**THE NEED**

Babies and small children with pronounced anaemia are listless and weak and don’t engage as well as healthy infants. They’re unusually susceptible to infections, so they pick up every bug that’s going; then take longer to recover. At its worst, anaemia can cause permanent cognitive impairment and serious developmental delays that make learning at school difficult. In tiny babies it can be disastrous. In fact, anaemia – especially in childhood – is the single most serious global health problem and the second most common cause of disability. It affects some 1.62 billion people around the world.

Here at home, it affects our Aboriginal children disproportionately and catastrophically. Of the Northern Territory’s (NT) Aboriginal children aged six to twelve months, up to four in ten are suffering from anaemia. Among non-Aboriginal children, the rate is less than one in ten. It doesn’t take a medical degree to understand, therefore, that efforts to close the gap between Indigenous and non-Indigenous Australians will be undermined by anaemia as long as it continues at its current rate. Equally, it’s obvious that sickly, lethargic, cognitively impaired children will struggle in education, from the very start and forever. Childhood anaemia imposes a lifelong handicap. That this is the particular lot of Aboriginal children represents an injustice in need of urgent redress.

The trouble is, no-one is quite sure why anaemia occurs among Aboriginal infants at the rate it does. It’s unlikely to be diet, since most anaemic babies are pre-solids. It might be because of anaemia in pregnancy, which affects 15% of the NT’s Aboriginal mothers. But that’s another unknown. And as to its development toll, its exact impact on achieving the key milestones of infancy, how premature birth and low birth weight factors, the social determinants in which childhood anaemia is situated, not close enough is understood.

**THE IMPACT**

This dearth of empirical data means that there are huge gains to be made via a concerted push to better understand and treat anaemia among Aboriginal children. If we can reduce anaemia we will see manifold, long-term benefits in health and educational outcomes. If we can build the capacity of Aboriginal health researchers as we do so, we deliver a further impact via employment outcomes and our ability to track progress longitudinally. This is the thinking that guides Menzies’ priority work in childhood anaemia.

**THE PARTNERSHIP OPPORTUNITY**

This initiative aims to:

- Collect dietary data for weaned children to gauge the role of diet
- Characterize the gut microbiome of anaemic and non-anaemic children to identify novel and innovative treatment options
- Discover the social determinants in which childhood anaemia is situated, including factors such as the mother’s education and income and living environment
- Provide training in Certificate II in Community Health Research to Aboriginal community workers in Darwin, Alice Springs and two nearby remote communities
- Conclude with a community health education campaign to promote findings and behaviour change

Anaemia robs its sufferers of vitality, energy and agency in life. This initiative represents the start of a real solution, with the promise of rich rewards in a near future and for all the generations of Aboriginal children to come.

**PARTNERSHIP SOUGHT $1,000,000**

One million dollars will allow Menzies to conduct this project in Alice Springs, Darwin and two remote communities, working with approximately 200 Aboriginal mothers and their infant children, and training 20 Indigenous community workers as health researchers.

“This work has never been done before. We have some ideas about what’s causing the anaemia epidemic among Aboriginal babies, but we’re not fully armed with the facts we need to solve it. We need evidence and we need resourcing, with these elements in place, we know we can fix this. Achieving radical reductions in anaemia via research discovery is a good news story waiting to happen.” – Dr Thérèse Kearns, Menzies Researcher

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