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The Integration of Zakat into the Financing of BPJS Kesehatan for the Poor: Opportunities and Challenges

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ABSTRACT:

Access to healthcare services remains a significant challenge for low-income populations in Indonesia, mainly due to their inability to pay mandatory contributions to the national health insurance scheme, *BPJS Kesehatan*. This study investigates the potential integration of zakat, an Islamic social finance instrument, as an alternative funding source to support the healthcare coverage of impoverished communities. This research uses a normative juridical methodology to analyze secondary data from national institutions such as BAZNAS, BPJS Kesehatan, and Statistics Indonesia (BPS), alongside a comprehensive legal and policy review. The findings reveal that Zakat has a strong conceptual and operational foundation to serve as a viable mechanism for addressing health financing gaps. However, implementation challenges persist, including inadequate institutional synergy, limited zakat collection, regulatory ambiguities, and insufficient public literacy regarding zakat-based healthcare support. The study underscores the importance of multi-stakeholder collaboration—particularly among zakat authorities, government bodies, and healthcare institutions—to enhance program effectiveness. Recommendations include regulatory reform, digital integration for beneficiary verification, and diversification of Islamic philanthropic sources to ensure sustainable and equitable health access for people experiencing poverty, aligning with Islamic legal principles and Universal Health Coverage (UHC) goals.

Keywords: Zakat, BPJS Kesehatan, Islamic social finance,

I. INTRODUCTION

Health insurance for low-income individuals significantly enhances quality of life and supports social welfare.(Wahyu Basuki et al., 2016). Expanding access to healthcare services alleviates the burden of high treatment costs, allowing individuals to receive essential medical care promptly—an important factor in preventing complications. Moreover, health insurance fosters regular check-ups and vaccinations, vital in preventing infectious diseases and enhancing public health. (Widada et al., 2017). From a financial standpoint, this type of insurance safeguards families against unforeseen medical expenses that could worsen their economic situation and increase poverty. Good health is closely connected to productivity, allowing individuals to contribute more effectively to financial activities, which in turn helps to alleviate poverty levels.

Furthermore, health insurance advances social justice by ensuring all individuals have equitable access to adequate healthcare services.(Hababil et al., 2024). His principle is reinforced by Article 28H and Article 34(3) of the 1945 Constitution of the Republic of Indonesia (UUD 1945), which affirm every citizen's right to healthcare and the state's obligation to provide it. According to statistical data from the Central Bureau of Statistics (BPS) for 2023–2024, the number of people living in poverty in Indonesia ranged from 25.9 million to 25.2 million individuals (BPS, 2025). In March 2024, the poverty rate stood at 9.03%, a decrease of 0.33 percentage points from March 2023 and 0.54 points compared to September 2022. During this period, the total number of individuals living in poverty was recorded at 25.22 million, a decrease of 0.68 million since March 2023 and a reduction of 1.14 million compared to September 2022. The urban poverty rate decreased from 7.29% to 7.09%, while the rural poverty rate saw a more significant decline, dropping from 12.22% to 11.79%. In numerical terms, the urban poor fell by 0.1 million, from 11.74 million in March 2023 to 11.64 million in March 2024. Meanwhile, the rural poor decreased by 0.58 million, going from 14.16 million to 13.58 million during the same period. These statistics reflect a positive trend in reducing poverty across Indonesia's urban and rural areas.

One of the main challenges for people experiencing poverty in accessing BPJS Kesehatan is their inability to afford premium payments, which prevents them from participating in the national health insurance program.(Imanda Tria Hadi & Eva Fauziah, 2022). This results in significant healthcare access disparities, particularly among vulnerable groups. Conversely, zakat presents a potential alternative source of financing for BPJS contributions on behalf of low-income populations. As an Islamic social finance instrument, zakat can be leveraged to support inclusive health initiatives (Lubis & Latifah, 2019). Recent data from BPJS Kesehatan in 2023 indicates that approximately 24 million individuals remain unregistered for healthcare coverage, with financial constraints cited

as the main barrier. This highlights the urgent need to utilize zakat as a strategic solution to enhance healthcare accessibility for the impoverished.

This study uses a literature-based approach to analyze the integration of zakat into BPJS Kesehatan's financing structure. It explores zakat as an Islamic social finance instrument and its potential to fund healthcare premiums for low-income individuals. This research is essential for providing a comprehensive understanding of Zakat's role as an innovative solution to improve healthcare access for economically disadvantaged communities.

II. METHOD

This research adopts a normative legal approach (Soerjono Soekanto, 1985), analyzing legal norms and regulatory frameworks related to zakat and healthcare financing. The study is grounded in secondary data sources, including statistical data obtained from the *Badan Amil Zakat Nasional (BAZNAS)*, *Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan*, and the *Central Bureau of Statistics (BPS)*. Annual institutional reports, peer-reviewed academic journals, and official regulatory documents relevant to the management of zakat and the national health insurance system complement these sources. These data sources were selected based on their ability to provide comprehensive and reliable insights into the practical implementation of zakat in health-related financing. This study's qualitative analytical framework uses an interpretative literature analysis (Fadli, 2021). To explore key legal concepts, policy considerations, and institutional practices surrounding zakat allocation and its connection to healthcare services. This methodological design facilitates a deeper understanding of how Islamic financial principles intersect with state-mandated social welfare programs, particularly in enhancing healthcare access for marginalized populations through legally and theologically grounded mechanisms.

III. RESULT AND DISCUSSION

A. The Potential of Zakat in Financing BPJS Kesehatan Contributions

Zakat, as a fundamental economic instrument within Islamic jurisprudence, is primarily intended to alleviate the hardships of economically disadvantaged groups by addressing their essential needs (Sarea, 2020). In the contemporary welfare framework, such needs extend beyond food, clothing, and shelter to encompass equitable access to healthcare services. This evolution has prompted the emergence of zakat allocation models directed toward subsidizing health insurance premiums under Indonesia's national health insurance scheme, BPJS Kesehatan, for the indigent population. This concept aligns with the principles of sharia, which prioritize social welfare, and is grounded in scriptural evidence that affirms zakat is designated for those who are genuinely in need. Nevertheless, the utilization of zakat to finance BPJS Kesehatan contributions must be carried out through a proportional and targeted approach,

considering the priority needs of mustahik (eligible zakat recipients) so as not to undermine the fulfillment of other urgent necessities (Mohammad Haikal & Musradinur, 2023).

Under Islamic law, zakat is mandated to be distributed among eight categories of eligible recipients as specified in Surah At-Taubah, verse 60, with *al-fuqara* (the poor) and *al-masakin* (the needy) occupying the foremost positions as the most prioritized groups (Muzayyanah & Heni Yulianti, 2020). This provision underscores that the economically disadvantaged (*dhuafa*) have the right to benefit from zakat to support their livelihoods. Furthermore, a hadith of the Prophet Muhammad (peace be upon him), as narrated by Bukhari and Muslims, emphasizes that the core objective of zakat is to assist the poor in surviving and meeting their essential needs. Based on this principle, the utilization of zakat to subsidize BPJS Kesehatan contributions for *mustahik* (zakat-eligible beneficiaries) may be categorized as fulfilling urgent needs (*al-hawā'ij al-massah*), which is permissible within Islamic jurisprudence. Islamic scholars have further affirmed that zakat may be allocated to meet necessities—such as food, clothing, shelter, and other essential needs—as customarily recognized within a society (*urf*) (Zulkifli et al., 2012). In the contemporary context, access to adequate healthcare services constitutes a fundamental need, thereby justifying the use of zakat to cover health insurance premiums under BPJS Kesehatan for the impoverished (Riasari, 2022).

The *Zakat for BPJS Kesehatan* program, administered by the National Amil Zakat Agency (BAZNAS) and Islamic Philanthropic Institutions (LAZ), represents a strategic initiative aimed at facilitating equitable access to healthcare services for economically disadvantaged populations (Lessy et al., 2020). Through this scheme, zakat funds are utilized to subsidize the health insurance premiums of *al-fuqara* and *al-masakin* (the poor and needy) within the framework of Sharia-compliant principles and by prevailing regulatory standards. The program's primary objective is to ensure that low-income individuals retain uninterrupted access to healthcare facilities without financial impediments. Moreover, this initiative contributes significantly to realizing Universal Health Coverage (UHC) as promoted by the Indonesian government by safeguarding the health rights of all citizens, particularly those in vulnerable economic categories. Beyond its policy implications, optimizing zakat funds in the healthcare sector also constitutes a tangible manifestation of the Islamic principle of social justice (Baihaqi, 2024).

Using zakat to cover the health insurance premiums of impoverished populations under BPJS Kesehatan not only alleviates their financial burden but also plays a crucial role in preventing the termination of their membership due to their inability to pay independently. This is particularly significant given that sustainable health coverage directly contributes to improved public welfare and is a preventive measure against deteriorating health conditions caused by inadequate access to medical services (Sukardi et al., 2024). Accordingly, synergistic collaboration between zakat institutions, the government, and the wider community is indispensable to ensure that the assistance provided is targeted and sustainable.

The distribution of zakat as funding for BPJS Kesehatan premiums has significant implications for the welfare of economically marginalized communities. Providing health insurance to low-income individuals enhances their access to healthcare services without the burden of high financial costs. This, in turn, may help reduce the disparities

in health access between low-income and high-income groups. Additionally, implementing zakat-funded BPJS Kesehatan programs could significantly decrease the risk of involuntary membership discontinuation for people with low incomes. (N. Md. Hassan et al., 2012). Data indicate that many low-income individuals previously registered as BPJS participants were compelled to withdraw due to financial incapacity. Subsidizing these premiums through zakat allows these individuals to maintain their active status and secure necessary healthcare protections (Syahputra & Munandar, 2021). Nonetheless, in practical application, the deployment of zakat for BPJS Kesehatan premiums must be conducted with a proportional and needs-based approach that respects the hierarchy of mustahik priorities. In classical Islamic jurisprudence, two main concepts inform the determination of zakat support scope: *kifāyat al-'umr* (lifetime sufficiency) and *kifāyat al-salah* (annual sufficiency)(Chotib, 2021).

However, most zakat institutions allocate funds for immediate and short-term necessities—such as food assistance and education costs—rather than long-term commitments like health insurance premiums. This is mainly due to limited zakat funds and many eligible recipients (*mustahik*), necessitating a distributive principle of *muwāzanah*, or balanced aid allocation. Consequently, although financing BPJS Kesehatan premiums with zakat is permissible, it must not infringe upon the rights of other mustahik who have more urgent needs, such as food and shelter.

Another consideration is the inherent difference between BPJS Kesehatan premiums and direct medical assistance (Sundoro, 2023). When zakat is utilized to cover immediate healthcare expenses, the recipient's benefits are tangibly and immediately experienced. Conversely, in the case of BPJS Kesehatan premium payments, the utility of the zakat contribution becomes conditional upon illness or medical treatment. If the beneficiary remains healthy throughout the insured period, the premium paid yields no immediate or perceivable benefit to the mustahik. This has generated considerable debate among Islamic scholars regarding whether zakat allocations for BPJS Kesehatan premiums are preferable to direct health-related assistance. Accordingly, zakat management institutions—entrusted with the fiduciary responsibility of zakat distribution—must undertake comprehensive evaluations on the relative effectiveness of using zakat for health insurance premiums instead of more direct healthcare subsidies that generate immediate impact for the recipients.

The disbursement of zakat for BPJS Kesehatan premiums should ideally occur through formally recognized zakat institutions, such as the National Amil Zakat Agency (BAZNAS) and other reputable Amil Zakat Organizations (LAZ). These organizations have a proven track record in the professional management of zakat funds. They are well-equipped and methodologically skilled in conducting comprehensive evaluations to identify the most effective approaches for distributing zakat, particularly in addressing healthcare needs.

The allocation of zakat funds for BPJS Kesehatan contributions represents an innovative strategy to enhance healthcare access for economically disadvantaged individuals. From a Shariah perspective, zakat can be legitimately directed toward health-related expenses when it fulfills the criteria of urgent need (*al-hāwā'ij al-massah*) and is carried out fairly and proportionally. However, implementing this initiative must be grounded in comprehensive legal and empirical assessments to ensure that the

intended benefits effectively reach the zakat recipients (mustahik). Therefore, fostering collaboration among zakat institutions, government entities, and the wider community is essential to guarantee that zakat funds are managed in a way that genuinely supports the health and welfare of impoverished populations (dhu'afā). (Muhammad A.A & Rosidta, 2023).

B. Zakat as an Alternative Solution to BPJS Kesehatan's Deficit: Synergizing Islamic Social Funds to Enhance Healthcare Access

The issue of BPJS Kesehatan's fiscal deficit remains a critical concern in Indonesia's national health insurance system (HASIBUAN, 2020). Since its establishment in 2014, BPJS Kesehatan has witnessed a steadily increasing financial shortfall, reaching approximately IDR 10 trillion in 2017. One primary contributing factor to this deficit is the substantial proportion of participants originating from impoverished populations. Approximately 58% of all JKN (*Jaminan Kesehatan Nasional*) participants fall under the category of Contribution Assistance Recipients (*Penerima Bantuan Iuran*, or PBI), whose premiums are entirely subsidized by the state. This scenario creates a structural imbalance between the premium income collected and the actual healthcare expenditure obligations borne by BPJS Kesehatan. Given the state's limited fiscal capacity to continually cover these deficits, the exploration of alternative and sustainable funding mechanisms is imperative.

As a predominantly Muslim nation, Indonesia holds substantial potential in mobilizing Islamic social finance instruments such as *zakat*, *infāq*, and *ṣadaqah* (ZIS) to supplement social welfare funding (Khairina, 2021). According to the National Zakat Agency (*Badan Amil Zakat Nasional*, BAZNAS), the annual zakat potential in Indonesia is estimated at IDR 286 trillion. This vast potential may be strategically harnessed to support healthcare financing for the underprivileged. Zakat plays a pivotal role in alleviating poverty and fostering social welfare; hence, integrating zakat funds into the financing framework of BPJS Kesehatan presents a viable solution to support healthcare coverage for the economically vulnerable, without imposing additional fiscal pressure on the state budget.

Impact of Zakat Integration on Access to Health Services

1. Increasing the Enrollment of Poor Communities in the National Health Insurance (BPJS Kesehatan)

One of the most notable outcomes of utilizing zakat for health insurance is the increase in the number of poor individuals registered as active members of BPJS Kesehatan. Currently, many economically disadvantaged individuals remain uninsured or are classified as inactive members due to their inability to pay monthly premiums on time. If zakat funds were allocated to finance these memberships, the overall coverage under the National Health Insurance Scheme (JKN) could be expanded without entirely relying on state budget allocations.

By adhering to sharia principles, zakat collected from *muzakki* (zakat payers) can be directly distributed to subsidize the premiums of underprivileged groups (W. Z. W. Hassan et al., 2018). This would ensure that every individual classified as

dhuafa (the poor and needy) has fair and adequate access to healthcare services. Additionally, increasing the number of active enrollees would enhance the financial stability of BPJS Kesehatan by reducing the number of inactive members due to delayed payments.

However, for the success of such a program, there must be close collaboration between BPJS Kesehatan, the National Zakat Board (BAZNAS), and other zakat management institutions to develop a rigorous verification system for beneficiaries. This mechanism is crucial to ensure that zakat funds are accurately targeted at eligible recipients in compliance with Islamic law and to prevent any overlap with existing government subsidies (Taha et al., 2017). Therefore, integrating zakat into the BPJS Kesehatan contribution scheme enhances the registration of poor individuals and fosters a more sustainable and socially just healthcare financing system.

2. Reduction of the Healthcare Financial Burden on Improverished Households

The integration of zakat funds into the BPJS Kesehatan scheme not only has the potential to boost active enrollment but also offers significant benefits in reducing the healthcare cost burden faced by economically disadvantaged families. Currently, many low-income households find themselves forced to choose between using their limited financial resources to pay BPJS premiums or meeting their basic needs for survival. This dilemma often results in delayed payments or, in more severe cases, complete withdrawal from the Jaminan Kesehatan Nasional (JKN) scheme. Consequently, those affected are left without access to essential medical services during times of illness, further exacerbating their socio-economic vulnerabilities.

The allocation of zakat funds to cover premium contributions for the fakir (destitute) and miskin (poor) categories presents a viable solution to bridge the gap in healthcare access. By alleviating the burden of direct health expenses for these vulnerable groups, this approach allows them to redirect their remaining income towards critical areas such as education, nutrition, and the enhancement of sustainable livelihoods (Husain et al., 2023). Furthermore, this approach can greatly decrease the occurrence of medical debt—a persistent problem for uninsured low-income families who must shoulder the entire financial burden of healthcare during times of need.

The development of robust infrastructure, including well-equipped hospitals and efficient transportation systems, alongside the availability of essential pharmaceuticals, is vital for enhancing the effectiveness of our public health system. By ensuring that these components are accessible and reliable, we can foster a public health environment that is not only resilient in the face of crises but also inclusive, providing equitable healthcare access to all communities. This comprehensive approach ultimately leads to improved health outcomes and greater overall well-being for the population.

3. Strategic Implementation of the Zakat-BPJS Kesehatan Integration Scheme

To effectively utilize zakat funds for supporting health insurance coverage for the destitute (fakir) and the poor (miskin), a series of institutional and regulatory

measures must be implemented. First, reforming the national health insurance framework by incorporating Sharia-compliant mechanisms is essential. Before zakat can be used as a sustainable funding source within the BPJS Kesehatan system, its financial management must strictly adhere to Islamic legal principles. This requires a clear separation of zakat allocations from the general premium contributions collected from conventional participants. Therefore, in collaboration with BPJS Kesehatan, the Government of Indonesia must establish a dedicated Sharia-based health financing model that ensures transparency, accountability, and compliance with fiqh (Islamic jurisprudence) in managing and distributing zakat funds..

Second, optimizing zakat collection and distribution must be prioritized to enhance institutional capacity within official zakat management entities, such as the National Zakat Board (BAZNAS) and Licensed Amil Zakat Institutions (LAZ). This enhancement should focus on improving both fundraising initiatives and systematic disbursement mechanisms. Currently, zakat collection in Indonesia remains significantly below its potential, underscoring the necessity for a more proactive public awareness campaign to inform the Muslim community about the essential role of zakat in advancing social welfare, particularly in the healthcare sector. Additionally, consideration should be given to establishing an integrative framework connecting zakat with the national tax system, allowing Muslim taxpayers to meet their fiscal and religious obligations simultaneously..

Third, Collaborative governance among the state, BPJS Kesehatan, and zakat institutions is vital for the program's success. This partnership should prioritize the establishment of a robust verification and eligibility mechanism to ensure that zakat allocations are directed exclusively to rightful beneficiaries, in accordance with Islamic legal and ethical standards. Furthermore, the government may introduce regulations that facilitate and streamline the integration of zakat into public health financing frameworks, which would help avoid any overlap with existing government subsidies and enhance overall fiscal efficiency.

C. Optimizing Zakat for the Financing of BPJS Kesehatan: An Islamic Legal Framework and Institutional Implementation through Sharia Financial Institutions

The Sharia-compliant financial system is vital for promoting collective welfare and advancing Islamic economic development. Adhering to Islamic law fosters ethical practices and emphasizes profit-sharing and risk-sharing models that encourage entrepreneurship while ensuring fair wealth distribution. This system supports socially responsible investments and prevents exploitation through mechanisms like the prohibition of interest (riba), creating a balanced economy that considers the interests of all participants and promotes sustainability (Adnan et al., 2024). Zakat, as a principal mechanism within this system, serves both a normative and historical function as a tool for wealth redistribution. It is designed to alleviate socio-economic disparities and promote social welfare. Beyond its spiritual and devotional dimensions, zakat has evolved into an effective socio-economic instrument, particularly in addressing systemic issues, including access to healthcare. Equitable access to essential health services is recognized as a fundamental right that must be guaranteed by both the

state and society, especially for economically vulnerable populations (Astuti & Hutomo, 2022). Therefore, optimizing zakat as a financing source within the national healthcare insurance system—such as BPJS Kesehatan—offers a solution that aligns with Islamic social justice principles.

In Islamic legal theory, zakat allows for flexible application if it aligns with the principles in the Qur'an and Sunnah. While zakat is intended to support the less fortunate and promote social welfare, it can be allocated to various causes such as poverty alleviation, education, healthcare, and community development, addressing the evolving needs of society while maintaining its essential spiritual and ethical obligations. The Indonesian National Sharia Council has codified this permissibility—Majelis Ulama Indonesia (DSN-MUI)—through Fatwa No. 27/DSN-MUI/III/2002, which explicitly affirms that zakat may be allocated to healthcare financing for *mustahiq* (eligible recipients), particularly for those classified as *fakir* and *miskin* who lack access to adequate medical care. This fatwa offers clear Islamic legal legitimacy for utilizing zakat to support health insurance schemes, so long as its management is conducted with transparency, accountability, and in accordance with distributive justice as recognized in Islamic jurisprudence. In this context, Sharia Financial Institutions (Lembaga Keuangan Syariah - LKS) serve as crucial intermediaries, entrusted with the responsibility of managing and allocating zakat funds to priority sectors, including health coverage for economically disadvantaged groups (Wahyuningsih & Nurzaman, 2020).

Through the lens of *Maqāṣid al-Sharī'ah* (the higher objectives of Islamic law), the application of zakat to the healthcare sector clearly aligns with the principle of *ḥifẓ al-nafs* (preservation of life). This essential aim of Islamic legal and ethical doctrine illustrates our shared commitment to safeguarding and honoring life itself (Makki & Miftah, 2024). Islam mandates the protection of human life through all lawful means, including the provision of adequate healthcare. By introducing zakat-funded coverage for BPJS contributions targeting the indigent, the broader goal of enhancing social well-being and health equity may be attained. Furthermore, this model is consistent with the Islamic concept of *maṣlaḥah 'āmmah* (public benefit), which stipulates that public policy and resource distribution should promote the general welfare of society. To ensure the effectiveness of such a policy, it is imperative to establish a robust and transparent zakat governance scheme within the framework of Islamic financial institutions.

One potential model is the creation of a designated health zakat fund, managed either by *Baitul Māl* or other accredited zakat institutions. This dedicated fund could be utilized to fully subsidize or partially offset BPJS premium payments for people experiencing poverty, depending on the severity of their financial constraints. Such a mechanism ensures that all segments of society are granted equitable access to healthcare services without being burdened by unaffordable costs. Moreover, this model could be integrated with regional health insurance programs, such as *Jaminan Kesehatan Aceh (JKA)*, to expand the scope of coverage and inclusivity.

In addition to creating a dedicated zakat health fund, Sharia Financial Institutions (Lembaga Keuangan Syariah – LKS) can adopt a hybrid financing approach that integrates zakat with other Islamic social finance instruments, such as *infaq* and

waqf. The use of productive waqf (waqf istithmari) to support the health sector represents a promising long-term solution for developing sustainable, Sharia-compliant healthcare services. Under this model, waqf funds may be allocated for the establishment of medical facilities—including Sharia hospitals and clinics—designed specifically to provide free or highly subsidized care to the economically disadvantaged. This integrated model has already been implemented in several Muslim-majority countries, where waqf assets serve as a principal source of funding for public health infrastructure (Ghaouri et al., 2023). Hence, this approach offers a more sustainable financing framework that reduces dependency on annual zakat revenue alone.

Another promising alternative is the development of a zakat-based takaful health scheme, effectively functioning as an Islamic social insurance mechanism tailored for mustahiq (eligible zakat recipients). In this configuration, zakat funds are pooled and managed within a Sharia-compliant health protection system, enabling eligible participants to access essential medical coverage without the financial burden of individual premium contributions. This model transforms zakat into a systematic and institutionalized form of social protection, safeguarding individual health rights and contributing to broader economic resilience. Furthermore, the adoption of takaful structures rooted in zakat offers the distinct benefit of avoiding riba-based (usurious) mechanisms typically found in conventional insurance systems.

From a policy implementation standpoint, the success of such integrative frameworks relies heavily on strategic collaboration among key stakeholders—namely, Sharia Financial Institutions, local government bodies, zakat management organizations, and Sharia-compliant healthcare providers. Enacting robust regulatory frameworks and establishing transparent oversight mechanisms are imperative to ensure that zakat funds allocated to the health sector are managed with efficiency, equity, and accountability (Suharto & Al Fajar, 2024). Additionally, public education and outreach programs must be intensified to raise awareness among Muslim communities about the potential of zakat in addressing broader social needs, including access to healthcare for underserved populations. By developing an integrated, Sharia-oriented system of social finance, optimizing zakat for health sector financing not only addresses the issue of unequal access to healthcare among people experiencing poverty but also strengthens the foundation of an inclusive and justice-oriented Islamic economy.

In conclusion, the strategic mobilization of zakat for the purpose of subsidizing BPJS Kesehatan contributions for the impoverished reflects a significant alignment with both Islamic legal principles and the objectives of *Maqāṣid al-Sharī'ah*, particularly the protection of life (*hifz al-nafs*). By implementing targeted mechanisms—such as a zakat health fund, integration with waqf, and the formulation of a zakat-based takaful system—establishing a more effective and equitable Islamic health insurance model becomes increasingly feasible. In this regard, the role of LKS is paramount, not merely as financial intermediaries, but as institutional agents for realizing the broader vision of Islamic economics: one that prioritizes collective welfare over individual profit.

D. The Synergy between Lazismu and BPJS Kesehatan: A Collaborative Effort to Ensure Health Access for the Underprivileged

Access to adequate healthcare is a fundamental human right. However, a significant portion of the Indonesian population continues to face financial barriers that inhibit their participation in the BPJS Kesehatan system, often leading to inactive membership status. In response to this persistent issue, the Muhammadiyah Zakat, Infaq, and Sadaqah Institution (Lazismu) has initiated a strategic partnership with BPJS Kesehatan under the USAID Catalyze Program. This collaboration aims to resolve outstanding premium arrears for Muhammadiyah members who are financially disadvantaged (Aanardianto, 2024). Beyond clearing arrears, the program encompasses a wider framework, including fundraising through zakat, infaq, and sadaqah, the registration of new participants, and community outreach to promote awareness regarding the legal and ethical importance of national health insurance.

According to BPJS Kesehatan, this initiative benefits individuals burdened by financial constraints and reinforces Indonesia's national commitment to achieving Universal Health Coverage (UHC). The UHC agenda aspires to provide equitable health services for all citizens, regardless of their socioeconomic status. This partnership reflects the dual role of Islamic philanthropic institutions: providing direct support to vulnerable populations and contributing structurally to national development objectives.

Moreover, the collaboration between Lazismu and BPJS Kesehatan is aligned with the broader Community-Based Funding Program for JKN Participants (Program Pendanaan Masyarakat Peduli JKN – PIPMPJ) developed by BPJS Kesehatan. This program seeks to encourage broader societal participation—particularly from the private sector and philanthropic foundations—in supporting underprivileged JKN members who are unable to pay premiums (Supriyana et al., 2019). In this context, Lazismu's role is legally and financially strategic, as it allocates zakat funds proportionally to support participants with the most urgent needs. However, challenges remain, particularly in the form of limited zakat funding and the requirement for rigorous beneficiary verification processes to ensure targeted, equitable disbursement.

As an innovative model of collaborative governance, this initiative exemplifies how synergistic engagement between the state, zakat institutions, and civil society can produce sustainable solutions for social welfare enhancement. The involvement of multiple stakeholders enhances the program's scope and operational impact, enabling more beneficiaries to maintain their BPJS Kesehatan membership and access necessary healthcare services without financial incapacity.

Looking ahead, the involvement of private sector actors through Corporate Social Responsibility (CSR) and other philanthropic channels should be further institutionalized to expand the program's reach and sustainability. A holistic and cooperative approach, underpinned by mutual commitment among stakeholders, is essential to advancing Indonesia's progress toward the UHC mandate, ensuring that every citizen enjoys equal legal rights to health services that are both dignified and just.

E. Challenges and Obstacles in Implementation

One of the key challenges that limits the effectiveness of zakat-based health financing programs is the lack of comprehensive outreach and awareness, particularly within impoverished communities. Many potential beneficiaries are unaware that zakat can be allocated to fund healthcare services, including contributions to BPJS Kesehatan (Indonesia's National Health Insurance). This knowledge gap primarily stems from inadequate information dissemination by both zakat institutions and governmental agencies, compounded by low levels of Islamic financial literacy among underprivileged populations. As a result, many individuals still perceive zakat merely as direct assistance, such as food packages or cash, overlooking its potential role as a healthcare subsidy. Consequently, despite the availability of zakat funds that could help reduce barriers to accessing medical services, their impact has yet to be fully realized.

Furthermore, the minimal involvement of religious leaders and community influencers in advocating for such innovative zakat utilization exacerbates the problem. Traditional understandings of zakat persist, leaving the public unaware of more sustainable, development-oriented distribution schemes (Husein et al., 2024). Without effective community education, the program is unlikely to achieve its maximum potential, as its target beneficiaries remain uninformed or unsure how to access the benefits.

A major challenge is the inadequacy of zakat funds currently available. Although Indonesia has tremendous potential for zakat—estimated at hundreds of trillions of rupiah annually—the actual collection falls far short of this figure. One primary reason for this shortfall is that many Muslims prefer to distribute zakat directly to recipients, rather than utilizing official zakat management institutions (Jumardi et al., 2023). This informal distribution practice results in a disorganized allocation of funds and hinders optimizing zakat utilization for long-term programs, including those within the health sector. If zakat collections were centralized and managed systematically through official channels, they could be more effectively targeted to support structural needs like healthcare access for the poor.

In practice, even the zakat funds that are successfully collected tend to be disproportionately allocated to basic necessities such as food and education. Meanwhile, the health sector remains underprioritized despite its critical role in long-term poverty alleviation. This misallocation limits the scalability and sustainability of integrating zakat into BPJS premium financing. Therefore, more strategic and balanced approaches are urgently needed to enhance zakat collection and allocation mechanisms, ensuring that the healthcare sector receives due attention. Stricter regulatory frameworks may also be required to incentivize zakat payers (muzakki) to channel their contributions through official institutions.

By improving regulatory clarity, zakat governance can become more transparent and accountable, thereby increasing public trust and enabling more efficient utilization of funds for the financing of health services. Strengthening such frameworks is crucial in realizing the full potential of zakat as an effective instrument for social protection within a faith-based legal context.

To overcome the challenges, a comprehensive and multifaceted approach is essential, encompassing socialization, strengthening zakat collection mechanisms, and enhancing transparent and effective fund management. Public outreach efforts must be significantly intensified, utilizing accessible communication channels targeted toward impoverished communities—such as social media, community-based educational campaigns, and religious leaders' engagement—to increase awareness regarding the use of zakat in financing BPJS Kesehatan (the Indonesian national health insurance program). Collaboration between the government and zakat institutions is imperative in disseminating accurate and accessible information concerning this financing scheme. An effective public communication strategy is anticipated to increase participation among low-income groups and ensure improved access to health services.

Simultaneously, optimizing zakat collection must be positioned as a top priority in sustaining the long-term viability of such programs. Government authorities and zakat organizations should reinforce regulatory frameworks that encourage zakat contributors (muzakki) to distribute their obligations through formal channels. Providing fiscal or social incentives for individuals who fulfill their zakat obligations through recognized institutions could enhance compliance and systematic distribution. Furthermore, diversification of funding sources—by integrating zakat with other Islamic philanthropic instruments such as infaq and waqf—may present a sustainable solution to augment the financial base of healthcare programs. For instance, productive waqf (waqf istithmari) could be employed to construct and maintain Islamic healthcare facilities offering subsidized or free services to the economically disadvantaged (Ascarya, 2022). Through this diversified financial ecosystem, healthcare funding for people experiencing poverty could become more sustainable and less reliant on annual zakat flows.

Strengthening the synergy between zakat institutions, governmental entities, and regional health insurance programs is critical. Governments may work in tandem with zakat institutions to integrate zakat funding into local health protection schemes. Such integration enables an expansion of healthcare coverage without unduly burdening the state budget. It ensures that the financing of health insurance programs is not reliant on a singular funding source but draws from a variety of complementary Islamic social finance instruments.

Equally important is the emphasis on transparency and accountability in zakat fund management. The public must be granted access to information regarding how zakat funds are administered and distributed (Amelia et al., 2023). Zakat institutions must establish and publish clear financial reports to foster greater public trust in the zakat governance system. Improved transparency will likely increase public confidence, leading to a higher proportion of zakat being channeled through official institutions.

In sum, the integration of zakat into the financing framework of BPJS Kesehatan for underprivileged populations represents a strategic initiative aimed at improving healthcare accessibility and promoting broader social welfare. Nevertheless, significant implementation challenges remain—particularly related to public awareness deficits and limitations in available zakat funds. Addressing these issues necessitates a collective and coordinated effort to elevate community awareness, reinforce zakat collection through official channels, and diversify funding sources through infaq and

waqf. The long-term success of this integration hinges on effective collaboration among zakat bodies, government institutions, and the healthcare sector. By developing well-conceived strategies and fostering robust inter-institutional cooperation, zakat has the potential to serve as a viable and equitable instrument in supporting a sustainable national health insurance system.

F. Implications and Recommendations

The integration of zakat as a social funding mechanism constitutes a strategic initiative to expand healthcare access for economically marginalized populations. One practical approach is to establish collaborative partnerships between the National Zakat Agency (Badan Amil Zakat Nasional/BAZNAS) and authorized Zakat Management Organizations (Lembaga Amil Zakat/LAZ) with BPJS Kesehatan (Indonesia's national health insurance body). This collaboration aims not only to ensure that zakat funds are utilized in accordance with the principles of *Maqashid al-Shariah*—particularly *hifzh al-nafs* (the protection of life)—but also to mitigate the financial constraints that frequently impede vulnerable groups from accessing adequate healthcare services. Nevertheless, implementing such a policy framework encounters notable challenges, including insufficient data integration between zakat institutions and BPJS Kesehatan and limitations in the sustainable allocation of zakat funds to support ongoing health insurance contributions for people experiencing poverty.

Some collaborative initiatives have already been piloted at the regional level. For instance, the “Depok Sehat” Program, coordinated by BAZNAS Kota Depok (Shobah Nasution, 2020). Focuses on the repayment of health insurance contribution arrears for indigent residents, thereby restoring their eligibility to access healthcare services. In this scheme, zakat funds are managed in accordance with Sharia principles and allocated to the category of *charming*—individuals in financial distress due to outstanding obligations. This implementation model could be replicated in other jurisdictions through a more systematized approach, including dedicated zakat allocations for financing BPJS premiums for impoverished beneficiaries. Thus, such programs address immediate financial arrears and offer more sustainable health coverage assurance for those in need.

A significant impediment to optimizing zakat for healthcare insurance is the lack of integrated data systems between zakat authorities and BPJS Kesehatan. This gap hampers the efficiency and precision of fund disbursement processes. Beneficiary verification is predominantly conducted through manual procedures, resulting in delays in aid distribution. An integrated data platform is required to remedy this, enabling real-time and accurate identification of eligible recipients. One proposed solution is developing a centralized database comprising information on zakat beneficiaries (*mustahiq*) and BPJS Kelas III participants with contribution arrears. In addition, deploying automated verification systems using digital technology could significantly streamline data matching between zakat recipients and BPJS enrollees who meet aid eligibility criteria.

Moreover, transparency in zakat fund governance must be reinforced through accountable reporting mechanisms to guarantee the optimal and ethical utilization of funds in subsidizing healthcare contributions. Public access to financial reports would

enhance trust in the zakat system and foster broader participation and compliance among zakat payers (*muzakki*).

In conclusion, the integration of zakat into BPJS Kesehatan financing for the poor presents a promising policy instrument for promoting equitable healthcare access and social justice. However, realizing its full potential necessitates robust institutional collaboration, comprehensive digital integration, and enhanced regulatory oversight. Only through such coordinated and well-regulated mechanisms can zakat serve as an effective and sustainable solution in advancing the right to health for Indonesia's underprivileged populations.

In addition to technical obstacles in data integration, the limited availability of zakat funds remains a significant barrier to the effective implementation of this program. Despite the substantial potential of zakat as a social financing instrument, current allocations are insufficient to comprehensively meet the healthcare premium obligations of underprivileged populations enrolled in BPJS Kesehatan. To address this constraint, several strategic measures must be undertaken.

First, raising awareness and enhancing the participation of *muzakki* (zakat payers) is essential. Public education initiatives highlighting the role of zakat in supporting the health sector can increase voluntary contributions and expand the resource pool. Second, funding diversification should be pursued by integrating *infāq* (voluntary charitable giving) and *ṣadaqah* (almsgiving) as complementary sources to finance healthcare needs of the poor.

Third, collaborative engagement with the private sector must be strengthened, particularly through utilizing zakat-based Corporate Social Responsibility (CSR) funds. By mobilizing business sector involvement, the financial sustainability of health support programs can be fortified beyond reliance on individual zakat donations.

Through synergistic application of these strategies, the optimization of zakat for national health insurance schemes can be achieved more effectively and enduringly. Such an integrated approach will broaden the reach of healthcare services to vulnerable groups and uphold their right to equitable and dignified medical care.

III. CONCLUSION

This study affirms that *zakat* holds significant potential as an alternative source of funding for subsidizing the health insurance premiums of the underprivileged through the BPJS Kesehatan scheme. The integration of *zakat* funds within the national health insurance framework offers a viable mechanism to expand access to healthcare services for vulnerable populations without imposing excessive financial burdens. The principal merit of this scheme lies in its capacity to reduce social disparities in healthcare access, reinforce the Islamic principles of social justice, and contribute toward the realization of Universal Health Coverage (UHC).

Furthermore, the application of *zakat* for healthcare purposes is consistent with the foundational objectives (*maqāṣid al-sharī'ah*), particularly the preservation of life (*ḥifẓ al-nafs*), thereby situating such utilization within the normative boundaries of Islamic legal doctrine. However, the implementation of this model remains encumbered by several challenges. These include the lack of integrated data systems between *zakat*

institutions and BPJS Kesehatan, the limited availability of *zakat* funds, and the general lack of public awareness regarding the role of *zakat* in health financing. In addition, ongoing jurisprudential debates persist among Islamic scholars regarding the permissibility of allocating *zakat* funds for the payment of contributions to a state-managed, socially-based health insurance system such as BPJS.

To effectively address the legal and operational challenges, there is an urgent need to establish a strong regulatory framework and authoritative religious rulings (fatwas) that provide clear legal legitimacy for the scheme. As a policy implication, the integration of *zakat* into BPJS Kesehatan financing should be implemented through improved collaboration among government agencies, *zakat* management institutions, and the private sector. Additionally, public education and increased participation from muzakki (*zakat* payers) through official channels are crucial for ensuring the sustainability of the program.

Moreover, the diversification of funding sources—through infaq, *şadaqah*, and productive waqf—may serve as a complementary strategy to broaden the financial base and improve the scheme's effectiveness. It is imperative to develop integrated digital systems between *zakat* institutions and BPJS Kesehatan to ensure that aid distribution is targeted and transparent. Consideration must also be given to the long-term sustainability of health-related *zakat* disbursements, including establishing dedicated funds for premium coverage and developing healthcare infrastructure supported by waqf assets.

With the adoption of sound legal strategies and coordinated multi-stakeholder collaboration, *zakat* can emerge as an innovative and effective legal instrument to advance equitable access to healthcare for people with low incomes, while simultaneously alleviating the fiscal burden on the state in the administration of national health insurance.

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