

Since the publication of our last special issue on the physical and mental health of children in the UK, a number of key policy debates have taken place on the future of the National Health Service (NHS). This was mainly due to the general elections as well as the austerity measures that have been imposed on citizens by the current administration. Independently of our political beliefs, at least one fact was conclusive from these debates. The public values the NHS and its underlying principles of equality more than any other public service. The public also demands that it sees the NHS guaranteed and safeguarded both in terms of its nature as well as its cost. This was one of the clearest message that was communicated by the electorate, and which the re-elected administration had to accept despite their alternative plans.

The truth is that health, as a universal human right, is not up for negotiation, sale or privatisation. Attached to this basic human right is also our vulnerability as living creatures faced with the reality of ailments and death. It is the very right that reminds us that we are not infinite. It surpasses any power that we might have due to our wealth, position in society, background, employment status, gender, faith, age or race. It does not matter who we are, our health will be compromised like anyone else's. When our health is indeed compromised, then we become vulnerable and in need of someone else's help including nurses, doctors, specialists, carers, surgeons and of course our community.

Despite this shared reality and universal right, access to health and social care services remains unequal. That is why it is important that institutions, such as the NHS, are preserved and enhanced. That is why it is important that our journal continues its mission, and indeed I am proud to celebrate with you its tenth anniversary.

Our first research paper, titled "Medical translation: the neglected human right" brings to the fore a much-neglected issue. We often assume that those receiving healthcare speak the local language and that they are able and capable to communicate with service providers. This is hardly the case especially for vulnerable and ethnic minority groups. As the paper illustrates, language barriers between medical staff and patients are now a common occurrence in hospitals and clinics around the world. Despite this evidence, there is still no explicit right to medical translation under the international law. A review of legal history reveals extensive international legislation guaranteeing translators, translation and interpreters: but not as regards to the right to health under the international law. The paper argues that in order to guarantee the right to a translator between patients and medical professionals, international legislators will need to mediate the relationship between the state and individual. This, of course, will need to take place under each State's respective health system. This legislative vacuum is important that is addressed as a matter of priority. The paper presents evidence to show that medical providers may be motivated by the factors other than the patient's health in their provision of translators. Through the analysis of recent case law, the paper shows that patients who have suffered adverse events stemming from language barriers seek unclear paths in seeking legal remedies, resulting in bad health and unequal treatment.

The following paper, "Students with disabilities' satisfaction with their universities' services" is a timely study that examined the satisfaction aspects among disabled students in universities in the Middle East. The authors engaged in an original survey that explored the impact of socio-demographic factors on disabled students' satisfaction with services provided by their universities. Their impressive sample consisted of 251 subjects from Oman, Jordan and Yemen. Comparative means were used to examine the importance of satisfaction aspects. ANOVA as well as MANOVA were used to examine the role of the socio-demographic factors in explaining

the disabled students' satisfaction. Satisfaction aspects included: social, psychological, educational, environmental and health, while the socio-demographic variables included were: country, specialisation, kind of disability, gender GPA and degree of disability. The findings revealed that social satisfaction was the greatest, followed by psychological, educational, environmental and health satisfaction respectively. The results of the ANOVA revealed that all socio-demographic factors (except gender and the degree of disability) impacted significantly on the satisfaction of disabled students. The MANOVA findings also showed that Jordanian students had higher educational and psychological satisfaction than Omani and Yemeni students. All in all, this is a unique study that generates new evidence for practice and policy making not only in the Middle East, which is a much-neglected geographical research area, but also internationally.

"Evaluation of strategic thinking and its affecting factors among managers and personnel in a medical sciences university in Iran" is our third paper, which aimed to measure strategic thinking and its affecting factors at the Kurdistan University of Medical Sciences. Investigating the future changes and making appropriate strategic decisions require strategic thinking in any organisation. Strategic thinking also helps managers to create new opportunities. The paper used a descriptive-analytic as well as a cross-sectional study that was conducted in 2016. Its statistical community included 300 managers and personnel of the Kurdistan University of Medical Sciences. Data were collected using a standard questionnaire and processed through SPSS20. Overall, the paper found that strategic thinking was evaluated "good" and "somewhat good" among managers and personnel. Moreover, among the elements of strategic thinking, conceptual thinking obtained the highest score among both managers and personnel. This new research study helps us to reach some conclusions that are transferable across higher institutions of medical sciences.

Our fourth paper, "Evolution of opportunities for early childhood development (ECD) in Arab countries" takes a bold step in evaluating a much-neglected area in children's prenatal care, access to nutrition, health, parental care and cognitive developmental activities. Given how scarce research is in this geographical area, this unique study involved 33 surveys from 13 Arab countries. In total, 15 indicators for children's opportunities were assessed including their typical level and inequality across various demographic groups. Dissimilarity indexes and human opportunity indexes were computed for each ECD dimension. To understand the impact of each household characteristic, Shorrocks-Shapley's decomposition was performed. According to the finding, ECD opportunities are poor, but improving, and becoming more equal across many Arab countries. Nevertheless, progress is uneven. We learn from the paper that household wealth affects inequality for ECD opportunities facilitated by markets or governments. For preventive healthcare and preschool enrolment, access is deteriorating, reflecting low priority given to them in public policy. Children's height falls behind in the first two years of children's life, suggesting the need for targeted institutional interventions. Surprisingly, countries experiencing uprisings see conditions improving, while other Arab countries see them stagnating or deteriorating. This is an important paper not only for Arab policy making and practice but also for the international community. We learn that local and national policy should tackle the identified opportunity gaps, and that proper investment should be allocated in medical and educational infrastructure. Better coordinated support for disadvantaged families to ensure proper prenatal and early childhood development is also a must. The role of international organisations in supporting these programmes is also highlighted.

The last paper in our issue is "Interprofessional working: adoption assessments for people living with HIV". Human rights, HIV and adoption are rarely brought together under the same roof. This timely paper shows that interprofessional working between professionals who work with people living with HIV (PLWHIV) contributes to improvements in the health, social care needs and long-term outcomes of PLWHIV. The paper proposes that interprofessional working is important in elevating stigma and discrimination that sometimes prevent PLWHIV from successfully achieving parenthood through adoption. The objective of this study is to contribute to social work practice and literature that supports adoption. The study relied on in-depth interviews with six PLWHIV who had gone through the adoption process and presented views regarding a need for better collaborative working by those assessing PLWHIV going through adoption. The sample

was purpose and homogeneous. The paper argues that there is a need for improved and transparent interprofessional working models within adoption systems. The paper provides conceptual understanding around interprofessional working and how this can be brought about to support the needs of PLWHIV seeking to adopt children. It proposes that working in isolation will leave PLWHIV feeling that the adoption process is ambiguous and unfair, yet efforts to combat this are evident in healthcare settings. This paper opens a dialogue for discussing issues around the adoption for PLWHIV and informing professionals about increasing opportunities for PLWHIV to adopt children where there is a high demand for adoptive parents. Placing the views of participants in this study within the body of knowledge could influence meaningful collaboration between adoption social workers and those supporting PLWHIV within health, social care and voluntary sectors. This may influence change and reduce stigma and barriers preventing some PLWHIV from successfully adopting children.

As we continue to experience efforts from various national and international players to undermine the significance of health as a human right, our journal will remain faithful to its original vision of creating an evidence-based debate for equal and fair treatment. Our focus will always remain the most marginalised communities, while we remain open to considering the views of all stakeholders including researchers at the early stages of their career. As the Editor-in-Chief, I am particularly interested in reviewing papers from young scholars as well as from practitioners independently of their academic background. At this critical point in time for healthcare policy, we need good evidence-based arguments that are informed by fresh minds and those working on the ground. Hence, I have released a call for a special issue in 2019. Titled "Creating an evidence-base for healthcare policy", the special issue will allow the development of evidence-driven and evidence-based policy particularly within the context of current reforms in public healthcare provision in the UK and internationally.

### Submission instructions

- Manuscripts should be between 3,000 and 6,500 words and formatted according to the journal author guidelines.
- Submissions must be received by via the online submission system Scholar One manuscripts: <http://mc.manuscriptcentral.com/ijhrh>
- Authors should indicate that the manuscript is for this special issue by selecting it from the dropdown list on Scholar One manuscripts.

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