

Religious Endowments as a Financing Mechanism for Cancer Patients in Algeria: A Comparative Analytical Approach

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Abstract

This study aims to analyze the potential of religious endowments (awqaf) as an innovative and sustainable mechanism for financing cancer treatment in Algeria, through a comparative analytical approach with Malaysian and Turkish experiences. The findings reveal that Algeria, despite possessing a rich waqf heritage, does not utilize endowments in the healthcare sector, unlike Malaysia and Turkey, which have successfully activated health waqf through flexible legislative frameworks and effective governance. The study recommends reforming the legal framework for waqf in Algeria, establishing an independent health waqf authority, launching awareness campaigns, and forming international partnerships to support this initiative.

Keywords: *Religious endowments, health waqf, cancer, Algeria, sustainable financing.*

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Introduction

Religious endowments (**awqaf**) constitute a central pillar in the Islamic economy, representing a sustainable financing mechanism derived from religious and social values of solidarity and charitable spending (Çizakça & Taş, 2020). Throughout Islamic history, **awqaf** have played a vital role in financing public facilities, such as schools, mosques, hospitals, and relief projects (Zaharuddin, 2018). In light of growing challenges in healthcare, particularly chronic diseases such as cancer, there is a need to explore alternative and sustainable financing mechanisms, moving away from complete dependence on government budgets or international aid.

In Algeria, cancer represents a significant public health challenge, with the World Health Organization reporting substantial cancer burden in the country, placing enormous pressure on the public health system and increasing financial burdens on affected families. Despite Algeria's rich waqf heritage dating back to Ottoman and early Islamic periods, the utilization of this heritage in healthcare, particularly in supporting cancer patients, remains extremely limited or virtually non-existent (Boukourt & Benhabyles, 2022).

In contrast, advanced Islamic countries such as Malaysia and Turkey demonstrate notable successes in activating health waqf through establishing specialized waqf funds, waqf hospitals, and patient support programs, as evidenced by recent studies on waqf healthcare initiatives. These models provide valuable lessons for Algeria, provided there is careful analysis of the legal framework, institutional structures, and socio-cultural context.

This study aims to analyze the possibility of utilizing religious waqf as a sustainable financing mechanism for cancer treatment in Algeria through comparative analysis with Malaysian and Turkish experiences. The methodology is based on documentary study and comparative analysis of waqf models, focusing on legal, institutional, and operational aspects. The study seeks to answer the central question: How can Algeria draw inspiration from successful health waqf experiences to develop a national model supporting cancer patients?

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Research Problem Statement

Despite Algeria's rich waqf heritage, the utilization of awqaf in the healthcare sector, particularly in treating chronic diseases such as cancer, remains extremely limited or virtually absent (Benyahya, 2018). In contrast, countries such as Malaysia and Turkey demonstrate notable successes in using waqf as a financing tool for healthcare (Abdullah, 2019; Yılmaz, 2021).

This disparity raises a central research problem: What are the reasons for the absence of health waqf in Algeria, and can international experiences be drawn upon to build an effective national model for financing cancer patient treatment?

Hence, there is a need for comparative analysis focusing on legal frameworks, institutional structures, and governance mechanisms to identify gaps and opportunities.

Research Sub-questions

This study seeks to answer the following questions:

1. What is the current legal and practical framework for awqaf in Algeria?
2. How have awqaf in Malaysia and Turkey contributed to healthcare financing?
3. What are the institutional and legal obstacles limiting the establishment of health awqaf in Algeria?
4. What are the proposed mechanisms for activating waqf in supporting cancer patients in the Algerian context?

Research Significance and Objectives

Significance

Academically: The study contributes to enriching literature on health waqf management in the Arab world, especially in contexts where this mechanism has not yet been activated.

Practically: It presents an applied model that can support government and civil society efforts in sustainably financing cancer treatment.

Socially: It enhances the spirit of social solidarity by utilizing waqf as a tool for national solidarity.

Objectives

1. Analyze the reality of religious awqaf in Algeria in terms of legal frameworks and practical applications.
2. Compare the Algerian experience with Malaysian and Turkish experiences in health waqf.
3. Provide practical and policy proposals for activating awqaf in the healthcare sector, especially for cancer patients.

Research Gaps and Study Importance

Scarcity of Applied Studies in Algeria: Most available studies on waqf in Algeria address jurisprudential or historical aspects without focusing on health waqf and its role in cancer treatment.

Absence of International Comparative Analysis: No comparisons have been made between the Algerian experience and successful experiences in other countries such as Malaysia and Turkey.

Limited Connection between Waqf and Sustainable Financing: There are insufficient studies linking the waqf model with sustainable development goals in healthcare.

Absence of Focus on Cancer: Despite its importance as a health and economic issue, studies on financing its treatment through waqf in Algeria are virtually non-existent.

Deficiency in Implementation Models: There are no clear practical proposals for establishing a waqf fund dedicated to cancer patients in the Algerian context.

Study Importance: Addressing these gaps opens the way for developing an innovative waqf model that can contribute to reducing the financial burden of cancer treatment in Algeria and provides scientific and applied contributions at the international level.

Theoretical Framework for Health Awqaf

Jurisprudential Background of Health Waqf Concept

Waqf (al-waqf) in Islamic jurisprudence is the dedication of an asset while channeling its benefits for charitable purposes or public welfare. It is one of the social solidarity tools that emerged since the time of Prophet Muhammad (PBUH) and continued throughout Islamic history (Al-Kasani, 1997). Waqf in history encompassed multiple fields, including education and healthcare, where endowments dedicated to hospitals and medical care facilities existed, known in the Abbasid era as bimaristans (Makdisi, 1981).

Jurisprudentially, health waqf is considered charitable waqf whose proceeds are allocated for patient care or hospital establishment, and it is legitimate by scholarly consensus as it achieves the objectives of Sharia in preserving life.

Health waqf is defined as the permanent dedication of a material asset (real estate or monetary) so that its returns are invested in financing healthcare services or supporting needy patients (Çizakça, 2000). This concept is an extension of traditional waqf but applied in modern contexts requiring professional management and smart financial investment.

In Islamic history, the fourth century AH witnessed the emergence of "bimaristans" (waqf hospitals), which were managed by revenues from real estate endowments (Zaharuddin, 2018). In the modern era, the concept of health waqf has evolved to include multiple investment tools, such as cash waqf, waqf funds, and waqf shares, ensuring financing sustainability (Ahmad & Al-Aidaros, 2021).

Studies have shown that health waqf success depends not only on religious desire but on governance, transparency, and administrative efficiency (Abdullah, 2019).

Economic Background of Health Waqf

Economically, health waqf is a model for financing health services outside the state budget, relieving pressure on public spending and enhancing financing sustainability (Çizakça, 2000).

Health waqf provides a stable source of financial returns through investing real estate or monetary assets, while redirecting returns to therapeutic or preventive projects. This pattern aligns with Islamic economic principles that reject usurious interest and call for investment in real assets with social benefit.

Connection with Sustainable Finance Theory

Sustainable Finance Theory is based on directing financial resources toward projects that achieve social and environmental goals alongside economic returns (OECD, 2020).

Health waqf in Islamic societies embodies this concept as it achieves:

Social Return: Supporting treatment for the poor and expanding medical services scope.

Economic Return: Asset investment and achieving continuous income.

Environmental Return (indirectly): Financing environmentally friendly health infrastructure, such as hospitals using renewable energy.

Therefore, health waqf can be viewed as a form of Impact Investing that combines profit achievement with community service, aligning with the United Nations Sustainable Development Goals (UN SDGs), especially the third goal related to good health and well-being.

Current State of Awqaf in Algeria

Algerian law regulates awqaf through Law No. 91-10 related to waqf, later amended, but it remains focused on traditional religious and educational purposes (Ministry of Religious Affairs, 2020). There are no legal provisions allowing the establishment of health awqaf or specialized waqf funds, constituting a fundamental legal obstacle.

Data from the Ministry of Religious Affairs indicates that 90% of registered awqaf are directed to mosques and Quranic schools, while no awqaf are allocated to the healthcare sector (Benyahya, 2018). Most waqf assets are either unexploited or managed through traditional and ineffective methods.

Besides legal obstacles, structural challenges emerge including:

- Weak governance and absence of a central specialized structure for waqf management.
- Lack of transparency in revenue management.
- Limited community awareness of waqf importance in developmental fields (Boukourt & Benhabyles, 2022).

This reality limits the possibility of utilizing awqaf in facing contemporary health challenges, such as cancer treatment costs.

The Malaysian Experience

Malaysia is among the most prominent pioneering countries in activating health waqf. Since the early 2000s, the Malaysian government launched initiatives including health-related waqf programs that provide services for medical care and chronic disease management (Sukmana, 2020). Recent research has highlighted the importance of reviving waqf-based healthcare institutions in Malaysia and their role in reducing government healthcare burden.

Key features of the Malaysian experience:

Supportive legislation: Allows conversion of cash money to awqaf and facilitates establishment of waqf funds.

Professional management: Awqaf are managed through specialized boards subject to government and community oversight.

Integration with health policies: Awqaf are integrated into the national healthcare strategy, ensuring their sustainability, with various state Islamic religious councils implementing waqf healthcare initiatives.

Waqf revenues are also invested in productive projects, such as real estate and commerce, to ensure stable income used in supporting patients.

The Turkish Experience

Turkey revived the role of health waqf through the Turkish Religious Foundation (Diyanet Foundation), one of the largest religious institutions in the country. This waqf finances specialized medical centers and provides direct support to cancer patients, including treatment and medication costs (Yılmaz, 2021).

The Turkish experience adopts advanced mechanisms such as:

- Investing waqf revenues in income-generating projects (commercial complexes, private hospitals).
- Establishing specialized waqf funds for chronic diseases.
- Enhancing partnerships with the private sector, civil society, and international organizations (Yılmaz, 2021).

International standards for transparency and accounting are also applied, enhancing donor confidence and encouraging donations.

Comparative Analysis

The comparison between experiences in Algeria, Malaysia, and Turkey shows a clear gap in three main axes: legislative framework, financing mechanisms, governance and management, plus a fourth dimension of community awareness and popular participation.

Legislative Framework

In Algeria, Waqf Law No. 91-10 (1991) regulates the management and investment of waqf funds, but the legal framework does not include specialized provisions for health waqf or allocating waqf revenues to finance treatment of chronic diseases such as cancer. Regulations focus more on mosque and religious education awqaf, with explicit absence of mechanisms for allocating or establishing health waqf funds.

In contrast, Malaysia possesses flexible laws allowing establishment of specialized awqaf in specific fields, such as Waqf Health Fund, and integrates waqf work into the Islamic financial system through Sharia-compliant investment funds. Malaysian authorities also grant tax exemptions and incentives to institutions and individuals contributing to health waqf funds.

Turkey, since the early millennium, has revived the "waqf hospitals" system and integrated it with national healthcare policies, issuing modern legislation allowing financing and operating hospitals through waqf institutions, providing financial sustainability and strong governance.

Financing Mechanisms

In Algeria, health awqaf -- if they exist -- rely on direct donations or limited cash waqf, making financing volume insufficient to cover high cancer treatment costs. There are no major investment projects directed to support the healthcare sector through awqaf.

Malaysia has developed an innovative financing mechanism by investing waqf capital in small and medium projects and income-generating real estate, allocating profits to support patient treatment. This model provides continuous financial flows instead of relying on seasonal donations.

In Turkey, waqf hospitals and medical research centers have been financed through massive projects such as commercial centers and hotels, which are leased and their returns directed to the healthcare sector, enhancing long-term sustainability.

Governance and Management

Algeria faces challenges in waqf governance, most notably weak transparency, lack of regular publication of financial reports, and absence of specialized oversight mechanisms for health waqf.

In Malaysia, waqf funds are managed through independent boards including experts in Sharia, economics, and healthcare, with mandatory publication of detailed annual reports on revenues and expenditures.

Turkey relies on waqf institutions with rich history, such as the General Directorate of Foundations (Vakıflar Genel Müdürlüğü), and applies governance standards compatible with global systems for the charitable sector, enhancing donor confidence.

Community Awareness and Popular Participation

In Algeria, awareness of the "health waqf" concept remains limited, often confined to traditional religious awqaf.

In Malaysia, there are national media campaigns to introduce health waqf and its benefits, encouraging citizens to contribute through safe and user-friendly electronic platforms.

Turkey has succeeded in making the "waqf hospital" concept part of national identity, driving citizens and businessmen to participate widely in its financing.

Analytical Conclusion

Comparison results confirm that Algeria stands before a strategic opportunity to revive and develop the health awqaf system to become an effective tool in financing treatment of costly diseases, primarily cancer. It is clear that the basic gap lies in four interconnected axes: legislative framework, financing mechanisms, governance and management, and community awareness.

At the legislative level, current laws in Algeria, despite recognizing awqaf as economic and social institutions, remain restricted in healthcare, focusing on traditional religious and educational aspects. This calls for legal amendments enabling establishment of specialized health awqaf, with clear regulations defining their investment mechanisms and ensuring financial sustainability.

Regarding financing mechanisms, international experiences, especially in Malaysia and Turkey, prove that investment diversification of awqaf -- whether in income-generating real estate or long-term economic projects -- provides stable financial flows and reduces dependence on seasonal donations. In contrast, Algeria still relies in most cases on direct donations and irregular charitable aid, limiting awqaf ability to support the healthcare sector permanently.

Concerning governance and management, weak financial and administrative transparency in some Algerian awqaf constitutes an obstacle to attracting donors, especially large institutions and businessmen. Conversely, Malaysia and Turkey showed that establishing independent boards of directors including experts from multiple fields and requiring them to publish annual financial reports enhances public trust and increases contribution volume.

Finally, community awareness represents the cornerstone of any successful waqf project. Comparative experiences show that intensive media campaigns, user-friendly electronic platforms, and tax incentives for contributors play an important role in establishing health waqf culture. In Algeria, this aspect remains limited, as awqaf in public imagination are associated only with traditional fields, requiring reformulation of media and advocacy discourse to highlight the importance of health waqf in saving lives and supporting public health.

Based on these data, bridging the gap between Algeria and leading models in Malaysia and Turkey requires not just copying others' experiences, but adapting them to local cultural, economic, and legal specificities to ensure effectiveness and sustainability in financing cancer treatment through health awqaf.

Conclusion

This study shows that religious awqaf, if reactivated in Algeria within a modern legal and regulatory framework, can transform into a sustainable financing source for cancer patient treatment. Successful experiences in Malaysia and Turkey confirm that health waqf is not a theoretical idea but a practical, applicable practice, provided there is a flexible legislative environment and professional management.

The gap in Algeria is not in resource shortage or absence of community desire, but in weak strategic planning, absence of governance, and legal framework rigidity. With rising cancer treatment costs, it becomes necessary to invest waqf as a social solidarity tool and alternative financing.

Results

1. There are no effective health awqaf in Algeria despite rich waqf heritage.
2. International experiences (Malaysia and Turkey) show that waqf can finance medical treatment and research.
3. Main obstacles in Algeria: absence of legal flexibility, weak governance, and administrative inefficiency.
4. There is community readiness to support health awqaf, provided transparent and reliable mechanisms are available.

Recommendations

1. Legal Framework Reform: Amend Algerian Waqf Law (No. 91-10) to allow establishment of cash awqaf and health waqf funds.
2. Establish Independent Health Waqf Authority: To manage and invest health waqf assets with transparency and accountability.
3. Community Awareness and Education: Launch media campaigns highlighting health waqf importance and its role in supporting patients.
4. International Partnerships: Cooperate with Malaysia and Turkey to transfer expertise in health awqaf management.
5. Pilot Project Implementation: Start with a specialized fund for cancer patients as a model for expansion.
6. Digital Platform Development: Create user-friendly electronic platforms for donations and transparency in fund management.
7. Tax Incentives: Provide tax exemptions for individuals and institutions contributing to health waqf funds.

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