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| **Leaving no-one behind: novel approaches to reduce homelessness in Kuala Lumpur** |
| **Setting/problem**  Homelessness is an intractable problem around the world with significant impacts for those affected including increased morbidity and mortality. While high income countries have national and regional bodies coordinating and researching the issue and interventions, in low-and-middle-income countries there is very little research focus or published data available. The purpose of this presentation is not just to share the new approach a group of organisations has taken in Kuala Lumpur but to attract and connect other IUHPE conference participants from Asia who work in this field to build a community of practice.  **Intervention**  In Kuala Lumpur, certain downtown areas have high concentration of people sleeping rough and local businesses are concerned about the impact on their business. Instead of rounding up and taking homeless people out of town, this intervention compiled available data, research and mapped the service ecosystem and followed this up with establishing a partnership of 19 NGOs undertaking vulnerability assessment with support from US-based NGO Community Solutions. The aim of the partnership was to collected the data necessary to inform novel local interventions.  **Outcomes**  Of the 245 rough sleepers interviewed using the Vi-SPDAT tool, 80% were chronically homeless (>1year). 86% were male and over half (56%) in the 40-59 age group. Just under 30% reported a mental health and 60% a physical health condition. Almost a quarter said they had substance use issues and 5% reported suffering from all three conditions. Health service use, socialisation, daily functioning, risks and other issues were also assessed for their level of vulnerability to significant adverse outcomes to their health and wellbeing. Three interventions emerge from the study and are developed into prototypes and tested.  **Implications**  Developing small scale novel interventions based on local data is an important first step to build a trusting, multisectorial community of practice required to address health inequities and social justice in this population.  **Preferred presentation format**  Oral |