



The Lebanese diaspora and health system resilience: channels, contributions, and policy implications

March 2026

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Key messages

- Lebanon's diaspora contributions have become a critical pillar of the country's health system, injecting financial, human, and social capital during compounding crises, especially after the 2019 economic collapse.
- Diaspora support flows through five distinct channels: family remittances, local community giving, sectarian networks, informal humanitarian engagement, and formal institutions. Each operates with its own logic, motivations, and effects.
- A structural paradox shapes diaspora engagement: while diaspora contributes substantial financial, human, operational, and professional assets, it simultaneously reproduces the fragmentation and weak governance that make the system vulnerable to shocks.
- Diaspora contributions have strengthened the **absorptive capacity** of the health sector by keeping the system functioning during acute shocks, and have shown limited **adaptive capacity** through rapid reorganisation of resources and agile emergency delivery. However, they have fallen short in leveraging diaspora assets to realise **transformative capacity**, supporting structural changes including improved governance, greater equity in access to care, and stronger regulatory and financing arrangements that reduce the health system's long-term vulnerability.
- Realising the transformative potential of diaspora engagement requires differentiated policy mechanisms aligned with each channel's operating logic, aimed at redirecting diaspora capital toward structural reform rather than crisis absorption alone.

Why diaspora contributions matter

Lebanon operates a hybrid health system in which private providers are largely financed by public funds, managed through six public insurance schemes and Ministry of Public Health (MoPH) subsidies. Lebanon's health system has been under severe and compounding stress for two decades, especially since 2019. An economic collapse, the COVID-19 pandemic, the 2020 Beirut port explosion, a cholera outbreak, and periodic wars with Israel have overwhelmed a system already fragile from decades of fragmentation, privatisation, and weak governance. When any crisis hit, the system's structural vulnerabilities were fully exposed:

- Public insurance and subsidy systems collapsed, cutting off millions from care.
- Restrictions on cash withdrawals limited the capacity for out-of-pocket disbursement of healthcare.
- Currency devaluation triggered widespread medicine shortages and dollarization of health costs.
- Health professionals emigrated massively.
- Hospitals closed entire departments and reduced operating capacity.

As state support collapsed, Lebanon's diaspora, one of the largest in the world relative to the resident population, became indispensable. Annual remittances reached an estimated USD 7–8 billion in 2022, equivalent to 33% of GDP, one of the highest ratios globally, and the highest in the region. Part of those contributions were directed towards the health sector. Yet the evidence base for understanding how diaspora support actually strengthens (or weakens) health system resilience has remained thin. This brief addresses that gap.

Background

Lebanon has a long history of emigration, with repeated waves linked in recent times to its civil wars (1975–90), economic instability, and its complex sectarian and geopolitical position. Lebanese communities abroad are predominantly composed of professionals and entrepreneurs known to maintain strong ties to their homeland across generations. The diaspora is officially estimated at 15 million people, although estimates range from 4 to 18 million, depending on how diaspora is defined.

The role of diaspora in supporting Lebanon’s health sector is widely acknowledged but poorly understood. Remittances, crowdfunding campaigns on social media, televised fundraising appeals, and diaspora-funded hospital renovations are all visible features of the landscape. In 2024,

MoPH established an international bureau to coordinate engagement with diaspora medical associations - a formal recognition of the diaspora’s growing role. Yet policy frameworks to guide, structure, or leverage this engagement remain nascent.

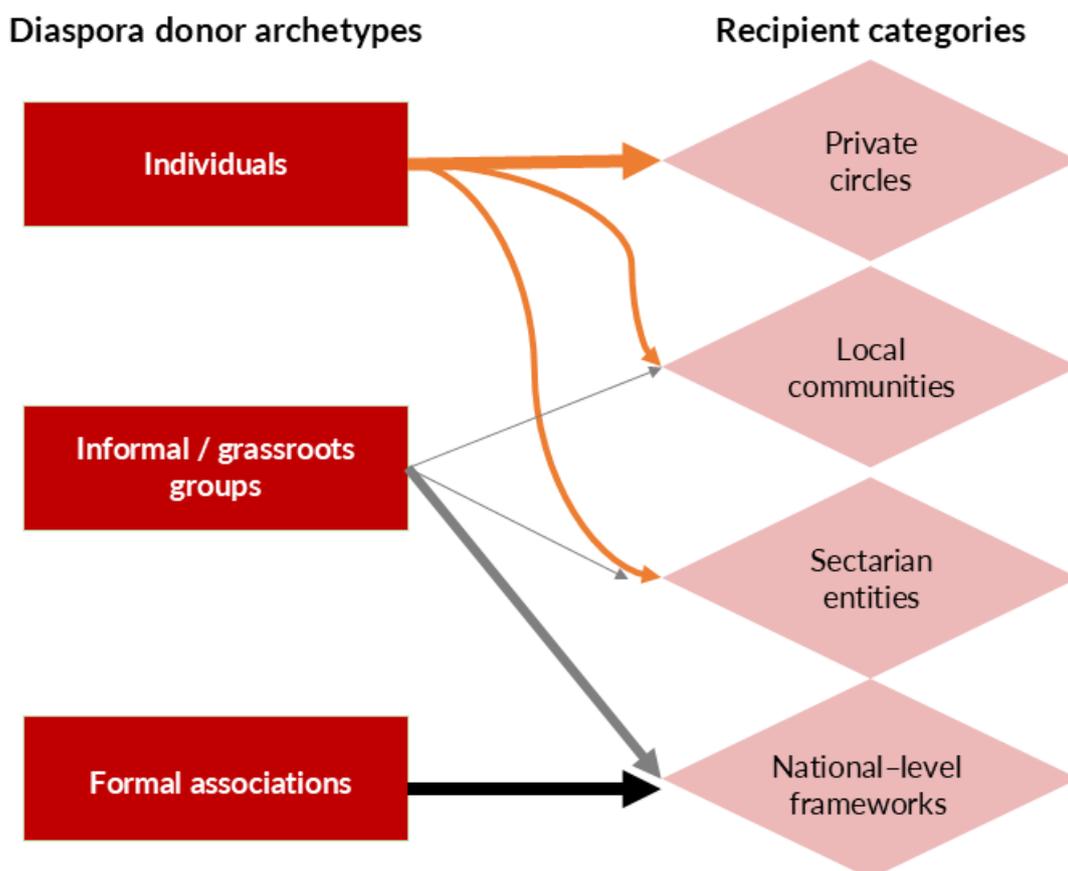
This brief draws on findings from a qualitative case study conducted in Lebanon as part of the ReBUILD for Resilience multi-country research programme on health system resilience in fragile and shock-prone settings. The study is the first to systematically map the full architecture of Lebanese diaspora engagement in the health sector, identifying five distinct channels of support and assessing their contributions to health system resilience capacities.

Five channels of diaspora engagement

The study identifies three archetypes of diaspora contributors and four categories of recipients shown here.

Figure 1: Architecture of diaspora engagement channels in Lebanon’s health system

Arrow thickness indicates the relative volume of diaspora support flowing through each channel. These estimates are based on qualitative assessment from interviews and literature rather than quantitative measurement.



The flow between different categories of donors and recipients can be summarised in five channels. These channels are not mutually exclusive, but each follows a distinct operating logic and has different impacts on the Lebanese health sector.

Channel	Diaspora actors	Domestic recipients	Main contributions	Resilience capacity	Key risk
Family	Individuals	Family and close personal networks	Remittances; private shipments of medications	Absorptive	Dependency; household-level inequity
Local community	Individuals or groups	Hometowns and villages	Medical cases support, Infrastructure	Absorptive	Clientelism; geographic inequity
Sectarian	Individuals or groups	Faith-based organisations	Philanthropy; pro bono services rehabilitation	Absorptive	Reinforces sectarian fragmentation; normalises state absence
Informal humanitarian	Grassroots organisations	Domestic response to informal / grassroots actors	Emergency relief; advocacy; resource mobilisation	Absorptive + Adaptive	Fragmentation; waste; unsustainability; further weakening of state's stewardship
Institutional	Formal associations	National institutions and MoPH	Policy support; expertise exchange; technical partnerships	Potential transformative	Political interference; funding gaps; biomedical focus

Resilience capacities defined

Absorptive capacity: the ability of a health system to continue delivering essential services at the same level and using the same structures and resources despite shocks or disturbances.

Adaptive capacity: the ability of a health system to adjust its operations, reorganise resources, or modify service delivery in response to shocks while still achieving its core functions and goals.

Transformative capacity: the ability of a health system to fundamentally change its structures, governance arrangements, or functions when existing conditions become unsustainable or ineffective.

(Kruk et al, 2015; Blanchet et al, 2017, Witter et al, 2017; Jamal et al, 2020)

The family channel

Remittances to family members are the most prevalent and visible form of diaspora support. A growing share of Lebanese families have become dependent on transfers from relatives abroad to meet basic needs, including health care. For example, the percentage of Lebanese-Americans sending remittances to family rose from 27% in 2016 to 48.3% in 2021. During the 2020-23 drug shortage in the country, diaspora members worldwide coordinated private medication shipments to their families and friends through social media networks and volunteer travellers.

This channel primarily strengthens absorptive capacity; by enabling households to purchase health services, it indirectly maintains health providers by injecting money. However, support is highly individualised and dependent on family bonds and financial conditions in host countries, fluctuating according to the hosts' economic conditions, e.g. remittances decreased from the Gulf states during the oil crisis (2014-16), and from Africa during COVID-19.

The local community channel

Diaspora members with resources beyond their immediate family may extend support to their communities of origin, hometowns, villages, and neighbourhoods, often through local associations or municipalities. Solidarity with one's community and the social recognition that comes with it are key motivators. During COVID-19, municipal crisis cells managing basic services relied heavily on this form of diaspora support.

This channel also primarily strengthens absorptive capacity. Its effectiveness depends heavily on trust between diaspora benefactors and local intermediaries. If these relationships break down, funding stops abruptly. Over time, some municipalities have begun to formalise this as an alternative source of finance, holding digital meetings with diaspora networks to coordinate contributions.

The sectarian channel

Faith-based organisations (FBOs) are among Lebanon's largest health providers, with budgets that sometimes exceed those of government ministries. Diaspora philanthropy flows heavily through sectarian channels. Religious duty, including zakat in Muslim contexts, is a primary motivator, alongside communal solidarity and, more subtly, the political visibility that philanthropy confers in Lebanon's patronage-based system.

Respondents (see methods note) offered sharply divided views on this channel. Some described sectarian giving as the only channel capable of producing results at scale given Lebanon's political realities. Others were deeply critical, arguing it constrains national development and normalises the state's abdication of responsibility, normalising the fact that religious communities "take care of themselves," while reinforcing the fragmentation of healthcare delivery.

The informal humanitarian channel

During acute crises, professionals, students, and activists abroad formed informal grassroots organisations to deliver emergency relief, fundraise, and advocate for Lebanon in their countries of settlement. Social media enables rapid mobilisation. Notable examples include the 140 grassroots organisations active during the 2024 war to provide health emergency relief; a Mexican-

Lebanese group raised USD 500,000 to renovate a hospital ICU after the Beirut blast, and the Cedars Relief campaign equipped Rafik Hariri University Hospital to serve as Lebanon's national COVID-19 hub.

These groups operate largely outside government coordination due to deep mistrust of state institutions, and rely on innovative operational arrangements (peer-to-peer delivery, personal networks, and social media-based organisation) to fill the void left by the formal humanitarian system. Their strength is speed, flexibility, and emotional drive. Their weakness is sustainability: once crisis urgency fades, volunteer energy and donor attention decline. Proliferation of groups also produces fragmentation, duplication, and waste. In addition, establishing parallel delivery channels can inadvertently entrench the state's limited role.

The institutional channel

The most structured form of engagement, this channel involves formal diaspora professional associations working with national institutions. Diaspora medical associations, organised by country of settlement or with a global reach, bring technical expertise, organisational capacity, and transnational networks. In 2024, MoPH formally recognised this potential by establishing an international bureau and entering a tripartite partnership with International Organization for Migration (IOM) and International Lebanese Medical Association (ILMA), explicitly aiming to move from fragmented donations to structured partnerships, expertise sharing, and policy support.

Concrete activities have followed: mental health webinars, telehealth programmes, HPV vaccination support, and diaspora expert participation on MoPH policy committees. However, this channel remains constrained. Political interference and sectarian dynamics frustrate engagement at every step, coupled with funding insecurity.

A further tension emerged at ILMA's 2025 International Congress: presentations focused heavily on biomedical and technological innovation (telehealth, AI in medicine), while a voice from Lebanon argued that advanced technical inputs cannot function meaningfully in a system that still lacks basic regulatory mechanisms, risking marginalisation of both practitioners and patients.

Reflections and implications

These findings show that diaspora engagement in Lebanon has helped maintain health services and deliver humanitarian relief, largely through autonomous channels outside coordinated national stewardship. However, diaspora engagement has rarely translated into transformative change capable of addressing the structural drivers of fragility in the health system. The result is a structural paradox: diaspora mobilisation sustains the system's ability to absorb shocks while leaving underlying governance weaknesses largely intact.

Lebanon's situation is nonetheless unusual among fragile settings. The scale of its diaspora, the magnitude of financial flows, and the emergence of institutional engagement mechanisms create a rare opportunity. If effectively structured, diaspora engagement could move beyond crisis support towards contributing to systemic reform and stronger health system stewardship.

Policy recommendations

Channel	Policy action	Mechanism	Lead actors
Family remittances	Voluntary diaspora-linked health insurance schemes	Enable diaspora members to enrol their families in a dedicated public or pooled health insurance scheme, allowing remittances to contribute to risk pooling and continuous coverage rather than ad-hoc payments for individual medical needs	MoPH, Ministry of Finance, Financial institutions, individual family remitters
Faith-based networks	Basic financial transparency requirements	Link public subsidies to transparency reporting by FBOs receiving diaspora funds, to enable better calibration of the distribution of public support	MoPH, sectarian organisations, civil society
Grassroots humanitarian	Shared coordination platform	Establish a MoPH-coordinated registration and activity-mapping portal where diaspora groups report who is doing what and where, reducing duplication and aligning initiatives with health sector priorities	MoPH, IOM, civil society networks, diaspora initiatives
Professional associations	Structured technical secondments and policy forums	Formalise placements of diaspora medical experts in MoPH units; align programmes with national health strategy priorities including primary care and equity, not only biomedical innovation	MoPH International Office, Diaspora Lebanese medical associations, IOM, donors

Across all channels, the overarching policy objective should be to structure diaspora engagement so that it strengthens the health system rather than substitutes for state provision. This means leveraging diaspora assets to improve equitable access to care, support reforms that enhance transparency and accountability, and advance equity-oriented policies toward

universal health coverage. Achieving this requires the MoPH to assume a stronger stewardship role: setting priorities, creating coordination platforms, and building accountability mechanisms that accommodate the diversity of diaspora engagement while aligning contributions with national health goals.

Methods note

This brief draws on a qualitative case study conducted in Lebanon as part of the ReBUILD for Resilience multi-country research programme. The study used a multi-method design combining:

- A literature review (26 records retained from 344 identified).
- 13 semi-structured interviews with key informants (May–July 2025), including municipal leaders, members of parliament, MoPH officials, faith-based organisations, IOM officers, and diaspora association members.

- Observational data from the 2nd International Lebanese Medical Association Congress (July 2025, Beirut).

Data were analysed using thematic analysis, combining deductive coding from the ReBUILD health system resilience framework with inductive codes. Findings were triangulated across all sources. Ethical approval was obtained from the American University of Beirut and Queen Margaret University, Edinburgh.

Bibliography

ANU Migration Hub, Diaspora Humanitarians How Australia-based migrants help in crises abroad Lebanon Briefing, 2024. *Australian National University: Canberra*. Available at https://migration.anu.edu.au/sites/default/files/2024-10/DH%20Lebanon_FF.pdf (Accessed March 2026)

Atallah S. The increasing role and importance of remittances in Lebanon. *UNDP Lebanon Report, 2023*. Available at <https://www.undp.org/lebanon/publications/increasing-role-and-importance-remittances-lebanon> (Accessed March 2026)

Beyond Borders: How the Lebanese diaspora mobilises in times of crisis, 2025. *DEMAC*. Available at <https://www.demac.org/community-news/2025/06/lebanon-real-time-review-2025> (Accessed March 2026)

Blanchet, K, Nam, SL, Ramalingam, B, & Pozo-Martin, F (2017). Governance and capacity to manage resilience of health systems: Towards a new conceptual framework. *International Journal of Health Policy and Management*, 6(8), 431-435.

Dafallah A, Kamara H, Gautam G, Witter S. The role of diaspora in strengthening health system resilience in fragile and shock-prone settings: A scoping review. *SSM Health Syst*. 2025. (Under review). Manuscript ID: SSMHS-D-25-00435.

Dafallah A and Witter S. Diaspora as partners: strengthening resilience of health systems and communities amidst aid volatility. *BMJ Global Health*, 2025;10:e019622.

Diab JL. Diaspora humanitarianism in complex crises: The case of Lebanon. *Humanitarian Advisory Group*, 2023. Available at <https://humanitarianadvisorygroup.org/diaspora-humanitarianism-in-complex-crises-the-case-of-lebanon/> (Accessed March 2026)

Fakhoury T. Lebanese Communities Abroad: Feeding and Fuelling Conflicts. *Arab Reform Initiative*, 2018. Available at <https://www.arab-reform.net/publication/lebanese-communities-abroad-feeding-and-fuelling-conflicts/> (Accessed March 2026)

Hourany D. Meds across continents, *Now Lebanon*, 7 September 2021. Available at <https://nowlebanon.com/meds-across-continents/> (Accessed March 2026)

Jamal, Z., Alameddine, M, Diaconu, K, Lough, G, Witter, S, Ager, A, & Fouad, FM (2020). Health system resilience in the face of crisis: analysing the challenges, strategies and capacities for UNRWA in Syria. *Health Policy and Planning*, 35(1), 26-35.

Kruk, ME, Myers, M, Varpilah, ST, & Dahn, BT (2015). What is a resilient health system? Lessons from Ebola. *The Lancet*, 385(9980), 1910–1912. [https://doi.org/10.1016/S0140-6736\(15\)60755-3](https://doi.org/10.1016/S0140-6736(15)60755-3)

Lebanese American Public Opinion Survey, 2021, *Moise Khayrallah Center for Lebanese Diaspora Studies*. Available at <https://storymaps.arcgis.com/stories/32c11d50290e4c62b25ec27cb3cecabf>. (Accessed March 2026)

MOPH-ALMA-IOM E-Newsletter 2025-26, *Ministry of Public Health*. Available at <https://www.moph.gov.lb/userfiles/files/News/9-7-2025/Newsletter%20V1-Iss1%202025.pdf> (Accessed March 2026)

Pukas, A. Lebanese across the globe: How the country's international community came to be. *Arab News*, May 2018. Available at <https://www.arabnews.com/node/1296211/amp%29> (Accessed March 2026)

Research on diaspora engagement in humanitarian response and economic recovery in selected areas of Lebanon – June 2024. *Danish Refugee Council*. Available at [research-on-diaspora-engagement-in-humanitarian-response-and-economic-recovery-in-selected-areas-of-lebanon-phase-2.pdf](https://www.drc.dk/sites/default/files/2024-06/research-on-diaspora-engagement-in-humanitarian-response-and-economic-recovery-in-selected-areas-of-lebanon-phase-2.pdf) (Accessed March 2026).

Tabbara, R. To combat the shortage of medicines, the D system of private initiatives, *L'Orient Today*, September 19, 2021. Available at <https://www.lorientlejour.com/article/1275307/contre-la-penurie-de-medicaments-le-systeme-d-des-initiatives-privées.html>. Accessed March 2026

Understanding remittances as a coping strategy amidst Lebanon's crises. 2022. *Mercy Corps*. Available at <https://reliefweb.int/report/lebanon/thematic-report-understanding-remittances-coping-strategy-amidst-lebanons-crisis-opportunities-and-challenges-aid-actors-november-2022> (Accessed March 2026)

Witter, S, Thomas, S, Kieny, M-P, & Evans, DB (2017). Health system resilience: what are we talking about? A review of the literature. *Health Systems & Reform*, 3(2), 90–100. <https://doi.org/10.1080/23288604.2017.1291146>

Witter S, Thomas S, Topp S et al. Health system resilience: a critical review and reconceptualization. *The Lancet Global Health*, 11, e1454-e1458

World Bank Open Data: Lebanon Population, total. 2024, *The World Bank*: Washington, DC. Available at <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=LB> (Accessed March 2026)

Yamout R, Khalil J, Raven J, Fouad FM, Mansour W. Navigating turbulence: analyzing the resilience of Lebanon's healthcare system in a multi-crisis scenario. *Health Res Policy Syst*. 2025 Oct 6;23(1):120. doi: 10.1186/s12961-025-01382-0

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