

Health in quilombola communities: A bibliometric study in the Brazilian context

Saúde de populações quilombolas: um estudo bibliométrico no contexto brasileiro

Salud de las poblaciones quilombolas: estudio bibliométrico en el contexto brasileño

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ABSTRACT

Objective: to analyze the scientific production on health in quilombola communities, focusing on time trends, key institutions and journals, international collaboration and predominant topics. **Method:** this bibliometric study was conducted using the Scopus, Web of Science and PubMed databases, analyzing keywords, titles and abstracts. Data collection took place in March 2025. The Bibliometrix[®] tool was used to examine publication progression and to identify leading institutions and journals, international collaborations and key topics. **Results:** a total of 216 articles published between 2008 and 2024 were identified, with highlights on the *Ciência & Saúde Coletiva* and *Cadernos de Saúde Pública* journals. *Universidade Federal da Bahia* and *Universidade Federal do Maranhão* were the main contributors. The terms “Brazil”, “cross-sectional studies” and “quilombolas” were frequent, while “public health” and “ethnicity and health” displayed rising prominence. Collaboration with institutions in the USA and Canada was noticed. **Conclusion:** a clear need emerged to expand research integrating cultural and territorial perspectives into health policies targeting this population segment.

Descriptors: Nursing; Health Policy; Quilombola Communities; Health Inequities.

RESUMO

Objetivo: analisar a produção científica sobre a saúde de populações quilombolas, com ênfase nos padrões temporais, instituições e periódicos mais atuantes, colaboração internacional e temas predominantes. **Método:** estudo bibliométrico realizado nas bases Scopus, Web of Science e PubMed, com análise de palavras-chave, títulos e resumos, com coleta de dados em março de 2025. Utilizou-se o Bibliometrix[®] para examinar a evolução das publicações, identificar instituições e periódicos de destaque, colaborações internacionais e principais temas. **Resultados:** identificados 216 artigos publicados entre 2008 e 2024, com destaque aos periódicos *Ciência & Saúde Coletiva* e *Cadernos de Saúde Pública*. A Universidade Federal da Bahia e a Universidade Federal do Maranhão foram as mais produtivas. Os termos “Brasil”, “estudos transversais” e “quilombolas” foram recorrentes, com aumento para “saúde pública” e “etnia e saúde”. Observou-se colaboração com instituições dos EUA e Canadá. **Conclusão:** evidenciou-se a necessidade de ampliar pesquisas que integrem perspectivas culturais e territoriais nas políticas de saúde para essa população.

Descritores: Enfermagem; Política de Saúde; Quilombolas; Iniquidade em Saúde.

RESUMEN

Objetivo: analizar la producción científica sobre la salud de las poblaciones quilombolas, con énfasis en los patrones temporales, las instituciones y revistas más activas, la colaboración internacional y los temas predominantes. **Método:** estudio bibliométrico realizado en las bases de datos Scopus, *Web of Science* y PubMed, mediante el análisis de palabras clave, títulos y resúmenes, con recolección de datos en marzo de 2025. Se utilizó Bibliometrix[®] para examinar la evolución de las publicaciones, identificar instituciones y revistas destacadas, colaboraciones internacionales y temas principales. **Resultados:** se identificaron 216 artículos publicados entre 2008 y 2024, destacándose las revistas *Ciência & Saúde Coletiva* y *Cadernos de Saúde Pública*. Las más productivas fueron Universidade Federal da Bahia y *Universidade Federal do Maranhão*. Los términos “Brasil”, “estudios transversales” y “comunidades quilombolas” fueron recurrentes, con un aumento para “salud pública” y “etnia y salud”. Se observó colaboración con instituciones de EE. UU. y Canadá. **Conclusión:** se evidenció la necesidad de ampliar la investigación que integre perspectivas culturales y territoriales en las políticas de salud para esta población.

Descriptorios: Enfermería; Política de Salud; Quilombola; Iniquidades en Salud.

INTRODUCTION

Comprised by descendants from enslaved people who sought freedom and autonomy, quilombola communities maintain strong ties to African ancestry and distinctive cultural and social practices. Historically, these communities have encountered major barriers in accessing essential public policies, such as health services, education and land regularization for traditional territories, a situation worsened by structural racism that heightens inequality and vulnerability¹⁻³.

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Conducted in 2022 by the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*, IBGE), Brazil's first Quilombola Census recorded 1,330,186 quilombolas across 1,700 municipalities and 24 federation units (states), including the Federal District. The data revealed significant structural inequalities, including a sanitation deficit affecting approximately 90% of the households in officially recognized territories, and a literacy rate of 81.01% among quilombolas aged 15 and older, still below the national average of 93%. Additionally, only 167,769 quilombolas live in officially recognized territories, while the majority (1,162,417 people) live outside these areas, further intensifying challenges in accessing public policies and essential services⁴.

Health among quilombola populations across Brazil reflects social vulnerabilities and structural inequalities, evident in their persistent barriers to accessing healthcare services. Although legislation and public policies address these communities, their effectiveness remains constrained by slow land regularization, program discontinuity and insufficient investment².

Coupled with the scarcity of disaggregated health data for these communities⁶, the limited qualitative and participatory research on the State's role in shaping health outcomes within socioeconomically vulnerable contexts⁵ highlights the urgent need for studies that can inform more effective and equitable interventions.

In this context, Bibliometrics emerges as a relevant methodological approach for analyzing scientific production related to quilombola health. Its use enables mapping trends, identifying patterns and uncovering gaps in the literature, thereby providing broader and more systematic insights into progress within this field. Moreover, bibliometric methods offer clear guidance for future research and support the development of more effective public policies addressing the specific needs within this field⁷⁻⁹.

Despite recent growth in scientific production, bibliometric reviews on quilombola health remain scarce, resulting in poor terminological standardization and underreporting within collaboration networks. Systematically mapping this area is crucial for supporting more effective public policies and guiding research agendas, highlighting actionable gaps for nursing practice.

Therefore, this study aims at addressing the following question: How has the scientific production on quilombola health evolved over time, and which journals, academic institutions and topics define this research area?

In this context, the objective is to analyze the scientific production in the field, emphasizing time trends, collaboration networks and prominent institutions and journals, thereby highlighting gaps that demand greater attention, particularly the need to integrate cultural and territorial perspectives into health policies.

METHOD

This study used Bibliometrics as a quantitative approach to evaluate the scientific production on quilombola health, drawing on published articles^{8,9} and relying on numerical indicators and statistical analyses to map scientific development, identify collaboration patterns, assess productivity and evaluate publication impact⁷⁻⁹. The Bibliometrix[®] package, a tool designed for comprehensive bibliometric and science mapping analyses, was employed for this purpose¹⁰.

The five stages typically followed in bibliometric analysis within the medical sciences were observed: (1) Retrieval; (2) Migration; (3) Analysis; (4) Visualization; and (5) Interpretation¹¹. The bibliometric indicators considered included annual publication output, leading institutions, international collaboration, prominent journals and keywords and themes examined.

Data collection took place in March 2025. The articles were retrieved from journals indexed in the PubMed, Scopus and Web of Science databases, accessed through the Federated Academic Community (*Comunidade Acadêmica Federada*, CAFE) belonging to the Brazilian Federal Agency for Support and Evaluation of Graduate Education (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*, CAPES) via *Universidade Federal de Pernambuco*, with no restrictions on publication year. The search used the following Portuguese and English terms: “*Quilombolas*”, “*Quilombo*”, “*Comunidades quilombolas*”, “*Grupo com Ancestrais do Continente Africano*”, “*Saúde*”, “*Quilombola Communities*”, “*Group with Ancestors from the African Continent*”, “*African Continental Ancestry Group*” and “*Health*”. The terms were adjusted to meet each database's requirements, and the OR and AND Boolean operators were used to connect them.

Primary articles published in Portuguese and English in national and international journals were included. Book chapters, review articles, conference abstracts, preprints and editorials were excluded. The articles retrieved were screened by title and abstract, with a focus on selecting those that directly or indirectly addressed health in quilombola communities.

After the initial selection, the results were exported in compatible formats and consolidated in the Bibliometrix[®] package (version 4.1.3)¹⁰ using the R[®] software, version 4.4.2. At this stage, the *mergeDbSources* native function from

the Bibliometrix® package was applied to automatically identify and remove duplicate records. The resulting file was then exported to Microsoft Excel®, with articles organized alphabetically. A manual review checking the title, author and year fields was performed after text standardization, allowing removal of remaining duplicates and review articles not meeting the study objectives.

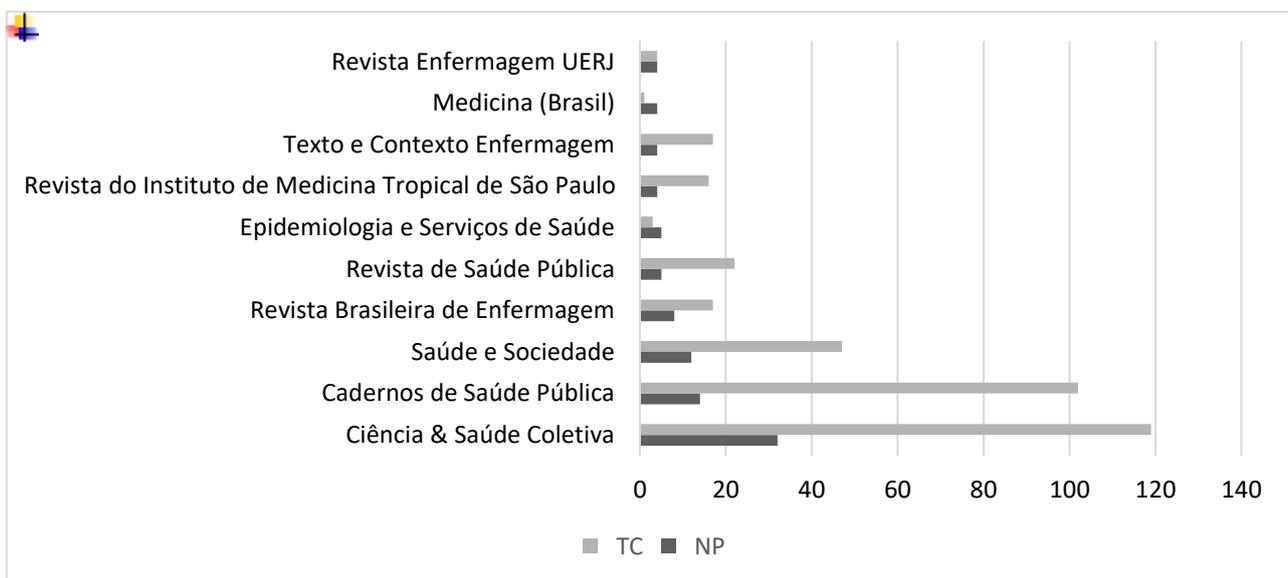
The metadata in the Microsoft Excel® database were standardized to resolve inconsistencies in author, journal and institution entries. These procedures were essential to ensure data uniformity and reliability^{10,12}. The R® software (version 4.4.2), running the Biblioshiny graphical interface, was used to perform analyses. The Biblioshiny® software tool was employed to calculate bibliometric indicators and generate visualizations, including annual scientific production, leading journals and institutions, collaboration, keyword networks and thematic evolution. The numerical results were exported from the tool and used to create graphs in Microsoft Excel®, while trend graphs and thematic maps were generated directly in the Biblioshiny interface.

This study relied on publications about quilombola health from open-access databases, removing the need for review by a research ethics committee, in accordance with Resolution No. 510/2016 of the National Health Council. This resolution governs research using only publicly accessible information and secondary data, without subject identification.

RESULTS

A total of 443 articles were initially selected: 168 from PubMed, 166 from Scopus and 109 from Web of Science. A total of 139 duplicate records were removed using the *mergeDbSources* native function in the Bibliometrix® package, followed by a manual screening process that excluded 71 remaining duplicates and 17 review articles. The final dataset on quilombola health for bibliometric analysis, covering the period from 2008 to 2024, included 216 articles published across 102 different journals.

The scientific production was modest until 2012. A consistent upward trend was observed from 2013 onward, peaking at 35 publications in 2021. A total of 22 publications were recorded in 2024. This progression represented an annual growth rate of 21.3% (Figure 1).



Light grey = Total citations. Dark grey = Number of publications.

Figure 1: Publication count and total citations from the journals with the highest output on quilombola health (2008–2024). Recife, PE, Brazil, 2025.

The scientific production was concentrated in Brazilian public institutions. The universities with the highest publication counts were the following: *Universidade Federal da Bahia* (UFBA) (n=67), *Universidade Federal do Maranhão* (UFMA) (n=61) and *Universidade Federal de Alagoas* (UFAL) (n=48). The following institutions stood out among the top ten: *Universidade Federal do Pará* (UFPA) (n=43), *Universidade Federal de Minas Gerais* (UFMG) (n=31), *Universidade Federal do Rio Grande do Sul* (UFRGS) (n=29), *Universidade Federal de Goiás* (UFG) (n=26), *Universidade Estadual de Montes Claros* (UNIMONTES) (n=26) and *Universidade de São Paulo* (USP) (n=20). The publications linked to these institutions showed an increasing trend from

2013 onward. International collaborations were also observed, with Brazilian researchers partnering with institutions from countries such as the United States, Canada, Argentina, Portugal and Germany.

Upon analyzing journal publications on quilombola health, it was observed that there was consistent research activity throughout the study period. The leading journals included *Ciência & Saúde Coletiva* (n=32), *Cadernos de Saúde Pública* (n=14), *Saúde e Sociedade* (n=12), *Revista Brasileira de Enfermagem* (n=8), *Epidemiologia e Serviços de Saúde* (n=5) and *Revista de Saúde Pública* (n=5). These journals accounted for 35.23% of all publications on the topic during the study period. In terms of impact, *Ciência & Saúde Coletiva* led with 119 citations, followed by *Cadernos de Saúde Pública* (102) and *Saúde e Sociedade* (47) (Figure 1). International journals such as *Public Health Nutrition*, *BMC Women's Health* and *Frontiers in Public Health* also featured articles addressing the topic, though with lower output.

The time trends for keywords related to quilombola health were analyzed based on term frequency throughout the study period (Figure 2).

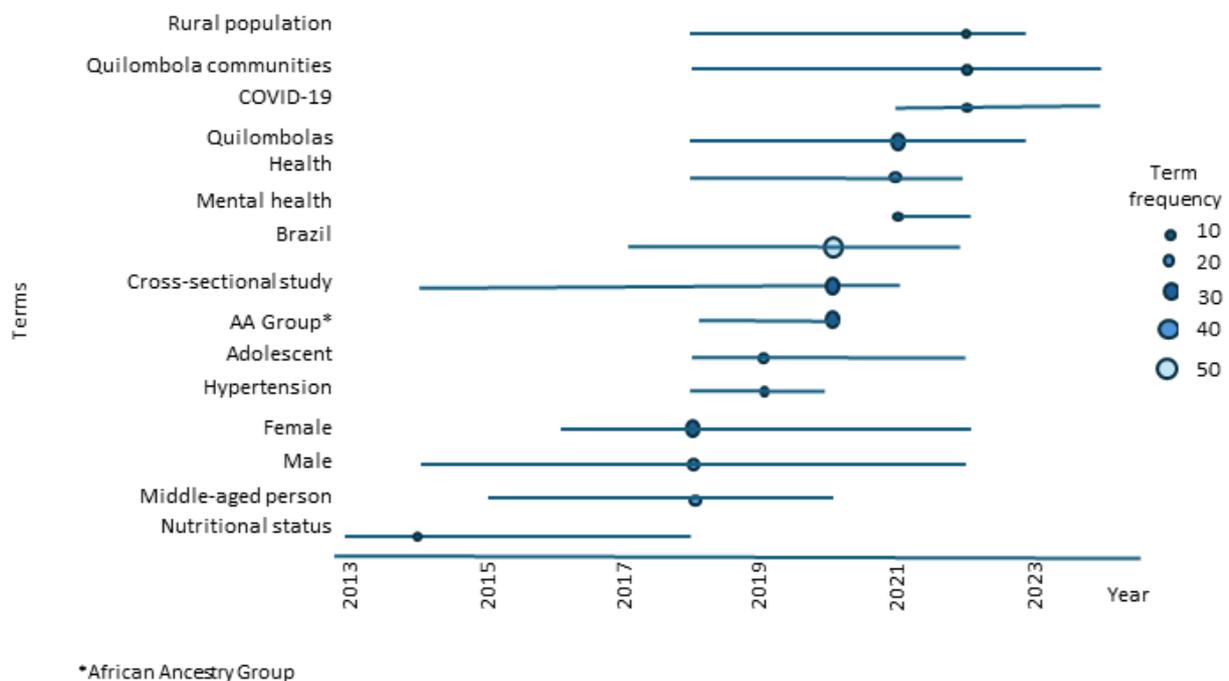


Figure 2: Time trends for the main keywords addressing quilombola health (2008–2024). Recife, PE, Brazil, 2025.

The most frequent keywords were “Brazil” (n=51), “cross-sectional studies” (n=33), “quilombolas” (n=33), “African ancestry group” (n=32) and “female” (n=31). Topics such as middle-aged adults (n=21) and nutritional status (n=8) were more prevalent in earlier studies but appeared less frequently in recent research. From 2021 onward, terms like COVID-19 (n=10) and mental health (n=9) showed higher frequency. Additionally, the terms quilombolas and quilombola communities (n=13) were increasingly used from 2018 onward.

A network linking the keywords was identified, with variations across the periods analyzed. A thematic progression was observed, shifting from demographic and cultural aspects to broader issues such as access to health services, public health, and ethnicity and health (Figure 3).

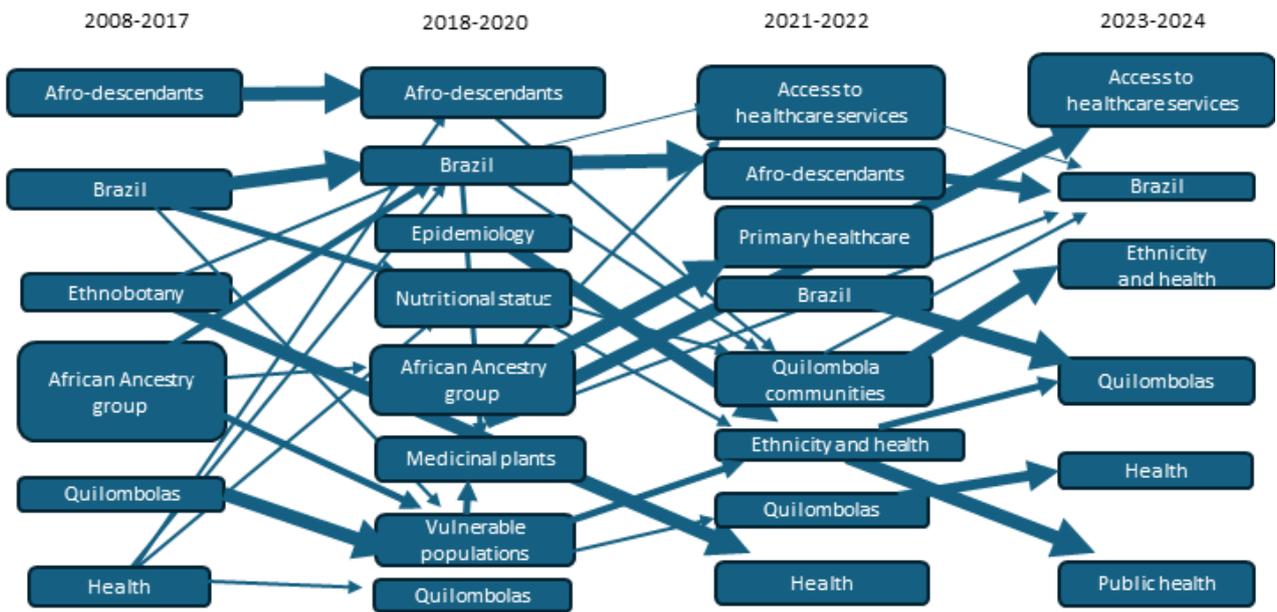


Figure 3: Thematic progression, shifts and keyword connections related to quilombola health (2008–2024). Recife, PE, Brazil, 2025.

The term “Brazil” remained the most interconnected throughout the entire period (2008–2024), linked to a diverse array of related terms. “Quilombolas” and “health” appeared consistently and were closely associated. Between 2008 and 2017, terms such as “African ancestry group” and “Afro-descendants” were widely used but lost prominence in later connections, especially from 2018 onward. “Ethnobotany”, a term present in the early years, was replaced by “medicinal plants” in the second time window. From 2018 to 2020, thematic diversification emerged, with new terms such as epidemiology, nutritional status and vulnerable populations. In 2021 and 2022, the studies shifted toward topics related to *access to health service*, *primary health care*, and *ethnicity and health*. In 2023 and 2024, broader terms gained prominence, such as “public health” and “health”, the latter appearing across nearly the entire study period, along with “ethnicity” and health” and “access to health services”, which remained widely used in more recent research projects (Figure 3).

DISCUSSION

Health in quilombola populations results from a complex interplay between geographic factors (territorial isolation), social conditions (low income) and cultural aspects (traditional practices), which limit access to comprehensive care¹. Anchored in quantitative methods^{7–10}, bibliometric analysis allowed quantifying and characterizing the scientific production on the topic, as well as identifying leading journals, international collaborations, most productive institutions, thematic patterns, knowledge gaps and emerging research areas. No bibliometric studies focused specifically on quilombola health have been identified to the present day, giving this methodological approach originality and highlighting its potential to guide priority research agendas and public policy development.

The growing academic interest in quilombola health, reflected in increased scientific output between 2008 and 2024, may be linked to recommendations in public policies targeting this population segment, such as *Programa Brasil Quilombola* (PBQ), established in 2003, and its recent expansion through *Programa Aquilomba Brasil*, launched in 2023^{13–15}. Established in 2009, the National Policy on Comprehensive Health for the Black Population (*Política Nacional de Saúde Integral da População Negra*, PNSIPN) emphasizes the need to address historical inequalities and promote research on racism and health, including quilombola communities^{15–17}, to better understand social determinants affecting these populations. Despite all the efforts, these policies still face challenges related to funding, program continuity and effective integration with primary care, limiting their overall impact.

An integrative review identified an increase in publications on quilombola health starting in 2010, with peaks in 2013 and 2014¹⁷. This growth is supported by a broader scoping review and bibliometric analysis that mapped the Brazilian scientific output on Black population health between 1969 and 2022, identifying 54 studies specifically addressing quilombola communities during this period¹⁸. Despite this progress, historical inequalities and gaps in public policies continue to affect these populations, underscoring the need for measures that advance equality in health¹⁹. These findings highlight quilombola

health as an emerging and strategic field, yet one that remains underexplored for shaping public policies that are culturally sensitive and socially equitable.

The increase in these publications may also reflect growth in federal universities and enhanced research capacity, supported by programs like REUNI (*Programa de Apoio a Planos de Reestruturação e Expansão das Universidades Federais*) [Support Program for Academic Restructuring and Expansion Plans at Federal Universities]. This program promoted university growth, increased enrollment and expanded health-related courses across Brazil²⁰. Growth and emphasis on these institutions' social mission likely drove increased research targeting equality in health^{6,21,22}. In this context, public universities play a central role in the scientific production on quilombola health, helping create knowledge while reducing inequalities and promoting social justice.

International collaboration, especially with the United States, Canada, Argentina, Portugal and Germany, broadens opportunities for knowledge exchange and for embracing innovative approaches, although it remains limited. This scenario reflects both the topic's global relevance and Brazil's reliance on external support networks, particularly given the funding challenges and instability in science and technology policies. Health diplomacy and South-South cooperation play a key role in this context, strengthening national capacities in science, technology and innovation, while fostering knowledge production and driving high-impact research publications^{22–25}.

The publications focus on specialized journals with significant relevance in Public Health and Nursing, such as *Ciência & Saúde Coletiva*, *Cadernos de Saúde Pública*, *Saúde e Sociedade* and *Revista Brasileira de Enfermagem*, all with a well-established impact in the field. A brief scoping review on the health of the Black population, including quilombolas, revealed certain predominance of epidemiological approaches, with a focus on health conditions and diseases. It also highlighted limitations in indexing descriptors and the need for research that informs public policies and addresses racial inequalities¹⁸. Restricted access to healthcare services and the high prevalence of chronic diseases represent significant vulnerabilities¹⁷, emphasizing the urgent need to expand scientific production in alignment with the PNSIPN and the National Health Research Priorities Agenda (*Agenda Nacional de Prioridades de Pesquisa em Saúde*)^{16,26}.

Analytical tools such as trend graphs and thematic maps proved particularly useful for bibliometric analysis in the quilombola health field. Trend graphs display topic frequency and relevance over time, helping identify emerging, established and declining themes. In turn, thematic evolution maps highlight conceptual connections between terms, track cluster dynamics, categorize themes by period and reveal patterns, offering insights into potential directions for future research²⁷. When it comes to quilombola communities, these tools are instrumental in understanding how scientific priorities and social demands have shifted over time in response to historical, political and health-related contexts.

The keyword analysis identified “Brazil” as the most frequent term, underscoring its central role in the scientific production on quilombola health. This emphasis highlights the relevance of the national context in discussions on health inequalities and the specific needs of the Black population, likely shaped by public policies focused on racial equity, which in recent decades have aimed at addressing structural inequalities⁸. Despite these efforts, quilombola communities' access to health services remains limited due to socio-economic and geographical factors²⁹. Low schooling levels and economic vulnerability are key determinants contributing to the high prevalence of chronic and infectious diseases, reflecting an incomplete epidemiological transition marked by persistent inequalities¹⁹.

The recurring use of the “cross-sectional studies” keyword highlights a significant methodological trend in quilombola health research. This design has been widely used to estimate prevalence values, identify social determinants and describe population characteristics³⁰. Examples include studies evaluating primary care quality through caregiver reports in quilombola communities³¹, as well as research assessing healthcare access gaps and associated factors in a sample of over 91,000 quilombolas²⁹. These findings highlight how cross-sectional studies are useful, while also emphasizing the need for methodological diversification to better capture the social and cultural complexities within these populations.

The term “quilombolas” is specific to the Brazilian historical context and, unlike in other countries, specifically designates these communities³². Over time, it has been redefined to represent not only a historical identity but also a political and educational concept. This transformation reflects the official recognition of quilombola communities as subjects with specific rights in Brazil, which has driven academic production on the topic³³. This redefinition has significant implications for health studies, as the quilombola identity is deeply intertwined with the social, territorial and health conditions that define these populations.

The emergence of the term “medicinal plants” from 2018 onward, following a period dominated by “ethnobotany” (2008–2017), marks a shift in research focus, placing greater emphasis on the therapeutic use of traditional knowledge. This shift is reflected in the identification of 30 plant species used to treat chronic and inflammatory diseases, with

a particular focus on leaves and teas³⁴. This indicates a transition from descriptive approaches to investigations aimed at integrating traditional knowledge with the policies established by the National Unified Health System (*Sistema Único de Saúde*, SUS), valuing culturally appropriate therapeutic practices that are open to scientific validation³⁵.

Recent studies highlight the growing focus on terms like *COVID-19* and *mental health* in research projects on quilombolas, particularly since 2021. The post-pandemic period revealed high prevalence of mental disorders, including anxiety and depression, within these communities³⁶. Factors such as social isolation, fear of death and limited access to healthcare services helped to worsen these conditions³⁷. These findings emphasize the need for interdisciplinary approaches to mental health disparities, worsened by historical inequalities affecting vulnerable populations.

The terms “nutritional status”, “food insecurity” and “hypertension” were recurring in studies on quilombola health, highlighting the link between health conditions and social determinants in contexts of vulnerability. With a mean prevalence of 32.1% in these communities, *hypertension* exceeds the national mean of 23.9%, possibly linked to African ancestry, epidemiological transition and socioeconomic factors³⁸. In a survey with 2,485 families, 67.6% experienced *food insecurity*, particularly among those with low schooling, poor housing and limited access to drinking water³⁹. These findings highlight the urgent need for interdisciplinary strategies focused on structural health determinants, aiming to reduce inequalities that disproportionately impact these populations^{1,5}.

Between 2023 and 2024, research on quilombola populations expanded thematically, with greater emphasis on public health, ethnicity and health-related social determinants. The term “quilombolas” remained central as a recurring keyword, reflecting the scientific community’s growing interest in historical inequities and the unique needs of these communities. However, topics such as sexual and reproductive health, infectious diseases, prenatal care and prevalent childhood conditions remain underexplored, highlighting opportunities to diversify the research agenda.

The PNSIPN remains a key guideline driving research on the socioeconomic contexts that impact the health of the Black population, including quilombolas. The growth in scientific research on quilombola health not only reflects the increasing recognition of its importance in public health but also the impact of policies that have actively promoted research focused on this population¹⁶. The literature has explored various topics, such as cardiovascular diseases, HIV/AIDS, oral health, women’s health and sickle cell disease, highlighting the need to expand the research agenda and address other dimensions that remain underexplored¹⁸.

Although progress has been made, significant gaps remain in scientific research on quilombola health, particularly concerning specific social determinants, traditional care practices and the assessment of public policies tailored to these communities’ cultural and territorial realities⁴⁰. Structural barriers such as land insecurity² and limited access to basic services¹⁷ continue to restrict comprehensive health promotion. Therefore, future research should prioritize interdisciplinary approaches that integrate health, territory, culture and recognition policies, valuing traditional knowledge and promoting equity-driven strategies.

While the growing scientific focus on quilombola health represents significant progress, critical gaps remain, especially when it comes to addressing health-related structural determinants, recognizing traditional care practices and assessing the impact of public policies like the PNSIPN. The knowledge generated should guide the development of more comprehensive, equitable and culturally sensitive public policies that address the unique needs of quilombola communities, while safeguarding their constitutional right to health. Advancing this agenda requires interdisciplinary research that deepens insights into structural determinants and validates culturally relevant practices, while strengthening strategies for equity and social justice.

Study limitations

Despite the study contributions, it is essential to acknowledge its limitations, as it is based on a quantitative analysis using secondary data. The absence of primary data and the complexity of sociocultural interactions and health-related social determinants, which are not fully captured in secondary analyses, highlight the urgent need for qualitative and community-based studies.

Future research should explore the cultural and social specificities within quilombola communities, more accurately examine the social determinants affecting their health and quality of life and evaluate the impact of public policies on their well-being. Such studies, focusing on the perspectives and needs within quilombola communities, will be crucial for advancing scientific knowledge in Nursing and enabling the development of more culturally sensitive and effective interventions.

CONCLUSION

This bibliometric analysis showed that studies on quilombola health have increased since 2013. The universities with the most publications were *Universidade Federal da Bahia* (UFBA) and *Universidade Federal do Maranhão* (UFMA). International collaborations were identified with institutions from countries such as the United States, Canada, Argentina, Portugal and Germany. Well-regarded journals dominated the publications, focusing on quantitative approaches and topics such as chronic diseases, particularly hypertension, as evidenced by the recurring keywords in the articles analyzed.

It is recommended to adopt methodological approaches that combine quantitative and qualitative data to achieve a more comprehensive and contextualized understanding. Such integration is crucial for bridging scientific knowledge with traditional practices and wisdom within these communities.

The knowledge gaps and the social and health vulnerability faced by quilombola populations give Nursing a strategic role. Due to their work in Primary Health Care, nurses are well-positioned to lead community-based research and develop culturally sensitive interventions, promoting equitable access to services.

By providing a consolidated perspective on scientific research in this field, this study contributes to advancing knowledge on quilombola health and offers valuable insights for researchers, health professionals and policymakers. Future research should prioritize underexplored topics such as sexual and reproductive health among adolescents, prevalent childhood diseases and, above all, an evaluation regarding the effectiveness of public policies, including the PNSIPN, through participatory methods.

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