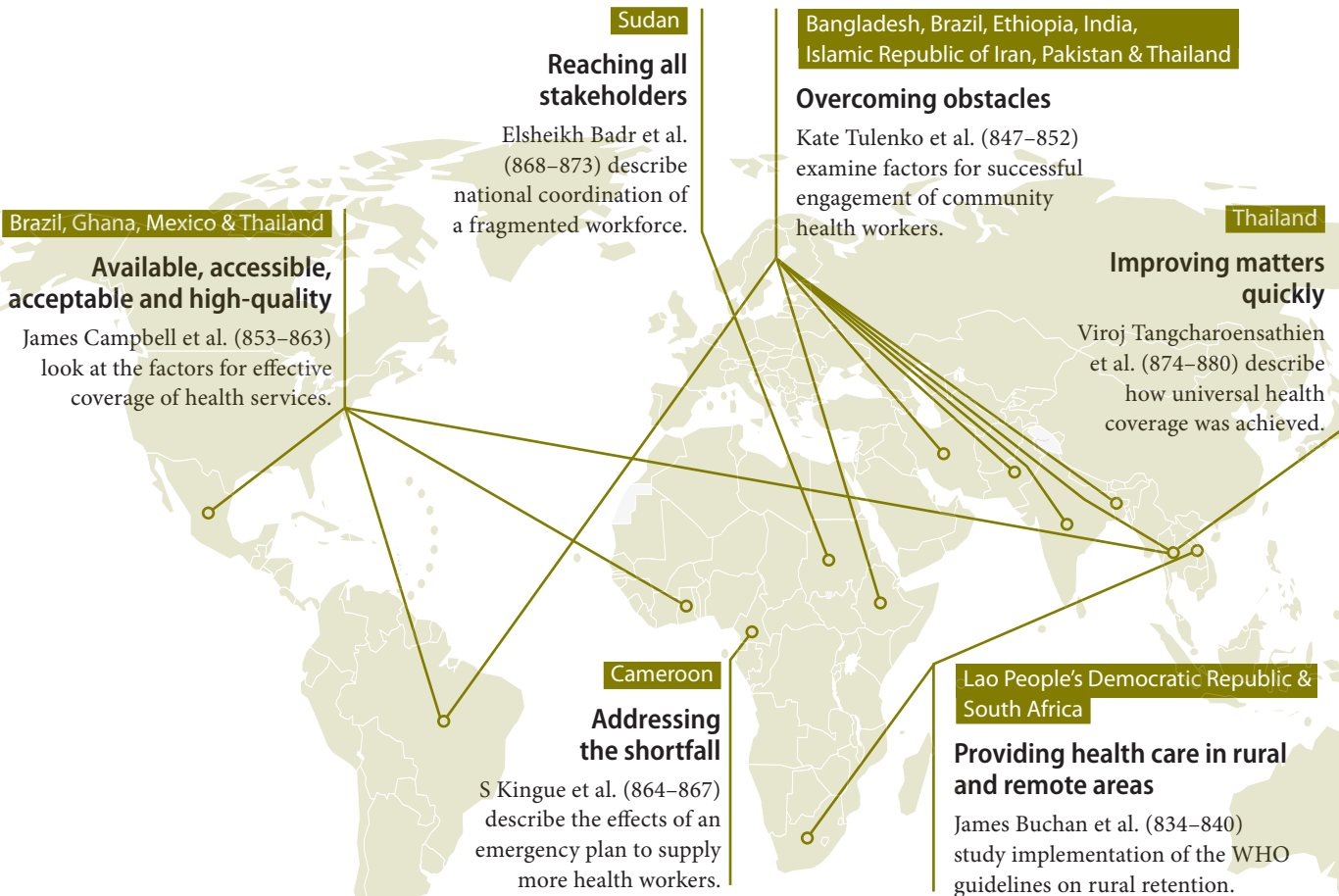


This month the *Bulletin* explores the challenges of supplying enough human resources to achieve universal health coverage. In the lead editorial, Mozart Sales et al. (798) introduce the issue and the Third Global Forum on Human Resources for Health at which it will be launched. Feng Zhao et al. (799) follow in explaining the necessity for change, Alexandre Padilha et al. (800) call on politicians worldwide to pay more attention to their health systems and Viroj Tangcharoensathien & David B Evans (801) argue for better training on health policy.

In the news section, Claudia Jurberg interviews Francisco Eduardo de Campos (806–807) about Brazil's effort to distribute doctors more evenly in rural areas. Priya Shetty (804–805) reports on efforts to train and employ more midwives in Ethiopia and Somalia.



Brazil, Ghana, Mexico & Thailand

Available, accessible, acceptable and high-quality

James Campbell et al. (853–863) look at the factors for effective coverage of health services.

Sudan

Reaching all stakeholders

Elsheikh Badr et al. (868–873) describe national coordination of a fragmented workforce.

Bangladesh, Brazil, Ethiopia, India, Islamic Republic of Iran, Pakistan & Thailand

Overcoming obstacles

Kate Tulenko et al. (847–852) examine factors for successful engagement of community health workers.

Thailand

Improving matters quickly

Viroj Tangcharoensathien et al. (874–880) describe how universal health coverage was achieved.

Cameroon

Addressing the shortfall

S Kingue et al. (864–867) describe the effects of an emergency plan to supply more health workers.

Lao People's Democratic Republic & South Africa

Providing health care in rural and remote areas

James Buchan et al. (834–840) study implementation of the WHO guidelines on rural retention.

How much do doctors cost?

P Hernandez-Peña et al. (808–815) quantify the wage bill for health workers.

Analysing the market

Barbara McPake et al. (841–846) examine factors influencing supply of – and demand for – health workers.

4 million missing

Robert Bollinger et al. (890–891) suggest that information technology can help fill workforce gaps.

Sticking to the code

Amani Siyam et al. (816–823) report use of the *WHO Global Code of Practice on the International Recruitment of Health Personnel*.

Rethinking the health system

Sania Nishtar & Johanna Ralston (895–896) suggest that the health workforce can catalyse change.

Covering all bases

Angelica Sousa et al. (892–894) propose a health labour market framework.

Debating the measures

Giorgio Cometto & Sophie Witter (881–885) weigh the options for benchmarks and monitoring frameworks. Ties Boerma & Amani Siyam (886) argue for definitions, registries and a census of health workers. James Campbell (886–887) advocates for a workforce that's fit for purpose. Xenia Scheil-Adlung (888) points out that health workforce benchmarks should be compatible with sustainable development. Brook K Baker (889) explains why targets need to be patient-centred.

Who delivers better care?

Zohra S Lassi et al. (824–833) review the evidence on mid-level health workers.