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About false and real-but-avoidable dichotomies

Gorik Ooms,¹ Walter Flores,² Moses Mulumba,³ Malabika Sarker,⁴ Remco Van de Pas,⁵ Albrecht Jahn⁶

¹ Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, UK

² Center for the Study of Equity and Governance in Health Systems, Guatemala

³ Center for Health, Human Rights and Development, Uganda

⁴ James P. Grant School of Public Health at BRAC University, Bangladesh

⁵ Department of Public Health, Institute of Tropical Medicine, Belgium

⁶ Institute of Public Health, Heidelberg University Hospital, Germany

* Corresponding author: London School of Hygiene & Tropical Medicine, 5-17 Tavistock Place, London, WC1H 9SH, United Kingdom. Gorik.ooms@lshtm.ac.uk Tel: +44 (0)20 7927 2700 Fax: +44 (0)20 7927 2701

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About false and real-but-avoidable dichotomies

While we join Julio Frenk and Octavio Gómez-Dantés in calling for integrative thinking in global health,¹ we believe it is important to distinguish between avoidable and false dichotomies. Some of the dichotomies mentioned as false are indeed artificial and avoidable, but nonetheless real: they require conscious effort to be resolved.

A pervasive divide in the global health community is the one between the proponents of health issue specific interventions – the ‘vertical’ approach – and the proponents of health systems strengthening – the ‘horizontal’ approach. The debate about the global AIDS response, and whether its impact on health systems was rather positive or rather negative, lasted for almost a decade. The ‘Maximizing Positive Synergies’ initiative, which was launched in 2008 by the World Health Organization (WHO), played a significant role in overcoming the divide.² It required integrative thinking, but also a willingness to acknowledge that efforts against AIDS do not self-evidently reinforce – or undermine – health systems. Acknowledging tensions is most often required before one can overcome them.

The global health security agenda (concept) and Global Health Security Agenda (organisation) may soon create a similar divide. There is space for synergies: stronger health systems contribute to health security, and efforts to improve health security can strengthen health systems. But there is space for tension too. A cursory analysis of the ‘country roadmaps’, as published on the Global Health Security Agenda website,³ allows us to hope that health systems will be strengthened, but also makes us fear that in some countries, as predicted by William Aldis, health security efforts will strengthen the capacity of surveillance without building the infrastructure necessary for an effective response.⁴ We reiterate our plea for a second ‘Maximizing Positive Synergies’ Initiative, now focused on global health security and universal health coverage.⁵

¹ Frenk J, Gómez-Dantés O (2017): False dichotomies in global health: the need for integrative thinking. *Lancet*, 389(10069):667-670.

² World Health Organization Maximizing Positive Synergies Collaborative Group (2009): An assessment of interactions between global health initiatives and country health systems. *Lancet*, 373(9681):2137-2169

³ Global Health Security Agenda (2016): Country road maps. Available from: <https://www.ghsagenda.org/where-ghsa>

⁴ Aldis W (2008): Health security as a public health concept: a critical analysis. *Health Policy and Planning*, 23(6):369-375.

⁵ Ooms G, Beiersmann C, Flores W, Hanefeld J, Müller O, Mulumba M, Otters T, Sarker M, Jahn A (2017): Synergies and tensions between universal health coverage and global health security: why we need a second ‘Maximizing Positive Synergies’ initiative. *BMJ Global Health*, 2(1):e000217.