



Closing the gap for Aboriginal health



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On Feb 14, the last Closing the Gap report on Aboriginal people in Australia was released. In a feeling of déjà vu, the 11th annual report again showed little progress. In 2018, just two of seven targets designed to narrow inequalities for Aboriginal and Torres Strait Islander peoples on health, education, and employment were on track. Ten years after the initiative was launched, life expectancy at birth is 71.6 years for Indigenous men and 75.6 years for Indigenous women, a massive gap of 8.6 years and 7.8 years, respectively, compared with non-Indigenous Australians. The report overall is utterly disappointing.

The response this week by the ruling government includes commitments that should have been made a decade ago: partnerships with Aboriginal groups; a whole of government approach; more accountability and transparency; providing space for Aboriginal voices. Only now has the Government committed to partner with Aboriginal and Torres Strait Islander peoples to develop a strategy.

But broader social changes are also needed—ones that the Australian Medical Association (AMA) has called

for. Their latest Indigenous Health Report Card, released Nov 22, 2018, said a complete overhaul of the national strategy was needed to ensure equitable expenditure; better funding and implementation of health plans; increases in primary health care; environmental, housing, and other social dimensions of health inequality are addressed; and Aboriginal health is placed in Aboriginal hands. The AMA also called out institutional racism as being a main impediment to Aboriginal health. “More Indigenous health studies are also needed, as argued in a Comment by Geraint Rogers and colleagues. Without all these elements, poor progress on inequalities in Australia will continue.

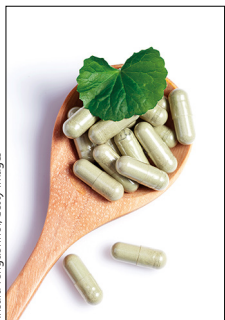
On the heels of failure, disappointment must give way to determined resolve. Successive Australian Governments’ repeated lip service to Aboriginal health is a clear hypocrisy in light of the failings of their Closing the Gap initiative. Australian people must hold the Government to account for meaningful and dedicated engagement with Aboriginal and Torres Strait Islander peoples and to health for all. ■ [The Lancet](#)

For the [Closing the Gap report](#) see <https://closingthegap.pmc.gov.au/>

For the [AMA 2018 Indigenous Health Report Card](#) see <https://ama.com.au/article/2018-ama-report-card-indigenous-health-rebuilding-closing-gap-health-strategy-and-review>



Dietary supplement regulation: FDA’s bitter pill



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The use of dietary supplements has risen precipitously in the past decade, with the fastest growth in Asia Pacific, but also substantially in Europe and North America. At least three-quarters of Americans report regularly using dietary supplements, most commonly reporting taking multivitamins. That translates into an exceedingly lucrative industry, with an estimated US\$40 billion market in the USA alone.

Pointing to the dramatic market growth and widening scope of available products, Scott Gottlieb, head of the Food and Drug Administration (FDA), in a written statement on Feb 11, 2019, announced a plan to modernise regulation of dietary supplements. Notably, the last major legislation to strengthen regulatory oversight by the FDA, the Dietary Supplement Health and Education Act (DSHEA), was enacted 25 years ago. DSHEA provided a formal definition of dietary supplements and required the labelling and listing of ingredients, including the disclaimer that the FDA had not evaluated any claims about benefits of the product. The proposed updates outlined by Gottlieb, however, indicate less of an overhaul

but rather more enforcement of existing regulations. The FDA has increased the number of warnings and advisory letters issued to so-called bad actors, including manufacturers selling supplements purporting to treat or cure Alzheimer’s disease, and is creating a public-private partnership called the Botanical Safety Consortium to improve safety and toxicology testing, actions that align with what Gottlieb suggests is the balance of the twin goals of the FDA: protecting the public from unsafe products and preserving consumer access.

The proliferation of supplements available to consumers highlights the crucial need to improve oversight. However, for any radical transformation of DSHEA legislation, bipartisan Congressional support would be necessary, which is unlikely because the law has long been criticised as a vehicle for manufacturers to sell products with no proven benefit and without any risk assessment. A more sceptical interpretation of the announcement is that the FDA has shifted further in its pro-industry stance, continuing to prioritise unfettered consumerism at the expense of increasing safety and accountability. ■ [The Lancet](#)

For the [Consumer Survey on Dietary Supplements](#) see <https://www.crnusa.org/CRNConsumerSurvey>

For the [statement by Scott Gottlieb](#) see <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm631065.htm>