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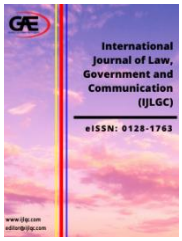

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CRITICAL REVIEW ON HOMELESS, VAGRANTS AND DESTITUTE ACTS IN MALAYSIA AND SELECTED COUNTRIES: HEALTHCARE PERSPECTIVE

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Abstract:

Issues of homelessness have existed for many years, and to date, the number of homeless is on the rise, and most went unrecorded. Recent global pandemics, changes in social needs, and economic pressure, among others, have contributed to this statistic. A high number of homeless in a country is a sign that guaranteed access to safe, affordable, and adequate housing for the citizens is not yet met. Society's stigma that equates homeless to crime and violence further aggravated the problem, withholding their right to attain appropriate standards of living and the highest standard of healthcare. Even though legislation on homelessness and vagrancy exists, most are dated, hindering the effort to cater to this issue. Accordingly, this study aims to provide an overview of current legislation and to identify any drawbacks in the said legislation, especially from the healthcare perspective. The study applied a narrative review method. The review question is specific to the content related to the definition of homeless and clauses related to healthcare, focusing on countries such as Malaysia, Australia, Unites States of America, Canada, Finland, Qatar and the United Kingdom. The study concludes with a summary of the research findings, identifying gaps in the legislation and providing insights into recommendations for developing and implementing policies to promote healthcare affordability among the homeless.

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Destitute, Healthcare, Homeless, Legislation, Vagrants

Introduction

Apprehension of homeless or vagrants is a global issue. The issue of homelessness is not unique to any specific country - as many factors of homelessness (regardless of the nation) contributing to the issue, are shared worldwide. The most similar factors are unemployment (either facing obstacles in getting/landing a job or being retrenched), family problems, low education level, adverse physical and health conditions, histories of incarceration, abuse, and mental illness (Anderson & Rayens, 2004; Steen et al., 2012; Alowaimer, 2017; Brown & Ballard, 2019; Calubaquib et al., 2019; Liway et al., 2019). War (and the effect of the war) was one of the main factors contributing to homelessness, as it forced the people into homelessness or became a refuge and forced armed forces veterans to be homeless (Coalition for the Homeless, 2003). Similarly, in modern days, war is still one of the factors of homelessness (e.g.: Syria, Palestine, Ukraine), on top of the other factors mentioned earlier. Political instability and colonial legacies also contribute to the deprivation of citizens, leading to poverty, especially in third-world and developing countries (Brown & Ballard, 2019).

In recent years, due to the pandemic and the continuous phenomenon of natural disasters, the issue of homelessness has become more visible and needs urgent attention. Unofficial information by local volunteers reported that the number of homeless keeps on increasing, and yet the official information about shows little to no changes (either the new addition is withdrawn, untraceable or unregistered)

The definition of homelessness and vagrancy in existing (and approved) legislation of the selected countries differs from one country to the other, reflecting different practices between the countries. The said legislation uses the terms homeless, destitute, street friends and vagrants interchangeably; was created and approved ages ago (see: table 1), with updates on some and no updates on most. Having dated documents as a body of reference draws several drawbacks, and it is challenging to provide solutions to a problem or to address it further. Numerous private charities and non-profit organisations (NGOs) have highlighted the issue of homelessness and battled the homeless' rights and needs yet yielding small results. Hence, government intervention and strong support are crucial in addressing the issue.

Besides all the financial assistance and accommodation provided to the homeless, healthcare is also a priority. Health is one of the keys to them getting out of homelessness. Healthcare provided should cover a broader spectrum of health, which includes mental, emotional, and physical health, apart from severe illnesses. Ill health can cause and be a consequence of homelessness. For example, ill health may contribute to job loss or relationship breakdown, escalating to homelessness. Countries like Malaysia provide free essential healthcare services at a minimum fee (RM1 for registration and medication, a minimum fee for other procedures and medication); still, the homeless face barriers in accessing excellent and respectful healthcare services due to discrimination, stigma, and rigidness of the system, as noted by Purkey and Mackenzie (2019)

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The inadequacies in implementing the legislation are also critical issues involving the homeless. It raises the concern of whether the government has a serious intention to use the legal system to improve the condition of the poor or merely use it to rid the unpleasant image of the city. A framework catering to the healthcare needs of the homeless is also lacking, document-wise and implementation-wise. The improvement of the existing legislation is vital as it will help the homeless improve their living standard - without relying on others. Furthermore, in the long run, it will subsequently change society's mentality that homelessness is not a crime but rather an unexpected event, changing the story of someone's life.

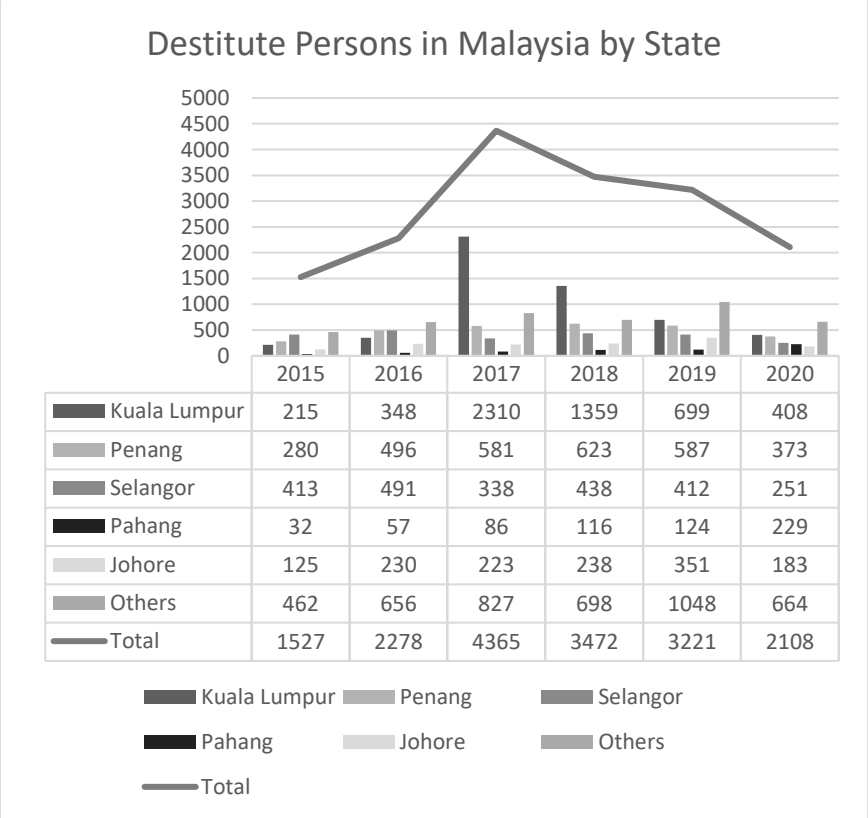
Given that, the study aims to review the establishment and practice of legislation regarding homelessness, destitution and vagrancy across selected countries; and analyse whether current legislation can fulfil the needs of and protect the homeless. It also aims to identify any drawbacks in the existing legislation, especially from the healthcare perspective.

Establishment And Practices of Homeless Legislation in Selected Countries

This section will review the establishment and practices of the legislation in Malaysia and countries namely the United Kingdom, United States, Canada, Australia, Finland, and Qatar. The countries are selected based on their status as developed nations and emerging markets, with available reports on homeless issues.

Malaysia

The number of destitute persons in Malaysia stood at 2108 in 2020, with approximately 19% and 18% in Kuala Lumpur and Penang, respectively.



	2015	2016	2017	2018	2019	2020
Kuala Lumpur	215	348	2310	1359	699	408
Penang	280	496	581	623	587	373
Selangor	413	491	338	438	412	251
Pahang	32	57	86	116	124	229
Johore	125	230	223	238	351	183
Others	462	656	827	698	1048	664
Total	1527	2278	4365	3472	3221	2108

Source: Department of Social Welfare, Malaysia (2015 – 2020)

Figure 1: Destitute Persons in Malaysia (by State)

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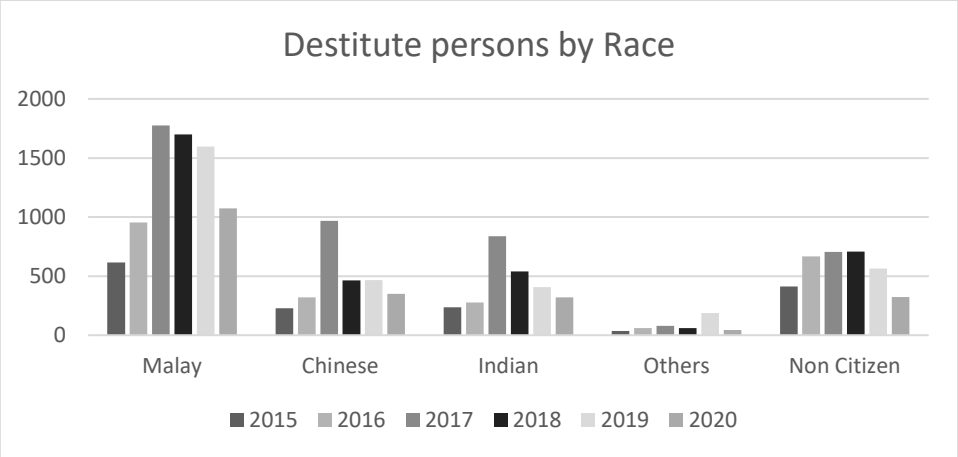
Looking at the trend in Figure 1, the number of destitute persons in 2020 increased by 38% compared to the same statistic 5 years prior, but not as high as in 2017, which stood at 4365. The trend from year to year shows that most of the destitute people in Malaysia are Malays, as highlighted in figure 2.



Source: Department of Social Welfare, Malaysia (2015 – 2020)

Figure 2: Destitute Persons in Malaysia (by Race)

The origin of Destitute Persons Act (DPA, 1977) in Malaysia was the Vagrant Act of 1965. The improved version of the latter was amended again in 1985 and formed the Destitute Persons (Amendment) Act (1985). Under DPA 1977:
A homeless person is:

i. Any person found begging in a public place in such a way as to cause or to probable cause annoyance to persons frequenting the place or otherwise create a nuisance; or
ii. Any idle person found in a public place (whether he is begging or not):
    a. who has no invisible means of subsistence or,
    b. place of residence or,
    c. cannot give a satisfactory account of himself.

Before the amendment in 1985, the Act was criminalising vagrancy. Anti-vagrancy, such as criminalising begging/panhandling and vagrancy, is ineffective in reducing homelessness and vagrancy. As Rusenko (2015) highlighted, criminalising vagrancy does not effectively address the root cause of the problem.

The reformed Act in 1985 decriminalised vagrancy as it violated the constitutional and human rights of the persons targeted. With this Act, the authority can use it to rehome the homeless from the street, place them into respective shelters or welfare institutions (such as Pusat Transit Gelandangan and Anjung Singgah), and provide aid. However, most sheltered people moved out of the shelters and were on the street again. Since it infringes on the homeless' rights to detain them against their will, they are allowed (but advised against) to leave the shelters (if they wish to).

Though the Act helps in decriminalising vagrancy and thus enables assistance to the homeless, it still does not provide an ideal solution to reduce or prevent the amount of homelessness in

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the country. Neither does it tackle the root of the problem nor try to understand why an individual becomes homeless.

There was no clause mentioning the healthcare plans for the homeless in the said Act. Since most of the homeless lack the financial resources to support living independently, health needs are less prioritised. Hence more awareness should be instilled in them on the importance of good health, and more services should be provided to them (apart from the essential medication and health services currently provided) with less red tape in accessing the said service.

The United Kingdom (UK)

The Vagrancy Act 1824 and the Homelessness Act 2002 cover homelessness and vagrancy in England and Wales. The former, established approximately 200 years ago, was meant for the injured veterans who became homeless in the post-Napoleonic Wars. Sections 3 and 4 of the said Act stated that begging and rough sleeping on the street are crimes. To date, the Act still applies in England and Wales, repealed in Scotland in 1982, and partly repealed (Section 4) in Ireland in 1990.

Issues arose when in present days, this dated Act is still in place, whereas everywhere else, challenges and values have changed. The Vagrant Act criminalises vagrancy and its activities, such as begging and loitering. The enforcement of it by the police force varies between areas (Morris, n.d). It has also become a base for a municipal bylaw to remove homeless individuals from occupying any area – and that, deprived the homeless of their sheltering rights. This kind of enforcement does not address the root problem of homelessness and, more importantly, has created a stigma and injustice among the homeless.

Newer Act, which is the latter, was established in 2002 - legislation for homelessness and highlighting the duties, powers and obligations of housing authorities and others towards homeless people (or people threatened with homelessness). Other Acts - the Antisocial Behaviour, Crime, and Policing Act (highlighting the policing of antisocial and crime in detail), and the Homeless Reduction Act (highlighting local authorities' statutory duties, mainly to prevent homelessness) were established in 2014 and 2017, respectively.

Under the Homeless Reduction Act 2017, public authorities will get consent from the homeless individual (or individual about to be homeless) to be notified to the local housing authorities (LHAs). Within 56 days, LHAs will provide advice and support to them. Interestingly, this Act highlights healthcare services, including accident and emergency services, urgent treatment centres, and hospital-based in-patient treatment services.

The UK government has brought the legislation to a new level where indicators in the Public Health Outcomes Framework (PHOF) include statutory homelessness. Going forward, the government has also published a new Rough Sleeping Strategy, targeting to cut in half rough sleeping by 2022 and ending it altogether by 2027. Rough sleeping and begging are not an offence in Scotland, while the other antisocial behaviour is treated separately under different legislation.

Finland

The happiest country in the world for five consecutive years-Finland also once faced an issue of homelessness. Finland repealed their 1883 vagrancy law in 1987. They successfully combat

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homelessness until the number of homeless falls sharply, specifically through the 'Housing First' concept. Homeless people get a house without any preconditions. Social workers help them with applications for social benefits and are available for counselling. In such a new, secure situation, it is easier for those affected to find a job and care for their physical and mental health.

Around 4,341 people are homeless in Finland now, as reported by the Housing Finance and Development Centre of Finland (ARA, 2021). The numbers have gone down from around 20,000 homeless in the 1980s. Nevertheless, there are still some concerns about the healthcare of the homeless. For example, when the homeless visit primary care for mental health and substance use-related prob-lems, traumas, and infections but at the same time are under treatment for chronic conditions such as hypertension and diabetes (Stenius-Ayoade, A., 2019).

The United States of America

The federal government acknowledged homelessness as a national problem in 1983 (after the demand from advocates around the country). As a result, in 1986, the Homeless Person Survival Act was introduced. This Act was later renamed Stewart B. McKinney Homeless Assistance Act (McKinney Act) in 1987 and later, McKinney-Vento Homeless Assistance Act (McKinney-Vento Act) in 2000. Homeless in this Act is defined as those who lack a fixed, night-time residence or spend their night-time at a supervised shelter that provides temporary shelter (Tsesis, 2000).

In the states, the approaches to handling homelessness issues vary from city to city and state to state, and they can be either homeless-friendly or anti-homeless. At the national level, the homeless-friendly McKinney- Vento Act aimed at helping the homeless. Homeless people were eligible for job-related programs through this Act, but this eligibility was repealed on August 7, 1988. This Act has been amended four times, but the goal has remained the same: to help the homeless through the distribution of funds.

Contrary to that, different cities and states in the country do have anti-homeless laws to reduce their homeless population. The laws include the prohibition of sleeping in public places (California, Florida, Miami), prohibition of using public necessities on any public ground (Salt Lake City), prohibition of the use of camping apparel like sleeping bags (Santa Ana, California) and prohibition of homeless sleeping in their cars at night.

In 2019, intending to end homelessness, the state's congress passed a new law, the Ending Homelessness Act 2019. With this new law, additional funds are granted to end homelessness, including additional grants to McKinney Vento Act (Congress.gov, 2019). Due to COVID-19, homelessness in the states received greater attention from the government. In 2021, in response to COVID-19, the government released an additional USD 4 billion to the Emergency Solutions Grants (ESG) program (only USD 290 million before COVID-19). ESG programs give grants to cities and states to support the homeless and prevent homelessness (OECD, 2021) There was no healthcare assistance mentioned in the Act, however, with the introduction of Medicaid in 1965 under the Social Security Act 1935, the accessibility to healthcare is better than before. This program is designed to provide low and free healthcare costs to low-income US citizens. While Medicaid is a federal program, different states have separate ways of administering their Medicaid program. Medicaid increases the affordability of access to healthcare among the homeless (Medicaid.gov, n.d).

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Canada

The Canadian Ministry of Justice had discussed in Parliament repealing several legislations that had been struck down in courts (but remained in law), including a diverse list of outdated laws such as vagrancy. Donaldson et al. (2014) state that homelessness in Canada emerged in the early '80s when older men dominated as individuals who experienced homelessness. The trend has changed as the population of homeless individuals has become more heterogeneous (Mott et al., 2012).

Coordinated Point-in-Time (PiT) Count (2018), a report initiated by the Government of Canada, highlights the high proportion of chronic homelessness, other than reporting the diverse demographic of the homeless population in Canada. The report defines chronic homelessness as experiencing homelessness for six months or more.

No Act or Law oversees homelessness on its own; however, the Criminal Code, R.S.C. 1985, Section 179 (2) on punishment for vagrancy states that those who commit vagrancy (which includes loitering in or near public parks, school grounds, and playgrounds) is guilty of an offence and punishable on conviction. Section 179 was repealed from the Criminal Code on June 20, 2019.

Other than section 179 of the criminal code (R.S.C. 1985), many other municipal bylaws criminalise the deed that relates to experiencing homelessness, such as sleeping and living on public property, parks, or on the streets (Gaetz et al., 2013). These prohibitions deny the homeless their rights to shelter, depriving them of one of the basic needs of life: a house or shelter. The existence of Section 7 in the Canadian Charter of Rights and Freedoms (which states one is the right to life, liberty and security) has its shares in providing defence against the conviction of offences such as living and sheltering in parks or public property. However, it is yet to provide housing rights (McKay-Panos, 2018).

An Act focusing on strategising the country's housing rights and needs, including those of the homeless population, was enacted in 2019. National Housing Strategy Act (S.C. 2019, c. 29, s. 313) aims to assist Canadians with access to safe and affordable housing. These objectives also cover the vulnerable group and homeless population as stated in 5 (2) b and d, which highlights establishing national goals relating to housing and homelessness; and active participation by all members of society, including vulnerable groups and homeless people, in the decision-making process.

Regardless of the housing plans, the healthcare services for the homeless are not stipulated in any Act or national blueprint. Among the most significant barriers to carrying out the healthcare program is a lack of identification, particularly their health ID card. Another significant barrier is following up on prescriptions (due to lack of insurance benefits or inability to pay the co-payment) or ongoing medical "home treatment" (such as sitz baths, bedrest, or wound care) (Hub, n.d.)

Nevertheless, there is an intervention by some government agencies and organisations like the Public Health Agency of Canada, the University of British Columbia, and Western University Canada that established EQUIP Health Care which promotes 'equity' in healthcare.

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Qatar

Qatar is an oil-rich country, yet they are not exempted from the issues of homelessness and destitution. The homelessness issue only occurs among the migrants, as their locals' well-being is taken care of. The massive development and rapid building in Qatar also rely on migrant workers, especially in construction areas. Homelessness occurs among the migrants because their sponsor company cannot provide them with accommodation or pays an inadequate salary. The high cost of living, especially in rental and foodstuff, and the cost of public transport (for easy commutes between the outskirts and cities) in Qatar have worsened the situation. The only option is to sleep at the construction site instead of renting a bed space. There is no specific law on homelessness or vagrancy in Qatar. However, to address the situation, the Government of Qatar has built encampments known as 'Labour City' to house the migrants.

The Labour City provides accommodation with various facilities such as Wi-Fi connection, shop lots, sports arenas, and a mosque. From the healthcare perspective, Qatar's government's effort should be applauded as they are concerned about the workers' healthcare. For instance, Labour City Clinic provides quick examination, treatment, and transfer to the designated hospital (eg. such as Imara Medical Centre, Workers Health Center Mesaimeer) for further treatment. Despite no specific legislation related to homelessness, the government has taken prompt action to manage the issue among migrants (Borgen, 2020).

Australia

Australia is a well-developed country with a low unemployment rate and progressive economic growth. The majority of Australians enjoy an outstanding quality of living. Despite the positive outlook of the Australian economy, the country is also seriously dealing with the homeless issue. The 2016 statistics reported that the number of homeless people in Australia was 116,427, an increase of 14 percent from 2011 (Australian Bureau of Statistics, 2016). Looking at this increase, the Australian government has taken a few actions plans to combat the homeless problem.Australia introduced a particular Act regarding the homeless issue as early as the 1970s. The government passed the Homeless Person Assistance Act in 1974. With the Act, all NGOs started aiding the homeless. About 10 years after the Act was introduced, the Australian government took another vital action by introducing the Supported Accommodation Assistance Program (SAAP) in 1985. The launch of the SAAP program is to change the view about the homeless problem. The government wanted to view homelessness as a temporary crisis that could be addressed by providing transitional support linked to short- and medium-term emergency accommodation (Neil & Fopp, 1992).

The Australian government is taking seriously on the homeless issue; proven by the action taken by the government to have more comprehensive legislation regarding the homeless problem. On September 27, 2006, the Parliament of Australia launched a new Act to replace the Homeless Person Assistance Act of 1974. The new Act is the Social Security and Family Assistance Legislation Amendment (Miscellaneous Measures) Act 2006.

This new Act covers a broader area related to the homeless issue (i.e. family tax benefits, and social security payments). It also reveals a few redundancies related to the housing act. Like other countries, the Australian Act has no unique clause for healthcare services. Nevertheless, health services are provided by some private hospitals which collaborate with the local government. For instance, St. Vincent’s Hospital in Sydney developed the Homeless Health Service (HHS), which was planned in the Strategic Plan 2021-2024 for the Homeless.

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Analysis and Commentary

Synthesising the related Acts in the selected countries, it can be summarised that the development of the legislation is either stagnant or evolved with time. Some legislation is either retained, reformed, or has been repealed. Table 1 depicts the summary. Being a country with developed or emerging market status does make a difference in managing homelessness issues. Developed nations may have abundant financial resources and are hence capable of handling their operational cost and human resources.

Analysing the legislation across the selected countries shows that overall, the legislation was developed as early as the late 1800s and the latest amendment n Malaysia (if any) was in the 1980s. The dated related laws related to homelessness and vagrancy reflect why the legislation was repealed, reformed, or changed to better suit the current situation (in some of the countries studied). Most of the legislation tries to provide a solution by providing temporary homes or shelter. For example, in Malaysia, the homeless need to find a job within two weeks of their staying at Anjung Singgah. The researcher was informed by the personnel during the visit to Anjung Singgah that the homeless will face the risk of losing shelter if they were unable to find or secure a job. Homeless people that can secure a steady job will be given an opportunity to rent a house (which is managed by Anjung Singgah) for as low as RM1 per day. While, in the UK, housing support is also provided through Universal Credit.

Country	Previous Act	Current Act	Reasons for Retain/Reform/Repeal the Act	Health care Clause
Malaysia	Destitute Persons (Amendment) Act 1977	Destitute Persons (Amendment) Act 1985	Reformed Reason: Violate the constitutional and human rights of persons targeted	Nil
United States	Homeless Person Survival Act 1986	McKinney-Vento Act 2000	Retain Amended four times, retaining the goals of funds' distribution to the homeless.	Healthcare assistance by Medicaid (the clause added in 1965 to the Social Security Act of 1935)
United Kingdom	Vagrancy Act 1824	Anti-Social Behaviour, Crime and Policing Act 2014	Repealed Reason: The previous vagrancy law criminalising the homeless, create stigma among the community	HRA2017
	Homeless Act 2002	Homeless Reduction Act 2017 (HRA2017)		

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Canada	Criminal Code (Revised Statutes of Canada 1985, c. C-46) Section 179: on Vagrancy and Punishment		Partly Repealed Section 179 Reason: Section 179 - Repealed, 2019, c. 25, s. 60 due to criminalising homelessness	Nil
	National Housing Strategy Act (Statutes of Canada 2019) Section 313, Chapter 29)	National Housing Strategy Act (Statutes of Canada 2019) Section 313, Chapter 29)	No changes. An Act on national housing strategy. The content that relates to homelessness includes 5(2) (b & d)	
Qatar	Nil	Nil	Prompt action by the government to cater for the homelessness problem among migrants.	Nil
Australia	Homeless Person Assistance Act 1974	Social Security and Family Assistance Legislation Amendment (Miscellaneous Measures) Act 2006	Repealed: Reason: The Act is to amend the social security law and the family assistance law, repeal redundant housing Acts and make technical amendments, and for related purposes.	Nil
Finland	Vagrancy Law 1883	Nil	Repealed in 1987	Nil

Table 1. Summary of the Homeless Acts in Selected Countries

Only two countries namely the UK and the United States have included health care clauses in their latest Acts. The said healthcare coverage includes healthcare services, accident and emergency services, urgent treatment centres, and hospital-based in-patient treatment services. Nevertheless, we believe other countries that are considered in this study treated their homeless's healthcare differently through other legislative power that is not specifically designed for the homeless. For example, Canada promoted 'equity' healthcare, and similarly, Malaysia had once promoted the concept of Klinik 1Malaysia (a clinic for lower-income groups). Today, the concept is still in place and being practised in government clinics and hospitals albeit not coining the word 1Malaysia; and recently 'Prihatin' funds were also introduced under the stimulus package plan to assist the lower-income groups in the country.

Impact of the Study and Recommendation

The study is bringing a prominent issue to the table, that all this while might receive less attention among the stakeholders, especially the government, corporations, and the community.

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The current legislation is only used to handle the beginning, there is a much larger problem and situation that remains hidden. Considering the global aim to achieve the pledge of sustainable development goals (SDGs) by the year 2030, the issue of homelessness should not be put aside. Finding a solution to the homeless problem is like 'killing more birds with one stone,' which covering for at least five SDGs initiatives namely no poverty (SDG 1), zero hunger (SDG 2), good health and well-being (SDG 3), decent work and economic growth (SDG 8), and sustainable cities and communities (SDG 11).

From a healthcare perspective, access to its services among the homeless is beyond financial affordability. This includes easy access to healthcare services without any stigma or double standards. This study implies that more amendments need to be made to the homeless legislation, especially in countries that have not updated their law according to the current needs and environment. First, the government and NGOs may identify the risk of homelessness among individuals who have poor health conditions and prevent it before it becomes severe. This requires complex databases to be collected and maintained. Many homeless centres that we have visited used manual recording, or merely spreadsheets. A proper record of their history of medical treatment and medication may help to overcome serious diseases. This requires an amendment to personal data sharing among the homeless in the legislation.

The second is, to distinguish between the act of crime and homeless. The legislation must be clear on how to treat criminals and people who are in need. The task force, including the volunteers, must be capable of identifying genuine cases of homelessness, whereby they should not be part of syndication or returned homelessly. The clause should not be used only for the rights of the task force to detain the homeless or to move them from a specific area to a temporary shelter.

The third is, to assign the legislation to a specific agency or ministry. Even though some legislation has been beautifully developed, the power of selected agencies or ministries to enforce the legislation is in the grey area, resulting in redundant financial budgets and similar reach-out programs. For instance, reach-out programs for food distribution are abundant and sometimes uncontrollable, it seems like the homeless are pampered with food heaven, whereas that should not be the case. What's more, some of the free food may not be suitable for their diet and health condition.

The fourth point is, in order to sustain the health and well-being of the homeless, a strategy to generate an income should be developed. This includes how the government or corporations can work hand-in-hand to provide employment and education to them. With the uncertainty looming over the economy and the shrinking budgets, we must find out how to train the homeless specifically in skills, technical and vocational; so that perhaps they may have their own business, or at least do some freelance services.

The aim to combat the homeless problem should be handled under the legislative power of the federal, and not the state based. It is also problematic to categorise the demographic profiles of the homeless as they are also among children, women, ageing people, and family members. As a result, we have many shelters which group them into age and gender categories, instead of categorizing them based on their health condition. Synthesizing the impact of the study, the government of the above countries should consider replacing or amending the Act or repealing

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parts of the Act or the whole Act accordingly based on their country's situation and people's needs.

Conclusions

Legislation must be designed to help the homeless cater to their long-term plans. It must be enabled to improve health outcomes for people experiencing homelessness so that their health will not be a hindrance to moving on in their life. Going forward, new legislative needs to be developed and perhaps a specific agency should be given the power to enforce the law. Regardless of the countries understudied, political power and willingness to change the mindset are very crucial. At the international level, the international organization should design a framework of how homeless like refugees and asylum seekers can be protected, especially related to health matters. In the local context, endowments, zakat and waqf (charitable endowment under Islamic law) can be used creatively and innovatively in handling the funding and shelter issues.

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