

coverage through equity-adjusted measures.

We declare that we have no conflicts of interest.

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Commenting on the UN General Assembly resolution of December, 2012, Jeanette Vega<sup>1</sup> offers a rationale for universal health coverage to become a unifying central health goal in the post-2015 Millennium Development Goal framework. We concur with her arguments provided universal health coverage becomes a central health goal rather than *the* central health goal. Should the post-2015 development agenda include only one overarching health goal, we stand for a different priority, expressed in a position paper by the International Epidemiological Association.<sup>2</sup> This priority is based on three key considerations:

(1) A health goal should be represented by a meaningful health status outcome;

(2) Such a goal should be measurable across countries, lest it remain more a motivational slogan—however valuable in itself—than an endpoint translatable into tangible and robust health indicators;

(3) Health care is only one of a multitude of factors affecting health.

On the basis of these considerations, we propose that life expectancy, assessed at different ages—and,

where feasible, expanded into healthy life expectancy—as the overarching goal. Valid measures of health service performance as relating to actual health improvements are and will remain for some time unattainable in many places. This obstacle makes universal health coverage not only a partial component of a large number of health determinants but also one that might be too complex to assess in terms of universally accepted indicators. How long people live for is an easily understood concept, which accounts for the multiple determinants of health and disease.

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## Can WHO survive? An organisational strategy question

In his Comment (Oct 27, p 1457),<sup>1</sup> Richard Horton presents the outcomes of the Global Health Lab's debate centred on the questions "Can WHO survive?" and "As what?"

In that meeting I also captured other openings, such as: "In which environment?", "With what means?", and indeed whether WHO should survive at all. These three questions together underscore another quandary of organisational strategy: can WHO regain its competitive advantage? If examined through this lens, this problem leads to more specific considerations.

Having a vision and a mission are fundamental but distinct requirements for every organisation, including WHO. Although universal health coverage denotes WHO's contextual long-term vision, its technical mission is "directing and coordinating authority"<sup>2</sup> on international health work. Given these unambiguous organisational hinges, WHO must act and think strategically, as never before, to be sustainable. It must cope with a "plethora of players"<sup>3</sup> by understanding where and how organisational partnership and competition differ; harness its unique and inimitable resources to avoid organisational inertia; and integrate its financial, governance, and management reforms into a single strategic action. Once embedded, this groundwork will naturally translate current health-care issues into immediate engagements.

So can WHO strategically survive? Yes, it can. But it will regain competitive advantage only when the question of "as what?" is no longer necessary. This point will come when WHO is managed, and examined, as the species that it is: a strategic organisation with unique values, mission, and vision.

I declare that I have no conflicts of interest.

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- 2 Lee K. *The World Health Organization*. London: Routledge, 2009.
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