

A health systems approach to vulnerable populations

The term 'vulnerable population' refers to a disadvantaged sub-segment of the community, members who require extra-ordinary care, specific ancillary considerations and augmented protections. Examples of vulnerable populations include, but are not limited to, children, minors, pregnant women, fetuses, prisoners, employees, military persons and students in hierarchical organisations, as well as terminally ill, comatose or physically or intellectually challenged individuals.^[1] Together with at-risk populations, they constitute key populations for a disease, who are at increased risk irrespective of the epidemic type or local context. The vulnerability of a population is often associated with specific higher-risk behaviours (which often have legal and social ramifications) that increase their vulnerability to diseases.^[2] Understanding the characteristics of these populations is important, as they may become essential partners in an effective response to disease management. This issue covers two such vulnerable population groups: refugees^[3] and an opioid-dependent population.^[4] These two articles highlight the challenges associated with the management of vulnerable populations, and illustrate the need to strengthen health systems to make them more responsive to these population groups.

We are also pleased to include the abstracts from the first Gauteng Research and Innovation Summit, held in Ekurhuleni in February 2018, and hope to see implementation of the resolutions taken at the summit, one of which is to change focus from curative

to preventive and promotive healthcare. This was the focus of the recent launch of the Health, Wellness and Happiness Campaign, in Gauteng on 16 November 2018, by the Hon. Minister of Health of South Africa (SA).^[5] This provides a unique opportunity for public health professionals, and particularly public health physicians, to strengthen the health systems in SA towards supporting preventive and promotive care.

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