measles) are easier to deliver than those that need more doses to immunise a child effectively. Inclusion in this study of the distribution of human resources for health by urban areas compared with rural areas, and for other less-trained health workers (eg, auxiliary nurses and support health workers, who are the most important individuals doing immunisation activities in many countries), may have been important.

WHO's *The World Health Report 2006* shows an alarming shortage of health-care providers,[7] particularly in the poorest countries of sub-Saharan Africa and southeast Asia. Moreover, a substantial number of health workers trained in developing countries are migrating to work in developed countries, increasing this problem. For example, many nurses from developing countries are being recruited in developed countries because of an increasing shortage there:[8] 0–18% of all nurses and midwives trained in sub-Saharan Africa are now working in developed countries—mainly Canada, Denmark, Finland, Ireland, Portugal, the UK, and the USA.[7,9] This situation might partly explain why immunisation coverage of measles and DPT vaccines has not changed between 2000 and 2004 in 60 countries with the world's highest numbers of child deaths, as monitored by the Child Survival Countdown to 2015 group.[10]

Health systems and health workers are essential for achievement of the MDGs in developing countries. In addition to the number of health workers per head of population, their distribution within the country is as important. Large cities have more and better-trained health workers, and programmes that focus on the training of health workers might make them more likely to get jobs in large and wealthy cities, leaving poor areas with untrained workers.[11] Research and development into effective interventions that will improve health systems and the quality of care given by health workers is imperative, particularly in the poorest regions of developing countries.[12] The international agenda should move away from training, and should develop comprehensive interventions in health systems—such as quality-assurance interventions that may be linked to accreditation of health services—that will improve quality of care and delivery of effective interventions such as vaccines.

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I am a member of a Rotavirus Global Advisory Board for Merck Co Vaccine Division, and I receive honoraria from them.

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Young people seeking mental-health care

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Many young people battle life with a mental illness, and many remain undiagnosed until their condition becomes acute. In these situations, young people are not the only victims, because their friends and families suffer too.

For 10 years, I battled depression alone, suffering and confused. Despite unsafe practices such as eating disorders and suppressing my emotions, my mental illness went unnoticed. One day it became too much and my life was in jeopardy. Before my first overdose, I had told my medical team of my plans to kill myself, but it was the police intervention that led to me being admitted to a child psychiatric ward.

Teenage life is confronting and hard enough to cope with, let alone with the extra burden of mental illness. Often teenagers are unaware of their condition, do not know where to seek help, do not want to be treated differently to their peers, or are ashamed of their illness.

The printed journal includes an image merely for illustration

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Our health systems need to take the next step forward in removing the barriers between health professionals and young people. Our health systems need to start listening to what we are saying and what we are asking for. To know what works best for us, the system has to become youth-friendly and youth-orientated.

Even when youth-specific services are available, many young people do not know they exist, do not know how to access them, or fear the repercussions of using them. For us to pick up the phone, to see a professional, and to acknowledge and discuss our problems takes immense courage. Fear of the unknown and the stigma of mental illness stands in the way. Fear of rejection can be enough to prevent young people from asking for help.

Some people think that treatment will cost too much, so they or their families will not be able to afford it. Some live in rural or remote areas far removed from services. No young person should be stripped of their right to access treatment, but financial and geographical inequalities make this happen every day.

For society to develop youth-friendly mental health services, it must learn to listen to young people, do it willingly and frequently, and take notice of what it hears. A company designing a new cell phone would ask their market what they would like, and then design the product. Mental-health care is no different: the more the authorities and the experts listen to young people, the more successful our health-care system will be.

Young people deserve to feel safe and comfortable when accessing all types of medical services. We need to be kept informed throughout our treatment, and told about our rights, roles, and responsibilities. This will increase the level of control we feel over our situation and give us the power to participate in our treatment.

Young people are not always willing to comply with recommendations about their treatment, but this happens in all age groups. Look below the surface to find out why. For many young people, treatment can be a frustrating process in which they feel separated, powerless, pressured, and left outside the loop. Instead, including us in our recovery—eg, by carefully discussing the choice of a new medication—will make recovery more successful and sustainable.

Youth mental-health services must understand that they need the opinions and input of their young clients, as well as the advice of clinicians, academics, and scholars. Neither being young, nor having a mental illness, mean our opinions do not matter, or that our input will not help improve the service and provide better outcomes. People accessing health services should not be disadvantaged by geography, or by their financial status or their socioeconomic rank. Neither should they be disadvantaged by their youth, or their type of illness. As young people, we are often told we are "the future". If the health-care system thinks the same way, we will all benefit.

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I declare that I have no conflict of interest.

Research challenges to improve maternal and child survival

Every year, 11 million mothers and newborn infants die, and a further 4 million infants are stillborn.[1] Much is known about the efficacy of single interventions to increase survival under well-managed conditions, much less about how to integrate programmes at scale in poor populations. Funds for maternal, neonatal, and child health are limited, and research is needed to clarify the most cost-effective solutions.