CONCEPT OF WAQF IN SUPPORTING HEALTH FACILITIES AND ITS COMPLIANCE WITH REGULATION IN INDONESIA

Muhammad Sena Nugraha Pamungkas[1)*], Irham Zaki[2)]

[1, 2] Department of Sharia Economics, Faculty of Economics and Business, Airlangga University, Indonesia

Abstract

This study aims to identify the concept and utilization of waqf in supporting and running health care facilities in Islamic civilization and evaluating its compliance with statutory regulations if the same concept is applied in Indonesia. By using the documentary research method this study examining *and/or exploring various secondary sources related to the research topic. This research concludes that the use of waqf in supporting and maintaining the sustainability of health facilities has become a part of Islamic civilization. The concept of using waqf in operating and supporting health facilities is also not against the prevailing laws and regulations. In fact, the concept is in the same line with* article 170 of Law No. 36 of 2009 concerning health and *Presidential Decree No.59 of 2017 concerning sustainable development. With the harmony between the concept of waqf and the prevailing law and regulations it is expected that government could realizing provided a sustainable and inclusive waqf-based development.*

Keywords: *waqf, health facilities, sustainable development*

1. INTRODUCTION

The right of health is a fundamental right of every human being. Without a healthy body and soul, a person will not be able to carry out his activities completely. In Law No.36 of 2009 on health, health is defined as a state of health, both physically, mentally, spiritually and socially which enables everyone to live productively socially and economically. These four aspects (physical, mental, spiritual and social) influence each other. When a person is mentally ill, for example he had depression, it can decreased physical health, the immune system will weaken and he will get sick easily. Otherwise, when someone is physically sick, for example, he is indicated had an infectious disease, then it will have an impact on his mental health. the level of anxiety will increase and can even result in panic attacks. Likewise with the social aspect, when a person's health decreases, his rights to the social aspect cannot be fulfilled. A person whose health is impaired may lose the ability to work, decreased income and quality of life. In general that person's social aspect is disturbed.

The importance of health as a human right and as a necessary condition for the fulfillment of other rights has been recognized internationally. Article 25 of the Universal Declaration of Human Rights (UDHR) states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food,

*Corresponding author. *Email address:*muhammad.sena.nugraha-2020@feb.unair.ac.id

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clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (Ardinata, 2020)

In 2015, the World Bank revealed that OIC countries have very poor governance performance so that it is not possible to increase spending and provide welfare support facilities (health facilities for instance) such as in America and Europe (Shaikh, Ismail, & Mohd Shafiai, 2017). In other words, assistance from the private sector is needed to fill the gap in the government's role. Although it can help provide health facilities, it is not a rational thought for the private sector to provide these facilities without a profit-seeking motive.

According to Notoatmodjo in Susanti (2017) health management cannot be equated with business administration which is more oriented towards seeking financial benefits (profit oriented). According to him, health administration is more appropriately classified into public administration because health organizations are more concerned with achieving the welfare of public. Someone who use health facilities mean that those person is unable to carry out their daily activities maximally , their activities at work will disturbed, so it is not appropriate for them to be charged a fee for the benefits obtained from health facilities. Therefore we need a financing system and operational funding for health facilities that are not based on a motive for seeking financial gain. In the history of Islamic civilization, this has been done in the Middle Ages by utilizing *waqf* funds.

Waqf is a form of social funds that exist in Islamic teachings it's also one of a form of state financial instrument. Everyone can issue their assets to be donated without a minimum limit on the amount and time of ownership as in zakat. The difference with alms (other social fund instruments in Islam), *waqf* assets must be maintained and managed. If the management of *waqf* assets generates profits, then these profits can be utilized in various social aspects to improve the welfare of the community. So both the assets and the results of the management of *waqf* assets can provide social benefits to the community. The concept of *waqf* is very suitable to be used in financing the construction and operation of health facilities because it have the same goal to improve the welfare of society and are not motivated by financial profit.

Indonesia as a large country with a majority Muslim population certainly has a large potential for *waqf* funds. Zaim Saidi in Aziz (2017) said that the potential for *waqf* in Indonesia can reach one-third of the wealth of Muslims. This potential is measured from the Prophet's recommendation for *waqf* as much as one-third of the assets owned. In October 2020 the Indonesian Minister of Finance, Mrs. Sri Mulyani said that the potential for *waqf* in Indonesia could reach IDR 217 trillion or equivalent to 3.4% of Indonesia's GDP (Akbar, 2020).

Thus, the aim of this study could be divided into two. First, evaluate the concept and the utilization of *waqf* in supporting and running health facilities in Islamic civilization. Second, examine whether the concept of utilizing *waqf* in supporting and operating health facilities can be applied in Indonesia according to the prevailing laws and regulations.

2. LITERATURE STUDY

2.1 Indonesia's Health Facilities

The importance of health as a human right and as a necessary condition for the fulfillment of other rights has been recognized internationally (Ardinata, 2020).

Therefore, people's access to various things that support the fulfillment of these human rights needs to be improved. Health facilities themselves are defined as facilities that provide health services that are used to carry out individual health service efforts, both promotive, preventive, curative and rehabilitative carried out by the government, local government and the community (Rabbaniyah & Nadjib, 2019).

Indonesia has a clear legal basis regarding that right. Article 28H paragraph 1 of the 1945 Constitution states that every person has the right to live in a physically and mentally well-being, to have a place to live, and to have a good and healthy living environment and the right to obtain health services. Guarantee for every Indonesian citizen to obtain optimal health status is also stated in article 4 of Law No. 36 of 2009 on health. Article 14 of the Law emphasizes the government's responsibility in administering health efforts that are evenly distributed and affordable by the community. The role in the health sector is not only the responsibility of the government, but the community is also required to participate in maintaining and improving the health status of individuals, families and their environment, as stated in Article 12 of the Law. In other words, the laws and regulations in Indonesia involve all components, the community and the government, to ensure access to adequate health facilities for all Indonesian citizens.

Although the right to access health facilities has a very clear legal basis, but according to Rabbaniyah and Nadjib (2019) socio-economic factors (employment status, achievement, level of education, income, poverty and wealth) is one of the predisposing factors in the use of health facilities, especially in West Java. Even though it was conducted in West Java, the results of their research were relatively relevant to the national condition. A person's income can affect the use of health facilities because it is related to the cost of health services, such as to pay for doctors, nurse, and to redeem the medicines. Someone with a low income will face those obstacles in using health facilities due to these costs.

To overcome the condition, the state mandated the government through Law No. 40 of 2004 to establish a National Security System which was then implemented by the government by establishing a Social Security Agency (Badan Penyelenggara Jaminan Sosial (BPJS)) which includes National Health Insurance (BPJS Kesehatan) and Workers Social Security (BPJS Ketenagakerjaan). Although the National Health Insurance program has been implemented since January 1, 2014, practically there are still many problems (Yustina, 2015). One of the problems faced by the National Health Insurance is the financial deficit. National Health Insurance’s annual financial report show the deficit that occurs from year to year with details of respectively IDR 3.8 Trillion (2014), IDR 5.9 Trillion (2015), IDR 9.7 Trillion (2016), 10 Trillion (2017)), IDR 9.1 Trillion (2018), and reaching IDR 13 Trillion in 2019 (Setiyono, 2018; Agi, 2019; Asmara, 2020). According to Firdaus & Wondabio (2019) the deficit experienced by BPJS Kesehatan is due to the following conditions; 1) Mismatch between contribution income and benefit expense, 2) Membership premium is underpriced; 3) The amount of membership dues in arrears, 4) The high cost of health services is due to the large number of people suffering from chronic diseases.

Therefore it is necessary to implement a new financing scheme so that the National Health Insurance can run better both in quality and sustainability. With this, it is hoped

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that public access to health facilities in Indonesia can be more comprehensive so that all people can improve their standard of living.

2.2 The Concept of *Waqf* and Its Practices in Indonesia

Waqf literally means 'detention', withholding' or 'restrain' (Wan Ahmad & Rahman, 2011). In Islamic law, *waqf* refers to an act of dedicating the usufruct of any property owned for purposes recognized by Islamic laws as pious or religious (Uyun, 2015; Wan Ahmad & Rahman, 2011; Hanesti, Kurnia, & Herianingrum, 2018). According to Law No. 41 of 2004 concerning *waqf* article 1 paragraph 1, *waqf* defined as a legal act of *waqif* (the party who donates his property) to separate and/or surrender part of his property to be used forever or for a certain period of time according to his interests for worship purposes and/or for general welfare according to sharia.

The donated assets must be maintained and managed in order to produce a benefit which can then be used accordingly with sharia law that has been approved by *waqif*. This distinctive characteristic does not exist in other social charities in Islam such as sadaqah and zakat. According to Sayyid Sabiq in Uyun (2015) sadaqah are basically every virtue/good deed performed by a Muslim. So that *waqf* can be included in the form of sadaqah. But *waqf* requires more specific conditions and has a more sustainable impact than sadaqah. The utilization of *waqf* is also more flexible when compared to zakat because it does not require a certain time (*haul*) and ownership (*nisab*) limits on the assets to be donated and does not limit its distribution like zakat. Therefore, *waqf* has the potential for longer lasting benefits and a wider scope of benefits for the community.

In addition to the great benefits received by the community, even for people who have *waqf*, Allah and His Messenger (pbuh) promise great rewards that can not be found in other pious practices. As is in the hadith of the Prophet Muhammad (pbuh)

On the authority of Abu Hurairah (ra) that the Messenger of Allah (p.b.u.h) said, "When a person dies, his deeds come to an and except for three: Sadaqah Jariyah (a continuous charity), or knowledge from which benefit is gained, or a righteous child who prays for him" (Muslim, al-Tirmidhi, al-Nasa'i, and Abu Daud) (quoted from the MUI Fatwa on Cash *Waqf*)

Also according to the Al-Quran surah Ali-Imran:92

By no means shall you attain Al-Birr until you spend out (for Allah) of what you love; and whatever you spend (from what Allah provides you, what you spend for Allah), Allah surely knows it (Surah Ali Imran [3]: 92)

The above verse is used as an argument regarding *waqf* because after the verse came down there was a friend of the Prophet Muhammad (pbuh) who gave him the date palm plantation he liked most. Rasulullah (pbuh) then held the date palm plantation and distributed the crop to the Muslims. (Uyun, 2015)

Research on the productive use of *waqf* assets in various fields has been carried out. Mulasaputra & Hamzah (2017) conducted research on optimizing *waqf* in improving the Indonesian economy. In their research they found that the majority of *waqf* in Indonesia are in the form of mosques, schools and Islamic boarding schools. The results from the management of the *waqf* assets are only sufficient to support the operational costs of the assets themselves. They suggest that the use of *waqf* funds can be used more optimally in

various other more productive forms, such as for the establishment of new companies or to financing strategic businesses.

Hanesti et al., (2018) conducted research on the potential of cash *waqf* as a solution to addressing the problem of food needs in Indonesia. This research shows that the food problem in Indonesia lies in the factor of food procurement and distribution. To overcome the food procurement factor, the study created a food procurement model by optimizing the functions of cash *waqf* and BMT, which BMT became an institution that functions to collect and manage *waqf* funds so that they can be used to support the food procurement process. On the other hand, the concept of equal distribution of wealth and the prohibition on hoarding that exists in Islam needs to be implemented by the government (in its capacity as a leader) to distribute food needs from food-producing areas to areas that are in need.

Paul & Rachmad (2020) in their research on optimizing the management of cash *waqf* in the form *cash waqf linked sukuk* (CWLS) shows a vast possibilities regarding the development of the use of cash *waqf* funds. CWLS is an innovation in the field of Islamic social finance and investment in Indonesia which was pioneered by BWI, where cash *waqf* can be invested in the form of state sukuk. CWLS is considered as an innovative breakthrough in the field of *waqf* management where *waqf* funds invested in the form of sukuk can be more guaranteed for their principal value, because they are guaranteed directly by the state, and the yields are more competitive, because BWI is exempted from taxation. The results of the CWLS have been used in various sectors, namely:

a. Purchase and renovation of health equipment and buildings for the Retina Center at the Achmad Wardi *Waqf* Hospital, located in Serang, Banten.
b. Free cataract surgery services for 2,513 poor patients at the Achmad Wardi Hospital
c. Procurement of an ambulance
d. Implementing a 1,000 glasses program for santri (students in islamic boarding school)

The nature of *waqf*, which can be widely used and can last for a long time, is the main characteristic that distinguishes it from infaq and *sadaqah*. With the limited ability of the government to provide good health facilities then the possibilities to utilizing *waqf* to support the existence and sustainability of health facilities in Indonesia are very possible.

3. RESEARCH METHODOLOGY

The method used in this research is a documentary/library research. According to Nazir in Sari & Asmendri (2020) documentary research is a data collection technique by conducting a review of books, literatures, notes, and various reports related to the problem to be solved.

According to Zed (2014:4-5) library research has at least four main characteristics. First, the researcher is dealing directly with text or numerical data and not with direct knowledge from the field or eye-witnesses such as events, people or other objects. Text has its own characteristics and requires its own approach. Therefore, text reading techniques (books or articles and documents) are a fundamental part of library research. Second, library data is 'ready-made'. This means that researchers do not go anywhere, except only face to face with source materials that are readily available in the library. Third, literature data is generally a secondary source, in the sense that the researcher obtains second-hand data and not first-hand original data from the field. Fourth, the

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library data condition is not limited by time and space. Researchers are dealing with static, fixed information. This means that whenever it comes and goes, the data will never change because it is already "dead" data stored in written records (text, numbers, pictures, tape or film recordings).

Based on this explanation, the author will collect data by examining and/or exploring various secondary sources such as journals, books, and other documents (either in electronic or printed form) related to the research topic.

4. RESULT AND DISCUSSION

4.1 The History of Health Facilities in Islamic Civilization

The essence or main purpose of the application of Islamic law is to create the benefit of humans or what is known as *Maqashid Sharia* (Jauhari, 2011). According to Al-Syatibi, there are five main elements of the maqashid of sharia, namely religion, soul, children, thinking and property (Jauhari, 2011). Judging from these elements, Islam recognizes both body and mental health (thinking) as a basic human need. This is also confirmed by the many arguments in the Al-Quran and Al-Hadith regarding this matter. One of them is in Q.S Al-Isra verse 82

And WE send down of the Qur'an that which is healing and mercy for the believers, but it does not increase the wrongdoers except in loss (Surah Al-Isra: 82)

The healing referred to in the verse means the antidote for diseases that attack the body or the soul (Jauhari, 2011). Human soul in Quran is greatly appreciated, therefore suicidal act which results in the loss of a human soul is prohibited in Islam. As in QS An-Nisa verse 29 which Allah said

O believers! Do not devour one another's wealth illegally, but rather trade by mutual consent. And do not kill each other or yourselves. Surely Allah is ever Merciful to you (QS AN-Nisa: 29)

Therefore, health in the Islam's perspective is a basic need which is even become one of the goal of implementing Islamic law. Starting from this value, history has records that Islamic civilization has always paid attention to the provision of health support facilities for the community.

The concept of a place of treatment or what is known today as a hospital has even existed since the time of the Prophet Muhammad (pbuh). Where at that time he made a place devoted to caring for people who were injured during the trench warfare *(khandak*). The first recorded hospital during the Islamic era was in 8th Century Damascus built by the Umayyad Caliph al-Walid. Al-Walid arranged for guides to be supplied to the blind, servants to the crippled and monetary assisstance to lepers. In the early 9th century during the reign of Caliph Harun al-Rashid, Islamic civilization had a mental health facility and it was during this time that *bimaristan* (*bimar*: sick people, *stan*: place) began to be known as a term for hospital. As civilization develops, the existence of hospitals is also increasing. In 1160 AD the Andalusian Rabbi Benjamin Tudela quantified over fifty hospitals in Cordoba and another sixty in Baghdad. (Al Ansari, 2013)

The efforts to improve public health through *bimaristan* are very innovative. To support the sustainability of the health system, bimaristan will later develop into a medical school. Medical students learned basic science and anatomy from tutors and accompanied

physicians as they treated patients. *Bimaristans* establish the first medical records program; students recorded the medical treatments and were responsible for keeping these records so physicians could review them if needed for later treatment. The *bimaristan* medical university hospitals were the first in the world to award medical diplomas and to require licensure. Following the death of a patient due to a physician's mistake, Caliph Al-Muqtadir established a mandatory licensing program for physicians in approximately 931 AD. Until as physician passed an examination, he was not allowed to practice medicine. (Edriss, Rosales, Nugent, Conrad, & Nugent, 2017)

To support the education process of prospective doctors studying in *bimaristan*, a large library was also built next to the *bimaristan* building itself. In 872 AD, the Tulum hospital in Cairo had 100,000 books. Mustansiriyya University in Baghdad had 80,000 volumes, Cordoba library had 600,000 volumes, Cairo had 2,000,000 volumes, and Tripoli has 3,000,000 volumes. To grant some perspective, in the 14th century Europe's largest library, at the University of Paris, consisted of a mere 400 volumes. The library at Tripoli was 7,500 times the size of that in Paris. (Miller, 2006)

In the early days of Islamic civilization, many public baths were established because cleanliness was an important part of Islamic teachings (M. T. Khan, 2015). With so many public bathing places, the level of cleanliness in the community will be better and can minimize disease transmission. Apart from establishing *bimaristan* and medical schools, the Islamic government also encourages the development of health science in the field of chemistry and local medicine (M. T. Khan, 2015).

To get a healthy body, of course, foods that are a source of nutrition for the body need to be considered. The issue of nutrition and food has also not escaped the attention of the Islamic government. According to Hamouche (2007) in Beirut during the ottoman caliphate there was an office located near the Great Mosque of Beirut called a "basket of bread" which served to distribute food to poor people every Friday. Unlike the al-Umariyah madrasa, there are donations that are usually given to the surrounding community in the form of bread and cakes (Frankel in M. T. Khan, 2015)

In other words, the attention of the Islamic government in the health sector was quite comprehensive, because besides a curative health facilities, such as *bimaristan*, preventive facilities that support public health, such as financing for food and public baths, were also taken into account.

4.2 The Role of *Waqf* in Funding Health Facilities

The absence of special rules in sharia regarding the utilization of *waqf* funds makes it possible to use in various fields and in various forms. Apart from being used to build mosques and educational facilities, as most are found in Indonesia, *waqf* can also be used to finance strategic government projects such as roads, housing, and health facilities. The existence of *waqf* in the health sector is very important for the community. Health *waqf* is a *waqf* intended for the construction of hospital buildings, the purchase of medical machines, and various other facilities that can benefit the sick and the weak (Ismail, Johari, Baharuddin, Ahmad, & Alias, 2019).

The utilization of *waqf* funds in the establishment of *bimaristan* in the era of the Islamic caliphate is divided into two forms. The first form is given the name "primary *waqf*". Primary *waqf* is a *waqf* fund for land and hospital buildings. The second form is

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called "secondary *waqf*". Secondary *waqf* includes various kinds of *waqf* after the *bimaristan* was established such as *waqf* for medical equipment, commercial buildings, additional land for hospital expansion, books (both general reading and medical-related), clothing, and for various kinds of furniture that can support the *bimaristan* operations. (Al Ansari, 2013)

The beneficiaries of *waqf* (*mawquf alaihim*) are also divided into two types. The first is those that provide health services in *bimaristan* such as doctors, nurses, pharmacists, waiters, and readers of the Al-Quran. The second is anyone who use *bimaristan* facilities, people who seek treatment. The beneficiaries of this *waqf* do not recognize gender, ethnicity, or religion. Although actually the beneficiaries of *waqf* can be determined according to the wishes of the *waqif*, but such things are prohibited for *waqf* intended for hospitals. (Al Ansari, 2013)

The division of the form of *waqf* into primary and secondary used in *bimaristan*, shows that Muslims have thought about how to manage *waqf* assets according to their essence. *Waqf* is used not only to build hospital buildings but also to manage it so that the hospital can be guaranteed its operational continuity and its benefits will continue to be felt even across generations. This is what needs to be considered carefully, that *waqf* for the hospital does not have to be related to the hospital because there are also hospital operating costs that must be fulfilled while the hospital's operations are still running. For example, someone who donates a shop house can intend and declare to the manager of the *waqf* asset (*nazhir*) that any income that come from the utilization of the shop house that he donated as a *waqf* asset is for the hospital's operational costs. This can be done considering that in *waqf* the person who donates his property (*waqif*) has the right to determine the use of the benefits of the *waqf* property. Because the operational costs of the hospital are also funded by *waqf*, the community can enjoy very affordable (if not completely free) health facilities. The running of this system for centuries in Islamic civilization, shows that Muslims at that time had excellent asset managerial abilities.

To get a better understand about how *waqf* can finance, not only health facilities but also health insurance systems and other social fields for a whole city, we need to see how much *waqf* assets are managed by Muslims at that time. In his research Hamouche (2007) included data on *waqf* assets in Algiers (Algiers) which is currently known as the capital of Algeria. According to Hamouche (2007) in Algiers, the foundation of Mecca and Madina had been the largest foundation in the city with 1,558 assets that represented over 40% of the total endowments in the city in 1837. At the end of the Ottoman Caliphate period and the early days of French colonialization it was estimated that the *waqf* assets in Algiers included 840 houses, 258 shops, 33 stores, 82 rooms (in warehouses), 3 public baths, 11 bakeries, 4 cafes, 1 funduq (warehouse and hotel), 57 gardens (of fruit trees) 62 farms, 6 windmills and 201 *'ana* (when an endowment asset collapsed its land is rented for an investor who paid an annual rent in counterpart of redeveloping the plot).

The benefits of *waqf* assets will certainly be better managed by a *waqf* institution established by the government. Even the government can direct *waqf* assets to align with government development goals and plans in the social sector and public facilities, by offering *waqf* schemes in strategic state projects. In order for the benefits felt by the community to continue, it is important to carry out careful management and efficient development of these assets. Of course, this process must be closely monitored by state

audit agencies and also *ulama* organizations so that they do not deviate from the laws and regulations and Islamic law.

4.3 Application of *Waqf* Funds in Supporting Health Facilities in Indonesia

As a dynamic rule of law, Indonesia has a principle of organizing the public interest which results in the state's responsibility to realize the welfare of its people, by interfering in the affairs of its citizens from birth to death. The health sector is among these matters, of course. (Yustina, 2015)

Article 170 of Law No. 36 of 2009 concerning health explains that health financing in Indonesia is carried out as follows:

a. Health financing aims to provide sustainable health financing in sufficient quantities, is allocated fairly, and is utilized effectively and efficiently to ensure the implementation of health development in order to improve the health status of the community as high as possible
b. The elements of health financing as referred to in paragraph (1) consist of sources of financing, allocation and utilization
c. Sources of health financing come from the government, local governments, the community, the private sector and other sources

Based on the provisions on health financing in article 170 above, it can be interpreted that it is impossible for the government to bear or carry out health financing on its own, which is one of the main elements for the realization of the highest degree of health for the community. Therefore, the government has implemented a national health insurance system (JKN) that involves the participation of all citizens in the form of JKN contribution payments (Yustina, 2015). Even though it has included all Indonesians, the current JKN system is still not optimal, as seen from the financial condition of the BPJS which continues to be deficit.

As one of the human needs, the access to health facilities must be easily accessible to all people. Not only in terms of easy access due to the even distribution of health facilities throughout the country, but also in terms of whether economic factors should not become an obstacle for someone to get the benefit from health facilities. Basically, health facilities have a social orientation and should not be used for profit, sick people really need treatment so that the need for treatment can become an "economic good" with perfect inelastic properties that are easily exploited if there is a profit-seeking motive. In addition, people who are sick are certainly not as productive as usual, which means that their income may decrease, so it is unethical for such people to be charged with health costs which are could be quite expensive. This was also applied in the era of Islamic civilization where people who had been discharged from the hospital would be given new clothes and a certain amount of money to compensate for the income they might lose while undergoing treatment (Mahdi & Fariba, 2013).

In Indonesia there are three types of hospitals with different functions; first is a government hospital that carries out political and social functions, second is a private hospital that functions socially and the third is a private hospital that functions with a profit orientation (Adrian in Rahayu & Sulistiadi, 2016). Although it can help the government in providing health facilities, the fact is (based on data from the Indonesian Ministry of Health in 2019) from a total of 2,877 hospitals throughout Indonesia, 1,830

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(63%) of which are private hospitals (Primadi, Budijanto, Indrayani, Wardah, & Khairani, 2020). Private hospitals, even those with social orientation, will at least impose medical costs on patients so that health facilities become an exclusive item that can only be enjoyed by people who have the ability to pay.

This is where the role of *waqf* is to bridge these problems. The use of *waqf* assets is in accordance with the concept of the heyday of Islamic civilization, as described in the previous section, can help overcome the problem of health facility financing. The *waqf* assets of the Indonesian people can be directed to support the financing of health facilities such as build the health facilities, operational financing of health facilities, provision of medical equipment, establishment of medical schools, and also to initiate research and drug production, so that health facilities can operate in a sustainable manner.

Waqf asset management certainly needs to be manage professionally and transparently in order to run effectively. Shaikh et al. (2017) argue that a company-like structure is suitable to be applied to a *waqf* management institution so that its management runs professionally and sustainably. Management in the form of a company can also encourage management to run efficiently and effectively like a company with a profit-seeking motive. Diversification of institutional income sources also needs to be implemented so that *waqf* management institutions have sources of funds for the short, medium to long term.

Even though it comes from Islamic teachings, but in a pluralistic society with various ethnic backgrounds, religions and beliefs such as in Indonesia, the concept of optimizing the function of *waqf* as a source of sustainable development (especially in the health sector) can still be applied. Abdullah (2018) states that most of the 17 development goals of Sustainable Development Goals (SDGs) are in accordance with the long-term goals of *maqasid syariah* so that *waqf* managers can develop *waqf*-based development plans that are in line with the SDGs framework. SDGs is a global action plan agreed upon by world leaders, including Indonesia, to end poverty, reducing gaps and protecting the environment The main similarity between the concept of *maqashid sharia* and the SDGs is realizing sustainable and inclusive development. Thus, the concept of *waqf*-based sustainable development does not conflict with the concept of sustainable development as outlined in Presidential Decree No.59 of 2017 concerning the implementation of achieving the goals of sustainable development. This alignment has the potential to accelerate the actualization of the concept of using *waqf* as a driving force for health facilities in Indonesia.

5. CONCLUSION

In the history of Islamic civilization, *waqf* has been used as a source of financing for sustainable health facilities. Bimaristan (hospital) at the time of Islamic civilization was in its heyday, financed from the income of the *waqf* assets from the Muslims. Not only for curative health facilities but also for preventive health facilities, and not only for establishing but also for maintaining the operational continuity of these health facilities. As one of the human rights, the fulfillment of health rights, including the right to enjoy health facilities, is the obligation of a state. This also applies in Indonesia. However, the limited resources available have made this ideal condition yet to be realized. Given these conditions and by looking at the large potential of *waqf* in Indonesia, the concept of *waqf*

to fund health facilities as applied in the heyday of Islamic civilization can also be applied in Indonesia. Alignment between statutory regulations in Indonesia with the greatest goal of Islamic sharia (*maqashid syariah*) further strengthens the possibility of implementing this policy.

One of the important things that need to be considered in implementing this policy is the capability of the *waqf* management institution in managing the assets of *waqf* assets so that the benefits can be felt sustainably even across generations. A professional, accountable and efficient *waqf* management institution is an important element in realizing sustainable and inclusive *waqf*-based development.

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