



The role of health waqf in supporting healthcare –the case of Enayah health association-

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Abstract:

This study aims to explore the vital role played by health endowments in supporting healthcare, relying on the descriptive-analytical method and a case study of the Enayah Health Association in the Kingdom of Saudi Arabia. The findings reveal that endowment has evolved from its traditional historical models—which contributed to healthcare by establishing bimaristans (hospitals), providing medical services to the poor, and developing medical education systems into modern institutional forms exemplified by the Enayah Health Association.

The Enayah Health Association is considered a pioneering organization in the healthcare sector through its diverse projects encompassing treatment, prevention, and awareness. The association adopts innovative and sustainable endowment-based financing mechanisms such as investment endowment funds, strategic partnerships, and sound governance practices

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1-Introduction:

Waqf is among the enduring charitable acts that have played a significant role throughout Islamic history in advancing the economic, social, and cultural development of the Muslim community by fulfilling various human needs. The mosque established by the Prophet Muhammad (peace be upon him) is regarded as the first waqf in Islam. However, waqf was not limited to mosques alone; they extended to numerous religious, educational, and health fields. Waqf played an important role in ensuring healthcare in Islamic countries by assisting the poor and providing them with medical treatment. Many healthcare institutions, known as **bimaristans**, were established—such as the ‘Adudi Bimaristan in Baghdad, the Nuri Bimaristan in Damascus, the Mansuri Bimaristan in Cairo, and the Marrakesh Bimaristan—alongside medical schools that greatly contributed to the advancement of medical sciences and whose influence spread across the world.

In the Kingdom of Saudi Arabia, the healthcare sector is one of the most prominent areas in which waqf funds are invested. The sensitivity of this sector attracts many donors, as despite the considerable governmental efforts in healthcare, there remain gaps in medical services, such as long waiting times for hospital appointments and surgical procedures. Patients—especially those with chronic illnesses—often endure suffering due to limited access to proper treatment or the scarcity of medical equipment. These challenges have motivated benefactors to allocate waqf dedicated to alleviating the pain of patients and supporting those in need by financing hospital construction, establishing specialized medical centers, providing medical equipment and medicines, and supporting medical programs and research.

In modern times, with increasing pressure on government budgets allocated to the health sector—resulting from rising costs and growing demand for medical services—there is an urgent need to identify sustainable funding sources to complement public healthcare expenditures. Waqf can serve as such a source, evolving from scattered individual initiatives into an institutional and sustainable system that effectively supports the healthcare infrastructure. Thus, this study seeks to answer the central question: **How can health waqf contribute to supporting healthcare?**

The objectives of this study are:

- To conceptualize the notion of health waqf and highlight its significance in light of the objectives of Islamic law (**Maqasid al-Shari‘ah**);
- To identify contemporary waqf financing mechanisms in the healthcare sector;
- To examine the contribution of the Enayah Health Association as a leading example of health waqf support for healthcare.

To achieve these objectives, the study employs a descriptive-analytical approach by reviewing the literature related to health waqf and conducting a case study analysis of the Enayah Health Association’s experience in improving healthcare services.

2. Introduction to health waqf:

2.1 The concept and objectives of health waqf:

Linguistically, the term waqf refers to detention or restriction, connoting perpetuity. It is said, for instance, that a person “endowed his house or land for the poor,” meaning that he permanently restricted ownership to their benefit (Abu Al-Hasayn, 1979). In Islamic legal terminology, **waqf** refers to “the preservation of the corpus and the dedication of its usufruct” (Al-Bahouth, 1422 AH). Thus, waqf signifies the suspension of ownership so that the endowed

property is not possessed by any specific person, nor may it be sold, purchased, gifted, or inherited. Its benefit or yield, however, may be directed toward various charitable purposes.

The term health waqf refers to the dedication of a property and the allocation of its returns for a permissible health-related cause (al-bulayhi, 1436 AH). It also denotes the mobilization of financial resources and their allocation and utilization within the framework of health systems (Sultan, 2017). Accordingly, a health waqf entails preserving the corpus and employing its benefits to achieve healthcare objectives.

Health waqf have a profound impact on fulfilling the higher objectives (*maqāṣid*) of Islamic law, as they contribute to the following: (Sultan, 2017)

- **Preservation of life (ḥifẓ al-naḥs):** Health waqf protect human life by facilitating medical treatment. Islam legislated medical treatment as a means to preserve life and, in certain cases—such as life-threatening illnesses or contagious diseases—made it obligatory. It also encouraged prevention and immunization against diseases.
- **Preservation of religion (ḥifẓ al-dīn):** A sound mind and body are essential for the proper performance of worship; thus, health waqf indirectly preserve religion by maintaining physical well-being.
- **Preservation of intellect (ḥifẓ al-‘aql):** Health waqf help safeguard the intellect from harm caused by intoxicants, narcotics, or mental illnesses through the establishment of rehabilitation and treatment centers.
- **Preservation of progeny (ḥifẓ al-naṣl):** Health waqf contribute to protecting progeny by supporting maternal and child healthcare, hospitals, and comprehensive services for pregnant women.
- **Preservation of wealth (ḥifẓ al-māl):** Since the protection and growth of wealth depend on the productivity of healthy individuals, health waqf play a vital role in sustaining economic activity through the provision of healthcare services.

2.2 The importance of health waqf in supporting healthcare:

Waqf have historically played a crucial role in healthcare by establishing *bīmāristāns* (hospitals), allocating funds for their maintenance, providing free treatment and medicine to patients, and paying physicians' salaries. Waqf also supported pharmacies, medical education, and related fields. Given the breadth of health services financed through waqf, some scholars argue that the advancement of medicine, pharmacy, and chemistry in the Muslim world was largely a result of the waqf system. The importance of health waqf may be summarized as follows:

- **Establishment and Maintenance of Bīmāristāns (Hospitals):**

Health waqf played a foundational role in establishing *bīmāristāns*. The first such institution in Islam was built by the Umayyad Caliph al-Walīd ibn ‘Abd al-Malik in 88 AH (Bouabdallah, 2017). Thereafter, numerous hospitals were founded, such as the ‘Aḍudī Hospital in Baghdad, the Nūrī Hospital in Damascus, the Maṣṣūrī Hospital in Cairo, and the Marrakesh Hospital. By 1160 CE, Baghdad alone had nearly sixty hospitals, and Córdoba had over fifty (Sultan, 2017)

Patients in these institutions received not only medical care but also food, drink, and clothing. Some hospitals were dedicated exclusively to the poor, providing free treatment—such as the one founded by Nūr al-Dīn Zengī in Damascus—demonstrating their strong social welfare orientation. Social care extended even to patients' homes, as in the case of the Qalāwūn Hospital, which allocated funds for home visits by physicians and the delivery of medicine and food to

impoverished patients. At one time, more than 200 poor patients received such home care (Yamine, 2014).

An interesting example of the psychological dimension of health waqf is the existence of an waqf dedicated to employing two persons to walk through hospitals daily and quietly speak near patients about the redness of their cheeks and the brightness of their eyes, suggesting improved health—an early form of psychological therapy that aided recovery. Some hospitals also provided patients with sustenance and clothing after discharge to help them resume work, a practice common at the Maṣṣūrī Hospital. In the event of a patient's death, waqf funds covered burial expenses in accordance with the Prophet's traditions, including washing, shrouding, and grave preparation (Yamine, 2014).

- **Development of Medical Education Systems:**

Health waqf extended beyond hospital construction to the advancement of medical education, recognizing it as the cornerstone of healthcare progress. The establishment of teaching hospitals, medical schools, and endowed pharmacies was not limited to rulers and caliphs; wealthy individuals and physicians also participated. Notably, Sinān ibn Thābit and al-Rāzī (Rhazes) founded endowed hospitals where they trained students. A well-known story recounts that a physician once healed the daughter of a nobleman, who rewarded him with a large quantity of gold. The physician donated the gold to establish a teaching hospital. Similarly, Ibn al-Nafīs constructed a building adjacent to the Maṣṣūrī Hospital where he taught medical students, endowing it with his books, medical instruments, and property (Al-Bahouth, 1422 AH).

Medical training in these hospitals included both theoretical and practical instruction. Senior physicians delivered lectures, explained medical texts, and supervised hands-on treatment sessions. Ibn Abī Uṣaybi'ah, a prominent Muslim physician, described how he observed doctors diagnosing patients and prescribing treatments, engaging in discussion and research on diseases and therapies (Bouabdallah, 2017).

Thus, bīmāristāns served not only as hospitals but also as true medical schools. They maintained lecture halls, libraries, and wards where students observed and practiced medicine under the supervision of expert physicians. Upon completing their studies, students were examined and awarded licenses to practice.

This system produced distinguished physicians such as Sinān ibn Thābit, Ibn Sīnā (Avicenna), and Ibn al-Nafīs. Moreover, waqf financed the writing and dissemination of seminal medical and pharmaceutical works, including **Al-Dustūr al-Bīmāristānī** by Ibn Abī 'Ubayān, **Al-Ṭibb al-Rūḥānī** by al-Rāzī, and **Al-Qānūn fī al-Ṭibb** by Ibn Sīnā, which remained a standard reference for centuries (al-shitri).

In later periods, organized medical colleges were established through waqf. During the Abbasid era, it became customary for waqf to require the establishment of medical schools alongside teaching hospitals. For example, the Mustanṣiriyyah Hospital was endowed with a medical school whose charter required professors to visit patients with their students each morning, administer treatments, and provide medicines. Students received free housing, stipends, and daily provisions—reflecting the comprehensive educational and welfare functions of health waqf.

- **Empowering Medical Research and Discovery**

The health waqf plays a vital role in advancing medical research and scholarly writing by providing an enabling scientific environment. Among the most notable classical medical works supported by the waqf system are **Al-Ḥawī fī al-Ṭibb** by Al-Rāzī, **Al-Shāmil fī al-Ṣinā'ah al-*

Ṭibbiyyah wa al-Adwiyah wa al-Aghdhiyah* by Ibn al-Nafīs, and *Al-Qānūn fī al-Ṭibb* by Ibn Sīnā. Moreover, the health waqf significantly contributed to several scientific discoveries, such as the circulation of blood by Ibn al-Nafīs, the optical apparatus by Ibn al-Haytham, and the mechanisms of digestion by Ibn Abī al-Ash‘ath. It also supported the compounding of various types of medicines and the execution of numerous scientific experiments to ensure their safety and efficacy. In addition, periodic scientific gatherings—comparable to modern medical conferences—were organized to discuss the latest medical findings and exhibit local plants and medicines (Bouabdallah, 2017).

It is also noteworthy that Caliph Hārūn al-Rashīd established a large *bīmāristān* (hospital) in Baghdad dedicated to medical education and treatment. Attached to it was a vast library that greatly facilitated medical discoveries, enabling physicians to advance knowledge through identifying disease etiologies and appropriate remedies. Muslim physicians were among the first to describe pulmonary circulation and to use anesthesia in medical and surgical procedures.

2.3 Mechanisms for financing the health waqf:

- **Traditional Waqf:** Traditional forms of waqf can be utilized to establish and sustain health waqf, with their revenues directed toward improving healthcare services. This may include direct waqf of essential medical equipment—such as advanced imaging devices, ventilators, and dialysis machines—as well as ambulances and other vehicles required by hospitals and healthcare centers. Endowing real estate properties for the construction and furnishing of hospitals and health centers, as well as for their operation and maintenance, represents another major avenue. Moreover, waqf can be allocated for medicines, particularly for chronic illnesses such as heart disease, diabetes, and hypertension. Additional waqf may support medical colleges and institutes by funding instructional needs, including books and equipment, and by providing resources for medical research centers and scholarships for medical students—thus contributing to the availability of qualified healthcare professionals.

- **Waqf Shares (Equity Waqf):** The concept of waqf shares is grounded in the permissibility of cash waqf, as recognized by many jurists, particularly within the Ḥanafī school. Shares represent equal, indivisible units of company capital embodied in negotiable certificates, whether nominal, order-based, or bearer instruments. Based on this notion, the idea of *waqf shares* was developed to facilitate participation by individuals with low or moderate incomes. These shares are non-tradable, non-redeemable, and non-withdrawable, and they do not entitle the holder to intervene in investment decisions; rather, they symbolize the holder’s contribution to the endowed project (mansouri & melala, 2017). Health facilities can thus be financed through the issuance of such waqf shares. The process involves conducting a feasibility study of the project, estimating its financial requirements, dividing the capital into equal-value shares, and offering them for public subscription.

- **Establishment of Waqf Funds:** Waqf funds serve as financial vehicles that pool waqf contributions, regardless of size, through donations that are subsequently invested. The profits generated are allocated to specific charitable purposes previously announced by the managing institution (jaafar, 2014). A health waqf fund may thus be defined as a pool of endowed monetary assets collected through donations, whose revenues are spent on healthcare services. Such a fund is managed by an administrative body responsible for its preservation, investment, and distribution of returns in accordance with established plans (al-bulayhi, 1436 AH).

These funds can substantially contribute to the development of the health waqf sector by

establishing dedicated funds for building hospitals, supporting patients with chronic diseases, creating medical research centers, and funding researchers and advanced medical schools.

A leading example in this regard is the *General Secretariat of Awqaf* in Kuwait, which established a health waqf fund in 1993. This fund focuses on public health awareness by guiding individuals on preventive measures against chronic diseases and promoting health literacy through the dissemination of accurate medical information and professional advice. It also supports medical research, physician training, and skill enhancement through partnerships with medically advanced countries (al-bulayhi, 1436 AH).

3. The Health waqf of the Enayah Health Association and Its Role in Improving Healthcare:

3.1 Overview of the Enayah health association:

The Enayah Health Association was founded on January 22, 2007. It is a non-profit organization active in the healthcare sector, dedicated to providing medical services to the poor and low-income individuals, and to promoting public health awareness through three main programs: treatment, prevention, and education (Enayah).

The Association is officially accredited by the Saudi government and operates under the supervision of the Ministry of Human Resources and Social Development, registration number 364. Its mission is to deliver non-profit healthcare services according to priority of need, and to offer professional, confidential preventive and awareness programs.

Its quality assurance programs play a crucial role in enhancing and sustaining performance. The Association has received multiple awards and certifications from governmental and international bodies in recognition of its excellence, efficiency, and quality in charitable work, including: (Enayah)

- The King Khalid Award for Information Technology in the category of non-profit institutions (2018);
- The Award for Excellence in Sustainability Applications** granted by the *Center for Sustainable Charitable and Waqf Work* (October 2018);
- The **Rabees Quality Certification**, the Arabic adaptation of the British *PQASSO* quality standard, administered by *TAM Advanced Administrative Services*. The Rabees system includes 12 quality standards, three levels of achievement, and promotes continuous improvement through self-assessment;
- In January 2019, the Association obtained certification for implementing the European Foundation for Quality Management (EFQM) Excellence Model, a non-mandatory framework for organizational management developed by the EFQM to help organizations enhance competitiveness, reviewed every three years.

3.2 Sources of funding for Enayah health association:

The financial resources of the Enayah Health Charity Association primarily rely on donations from benefactors of sufficient means, as well as voluntary contributions in the form of time and effort provided by individuals—particularly physicians and healthcare professionals. However, the Association has not limited itself to traditional waqf mechanisms; it has expanded its funding base by establishing waqf funds such as the Enayah Waqf Fund for Patient Treatment and a Charitable Fund for Families and Public and Private Sectors. The main sources of the Association's funding can be summarized as follows: (Enayah)

- **Traditional Waqf:** This category includes all monetary and material donations provided

by benefactors, whether individuals, government entities, private institutions, or charitable organizations. Enayah regards these contributors as partners in its success. Among the most prominent supporting bodies are: the Ministry of Health, the Ministry of Labor and Social Development, Al-Rajhi Humanitarian Foundation, Saudi Aramco, Yahya bin Mohammed Al-Rajhi Waqf, Al-Rajhi Waqf, Fahd Abdullah Al-Owaisah Charitable Waqf Foundation, and Al-Faihan Waqf, among others.

- **Voluntary Physical and Intellectual Effort:** This source is reflected in the number of volunteer hours dedicated by individuals who provide free healthcare services, particularly the hours contributed by physicians across different specialties.

- **Enayah Waqf Fund for Patient Treatment:** This is an open investment waqf fund whose returns are used to support healthcare services. It was established in coordination with Alinma Investment Company, a licensed financial institution specializing in professional financial and investment management. The company manages the fund on behalf of the Association. At least 70% of the annual investment returns are allocated to patient treatment, while the remaining 30% are reinvested to grow the fund's capital and assets. The expected annual return on investment ranges between 5% and 7%.

- **The Charitable Fund for Families and Public/Private Sectors:** This initiative seeks to create a health-oriented charitable fund that enables donations through various channels to support the treatment of patients in need. The fund's concept is widely promoted to attract the largest possible number of donors, emphasizing the principles of cooperation and transparency. The Association oversees the fund's management, allocating 60% of donations to patient treatment, 30% to investment projects that ensure the fund's sustainability, and 10% to administrative and operational expenses.

3.3 Enayah health association's contribution to healthcare support

The Enayah Health Association provides a wide range of healthcare services based on community needs. Its most significant contributions include the following: (Enayah)

- **Nabd (Pulse) Project for Heart Treatment:** This project aims to provide treatment and reduce the incidence and effects of heart disease among different segments of society. Cardiac patients undergo the necessary examinations at Enayah's medical clinics, and cases requiring surgery are referred to partner healthcare institutions. The program seeks to conduct 200 heart surgeries annually—150 for the elderly and 50 for children—along with ten awareness and prevention campaigns targeting key risk factors.
- **Physical Therapy Project:** This project emphasizes the importance of physiotherapy in patient care and rehabilitation, preparing individuals for surgery and aiding recovery. It provides rehabilitation services to patients with motor disabilities, neurological conditions, and spinal injuries, in coordination with specialized centers. Annually, approximately 6,000 patients benefit from these services.
- **Mobile Campaigns for the Prevention of Blindness and Diabetes:** This initiative dispatches medical convoys to cities, towns, and villages within the Association's jurisdiction to conduct retinal screenings for diabetic patients. In collaboration with hospitals, government centers, and universities, the program serves around 10,000 patients annually and organizes four public health lectures on eye care.

- **Dialysis Project:** This program provides dialysis treatment to low-income and impoverished kidney failure patients through partnerships with medical centers. A special dialysis unit named “Enayah Dialysis Chair” is dedicated to this purpose, aiming to serve 5,000 patients annually.
- **Eye Surgery Project:** This project provides surgical procedures to prevent visual deterioration and blindness. The surgeries include cataract extraction, glaucoma treatment, and Avastin injections, performed in collaboration with specialized hospitals. The program conducts approximately 1,000 Avastin injections, 500 cataract surgeries, and 500 glaucoma surgeries each year.
- **Medication Provision Project:** The project secures essential medications for patients unable to afford them, especially those with chronic illnesses and drugs not covered by insurance. It serves about 2,000 individuals annually through partnerships with five pharmaceutical suppliers and volunteer pharmacists.
- **Surgical Operations Project:** In collaboration with specialized medical centers, this project provides 1,000 surgical procedures annually for low-income patients, covering pre- and post-operative care.
- **Medical Equipment Project:** This initiative supplies essential medical devices to patients who cannot afford them, especially those in need of rehabilitative care. Approximately 600 cases benefit annually.
- **Mother and Child Project:** This project offers comprehensive healthcare services to pregnant women from early pregnancy through delivery, in collaboration with gynecology and obstetrics specialists and private sector volunteers. It includes 500 regular medical checkups, 300 cesarean deliveries, and 200 natural births per year.
- **Botox Injection Project for Neurological Patients:** This initiative provides Botox injections for neurological patients under the supervision of highly qualified specialists. It aims to relieve patients’ suffering, particularly those with limited income, serving around 150 patients annually.
- **Home Rehabilitation Project for Persons with Disabilities:** The program delivers integrated home healthcare services for people with disabilities, addressing their physical, psychological, and social needs through medical care, nursing, rehabilitation, psychological counseling, and social support. About 300 individuals benefit annually.
- **“Help Them Breathe” Initiative:** This program provides oxygen generators for patients with respiratory insufficiency who require continuous oxygen therapy. A total of 500 oxygen generators have been distributed to low-income beneficiaries.
- **Health Events Project:** The Association has organized numerous volunteer programs to promote health awareness in the community, including chronic disease screenings, first aid workshops, lectures, and health seminars. These efforts included ten international day programs, ten volunteer initiatives, and three health training events.

- **Preventive Health Caravans:** This initiative delivers field-based preventive services through mobile clinics to promote sustainable community health. The program provides basic medical examinations, nutritional and exercise education, epidemic prevention awareness, and online health campaigns through social media.

In 2021, Enayah Health Association delivered 214,998 healthcare services to underprivileged and low-income individuals, including 58,347 preventive services, 114,301 awareness services, and **42,350 treatment services. These efforts improved healthy eating habits among 16.4% of beneficiaries, physical activity among 42%, diabetes indicators among 24%, obesity rates among 15%, and blood pressure levels among 29%. Moreover, concentration and cognitive performance improved among 35% of beneficiaries, while treatment services enhanced overall health for 81.7%, reduced dependence on others for 44.5%, decreased emotional distress for 33.9%, and increased social participation for 38.3%. Academic performance improved among 9.3% of recipients, and work productivity increased by 32.2% (Enayah).

In 2022, the Association delivered 401,141 services, including 76,875 treatment, 111,079 preventive, and 213,187 awareness services. In 2023, these figures rose significantly to 83,713 treatment services, 49,010 preventive programs, and 1,977,747 digital awareness services (Enayah).

4-From historical model to contemporary institutionalization of health waqf:

Moving from the historical review of health waqf and the study of Enayah Health Association to a deeper understanding of its modern dynamics requires identifying why health waqf thrived historically and how they can succeed in today's vastly different environment. This calls for an analytical approach linking past achievements with present realities while exploring success factors, challenges, and future prospects.

4.1 Historical Prosperity and Contemporary Challenges of Health Waqf

The flourishing of health waqf in Islamic civilization was not coincidental; rather, it resulted from a set of key factors:

- **Religious Motivation:** Waqf was perceived as a reflection of deep faith and a sincere desire for perpetual charity, driven by the pursuit of divine reward. This provided a strong and sustained incentive for giving across generations.
- **High Community Trust:** Trustees of waqf were highly respected and trusted within society, and simple social and judicial oversight mechanisms were sufficient to ensure the integrity of waqf management.
- **Complementarity with the State:** Waqf institutions were not seen as competitors to the state but as key partners in providing social services, enabling them to grow and flourish.

In the modern era, however, waqf—particularly health-related ones—have faced challenges that have weakened their traditional role. Chief among these are declining public trust due to administrative mismanagement, bureaucratic inefficiencies, and shifting donor priorities.

Enayah Health Association represents a successful modern model that has transcended these challenges—not merely by reviving religious motivation, but by building institutional trust. Instead

of relying on the personal reputation of individual trustees, Enayah has adopted a transparent, corporate governance framework validated by international quality certifications. These certifications are not mere symbols; they represent the modern “language of accountability” that appeals to donors and social investors, assuring them that their contributions are professionally managed to achieve maximum social impact. Thus, the concept of waqf evolves from an act of emotional charity to a measured form of social investment.

4.2 Key Success Factors of Enayah Health Association

While Enayah’s achievements are impressive in numerical terms, a deeper analysis reveals a comprehensive strategic model characterized by:

- **Governance:** The adoption of global quality standards—such as the European Excellence Model—is central to Enayah’s strategy. This framework ensures well-defined operational processes, continuous performance evaluation, and systematic improvement mechanisms. Such governance attracts institutional investors and donors who require these standards before providing support, positioning governance as the cornerstone of Enayah’s credibility.
- **Financial Sustainability through Waqf Innovation:** The Enayah Waqf Fund demonstrates an advanced approach to resource management. The Association shifted from a traditional donation-based model—vulnerable to seasonal fluctuations—to an investment-based model that allocates a portion of returns to sustainable growth. By reinvesting 30% of annual returns, the fund ensures capital expansion and long-term financial stability, enabling the Association to plan strategically without constant fundraising pressure.
- **Strategic Partnerships to Maximize Impact:** Rather than building costly infrastructure, Enayah adopted a lean operational model based on strategic partnerships. Collaborations with Alinma Investment Company provide professional financial management expertise, while partnerships with hospitals and medical centers allow the Association to “purchase” healthcare services rather than build new facilities—significantly reducing capital expenditure and maximizing patient care impact.
- **Community Partnerships and Volunteer Engagement:** Enayah effectively transforms the time and expertise of specialized physicians into a form of time-based waqf, representing one of the most innovative methods of mobilizing non-material resources.

4.3 Challenges and Opportunities for Health Waqf

Despite the success of the *Enayah Health Association* model, the generalization of this experience requires a critical examination of the existing challenges and an anticipation of future opportunities.

A. Challenges

- **Scalability and Replicability:** One of the key factors behind the success of the Enayah Health Association is the presence of an advanced infrastructure in the environment in which it operates, as well as a strong network of donors. Such favorable conditions may not exist in other contexts, which underscore the need to adapt the model to different local environments.

- **Measuring Real Impact:** The shift from measuring outputs (such as the number of operations performed and beneficiaries served) to assessing real impact (such as improved community health indicators and reduced mortality rates for specific diseases) represents a major challenge. Addressing this issue requires significant investment in data collection systems and specialized research, which may exceed the financial and technical capacities of many waqf institutions.
- **Competition:** Health waqf operate in a highly competitive charitable sector, where organizations vie to attract donations and waqf funds. Ensuring sustainability thus demands continuous innovation in designing waqf projects and demonstrating tangible social impact to maintain donor loyalty.

B. Future Opportunities

- **Integration of Technology:** Digital transformation offers promising horizons for health waqf. Digital waqf platforms, for example, facilitate the establishment of micro and small-scale waqf via smartphone applications, thereby expanding community participation. Health waqf can also support telemedicine platforms to provide remote medical consultations for patients in underserved areas at minimal cost. Additionally, big data analytics can be leveraged to identify the regions and populations most in need of healthcare services, enabling the precise and effective allocation of waqf resources.
- **Specialization in Health Gaps:** Instead of competing with government-provided services, health waqf can focus on underdeveloped or neglected areas such as the treatment of rare diseases, mental health support, and long-term rehabilitation. These domains offer opportunities for waqf to achieve exceptional social and medical impact.

4-Conclusion:

This study examined the role of health waqf in supporting healthcare, combining theoretical foundations with an analytical review of the Enayah Health Association experience. The key findings can be summarized as follows:

- The concept of health waqf is not new; it represents an integral component of the Islamic waqf system. Historically, it constituted the backbone of healthcare services for centuries, extending beyond treatment to include medical education, scientific research, and the psychosocial care of patients.
- Health waqf have evolved beyond traditional real estate assets to incorporate flexible and innovative financial mechanisms such as waqf shares and investment funds, enabling broader participation from various social groups and facilitating the mobilization of
- substantial capital for specialized health projects.
- The experience of the *Enayah Health Association* demonstrates that the success of contemporary health waqf lies in adopting an institutionalized, well-governed model grounded in strategic partnerships and continuous impact assessment.
- Health waqf are not substitutes for state efforts in providing healthcare; rather, they serve as strategic partners that complement governmental roles by addressing service gaps,

alleviating pressure on public facilities, and delivering specialized services to the most vulnerable populations.

- The future of health waqf depends on their ability to harmonize the authenticity of their religious purpose with modern realities through the adoption of good governance, financial innovation, and intelligent integration with technology and existing healthcare systems.

The study recommends the following:

- Developing an enabling legislative and regulatory environment that encourages the establishment of health waqf, including administrative and tax incentives for waqf-based health institutions.
- Encouraging health waqf organizations to adopt modern investment models to manage their assets efficiently and ensure financial sustainability.
- Promoting effective partnerships between health waqf institutions and the Ministry of Health, private hospitals, and pharmaceutical companies to maximize collective impact.
- Launching innovative awareness campaigns to promote contemporary health waqf and their developmental role, and to encourage collective waqf initiatives through waqf shares and investment funds so that health waqf become a deeply rooted social culture.

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