

Welcome to 2019's third Regular Issue of the *International Journal of Human Rights in Healthcare (IJHRH)*. This time, we publish new evidence on best practice and current gaps in health and social care in Iran, Europe, Africa and New Zealand. A true international journal, the *IJHRH* continues to lead globally on pushing the human rights agenda for the most marginalised communities. The six papers that are included in this issue will resonate with the reader independently of location, and they speak not only to researchers but also practitioners, policy makers and indeed users of the health and social care systems.

Therefore, it is with great pleasure that I open this Regular Issue with a paper looking at Europe's homeless people and the social care we provide to them. The paper is linked with Europe's immigration reality and of course the challenges that this brings to healthcare provision especially to those without a home address. Denying homeless persons access to municipal support, looks at the denial of social support to homeless persons and their related societal effects. It is based on new data and secondary evaluative and comparative data on the policies, administrative structures and management styles of Copenhagen, Glasgow and Amsterdam. The paper argues that while the body of research, reports and policy documents on non-eligibility for homelessness services is growing, legal responses at best remain vague, and policies are still in the process of being developed. The findings help us to understand the processes underlying the current circumstances of homeless persons and homeless migrants and offer an interdisciplinary insight into governance and politics, law, and public and health service perspectives.

The second paper, 'What do we know about maternal and perinatal mortality and morbidity audits in sub-Saharan Africa?', provides a detailed overview of the facility-based maternal and perinatal morbidity and mortality audits in the country. Surprisingly, the research concludes that auditing process of pediatrics and maternal deaths is flawed by human and organisational barriers. The paper exposes serious gaps in literature and practice, while it provides a platform upon which practitioners and policy makers must begin to discuss ways of embedding mortality audits in SSA in their health systems as well as health strategies.

Subsequently, the effect of the Iranian Health System reform plan on payments and costs of coronary artery bypass surgery in private hospitals of Iran, critically analyses the country's health evolution plan providing rich qualitative data that can be used in similar reforms elsewhere. In particular, the paper looks at the reduction of payments for service delivery and the implication of coronary artery bypass surgery. The arguments were based on a survey with 167 patients' total costs. Out-of-pocket payments were calculated for the years 2013 (before) and 2014 (after) the reform in three private hospitals of Rasht city, Iran. Econometrics models were estimated after adjustment of confounding variables.

The fourth paper, 'Impact of patients' safety rights and medical errors on the patients' security feeling: a cross-sectional study', looks at this issue in selected hospitals of Mazandaran Province, Iran in 2016. In total, 1,083 patients were randomly selected for the study. The data show that a simultaneous correlation between patient's safety, patient's rights and medical errors with patient's security feeling in social security hospitals was higher than other hospitals. Hence, the authorities and officials of hospitals and healthcare centres were advised to make effective attempts to perceive the patient's safety, medical errors and patient's rights to improve the patient's security feeling and calmness and also to make better decisions to promote the healthcare and therapeutic services.

Patrons' behaviours towards Malaysian slimming centres: paradigm of marketing mixes

Purpose, looks at a very current topic impacting on many young people. The media and public images make us all feel that we have to look in a certain way and pursue appearances independently of health implications. Slimming centres sell treatments that respond to this need and this paper examines the influence of price, place and promotion on the behavioural intention to consume the slimming treatments. A total of 308 primary data were collected for descriptive analysis, confirmatory factor analysis and structural equation modelling. The data were collected through a survey questionnaire that was distributed to respondents who have experience in consuming slimming treatment at a slimming centre. Not surprisingly, the research revealed that the majority of people using slimming centres were working women aged 25 and above from urban areas. As an attraction, the pricing strategy was a very important influence. The findings also indicate that there is a significant correlation relationship between price and promotion as well as place and promotion.

Finally, The Burwood Academy: incorporating the principles of the independent living paradigm into rehabilitation research, examines how the principles of DeJong's Independent Leaving paradigm have been used to develop a guiding framework for the Burwood Academy, a rehabilitation and disability research organisation in New Zealand. To develop the paper, the researchers carried out a stakeholder dialogue, a narrative review and a benchmarking exercise that collectively enabled the development of a working framework. This paper highlights pragmatic strategies that are used to better promote consumer inclusion in the research process, build researcher capacity among consumers and clinicians, and promote knowledge translation through a range of tertiary and clinical education forums.

I hope that you find the third Issue of 2019 helpful in your research and practice. Your feedback is always welcomed, and they can be sent to the Editor-in-Chief.