

Welcome to the third issue of the 2020 volume. The new decade started with unprecedented health challenges for the world. Within months, the COVID19 pandemic reshaped the way we run our lives, businesses, families, governments and countries. It also showed how vital health-care services are, highlighting the key role of nurses, doctors and all medical staff in keeping us safe and indeed alive.

As I write this editorial, because of the pandemic, there have been 319,000 reported deaths and 4.81 million confirmed patients worldwide. The USA, the most powerful and richest nation in the world, ranks first with 90,684 deaths and 1.54 million confirmed cases. These statistics change on a daily basis, and it is yet unknown when we will stop counting or indeed return to normal life.

At the same time, in the UK where deaths have been recorded at 34,796, an inquiry has been launched to investigate the disproportionate number of patients coming from Black, Asian and minority ethnic (BAME) groups. Though they make only 14% of the UK's population, they account for 35% of all corona virus patients in intensive care. Moreover, we also know that the first 12 doctors who died after contracting the virus – and the only ones known to have lost their lives so far – were all non-white. Moreover, 53 NHS staff who have died in the pandemic so far, 68% are BAME. Hopefully, the inquiry will shed some light on these disproportionate statistics, but having published thousands of evidence-based papers in the past 13 years of our Journal's life time, we know, here at the International Journal of Human Rights in Healthcare (*IJHRH*), that it all comes down to inequality and the uneven distribution of wealth and power. Matters are simple and it is with complicated and often expensive bureaucratic processes that we manage to avoid looking at what needs to be done and put our money where our mouths are.

As we prepare for what is yet to come, I am pleased to announce a special issue that is due early in 2021 titled "Human rights in healthcare during COVID-19 and other pandemics" with Guest Editors Jan Michael Alexandre C Bernadas (De La Salle University Manila) and Lee Edson P Yarcia (Alliance for Improving Health Outcomes). You can find out more by visiting our Call <https://www.emeraldgrouppublishing.com/journal/ijhrh/human-rights-healthcare-during-covid-19-and-other-pandemics> or by emailing the Guest Editors, [jan.bernadas@dlsu.edu.ph](mailto:jan.bernadas@dlsu.edu.ph) and [lyarcia@up.edu.ph](mailto:lyarcia@up.edu.ph)

In this issue, I am very happy to publish seven very different papers, each coming from a different country. The first paper, "Patients' Rights and Professional Conduct Issues in Hospitals' Codes of Ethics," looks at ethical standards in the content of international hospitals codes of ethics disclosed on their websites. Based on extensive research, the paper lists 48 ethical concepts, which were evenly, classified under two groups: professional conduct issues and patients' rights. The issues were then ranked, finding that only 62% of the top 100 hospitals had an ethics code report on their websites. Emerging ethical issues, such as physicians' and patients' freedom of choice, sperm donation and artificial reproduction, were not widely mentioned, whereas abortion, euthanasia, human rights and transplantation issues were disregarded entirely.

The IJRJ is confident that this international study provides a benchmark for hospitals to assess their codes against other hospitals' codes in terms of the specific items they address.

"The readiness of Batang Hari district as a district of human rights care: case study of the Anak Dalam tribe" looks at a remote indigenous community in Batanghari, Jambi Province. The paper assesses the readiness of Batanghari to fulfill basic human rights in health care. Using a qualitative approach, this study explored the viewpoints of relevant stakeholders supplemented with secondary data, literature review and analysis of relevant news in mass media as a form of triangulation. Several obstacles were recorded including beliefs and traditions that block human rights processes.

The third paper, "The health status and insurance affiliation of stateless children in Tak Province," takes us to Thailand, highlighting the issue of statelessness. To address this, the Thai Cabinet introduced the Health Insurance for People with Citizenship Problem (HIPCP) in 2010 and this study examines the association between insurance affiliations and the health status of stateless children insured with the HIPCP. Pneumonia was selected as a proxy for health status. The comparison groups were Thai children insured with the Universal Coverage Scheme (UCS) and the uninsured children of low-skilled migrants in Thailand. A retrospective study was conducted at four selected district hospitals. Of 7,098 hospitalized children between 2013 and 2017, 1,313 were identified with pneumonia. After controlling for key covariates, multivariate results depicted that the odds of pneumonia were 4% higher in stateless children insured with the HIPCP as compared with uninsured children. Similarly, the odds of pneumonia were 10% higher in Thai children insured with the UCS as compared with uninsured children. This study brings scientific evidence to confirm that age and domicile of children are independently associated with pneumonia.

Subsequently, "Social vulnerability and infant mortality in space dimension: an investigation of the world's most underdeveloped West Africa coastal" identifies which factor of social vulnerability predominantly affects infant mortality. The paper reveals that the poverty and adaptive capacity index, as economic aspect of social vulnerability, is spatially correlated with the infant mortality rate, whereas the population exposure index, as population aspect of social vulnerability, is not. Thus, the economic rather than population factor is probably the driving force of high infant mortality.

"Prevalence of self-medication and its associated factors: A case study of Kurdistan province" investigates the extent of this problem and related factors in Sanandaj, Iran in 2018. It is based on a cross-sectional, descriptive study that was conducted with 838 people who referred to pharmacies. The results show a high prevalence of self-medication, 73.70% among people, who referred to the pharmacies in Sanandaj during 2018. There was a significant correlation between self-medication and occupation, education level, age groups, chronic disease, smoking or other reasons to refer to pharmacies. Analgesics, antibiotics, non-steroid anti-inflammatory, cold and gastrointestinal medicines were the most commonly used medicines by the subjects. People with headache, cold, infection, stomach pain, toothache and dysmenorrhea were more likely to act on self-medication than people with other complaints. The prevalence of self-medication in Sanandaj is high and alarming. Therefore, implementing educational programs about this issue is a must and a priority for health-care policymakers.

"The challenges of providing primary health care to Afghan immigrants in Tehran: A key global human right issue" explores the challenges of providing primary health care (PHC) to Afghan immigrants. A total of 25 purposively selected PHC providers, including physicians, psychologists and midwives, were approached for face-to-face, semi-structured interviews. The most common challenges were categorized at individual, organizational and societal levels. Communication barriers and socioeconomic features emerged at the individual level. The organizational challenges included mainly the lack of insurance coverage, a screening system upon the immigrants' arrival. At the societal level, the negative attitudes toward Afghan immigrants were causing additional barriers. These findings can help policymakers adopt evidence-informed strategies for facilitating PHC provision and improving access to health care in immigrants as a global human right concern.

“Barriers and Facilitators to Pap-testing among Female Overseas Filipino Workers: a qualitative exploration” looks at the potential of a comprehensive approach to tackling cervical cancer. This original study aims to understand barriers and enablers to screening for overseas Filipino workers, which is essential to improve uptake of pap testing for this population. Barriers to pap testing were cognitive factors, such as limited knowledge and fear of the outcome of pap testing, as well as cultural and structural barriers. Findings revealed structural contexts not conducive to pap testing, including difficulty navigating the health-care system, poverty, difficult employment circumstances and the overriding need to provide financially for family and children.

Host and sending countries benefit from overseas Filipino workers and have a responsibility to care for their health and well-being and should strive to tackle these structural factors.

I hope you find this issue useful in your practice and research. Your feedback is always welcome; you can submit your views via our website. We review papers on an ongoing basis and have a target of returning them to the author within 5–8 weeks of receipt. Warm wishes from everyone at the *IJHRH* and stay safe!