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Past and Current Practices of Waqf of Health in Malaysia's Higher Education Institutions (HEI)

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Abstract

Since the height of Islam, Higher Education Institutions (HEI) have been growing in accordance with the expansion of the educational and healthcare systems. HEI is seen as a location that acts as a hub for the exchange of information, the growth of the human personality, and as a driver of the regional socio-economic system. The instrument of waqf and endowment for higher education and health is extensively utilised as one of the strategies in assuring the stability of management and the integrity of its administration with the rise of HEIs controlled by various governments based on the concept of Islamic legislation. The purpose of this research is to describe how waqf of health and endowments for higher education and health have grown at HEIs or colleges that rely on endowment support. The researcher conducted interviews with officers who oversee the department or unit of higher education and health endowment in particular, identified HEIs and used qualitative methods to assess the data. The study's findings identified a number of significant concerns with administering and growing endowments for higher education and healthcare at HEIs, including funding and financial issues, lack of expert staff, and problems with trustee collaboration. The management of HEI must analyse how the endowments for education and health were managed during the height of Islam in order to reapply it in line with modern advancements and Islamic ideals. The researcher comes to the conclusion that HEIs must continue to develop and be prepared to handle any problems that arise when implementing higher education.

Keywords: Waqf, Waqf of Health, Higher Education Institution, Health Endowment Management

Introduction

It was seen that there was a connection between waqf and institutions of education and health throughout the advancement of Islamic culture. Since the time of Rasulullah SAW, up through the Abbasid Empire (754-1258), Ayyubid Kingdom (1171-1249), Mamalik Kingdom (1249-1517), and Ottoman Empire (1258-1924), waqf has expanded quickly with the building of numerous schools, hospitals, and other facilities. In order for the impacts to be seen striving

in the current management system and administrative model, the world of Islamic civilisation has witnessed numerous advancements in efficient HEI and health systems.

In order to understand the reality of endowment management in HEI in constructing and managing it, the researcher of this article sought to identify the method or model of management of higher education endowments and health endowments (Hospital) from the height of Islam. It would appear that the endowment of HEIs plays a similar function in the development of universities and health centres (hospitals) when viewed generally in the context of the many ways and methods made in the governance of HEIs to generate finance. Its growth must be viewed from a variety of angles, both historical and modern. The endowment of HEI has been the subject of numerous studies, many of which have already been examined by scholars; nevertheless, the researcher's discussion will be more management focused. The objective of the research is

- To describe how waqf of health and endowments for higher education and health have grown at HEIs or colleges that rely on endowment support.
- To analyse the past and current practices of waqf of health in HEIs Malaysia

Methodology

The primary source of information for this paper's method of data collection is the study of historiography and content analysis, including papers, books about waqf, etc., that have been analytically studied and presented in accordance with narrative style and form. Three officials who are directly associated with the management of higher education and health endowments were interviewed in semi-structured interviews, which further verified the accuracy of the information in the content analysis. The researcher analysed the data in relation to the expansion of Health Endowment management in Malaysian HEIs. For the data analysis, the researcher used ATLAS.ti software version 8.0 (PAV8). The literature search was performed in Scopus, ScienceDirect, and WOS. The literature search was conducted using the following criteria: 1) publication from 2002 to 2022, 2) have at least keyword(s) waqf of health with the alternative terms, such as: 1) waqf 2) health endowment, 3) exclude studies from zakat institutions' perspective.

Table 1

Search strings used on Scopus, WOS, and ScienceDirect

SCOPUS	TITLE-ABS-KEY (waqf AND of AND health) AND (LIMIT-TO (OA , "all")) AND (LIMIT-TO (PUBYEAR , 2023) OR LIMIT-TO (PUBYEAR , 2022) OR LIMIT-TO (PUBYEAR , 2021) OR LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2015) OR LIMIT-TO (PUBYEAR , 2014) OR LIMIT-TO (PUBYEAR , 2013)) AND (LIMIT-TO (DOCTYPE , "ar")) AND (LIMIT-TO (SUBJAREA , "ECON")) AND (LIMIT-TO (EXACTKEYWORD , "Waqf") OR LIMIT-TO (EXACTKEYWORD , "Cash Waqf")) AND (LIMIT-TO (LANGUAGE , "English"))	35
WOS	TS = (waqf* OR health* OR endowment* AND wakaf AND kesehatan TS = (waqf OR wakaf OR OR "Islamic endowment")	0

Science Direct	TS = (waqf* OR health* OR endowment* AND wakaf AND kesehatan TS = (waqf OR wakaf OR OR "Islamic endowment")	17
Google Scholar	TS = (waqf* OR health* OR endowment* AND wakaf AND kesehatan TS = (waqf OR wakaf OR OR "Islamic endowment")	51

The initial search came out with 35 from SCOPUS, 17 from Science Direct, 51 from google scholar which brought to 103. However, 73 articles were removed due to their premature results and anecdotes, or because they did not discuss waqf of health. Some of the articles were incomplete, or the full articles were inaccessible due to broken links or overlap. As a result, the total number of papers to be reviewed has been reduced to 30 (Figure 1).

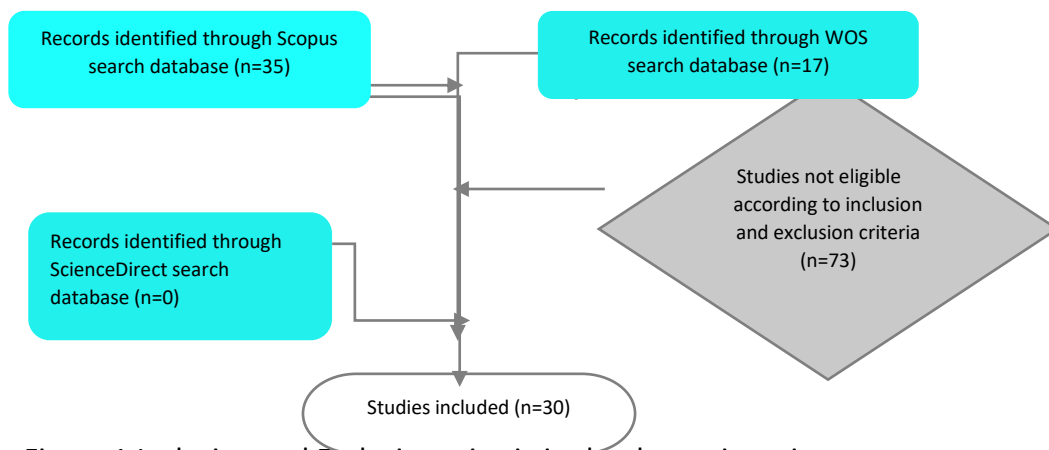


Figure 1: Inclusion and Exclusion criteria in the thematic review

Findings and Discussion

When it comes to matters of religion, education, health, and other economic factors, Muslims must employ the best strategies or procedures. Waqf, which takes the form of charitable acts that can preserve their worth over time, is thus one of the strategies used to encourage a more ideal and equitable distribution of wealth (Sadeq, 2002). All of the waqf's advantages and contributions to politics and socioeconomic development are believed to accelerate the growth and development of the nation and the Muslim community year after year and establish a high bar for other forms of assistance. Stronger social and economic demands in cutting-edge religious institutions, education, health, livelihood, protection, out-of-town change, as well as technology facilities, are being met in large part through the accumulation of waqf assets (Singer 2008). When considering the best course of action that the government should take to address it, it is discovered that the retention and accumulation of waqf assets in the form of higher education and health have not yet reached the best level (Raditya, 2020).

The practise of zakat was no longer the only charitable act that could advance a nation's economy in the Islamic world in the tenth century. As a tool for socioeconomic finance in the Muslim community, waqf has the potential to be both a crucial component and the second stronghold of Muslims (Mohammad Abdullah, 2018). An institution's financial situation affects how successfully it can carry out its functions. This is crucial because it encourages more positive revenue flow, effective asset governance, and attention to building waqf assets (Chowdury et. al., 2011). Funding issues can also affect higher education institutions, and this topic demonstrates how management can influence the endowment of both higher education and health in the modern period.

According to a study by Pirasteh (2011), private organisations are better at managing waqf assets than public ones. In order to fulfil its goal of maximum asset development and recovery, a private institution's best level of governance is determined by how thoroughly its annual revenue achievement is examined from year to year. The people wants the government to be more consistent in ensuring that the socio-economy is functioning at its highest level, claims (Harun, 2014). A nation's advancement also depends on how well its initiatives, particularly those related to the economy, education, and health, turn out. In order to re-stabilize the system for improved quality in educational and healthcare facilities, Farra Munna (2016) came to the conclusion that the research and development of waqf funds can be enhanced through the establishment of a partnership between the public and private sectors.

The researcher believes that, based on the key points of this literature, it is essential that all concerns, in terms of management model, administration, and fundraising for higher education and health endowments in HEIs and related organisations, be periodically seen and researched.

Managing Higher Education and Health Endowments at Islamic Higher Education Institutions

During the early stages of the Islamic era, Muslims placed a high priority on health and education. Muslims were the forerunners in the quick development of universities and medical facilities (hospitals), referred to as Maristan or Bimaristan in the East, whereas Christians were the forerunners in the West. During the Umayyad and Abbasid eras, universities and health facilities (hospitals) expanded at a rate comparable to that of human population growth in many Islamic nations. In fact, the majority of the university's specialty personnel, which consists of doctors (physicians), also works in hospitals, indicating that the university's mission is no longer solely centred on the educational process (Azziaty 2019).

Hospitals are frequently built next to academic institutions, and some are even housed in the same structure as schools or colleges. The University of Alexandria (Alexandria, Egypt), the University of Nisyapur (Khurasan, Iran), the University of Damascus (Damascus, Syria), the University of Salerno (Italy, formerly under the control of the Byzantine Empire), and the University of Cairo are cited as examples of renowned universities during the period of Islamic rule by (Hoesin, 1981). (Cairo Egypt).

Units in hospitals constructed by Islamic caliphs resemble those in contemporary hospitals just slightly. The hospital has a surgical department, an ophthalmology ward, a general medicine department, and an orthopaedic unit or ward. In addition, according to Saad (1992), the caliph constructed a kitchen and dispensary unit to serve food to sick patients. This hospital's functions include serving as a teaching and learning facility for academic staff and students pursuing medical degrees, in addition to providing patient care. There are renowned Islamic scholars on the highly qualified teaching faculty. Medical conferences and seminars have been hosted by Islamic scholars (physicians) in the Abbasid era as a forum for discussion and debate. According to Hassan (1988), the conference is a venue where they can share the findings of studies and research carried out at their different universities or hospitals. The most significant medical education hub is at Qurtubah (Cordova), which is located to the west, while Baghdad City is located to the east. Additionally, historical evidence demonstrates that Islamic governments exercise greater influence over the growth of colleges and hospitals than governments in western nations, with these institutions even

becoming famous during the Abbasid Empire (Omar, 1981; The Encyclopedia Americana, 1972).

Caliph al-Walid constructed the first hospital under Islamic control in Baghdad between 786 and 809 M. Then, in 970 M, a new hospital in Baghdad was constructed. It had a staff of 25 specialists who trained medical students there. The waqf finances of the nobility at the time were largely responsible for the subsequent hospital development, and the initial goal was to aid the poor's health issues (Saad, 1992). More than half of the 34 hospitals erected on university grounds throughout the Middle Ages, according to records, had excellent governance and were at a high stage of growth at the time (The Encyclopedia of Americana, 1972). More hospitals were built in the Islamic world as a result of the growth of medical knowledge at colleges between the 8th and 15th centuries. According to Taha (1988), Europe at that time had no medical expertise other than that which had been imported from Muslims.

In 707M, Caliph al-Walid Ibn Abd al-Malik erected a hospital in Damascus using money (partly waqf) from Bait al-Mal. The caliph had supervision over the management of this hospital, and various special officers had been appointed to aid in that management. In fact, in addition to other patients who are given various facilities such as nourishing meals, dressing equipment, and comfortable rest rooms, here is also where Islamic physicians place leprosy patients and blind patients (Al-Surty, 1996; Ibrahim, 2002). In the Islamic heyday, medical knowledge in universities and hospitals grew to include a variety of fields, such as bacteriology, anaesthesia, surgery, pharmacy, ophthalmology, psychotherapy, and psychosomatics. This accelerated the development of governance and led to the creation of additional university and hospital institutions (Ibrahim, 2002).

According to Ibrahim (2002), early on in the development of hospitals, directors such as Abu Uthman al-Dimashqi and Sinan bin Thabit were chosen from among the doctors who were Christians. The names of Christian doctors who worked in the Islamic government hospital at that time included Jibrail bin Bakhtisyu, Masawaih, and his daughter Yuhanna bin Masawaih (who was once appointed as the hospital's head). Because numerous laws have been adopted and the government needs to take them into consideration, direct control of power from the caliphs, sultans, and amirs is crucial in the operations of colleges and hospitals (Taha, 1988). The stability of his rule was also impacted by the Prime Minister's involvement during the reign of Caliph al-Mu'tadi, who boosted the number of medical specialists. On the military side, work was ongoing on a specifically designed military hospital, which would occasionally shift in response to orders from the government (Rahman, 1992). For instance, Ahmad bin Tulun constructed a hospital in al-Askar in 872M, a hospital with a variety of amenities and rules.

Ismail (1992) asserts that the church held complete power in mediaeval Europe and that all medical procedures were carried out in hospitals. Medical education, however, was only centralised in Salerno and Montpellier's church schools, universities, and medical academies. The link between medical study at the university and medical practise in hospitals didn't continue until the creation of university clinics and university hospitals in places like Leiden, Edinburgh, Paris, and other cities in the late 17th and 18th century. In the Islamic medical system, the reverse is true. The idea of "teaching hospitals" originated from the hospitals that Islamic rulers constructed and founded, which integrated medical and educational components.

Al-Razi was the inspiration behind this idea, and when serving as one of the officers (medical officers) in the Maristan Raid and Maristan Muqtadir in Baghdad, he also used and

developed it. He followed other doctors, including one whose method was adopted and followed in all Islamic hospitals (maristan) at the time. He was a Senior Physician at the time. The university medical students who are lined up in front of the patient's bed are under the supervision of a senior doctor who also serves as a clinical educator. The senior doctor will also question and examine the patient (Ismail, 1992).

Similar to university hospitals that exist now, hospitals were constructed near to the instructor education facilities that train medical students. To separate the various patient kinds and ailments, various types of wards were developed. Men's and women's wards, wards for critical injuries, wards for eye trouble, and special wards for fever are some of them. Additionally, there are facilities for surgery, pharmacies, medical libraries, lecture halls, and ambulance services (Ismail, 1992). Students and doctors would promptly make up for whatever mistakes they made. The medical works they produced would represent the culmination of all their experiences and discoveries in the field of medicine.

The writings of al-Fusul (Aphorism), al-Masail fi al-Tib li al-Mutaallimin, al-Madkhal al-Ta'limi, al-Hawi, and al-Qanun are among the list of references in the medical world at that time, and some are still in use till the middle of the 17th century (Ahmad Taha, 1988). Names like Abqarat, Hunain ibn Ishaq, al-Razi, and Ibn Sina are well known for their outstanding contributions to medicine. Due to the Muslims' perseverance during the time, there are now a large number of doctors who are effective and competent in medicine, experienced in making diagnoses, and skilled in recording their patient treatment experiences in notes and data to serve as a reference for medical students at the university.

Higher Education and Health Endowment Management in Malaysia: The Real Situation

The Malaysian government needs to take seriously the potential of waqf as a tool for the development of academic institutions and university hospitals. Currently, there are five universities in Malaysia that are affiliated with teaching hospitals: Universiti Malaya (University of Malaya Medical Center UMMC), Universiti Kebangsaan Malaysia (Universiti Kebangsaan Malaysia Medical Center PPUKM), Universiti Sains Malaysia (Hospital Universiti Sains Malaysia HUSM), Universiti Islam Antarabangsa Malaysia (Universiti Islam Antarabangsa Malaysia PPUIAM Medical (Utusan Malaysia, 2017)). These five universities all have their own hospitals or medical facilities, as well as classrooms where lecturers (often specialised doctors) and students can study and learn about the medical discipline. The majority of these facilities are located on university property or very near the campuses.

HEIs and university hospitals are actively being funded through waqf, which is actively being pursued as a means of doing so. A number of universities, in addition to the five that were previously listed, are working to create their own university hospitals by utilising the waqf principle. One of those aggressively pursuing the goal of turning their institution into a hybrid university supported by waqf and the federal government to the tune of 70% and 30%, respectively, is Universiti Sains Islam Malaysia. Combining the notions of social business, shariah compliance, and waqf funding, USIM has devised a hybrid university fund governance mechanism (Utusan Malaysia, 2017).

As part of its financial support, the Universiti Sains Islam Malaysia (USIM) Wakaf and Zakat Center (PWZ) has made wakaf the centre of attention. USIM was appointed as the Mutawalli of USIM's Abrar Endowment Fund by the Negeri Sembilan Islamic Religious Council (MAINS) in a letter dated 22 July 2013 that was sent to the vice chancellor of USIM. The terms of reference of Section 33(a) and the Wakaf (Negeri Sembilan) Enactment 2005 apply to this agreement, according to Johari (2018), Coordinator of the USIM Wakaf and Zakat Center. To

create and manage wakaf funds and disperse wakaf benefits to the targeted wakif group, USIM has been given this responsibility (waqf). After being appointed as Mutawalli as well, USIM has started a number of endowment development initiatives and projects, including the Wakaf Site and Education Endowment Program (USIM, 2018a).

Expert involvement is one of the key components to achieving the introduction of USIM endowment funds and is crucial for its successful governance. PWZ USIM is planning endowment development plans mega projects like the construction of Student Residential College (which is now completed is Residential College 1), USIM Health Specialist Clinic and Hemodialysis, HOSPITEL (combination of hospital and hotel), USIM Convention Center and USIM Hotel Tower as well as Islamic Kindergartens/ Child Care Centers. USIM Property Wakaf Planning (Site Wakaf) is financed through interest-free loans (Qardhul Hasan) from MAINS, cash wakaf, and general wakaf (Johari, 2018).

USIM Tjjarah Holdings Sdn. Bhd. (UTHSB), which oversees the USIM Health Specialist Center, has already started mobilising the development of endowment money before the USIM teaching hospital's construction was entirely finished (PPKU). Through the use of qualified and experienced staff, specifically specialist doctors (lecturers) from the Faculty of Medicine and Health Sciences (FPSK) and the Faculty of Dentistry (FPg) USIM (USIM), 2018b), PPKU plays a part in providing outpatient treatment and medical services to the local community. A wide range of services, including family medicine, obstetrics and gynaecology, internal medicine specialists, ophthalmologists, ear, nose, and throat specialists, specialist orthopedists, psychiatrists, general surgeons, and dentists, are provided by the health centre, which began operations on 1 April 2015 (USIM, 2018b; Johari, 2018).

Johari (2018) claims that Tjjarah Holdings Sdn. Bhd., whose costs are covered by USIM, is in charge of overseeing PPKU governance on behalf of the University Responsibility Center (PTJU). The advantages of the PWZ USIM endowment cover the expenditures of PPKU governance, including those for medical supplies, medications, hiring staff, and renting expenses. The Operations Division of USIM Tjjarah Holdings Sdn. Bhd management .'s system places PPKU under its control, and the CEO of that company is in charge of it (USIM, 2018b; Johari, 2018). It is regarded as a commendable effort on the part of PWZ USIM to use the waqf instrument to pay for its governance expenses in order to secure its continuity till the USIM teaching hospital is finished in the future.

In addition to USIM, it is also apparent that a number of HEIs have advanced in their use of waqf monies as a means of supporting waqf for HEIs and health facilities. One of these is Universiti Putra Malaysia (UPM), which uses some of the wakaf income and benefits to buy an ambulance through the Wakaf Zakat and Endowment Governance Center (WAZAN). The University Health Center (PKU) Ambulance Special Project is one of the first initiatives created to help PKU receive ambulance services outfitted with the newest and most advanced equipment (WAZAN, 2018). The goal of WAZAN and PKU's collaboration is to highlight the value of endowment for HEIs that can upgrade health centre amenities. A teaching hospital or university health centre is planned to be completely operational in 2018 with money coming in part from endowment instruments, according to the WAZAN planning, and this partnership is intended to help UPM get ready for that task (AWANI, 2016).

Health Endowment Implementation: Challenges for Higher Education Endowment Management

The researcher has highlighted three primary concerns that provide challenges to the management of higher education endowments in HEIs in implementing health endowments

or endowment hospitals after conducting document analysis and interviews with endowment manager officers in the HEIs researched.

1- Funding and Financial Issues

If the establishment of HEIs endowments in the management of medical facilities (hospitals) is seen from this angle, the government during the height of Islam used its power to ensure that funds are received directly from the government or the nobility. Currently, wealthy people can play a part in resolving this issue by contributing wakaf in the form of cash or real estate, but the general public should also be encouraged to do so in order to boost wakaf funds in the form of cash. Although building a university hospital costs millions of ringgit, the effort to speed up the construction process will be simpler and more successful if all parties involved play a significant role.

2- Lack of Expert Staff

Universities and Maristan, or teaching hospitals, were placed under the direct control of the Sultan or Caliph in the Umayyad and Abbasid kingdoms, and an Amir was appointed to run it from a background knowledgeable of the nuances of religion and experts from the university itself. The majority of these professionals are knowledgeable in a variety of subjects that are connected to the study of aqli and naqli, rather than just one specific field. Since high levels of expertise and competence in particular fields are crucial nowadays and the root of an issue can be swiftly addressed, it is crucial for universities to designate experts in the governance of endowment funds. The employment of qualified human resources with in-depth industry expertise is required by units or departments such those responsible for the development of HEI endowment property, human capital, marketing, etc.

3- Problems with Trustee Collaboration

In order to fulfill the role of the former Caliph, who always offered the university and the government cooperative support, good relationships need to be developed between each other when managing the endowment of HEI. In order to facilitate and streamline the governance of HEIs, HEIs are considered as playing a significant role in guaranteeing cross-collaboration with numerous specific agencies. It is important to prioritize cooperation with business entities, powerful people, and the State Islamic Religious Council (sole trustee). Some HEIs have obstacles that limit their ability to take advantage of opportunities to improve this collaboration, but if the methods and techniques they employ are appropriate, they can develop a more focused partnership.

Conclusion

In the contemporary modern day, the glory of Islam ought to be preserved. Today, greater governance and consistent financial support are ensured by managing endowments for higher education and the health sector. For the administration of higher education and health endowments to be mobilized in terms of concepts and models, various measures and changes need to be periodically viewed by HEIs. The blend of external and spiritual components in the structure of Islamic economics is what sets it apart from the ideas of mixed economies, capitalism, and other systems. The administration of improved university health centers (hospitals) and endowments for higher education can also yield results in terms of the efficiency with which the general public and Muslims can receive a number of benefits. To administer higher education and health endowments in a way that can once again serve as a

light for the contemporary Islamic world, all authorities must cooperate and be more transparent in addressing every difficulty.

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