TB in PNG: the impact on children

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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 AUS$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.
"Tuberculosis: The cruel scourge for children in PNG", p.20