

Theo Gavrielides

Welcome to the fourth issue of 2023! To say thank you for being a reader, this time we added three more papers totalling to ten research manuscripts covering a wide range of international topics. The paper “The tension between INGOs accountability to donors’ agendas and to the affected population and its impact on their access to human rights” stands out as it looks at the issue of power and how it impacts on health inequalities. Power abuse has been a long-standing matter of my research investigations, as I believe it is the biggest driver of inequalities (Gavrielides, 2021). Aligned with my own research findings, this paper suggests that unequal power relations, international non-governmental organisations’ (INGOs) questionable legitimacy and the unclear relation with politics are the causes behind the tension in accountability between donors’ agendas and favouritism in health care.

The first paper, “Eliciting preference for private health services among patients in Iran: evidence from a discrete choice experiment”, looks at the factors associated with patients’ preferences to use private health services. The study involved 375 patients in a public training hospital in Qazvin, northwest city of Iran. According to the findings, these patients were 2.7 times more likely to choose private hospital services when the waiting time was reduced to less than a week. Furthermore, as patients had complimentary insurance coverage, they were over 60% more likely to receive such services from training hospitals. Finally, continuity of care and reduced health-care tariffs were significant factors that increased patients’ preference to choose private services by 52% and 37%, respectively. I have said many times that the right to health is a basic human right. It should not be contingent on someone’s ability to pay, and this means receiving the same type of service independently of means. This paper highlights an important issue in the international literature that must not be forgotten.

Moving on to “Policies and initiatives/programs that promote health and self-care in asylum seekers living in high income countries: a narrative review”, we revisit the issue of chronic non-communicable disease (CNCD). The authors examine a series of policies, programmes and initiatives with the potential to promote health in adult asylum seekers residing in high-income countries. They conclude that free access to health-care services and pharmaceutical products, food banks, cooking lessons, community integration training sessions and culturally competent health-care workers can promote health and self-care. This is an important finding given how scant the research is on self-care and health promotion in adult asylum seekers with CNCD. At the same time, CNCDs represent high burden of disease in asylum seekers but have a low priority in reported research.

“The role of tinnitus distress in the development of somatization symptoms among patients: implications for healthcare in Pakistan” investigates the role of tinnitus distress between tinnitus magnitude, cognitions and functional difficulties. The study put particular emphasis on the development of somatisation symptoms among patients experiencing ear-related problems due to the lack of proper access to health care. It involved 159 patients (97 male and 62 female) having tinnitus complaints, with age range 18–87. The study was conducted from December 2020 to July 2021. Tinnitus distress is significant positively associated with tinnitus-related magnitude, negative cognitions, functional difficulties and somatisation

Theo Gavrielides is based at the Restorative Justice for All (RJ4All) International Institute, London, UK.

symptoms. Gender-related differences between male and female tinnitus patients revealed that females are more prone to depict higher levels of tinnitus distress, tinnitus magnitude, negative cognitions and somatisation symptoms than male patients. Mediation analysis demonstrated that tinnitus distress serves as a mediator between tinnitus magnitude, cognitions, functional difficulties and somatisation symptoms. The study cries for upgraded health-care systems in Pakistan putting an emphasis on better health care for tinnitus patients.

The fourth paper, “Public health insurance for elderly: did researchers recognise health as human right for elderly?” revealed that the highest number of publications on human rights in health care came out in the year 2019 with the most notable journal being the *Journal of Aging and Social Policy*. The most referred to research paper is about long-term care insurance in Japan. The USA came first with the highest number of papers.

There is consensus in the literature that anti-gay prejudice has a negative impact on HIV programming for gay men. “Barriers to the right to HIV prevention health care for men who have sex with men (MSM) in Barbados: an examination of anti-gay prejudice” analyses the prevalence and predictors of anti-gay prejudice in Barbados, and possible impacts on the full recognition of the right to health care. The study used nationally representative data obtained from the Caribbean Development Research Services capturing anti-gay prejudice in Barbados in 2004, 2013 and 2019. The authors concluded that the share of persons who expressed feelings of hatred towards gays and lesbians did not change significantly over the period. Men generally expressed more prejudice than women and male sexual prejudice could be localised to three groups – men without tertiary education, men under 51 and members of non-Christian religions. Meanwhile, there was little consistency in the predictors of women’s attitudes over the period. The paper concludes that although health care is provided as a universal right to all Barbadians, a strictly medical approach to HIV prevention for gay men is inadequate. I believe this is a finding relevant to many other countries, including European and Western democracies, that profess to have made huge progress in gay men’s and lesbians’ rights.

“Healthcare services utilization in Iran: a systematic review and meta-analysis” was conducted in 2020 looking at a variety of sources in the published and grey literature. Approximately 22% of the reviewed articles had been written in Iran. Most of these studies examined the utilisation of outpatient and inpatient services. The authors argue that policymakers can improve the level of utilisation from health services by expanding universal coverage, expanding insurance coverage and removing direct and indirect barriers.

The seventh paper, “Self-reported unmet health needs of adults with disabilities in Kurdistan, Iran”, is based on a cross-sectional study that was conducted among people with disabilities in Sanandaj, the capital of a less economically developed province in western Iran in 2020. In total, 548 samples were selected using random sampling, and data were collected using a questionnaire. About 64% and 23% of participants needed outpatient and inpatient services, respectively. The authors argued that the gap between the perceived need and using health services for outpatient and inpatient services was reported to be 55% and 30%, respectively. The main reasons for not seeking the required health care were “insufficient coverage of costs by insurance” and “lack of physical access”. Having supplementary insurance and better economic status were significantly correlated with using outpatient care and having supplementary insurance and type of disability had a significant relationship with using inpatient care.

“Inequity in out-of-pocket expenditure and utilization of laboratory tests in Iran: lessons learned in human rights” looks at equal access to health services as part of our human rights. Gini and concentration indices were calculated for this purpose, and regression models were estimated to show the relationship between different factors and utilisation. The study showed that out-of-pocket and utilisation were lower in less developed regions of ease and

southeast regions of the country and were related to access to health insurance, income and wealth deciles.

I have already mentioned the ninth paper, “The tension between INGOs accountability to donors’ agendas and to the affected population and its impact on their access to human rights”. It examines the reasons behind the tension between accountability to donors and accountability to beneficiaries, in terms of obtaining the basic needs and human rights of the latter. Relying on three arguments; firstly, based on Angela Crack’s (2013) theory of the three waves of accountability, the authors argue that the unequal power relations between donors, INGOs and beneficiaries is a source of the deficit and gap of this accountability. Secondly, the authors examine the relation between INGOs and politics, their role in influencing policymaking and their increased involvement with governments and states. The authors suggest that INGOs reliance on governments for facilitation and funding makes them accountable to those governments in a way that conflicts with the needs of their beneficiaries affecting their chances to obtain their basic human rights. Thirdly, the authors explore the different agendas between the global north and global south, considering the Western roots of INGOs. Indeed, a strong contribution to the international health-care literature.

The last paper, “Risk assessment of exposure to covid-19 virus: a cross-sectional study among healthcare workers”, examines an array of managerial strategies to cope with existing risk procedures. It is based on a cross-sectional study that was conducted among health-care workers working in a general hospital in Qazvin, northwest of the country. A total of 310 employees working at different clinical and non-clinical occupational levels participated in the study. The paper revealed statistically significant relationships between workplace exposure to the COVID-19 virus and variables, including job type, performing the aerosol-generating procedure and access to personal protective equipment (PPE). Health-care workers older than 36 years were at 8% more risk of COVID-19 virus. Medical doctors and nurses were respectively 28% and 32% times more likely to be at high risk of infection than other hospital staff categories. Having inadequate access to PPE and lack of training on IPC guidelines were also key determinants of high-risk infection. It is obvious from the findings that limiting the exposure of vulnerable staff to COVID-19 patients, increasing protective measures for HCWs and providing essential information about infection control procedures is a must going forward.

I hope that you find this issue useful in your practice and research. Your feedback is always welcome; you can submit your views via our website as well as your work for peer review and publication at www.emeraldgrouppublishing.com/journal/ijhrh?id=IJHRH#author-guidelines. We review papers on an ongoing basis and have a target of returning them to the author within five to eight weeks of receipt. Warm wishes from everyone at the *IJHRH* and stay safe!

Reference

Gavrielides, T. (2021), *Power, Race & Justice: The Restorative Dialogue We Won't Have*, Routledge, Abingdon, ISBN 978-1-4724-8835-0.