The Importance of Waqf in Supporting Healthcare Services

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Abstract

A healthy society is achieved through good healthcare facilities and the ability of each member of the society to get their healthcare needs. The success of waqf as a source of healthcare financing in Islamic history has been a major factor for waqf practices to be retrieved back today. The purpose of this article is to analyze the related literatures on waqf contribution in healthcare and wellbeing. Thus, waqf was a great model used to establish hospitals in Muslim world; it was also a successful method used to achieve large numbers of healthcare facilities around Muslim nation that was ensuring their wellbeing. The methodology of this article is through descriptive research based on document analysis on previous articles and literatures on the importance of waqf in health and healthcare services. The finding of this article shows that waqf has been proven to provide an efficient alternative source of funding to the development of health care institutions, and this can only be done if there is a transparency system that directs the administration of these funds. Implications from this research are that waqf can possibly act as a good model for use in reducing health problems and increasing societal wellbeing. Further research into the application of waqf to healthcare will contribute to providing some possible solutions to overcome different diseases.

Keywords: Waqf Hospital, healthcare, wellbeing, Health services.

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1.0 INTRODUCTION

Preparing utilities and facilities in order to improve the level of health as well as to provide the best medical treatment for the nation is a responsibility on all Muslims. From the Islamic perspective, personal care, including life, is one of the Purposes of Islamic Law (\textit{Maqasid Al-Syari’ah}), which is given great emphasis. Everyone is entitled to get free medical service, and the government or ruler is also obliged to prepare substantial or sufficient service to the people (Farahdina binti Abd Manaf & Siti Mashitoh Mahmood, 2013). The problem of financing health services in many Muslim countries, poor and rich, is currently being raised in light of the increasing demand for health services, which resulted from reasons as increasing population and health service costs in many Islamic countries. Seminars were held and studies were conducted in order to find a solution to this problem. Some of these attempts came with several options, most of which are imported from outside the Islamic world, such as health insurance, which distress the poor and does not achieve social justice (Al-Shathri Abdul Aziz bin Hamoud, 2016).

Waqf that is a unique system of philanthropy recommended in Islam (Zuki, 2012; Salarzehi, Armesh, and Nikbin, 2010) played a significant role in rendering exemplary social welfare services (Mohd Iskandar, Nelly Sari, Mohd-Sanusi, & Anugerah, 2012). Historically, the institution of waqf rendered exemplary welfare services in the areas of healthcare, education, social welfare, environment, and other community based programs. Healthcare
service, including the construction of hospitals, as well as spending on physician, apprentices, patients, and medicines, was another significant beneficiary of the waqf revenues (Kahf, 2012b).

This study introduces the Islamic alternative to these solutions, which has been tried over centuries. That is the waqf as a social, Islamic and interdependent system in which rich Muslims take care of the poor Muslims’ health. Waqf is envisioned as the best alternative to support health services. Followers of the Islamic history during its flourishing times noted how waqf improved the wellbeing of Muslims. Waqf has been identified as one of the alternative in providing fund to develop healthcare services, which becomes affordable to other groups especially the poor (Nur Atika Atan, Fuadah Johari, and Zurina, 2017). Undeniably, the development of waqf-based healthcare institutions was among waqf development project that has long been practiced by the Caliphs, which had helped the government in providing healthcare services to society. Therefore, Muslims today need more waqf funds to support healthcare services.

2.0 THE IMPORTANT OF HEALTHCARE IN ISLAM

A person cannot live in society with dignity, stability, tranquility, and security unless the five necessities of the Islamic Sharia are attained; which are religion, self, mind, progeny, and property. There are dozens of the Prophet’s traditions (peace be upon him) and actions that urge attention to healthcare, which confirms that the guardians and leaders are obliged to provide healthcare for citizens. According to Akrama Sabri (2015), when the king of Egypt gave a doctor to the Prophet Muhammad (peace be upon him), he instructed the doctor to treat all people without exception and free of charge, and proved that no one paid for the health treatment or medications. In addition to that, Prophet Muhammad (peace be upon him) established a fixed tent in the courtyard of the Prophet's Mosque for the ummah to get free treatment and injections; a number of Sahaabis had received these health treatments, and the Sahaabiyats performed the great humanitarian task (Akrama Sabri, 2015).

The development of the healthcare concept for Muslims is due to the directives of the Prophet Muhammad (peace and blessings be upon him); who has motivated the Ummah to seek medicines, he made it clear, that every disease was created with a cure, by saying: " God has sent down a disease and has also to brought down its healing." Saheeh al-Bukhaari. Additionally, Doctors were brought from different countries for the treatment of Muslims, therefore, Muslim scholars such as Al-Biruni, Ibn Sina, Al-Razi and Ibn Rushd learnt medicine and pharmacy, and others collected the Prophetic Traditions related to health and medical subjects in a single book for those who were interested in knowing the views of the Prophet in this particular field. Hospitals were also built in Córdoba and Baghdad since the second century AH, and the leaders ensured the treatment of patients during Ahmed el-Mansour the golden era (1549). Infectious diseases and problems common to a community are discovered, and the program to combat this “condition” were linked to improve public health and regional development (Aziz Ait Al-khawi, 2014).

The caliphs and princes in successive times established hospitals to treat patients and dispense the necessary treatment for men and women without pay regardless of their gender, religion, or social status. Each of these hospitals was divided into two sections: a men's section and a women's section. These hospitals were furnished with the best furniture and equipped with the best tools, as well as cover, clothing, food and service. They included the most famous Muslim doctors, and were often administered by princes or supervisors to demonstrate the importance of health services, and to ensure the state cared for health affairs (Ragheb Al Sarjani, 2010).

3.0 HISTORY OF WAQF BASED HEALTHCARE SERVICE

The history of Waqf based healthcare services in Muslim society has begun since the time of Prophet Muhammad s.a.w as indicated above and that was before the hospital building existed. Muslim society have used mobile dispensaries to treat the patient and the idea in having a mobile dispensaries was taken from the history of the Khandaq battle where Rasullullah s.a.w had ordered Sa’id bin Mu’az who was injured to be taken in a separate tent in order to receive a better treatment and Ummi Rufaidah binti Sa’ad was the first Muslim female nurse that was assigned to take care for the patients during the war at that time (Razali, 2015). The idea for hospital building as a treatment institution for the patient was only exists after the coming of Islam and it has introduces three types of medical facilities that are mobile dispensaries, hospital building, and emergency treatment center (Hussain Nagamia, 2003).
Since the first centuries of Islam, Muslim leaders concerned about health of Muslims’ patients and ways of treatments. Thus, the first house for patients’ treatment was built in Damascus by Alwaleed bin Abdul Malik, in the year Eighty-Eight (88 AH); he provides doctors, nurses, physicians, and healthcare professionals out of the waqf fund (Al-Maqrizi, Ahmad bin Ali, 1418 H). In addition to that, the first major hospital in the history of Islamic civilization was the one built by Harun al-Rashid in Baghdad “Marastan”, he made it a waqf hospital for Muslims (Ahmed Issa, 1981). It is stated also in the history books about the hospitals established in Egypt from waqf funds; the famous were those established by Al-Fath Ibn Khakan and Minister of Mutawakili Ali Allah Abbasi, in addition to the hospital that was founded by the Prince of Egypt Ahmed Ibn Tulun. Indeed, historians and travelers spoke about the waqf hospital established by King Qalawun in Egypt for the treatment of Muslim patients. Ibn Battuta said: "It is impossible to describe the beauty of these hospitals; it was equipped with countless medicines and service facilities for patients." (Ibn Battuta, Mohammed bin Abdullah, 1987).

Indeed, healthcare development during the glorious era of Islam have been funded by waqf; the establishment of hospitals, which offered free treatment to poor patients, in addition to establishing waqfon medical education were funded from waqf money. It has been witnessed that during the Islamic history and civilization, waqf institution has played a significant role in the provision of social goods such as education and health, public goods, religious services, helping the poor, orphans and the needy, creating employment, supporting agricultural and industrial sector without imposing any cost to the government (Mohsin 2008). Thus, it seems that waqf has become a tool for rendering social welfare services to the society. The researchers and modern thinkers, who dealt with waqf Foundation and its cultural dimensions, approved the role of waqf in supporting the healthcare and providing the health facilities to Muslim society way before this modern era. According to Ahmed Abu Zeid (2008), many of the healthcare centers and hospitals available in Muslim cities were heavily dependent on waqf resources, indeed, special awqaf were created for the establishment of hospitals and supply them with medicines and the necessary means of treatment.

The mental illness treatment in hospitals was not less important than physical treatment; the waqf hospitals were also concerning about the sick souls, because Muslim scholars had realized the seriousness of patients with mental illness and the importance of their treatments. One of the most important care received by patients with mental illness was having their own counselor who accompanied them into the gardens and read the Holy Quran for them (Mohammed bin Abdul Aziz bin Abdullah, 1996).

The history was also concern about children’s health, where in early period, hospital for children treatment was built in Istanbul out of the Waqf fund (Mannan, 2005). And in Spain hospital facilities were available for both Muslims and non-Muslims alike at different ages. In addition to that, Ahmed Habib (2007) reported how hospitals and medicines are the most famous sub-sectors of awqaf; Muslims until the first part of the 20th century continued to establish awqaf for healthcare centers and hospitals, when the Children Hospital of Istanbul was also founded by cash waqf. Furthermore, hygiene sector was also important, Hasan Sami (2006) stated that an important beneficiary of Muslim Awqaf has been allocated for healthcare and hygiene sector, through building the public bath that became one of the major beneficiaries of awqaf; cleanliness is a major part of the Islamic belief system.

As can be seen, in the Islamic world most hospitals were financed from the revenues of waqf. Awqaf were structured very well and used for societal wellbeing, it was used for health services, the expenses on patients, as well as the provision of physicians and their training courses, besides the construction of the hospitals. For this reason, Abattouy & Al-Hassani (n.d) stated that wealthy Muslims, especially leaders, created different types of awqaf, for example, caliph al-Walid ibn Abd al-Malik in 88H was the first who built a hospital or bimaristan and appointed doctors and paid for their salaries just to care for the sick and quarantine cases. The revenues of these awqaf were paid for the maintenance and running costs of the hospital, and even upon discharge sometimes patients received a small stipend. Such hospitals in the 3rd Islamic century were spread all over the Islamic world, and were a source of happiness for the Muslim community because the patients received treatment, care, food, and clothing. Additionally, these hospitals performed the function of a medical education center along with treating the patients.

For this reason, it has been argued that the entire health, education, and welfare budget during the Osman Caliphate, based in Istanbul, came from its charitable foundations (Cizakca, 1998). Furthermore, there were Awqaf for specialized medical schools for research in chemistry, and for payment for food and medicine for hospital
patients. The hospitals and health centers provided healthcare services to all patients free of charge irrespective of their background; whether they were residents or foreigners, strong or weak, had low or high positions, rich or poor, employed or unemployed, physically or mentally ill, educated or illiterate. For instance, it was estimated that there were 50 hospitals in Cordoba alone that were built and financed by Waqf. In Egypt by 1913, waqf institutions had more than 11 hospitals, which treated over a million patients (Husain Nagamia, 1992).

4.0 THE IMPORTANCE OF WAQF IN SUPPORTING HEALTH SERVICES IN MALAYSIA

It is stated in Malaysia National Health Accounts Health Expenditure Report 1997-2014; that the share of economy devoted to healthcare spending (total expenditure on health/TEH) was RM8.2 billion or 2.91 per cent of GDP in 1997 and RM49.7 billion or 4.49 per cent of GDP in 2014. Health spending remains higher throughout the years (Ministry Of Health Malaysia, 2016). This report shows how health is important and how Malaysia cares about the health of the nation. Therefore, more funds are required for healthcare to sustain.

Since waqf played an important role in health on the first centuries of Islam, and since it was practiced by the Prophet pbuh, his companions, in Muslim empires, and discussed widely in literature by Muslim scholars thus making it a basic source of fund for the healthcare in Malaysia is also possible. The Waqf process in Malaysia began almost as long ago as Islam entered, but the waqf property management was left to the governors without legal restrictions or regulatory framework until 1952, when the Selangor government issued acts based on Islamic law, including the Waqf administration (Sami Mohammed Al-Salahat, 2005). According to Hussein Hussein Shehata (2004), there are many areas of waqf investment in Malaysia, including: real estate investment, investment in service projects (education, health, etc.), investment in agricultural real estate, investment in securities and Islamic finance. Thus, healthcare services in Malaysia has begun since before the independent of Malaysia and at the end of the 19th century most of the hospital was built, for instant, in Perak 15 hospital has been built with the objective to provide a healthcare services for the workers in the mining industries (Pelan Strategik Kementerian Kesihatan Malaysia, 2015). Healthcare provider in Malaysia is complemented by Public healthcare provider as well as private sector, Public health care provider is the major provider, whereas private sectors constitutes about 35% of the overall healthcare services (Manaf, Mohd & Abdullah, 2010). Among the private healthcare institutions, social-based healthcare institution, which includes non-profit organizations, Waqf-based health, cares institutions and social health enterprise.

Today, there are many Awaqf-based hospitals throughout the Islamic world, and Malaysia as indicated above is one of them. Malaysian realized the importance and the big potential of waqf to support the healthcare, therefore, Nur Atika Atan, Fuadah Johari, and Zurina (2017), indicated that the success of Waqf-based health care institutions during the past and current society with the development of Hospital and Clinic Waqf has encouraged many parties especially the private healthcare providers in collaborating with state religious council (MAIN) to develop their own Islamic hospital.

Undeniably, KPJ flagship initiative Klinik Waqaf An-Nur (KWAN) that have more than twelve clinics and hospitals, treating more than 660,907 patients (JCorp annual report, 2014), have reached out to the community through its corporate social responsibility (CSR) programmes, while its charity KWAN clinics provide quality treatment at minimal cost to the underprivileged in society (Mah Lai Heng, n.d.). This accessibility to high-value, low-priced clinics helps ensure that members of the public have the medical care and attention they require despite the rising cost of healthcare today. Healthcare is an important topic that needs to be addressed in all waqf projects, because fulfilling the obligations of three of the five pillars of Islam requires that Muslims be of sound health.

Rising costs are a major issue in the healthcare sector, as stated in InFocus WIEF Foundation (2017), by Dr. Mohd Lutfi Fadil Lokman, the Executive Director, Hospital Beyond Boundaries, Malaysia; he believed that healthcare was a vital concern for all people, whether rich or poor, according to him: ‘the health economy affects my work directly and also my patients. Healthcare is a big piller of the economy because it directly affects the workforce of a nation, no matter what your social background is.’ It is indicated also in World Health Organization (2013), that it is a major concern when the cost of health care services increased, it will lead the society especially those who do not have insurance or the poor and low-income group to bear the health care service cost or just ignore the diseases suffered without any treatment and risk being unable to work.
When it comes to health, unfortunately, it is the lowest-cared-for sector along with education, where 90% of waqf funds today are in the mosque account, and the rest is not being fulfilled (InFocus WIEF Foundation, 2017). In addition to that, it is not enough to talk about one or two waqf foundations that are supporting health care services; Thus Tun Abdullah Ahmad Badawi, Malaysia’s former Prime Minister, said: ‘The initiative can be replicated by other corporate charitable foundations, and it is hoped that any emulation of this will expedite access to good healthcare for all members of society’ (InFocus WIEF Foundation, 2017). The increase in the cost of healthcare service today that appears to become a liability to most increases the government difficulties in preparing substantial public healthcare services that are of good quality. And the existence of private medical institutions as an alternative has not been able to bear the current needs, as patients have to bear costs, which are too high.

Another issue in waqf healthcare service is lack of transparency system, as indicated by Che Zuina, Nor Jana, and Nor Jawanee (2015) that having lots of red tape and lack of transparency in administering the waqf have prevented contribution of ideas towards the development of waqf in Malaysia. Therefore, it is encouraged to introducing a system that directs the administration of these funds. With the waqf system in the health service, the responsible parties will be able to implement their duties by using the contributions from the rich and wealthy. And the wealthy will be able to contribute to the well being of the society according to their capabilities, where as the poor and needy will be able to receive assistance that will help fill their individual needs.

This paper therefore suggesting more waqf to become the source of funds in preparing a healthcare service of good quality, which can be enjoyed by people from all walks of life at a reasonable cost. The practice of waqf has been proven to be successful in collecting funds to develop the Islamic civilization from time to time. Western Historians and orientalist, Marshall Hugdson, in The Venture of Islam: Conscience and History in a World Civilization mentioned waqf as the main source of funding for the Muslim community, mainly in the past middle century (Farahdina Abd Manaf & Siti Mashitoh Mahamood, 2013). In conclusion, the revival of waqf is essential as it promotes community welfare, and societal wellbeing.

### 5.0 CONCLUSIONS

The development for Waqf-based health care institutions is needed in fulfilling the society need, especially in health. Health is one of the crucial indicators in measuring the performance of countries development and very related to the wellbeing (Farhat Nazirul Mubin, 2015). A healthy society can be achieved through good health care facilities and the ability of each member of the society in getting the health care needs provided. Based on the history and current practices, Waqf has been proven to provide an efficient alternative source of funding to the development of health care institutions. Therefore, in order for Waqf-based health care institutions in Malaysia to be well implemented, success and sustain, it requires not only the cooperation from various parties including the government, private sector and civil society, but also a transparency system that directs the administration of these funds.

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