

*International Women's  
Day 2020*

# *Women in Tuberculosis*

*Businesses for Health  
Celebrating International  
Women's Day EACH for EQUAL*



*By Dr Ann Clarke, Nerrie Eremas, Catherine  
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*BUSINESSES FOR HEALTH PAPUA NEW GUINEA*



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## **Businesses for Health: Papua New Guinea**



# International Women's Day

### **Celebrating Women in Tuberculosis (TB)**

*International Women's Day is a global day celebrating the social, economic, cultural and political achievements of women - while also marking a call to action for accelerating gender equality.*

*International Women's Day on March 8 is an opportunity for Businesses for Health to celebrate the contributions of women to the health and well-being of all who live in PNG. However, it is also a time to reinforce the actions needed to speed up gender equality in this remarkable and diverse country. Without equity, our efforts to reduce the burden of TB & HIV in PNG are less effective.*

*International Women's Day 2020 campaign theme is #EachforEqual. An equal world is an enabled world. Individually, we're all responsible for our own thoughts and actions - all day, every day. At B4H we challenge stereotypes, fight bias, broaden perceptions, improve situations and celebrate women's achievements. Every day we work to achieve gender equality, to create a world where women and girls have equal rights, opportunities for a long and healthy life, and a life free from violence and discrimination.*

*Let's all be #EachforEqual.*



### **Women in TB**

*Businesses for Health celebrates International Women's Day with our "Women in TB" project. It is a collection of stories which introduces you to a group of women in PNG who have all made an impact on Ending Tuberculosis in PNG in their own unique and amazing way.*

*Women, while also falling ill with TB, are largely impacted by social and economic factors that need to change if we are to end the TB epidemic. Ending TB means we all must focus on facts about the size of the problem, as well as the serious challenges at the workplace and community level which affect women's participation in TB or health services.*

*Women also comprise 70% of the healthcare workforce in the developing world, and their contribution and effort to ending TB is profound. Sadly, health workers are also those who are infected and sick with TB disease more than any other group.*

*In high burden countries, like PNG, women as caretakers, mothers, grandmothers and partners can be empowered to help their colleagues and communities. They can ensure that their family and community members get tested, complete their treatment and stop the transmission of TB.*

*By supporting and empowering women at your workplace, we can strengthen and equip the communities, including their most vulnerable members (people living with HIV, children, those with chronic disease and the elderly), to better address the impacts of the TB epidemic.*

*By supporting TB interventions with, and among women, we can pave the way for better TB case finding and healthcare for all women. TB may be more prevalent among men, but for every man, there is likely a woman delivering his diagnosis and treatment, and a wife or mother to take care of him and his children.*

*With our little story collection of personal experiences of TB, the infectious disease that kills the most people in PNG, we hope to bring to light outstanding efforts and achievements of just a few of the incredible women who are making an impact against Tuberculosis in workplaces, communities and families. People love stories and we want the stories we have heard in the course of our work to inspire, motivate and educate other women.*

### ***A few reasons why we need to discuss Women and Tuberculosis***

**TB in women adds to drastic inequalities**

**Women, particularly young women and girls make up a larger proportion of the world's extreme poor**

**Two thirds of the world's illiterate are women**

**TB is the largest infectious disease killer globally and among the top five killers of women aged 20-59**

**More men fall ill with TB than women, but women may carry the brunt of the disease**

**TB interrupts girls' education**

**TB can limit a women's marriage prospects and, in some places, leads to loss of land ownership and exclusion**

**Women with undiagnosed TB who have or take care of children put them at risk**

**Women as caregivers, health workers, mothers, patients, experience the burden of TB differently**

**Women spend twice as much time than men on housework and family care**

### ***Questions for your IWD and Women in TB discussion at work after Sunday March 8.***

- 1. Do all your female employees know where to go for free TB or HIV testing?*
- 2. Can all your female employees access a TB or HIV testing facility without permission (from anyone - husbands, partners, family members or employers)?*
- 3. Is any woman in your workplace with TB or HIV viewed differently, or subjected to more stigma related to illness than a man would be?*
- 4. Are your female employees, or their daughters, any less willing or able to produce samples for TB testing due to stigma or fear of being an undesirable wife or partner?*
- 5. The World Health Organisation suggests women wait longer than men for diagnosis and treatment, and might be discouraged from seeking care by lack of privacy or childcare responsibilities? Is this true for women at your workplace?*

Thank you in advance for sharing our stories and for standing with the women and girls of the world. To the women who shared their stories of Tuberculosis with us we thank you. On International women's day we salute your generosity, your wisdom and bravery.

Read all of our stories on [www.businesses4health.com](http://www.businesses4health.com) Facebook @B4HTB tag with #coveryourcough and #EachforEqual.

Happy International Women's Day!

Ann, Nerrie, Catherine, Illie, Lorrie, Andrew and the many wonderful women and men who support Businesses for Health Papua New Guinea

**Learn to prevent and manage TB at your workplace.**  
 Call B4H 7676 2482 or email [annmclarke@businesses4health.com](mailto:annmclarke@businesses4health.com)

[www.businesses4health.com](http://www.businesses4health.com)

Port Moresby Training		B4H Remington Regional Towns	
BOOK NOW		Workplace TB Training place only K500	
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Port Moresby	April 15 – 17	Madang Madang	April 21 – 23
Port Moresby	June 23 – 25	Kokopo ENB,	July 20 – 22
Lae, Morobe,	October 28 – 30	Wewak, ESP	August 4 – 6
Businesses for Health: 7676 2482		Hagen, WHP	August 18 – 20
<a href="mailto:enquiries@businesses4health.com">enquiries@businesses4health.com</a>		Goroka, EHP	October 6 – 8



# International Women's Day



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# Margaret

**Dr Margaret Kal, Senior Regional Medical Officer, National TB program, National Department of Health**

*During my medical residency, my friends thought TB was a boring choice for an aspiring doctor to be interested in. But I pursued my desire to be involved with the Tuberculous program anyway believing there was more to it, than an old disease that had been largely ignored for decades. I was inspired by the work of the late Dr Joseph Bana Koiri - we all called him JBK.*

*I had my own understanding of TB, and over the years I learned from people like JBK and understood the seriousness of the TB epidemic, and that TB should be respected as a major threat to lives of so many people in PNG.*

*In my current role, I support the provincial health offices throughout the country, providing technical advice, developing TB policies, guidelines, strategies and most importantly, preparing the notes and applications for external funding and support to the National TB program.*

*These are very big jobs, but every day I wake up, I remind myself there are health workers out there who are passionate about the TB program. There are health workers out there (though too many are reaching very old age) who still talk about TB with passion and a determination to diagnose and correctly treat every case of TB.*

*It is this little army of hard-working under-recognised health workers who push me to do my work properly. My greatest challenge is to do my part, work well with others and achieve results. I do this in part, because TB can come back to me and my family. I am very aware of how many of our health workers have become TB patients!*

*My old student colleagues are probably a bit surprised, my work is very exciting, I am not doing the same work every day, not in the same place every day, and working alongside world leaders in the fight to End TB. In the office, I am updating TB data, reviewing programs and providing technical advice over the phone. In the field, I am mentoring the new and existing TB workers in the clinics.*

*I believe being a woman means I work with a passion for work and to make a difference. Being passionate about the TB program means not giving up. It is about being persistent, consistent and knowing you can do something about changing the TB epidemic in so many ways.*

*I am a woman and a doctor. I walk with my own self-respect. Now, being a woman comes with respect when doing your work well. Producing quality output and being assigned new tasks is a good*



**Figure 1 Dr Margaret Kal enjoying time away from work**



*challenge. I have found my male bosses trust me, because I work hard, and I don't give up. They have learned to show interest in training me to do my job well. I take this as an opportunity not to be missed.*

*I am still learning, but I do not see myself differently from my male leaders. They are my role models and we are the next generation to carry on the TB work. I love working with Dr Aia, he has the passion and desire to grow our local young team members.*



**Figure 2 Dr Kal with Milne Bay TB Team**

**Story by Nerrie**



# Freda

## **Fearless Freda, Security Guard**

*Freda Ikupu is from Nara Village in the Central province. I meet her, and to me, she seems like 'everywoman', meaning I was not expecting to hear such an incredible story of success and empowerment. Her Tuberculosis story is one of strength and fearlessness in the face of great odds.*

*When Freda was diagnosed with TB she shut down and shut off from the world. Her world then became a place of absolute solitude and demons of discrimination and stigma followed her. Her community having little knowledge of the disease didn't understand and shunned Freda. Not only was she shunned by her community, but Freda shunned herself as well. Her self-esteem plummeted because of the attitudes, misconceptions of her ignorant community and isolation.*

*Even though after three weeks of taking the correct TB medication a person with TB is no longer infectious and can return to work, Freda was put off for three months. This is because both Freda and her boss did not know of the effectiveness of new TB treatments.*

*Freda wanted to give up, but she knew that the medicine she was prescribed would cure her. She did not want to be isolated forever. She was fixed to her purpose, and everyday swallowed the tablets that would rid her of TB. It didn't matter if the tablets were hard to swallow or, if the stress of having to take the same pills everyday got to her. Freda just wanted to be happy again.*

*After three months of treatment Freda was allowed to go back to work. She was happy about this good news, yet she was met with cruel judgement from her colleagues who displayed the same attitude as her community. Her co-workers did not want her around and asked the boss to sack Freda. She slipped back into her lonely world now feeling like a stranger at work and in her village. Freda through all this persevered and completed her six months of TB treatment and was cured of TB.*



*Freda was then selected to attend Businesses for Health's workplace TB wardens training. At training she learnt about TB and detailed information about testing and treatment. Freda was very shy in*

*training, her isolating herself made her very quiet but Freda could relate to what was being taught. She felt she had to share. She realized that it was unnecessary to isolate her because after fifteen days of treatment she could not infect others. She learnt the pathway to getting cured. This new-found knowledge about a disease that she had struggled with empowered her. It gave her a new-found confidence that she was able to use her experience and what she learnt to help others.*

*After the course she held little awareness sessions in her family, to teach them how to identify signs and symptoms of TB. She openly spoke about TB in her community. Because of her new-found fearlessness she was able to identify two cases of TB within her family.*

*Because there are no aid posts in her village Freda is always on the lookout for people showing signs and symptoms of TB. Freda knows that early case finding is important. She doesn't want people to wait until they are very sick or it's too late and they die.*

*At her work however Freda still gets mocked for speaking out about TB. Freda would talk to colleagues if she sees signs and symptoms, but they'd say she's uneducated and wouldn't know but that doesn't stop Freda from sharing. Freda has put all the hate behind her. She wants to talk about TB, she loves talking about TB. She wants to save lives.*

*Freda speaks from experience she speaks from a place of care. People can sometimes put her down and that used to affect her but now she brushes it off and keeps moving on. She rises above with a message of love and well-being for others. She wants to tell others about TB. She loves it. She loves knowing she has saved people. Some may not take her seriously, but she knows she's making a difference. She knows she's doing what's right. She trusts in her faith, and her TB knowledge that she's doing the right thing.*

*Freda now embodies fearlessness. She feels it's a true transformation from someone once timid, to someone who is empowered with knowledge and experience. It's all she has in her heart to do while on or off the job. Her passion is inspiring and her personality, fearless.*

*This story of change is not just about Freda. After meeting her, I realise it was me whose views had changed. I no-longer see Freda as 'everywoman', I see a 'super woman' of the kind we need more of to end TB in PNG.*

**Story by Andrew**

# Pauline

## Heaven Sent: A day in the life of Sister Pauline, Community Health Worker, Six Mile TB Clinic, NCD

Sister Pauline was woken up by a thought! She needed to jot it down before she forgot. It was three in the morning when she turned on her lamp and wrote down her thought. Pauline's early start may have deprived her of sleep, but like always she made breakfast and got ready for work with her usual enthusiasm. Was she exhausted? Yes! She had worked every day for the past three weeks from 7:30am to 5:00pm including weekends at her job at 6-mile TB clinic, and also making home visits to people with TB who can't come to the clinic after hours. Yet as usual, she hopped on the bus from her home at ATS at 8 mile and went on her way.

On the bus, Sister Pauline remembers the day she met a patient whilst on the way to catch a flight home to Popondetta. She was going to fly to help bury her brother. Instead of catching a cab to the airport, she had a strong feeling on that day, that she should walk to the bus. On her way to the bus stop she met one of her TB patients coming from the 6-mile TB clinic. The patient told her no one was serving the patients there.

'Sista' Pauline did what I believe is unthinkable. She made the decision to go cancel her flight and go to the TB clinic to serve the patients waiting. She phoned her family in Popondetta and told them, "My brother is dead, and I cannot do anything except pay my respects by phone, I must serve the living". She went to work.

Off the bus, upon arriving at 6-mile clinic, her warm smile makes all her patient's at the TB clinic smile. To her patient's they see someone coming to help as well as a friend. TB treatment takes so so long, she has grown many many friendships! As she approaches the clinic, she can see some new people, who are obviously sick, very sick. One of them reminds her of a man she had recently tried to save.

For three weeks she had been making a house call to a man who was very sick. Sister Pauline could see all the signs. She could see he had TB and she pleaded with his family to bring him to the clinic. They refused, they said it was Sanguma. For days Sista Pauline visited this man insisting that TB is not caused by Sanguma, that he would get better if he came to the clinic got tested and treated. The family refused. The man died three days ago.

She is finally back at her desk to start the day starts the task of distributing medicines, treating and assisting patients. She continues this process until 4:30pm. It's an unforgiving job at times. Sister Pauline is tired, and sometimes gets to the end of the day worried she may not have bus fare to get home.



Figure 3 Pauline Kove prepares return to work documents for a TB patient

Late in the afternoon, she goes back home but before she could even get dinner ready, there's a knock at the door. There's someone who is sick that may have TB. This happens every day and is more or less the second phase of her job. She heads out for house visits.

Sometimes it's one or two people or sometimes it's five or six who she checks on after work and before she gets to eat dinner. She goes from house to house checking up on people that are too sick to come to the clinic or people who just started showing signs and symptoms. Because she's part of this community, it's just part of what she does.



At the end of many days, Sista Pauline retires to her bed where she reads about her role model Mother Teresa. Her bed seems a soft retreat from the long hard day's work. Before she goes to bed, she picks up her diary and reads what she wrote down: Mathew 5: 13-15. It's a verse that reminds her about all the good work she does. She believes it is an affirmation from God that she's doing the right thing. That she has found her purpose.

**Figure 4 Pauline at Six-mile clinic supervising medication distribution**

**Heaven Sent: Story by Andrew**



# Catherine

**Catherine, Health worker and new Businesses for Health TB Training Coordinator**

*As a Health Care Worker, in my years of practice in the Tuberculosis Program I have seen hundreds of catastrophic stories about families affected by TB. TB does not discriminate, and can infect anyone, even your own children, families or yourself.*

*As a person, I am passionate about my job to improve the lives of others. My goal as a Health Care Worker is to be proactive. That's to go out and find TB cases, diagnose and treat if found to have TB sooner, rather than later, ensure treatment completion, help break the silence, and empower others to have the same passion as I do for TB. That's my job.*



**Figure 5 New B4H TB training coordinator Catherine teaching Nathan that learning about TB can be fun!**

*It's heartbreaking that in my work for the last eight years in the TB program, I have seen those with TB left untreated and die. I ask myself daily if things would turn out any differently if more resources were available. Even though I work to find and treat cases of TB, I am challenged daily by knowing lack of resources means even those very dear to me, can be diagnosed with TB too late. The TB crisis forces me to question myself. Could I have done something sooner, for the people I love? I distract myself from the negatives by looking for meaningless and useless explanations like, "is the situation just pure ignorance of the masses?" But, at the end of a long week, I often return to the question, "where did I fail this family?"*

*At the end of some days I confess to asking, "who do I blame for deaths that would never have occurred? Or, "why am I struggling to keep up with a disease that was once almost eradicated?" These are questions that distress me as a health worker. Yes, we beat ourselves up, wishing we could have done more to prevent an unnecessary death. Especially when it is your own family member!*

*My late Aunt died of TB and left behind six children, at that time her youngest was only three! No one even asked about or tested her for TB, until it was too late. You can imagine what it is like to lose a Mom who is the breadwinner, the caregiver, the mother. As a woman, as a mother, it already is a heartbreaking experience knowing it could happen to my very own little family.*

*My family and my children continue to be the driving force for me to keep on working in TB. Apart from "it's my job", it has become part of my life. I wake up every day telling myself, "I don't want TB to affect my little family, my children especially."*

*My mission now is making sure TB is everybody's business. To help reduce the spread of this deadly but curable disease we all need to speak up, step forward, get tested and get treated with no sense of shame or guilt. That's my job!*

*In PNG 26% of the TB case load are children. Worldwide children usually make up about 11% of the TB caseload. The high numbers of TB in children in PNG is the worst in the world.*

**Figure 6 Catherine with Pauline Kove on a visit to support a workplace-based TB patient**

**Catherine told us her own story.  
Note from Editor Ann: Catherine recently joined the Businesses for Health team here in Port Moresby as a Training Coordinator, after working in the highlands for three year. We are very grateful to have another super-woman on board.**





# Melissa

*Mum's a hero. Melissa Possiri, ANZ Bank, Madang*



*Figure 7 ANZ invested in TB training for a TB wardens across the business*

## ***If she didn't do something her daughter would die!***

*Melissa was watching her daughter's body fade to nothing. Georgina was 12, and she was losing weight and at night her mattress was soaked with sweat that it seemed like she was sleeping on a wet sponge.*

*Melissa and her husband were feeding her fruits and vegetables in the hope that she'd get better but still nothing was helping. Melissa was scared.*

*One night, Melissa was washing Georgina and she could see how much weight her daughter had lost, she could see the water drained from her body through sweat. It suddenly struck her – she remembered her workplace training, as if struck by lightning. Melissa could see the sickness that was killing her daughter could be **tuberculosis!***

*Melissa had attended a Tuberculosis (TB) warden training run by the Businesses for Health where among many things she was taught to recognise signs and symptoms of TB. Now she could see these symptoms in her daughter, she could see the deadly disease staring back at her. Having lost two family members to TB, she was not about to lose her beautiful girl.*

*Melissa contacted her TB warden trainer Nerrie Eremas and together organised an appointment with the Modilon TB clinic. Melissa prepared Georgina for the clinic, telling her it was just a simple check-up. Melissa knew that if her concern about Georgina having TB was right, this clinic visit would save Georgina's life.*

*At the clinic Georgina was diagnosed with extra-pulmonary TB (TB that is present in other parts of the body, besides the lung) and prescribed her 9 months of treatment. Despite the rapid response by Melissa in taking her daughter to the clinic, Melissa knew it wasn't over. Georgina needed to take her medicine every day in order to get better.*

*And so, every day Melissa encouraged and supported Georgina to take her medication every day. It was hard at first, but Georgina eventually became a 'pro' at taking her medication. She remained faithful to completing her treatment.*

*Melissa took extra steps as well to ensure everyone in her family was aware of TB. She taught her other children about the disease, changed the family diet and told other family members about the signs and symptoms of TB.*

*If Melissa had not learned more about TB at work, if she had not had the knowledge and the understanding that any one of us can get TB, it may have been too late. Melissa knows she had to act fast once she saw the symptoms. Melissa saved her daughter's life. Melissa is a hero.*



*Figure 8 Melissa at B4H TB workplace training November 2017*

**Story by Andrew.**

**Note: Today as I write, 14/02/2019 (Valentine's Day), Georgina had been taken to the clinic for her last check-up. Georgina has completed her medication and her proud mum watches on to see that her beautiful girl is cured.**

# Jennifer

**Jennifer Banamu, Medical Scientist, Central Public Health Laboratory**



**Figure 9 Jennifer and Dr Paul Aia drop in to B4H Workplace TB Warden training at G4S Konedobu**

*Laboratory diagnosis is the backbone of any TB program in a country. In my job we have assisted to improve the diagnostic services of TB patients in PNG. We have changed the face of how we diagnose and treat tuberculosis patients in PNG. We are achieving 'firsts' for so many things. Whilst we struggle against time in dealing with the growing threat of drug resistant TB, we are driving change and growing the skills and knowledge to better the diagnostic services in the country.*

*We are developing brilliant platforms for diagnosing drug resistant in PNG, we have established culture laboratory for TB as well as rolling out genexpert testing. Genexpert is the test that detects TB and whether the TB is resistant to Rifampicin. When the TB shows resistance to Rifampicin, we say the case is drug resistant or DR TB.*

*I am often confronted by incorrect beliefs about TB. This is driven by ignorance and lack of education. Family member have been lost to TB and in the community, TB deaths are claimed to be caused by sorcery. In 2019, that's unbelievable!*

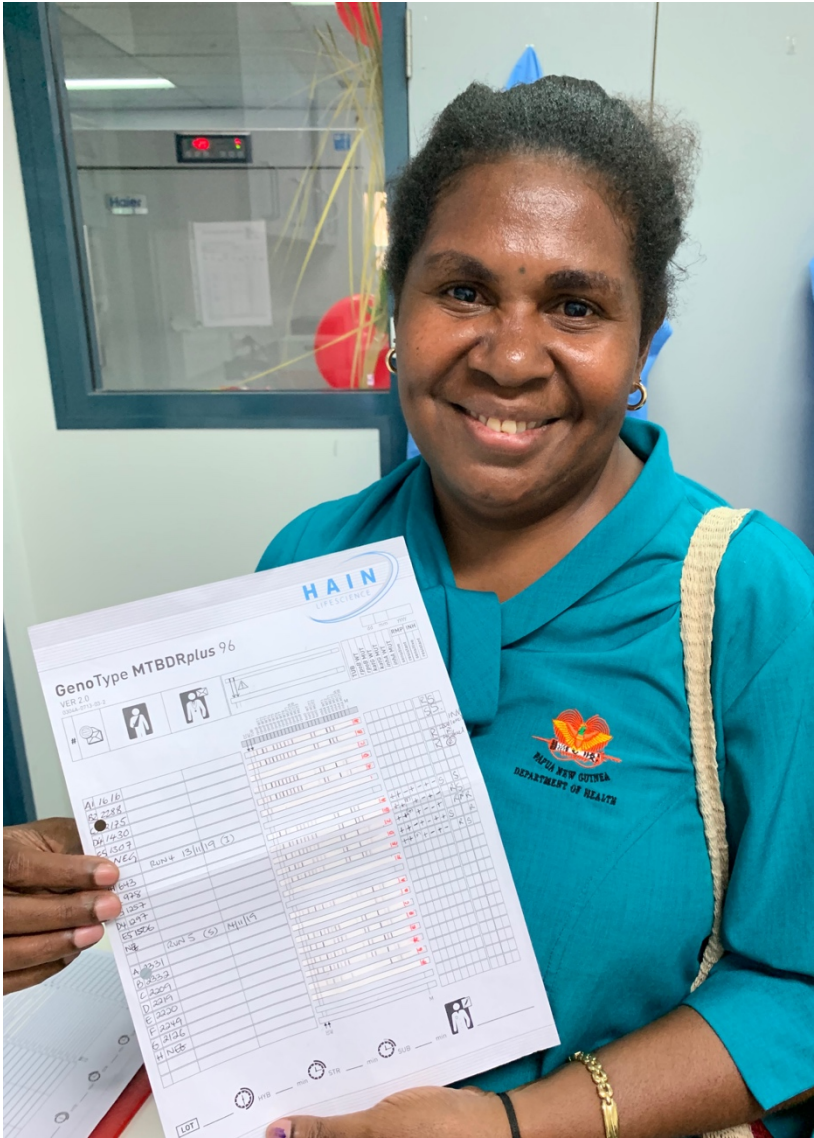
*My daily responsibilities include TB culture processing, that is, growing the TB bacilli in the laboratory and testing its reaction to TB drugs, assisting other lab officers in the provinces on queries on sputum microscopy testing, GeneXpert testing and strengthening the quality of the TB labs around PNG.*

*Being a woman is a challenge in a male dominated environment, but here in the Central Public Health Laboratory, most of my colleagues in the TB section are women, including my immediate supervisor and technical advisor. We challenge ourselves to perform our duties accurately, reliably and in a timely manner. Our great results come from great teamwork.*

*I am passionate about wanting to see change, better ways of early detection and assisting to stop the spread of TB. My satisfaction is when I see the outcome of what I have contributed to the National TB program in PNG through diagnostic services being strengthened for early detection.*



*My encouragement to other women is to trust in yourself, know the principles and believe that you can accomplish anything. Knowledge is power. Most of my experiences are on the job, but the passion for TB is beyond me. I walk into the office of the NTP manager - Dr Paul Aia, and he says to me, "Jennifer, you can do it!" I now say, "yes, we can!"*



*Update 2020, in 2019, the team at CPHL opened the 'culture' testing facility at POMGEN lab.*

**Jennifer's story by Nerrie**

# Tamzin

## Tamzin being Tamzin

Google “Tamzin Wardley” and you will see very quickly that Tamzin is a leader in many areas of Papua New Guinea life. From business to sport, and even at her home base of the Royal Papua Yacht Club, Tamzin is a leader. She’s a company director, an Olympic Team Chef De Mission. She’s fast, smart and efficient. It is within this context we tell Tamzin’s story of Tuberculosis.

Years ago, in her role as the chief financial officer at major corporation here in PNG, Tamzin was set to update the health policies and services available to their staff across the business. As is her style, Tamzin set off to assess all that the business was going to be paying for, not by email, phone or reading contracts, but by seeing for herself the health services and their providers. She was shown facilities, equipment and introduced to doctors and other health workers over the course of her day.

On this day, Tamzin was shown the TB testing facility, and briefly mentioned her persistent cough. She thought it would be good to have a ‘live test’ of the service’s efficiency, and, seeing as she was right there, she asked them to test her for Tuberculosis. That there was any discussion of, and resistance by, the service provider to testing Tamzin for TB, is the very point of this story.

Here at Businesses for Health we are working like drones to promote active TB case finding, because we are living in one of the worst TB epidemics on the planet, and we want all workers to get their coughs tested for TB as soon as they have been coughing for two weeks. We dream of having had every worker in the NCD to be like Tamzin and ask for a TB test



Figure 10 Tamzin (far right) with other women sports leaders

when they have a persistent cough. We want all workers to recognise TB signs and symptoms quickly, and fast track them into the TB clinics, where they are welcomed by people like Sister Pauline and her colleagues with open arms, a smile and offered a TB and HIV test. We don’t want anybody to be sick for one day longer than necessary, or for them to infect anyone else.

So back to Tamzin’s story and her ‘test-driving’ of the businesses’ health service provider. Tamzin being Tamzin, said, “please test my cough for TB, I am the same as anybody else breathing in PNG.” A few days later Tamzin received a call to say she had active TB disease and she needed to commence her six months of treatment immediately. Tamzin also being a diligent and sensible person made sure she took the full six months of treatment and was declared cured and TB free!

*There are many points to Tamzin's story. Most importantly, we all breathe, and TB does not discriminate, it is an airborne bacterium. When we have so many cases of active TB disease here in Port Moresby, the rate of exposure so high, we cannot be surprised when anyone in your office, family, sports team, church group or community tests positive for TB. Rather than delay, look for excuses, or think that wealthy, healthy, active sporty people cannot get TB, think of Tamzin. Be brave. Be like Tamzin. Ask to get your cough tested.*

### **Tamzin being Tamzin, story to Ann**

## **Gafu**

### **Gafu, I can make a difference**

*Gafu knew TB has been around for ages. She knew that TB has been killing people for thousands of years, but Gafu Kosi now wants to stop it from killing more people, right here in her office here in PNG in 2019.*

*Until attending workplace TB warden training in Lae, Morobe Province late last year, Gafu had not really connected all the dots that make up the huge and complicated picture that is TB in PNG. She knew people died of TB, but she had given little thought about how a health issue has adverse impacts on workplaces and the wider economy. "My colleague was off work and we didn't know what was wrong. We went to her home to try and help. She had TB and we were too late. She died."*

*Gafu tells us how shocked she was at not seeing the size of the problem. She says, "the workplace TB training was a real eye-opener! I had no idea of the size of the problem, even though we have lost staff in our own office!"*

*She went on to say, "we accept poor health and death too easily here in PNG. We have become used to unexplained deaths, many accept premature death as normal. My thinking has changed. It's hard to explain, but I never connected people coughing and spitting as something that was a part of the huge infectious disease problems we have here".*

*Gafu can also see how the TB situation needs workplaces to have policies that reduce fear about having TB. She said, people are frightened, so they don't tell their bosses. We can change that with a good policy about making sure people don't think that if they TB they will lose their job.*

*Apart from just knowing more about TB disease, she wants people in her workplace to understand that it is other unhealthy habits that help drive TB for people here in the NCD. It's not just about covering your cough to stop the spread of TB, it's also about our hunger for highway beef biscuits, buai and soft drink. They are also part of the TB problem" she said.*

*"It starts with me, I am checking on my own health, I have started exercising more regularly and we are exploring ways of improving the eating habits of our staff. Being healthy is part of my responsibility as an employee, not just as a TB warden in my office".*





Figure 11 Gafu and trainees set up a display to show how TB can be transmitted

Gafu's story told to Ann

# Valda

**Valda Kereu, TB Program Officer, FHI 360**

*I am Valda and I was a TB patient. I now have a different outlook on the disease because I now know what it feels to be a TB patient. As a health worker who has had TB it has challenged me to do more as an individual. My experience drives me to be positive and to have a positive impact on the lives of those who also suffer from this disease.*



*As a mother, it has also made me push for more family support for TB patients. My family support was great, and it helped me get through the tough depressing times over the months of being sick and the months of taking treatment.*

**Figure 12 Valda with Dr Paul Aia, National TB program manager and mentor to many**

*Of course, other health workers understand the disease process, but having TB myself gives me a special awareness with patients and what they are going through. It makes me more sensitive to their emotions, feelings and what they are personally dealing with.*

*I was shocked when I realised, I had TB, but I was horrified that my son developed the disease, when I had spent so many years fighting it. Thankfully my partner was very supportive when our little boy was sick and on treatment. Some children get use to taking the medication, but my son never did. Not for the whole 9 months! It was draining for me and the whole household, even for the neighbours! He cried and fought with me every single morning. I would wake him up force him to take meds whilst fighting my own tears. I can sound kind and reassuring now, when I now counsel close friends and other patients whose children have TB. But at the time it was terrible. Children with TB creates a very difficult time for parents.*

*I so wish I could tell everyone that TB does not discriminate, and drug susceptible TB is curable.*

**Valda's story told to Nerrie**



# Mareta

*Mareta was dying, and she didn't know why. In 2007 and for two years she went to every clinic in Port Moresby, but no one could diagnose the problem. She was only ever prescribed antibiotics and told to "come back".*



**Figure 13 Learning about TB diagnostics 2018 style. Mareta and her colleague at B4H Workplace TB warden's training**

*Mareta had lost a lot of weight and was having trouble breathing. She took herself to Port Moresby General Hospital and lay down on the floor at Emergency. She was desperate for help. Lying there, Mareta hoped someone could help her.*

*That hope manifested itself in the form of a young trainee doctor, whose name Mareta may never know. He approached her with a gentle voice and observant eye and said, "Mother, can you try stand up for me?" Mareta raised her head, nodded slowly, and then tried to get up. As she did so, the trainee doctor held her, looked her in the eyes and said, "Mother your lungs are floating in water."*

*The young trainee called over a senior doctor Profession Linge, he had a large needle and syringe with him. He pushed the needle into Mareta's back and sucked out all the fluid surrounding her lungs. Mareta remembers that moment as a big gasp of air. Breathing, is something she'd never take for granted again.*

*They diagnosed Mareta with extra-pulmonary TB. Her lungs were literally swimming in the fluid created by the tuberculosis in her chest cavity. She was so sick she was put on treatment and spent*

two weeks in hospital. She then completed a 9-month medication regime. Mareta still had a very big question. Why did it take two years to get diagnosed?

Years later Mareta's employer selected her to attend workplace TB wardens training and was able to ask her lingering question. She learned that extra-pulmonary TB, TB outside the lungs, is sometimes very hard to diagnose. The signs and symptoms can be vague. Also, back in 2007, the rates of TB were not as high, there were major concerns about other diseases like HIV and Malaria, so complex forms of TB were not 'front of mind' for those working in very crowded clinics. Also, Mareta had tested negative for all the obvious common diseases.

There is a mistaken belief that TB only affects the lungs. She has now learned that TB can affect any part of the body, and only when TB disease has progressed in lungs, the 'sores' TB creates in the lungs will make people cough and possibly cough up blood.

Mareta now thinks about that young trainee doctor. The angel that saved her life has probably moved-on to save countless others with complex TB. She hopes that more and better training in TB means people won't have to go through the same situation she did. Indeed, she met one of the lovely new young doctors on her workplace training visit with B4H. She is re-assured there are more people like the young trainee treating people with TB. Mareta was very lucky. She wasn't too late and she now knows, not to let it be too late for anyone else.

Update 2020: Mareta and the team at The Stanley continue to update their TB knowledge in line with increased TB services here in the NCD



**Mareta's story told to Andrew**



# Women Doctors Edith, Lynda, Seluia, Nora

## *The future of health in these the hands of women like this*

*A picture tells a thousand words, and this photograph Edith, Lynda, Seluia and Nora at the Businesses for Health World AIDS Day breakfast 2018, tells the story of the bright future of women in health in PNG. We see they will have a fair share of the work and the rewards in delivering on the ambitions for health and medicine in PNG.*

*Together this group of women represent the Women Doctors of PNG, decision-makers in human development projects, and wherever the 'rubber hits the road' in the delivery of clinical services in PNG. Lukaut Olgeta! Em ol nambawan pawa Meri!*



*Dr Edith Kariko, Worldbank, Dr Lynda Sirigo, Dr Seluia Mabone, Dr Nora Dai*



**Businesses for Health:**  
Tuberculosis and HIV