



## Islamic Philanthropy in Healthcare in South Asia: Lessons from Sri Lanka and Nepal

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### Abstract

This study examines the potential of Islamic philanthropic instruments, zakat, waqf, and sadaqah in improving healthcare access in Sri Lanka and Nepal, two non-Muslim majority South Asian nations with fragmented health systems. Employing a traditional qualitative literature review, the research analyses academic and grey literature to explore how these faith-based resources can supplement public health financing. The findings reveal that Islamic philanthropy provides crucial funding for facilities, community programs, and subsidised care, particularly in underserved regions. However, its effectiveness is mediated by significant challenges, including regulatory misalignment, operational capacity constraints within philanthropic institutions, and the need for cultural sensitivity in implementation. The study further highlights the catalytic role of digital technology in enhancing transparency and donor engagement, and underscores the necessity of strategic multi-stakeholder collaboration between philanthropic entities, government agencies, and international health bodies. In conclusion, while Islamic philanthropy holds substantial promise for health system strengthening, realising its full potential requires context-adaptive governance frameworks, robust accountability mechanisms, and inclusive partnerships that respect local socio-cultural dynamics. This integrated approach is vital for leveraging Islamic philanthropy towards more equitable and resilient healthcare delivery in both countries.

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## Introduction

Islamic philanthropy, which involves instruments such as zakat, waqf, and sadaqah, has been recognized as one of the main pillars in enhancing the social and economic welfare of Muslims around the world (Noviarita et al., 2024; Taqwiem & Rachmadi, 2022). The concept of Islamic philanthropy is not limited to material giving but also encompasses principles of social solidarity, justice, and care for others. In South Asia, a region with high poverty levels and limited access to adequate healthcare services, Islamic philanthropy holds great potential



to make significant contributions in addressing healthcare inequalities (Jafar et al., 2018; Van Weel et al., 2016). Although the majority of the population in countries like Sri Lanka and Nepal is non-Muslim, the role of Islamic philanthropy in healthcare has had a tangible impact, especially in remote and impoverished areas. Therefore, this research aims to understand how Islamic philanthropy can be more systematically integrated into the healthcare sector in these two countries.

One of the major challenges faced by communities in South Asia is the unequal access to healthcare services. Despite continuous development in the healthcare sector in these countries, there remains a significant gap in the availability and quality of services, especially for marginalized and impoverished communities. In countries like Nepal and Sri Lanka, remote areas often lack adequate healthcare facilities, and people living in these regions face difficulties accessing the care they need (Chandra et al., 2020). This is directly related to economic issues and the limited resources available to governments to provide equitable healthcare services. Additionally, social and cultural factors play a significant role in determining how healthcare services are accessed by the population.

In this context, Islamic philanthropy, involving zakat, waqf, and sadaqah, offers great potential to address these disparities (Annisa Qurrota A'yun et al., 2022; Noviarita et al., 2024). With the values embedded in Islamic teachings, this philanthropy focuses not only on direct material assistance but also on strengthening social solidarity and community development. In Sri Lanka and Nepal, despite the majority of the population being non-Muslim, the contributions of Islamic philanthropic institutions have helped improve healthcare services in poor and isolated areas. For instance, zakat and sadaqah have been used to fund hospitals, health clinics, and various other medical programs that alleviate the burden on impoverished communities (Chandra et al., 2020). Therefore, it is essential to explore how this model of Islamic philanthropy can be optimized further to enhance the healthcare sector in South Asian countries, particularly Sri Lanka and Nepal.

Although Islamic philanthropy has been widely applied in various sectors, including education and economic empowerment, research on its role in healthcare is still limited. Most existing studies focus on the impact of Islamic philanthropy on economic welfare or infrastructure development, while its practical applications in the healthcare sector have not been extensively discussed. Furthermore, existing studies often fail to consider the social, cultural, and economic challenges that arise when implementing Islamic philanthropy in countries with a predominantly non-Muslim population. However, Islamic philanthropy can function as a means to address existing social inequalities,

provided it is implemented with attention to local values and social structures. In Sri Lanka and Nepal, while Islamic institutions have initiated efforts to support the healthcare sector, there has been limited in-depth research on how zakat, waqf, and sadaqah can be optimized for this sector. Some studies tend to overlook the integration of Islamic philanthropy with existing healthcare systems, and there has been little discussion on the challenges faced in implementing these initiatives in non-Muslim-majority countries (Chandra et al., 2020). Therefore, this research seeks to fill this gap by exploring how zakat, waqf, and sadaqah can be more effectively integrated into healthcare in Sri Lanka and Nepal. This study will also identify the challenges faced in applying Islamic philanthropy in different social and cultural contexts and how new strategies can be adopted to enhance its effectiveness.

This research aims to explore the contribution of Islamic philanthropy in the healthcare sector in Sri Lanka and Nepal, with a particular focus on the implementation of zakat, waqf, and sadaqah. The key questions this study seeks to answer are: First, how can zakat, waqf, and sadaqah be used to support the healthcare systems in Sri Lanka and Nepal? Second, what social, cultural, and regulatory challenges do Islamic philanthropic institutions face in implementing healthcare initiatives in these countries? Third, how can strategies be developed to optimize the role of Islamic philanthropy in the healthcare sector, particularly in contexts where the majority of the population is non-Muslim? By answering these questions, this research aims to provide a deeper understanding of how Islamic philanthropy can be utilized to improve access to healthcare services in South Asian countries that face significant challenges in their healthcare systems.

This study argues that Islamic philanthropy, through zakat, waqf, and sadaqah, holds great potential to improve the healthcare system in Sri Lanka and Nepal by addressing the needs of the poor and marginalized communities who are often overlooked by formal healthcare systems. This argument is based on the belief that Islamic philanthropy can help bridge the healthcare access gap faced by communities in both countries. Although challenges related to cultural and social differences need to be addressed, Islamic philanthropy offers a more inclusive, community-based solution. The social and cultural diversity of the populations in Sri Lanka and Nepal significantly influences how they access healthcare services. Islamic philanthropy, which prioritizes values of solidarity and social care, can serve as a bridge to increase community trust in existing healthcare systems. In this regard, zakat and waqf can be used to establish healthcare facilities, while sadaqah can support health programs that directly address community needs. Therefore, the application of Islamic philanthropy in the healthcare sector requires strengthening collaboration among philanthropic

institutions, governments, and international health organizations to create solutions that are accessible to all, regardless of religious or cultural background.

## Research Methodology

This study employs a qualitative approach through a literature review to analyze the role of Islamic philanthropy in improving access to healthcare services in Sri Lanka and Nepal. The literature review method was chosen as it allows the researcher to explore a complex topic, particularly one involving the social, cultural, and religious factors that influence the application of zakat, waqf, and sadaqah within the healthcare systems of non-Muslim majority countries. Through literature analysis, the researcher can draw upon various academic perspectives to gain a comprehensive understanding of the theories, concepts, and practices of Islamic philanthropy in health financing across both nations (Chandra et al., 2020; Van Weel et al., 2016). The research process commenced with gathering relevant literature from reputable academic databases such as Google Scholar, Scopus, and Web of Science. The selection of literature was based on the relevance of the topic, the credibility of the authors, and its contribution to understanding the role of Islamic philanthropy in the health sector. This review encompasses various themes related to the management of Islamic philanthropy as a social instrument, its impact on healthcare access, and the socio-cultural factors affecting its implementation. Special emphasis is placed on how mechanisms like zakat, waqf, and sadaqah can be utilized to fund health facilities, community programs, and address funding gaps.

The collected data were then analyzed using a thematic approach, where the main patterns identified in the literature were critically examined. Key themes analyzed include the effectiveness of fund distribution models, regulatory and institutional challenges, and the role of technology and multi-sector collaboration. Through this approach, the research aims to provide a theoretical contribution to the understanding of integrating Islamic philanthropy into health systems and to offer recommendations for enhancing its effectiveness and sustainability in Sri Lanka and Nepal (Jafar et al., 2018; Thresia, 2013).

## The Potential of Zakat, Waqf, and Sadaqah in Improving Healthcare Access in Sri Lanka and Nepal

The potential of zakat, waqf, and sadaqah in enhancing healthcare access in Sri Lanka and Nepal is a complex issue, involving various socio-economic, cultural, and healthcare system dynamics. These Islamic financial instruments can play a significant role in addressing healthcare access challenges, particularly in resource-constrained regions. This article will explore how these charitable

mechanisms can improve the provision of healthcare services, reduce out-of-pocket expenditures, and enhance overall health outcomes in both countries. Zakat, waqf, and sadaqah are integral components of Islamic philanthropy that provide financial resources which can be directed toward health initiatives. Zakat is a mandatory charitable contribution, while waqf refers to endowments for charitable purposes, and sadaqah involves voluntary donations. These three instruments can be highly effective in countries like Sri Lanka and Nepal, where public healthcare systems often face challenges in funding and resource allocation. For instance, although Sri Lanka's healthcare system is recognized for achieving universal health coverage, challenges such as high out-of-pocket expenditures (OOPE) and inequality in access to services, particularly in rural areas, persist. Integrating zakat and waqf into healthcare financing could help alleviate some of these financial burdens by providing additional funding for essential health services.

In Sri Lanka, the government has built a universal healthcare system largely funded through public resources. However, this system is not without shortcomings, as many citizens still face significant out-of-pocket expenditures, particularly for outpatient services and medications (Fernandopulle et al., 2019; Rannan-Eliya et al., 2015). The use of zakat and waqf can help bridge the gap between the availability of public healthcare services and the actual needs of the population. For example, funds generated from zakat could be used to subsidize healthcare costs for low-income patients, while waqf could be used to establish healthcare facilities in underserved areas, thereby improving access to care (Kumar, 2019). This approach aligns with findings from studies showing that community-based health initiatives can significantly improve health outcomes in resource-limited areas (Perera et al., 2019; Weerasinghe & Fernando, 2011).

In Nepal, the healthcare landscape is also marked by challenges related to access and affordability. Although the country has made progress in improving health indicators, significant barriers remain, especially for marginalized populations (Van Weel et al., 2016). The application of waqf could be particularly beneficial in Nepal, where community involvement and local governance play crucial roles in healthcare delivery. By establishing health clinics funded through waqf or mobile health units, communities can ensure that essential health services are available to those who need them most, reducing reliance on private healthcare providers, who often charge prohibitively high fees (Thresia, 2013). Additionally, sadaqah could be used to support health education initiatives, empowering communities to manage their health and well-being (Tolulope Odugbose et al., 2024).

The role of zakat, waqf, and sadaqah is not limited to financial support but also strengthens the culture of community responsibility and solidarity. In Sri

Lanka and Nepal, these instruments can encourage collective action for health improvement, mobilizing resources that may otherwise go untapped. For example, community members could be incentivized to contribute to health initiatives through zakat, reinforcing the social contract underpinning public health efforts (Samaranayake et al., 2019). Furthermore, establishing transparent mechanisms for the distribution of these funds can enhance trust and accountability, ensuring that resources are used effectively and reach those in need (Weerasinghe & Fernando, 2011).

Research has shown that integrating Islamic financial principles into healthcare financing can lead to better health outcomes. For instance, studies have indicated that community-based health interventions funded through zakat can improve access to essential medications and health services, particularly in rural areas (Jafar et al., 2018; Legido-Quigley et al., 2019). Moreover, waqf can provide a sustainable source of funding for healthcare facilities, reducing the financial burden on government budgets and enabling more comprehensive care (A. R. Chapman & Dharmaratne, 2019; M. Chapman, 2016; Perera et al., 2019). In Nepal, where healthcare financing is often fragmented, the establishment of waqf can simplify the funding process and enhance service delivery efficiency (Weel et al., 2016).

Furthermore, the potential of these charitable mechanisms extends beyond direct healthcare services. They can also support broader health system strengthening initiatives, such as healthcare worker training and infrastructure development (Baminiwatta et al., 2023). For example, waqf funds could be allocated for training programs for community health workers, which in turn would improve the quality of care provided at the grassroots level (Perera et al., 2019). This aligns with findings from various studies emphasizing the importance of human resource development in achieving universal health coverage (Perera et al., 2019; "Analysis on Current and Future Training Needs in Health Sector of Sri Lanka," 2022).

However, the challenges of implementing zakat, waqf, and sadaqah in healthcare financing should not be underestimated. Issues such as lack of awareness, regulatory barriers, and the potential misuse of funds must be addressed to maximize their impact (Thresia, 2013). Nonetheless, with the proper governance structure and community involvement, these challenges can be minimized. For example, establishing local committees to oversee the allocation of zakat and waqf funds can increase transparency and accountability, ensuring that resources are directed to the most urgent health needs (Weerasinghe & Fernando, 2011).

In conclusion, integrating zakat, waqf, and sadaqah into healthcare systems in Sri Lanka and Nepal offers a promising path to improving healthcare

access. By leveraging these Islamic financial instruments, both countries can address existing gaps in healthcare financing, reduce out-of-pocket expenditures, and strengthen the culture of community involvement in health initiatives. The potential benefits extend beyond financial support, encompassing the strengthening of broader health systems and improving health outcomes for vulnerable populations. As both countries continue to face the complexities of healthcare delivery, strategically incorporating these charitable mechanisms can play a vital role in achieving a fairer and more sustainable healthcare system.

### **Social and Cultural Challenges in the Implementation of Islamic Philanthropy in Non-Muslim Countries**

The implementation of Islamic philanthropy in non-Muslim countries presents various social and cultural challenges that require a deep understanding of Islamic principles and local contexts. Islamic philanthropy, including zakat, waqf, and sadaqah, is deeply rooted in the ethical and moral framework of Islam, which emphasizes social justice, community well-being, and the individual's responsibility to help those in need. However, when these principles are applied in non-Muslim countries, a range of obstacles arise, including cultural misunderstandings, differing societal values, and potential conflicts with local laws and norms. One of the primary challenges in implementing Islamic philanthropy in non-Muslim countries is the cultural difference between Islamic values and prevailing social norms. For example, integrating local wisdom with Islamic teachings is crucial to fostering acceptance and understanding. This integration can be achieved by ensuring that local customs and traditions are respected and incorporated into philanthropic practices, as long as they do not contradict Islamic principles (Fernando, 2022). The challenge lies in identifying local traditions that align with Islamic values without compromising the core teachings of the religion.

Furthermore, the perception of Islamic philanthropy may be influenced by the broader socio-political climate in non-Muslim countries. In many cases, Islamic organizations face skepticism or even open rejection due to stereotypes and misconceptions about Islam. This can hinder the effectiveness of philanthropic initiatives and limit the willingness of local communities to engage with Islamic charitable organizations. Research shows that the narrative surrounding Islamic philanthropy is often shaped by societal attitudes toward Islam, which can be influenced by media portrayals and political rhetoric (Randeree, 2016). Therefore, it is essential to address these perceptions through education and community engagement to create a more supportive environment for Islamic philanthropy.

In addition to cultural and perception challenges, the legal framework governing charitable activities in non-Muslim countries can also pose significant barriers to the implementation of Islamic philanthropy. Many countries have specific regulations regarding the establishment and operation of charitable organizations that may not align with Islamic practices. For example, requirements for transparency and accountability in financial transactions may conflict with traditional practices of some Islamic charitable organizations, which prioritize confidentiality and caution in their operations. These legal discrepancies can create challenges for Islamic organizations that wish to operate within the confines of local law while still adhering to Islamic principles (Husain et al., 2024). Moreover, the differences in norms and laws regarding charitable giving also affect how zakat, waqf, and sadaqah are implemented. Non-Muslim countries may have policies that limit how charitable funds can be collected and distributed, which could hinder Islamic organizations in carrying out their philanthropic duties. Therefore, it is important for these organizations to communicate with authorities and understand local regulations to navigate legal challenges and find ways to operate within the law while still fulfilling Islamic principles.

Gender dynamics in Islamic philanthropy add another layer of complexity in its implementation in non-Muslim countries. In many Islamic cultures, women play an important role in charitable activities, but in non-Muslim contexts, gender roles can vary significantly. Women's participation in philanthropic initiatives may be influenced by local cultural norms, which can either empower or limit their involvement (Umar, 2023). Understanding these dynamics is crucial for developing inclusive philanthropic strategies that involve all members of the community, regardless of gender. In some non-Muslim countries, prevailing social norms may treat women differently in terms of their contributions to charitable activities, which can affect how Islamic charitable organizations engage them. Therefore, it is important for Islamic philanthropic organizations to design initiatives that not only respect Islamic principles regarding gender equality but also take into account the social realities of the countries in which they operate. This will ensure that all members of society, both men and women, can participate and benefit from philanthropic programs.

The economic context of non-Muslim countries also plays a significant role in shaping the landscape of Islamic philanthropy. Economic disparities can affect the ability of individuals and organizations to contribute to charitable causes. In wealthier countries, there is often greater emphasis on corporate social responsibility (CSR), which can align with Islamic philanthropic principles. However, in less prosperous regions, the focus may shift to more urgent survival needs, which can make the implementation of long-term philanthropic strategies

more challenging (Bhuiyan et al., 2022). Thus, it is crucial for Islamic organizations to adapt their approach to the economic realities of the communities they serve. Furthermore, the potential for conflict between Islamic philanthropic practices and local customs cannot be overlooked. In some cases, philanthropic initiatives may unintentionally challenge existing social structures or norms, leading to resistance from local communities. For example, the distribution of aid may be seen as biased or may disrupt traditional power dynamics within the community. Therefore, it is essential for Islamic organizations to engage in dialogue with local leaders and stakeholders to ensure that their initiatives are culturally sensitive and aligned with the needs of the community (Aziz & Mohamad, 2016).

Education plays a key role in bridging the gap between Islamic philanthropy and the non-Muslim context. Educating both Muslim and non-Muslim communities about the principles of Islamic philanthropy can foster understanding and mutual respect. These educational efforts can take various forms, including workshops, community events, and collaborative projects that highlight shared values of compassion and social responsibility (Mariyono, 2024). By promoting dialogue and collaboration, Islamic organizations can create a more inclusive environment for philanthropic activities. Additionally, integrating multicultural values into Islamic philanthropy practices can enhance their effectiveness in non-Muslim countries. Emphasizing the commonalities between Islamic teachings and local cultural values can help build bridges and encourage cooperation among diverse communities. This approach aligns with the broader goal of promoting social cohesion and understanding in multicultural societies (Luth, 2023). By recognizing and appreciating the contributions of all community members, Islamic philanthropy can act as a catalyst for positive social change.

Overall, the implementation of Islamic philanthropy in non-Muslim countries is fraught with social and cultural challenges that require careful navigation. By understanding the local context, collaborating with community stakeholders, and promoting education and dialogue, Islamic organizations can enhance their philanthropic efforts and contribute to the well-being of diverse communities. The success of integrating Islamic philanthropy in non-Muslim contexts depends on the ability to adapt to local norms while staying true to the core values of Islam, ultimately fostering a spirit of cooperation and mutual respect.

## **The Role of Collaboration Between Philanthropic Institutions, Governments, and International Health Organizations**

Collaboration between philanthropic institutions, governments, and international health organizations plays a crucial role in addressing global health challenges. This multifaceted partnership is vital for leveraging resources, expertise, and innovative strategies to improve health outcomes worldwide. The interaction between these entities creates a dynamic environment where collective action can lead to significant progress in public health, particularly in low- and middle-income countries. Philanthropic institutions, such as the Bill and Melinda Gates Foundation, have emerged as influential players in global health governance. Their financial contributions often surpass those of many national governments, allowing them to fund critical health initiatives and research that might otherwise lack support. For example, the Gates Foundation became the largest contributor to the World Health Organization (WHO) budget in 2013, far surpassing the contributions from the U.S. or the UK governments, which underscores the growing influence of philanthropy in shaping the global health agenda (Montero, 2020). This financial power allows philanthropic organizations to set priorities and direct funding to urgent health issues, such as infectious diseases and maternal and child health, which are often neglected by traditional funding sources (Lee & Kamradt-Scott, 2014).

Governments, recognizing the importance of global health as a foreign policy goal, are increasingly working to collaborate with philanthropic organizations to strengthen their health initiatives. These collaborations are often facilitated through public-private partnerships (PPPs), which combine the strengths of both sectors to address complex health challenges (Charles Chukwudalu Ebulue et al., 2024; Torchia et al., 2015). Governments provide regulatory frameworks and public health infrastructure, while philanthropic institutions offer financial resources and innovative problem-solving approaches. Such partnerships have been pivotal in initiatives like the Global Fund to Fight AIDS, Tuberculosis, and Malaria, demonstrating how collaborative efforts can mobilize resources and expertise to combat global health threats (Gopinathan et al., 2015).

International health organizations, including the WHO, play a key role in coordinating these collaborative efforts. They act as platforms for dialogue and cooperation between governments, philanthropic organizations, and other stakeholders. By building frameworks for collaboration, these organizations can facilitate the exchange of knowledge, best practices, and resources, thereby enhancing the overall effectiveness of health interventions (Gopinathan et al., 2015; Kickbusch & Szabo, 2014). Additionally, the WHO's mandate to promote health equity aligns with the goals of many philanthropic organizations, creating

a natural synergy that can lead to impactful health initiatives (Gopinathan et al., 2015).

The effectiveness of collaboration between these entities often depends on their ability to navigate complex governance structures and address institutional gaps. For instance, Gopinathan et al. highlight the need for the WHO to enhance its cross-sectoral collaboration capabilities to better align with the diverse interests of its partners (Gopinathan et al., 2015). This requires a clear understanding of the roles and responsibilities of each stakeholder, as well as mechanisms for accountability and transparency. Philanthropic institutions, in particular, must be willing to engage in dialogue with governments and international organizations to ensure that their funding aligns with broader health priorities and strategies (Kraeger & Robichau, 2017). Furthermore, the landscape of collaboration is further complicated by differing motivations and operational styles between philanthropic organizations and governments. While philanthropic organizations may prioritize innovation and swift implementation, governments often operate within bureaucratic frameworks that can slow decision-making processes (Phillips, 2018). These differences can lead to tensions and misunderstandings, underscoring the importance of establishing clear communication channels and shared goals among all parties involved (Stadtler & Karakulak, 2020).

Integrating diverse perspectives and expertise is crucial for driving innovation in health interventions. Philanthropic institutions often bring new ideas and approaches that complement the traditional methods employed by governments and international organizations. For example, the involvement of philanthropic foundations in health research has led to significant advances in areas such as vaccine development and disease prevention strategies (Fajardo-Ortiz et al., 2022). By combining resources and knowledge, this collaboration can accelerate the pace of innovation and improve global health outcomes (Ebulue, 2024). In addition to financial contributions, philanthropic institutions can also play a vital role in strengthening health systems' capacity. By investing in training and education for healthcare professionals, they can help reinforce the human resources needed for effective healthcare service delivery (Sutomo & Siregar, 2022). This is particularly crucial in resource-limited settings, where health infrastructure may be insufficient. Collaborative efforts focused on capacity building can result in sustained improvements in health systems, ultimately benefiting communities in the long term (Sutomo & Siregar, 2022).

The impact of this collaboration is evident in various health initiatives worldwide. For example, the partnership between the Gates Foundation and the WHO has resulted in significant progress in the fight against diseases like polio and malaria (Montero, 2018; Kickbusch & Szabo, 2014). By aligning their efforts

and resources, these organizations have been able to implement focused interventions that have led to measurable health improvements in affected regions. Success stories like these highlight the potential of collaborative governance models to effectively address complex health challenges (Ebulue, 2024). However, challenges remain in ensuring that these collaborations are fair and inclusive. The influence of philanthropic institutions can sometimes overshadow the voices of local communities and governments, leading to top-down approaches that may not fully address the needs of those most affected by health issues (Ravazzi, 2016). Therefore, it is crucial for philanthropic organizations to engage with local stakeholders and integrate their perspectives into the decision-making process to ensure that interventions are culturally and contextually appropriate (Ravazzi, 2016).

Moreover, the sustainability of collaborative health initiatives becomes an important consideration. As philanthropic funding may be influenced by fluctuations in economic conditions and donor priorities, it is essential for governments and international organizations to develop strategies that ensure the continuation of health programs beyond the initial funding period (Torchia et al., 2015). This may involve creating mechanisms for local ownership and investment in health initiatives, with the aim of fostering a sense of responsibility and commitment among community members (Ravazzi, 2016). In conclusion, collaboration between philanthropic institutions, governments, and international health organizations is critical in addressing global health challenges. By leveraging each other's strengths, these entities can create innovative solutions that improve health outcomes worldwide. However, to maximize the effectiveness of this collaboration, it is essential to establish clear communication, shared objectives, and inclusive decision-making processes. As the global health landscape continues to evolve, building strong partnerships will be key to achieving sustainable health improvements for all.

### **Strategies for Enhancing the Success of Islamic Philanthropy in Healthcare Delivery**

Implementing Islamic philanthropy in healthcare settings offers a unique opportunity to enhance community well-being and address pressing health issues. The success of such initiatives relies on a multifaceted approach that integrates historical, cultural, and religious contexts, as well as advancements in modern technology. This synthesis will explore various strategies to improve the success of Islamic philanthropy in healthcare, supported by various scholarly references. One fundamental strategy to enhance Islamic philanthropy in healthcare is to leverage the historical and cultural significance of philanthropy

in Islamic teachings. Islamic philanthropy, rooted in concepts like Zakat, Infaq, and Waqf, emphasizes social justice and community welfare. Huda et al. highlight that the historical context of Islamic values significantly influences contemporary philanthropic practices, especially in Indonesia, where social justice remains a core principle in Islamic philanthropy (Nurul Huda et al., 2023). This historical perspective can be utilized to deepen understanding of the importance of charitable giving in healthcare, motivating individuals and organizations to contribute to health-related issues.

Additionally, integrating social media as a tool to raise awareness and mobilize resources is crucial. Makhrus discusses how social media platforms have been effectively used to promote Islamic philanthropy in Indonesia, thereby increasing public visibility and engagement with philanthropic activities (Makhrus, 2018). By using social media campaigns that resonate with the values and beliefs of the community, healthcare organizations can reach broader audiences, encourage donations, and promote volunteer activities. This approach not only raises funds but also cultivates a spirit of giving that aligns with Islamic teachings. In addition to utilizing social media, it is important to establish robust governance models for Islamic philanthropic organizations. Prasetyo et al. emphasize the importance of governance in ensuring transparency and accountability in Islamic hospitals in Ponorogo, Indonesia (Prasetyo et al., 2022). Implementing a strong governance framework can enhance trust between donors and beneficiaries, thereby increasing the likelihood of sustainable philanthropic contributions. This trust is critical in healthcare settings, where ethical fund management directly impacts the quality of care provided to patients.

Collaboration among various stakeholders, including government entities, the private sector, and community organizations, is another strategic approach to enhancing Islamic philanthropy in healthcare. Taqwiem and Rachmadi argue that collaborative efforts can optimize the impact of Zakat, Infaq, and Sadaqah, especially during economic downturns (Taqwiem & Rachmadi, 2022). By combining resources and expertise, stakeholders can implement comprehensive healthcare programs that address the needs of underserved populations. Such collaboration can also facilitate the exchange of best practices and innovative solutions for common healthcare challenges. Next, the role of Waqf in supporting healthcare infrastructure cannot be overlooked. Riani and Fatoni highlight the growing interest in Waqf as a funding mechanism for healthcare projects, emphasizing its potential to create sustainable healthcare facilities (Riani & Fatoni, 2022). By establishing healthcare initiatives based on Waqf, communities can ensure the long-term availability of medical services, particularly in areas where government resources are limited. This approach

aligns with Islamic principles of providing welfare for the community and can significantly improve healthcare access.

The integration of Islamic philanthropy with contemporary economic models, such as social entrepreneurship, also opens the door to success. Azwar discusses how Islamic philanthropy can contribute to the development of the green economy, illustrating the potential for innovative funding mechanisms that align with environmental sustainability (Azwar, 2023). By adopting social entrepreneurship models, healthcare organizations can generate revenue while fulfilling their philanthropic mission, creating a sustainable cycle of giving and serving. Additionally, enhancing literacy regarding Islamic philanthropy is essential to maximize its impact on health outcomes. Noviarita's research shows that raising awareness about the distribution of Zakat and its positive impact on economic growth can empower communities to engage more actively in philanthropic activities (Noviarita et al., 2024). Educational programs that inform individuals about the benefits of giving, particularly in the healthcare sector, can cultivate philanthropy that extends beyond financial contributions to include volunteerism and community service. Involving youth in Islamic philanthropy is also crucial for ensuring the sustainability of health initiatives. Ulfahadi highlights the transformative role of youth volunteer movements in promoting Islamic philanthropy through social media (Ulfahadi, 2023). By actively involving young people in health-related philanthropic activities, organizations can cultivate a new generation of philanthropists committed to addressing health disparities and improving community well-being.

Furthermore, addressing the socio-economic development of vulnerable populations through Islamic philanthropy can lead to significant improvements in health outcomes. Mudrikah's study on the socio-economic development of orphans through Islamic philanthropy emphasizes the importance of interventions targeting the root causes of poverty and health inequalities (Mudrikah et al., 2020). By focusing on holistic development of individuals and families, health initiatives can create long-term changes that go beyond immediate medical needs. The importance of effective communication strategies in promoting Islamic philanthropy cannot be overlooked. Susdarwono emphasizes that clear messaging about the impact of Zakat on community welfare can improve public perceptions of philanthropy (Susdarwono & S. Thoriqul Huda, 2023). By articulating the tangible benefits of donations for health initiatives, organizations can inspire greater participation and support from the public. Moreover, the role of Islamic philanthropic institutions in distributing aid during crises, such as the COVID-19 pandemic, demonstrates the adaptability and relevance of Islamic philanthropy in contemporary contexts. Hadiyati's research highlights how Islamic organizations mobilized resources to support

vulnerable populations during the pandemic, showcasing the effectiveness of philanthropy in addressing urgent health needs (Hadiyati et al., 2024). This adaptability can serve as a model for future health initiatives, emphasizing the importance of being responsive to community needs.

In addition to these strategies, building a culture of accountability within Islamic philanthropic organizations is crucial for building trust and ensuring effective resource allocation. Harnia discusses the importance of accountability in the distribution of Zakat during Ramadan, emphasizing the need for transparency in philanthropic practices (Harnia, 2021). By implementing strict monitoring and evaluation mechanisms, organizations can demonstrate the impact of their initiatives, encouraging sustained support from donors. Furthermore, integrating technology into Islamic philanthropy can enhance operational efficiency and reach. Zulinda's analysis of the socio-economic context of Islamic philanthropy in Indonesia highlights the potential of technology to facilitate donations and improve services (Zulinda & Hidayat, 2023). By adopting digital platforms for fundraising and communication, healthcare organizations can streamline their operations and reach a wider audience.

Promoting Islamic philanthropy as a means to address economic disparities is also highly important. Kailani and Sláma argue that the speed of social media can accelerate charitable giving, especially in response to urgent health needs (Kailani & Slama, 2020). By leveraging social media campaigns that highlight urgent health challenges, organizations can quickly and effectively mobilize resources. Additionally, the role of educational institutions in promoting Islamic philanthropy is significant. Amar stresses the importance of integrating philanthropy education into Islamic teachings, cultivating a spirit of giving from an early age (Amar, 2017). By embedding the values of charity and community service into educational curricula, future generations will be better prepared to engage in philanthropic activities that support health initiatives. Lastly, forming partnerships with local communities can enhance the effectiveness of Islamic philanthropy in the healthcare sector. Shofiyyah's research on cross-cultural perspectives in philanthropy suggests that community partnerships play a vital role in strengthening the impact of philanthropic efforts (Shofiyyah, 2024).

## Conclusion

In conclusion, the implementation of Islamic philanthropy in the healthcare sector offers significant opportunities to improve community well-being and address pressing health issues. An approach based on Islamic teachings, emphasizing Zakat, Infaq, Waqf, and Sadaqah, holds great potential to support healthcare programs, especially in resource-limited countries. Islamic

philanthropy, with its values of social justice and collective welfare, can strengthen healthcare systems, ensure access to medical services for underprivileged groups, and improve the quality of life in communities. Moreover, the use of technology, particularly social media, as a tool to raise awareness and mobilize funds is a key strategy. Social media campaigns can expand outreach and ignite public concern, encouraging people to participate in health-related philanthropic actions. This fosters a sustainable culture of giving that aligns with Islamic teachings, motivating more individuals to engage in charitable activities. Transparency and accountability in managing philanthropic funds are crucial for building public trust. Islamic philanthropic organizations that implement good governance can ensure the sustainability and long-term impact of health initiatives. Collaboration between the government, private sector, and the community will further strengthen the impact of Islamic philanthropy, optimizing available resources and creating innovative and inclusive healthcare solutions. With this integrated approach, Islamic philanthropy can become a tangible solution to improving access to and the quality of healthcare services across the globe.

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### References

Annisa Qurrota A'yun, S., Saptaningtyas, H., & Widiyanto, W. (2022). Altruism as a motive for implementing community welfare programs through Islamic philanthropic funds: Case study of Baitul Maal Hidayatullah empowerment actors. *Ijtimā Iyya Journal of Muslim Society Research*, 7(2), 206–222. <https://doi.org/10.24090/ijtimaiyya.v7i2.7727>

- Aziz, M. N., & Mohamad, O. B. (2016). Islamic social business to alleviate poverty and social inequality. *International Journal of Social Economics*, 43(6), 573–592. <https://doi.org/10.1108/IJSE-06-2014-0129>
- Azwar, A. (2023). The role of Islamic philanthropy in green economy development: Case in Indonesia. *International Journal of Islamic Economics and Finance Research*, 6(2), 40–55. <https://doi.org/10.53840/ijiefer105>
- Baminiwatta, A., Fernando, R., Gadambanathan, T., Jiyatha, F., Sasala, R., Kuruppuarachchi, L., Wickremasinghe, R., & Hapangama, A. (2023). Measuring resilience among Sri Lankan healthcare workers: Validation of the Brief Resilience Scale in Sinhalese and Tamil languages. *Indian Journal of Psychological Medicine*, 45(5), 542–543. <https://doi.org/10.1177/02537176231174185>
- Bhuiyan, M. A. H., Darda, M. A., & Hossain, M. B. (2022). Corporate social responsibility (CSR) practices in Islamic banks of Bangladesh. *Social Responsibility Journal*, 18(5), 968–983. <https://doi.org/10.1108/SRJ-07-2020-0280>
- Chandra, Y. A., Kawamura, Y., Paudel, S., & Nishigawa, M. (2020). Value of mutual assistance for disaster risk reduction in Japan, Indonesia, and Nepal: A preliminary study. *Health Emergency and Disaster Nursing*, 7(1), 9–16. <https://doi.org/10.24198/hedn.2018-0010>
- Chapman, A. R., & Dharmaratne, S. D. (2019). Sri Lanka and the possibilities of achieving universal health coverage in a poor country. *Global Public Health*, 14(2), 271–283. <https://doi.org/10.1080/17441692.2018.1501080>
- Chapman, M. (2016). Feminist dilemmas and the agency of veiled Muslim women: Analysing identities and social representations. *European Journal of Women's Studies*, 23(3), 237–250. <https://doi.org/10.1177/1350506815605346>
- Ebulue, C. C., Ebulue, O. R., & Ekesiobi, C. S. (2024). Public-private partnerships in health sector innovation: Lessons from around the world. *International Medical Science Research Journal*, 4(4), 484–499. <https://doi.org/10.51594/imsrj.v4i4.1051>
- Fajardo-Ortiz, D., Hornbostel, S., Montenegro De Wit, M., & Shattuck, A. (2022). Funding CRISPR: Understanding the role of government and philanthropic institutions in supporting academic research within the CRISPR innovation system. *Quantitative Science Studies*, 3(2), 443–456. [https://doi.org/10.1162/qss\\_a\\_00187](https://doi.org/10.1162/qss_a_00187)
- Fernandopulle, B., Gunawardena, N., De Silva, S., Abayawardana, C., & Hirimuthugoda, L. (2019). Patient experiences of access to NCD medicines in Sri Lanka: Evidence of the success story towards universal coverage. *Medicine Access @ Point of Care*, 3. <https://doi.org/10.1177/2399202619873228>
- Gopinathan, U., Watts, N., Hougendobler, D., Lefebvre, A., Cheung, A., Hoffman, S. J., & Røttingen, J.-A. (2015). Conceptual and institutional gaps: Understanding how the WHO can become a more effective cross-sectoral collaborator. *Globalization and Health*, 11(1), 46. <https://doi.org/10.1186/s12992-015-0128-6>

- Hadiyati, H., Waldelmi, I., Novita, N., & Fatkhurahman, F. (2024). The influence of social entrepreneurship and organizational culture on the managerial performance of Islamic philanthropy in Pekanbaru. *Proceedings of the 2nd International Conference on Environmental, Energy, and Earth Science, ICEEES 2023*. <https://doi.org/10.4108/eai.30-10-2023.2343094>
- Harnia, S. (2021). The role of Islamic philanthropic institutions in distribution of ZIS during Ramadhan to the community in Deme 2 Village North Gorontalo, Indonesia. *Talaa: Journal of Islamic Finance*, 1(1), 34–45. <https://doi.org/10.54045/talaa.v1i1.247>
- Husain, S., Ayoub, N. P., & Hassmann, M. (2024). Legal pluralism in contemporary societies: Dynamics of interaction between Islamic law and secular civil law. *SYARIAT: Akhwal Syaksyah, Jinayah, Siyasa and Muamalah*, 1(1), 1–17. <https://doi.org/10.35335/cfb3wk76>
- Jafar, T. H., Gandhi, M., Jehan, I., Naheed, A., De Silva, H. A., Shahab, H., Alam, D., Luke, N., Wee Lim, C., & COBRA-BPS Study Group. (2018). Determinants of uncontrolled hypertension in rural communities in South Asia—Bangladesh, Pakistan, and Sri Lanka. *American Journal of Hypertension*, 31(11), 1205–1214. <https://doi.org/10.1093/ajh/hpy071>
- Kailani, N., & Slama, M. (2020). Accelerating Islamic charities in Indonesia: Zakat, sedekah and the immediacy of social media. *South East Asia Research*, 28(1), 70–86. <https://doi.org/10.1080/0967828X.2019.1691939>
- Kickbusch, I., & Szabo, M. M. C. (2014). A new governance space for health. *Global Health Action*, 7(1), 23507. <https://doi.org/10.3402/gha.v7.23507>
- Kraeger, P., & Robichau, R. (2017). Questioning stakeholder legitimacy: A philanthropic accountability model. *Journal of Health and Human Services Administration*, 39(4), 470–519. <https://doi.org/10.1177/107937391703900403>
- Kumar, R. (2019). Public–private partnerships for universal health coverage? The future of “free health” in Sri Lanka. *Globalization and Health*, 15(S1), 75. <https://doi.org/10.1186/s12992-019-0522-6>
- Lee, K., & Kamradt-Scott, A. (2014). The multiple meanings of global health governance: A call for conceptual clarity. *Globalization and Health*, 10(1), 28. <https://doi.org/10.1186/1744-8603-10-28>
- Legido-Quigley, H., Naheed, A., De Silva, H. A., Jehan, I., Haldane, V., Cobb, B., Tavajoh, S., Chakma, N., Kasturiratne, A., Siddiqui, S., Jafar, T. H., & COBRA-BPS Study Group. (2019). Patients’ experiences on accessing health care services for management of hypertension in rural Bangladesh, Pakistan and Sri Lanka: A qualitative study. *PLOS ONE*, 14(1), e0211100. <https://doi.org/10.1371/journal.pone.0211100>
- Makhrus, M. (2018). Social media based Islamic philanthropy to develop philanthropy awareness in Indonesia. *Proceedings of the 5th International Conference on Community Development (AMCA 2018)*. <https://doi.org/10.2991/amca-18.2018.100>

- Mariyono, D. (2024). Multicultural values: Meeting point of two forces in developing Islamic education. *Quality Education for All*, 1(1), 46–69. <https://doi.org/10.1108/QEA-02-2024-0018>
- Montero, S. (2020). Leveraging Bogotá: Sustainable development, global philanthropy and the rise of urban solutionism. *Urban Studies*, 57(11), 2263–2281. <https://doi.org/10.1177/0042098018798555>
- Mudrikah, K., Mahri, A. J., & Nurasyiah, A. (2020). The role of Islamic philanthropy in the orphans' socio-economic development based on Maqashid Sharia (Case study in the Gerakan Infaq Beras Bandung). *Review of Islamic Economics and Finance*, 3(2), 117–144. <https://doi.org/10.17509/rief.v3i2.30572>
- Noviarita, H., Indahsari, L., & Abdul Chalid, M. H. (2024). Islamic philanthropy literacy in improving welfare and sustainable economic growth in Lampung Province. *KnE Social Sciences*. <https://doi.org/10.18502/kss.v9i12.15873>
- Nurul Huda, E., Tohirin, A., & Luqmana, M. A. A. (2023). A bibliometric analysis of Islamic philanthropy. *Journal of Islamic Economic and Business Research*, 3(1), 97–124. <https://doi.org/10.18196/jiebr.v3i1.109>
- Perera, S., Nieveras, O., De Silva, P., Wijesundara, C., & Pendse, R. (2019). Accelerating reforms of primary health care towards universal health coverage in Sri Lanka. *WHO South-East Asia Journal of Public Health*, 8(1), 21. <https://doi.org/10.4103/2224-3151.255345>
- Prasetyo, L., Jannah, U. R., & Fitrianna, N. (2022). Corporate governance model of Islamic philanthropy at Islamic hospitals in Ponorogo. *IQTISHADIA*, 15(2), 289–310. <https://doi.org/10.21043/iqtishadia.v15i2.17309>
- Randeree, K. (2016). The Muslim continuum: An analytical model of religiosity and socio-political diversity in Muslim minority environments. *Journal of Muslim Minority Affairs*, 36(2), 219–234. <https://doi.org/10.1080/13602004.2016.1180890>
- Rannan-Eliya, R. P., Wijemanne, N., Liyanage, I. K., Dalpatadu, S., De Alwis, S., Amarasinghe, S., & Shanthikumar, S. (2015). Quality of inpatient care in public and private hospitals in Sri Lanka. *Health Policy and Planning*, 30(suppl\_1), i46–i58. <https://doi.org/10.1093/heapol/czu062>
- Ravazzi, S. (2016). Philanthropic foundations and local policy making in the austerity era: Does urban governance matter? *Lex Localis - Journal of Local Self-Government*, 14(4), 917–935. [https://doi.org/10.4335/14.4.917-935\(2016](https://doi.org/10.4335/14.4.917-935(2016)
- Riani, R., & Fatoni, A. (2022). Waqf on infrastructure: How far has it been researched? *International Journal of Waqf*, 2(2). <https://doi.org/10.58968/ijf.v2i2.167>
- Samaranayake, N. R., Balasuriya, A., Fernando, G. H., Samaraweera, D., Shanika, L. G. T., Wanigasuriya, J. K. P., Wijekoon, C. N., & Wanigatunge, C. A. (2019). 'Modified STOPP-START criteria for Sri Lanka'; translating to a resource limited healthcare setting by Delphi consensus. *BMC Geriatrics*, 19(1), 282. <https://doi.org/10.1186/s12877-019-1293-x>
- Stadtler, L., & Karakulak, Ö. (2020). Broker organizations to facilitate cross-sector collaboration: At the crossroad of strengthening and weakening

- effects. *Public Administration Review*, 80(3), 360–380. <https://doi.org/10.1111/puar.13174>
- Susdarwono, E. T., & Thoriqul Huda, S. (2023). Perceptions of the importance of philanthropy according to the classification of generations based on Beresford Research. *Review of Islamic Social Finance and Entrepreneurship*, 133–145. <https://doi.org/10.20885/RISFE.vol2.iss2.art3>
- Sutomo, M., & Siregar, E. S. (2022). Teacher professional development in Indonesia's remote areas with driven educational philanthropic institutions. *Jurnal Penelitian Dan Pengembangan Pendidikan*, 6(3), 500–509. <https://doi.org/10.23887/jppp.v6i3.55742>
- Taqwim, A., & Rachmadi, K. R. (2022). Islamic philanthropy and optimization of ZISWAF as a solution overcoming the economic recession. *Ekonomi, Keuangan, Investasi Dan Syariah (EKUITAS)*, 4(2), 365–372. <https://doi.org/10.47065/ekuitas.v4i2.2350>
- Thresia, C. U. (2013). Rising private sector and falling 'good health at low cost': Health challenges in China, Sri Lanka, and Indian state of Kerala. *International Journal of Health Services*, 43(1), 31–48. <https://doi.org/10.2190/HS.43.1.c>
- Tolulope Odugbose, B. O. A., & Adeyemi, C. (2024). Leadership in global health: Navigating challenges and opportunities for impactful outcomes in Africa and Sri Lanka. *International Journal of Management & Entrepreneurship Research*, 6(4), 1190–1199. <https://doi.org/10.51594/ijmer.v6i4.1007>
- Torchia, M., Calabrò, A., & Morner, M. (2015). Public-private partnerships in the health care sector: A systematic review of the literature. *Public Management Review*, 17(2), 236–261. <https://doi.org/10.1080/14719037.2013.792380>
- Ulfahadi, R. (2023). Islamic philanthropy on social media in youth volunteering movements. *Dialog*, 46(2), 135–144. <https://doi.org/10.47655/dialog.v46i2.737>
- Van Weel, C., Kassai, R., Qidwai, W., Kumar, R., Bala, K., Prasad Gupta, P., Haniffa, R., Rajapaksa Hewageegana, N., Ranasinghe, T., Kidd, M., & Howe, A. (2016). Primary healthcare policy implementation in South Asia. *BMJ Global Health*, 1(2), e000057. <https://doi.org/10.1136/bmjgh-2016-000057>
- Weerasinghe, M., & Fernando, D. (2011). Access to care in a plural health system: Concerns for policy reforms. *Journal of the College of Community Physicians of Sri Lanka*, 14(1), 39. <https://doi.org/10.4038/jccpsl.v14i1.2947>
- Zulinda, N., & Hidayat, S. (2023). The potency of Islamic philanthropy in Indonesia: Analysis of the socio-economic context. *Proceeding of International Conference on Islamic Economics, Islamic Banking, Zakah and Waqf*, 1, 249–266. <https://doi.org/10.24090/ieibzawa.v1i.827>