination Strategy: 2024-2028, is an opportunity to raise the priority of hep B.

Contact

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