



ReBUILD

FOR RESILIENCE

Research for resilient health systems
in fragile and shock-prone settings

The role of diaspora in supporting health system resilience in fragile and shock- prone settings: Myanmar country report

A Dafallah, S Witter, T La T, KK Than

July 2026

Table of contents

| | |
|------------------------------------------------------------------|----|
| Executive summary..... | 2 |
| Key findings..... | 2 |
| Implications | 3 |
| Background | 4 |
| Methods..... | 5 |
| Study design | 5 |
| Data analysis..... | 6 |
| Limitations..... | 6 |
| Results | 7 |
| Who are the Burmese diaspora? | 7 |
| Forms of diaspora contributions to Myanmar’s health system | 7 |
| Factors affecting diaspora engagement..... | 10 |
| Reported effects on health system resilience capacities..... | 14 |
| Summary of key findings | 16 |
| Conclusion..... | 17 |
| References..... | 18 |

Executive summary

This working paper examines the contribution of the Burmese health diaspora to the resilience of Myanmar's health system during periods of political instability and humanitarian crisis. It explores how diaspora communities contribute through financial, human and social capital, the factors that shape their engagement, and the implications for health system resilience.

The study forms part of the ReBUILD for Resilience multi-country research programme. Owing to the limited availability of reliable quantitative data and the challenges of conducting research in post-2021 Myanmar, the study draws on a review of published and grey literature alongside nine key informant interviews with diaspora health professionals, representatives of diaspora organisations, and stakeholders with expertise in Myanmar's health system.

Key findings

The Burmese health diaspora is a diverse and highly committed transnational community comprising long-established migrants, recent refugees, health professionals, and humanitarian actors united by a strong commitment to supporting Myanmar.

Diaspora contributions extend well beyond remittances and include:

- **Financial capital** through household remittances, humanitarian fundraising, philanthropic donations, and support for health facilities and workforce development.
- **Human capital** through telemedicine, specialist clinical care, online education, mentoring, workforce training, mental health services, and the provision of medicines and medical supplies.
- **Social capital** through trusted professional networks, institutional partnerships, advocacy, and coordination between diaspora organisations and local actors.

Following the 2021 military takeover, diaspora engagement shifted from formal collaboration with government institutions towards informal engagement with frontline health workers, ethnic health organisations, and various community groups.

Digital technologies, particularly telemedicine and online learning platforms, have enabled diaspora health professionals to continue providing healthcare, technical support and training despite conflict and geographical barriers.

Diaspora engagement is motivated by strong emotional ties to Myanmar, professional responsibility, solidarity, and a shared commitment to supporting communities affected by conflict.

Trust is the key enabling factor underpinning effective diaspora engagement, facilitating informal funding mechanisms, humanitarian logistics, and collaboration with local partners operating in insecure settings.

Significant barriers remain, including:

- insecurity and conflict,
- restrictive legal and professional accreditation requirements in host countries,
- fragmented diaspora,
- limited funding and organisational capacity to scale activities, and
- challenges in safely transferring funds and medical supplies.

Participants perceived diaspora contributions to strengthen several dimensions of health system resilience, including:

- governance and coordination,
- health workforce capacity,
- continuity of service delivery,
- logistics and supply chains, and
- health financing.

Implications

The findings demonstrate that the Burmese health diaspora is a critical but under-recognised partner in sustaining health services during protracted conflict. Strengthening their contribution will require greater collaboration between diaspora organisations, humanitarian agencies and local health actors, alongside more flexible funding mechanisms, improved coordination, support for organisational capacity, and policies that reduce regulatory barriers to diaspora engagement.

Background

Myanmar has a population of 54 million and is characterised by significant ethnic diversity, with 135 officially recognised ethnic groups (Ministry of Labour, Immigration and Population, 2015). Since gaining independence in 1948, the country has experienced substantial population movements driven by prolonged civil conflict, political instability, and recurring crises (Smith, 1999). These movements have shaped the formation of a complex and multifaceted diaspora that continues to evolve in response to both domestic and global dynamics.

Major waves of outward migration have been closely associated with key political events, including the 1962 military takeover, the pro-democracy crackdown in 1988, and the most recent military takeover in 2021 (Steinberg, 2010; United Nations, 2022). Each of these moments triggered significant displacement, forcing political dissidents, activists, and ethnic minorities to flee the country. In particular, the post-1988 and post-2021 periods marked critical turning points, as large numbers of individuals sought refuge abroad due to intensified repression and violence (Human Rights Watch, 2021). These forced migrations highlight the central role of political instability as a driver of displacement.

In addition to political factors, economic conditions have increasingly contributed to migration patterns. Over time, worsening socio-economic conditions, limited employment opportunities, and restricted access to education have compelled many individuals, especially young people, to migrate in search of better livelihoods. Neighbouring countries such as Thailand, Malaysia, and Singapore have become key destinations for labour migrants due to geographical proximity and economic demand (International Organization for Migration [IOM], 2020). These migration flows reflect broader regional labour dynamics, where migrants from less developed economies move to more industrialised neighbouring states.

According to the United Nations High Commissioner for Refugees (UNHCR), Myanmar has approximately 2.6 million internally displaced persons and around 60,500 officially recognised refugees and asylum seekers abroad (UNHCR, 2024). These figures demonstrate the ongoing scale of displacement and underscore the persistent instability within the country. The combination of internal displacement and international migration illustrates how conflict continues to disrupt lives and livelihoods on a large scale.

As a result, the Myanmar diaspora has developed into a diverse, transnational community spanning forcibly displaced populations, economic migrants, students, and highly-skilled professionals seeking stability and opportunity abroad (Turnell, 2011; IOM, 2020). While neighbouring Asian countries remain the primary destinations for low- and medium-skilled migrants, migration of highly-skilled workers to Western countries, such as the United States, Australia, and the United Kingdom, has risen markedly. Over the past two decades, the Myanmar-born population in the United States grew from approximately 17,000 in 2000 to around 189,000 in 2019 (U.S. Census Bureau, 2020), while Australia's Myanmar-born population increased by more than 50% in the same period (Australian Bureau of Statistics, 2021).

The diaspora has played a crucial role in supporting Myanmar through remittances and humanitarian contributions across several crises. Financial remittances sent to families helps

sustain livelihoods, while broader community in-kind and financial donations have been vital in supporting local humanitarian response. For instance, diaspora networks were instrumental in providing aid during Cyclone Nargis in 2008 and continue to support communities affected by ongoing conflict and natural disasters (United Nations Development Programme [UNDP], 2009; UNHCR, 2024; DEMAC, 2022).

While the impact of remittances and financial contributions in supporting households and humanitarian response has been examined, little is known about the effect of these extensive contributions on the resilience of the health system in Myanmar. This working paper presents the findings of a study that examined the contributions of the Burmese diaspora to the resilience of the health system in Myanmar, their engagement modalities, and factors influencing the scale and impact of these contributions.

Methods

Study design

This study is part of the ReBUILD for Resilience multi-country research programme examining diaspora contributions to health system resilience across Sudan, Lebanon, Nepal, Sierra Leone, and Myanmar. In line with the broader programme design, the Myanmar case study was intended to adopt a convergent mixed-methods approach comprising a literature review, a quantitative strand, and a qualitative strand. However, the quantitative strand was not conducted due to the absence of reliable, granular data on remittance flows and household health expenditure, and Myanmar's politically-sensitive context significantly constrained data collection. The availability of published academic and grey literature was similarly limited, reflecting both the suppression of independent reporting under military rule and the disruption of governmental and institutional data systems since the 2021 takeover. The study therefore draws on a review of selected documents available online and semi-structured key informant interviews as its primary data sources.

Document review

A targeted search of academic databases and grey literature sources was conducted to identify documents relevant to Myanmar's diaspora engagement and contributions to the health system and/or humanitarian response. Given the scarcity of published material, the search was broad in scope, encompassing PubMed, Google Scholar, and targeted searches of organisational websites, including WHO SEARO, IOM, and diaspora-affiliated organisations. A total of 24 documents were obtained from the search, and screened against the eligibility criteria, including reports documenting or discussing diaspora contributions to health systems, health workers, or local community health systems and community resilience. Only eight documents met the eligibility criteria and were included. Documents were reviewed thematically to identify patterns of diaspora engagement, types of contribution (financial, human capital or social capital), and reported effects on the health system, its components or resilience capacities.

Key informant interviews

Nine semi-structured key informant interviews were conducted with diaspora health professionals and representatives of Myanmar diaspora health organisations based in host countries including the United Kingdom, United States, and Australia (n=5), as well as local organisations, international NGOs and diaspora experts with direct knowledge of Myanmar's health system (n=4). Participants were purposively selected to reflect diverse diaspora profiles, including variation in region and actor roles. Potential informants were identified through the research team's professional networks and snowball sampling due to the limited role of the review in enabling identification of potential informants. Interviews were conducted virtually and followed a shared topic guide developed centrally for the multi-country study and adapted to Myanmar's context, covering diaspora engagement modalities, contributions to the health system and communities in crisis, motivators, barriers, and effects on the health system resilience capacities. All interviews were audio-recorded with informed consent and were transcribed verbatim. Given the sensitivity of the political context and the risks of identification, all transcripts were carefully anonymised.

Data analysis

Data were analysed following thematic analysis, specifically the framework method. Deductive codes from a coding framework developed for the multi-country study were applied, encompassing context, diaspora engagement, capital contributions, and resilience outcomes, while allowing for the emergence of inductive codes from the data. Findings from the document review and interviews were then triangulated and synthesised and presented by theme in the results section, drawing on drawing on participant quotes where possible.

Limitations

The politically-sensitive context of post-2021 Myanmar imposed significant constraints on this study which are important to acknowledge. The suppression of independent media, disruption of institutional data systems, and security risks facing both researchers and participants substantially limited the volume of retrievable published evidence and the range of actors who could safely participate. It was not possible to include perspectives from actors operating within or adjacent to military-controlled health structures. The findings therefore reflect primarily the experiences of diaspora actors engaged through National Unity Government (NUG)-aligned and Civil Disobedience Movement (CDM)-affiliated channels and should be interpreted with this constraint in mind.

Results

The results are presented under four broad themes,

- perceptions of who are 'diaspora',
- their contributions,
- the factors affecting diaspora engagement, and
- the effects of those factors on resilience capacities.

Who are the Burmese diaspora?

Many of the interview participants in the study identified diaspora as people from Myanmar, who have origins in the country, are of any ethnicity, and who love and contribute to the country in any way they can, whether small or big, technically or financially, formally or informally.

“Diaspora means people who are Myanmar nationals and born in Myanmar but for various reasons who are abroad, and willing to give back technical knowledge, skills, donations either in kind or cash to the nationals who are living inside the country” (KII 1)

Interviewees described Myanmar's health diaspora as largely emerging in response to the country's prolonged political and social crises dating back to the 1960s. At that time, many medical professionals left Myanmar in search of better living conditions, professional opportunities and social protection, particularly in the United Kingdom and the United States. In terms of countries of settlement, interviewees identified that diaspora medical doctors are predominantly based in the United Kingdom, Australia and the United States, while many Myanmar nurses reside in Singapore and the United Kingdom. Since the 1970s, Myanmar health professionals have established organisations including the Burmese American Medical Association (BAMA), the Australian Myanmar Medical Association (AMMA) and UK Health Partnerships for Myanmar. Participants described a strong and enduring commitment among these professionals to contribute to Myanmar's health sector despite living abroad.

Forms of diaspora contributions to Myanmar's health system

Financial capital contributions

Financial contributions by the Myanmar diaspora are made via both personal remittances and collective fundraising initiatives.

Personal remittances have made a significant contribution to Myanmar's economy. According to the World Bank, remittances to Myanmar totalled approximately US\$1.2 billion in 2022, although the true figure is likely to be considerably higher because many migrants use informal transfer systems such as *hundi* (World Bank, 2023). Following the military takeover, restrictions imposed by the military government and weaknesses within the financial system forced many migrants to rely on informal transfer channels, despite the associated risks and financial losses (World Bank, 2022). Nevertheless, remittances continue to contribute approximately 4–5% of Myanmar's GDP, making them one of the country's most important sources of foreign income.

Interviewees reported that the largest remittance flows originate from Thailand, Singapore and Malaysia, where large numbers of Myanmar migrants work in construction, manufacturing and domestic work. Most remittances are used to support household healthcare expenses, children's education and everyday living costs. Some households also invest these funds in small businesses, agriculture and local trading activities. During both the COVID-19 pandemic and the current political crisis, remittances have become increasingly important for household survival.

"Myanmar people are always attached to their country and families, and most who work abroad send money back to their families, especially for health care and in time of difficulties." (KII 6)

Alongside individual remittances, interviewees described substantial collective fundraising efforts undertaken by Myanmar diaspora communities following the military takeover. These initiatives reflected a common goal of supporting the country's recovery from conflict and humanitarian crisis. A wide range of fundraising mechanisms were employed, including trusted individual donations, food fairs, music festivals, diaspora bonds, auctions of valuable possessions and fundraising campaigns organised by artists and prominent members of the Myanmar diaspora. Medical professionals who were also well-known singers, including Phyu Phyu Kyaw Thein, Chit Thu Wai, Kyar Pauk and Saung Oo Hlaing, played prominent roles in organising fundraising events for Myanmar communities around the world. Finally, participants highlighted diaspora philanthropic contributions to health system infrastructure, including the reconstruction and upgrading of health facilities, alongside investments in health workforce capacity building.

"Diaspora contributed not only technically but also renovations of building infrastructures like the Yangon General Hospital Renovation and ICU department upgrading and skill buildings during those periods." (KII 1)

Human capital contributions

Myanmar health professionals in the diaspora made important contributions through the transfer of knowledge, technical expertise and clinical skills.

During the COVID-19 pandemic, diaspora health professionals provided extensive support for both preventative and clinical care. Mental health services were delivered through telecommunication platforms, while initiatives such as *Tele-Kyan Mar* enabled volunteer specialists to provide remote consultations. Some activities were organised independently, whereas others involved collaboration with Myanmar medical universities to deliver online teaching, training and professional development. Diaspora organisations also assisted in procuring personal protective equipment, medicines and other essential medical supplies during the COVID-19 pandemic. Collective donations of oxygen plants were also made to areas experiencing severe shortages.

According to interviewees, many of these initiatives continue today. Telemedicine services still provide clinical care and mental health support to populations inside Myanmar, internally-displaced communities and Myanmar migrants living in Thailand, Singapore and Malaysia.

"Through Tele Kyan Mar, we have a group of Psychiatrist who help people suffering from mental health related illness. Mostly are people inside the country but nowadays we also got clients from Thailand, Singapore and Malaysia as well." (KII 2)

Technical support also extended to CDM health professionals through specialist training, the establishment of new training institutions, and support for health infrastructure in ethnic-controlled areas. Interviewees described online training programmes delivered by diaspora clinicians to newly-established medical training centres serving internally-displaced communities and volunteer health workers.

"Telemedicine plays a key role in technical support given by the medical diasporas to the people in country. There is a very large network of contributors and beneficiaries who have gained much technical know-how and treatment benefits through online telemedicine platforms." (KII 2)

Participants also highlighted the substantial need for medicines, medical supplies and logistical support within conflict-affected areas and the role of diaspora philanthropic donations in supporting that provision. Several interviewees observed that direct cash assistance was often more useful than attempting to transport medicines and equipment across conflict lines because local health workers were better placed to procure what was most urgently needed.

Social capital contributions

Burmese diaspora contributed through professional networks, trusted relationships and collective advocacy which was vital in enabling all other contributions.

Professional networks

During the period of political stability between 2015 and 2020, professional networks enabled extensive collaboration between Myanmar health professionals in the diaspora and those on-the-ground in Myanmar. Many diaspora medical professionals returned temporarily, and some permanently, to contribute to the country's medical profession.

Interviewees also highlighted the substantial academic contributions made by diaspora professionals during this period. Myanmar medical universities benefitted from lectures, specialist training and practical teaching delivered by diaspora academics. These included emergency medicine training, medical ethics, and hands-on specialist training in paediatrics, obstetrics and gynaecology, and surgery.

Myanmar medical professionals diaspora also maintained active links with the Myanmar Medical Association (MMA) to support academic exchange and professional development during this period of political openness (2015–20). These collaborations were facilitated through professional organisations as well as informal personal networks, including friendships and former classmates working in Myanmar.

"I just did some presentations at Myanmar Medical Association (MMA)... when I came back to Myanmar for our class reunion every four to five years. When I was invited as a speaker from MMA during my visits, I went to give some presentations in my respective specialized field." (KII 7)

Interviewees reflected that long-standing personal relationships frequently developed into broader institutional collaborations between Myanmar and international organisations. Friendships often expanded into partnerships involving organisations such as the Royal Colleges of Physicians, Surgeons and Paediatricians in the United Kingdom.

Participants also described how favourable leadership within Myanmar's health sector during periods of stability strengthened these collaborations. During this period, the Minister of Health was a PhD graduate of Johns Hopkins University in the United States and had previously worked for the WHO South-East Asia Regional Office (SEARO). His international experience and professional networks helped facilitate collaboration between diaspora organisations and Myanmar's health institutions. Professional affiliations, institutional partnerships with host countries, and long-standing personal relationships enabled diaspora initiatives to expand and contribute substantially to the health sector.

"The professional-to-professional relationship between two countries is assumed to have benefits for the countries because they have skills and capacity to mediate. Organizations like XX help to act as fund mediators in some cases. Trust and relationship were the most important factor for these collaborations." (KII 1)

Advocacy and humanitarian mobilisation

The military takeover in 2021 fundamentally changed the nature of diaspora engagement. As the political landscape shifted, formal collaborations between diaspora organisations and institutions within Myanmar became increasingly constrained. The health sector became one of the sectors most severely affected by the humanitarian crisis, with devastating consequences for communities across the country. Health workers were among the first groups to participate in the CDM, and many became targets of detention and persecution. Many fled to areas in Myanmar controlled by ethnic armed groups, while others sought refuge in neighbouring countries, such as Thailand, or migrated further to the United Kingdom, Australia and the United States. As health became an integral component of the humanitarian response to the military takeover and its fallout, diaspora support extended beyond healthcare alone. Health-related assistance became closely intertwined with broader humanitarian support, including food, shelter and essential medicines, as well as maternal healthcare and treatment for conflict-related injuries. Through these efforts, diaspora communities helped support internally-displaced populations living in conflict-affected areas.

Political advocacy also intensified during this period, with Myanmar medical professionals around the world mobilising through policy advocacy, fundraising and humanitarian action.

"As the country situation changed, many of the medical professionals around the world join in any way they can, some actively participated in policy advocacy, some did fund raising and some were doing ground works for humanitarian assistance, we did whatever we could from every corner." (KII 6)

Factors affecting diaspora engagement

Several factors influencing diaspora engagement were identified.

Motivating factors

Interviewees emphasised that the commitment of the Myanmar diaspora was strongly linked to emotional ties with the country and a shared determination to support people living under military rule.

“Although many of the diaspora were from different places around the world, they want to do something for the country, for the people. They have this mindset that they can still do something and make contributions. This sense of contribution is the number one thing. Another thing is the sense of belonging which is the connection between medical professions and related organizations.” (KII 2)

Solidarity and patriotism also emerged as important motivating factors. Participants described remarkable collective efforts by Myanmar diaspora communities worldwide to support the country's struggle for democracy and provide humanitarian assistance.

“Amazing efforts were seen of the Myanmar diaspora communities and togetherness to gain the freedom of its national leaders and the nation with full aspiration and resilience has been continuous for over more than four years now.” (KII 9)

Enabling factors

Trust

With the ongoing military crackdown and targeted attacks on healthcare workers and support networks, the provision of diaspora support was largely built on trust and collaboration. Many diaspora communities worked closely together to provide medical logistics, equipment and financial support. However, the delivery of these resources relied heavily on trusted informal channels because of the risks involved. As a result, funding mechanisms were often difficult to monitor and document.

“Trust is important in time of crisis, on ground is in danger and in emergency and of course money is important but sometimes lives are more important. For example, the money is provided for immunizations but if we had to use this for emergency amputation, they must have a record for that. I think it may be so concrete on ground. Yeah, that's right, if we want to reduce the rigidity, it's important to have documents of what was being done with that money instead. In fact, the documentation is important at every level. Another thing is trust. You know, it is very important too and the donors should have the trust in the people too.” (KII 2 and KII 4)

Social media and technology

Social media was described as a crucial tool for supporting diaspora activities, particularly during times of crisis. Many diaspora health professionals provided remote consultations to people living in conflict-affected areas of Myanmar and refugee camps. Virtual medical training for medics working in ethnic regions and non-government-controlled areas was also delivered through a range of social media platforms.

One key informant described the provision of mental health support through WhatsApp, Telegram and Facebook to people across Myanmar, regardless of their political views. Platforms established before 2021 to provide COVID-19-related services and mental health counselling continued to operate after the military takeover, even though many of the providers were affiliated with the NUG. Participants also identified the CDM network and the Global Myanmar Health Professionals network as important sources of support for delivering healthcare to the most affected communities. Diaspora communities provided both financial and technical support for these online platforms, which facilitated healthcare delivery, fundraising, media advocacy and community engagement. However, participants noted that contextual intelligence was essential when using

social media because of internet restrictions, the need for virtual private networks (VPNs) and concerns about individual security.

“Social media is an effective tool for advocacy, fund raising and for training of medics in ethnic regions. However, we also must be careful of using media especially for those inside the country as there is very high risk of security. We used media platforms at a momentum to raise fund in the beginning, but we are very careful nowadays especially involving people who live inside the country. For the diaspora, it is a wide network and it is very effective tool.” (KII 3 and KII 4)

Barriers

Individual level

Participants identified several personal barriers to diaspora engagement, including security concerns among those living in neighbouring countries without legal documentation and the associated risks of detention and deportation. These diaspora members often served as essential intermediaries between international actors and communities within Myanmar in supporting healthcare delivery. Participants also described the emotional burden and financial instability associated with living outside the country while continuing to support family members and colleagues in Myanmar.

“I used to be somebody and now I know that I am not who I used to be. I am in a new place adapting and trying to live my daily life. But I am lucky to be part of the support team to help with the training of the health care workers. There are so many challenges I face as an individual but if I can contribute with my professional skills, I feel much useful.” (KII 2)

Fragmentation within diaspora was also identified as a barrier, despite all diaspora groups sharing a common goal of restoring civilian government and promoting justice for the people of Myanmar. However, because of their different migration histories and lived experiences, participants acknowledged differences in diaspora perspectives and approaches. Some interviewees described fragmentation among diaspora groups, noting that support mechanisms were largely informal and built on trust and personal relationships.

“We really need to understand each other as we all have a common goal, but at the same time we are people with different mindset and backgrounds, we need to understand one another.” (KII 5)

Professional constraints

Many participants discussed the challenges faced by CDM health professionals who had migrated abroad following the military takeover. These professionals often experienced difficulties obtaining professional registration because they lacked official passports or degree certificates. Others faced language barriers or differences in licensing requirements and clinical practice between Myanmar and host countries. Participants also described mental health challenges, including trauma, survivor guilt and the emotional stress of supporting loved ones living in conflict-affected areas while they themselves were safe.

Organisational level

Most interviewees described engaging through diaspora organisations. Long-established organisations, such as the Burmese American Medical Association, have supported Myanmar communities both abroad and within Myanmar for more than two decades. Many participants also described working through smaller organisations established under the NUG during the current

crisis. Although these organisations had limited organisational capacity and funding, they were characterised by highly committed individuals, many of whom were CDM health professionals in their forties and fifties.

However, participants noted that the capacity of these organisations did not extend across the whole of Myanmar, with geographical inequities in the support provided. Participants also highlighted poor coordination and fragmentation between long-established diaspora communities and those who became part of the diaspora following the 2021 military takeover. In addition, diaspora-supported, community-run clinics and telehealth programmes operating in cross-border areas faced significant shortages of funding, medical supplies and logistical support.

Limited organisational capacity and strict donor requirements were also identified as barriers. Participants explained that while long-established diaspora members had greater familiarity with international funding and reporting requirements, diaspora members working directly with communities on the ground needed flexibility when providing humanitarian assistance. In many situations, such assistance had to be delivered through trusted informal channels, with direct cash transfers used to purchase medical supplies locally, making formal procurement systems unfeasible. As a result, quality assurance and formal documentation were often difficult to achieve.

“What’s challenging is that there are way too many on ground organizations helping together and they aren’t very familiar with public health, budget management and non-government organizational systems. For them, this is really a burden. They don’t understand much why the donors are asking for these logistics as they are not the ones usually working for the projects. Some may be clinicians. So, there comes the gaps and misunderstandings. Therefore, as I said, it’s important for both sides to be open-minded and flexible. We all need to understand each other.” (KII 3)

Policy level

According to interviewees, diaspora contributions varied depending on the political context. During periods of political stability before the 2021 military takeover, many diaspora professionals returned to Myanmar to strengthen clinical skills, support health system development and contribute to strategic planning and the Universal Health Coverage agenda. Political stability therefore played an important role in enabling diaspora engagement at the policy level. However, even during these periods of stability, regulatory and legal barriers remained. Many diaspora professionals had practiced overseas for many years but were unable to undertake clinical practice in Myanmar because of licensing restrictions.

“We got license from America, and we have been practicing so long but there are still barriers to do clinical practice in country. Past 10 years ago when I came for reunion, we were able to train and show some of the clinical trainings with the help of Myanmar Medical Association to young clinicians.” (KII 7)

According to interviewees, diaspora engagement and barriers also differed according to the generation of the diaspora and their legal status and stability in the host countries. Long-term diaspora members who migrated before 2000 and were more established in their host countries contributed primarily through technical, academic and financial support. A second group consisted of professionals who migrated after 2000 for employment and educational opportunities and who continued to contribute both financially and technically during periods of stability and crisis. Many

had experience working within United Nations agencies and international funding organisations and therefore had a stronger understanding of donor requirements and accountability mechanisms. The third group comprised younger medical professionals who left Myanmar following the 2021 military takeover. These professionals experienced greater challenges related to legal settlement status, employment opportunities and making a living.

Reported effects on health system resilience capacities

Health system resilience was a broad topic for the interviewees who discussed the diaspora contributions to several resilience capacities of the health system.

Governance

Most participants described close collaboration between diaspora communities around the world and officials from the Ministry of Health (MoH) under the NUG in strengthening health system governance.

The MoH under the NUG was established in 2021 following the military takeover. Since then, the Ministry has been developing an alternative health system to restore essential health services, protect health workers, and reach communities in need through both on-the-ground service delivery and digital platforms, such as telemedicine, despite ongoing conflict and limited governance capacity. Since its establishment, the NUG MoH has collaborated with ethnic health organisations, civil society organisations, grassroots networks, diaspora communities and international partners. As of March 2025, it operated through 29 State Health Administrative Team Leaders and 227 Township Health Focal Persons, supported by more than 5,000 health workers, 70–80% of whom are members of the CDM.

Interviewees reported that diaspora contributions strengthened service delivery in conflict-affected areas through financial, technical and professional support. Telemedicine and online training for health workers operating in conflict settings were described as important mechanisms for maintaining service delivery and supporting the day-to-day management of clinical cases. Although unstable internet connectivity remained a challenge, participants noted that internet services provided by the NUG in some non-government-controlled areas had enabled more

reliable service delivery. Participants also identified diaspora-supported mental health services as one of the most successful examples of these initiatives.

"As Tele Kyanmar is an established online platform for mental health consultations, we as psychiatrists provide mental health care to people in need through the platform." (KII 2)

Human resources for health

Participants described diaspora contributions as strengthening the health workforce through support for both health infrastructure and workforce development. Medical institutions and secondary care facilities had been established with financial support from international partners and the diaspora. Recognising the importance of human resources for health in strengthening health system resilience, the NUG MoH had also established systems to train clinical staff for primary healthcare clinics operating in conflict-affected areas. According to interviewees, these activities were supported through a combination of international, national and diaspora funding.

Participants described logistics and supply chains as largely ad hoc but effective, despite the ongoing conflict and tight security restrictions within Myanmar and along border areas. Diaspora members frequently transported medical supplies at their own expense and personal risk from their countries of residence to border areas, where they were distributed to communities in hard-to-reach locations.

"One of my friend carry medical supplies full load with her personal suitcase and donate to the border areas to distribute." (KII 5)

Health financing

As Myanmar's health service delivery is closely linked to the wider humanitarian response, participants explained that health financing was largely integrated within humanitarian funding mechanisms. According to interviewees, diaspora communities had established dedicated fundraising, fund collection and fund distribution teams. While fundraising and collecting donations were generally considered manageable, participants consistently described the safe and effective distribution of funds to communities in need as the greatest challenge.

"I am living outside and I have no problem fundraising and collecting but for distribution of funds to medical supplies and equipment is the hard part. We really must think collectively and think for the safety and security of the person inside the country in reaching the people in need." (KII 6)

Overall, participants shared that the NUG MoH remains in the early stages of health system development and continues to face substantial challenges, including limited service coverage, lack of routine and emergency planning, shortages of human resources, and ongoing security risks. Nevertheless, interviewees viewed strengthening health system resilience as a critical priority for sustaining health service delivery throughout the ongoing crisis.

Summary of key findings

This study found that the Burmese health diaspora is an important transnational actor in supporting Myanmar's health system, particularly during periods of political instability and humanitarian crisis. Diaspora contributions extended beyond financial support to include the mobilisation of social and human capital that strengthened health service delivery, workforce development and humanitarian response.

The findings show that the Burmese health diaspora is highly heterogeneous, comprising both long-established professionals and more recently displaced health workers. Despite differences in migration histories, legal status and professional circumstances, participants shared a common commitment to supporting Myanmar's health system and improving the wellbeing of communities affected by conflict.

Diaspora contributions were found to be multifaceted. Financial capital was mobilised through personal remittances, collective fundraising and philanthropic donations that supported household health expenditure, humanitarian activities, health infrastructure and workforce development. Human capital contributions included the transfer of clinical knowledge, specialist training, telemedicine, online education, mental health services, and the provision of medicines, medical equipment and technical expertise. Social capital underpinned these contributions through professional networks, trusted relationships and institutional partnerships, which facilitated collaboration between diaspora organisations, health professionals and institutions within Myanmar. Following the 2021 military takeover, these networks were rapidly repurposed for humanitarian mobilisation, policy advocacy and support for the Civil Disobedience Movement.

The findings also highlighted that diaspora engagement is shaped by a combination of motivating, enabling and constraining factors. A strong sense of belonging, patriotic motivations, solidarity and professional responsibility motivated continued engagement despite considerable personal, professional and financial risks. Trust emerged as a central enabler of diaspora engagement, supporting collaboration between diaspora organisations and local partners and facilitating the use of informal mechanisms for transferring funds, medical supplies and technical support in insecure settings. Digital technologies and social media further enabled remote service delivery, training, fundraising and advocacy. At the same time, insecurity, restrictive legal and regulatory environments, professional accreditation challenges, limited organisational capacity, fragmentation across diaspora groups and stringent donor requirements constrained the scale and effectiveness of diaspora engagement.

Finally, participants perceived diaspora contributions to have strengthened several dimensions of health system resilience. Through collaboration with the Ministry of Health under the National Unity Government and other local actors, diaspora support contributed to health system governance, health workforce development, service delivery, logistics and supply chains, and health financing. Telemedicine, online training and mental health services were highlighted as particularly important innovations for maintaining health services in conflict-affected areas. Nevertheless, participants acknowledged that the alternative health system continues to face significant challenges related to limited service coverage, workforce shortages, financing and insecurity. Sustaining health system resilience will therefore require continued collaboration between diaspora communities, local actors and international partners.

Conclusion

This working paper demonstrates that the Burmese health diaspora plays a critical role in supporting Myanmar's health system during periods of political instability and humanitarian crisis. Through the mobilisation of financial, human and social capital, diaspora communities have contributed to maintaining health service delivery, strengthening the health workforce, supporting humanitarian response and sustaining health system functions in areas where formal systems have been disrupted. The findings also demonstrate that the Burmese diaspora are not only economic and technical actors but also important political actors, mobilising advocacy, humanitarian action and international support during periods of crisis.

The findings of the study have important implications for policy and practice. As Myanmar's health system continues to face protracted conflict and limited state capacity, diaspora communities represent an important yet under-recognised actor in strengthening the resilience of the health system. Greater collaboration with diaspora organisations, availability of flexible funding mechanisms and partnership can support their role in humanitarian response and health systems resilience. Creating an enabling environment for diaspora by reducing barriers is equally important. This includes addressing professional accreditation and licensing barriers, creating more flexible funding and accountability mechanisms that are appropriate for conflict settings, strengthening coordination between diaspora organisations and international humanitarian system, and supporting capacity development of diaspora organisations.

References

- Australian Bureau of Statistics. (2021). *Migration, Australia*. <https://www.abs.gov.au>
- DEMAC (2022) *Diaspora organizations and their humanitarian response in Myanmar*. Copenhagen: Diaspora Emergency Action & Coordination (DEMAC).
- Human Rights Watch. (2021). *Myanmar: Events of 2021*. <https://www.hrw.org>
- Human Rights Watch. (2022). *Myanmar: Post-coup developments*. <https://www.hrw.org>
- International Organization for Migration. (2020). *Myanmar migration report*. <https://www.iom.int>
- Ministry of Labour, Immigration and Population. (2015). *The 2014 Myanmar population and housing census*. Government of Myanmar.
- Smith, M. (1999). *Burma: Insurgency and the politics of ethnicity*. Zed Books.
- Steinberg, D. I. (2010). *Burma/Myanmar: What everyone needs to know*. Oxford University Press.
- Turnell, S. (2011). *Fundamentals of Myanmar's macroeconomy*. Asian Development Bank.
- United Nations. (2022). *Myanmar situation report*. <https://www.un.org>
- United Nations Development Programme. (2009). *Cyclone Nargis recovery report*. <https://www.undp.org>
- United Nations High Commissioner for Refugees. (2024). *Myanmar emergency overview*. <https://www.unhcr.org>
- U.S. Census Bureau. (2020). *American Community Survey*. <https://www.census.gov>
- World Bank. (2021). *Migration and remittances data*. <https://www.worldbank.org>
- World Bank. (2023). *Migration and development brief 39: Remittance flows continue to grow in 2023, albeit at a slower pace*. World Bank. <https://www.worldbank.org/en/news/press-release/2023/12/18/remittance-flows-grow-2023-slower-pace-migration-development-brief>
- World Bank. (2022). *Remittances grow 5% in 2022 despite global headwinds*. World Bank. <https://www.worldbank.org/en/news/press-release/2022/11/30/remittances-grow-5-percent-2022>



ReBUILD

FOR RESILIENCE

Research for resilient health systems
in fragile and shock-prone settings

ReBUILD for Resilience examines health systems in fragile settings experiencing violence, conflict, pandemics and other shocks. Our aim is to produce high-quality, practical, multidisciplinary and scalable health systems research which can be used to improve the health and lives of many millions of people.



This project is funded with UK aid from the British people. However, the views expressed do not necessarily reflect the UK government's official policies.

c/o Liverpool School of Tropical Medicine
Pembroke Place
Liverpool, L3 5QA
+44 151 705 3269
rebuildconsortium@lstm.ac.uk