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FEANTSA STATEMENT
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Vaccine Strategy: Recommendations for the Protection & Prioritisation of People Experiencing Homelessness

People experiencing homelessness are extremely vulnerable in the context of the COVID 19 pandemic and should be protected through preventative measures such as the provision of housing and targeted and effective vaccination strategies.

The European Commission vaccination strategy, launched in October 2020, recommends that Member States consider priority groups for vaccine deployment when drawing up their vaccination strategies. At least three of these priority groups cover homeless people: persons whose state of health makes them particularly at risk; persons who cannot socially distance; more disadvantaged socio-economic groups.¹

Persons whose state of health makes them particularly at risk: Clinical vulnerability

Homeless people are disproportionately affected by poor health with mortality rates 3–6 times greater than those of the general population. They are often at a higher risk of contracting infectious diseases and are especially vulnerable to respiratory problems due to compromised immune systems, poor nutrition and hygiene, and frequent overcrowding at shelters.

Research has found that when homeless people are in their 30s, 40s, and 50s, they often have problems typically associated with much older people. Homeless people are at high risk of premature frailty and geriatric conditions. There is also a high prevalence of multimorbidity in this group.² Research calls for a needs-based rather than an age-based approach for homeless health and it makes the case for homeless people to be included in the priority group for vaccines based on their specific health needs rather than their age.

Although they are clinically vulnerable and have complex underlying health conditions, people experiencing homelessness often face barriers in accessing health care and consequently, their medical conditions are often underdiagnosed and their health needs, while multiple, left unmet. This makes them a high-risk group for COVID-19.

Persons who cannot socially distance: High risks of outbreak in homeless settings

Sleeping rough or living in congregate settings such as in emergency or transitional

¹ https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/public-health/coronavirus-vaccines-strategy_en

² <https://www.pathway.org.uk/publication/premature-frailty-geriatric-conditions-and-multimorbidity-among-people-experiencing-homelessness-a-cross-sectional-observational-study-in-a-london-hostel/>

accommodation increases the risk of disease transmission and makes physical distancing impossible. Outbreaks of SARS-CoV-2 in homeless settings can lead to a high infection rate.³

To protect homeless people from COVID-19, preventive measures to make homeless services safe and to house rough sleepers in single room accommodation were adopted quickly in many places. Where this was not the case, for example in Paris, we have seen outbreaks of COVID in crowded homeless settings lead to an extremely high COVID-19 infection rate.⁴

The Report of the European Centre for Disease Control calls for specific consideration for settings with little ability to physical distance - such as crowded housing and homeless shelters - when deciding on priority groups for COVID-19 vaccination.⁵

Including homeless people in priority groups for vaccination will mitigate the risk and impact of outbreaks and will limit the transmission of COVID-19 both among homeless people themselves and the wider population.

More disadvantaged socio-economic groups

People experiencing homelessness are the most vulnerable and socially excluded group in society. They include people sleeping rough and people who stay in homeless shelters, but also those who are living in extreme poverty, in inadequate, unfit or overcrowded housing, without a secure tenure, with the threat of eviction, vulnerable migrants in irregular situations, etc. Those groups are also at significantly higher risk of COVID-19 infection.⁶ The ways in which COVID-19 has exacerbated existing health inequalities for these marginalised groups have been reported since the beginning of the pandemic. It is important therefore to limit further inequalities related to COVID-19 and ensure equitable access to vaccination for the most vulnerable.

Recommendations to ensure access and uptake of vaccines for homeless people

Clinical vulnerability together with high risk of outbreaks in homeless settings and reducing COVID-19 related health inequalities makes the case for Member States to include homeless people in their priority groups, as certain countries, regions, and cities have done so far, for instance in Ireland, Germany and Denmark.

People experiencing homelessness face multiple barriers to accessing health care. Specific strategies to distribute vaccines should be developed to ensure that they have access to and that they are able to receive the vaccination.

³ [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30396-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext)

⁴ <https://www.msf.org/high-coronavirus-covid-19-rates-found-amongst-people-living-hardship-paris>

⁵ <https://www.ecdc.europa.eu/en/publications-data/covid-19-vaccination-and-prioritisation-strategies-eueea>

⁶ <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

Recommendations to improve access and uptake of vaccines for people experiencing homelessness:

- Develop local vaccine delivery strategies jointly with homelessness service providers who are already engaged with homeless people.
- Involve people with lived experience of homelessness in the design and delivery of vaccination programmes to reach people and to encourage vaccine uptake.
- Include homelessness staff in vaccination plans along with their clients.
- Establish flexible vaccine delivery including outreach vaccination (mobile health units) and multiple easily accessed vaccines sites (without appointment).
- Remove administrative and other barriers to accessing vaccines (e.g. registration with GP, fixed address).
- Provide consistent, transparent information to ensure that clients feel comfortable receiving the COVID-19 vaccine.
- Build vaccine confidence by engaging with homelessness staff who already have trusted relationships with clients.
- Ensure that vaccination services are safe and non-threatening environments for people who have multiple traumas.
- Joint working to keep record of contacts and dose information to ensure follow up.
- Ensure that provision of vaccines for undocumented people is clearly detached from immigration control.
- Use the opportunity to promote engagement with primary care to improve health care access for people experiencing homelessness.
- Monitor the uptake of vaccines and collect data to assess the effectiveness of vaccination programme in reaching people experiencing homelessness.