

# TB in PNG: the impact on children

By Camilla Burkot

25 August 2016

A new [report released by ChildFund Australia](#) draws much-needed attention to the impact of Papua New Guinea's tuberculosis (TB) epidemic on children. The report, authored by journalist Jo Chandler, notes that 26 per cent of confirmed TB cases in PNG are in paediatric patients, but that this likely underrepresents the true burden of disease among young Papua New Guineans. Globally, children represent about [ten per cent](#) of TB cases.

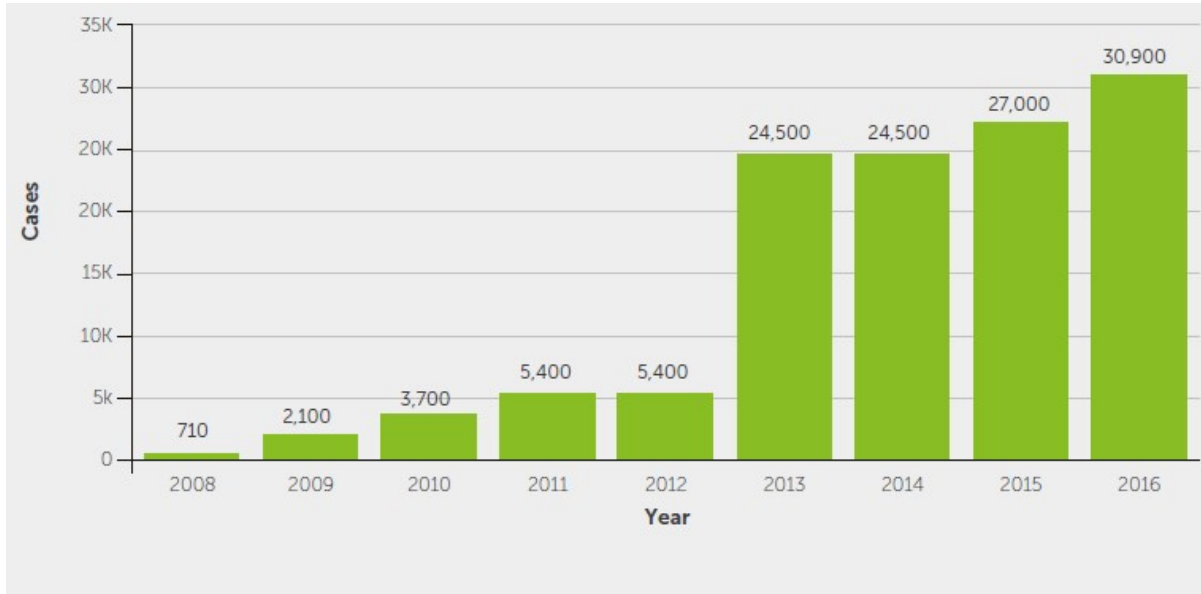
Though it is well-established that PNG is in the grip of a serious TB epidemic, an important contribution this report makes is to highlight the fact that infants and young children are more vulnerable than adults to developing extrapulmonary TB (TB in parts of the body other than the lungs, also known as disseminated TB). Not only is this form of TB more difficult to diagnose, but it can result in profound physical and/or intellectual disability – conditions for which there is little formal social support in PNG. Even those children who make a full recovery often miss out on months or years of education while they undergo treatment.

The report also explores some of the reasons why children are susceptible to TB infection. Among them is the fact that TB case finding is largely a passive endeavour in PNG: rather than health workers actively going out to screen those who have been exposed to TB – including children and other family members and relatives who share a home with a confirmed TB patient – and providing preventive therapy where appropriate, most cases are only identified when patients present to health facilities. Distance from health facilities and the costs of seeking care may prolong the length of time that they are infectious (once on treatment patients are no longer infectious).

Addressing the TB epidemic will require substantial investment in PNG's healthcare systems as well as across the broader social determinants of health, including nutrition, housing, and access to basic services. Given the [current economic situation](#) in PNG, including [major cuts to health services](#), foreign donors will no doubt continue to play a significant role. Only AU\$3.3m (K8m) has been released by the PNG government to respond to TB, and a loan request has reportedly been made to the World Bank (p.13). Australia has committed \$60m in aid for TB control in PNG since 2011 through to 2017; [as of April this year](#), \$29.2m of that had been spent. And in June, USAID [announced](#) a new package of support for diagnosing and treating multidrug-resistant TB (MDR-TB) in PNG. In addition to in-country health systems support, the ChildFund report also recommends investment in medical research and the development of TB vaccines and improved treatments, especially those targeted

at children.

## New smear-positive TB cases detected and treated in PNG



Source: The Global Fund PNG Results 2008-2016.

*[“Tuberculosis: The cruel scourge for children in PNG”, p.20](#)*

### About the author/s

#### Camilla Burkot

Camilla Burkot was a Research Officer at the Development Policy Centre, and Editor of the Devpolicy Blog, from 2015 to 2017. She has a background in social anthropology and holds a Master of Public Health from Columbia University, and has field experience in Eastern and Southern Africa, and PNG. She now works for the Burnet Institute.

Link: <https://devpolicy.org/tb-png-impact-children-20160825/>

Date downloaded: 20 April 2024



Australian  
National  
University

The Devpolicy Blog is based at the Development Policy Centre, Crawford School of Public Policy, College of Asia and the Pacific, Australian National University.