Editorial

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Welcome to the first issue of 2019! I chose not to open Volume 12 with pessimism. It is true that the human rights sector rarely celebrates achievements or praises its champions. This is by no coincidence. We are all so focussed on pushing for things to be corrected that we do not see much value in looking at the past. But as I get older, I learn that acknowledging achievements is as important as working hard for a better future.

Therefore, I must acknowledge the hard work that has gone into this human rights project that I have had the honour to be a part of for the last seven years. *The International Journal of Human Rights in Healthcare* is marking its contribution to the world's international human rights agenda by making practitioners and researchers' voices heard from all corners of the world. I am particularly proud of the international scope that we have adopted, which has expanded considerably over the last year. This is why the cross-cutting theme that I chose for this first issue is "globalisation". I selected six papers that show the true international nature of our human rights endeavour. They also bring evidence to the healthcare global agenda pointing out that the issues that marginalised groups' face in Western and affluent societies are not that different from those encountered in countries where there is conflict and scarce resources.

The first paper, "Antibiotic-related meanings, experiences and information sources of women in the economic margins of urban Manila", explores the experiences with antibiotics among at-risk yet understudied populations in urban and economic margins in the Global South. To collect their evidence, the authors conducted focus groups with mothers, guardians and female senior citizens from Manila, Philippines. Interestingly, they found that antibiotics had multiple meanings for these groups – from purposes and modes of acquisition to side effects. Experiences with antibiotics were tied to financial difficulties. Indeed, this paper is one of the few to argue that knowing the conditions into which antibiotics are situated in the Global South as well as being able to afford them are critical factors for strengthening global public health campaigns and policies against antimicrobial resistance and reducing global health inequity.

The second paper, "Healthcare as a refuge: building a culture of care in Montreal for refugees and asylum-seekers living with HIV", takes us to Canada, where the federal government recently modified health insurance for refugees and asylum seekers. In Quebec, this resulted in refusals of care and uncertainties about publicly reimbursed services, despite guaranteed coverage for people with this status under the provincial plan. The paper attempts to explain how and why challenges brought by this policy change could be overcome. To this end, a qualitative case study was conducted using interviews with patients and staff members, observation sessions and a review of media, documents and articles. A discussion group then validated the interpretation of preliminary results. The originality of this research lies in its analysis of the origin of sustained provision of care to refugees and asylum seekers living with HIV through the lens of culture of care. It considers the historical and political contexts in which this culture developed.

The third paper, "Poor health-related quality of life in Iran: decomposition analysis of affecting factors", then looks at the correlation between socio-economic inequality in Tehran, Iran and poor health-related quality of life (HRQoL). In total, 562 adults were included in a cross-sectional study that was conducted in 2016. Not surprisingly, the study found that socio-economic status was the largest contributor to socio-economic inequality in poor HRQoL. Age, obesity and race had a positive contribution to socio-economic inequality in poor HRQoL among the participants.

The fourth paper, "Sustainable Development Goals and reproductive healthcare rights of internally displaced persons in India", looks at a neglected population by international and

national humanitarian bodies. The paper investigates healthcare provision in the context of human rights for displaced women and children. The paper puts an emphasis on reproductive healthcare rights and is based on original findings from a complex analysis of the SDG 3 and other legal safeguards. It argues that these internally displaced groups are susceptible to a number of health problems due to the exposure to physical and environmental threats, violence and trauma. Many of them face a loss of social networks and assets, knowledge and information in the new environment, and lack food security. They have inadequate shelter, healthcare services, sanitation and access to safe water. The paper calls for Indian authorities to take account of all people's vulnerabilities to address their humanitarian and sustainable development needs.

The fifth paper, "Reducing hypovitaminosis D among Somali immigrants in Minnesota: a narrative review", then looks at the issue of Somali refugees' healthcare in the affluent USA. Between 2000 and 2010, 40 per cent of all US Somali refugees settled in Minnesota. According to the paper, this influx caused new cultural and health challenges for local communities and the state government. One such challenge is vitamin D deficiency or hypovitaminosis D (Hv-D). The paper argues that high unemployment rates affecting access to health information and clinical services, significant cultural differences and climate differences pre-dispose this population to Hv-D. Health education and health promotion programming at the community and state levels in Minnesota should recognise the risk factors associated with Hv-D and the vulnerability of Somali refugees.

The last paper, "Socio-economic disparity in the occurrence of disability among older adults in six low and middle income countries", examines the socio-economic inequalities in the prevalence of disability in selected countries. The paper also investigates the cross-country differentials in the prevalence of disability by socio-economic characteristics by using data from the Study on Global Ageing and Adult Health conducted in China, Ghana, India, Mexico, Russia and South Africa during 2007–2010. The authors argue that the prevalence of disability varied considerably across socio-demographic groups. Moreover, this variation is not uniform across all countries. Also, age, gender, work status, years of schooling and economic status emerged out as significant predictors of disability among the studied countries. This is perhaps the first study which examines the socio-economic inequality in disability conceptualised in a comprehensive manner among older adults spread across low- to upper-middle-income countries. The alarming level of prevalence of disability among socio-demographic disadvantage groups calls for immediate attention in terms of a detailed study of risk factors, effective policy and timely intervention.

I must now close my editorial with some thinking for 2019! According to the "2019 Global health care outlook" report, life expectancy continues to climb (e.g. the number of people aged over 65 globally is 11.6 per cent, of the total global population). Unfortunately, non-communicable diseases (e.g. cancer, heart disease and diabetes) continue to grow. These and other factors put healthcare spending projects at $10.059 trillion by 2022. Within this spending, the distribution of resources is also expected to widen, favouring massively those who have wealth and power (for instance, healthcare per person by 2022 is expected to be $11,674 in the USA but $54 per person in Pakistan).

There are many things that the human rights movement and the healthcare sector can do that do not require big changes or sacrifices. For example, partnering with other sectors such as employment, housing, education and transportation to address the social determinants of health, "and with new sectors such as retail, banking, and technology giants to improve data and platform interoperability" (Deloitte, 2019: Global health care outlook report). That is why our journal aims to bring all stakeholders together and give access to information that is difficult to find especially when the evidence on what works is scant.

I hope that you find the issue helpful in your research and practice. Your feedback is always welcomed, and they can be sent to the editor-in-chief.

I very much look forward to another successful year, and indeed welcoming new papers and new guest editors to our journal. To express an interest please e-mail me directly at: tgavrielides@emeraldgroup.com. We review papers on an ongoing basis and have a target of returning them to the author within five to eight weeks of receipt. For more information on how to submit your paper, visit: www.emeraldgrouppublishing.com/products/journals/author_guidelines.htm?id=ijhrh