



Annual report and accounts 2024-2025



Message from Board President

We write to you at a time when the global environment for social justice and international solidarity work is under unprecedented strain. Around the world, powerful governments are retreating from their responsibilities, fueling a hostile climate for international development. As public funding shrinks, the competition for resources has intensified to a level that threatens the very existence of many organizations — including those on the front lines of health, equity, and human rights.

This is not simply a funding crisis. It is the latest expression of a deeper injustice: a global system that hoards wealth in the Minority World while extracting from, and impoverishing, the Majority. The consequences are devastating. Public health systems collapse under debt burdens. Communities are left without medicines, food, or basic services. And those already most marginalized — women, migrants, Indigenous peoples — are pushed further to the edges.

For Health Poverty Action USA, the challenge is clear. We must work harder, faster, and more creatively than ever to sustain the programs and partnerships that save lives and challenge the root causes of poverty and ill-health. In 2024 into 2025, we've done exactly that — adapting operations, filling gaps left by failing systems, and launching new initiatives based on opportunities that arise.

But adaptation is not enough. We also stand for transformation: for a fairer, more honest global system that ends exploitation, cancels unjust debts, and redistributes wealth through mechanisms like wealth taxes and the regulation and taxation of illicit drug markets. We refuse to accept the status quo that treats solidarity as charity and leaves communities at the mercy of political whims.

We are deeply grateful to our staff, partners, and supporters for standing with us in these difficult times. Together, we will continue to push for justice — not as an act of generosity, but as a matter of global equity and shared humanity.



CHERI DUBIEL
Board President
Health Poverty Action USA

Board members

Cheri Dubiel, President
Oliver Kemp, Treasurer

Kathi Seiden-Thomas, Secretary
Leena Moiz

Cover photo: Mothers in Guatemala receive seedlings of nutritious plants to grow in their garden.
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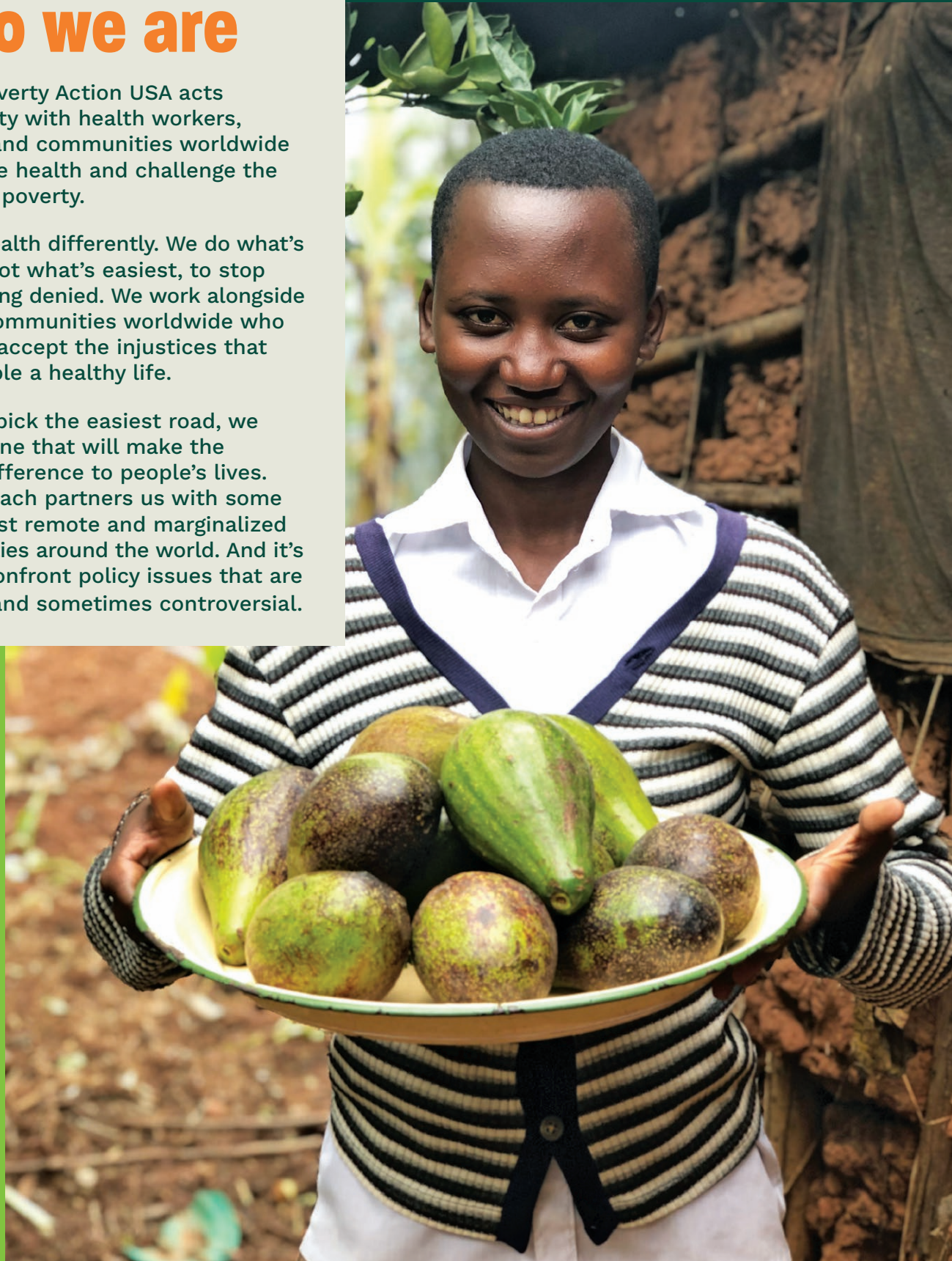
Photo: Divine started a business selling avocados in Rwanda.

Who we are

Health Poverty Action USA acts in solidarity with health workers, activists and communities worldwide to improve health and challenge the causes of poverty.

We see health differently. We do what's needed, not what's easiest, to stop health being denied. We work alongside ignored communities worldwide who refuse to accept the injustices that deny people a healthy life.

We don't pick the easiest road, we pick the one that will make the biggest difference to people's lives. Our approach partners us with some of the most remote and marginalized communities around the world. And it's why we confront policy issues that are complex and sometimes controversial.



Country updates

All of our work is carried out in close collaboration with governments, local communities, and a range of partners — including our UK-based strategic ally, Health Poverty Action — with the shared goal of building strong, equitable public health systems. The country snapshots in this report are offered in the context of our specific projects and do not claim to represent the full picture of each nation.

In 2024-2025, we were proud to contribute to impactful work in three countries spanning three regions of the world: Guatemala in Latin America, Myanmar in Southeast Asia, and Rwanda in Eastern Africa. The activities and achievements highlighted here reflect the full scope of outcomes delivered by our local partners, with Health Poverty Action USA playing a significant role in Guatemala and a more targeted, complementary role in Myanmar and Rwanda. As we move forward, we remain committed to mobilizing the critical resources needed to deepen our involvement in these efforts and expand our support to other projects where our contribution can make a meaningful difference.



Guatemala

Context

In Guatemala, Indigenous Maya communities — especially those living in the climate-stressed “Dry Corridor” — continue to experience deep and persistent inequalities. Shifting weather patterns and prolonged droughts from climate change have disrupted traditional farming cycles, driving up food prices and worsening already fragile food security. At the same time, the national health system remains severely under-resourced, with the bulk of government health spending absorbed by salaries, leaving little for essential services, medicines, and infrastructure.



A training session held for TBAs to help them identify potential risks for their patient.

Political update

The swearing-in of a pro-Indigenous government in January 2024 placed Indigenous rights firmly on the national agenda, prompting the Ministry of Health to begin acting on long-approved but long-neglected intercultural health policies. This renewed emphasis on culturally appropriate care has opened the door for long-overdue reforms — reforms in which we have been proud to play a supporting role. Throughout the year, we have worked to help ensure that public health services are genuinely accessible and respectful of Indigenous cultural practices.



Planting a new demonstrative garden in Tuipox, Concepción.

While these steps forward are significant, some Indigenous communities have voiced frustration that the pace and visibility of change have fallen short of expectations. At the same time, sweeping cuts to international aid have placed additional pressure on the health system, with HIV clinics and malnutrition program hit particularly hard. The rising cost of food — driven in part by climate crisis-related disruptions to the growing season — has only deepened the strain.

Adding to these challenges, anti-immigration rhetoric from the new US administration has caused deep anxiety among Indigenous families who rely on remittances from undocumented relatives working in the United States. The threat of mass deportations carries not only the risk of personal loss, but the potential for severe economic collapse in communities that depend on this income.



Cookery demonstration using nutritional, locally grown produce at Duraznales health fair.

Our work

Across seven Maya Mam and K'iche' districts, our work focuses on improving public health services for Indigenous women and children by ensuring care is both culturally relevant and accessible. We supported groups for pregnant women, new mothers, and women of reproductive age, using participatory approaches that actively engage participants, strengthen maternal health knowledge, and build trust in local services.

To address malnutrition, we established demonstration gardens at government health posts, integrating vegetables with traditional medicinal plants. Women received training in culturally rooted gardening techniques, cooking, and nutrition — all grounded in the use of locally available foods.

We also trained and supported Traditional Birth Attendants to implement Guatemala's national policy on traditional midwifery, while working with Ministry of Health staff to increase understanding of Indigenous birthing practices and improve maternal mental health care, including the recognition and treatment of perinatal depression. Our recognized expertise in culturally inclusive healthcare led to an invitation to lead national-level training sessions — a powerful step towards embedding intercultural approaches into public health policy.

Dianeth Marta Calderón: standing up for TBAs, standing up for mothers

Dianeth Marta Calderón, from Santa Cruz del Quiché, is a Traditional Birth Attendant, like her mother. She says, “I carry out my mission with much charisma and love, since we are watching over and cherishing two lives.”

Ms. Calderón continues, “I was passing by the market when a young man I know approached me, greeted me, and asked me to please give him a document stating that I had supported his wife during a still birth so the clinic would release his wife and his child's body and register the child's death. It turns out that the baby had been born at a private clinic and the clinic doctor had refused to sign the document to take responsibly. Instead told him the man to find and pay a Traditional Birth Attendant to sign, so the clinic would not be blamed.”

“Because of my training with HPA I know my rights,” she says. “I demanded to speak to the doctor. I told him he was committing a crime by detaining the deceased baby and the mother, and above all, by bribing a TBA to blame her for the death and threatened to sue him. The doctor then completed the paperwork, and released the mother and baby's body.”

“Through the training we've received, we've woken up. We've kept up to date, and we have guidelines on our ID card, which clearly state that we shouldn't get carried away and fill out paperwork without attending the birth ourselves...We have to value our profession, since some doctors don't.”

“Thanks to the training and the supplies that HPA has provided us, I've managed to improve the care of my patients... Thanks to the updates, we improve every day, so we hope you don't abandon us and continue with the activities to strengthen us further. Thank you for the supplies; it encourages us to keep going!”



Dianeth shares her experience and knowledge with other TBAs in a training session.

Highlights*



People impacted:

Total direct: **7,034** • Total indirect: **146,403** • Overall total reached: **153,437**

* These highlights represent outcomes of the total projects, of which Health Poverty Action USA played a part.

Myanmar

Context

Myanmar continues to experience a rapidly evolving conflict. The China-Myanmar border areas remain among the most underserved, where poverty is closely associated with malaria and tuberculosis. Marginalized ethnic minority communities living in the forest often bear the greatest burden of both ill health and economic hardship, and struggle to access healthcare.

The ongoing political crisis continues to erode institutional capacity, weaken coordination across the health system, and fragment the supply chains essential for national immunization, nutrition programs, and the control of communicable diseases. At the same time, unpredictable weather patterns are undermining agriculture, intensifying food insecurity and malnutrition, particularly among children and pregnant women.



A baby wears a hat fashioned by our staff from a vaccine box, during vaccination on his first birthday in a village in Shan state.



Our team in Myanmar evacuate the office after flooding.

Political update

Since late 2024, intensified hostilities have resulted in shifting territory control, creating service delivery gaps and further disrupting public services, including healthcare. Heightened tensions along the border areas have disrupted cross-border trade and humanitarian supply lines, particularly affecting remote areas dependent on imports for medical and food supplies. Persistent insecurity and road blockades have caused chronic shortages of medical supplies, delayed vaccine deliveries, and interrupted essential health services.

In Shan and Kachin States, heavy rain triggered severe flooding, washing away roads, displacing communities, and destroying health facilities in several villages. In flood-prone areas, outbreaks of waterborne diseases have increased.

Reduced aid flows have reversed many hard-won health gains. Decreased service coverage, constrained disease surveillance, and scaled-down outreach activities have caused service gaps for vulnerable groups leaving them more exposed to malnutrition, waterborne illness, and vaccine-preventable diseases. Funding shortfalls have threatened drug supplies, delayed essential care for pregnant women and young children, and forced us to scale back support for village health committees and ethnic health organizations — weakening local service delivery capacity at a time of exacerbated need.

Our work

In the face of these challenges, we continue to implement comprehensive health and humanitarian interventions across conflict-affected areas in Kachin and Shan States. This includes emergency medical referrals, provision of essential medicines, nutritional supplements for malnourished children and pregnant women, and targeted support for displaced populations facing acute health and food insecurity.

We work to restore and strengthen maternal, newborn, and child health services, expand immunization, and improve nutrition in some of the most remote and underserved communities. Despite frequent conflict-related disruptions, our mobile clinics and community-based services play a critical role in maintaining access to healthcare.

We have facilitated dialogue with authorities and community leaders to prioritize maternal and child health, securing safe passage for mobile clinics through conflict-affected zones so that life-saving services reach those who need them.

Along the China–Myanmar border, our malaria control projects — delivered with ethnic health organizations and community health workers — target areas where the disease burden is high. We also piloted a tele-supervision model for remote health workers, reducing travel costs and allowing for more frequent, flexible oversight in areas with challenging security and access conditions.

A transformative journey in rural maternal care

Khaung Gan, a volunteer from Pung Tue Village, participated in a maternal healthcare training covering managing uterine complications, addressing postpartum bleeding, assisting mothers with abnormal fetal positions, and providing vital neonatal care. The participants were also taught how to recognize emergencies and efficiently transfer patients to healthcare facilities. This decision was life-changing, not only for Khaung Gan but also for the families she would later assist.

Her newfound skills were put to the test when she encountered Sai Char, who was pregnant with her seventh child, and experiencing significant discomfort and complications due to the baby's abnormal position. Khaung Gan immediately recognized the signs of danger and applied the techniques she had learned during the training. She carefully assessed the situation, provided necessary interventions, and guided the family for the next steps to ensure the safety of both the mother and the child.

Despite being advised to deliver at a hospital, Sai Char ultimately gave birth in the village. Thanks to Khaung Gan's timely and skilled intervention, the delivery was successful, and both the mother and baby were healthy. This event underscored the critical role of community volunteers in saving lives. Her work inspired the local community to embrace the importance of maternal healthcare education and preparedness. Villagers began to understand the value of acquiring knowledge and skills to address healthcare challenges, fostering a culture of awareness and proactive care.



Khaung Gan with Sai Char and her baby.

Highlights*



* These highlights represent outcomes of the total projects, of which Health Poverty Action USA played a part.

Rwanda

Context

Following the 1994 genocide, Rwanda embarked on an ambitious journey of national rebuilding. The country has since made tremendous progress not only in internal reconciliation but also in economic growth. In collaboration with international and local partners, the government implemented comprehensive poverty reduction programs aimed at improving community well-being. Key initiatives included the introduction of universal health insurance ("mutuelle de santé") and the expansion of quality education, both of which have had direct impacts on public health, as well as creating a more open environment for the private sector. These measures have propelled Rwanda's economy to grow at one of the highest rates in the region. A central pillar of this economic transformation has been the empowerment of women, particularly in the agricultural sector. Organizations like ours support this by helping young women secure employment on tea estates and fostering opportunities for them to create their own businesses. Rwanda's high reliance on

agriculture makes it acutely vulnerable to the climate crisis. For the majority of smallholder farmers who form the backbone of the agricultural workforce, increasingly unpredictable weather patterns threaten livelihoods and food stability.

Political update

The July 2024 presidential elections were won by Paul Kagame, who has ruled the country since 2000. The climate crisis continued to wreak havoc. In April and May heavy rains and floods killed 14 people in Nyanza District.

Our work

We work alongside women survivors of gender-based violence to create pathways into secure employment, improve working conditions, and promote gender transformation in the tea sector. Through the Business Development Service project, we help foster self-employment by supporting the creation of new businesses and strengthening Micro, Small, and Medium Enterprises.

From enrolling in training, to building a stable future: Jaqueline's story

Jaqueline Nyiransengiyumva, from Kamabuye Village in Nyamasheke District, is a single mother who had been living in extreme poverty, unable to afford basic necessities, including healthcare for herself and her child. With no income, she had no way to save or plan for the future — each day was a struggle to survive.

Jaqueline enrolled in the *Work Ready Now* and *Be Your Own Boss* soft skills training, followed by technical training in tea plucking in collaboration with Gisakura Tea Company. She quickly gained the skills to excel in tea harvesting, now averaging 31 kilograms of tea per day and contributing to other plantation tasks, earning around 51,000 Rwandan francs per month.

The project provided her with Personal Protective Equipment (PPE), enabling her to work safely in roles such as tea withering and cleaning. Her expanded skill set has increased her value to the company, and she is now a respected employee under consideration for a formal employment contract after successfully completing the four-month training.

With her new income, Jaqueline can now cover her family's basic needs — including health insurance, school fees, and meals — while also saving each month and investing in small-scale livestock farming.



Jaqueline in the tea plantation, where she works.

Highlights*



People directly impacted: 3,423

* These highlights represent outcomes of the total projects, of which Health Poverty Action USA played a part.

Financial review

In solidarity with health workers, activists, and communities around the world, we continued in 2024–2025 to advance health equity and challenge the root causes of poverty. None of this work would be possible without the generosity of our supporters, funders, and partners, to whom we are deeply grateful.

Now in our third year of active operations, Health Poverty Action USA continued to build momentum in both fundraising and program delivery. We successfully submitted our IRS Form 990-EZ for the 2024 fiscal year (April 2024 through March 2025), which was accepted without issue. As our revenue level remains below the threshold requiring a formal independent audit, we are pleased to provide a clear summary of our income and expenditure here for transparency to our current and prospective supporters.

Our financial position reflects prudent stewardship of donor funds, with the majority of expenditures directed toward program activities that advance our mission. We remain committed to maintaining a healthy balance between program spending, administrative costs, and fundraising investment, in line with nonprofit best practices and the expectations of accountability standards such as Charity Navigator.

Income

Our income for 2024–2025 was \$60,115. We were successful in securing funding to support projects in Guatemala, Myanmar, and Rwanda. This included generous funding from Health Poverty Action (UK), Christadelphian Meal A Day Fund for the Americas, Karen Birdsall, Ann C. Boyer, Hugh McCall, as well as support from anonymous donors.

Expenditure

Our total expenditure for 2024–2025 was \$59,939. We spent \$47,651 supporting project activities (79.5%) and \$12,288 on our support costs (20.5%), including maintaining our website, and operational costs like rent, phone, and travel. We were able to keep support costs lower, and in line with reduced income, through the use of volunteers and seconded staff.

Income and expenditure

	2024-2025	2023-2024
Income		
Contributions and grants	\$60,115	\$87,040
Start-up funding	-	-
Total	\$60,115	\$87,040
Expenditure		
Programs	\$47,651	\$55,796
Staff	-	\$10,373
Support costs	\$12,288	\$9,487
Total	\$59,939	\$75,656



Health Poverty Action USA: Health for all in a just world.

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