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A Framework for Healthcare Services Affordability for the Homeless in Malaysia: Addressing Inequalities

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Abstract: The issue of homelessness is a worldwide problem that necessitates attention from all stakeholders. The major concerns are around inadequate legislation safeguarding the rights of the homeless and their financial ability to seek medical care. This study aims to assess the feasibility of establishing a healthcare framework specifically tailored for the homeless population in Malaysia. Semi-structured interviews were carried out with individuals aged 18 years and older who are currently residing in homeless-related facilities in Malaysia. A total of 57 participants from three distinct sites were questioned. Based on the input from these participants, this study discovered that homelessness can be attributed to a range of factors, such as unemployment, familial issues, criminal histories, and even personal choice. When questioned about their primary necessities when experiencing homelessness, the majority expressed apprehension regarding access to sustenance and housing, while a few also voiced concerns about receiving medical care. Although many individuals disregard the importance of seeking medical care, a portion of the homeless population experiences severe ailments. The report presents preventive and sustainable ways to address the issues of homelessness and suggests improvements to legislation.

Keywords: *Destitute, Healthcare, Homeless, Legislation, Vagrants*.

1. Introduction and Background

Homelessness is one of the national issues that happens globally. It is projected that by 2030, a substantial proportion of the global impoverished population, ranging from 50% to 80%, will be concentrated in nations that are both politically unstable and afflicted by conflicts. Furthermore, several of these countries have a majority Muslim population or a considerable Muslim demographic (Modeer, 2018)

The precise figures for the homeless population in Malaysia remain uncertain, with multiple conflicting reports. The Social Welfare Department surveyed in 2010 and identified a total of 1,387 individuals who were sleeping rough in Kuala Lumpur, as reported by Rusenko in 2015. In 2011, a total of 1,408 individuals around the country were apprehended in 1,190 enforcement actions conducted under the Destitute Persons Act 1977 (DPA). In 2019, YB Hannah Yeoh, the Deputy Minister of Women, Family, and Community Development, said that there was a total of 1,439 individuals officially recognized as homeless. Among the homeless population, those between the ages of 18 and 30 accounted for almost 38 percent. Nevertheless, the data provided by the Department of Welfare and Society indicate that the true number of individuals experiencing homelessness exceeds the officially recorded figures.

Table 1: Number of Destitute Persons Rescued (2017-2020)

YEAR	MALE	FEMALE	TOTAL
2017	3345	1020	4365
2018	2467	1005	3472
2019	2263	968	3221
2020	1547	561	2108

Source: Department of Welfare and Society

The appended Table 1 shows the latest statistics from the Department of Welfare and Society on the number of destitute persons rescued, and in 2020 there were 2108 people rescued. According to Datuk Sri Rina Mohd Harun, the former Minister of Women, Family and Community Development, all of them were placed in 23 temporary homeless centers all over Malaysia. However, out of 2108 persons stated, only the data on the registered persons with Desa Bina Diri as appended in Table 2 were disclosed.

Table 2: Number of Desa Bina Diri Residents by Institution and Gender (2020)

DESA BINA DIRI:	MALE	FEMALE	TOTAL
Kota Kinabalu	15	6	21
Kuching	15	11	26
Jerantut	271	0	271
Mersing	156	165	321
Sg. Buloh	35	27	62
Total	**492**	**209**	**701**

Source: Department of Welfare and Society

As per Table 2, the registered residents in all 5 Desa Bina Diri in Malaysia are 701. Out of this, males made up more than 70% of the residents in Desa Bina Diri. Though the exact number of homeless individuals is uncertain, inadequate legislation safeguarding the rights of these individuals is still one of the critical aspects of addressing the issue of homelessness. In Malaysia, the issue is addressed through the utilization of the Destitute Persons Act 1977 (DPA). However, the establishment of DPA which originally was the Vagrant Act of 1965, predominantly occurred during the British era when begging and vagrancy were deemed criminal offenses. This implies that DPA may no longer be appropriate for usage in the present-day context. The improved version of the latter was amended again in 1985 and formed the Destitute Persons (Amendment) Act (1985).

A more profound comprehension of the matter is required, wherein homelessness now refers to the condition of lacking stable residence. The term "homeless" includes individuals who reside in the residences of acquaintances and relatives, in shelters and lodgings, or at their places of employment (if housing is provided). Street homelessness is the most conspicuous kind of homelessness, often going unnoticed in many instances. However, the Malaysian Ministry of Women, Family and Community Development has also implemented a program called 'Dasar Sosial Negara' (DSN), which focuses on promoting stability and social welfare. However, Sharifah and Alifatul (2012) argue that there is currently no policy specifically addressing the issue of homelessness, and the government's efforts to assist the homeless are ineffective. This is because the problem extends beyond the lack of housing and encompasses the social well-being of individuals. Moreover, the writers noted the dearth of academic publications on the homelessness issue in Malaysia.

Table 3 displays the pertinent legislation concerning the financing of the healthcare industry in Malaysia. Act 209, also referred to as the Fees Act of 1951, establishes the framework for imposing fees for public services. The Fees Act of 1951, specifically the Fees (Medical) Order of 1982 [PU(A)359/1982], stipulates the requirement for patients in government health facilities to make nominal payments for costs incurred. This Act was subsequently revised multiple times, with the introduction of increased fees for non-Malaysians seeking medical treatment at government health facilities.

Table 3: Funds Legislation Regulating Health Sector in Malaysia

LEGISLATION	REMARKS
Fees Act 1951	Known as Act 209 - An Act to provide for the levy of fees and payments for licenses, permits and other matters to be leviable in subordinate courts and public offices.
Fees Act 1951 - Fees (Medical) Order 1982 [PU(A)359/1982]	Act 209 is not directly under the Ministry of Health (MOH) but Orders relating to medical fees made under the Fees Act 1951 under the care of MOH. It sets small payment charges for patients in government health facilities. It was amended in

1982 and has been amended several times.
Amendments:
1. 1985
Fees Act 1951 - Fees (Medical) (Extension to Federal Territory of Labuan Sabah and Sarawak) Order 1985 [PU(A)67/1985]
2. 1994
Fees Act 1951 - Fees (Medical) (Amendment) Order 1994 [PU(A)5/1994]
Fees Act 1951 - Fees (Medical) (Amendment) (No. 2) Order 1994 [PU(A)468/1994]
3. 2003
Fees Act 1951 - Fees (Medical) (Amendment) Order 2003 [PU(A)6/2003]
4. 2017
Fees (Medical) (Amendment) Order 2017

Research Problem

This study focuses on the economic accessibility of medical care for homeless individuals. Financial affordability includes both medical bills and the cost of accessing healthcare services. Public healthcare is essentially cost-free for Malaysians, with patients only required to pay nominal fees of RM1 for outpatients and RM5 for specialized services. The cost for a single occupancy first-class general ward is RM120 per day, whereas a third-class ward is merely RM3. If the patients are employed, their employers will cover some expenses such as surgery or crucial treatment. However, not all medical expenses are fully reimbursed. Certain patients requiring specialized treatments or specific medical instruments may still be responsible for certain expenses.

Homeless folks frequently delay seeking assistance until the latter stages of their sickness, resulting in the missed chance to intervene during the first phases of the illness or injury. Medical care is frequently sought solely during the later stages of an illness, necessitating more comprehensive and costly therapy (Stafford & Wood, 2017). Nevertheless, the fees charges; as stipulated under the Fees (Medical) Order 1982 and Fees (Medical) (Amendment) Order 2017, accounted for only one percent of the total amount spent on public health care. The rest of the cost is borne by the government through the subsidy scheme. Even though the government is trying to strengthen the country's health care system so that it is more equitable, has high standards, is easily accessible at a reasonable cost, and is sustainable in the long run; this matter requires much financial reform in the healthcare system.

The government's total expenditure on health has been steadily increasing over the past decade, rising from RM32.89 billion or 4 percent of the gross domestic product (GDP) in 2010, to RM64.31 billion or 4.3 percent of GDP in 2019. About 52.5 percent of the amount in 2019 was from public funding, while 47.5 percent was from private spending. In 2020, the Ministry of Health (MOH) received RM30.6 billion or 10.23 percent of the overall RM299 billion budget for the year. In 2024, MOH received an increased budget of RM41.2 billion, compared to RM36.3 billion in 2023.

It is unknown for how long the government can sustain the same healthcare system, especially so in the current economic condition, where inflation has skyrocketed. In case there is a major change in the budget of the healthcare system, then the homeless will be the most affected group of people. Spending more on the healthcare budget is an additional pressure on the federal budget, and for that, the government is in the process of proposing various health financing options.

Another challenge is how to provide coherence between the DPA and Fees Act, avoiding redundancy or isolated functioning. It is crucial that both Acts explicitly address the provision of healthcare for the homeless population. The DPA does not contain any explicit provision regarding healthcare and only possesses a universal fee legislation applicable to the entire population. An integrated approach must be taken to effectively tackle both the healthcare and financial affordability challenges.

Research Objectives

In light of the current concerns, it is imperative to assess the financial feasibility of healthcare services for the

homeless population. Therefore, the study will concentrate on the following aspects:

i. To profile the backgrounds of homeless people.
ii. To explore the experience of the homeless in attaining government healthcare services.
iii. To investigate the income sources for healthcare services and factors of homelessness.
iv. To develop a healthcare framework for the homeless and address inequalities.

2. Literature Review

At present, the Malaysian federal government largely applied the Destitute Persons Act (DPA) to cater to the issues of homelessness. The 1977 act has its roots in the anti-vagrancy ordinances deployed by the British in colonial Malaya, which date back to the late 19th and early 20th centuries. This ordinance was designed to remove poor people from public view by sentencing or fining offenders. The act was previously governed by the Vagrants Act of 1965, which enabled police detention of poor and homeless persons. In 1977, the DPA was supposedly enacted to bring a more humanitarian touch to the issue of homelessness. The reasons for homelessness are still perplexing. Even though there are studies conducted to investigate this issue, most of the studies are based on Western and developed countries. Furthermore, studies on homelessness across multi-racial groups are rare. It is important to document it, especially in a multiracial country like Malaysia. Mohd et al. (2016) claim that the issue of homeless in Malaysia is raising public attention due to the increasing numbers of homelessness especially in big cities. Carvalho et.al., (2018) reveals that the problem of homelessness occurs due to various reasons such as unemployment, drug addiction and mental health problems. The study on homelessness and its relation to ethnicity is limited, yet many studies relate ethnicity to the healthcare of older persons. Ethnicity/race and poverty are among the determinants of health in older persons Foong, Hamid & Ibrahim (2021).

Among the elderly aged 70–79 years, Chinese and Indians were more likely to undergo medical check-ups than Malays. Among the elderly with monthly incomes of ≤ RM999, Chinese and Indians were more likely to undergo medical check-ups than Malays. Indian males were more likely to undergo medical check-ups than Malay males). Chinese with hypercholesterolemia and hypertension were more likely to undergo medical check-ups than Malays. There were ethnic differences in participation in medical check-ups among the elderly. These ethnic differences varied across age, income, marital status, gender, household location, insurance access and health status (Cheah & Meltzer, 2020).

The willingness to do the medical check-ups may also reflected in the life expectancy among multiracial Malaysians. On average, Chinese life expectancy is the highest (77 years), followed by Malay (73.8 years) and Indian (71.4) years (DOSM, 2024). While Statista (2022) forecasted that the life expectancy in Malaysia is 76.3 years. This may indicate that more budget needs to be spent per individual. Malaysians have been spending more on health care at about 5.1 percent of their monthly household expenditure (National Health and Morbidity Survey (NHMS), 2019). It is reported that financial sources for health services expenditure by households are 81.4 percent from current income, 35.8 percent from savings, 8.1 percent insurance reimbursement, and about 11 percent borrowed from family and friends. The NHMS 2019 also reported only 22 percent of the population is insured with personal health insurance (PHI), with 36 percent of the uninsured population claiming that PHI is not necessary and a staggering 43 percent of them unable to afford PHI. As much as 45.5 percent of the Malaysian population; including about 71 percent of the poorest 20 percent, do not have any means of supplementary financial coverage for medical treatment, other than the existing tax-funded health care coverage provided by the government. This situation definitely will be worse for the homeless, as some of them rely on zakat (almsgiving), charity funds, and savings from their previous employment.

The cases of outpatient healthcare services in public facilities also show that among the patients are the T20 group (9.1%), where we expected they have sufficient means for private facilities, or the cost is covered by their employers. Meanwhile, M40 (7.6%) and B40 (8.1%) used the outpatient healthcare services of the public facilities. The issue of homelessness is an emerging issue, especially in situations of uncertain economic conditions, unexpected natural disasters, unprecedented pandemics, and wars. A policy or a code to cater to these issues should be established beforehand. WHO defines expenditure as 'catastrophic' if a household's health care costs exceed 40% of income remaining after subsistence needs are met. OOP payments in Malaysia at 34% of THE in 2009 are above the 30.9% average for upper middle-income countries internationally

(Tangcharoensathien et al, 2011).

3. Research Methodology

The study is designed based on a qualitative approach where data were collected from a series of interviews. A survey was conducted to the respondents, who are homeless aged 18 years and above, Malaysian who can communicate with interviewers and are not aggressive. The respondents are in transit at the following selected

i. Anjung Singgah, Kuala Lumpur
ii. Pusat Transit Gelandangan, Kuala Lumpur
iii. Pusat Transit Gelandangan Sementara, Larkin, Johor Bahru.

The following methods were applied to address the research questions:

a) Phase 1: Interview session with the activists and desktop research.
An interview with the activists was conducted to gather information about the existing issues of healthcare among the homeless. The activists are chosen among the Malay, Indian and Chinese, who are actively engaged in charity and philanthropy among the poor and homeless. The information gathered is related to the general background of the homeless, factors of being homeless and actions taken so far to cater to the issues. At the same stage, desktop research was conducted where all related documents and publications were studied and analyzed.

b) Phase 2: Validation of the questions.
Validation is a process of determining whether a proposed framework meets users' expectations, as well as whether it represents the real world from the perspective of the proposed usage (Sommerville, 2007). Before the interview, the questions were endorsed and validated. The survey questions were approved by the UiTM's ethical committee and endorsed by the Yayasan Kebajikan Negara (YKN). This is to ensure that the questions being asked are understandable, suitable, and not sensitive. The questions consist of two main sections. Section A focuses on the demographic, while Section B is a semi-structured interview related to the homeless experience in public healthcare service, financial resources, and reasons for being homeless.

c) Phase 3: Semi-structured interview with the homeless.
The researchers conducted interviews with the homeless by observing the participants directly. Yet, during the interview, we were being monitored from time to time by the officers as part of safety measures. The interviews involved semi-structured and generally open-ended questions. The interview questions are guided by the activist's output.

d) Phase 4: Analysis and proposing the framework.
The data from the interview were transcribed and the analysis will cohesively present themes. Then, the researchers developed a relevant framework based on the insights available.

4. Analysis and Discussion

We successfully conducted interviews with 57 respondents from three distinct sites. The duration of each interview ranged from approximately 15 to 20 minutes per individual. Table 4 displays the demographic characteristics of the participants.

Table 4: Demographic Profiling of the Respondents
PANEL A

AGE	MALAY/ BUMIPUTERA	CHINESE	INDIAN
< 40 years	6	5	3
> 40 years	10	7	6
> 60 years	11	8	1

N=57	**27**	**20**	**10**

PANEL B

EDUCATION BACKGROUND	
No formal education	2
Primary school	2
Secondary school	18
College/Tertiary	4
No information	31
N	**57**

PANEL C

HOMETOWN	
Kedah	5
Johor	22
Melaka	1
Negeri Sembilan	3
Pahang	1
Perak	8
Selangor	4
WP. Labuan	1
Pulau Pinang	1
Kelantan	2
Terengganu	1
Sabah	2
Sarawak	5
No information	1
N	**57**

PANEL D

FREQUENCY OF BEING HOMELESS	
First time	42
The second time, and more	15
N	**57**

Table 4 states that 27 respondents identify as Malay/Bumiputera, 20 identify as Chinese, and 10 identify as Indians. The respondents encompass individuals from several age brackets. The initial age group consists of individuals who are 40 years old, and they are classified as young in Malaysia. The second age bracket encompasses those between the ages of 40 and 59, while the third category includes individuals aged 60 and above, who are classified as senior citizens in Malaysia. Most responders belong to the second age group (40 to 59 years old), with a total of 23 people. Subsequently, there were 20 senior people and 14 youths in attendance. Among the 57 responses, 22 were from Johor, while 8 were from Perak. The study also indicates that 42 of the respondents are currently experiencing homelessness for the first time, while the remaining 15 respondents had previously experienced homelessness.

Based on the thematic analysis, themes are identified based on five main categories of interview namely factors of homelessness, needs during the homelessness, experience when attaining government healthcare services, and financial affordability.

Factors of Homelessness

We also inquired about the reasons behind their current state of homelessness. Diverse theme responses can be discerned from their answers. A portion of the participants find themselves on the streets resulting from their pursuit of employment and housing. For example, Respondents 1, 7, 19, 26, and 44, who had left their hometown, were subsequently apprehended by the social welfare department when they were sleeping on the street.

Similarly, unemployment is also one of the contributing factors to homelessness. Unemployed, they experience a loss of income and lack the means to afford necessities, let alone rent a room. Respondents 2, 6, 8, 11, 16, 28, 30, 35, and 36 are included in the group. Several individuals experienced job retrenchment and faced cash depletion, such as Respondents 9, 12, 13, 47, and 49. Respondent 6 (R6) stated, “I am homeless because I do not have income and I cannot afford to pay the rent”. While Respondent 24 (R24) attributes his job loss to his former employer's decision to cease operations due to a lockdown, it is ironic that this is the third instance of him experiencing homelessness, with the first occurrence happening in 2009. Likewise, Respondent 28 (R28), who voluntarily left his previous job, expressed a desire not to go back to his hometown.

The presence of familial issues contributed to the individual's experience of homelessness. One is experiencing profound sadness, a diminishing sense of optimism, and a lack of emotional assistance. Respondents 3, 4, 5, and 20, for example, are all unmarried individuals who experienced a family dispute before becoming homeless. Nevertheless, the familial discord is partially instigated by their substance abuse and alcohol dependency. Respondent 10 (R10) attributes their homelessness to their alcohol addiction, he responded “At the homeless center, I abstain from consuming alcohol. However, I intend to get it, albeit in a little quantity”. The same applies to Respondent 20 (R20), who has become ensnared in drug addiction. Respondent 3 (R3) stated that their lack of income, family issues, and drug addiction are the reasons for their current situation.

Certain individuals experience a protracted dispute with their loved ones. R17, R21, and R27 depart from the residence following their divorce, while R34 and R24 have been evicted from the premises. R24 stated, "I was forcibly expelled from the residence following the dissolution of my marriage." On the other hand, due to R50's infirmity and his desire to convert to a different religion, the family decided to split up him, "My mother harbors animosity towards me, subjecting me to physical abuse since my childhood. It is evident that she does not possess any affection or love for me," he expressed tearfully. He added, “I called her, but my dad said she does not want to speak to me”. R4 is attempting to mend relations with their family, expressing, "I have been participating in religious instruction intending to return to my true nature (fitrah)," he uttered quietly, resembling the tone of a woman.

Some of them achieved success but unfortunately, they were arrested and subsequently served a prison sentence. Respondent 40 (R40) is an architecture graduate who is divorced and has one daughter. R40 advises the researcher to refrain from engaging in bribery under any circumstances. "Refrain from engaging in scandalous behavior with other women," said the individual who desired to be addressed as 'ayah' (father). Likewise, to R56 and R29. R29 was a civil servant who had undergone a divorce. However, for certain individuals, being homeless is a deliberate decision. The individual in question, who is in their early 70s, has made the deliberate decision to live in solitude. "I desire to independently lead my own life." Similarly, R25, who initially resided with a nephew, eventually opted for independent living. R14 departed from the residence due to his sibling's nuptials.

Needs During the Homelessness

Participants were surveyed regarding their primary necessities while experiencing homelessness. Most of them have a comparable response to the requirements. Many were primarily concerned with obtaining food and shelter. However, some individuals express their apprehension about using healthcare services. R7 and R17 are afflicted with asthma, while R11 is experiencing a leg condition and has undergone surgery. R7 is suffering from a condition of low blood volume. An individual in their late 60s, classified as R18, experiences numerous severe health conditions such as heart disease, hypertension, and gallstones. While R21 and R28 solely referred to 'medicine' in response to our inquiries, other matters appeared to be of lesser significance. R43 desires nothing further. "I desire to return to Sarawak. I have lost both my identification and my luggage. All I require is a flight ticket to facilitate my journey back home," expressed the elderly gentleman, who has

experienced auditory difficulties since infancy. R47, R48, and R50 are eager to secure employment. They appear somewhat distinct from the other participants. In contrast to the others, they explicitly stated "I need a job" as their primary issue, whereas the others, such as R4, R5, R6, and R7, emphasized 'money' as their main focus. Conversely, R51, a 24-year-old individual, expressed that love holds the utmost significance. He recounted the painful experience of being separated from his siblings due to the unfortunate circumstances of their fractured family background.

Experience in Government Healthcare Services

Gathering input on the respondents' experience in using government healthcare services is difficult. While some spoke candidly, others chose to withhold their response. R7 remarked that it is straightforward to deal with the government clinic.

Due to the loss of his identity card, R18 is not entitled to free medicine and so must pay for it himself. Conversely, R37 expressed feeling timid and anxious when recounting their experience of receiving medical treatment. R53 expressed that he was reprimanded by the medical personnel, stating, "The hospital staff lacks regard for me, possibly due to my condition," conveying a sense of being marginalized. R55, at the age of 60, stated, "I utilized public transportation by boarding a bus. I endured a considerable wait at the hospital due to a large number of individuals present". Furthermore, individual R58 expressed dissatisfaction, stating that it required 3 months alone to secure an appointment date. This assertion was made by an individual afflicted with eczema, who also alleged the presence of a racial component in their experience.

Financial Affordability to Healthcare Services

The level of financial affordability among the homeless population varies. Several individuals possessed a savings or EPF account from their prior employment. While a portion of them were remunerated during their incarceration. Specifically, R18, R19, R20, R23, and R26 personally financed the cost of the prescription. Some responders completely depend on government financial help. Respondent 14 utilized Bantuan Sara Hidup (BSH), R17 allocated funds from Jabatan Kebajikan Masyarakat (JKM), R31 relied on generous assistance from the Persatuan Bulan Sabit Merah (PBSM), R43 utilized funds from Baitulmal, while R48 utilized funds from Bantuan Rakyat 1Malaysia (BRIM).

However, some responders depend on their previous savings to fund their medical expenses. At the age of 47, R1 withdrew his savings from the iCitra program. R49, a 55-year-old woman, stated that she intends to utilize her Employee Provident Fund (EPF) which she has stored in Singapore. She alleges that her previous employer has held her funds in the EPF. The same applies to R38. However, at the age of 36, R42 was declared bankrupt and is currently dependent on the homeless center for all his necessities. Ironically, R6, a 51-year-old individual who rarely undergoes medical check-ups and has experienced homelessness three times, stated, "During my time on the streets, I did not fall ill, thus I did not require any medication".

During the interview procedure, certain homeless individuals willingly disclosed information to the researchers regarding their health status. Some individuals experienced normal ailments, while others endured severe illnesses. Examples of medical conditions include asthma (R7, R17, R47), migraine (R10), injuries and surgery (R11, R12), low blood pressure (R14), heart problems, high blood pressure and kidney stones (R18), liver problem (R20, R22), allergies (R31), diabetes (R34, R35), gout (R38), savant syndrome (R50), and thyroid issues (R53).

Upon analyzing the interview and transcribing the findings, it becomes evident that a significant portion of the homeless population relies heavily on government financial aid. They encounter difficulties in accessing public healthcare facilities and are confronted with health problems. Some homeless individuals see racial bias and exclusion from society.

Table 5: Thematic Analysis

CATEGORIES OF INTERVIEW QUESTIONS	THEME
Factors of homelessness	Unemployment and job retrenchment Family issues, divorce, protracted disputes with their loved ones. Deliberate decision
Needs during homelessness	Foods Shelter Healthcare services Job Money Loves
Experience when attaining government healthcare services	Straightforward Anxious Dissatisfaction & social equality
Financial affordability	Provident fund scheme Remuneration Government financial aids Baitulmal/Zakat Savings

Furthermore, after analyzing all the results, the researchers have categorized the homeless population into three primary groups: i) Employable homeless individuals, ii) Temporarily unemployable homeless individuals and iii) Permanently unemployable homeless individuals. The categories can be explained in Table 6:

Table 6: Categories of the homeless population

CATEGORIES	REMARKS
Capable of working.	Good health (including mental & and physical) condition or very minor health problems. Free from drugs or alcoholic addiction
Not capable of working. (temporarily)	Have major problems of health conditions but still can be treated. Undergoing rehab treatment for drugs and alcohol addiction.
Not capable of working. (permanently)	Aging. Suffered critical illness including mental and physical health

Proposed Framework for the Healthcare Services Affordability for the Homeless

The 12th Malaysia Plan introduced the concept of a National Health Endowment Fund, which aims to enhance the healthcare finance system in Malaysia by utilizing waqf donations (endowments made by Muslims). This will only come to fruition in four years. The state government has also implemented initiatives, such as Selangor's Peduli Sihat scheme, to enhance the efficiency of healthcare services. However, the researchers recommend developing new strategies for preventative and stimulation purposes based on the findings.

Chart 1: Preventive & Sustainable Strategies Based on Three Categories of Homeless

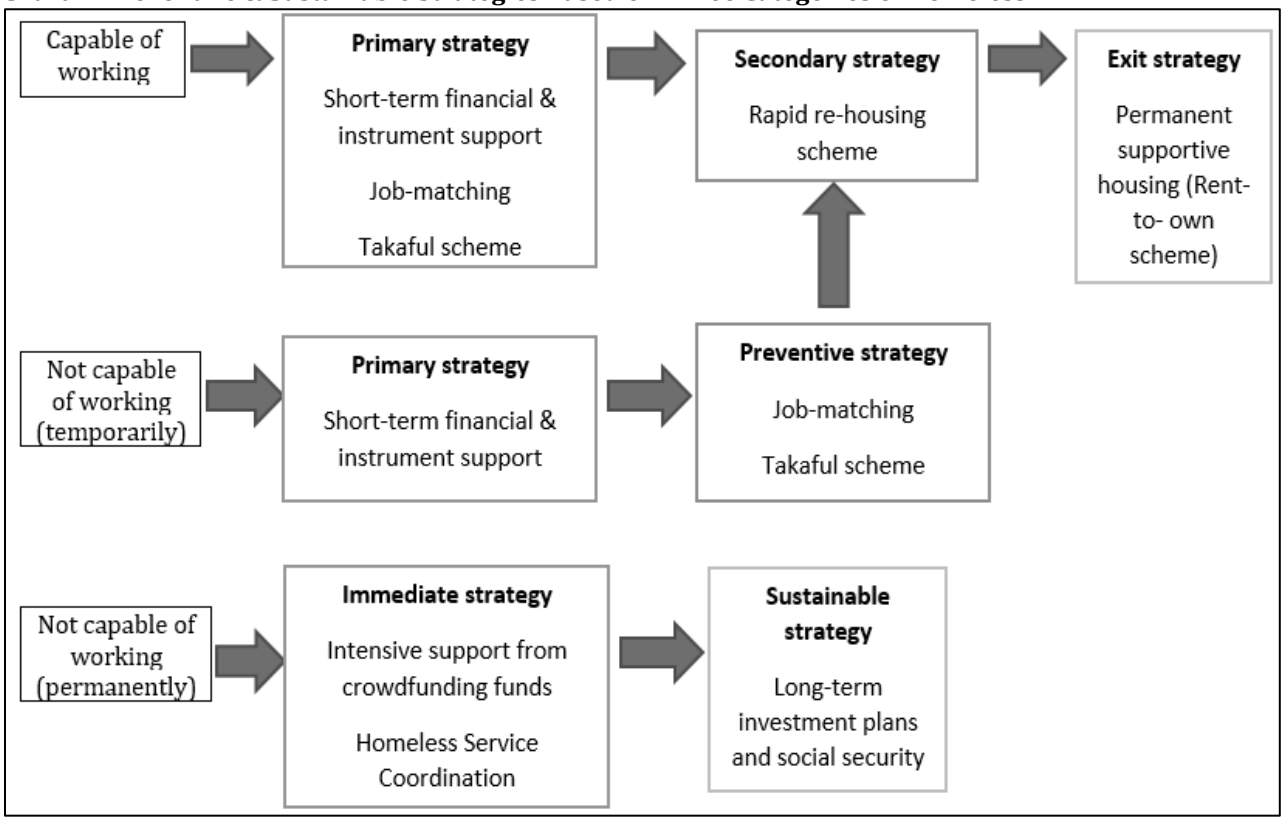

Chart 1 proposes the preventive and sustainable strategies for three categories of homeless. For the categories of capable of working, the study suggests a job matching program, where the job offer can be packaged together with short-term financial support and a takaful scheme. The takaful scheme can either be automatically deducted from the salary or subsidized by the government temporarily. A rapid re-housing scheme may be offered at the secondary stage, and then permanent supportive housing can be offered for the exit strategy. Likewise, a similar strategy is also proposed for the other two categories.

However, the homeless center must possess the capacity to implement income-generating projects, such as agricultural activities, handicrafts, or other non-technical pursuits. Implementations of Islamic social finance are necessary to address inequities. Collectively, social Islamic finance tools like zakat, waqf, and sadaqah can effectively combat marginalization and vulnerability. This can be achieved by channeling these resources into locally led initiatives that aim to foster social and economic inclusion. Existing legislation in a way is denying the fundamental rights of the homeless, especially to those who lack social finance status.

5. Conclusion and Recommendations

A comprehensive public-private-sector initiative is urgently needed in Malaysia to align with Article 25 of the Universal Declaration of Human Rights. This article states that everyone has the right to a sufficient standard of living for their health and well-being, as well as that of their family, including access to food. The study provides valuable insights into the ongoing issue of homelessness, emphasizing the need for it to be recognized as a national priority. Given the current economic uncertainties and growing social problems, it is reasonable to anticipate a rise in homelessness.

To address this issue, it is necessary to revise the policies, particularly the legislation related to the Data Protection Acts (DPA). Attention should be focused on the integration of poverty and health concerns into law, while concurrently addressing the problem of homelessness. We propose that the Ministry of Women, Family, and Community Development, along with other relevant organizations, shift their attention from actively

seeking and capturing individuals suspected of being impoverished, to instead concentrate on developing and adjusting policies and programs within their authority to effectively address the underlying causes and effects of homelessness. This approach should give priority to upholding the dignity and autonomy of every individual. Additionally, it is imperative to establish a synergistic collaboration among key ministries, including the Ministry of Home Affairs, Ministry of Health, Ministry of Finance, and Ministry of Higher Education, to effectively address this issue.

To tackle the notable discrepancies in health that are evident among the homeless population, we must view homelessness (as well as other types of severe socioeconomic hardship) as a comprehensive issue that encompasses both medical and social aspects. Addressing homelessness is an essential component of healthcare, rather than being seen as a separate issue that is not connected to health. We should embrace a more innovative strategy for tackling the issue of homelessness, departing from the traditional compartmentalized approach. The Ministry of Health may implement specialized mobile health services or use a distinct approach to cater to the homeless population. This is significant because it involves a dual approach where contagious diseases may be managed, and socioeconomic inequalities can be addressed. If we can effectively apply the suggested framework for healthcare affordability, it could have significant ramifications on life expectancy and improve the overall quality of life in Malaysia, ultimately contributing to its progress.

This study may be more complex due to the multitude of components present in multiracial Malaysia, prompting scholars to investigate new and more intricate aspects to enhance the framework.

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Appendix

Table 1: A Selection of Homeless Narratives Featured in the Local News

No.	Title	Publisher	Health Issues	Causes of Homelessness
1	A homeless military retiree in Kedah who has been living in his car for 17 years shows how he cooks his meals	News'nav 18-Jan-24	Unknown	Personal preference
2	Family of five forced to live in a car for 10 months	New Straits Times June 22, 2023	Breadwinner suffers growth on his neck	Loss of their job due to the Covid-19 pandemic
3	Man lives in a car, uses 90 percent of salary to pay off RM1 million debt	Sinar Daily 26 Sep 2023	Unknown	Debt issues
4	Family evicted and forced to live in rundown car needs help.	Free Malaysia Today 17-Jul-22	Breadwinner was involved in an accident. Mother suffers from multiple chronic disease	Financial problem
	Malaysians are touched by the story of a homeless man living in his car with a stray cat as a pet who helps him with donations.	Malay Mail 21-Jun-21	Unknown	Unable to secure jobs
6	When home is a car and a public toilet	Free Malaysia Today 24-Dec-20	Breadwinner was involved in an accident last year, which left him with a broken left leg	i. Their house was on fire ii. Estranged from family some five years ago
7	Homeless family forced to sleep in car.	New Straits Times August 17, 2018	Unknown	Financial problem
8	A Homeless Family Was Living in A Car For 2 Months at The Sungai Buloh R&R	SAYS 23 Feb 2018	Unknown	i. Poverty since childhood ii. Laid off from work