

Welcome to 2019's final issue of the *International Journal of Human Rights in Healthcare*. This time, we focus on six crucial areas where human rights meet healthcare provision: the Roma, child abuse, domestic violence, health insurance, migrants and the relationship between physicians and patients. As always, our journal takes an international view of healthcare issues, and thus the aforementioned topics are approached from different geographical locations. A mixture of methods was employed by the authors including qualitative and quantitative research as well as theoretical and normative analyses.

The first paper, "Roma populations and health inequalities: a new perspective," explores the emergence of "Roma health and wellbeing" in European research and policy. Using original evidence, the authors make suggestions on how future research might inform a more nuanced understanding of the causes of poor health and wellbeing among diverse Roma populations and actions that may have greater potential to improve the health and wellbeing among these populations. One of the originalities of the paper lie in its multidisciplinary perspective to inform research that does not perpetuate further alienation and prejudice, but promotes urgent action to redress the social and health injustices experienced by diverse Roma populations across Europe.

Subsequently, the paper titled "The role of NGOs on health and peace development through implementing support programmes for victims of child abuse" uses a mixed method research approach with a sample of 137 staff members of NGOs supporting children in Tehran to make a crucial argument. More attention is required from governments in order to support NGOs, especially legislatively and financially.

The third paper, "Domestic violence against women in west of Iran: the prevalence and related factors," is based on a 2016 study with a sample of 360 women who were referred to two educational hospitals in Sanandaj. Out of the 360 women, 245 reported that they had experienced "any form of violence" in the year preceding the survey. Of them, 62.2 per cent had experienced emotional, sexual and physical violence. Interestingly, those who reported "any form of violence" had significant associations with occupation, economic status of family and the status of sexual satisfaction of couples. The paper argues that given the relationship between experience of violence and sexual dissatisfaction, sexual education before and after marriage is paramount.

The fourth paper titled "Empowering the insured under health insurance: a case study in the centre of Iran" takes a critical perspective on what it calls as "the health market." The authors argue that one way to get out of existing conditions is to empower the insured in order to involve them actively in maintaining and improving their health. Based on the purposive sampling method and theoretical saturation criterion, 24 individuals including 12 health insurance experts and 12 insured participated in the paper's study in 2018. The semi-structured interview method was used to collect data. This qualitative study was conducted to assess and determine the effective strategies for empowering the insured. The results are helpful to health insurance organizations and health decision makers to detect the effective ways to develop the quality of insurance services, improve the status of insured and increase access to healthcare goods and services.

The fifth paper titled "Communicative processes for health activism: the case of organizations working with Filipina migrants in Japan" explores the communicative processes of organizations

working with women migrants in countries of destination. The paper employed in-depth interviews with leaders of not-for-profit and faith-based organizations working with Filipina migrants in Japan. While organizations recognized physical and spiritual health, they placed strong emphasis on mental wellbeing. Other than translation services, pastoral care and shelter, coordinating with other not-for-profit and faith-based organizations, international centres and governments were cited as key solutions for addressing illness and disease. This is only one of very few papers that explored the ways into which organizations communicatively challenge health structures in countries of destination.

Finally, the paper titled “Medical visit time and predictors in health facilities: a mega systematic review and meta-analysis” investigates the factors that help develop a better and more meaningful relationship between patients and physicians. Through secondary analysis of sources up to June 2018, the paper looked at the effects of three variables, physician gender, patient gender and type of consultations, in 34 countries. The evidence suggests that specified variables do not influence the length of consultations. Good relationship is essential to a safe and high-quality consultation and referral process. A high-quality consultation can improve decisions and quality of visits, treatment effectiveness, efficiency of service, quality of care, patient safety and physician and patient satisfaction.

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

Year 2020 will be an important year for our journal and we have planned two exciting special issues. The first is titled “Sex trafficking and violence against women” with Guest Editor Dr Sarbinaz Bekmuratova. The second special issue will be edited by myself and is titled “Health 2020: Gaps & Trends for Human Rights.”