

# HEALTH IN ACTION

Health Poverty Action and Find Your Feet Newsletter

Winter 2025



In this edition:

## A world on the move

**Plus:** Emigration and estrangement in Guatemala, health workers in Gaza and more...

**HEALTH  
POVERTY  
ACTION**

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# INTRODUCTION

Welcome to the latest edition of your newsletter, Health in Action. My name is Kelly Douglas, and I am the Director of Development & Partnerships. At both Health Poverty Action and Find Your Feet, I'm responsible for ensuring we're doing everything we can to engage with individuals, businesses and organisations that could support our missions of health for all and helping people build a future free from poverty.



While I may not fit the stereotypical profile of a migrant, I have relocated to the UK from my home country and am very aware of the variety of experiences that are covered by the word 'migration'. At a time when politicians and commentators are pushing reductive and regressive narratives about migrants, our work reveals the global nature of migration within and between Africa, Asia, and Latin America.

In this edition, we present our 'A World on the Move' appeal, looking at how we help address some of the pressing issues around migration in the communities we work alongside. We also look at how our work around legal regulation of drugs is contributing to new approaches internationally, and how the ways we talk about 'international development' can better support the struggle for global justice.

On behalf of all the communities, health workers, and activists we work alongside, I'd like to thank you for your support and continued interest in what we can do together.

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Front cover: Members of a rural border community in Laos

Health Poverty Action and Find Your Feet share resources and expertise so we can better support marginalised communities to enhance their health, livelihoods and wellbeing.

# A WORLD ON THE MOVE

**WE LOOK AT HOW OUR WORK WITH COMMUNITIES GLOBALLY IS INFLUENCED BY THE IMPACT OF MIGRATION**

- ▼ **Our team in Ethiopia provides vital healthcare to remote border communities and mobile populations**

**While migration is a hotly contested issue, with politicians, commentators, media and the general public questioning immigration policies and practices, broader global dynamics and perspectives around migration are often given little or no consideration.**

Beyond the feverish rhetoric and hyperbole that characterises much of the current debate around migration, communities that Health Poverty Action works with in Africa, Asia and Latin America are affected by migration in a variety of ways that are often overlooked during discussions in the so-called Global North.

These issues range from difficulties affecting border communities in southeast Asia; to the challenges facing people who are internally displaced by conflict, climate change and disasters in Ethiopia, Myanmar and Somaliland; to the impact of emigration on communities in Guatemala; to migrants' experiences around mental health and gender-based violence in Cambodia and Zimbabwe.

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## JOIN THE MOVEMENT – HEALTH FOR ALL IN A JUST WORLD

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Our work with these communities reveals the truly global nature of migration as an intrinsic part of human life. It also demonstrates how, by working together, we can better ensure that people's needs are met in an ever-changing world.

### Internal affairs

**Issues related to internal migration, where people move from one part of a country to another, are often a factor in our work.**

Mohamoud Ali Bullale, our Country Director in Somaliland, explains how this phenomenon translates to his country: "We support health facilities in urban and rural areas, and in Internally Displaced Persons (IDPs) camps... These IDPs generally fall into two categories; conflict induced IDPs and climate induced IDPs... A lot of people are leaving rural areas because their livestock is dying... They often move to IDP camps where they receive support from non-governmental



▲ We work with people displaced by conflict in Myanmar

organisations (NGOs)... in the form of shelter, food, water, healthcare and education."

In countries like Myanmar, protracted conflict has led to displacement of millions of people. Bawk San Labang, a 30-year-old mother of four who was forced to leave her home over 13 years ago, shares some of the difficulties her family faces in the IDP camp where they live: "The house we live in is very old, damaged and dilapidated inside out... When the rain comes, especially at night, we cannot sleep at all... We are not safe. With the help from HPA, we no longer have to worry about food, but shelter difficulty remains the same..."

Emergencies such as natural disasters can also drive internal migration on a massive scale. Earlier this year, earthquake threats in Awash Fentale district in Ethiopia displaced over 100,000 people. During the peak of the crisis, our colleague Makonnen Haftom witnessed the severe conditions faced by displaced families: "People were living in overcrowded and unsafe shelters, without clean water, proper sanitation, food, or



▲ We test mobile workers for malaria near the border in Cambodia

## MIGRATION, MENTAL HEALTH AND GENDERED VIOLENCE

Many migrants move internationally, or from rural to urban areas, seeking employment or following family members. This shift often exposes them to insecure jobs, low wages, inadequate housing, and limited access to health and other services.

Women, in particular, face heightened risks of sexual harassment, gender-based violence, and discrimination, especially when working in informal sectors such as domestic work, garment production, construction, and entertainment.

We are currently conducting research, alongside partner organisations, in Cambodia and Zimbabwe as part of a global initiative studying gender-based violence (GBV) and mental health among people who have migrated.

The overarching objective of this study is, through better understanding these issues, to develop actionable, locally relevant responses to the intertwined challenges of violence and mental distress in migrant communities.

essential healthcare. At one point, more than half of the displaced population was sleeping outdoors, fully exposed to harsh weather and heightened health risks."

### Across the border

**Many of the communities we work alongside in southeast Asia are in relatively remote border regions.**

People in these communities might migrate to larger settlements or plantations to find work. Some, especially those whose livelihoods involve seasonal work or collecting forest resources such as timber and foodstuffs, can frequently cross international borders.

These mobile and migrant workers can find it difficult to access healthcare and might be exposed to infectious diseases such as

malaria, making it harder to track and manage the spread of those diseases within communities and across countries.

We have collaborated with these communities for several decades, finding ways to improve people's livelihoods and safeguard health. The initiatives we've supported during this time include establishing and equipping health clinics and mobile health teams, training community health volunteers, and establishing cross-border initiatives to monitor and respond to the spread of diseases like malaria.

Niem, one of the volunteers working with our team in rural Vietnam, explains: "Being a volunteer... gave me the opportunity to reach hundreds of families in remote

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▲ Across east Africa and southeast Asia, we ensure that internally displaced persons, mobile populations, and remote border communities can benefit from healthcare and social services

areas, bringing them knowledge about early symptoms and prevention methods... helping people protect themselves and their loved ones... Thanks to all the village health workers, they connect me with remote ethnic groups in the deep fields or forests, helping me bridge gaps.”

We’ve also worked with these border communities across southeast Asia to improve livelihoods and living conditions in a variety of ways, from installing solar power systems to providing capital for small-scale entrepreneurs.

Lahtaw Baw Mai, a shopkeeper with limited mobility from a border community in Myanmar, outlines how one of these initiatives has helped her business: “Health Poverty Action’s livelihood grant is [£275]... I feel very proud and happy to accept it in my very difficult times. I used all the cash in my... grocery shop. Now I can purchase different kinds of goods for my shop. The higher daily income of [£10]... covers not only household running costs but also pays for increasing goods in the shop. I feel like I can stand confidently.”

### Living on the frontline

**One factor that drives mass migration, whether internally or internationally, is conflict.** In many of the communities where we work, we see how conflict can force people to leave their homes, often settling in neighbouring regions and countries.

In Myanmar, longstanding conflict has affected many communities, forcing millions of people to uproot their lives and move to settlements for internally displaced persons.

In Ethiopia, internal conflict has also displaced several million people over recent years.

“**BEING A VOLUNTEER...  
GAVE ME THE  
OPPORTUNITY TO REACH  
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IN REMOTE AREAS**”

Furthermore, conflict and instability in neighbouring countries such as Somalia, South Sudan and Sudan have led to over a million refugees settling in Ethiopia.

Kenya hosts over 830,000 refugees and asylum seekers who have fled conflict and persecution in neighbouring countries, including

Somalia and South Sudan. With some of these conflicts having endured for more than 30 years, there are many people who have lived most or all of their lives in refugee camps.

While conversations in North America and Europe often fixate on the impact of refugees and asylum seekers arriving from outside those regions, many countries across Africa, Asia and Latin America with much weaker economies are offering shelter to far greater numbers of those displaced by conflict.

While we continue working with communities across Africa, Asia and Latin America to address some of the challenges around migration, whether the factors driving people to move, the difficulties of settling within a new environment, or the impact on the places migrants leave, we also recognise the many benefits of migration globally.

**We can only engage in the kind of long-term efforts necessary to build stronger communities globally because of the support of committed donors. Together, we can address the challenges we face, including dangerous and divisive narratives, and keep moving in the right direction.**

### Donate now:

Give to our ‘A World on the Move’ appeal and help to build a healthier, more prosperous world for all. To donate today, please visit:

 [www.healthpovertyaction.org/donate](http://www.healthpovertyaction.org/donate)

# BACK HOME IN GUATEMALA



## WE HEAR FROM OUR LOCAL PARTNERS IN GUATEMALA ABOUT THE IMPACT OF EMIGRATION ON THEIR COMMUNITIES

Over the past three years, Find Your Feet (FYF) has been collaborating with our local partner, Health Poverty Action (HPA), in Guatemala. The communities HPA works alongside in the highlands of Guatemala are greatly affected by widespread emigration due to lack of opportunity.

As Teresa Fuentes, HPA's National Administrator in Guatemala, explains: "Traditionally, people migrated from the highlands to the coast at harvest time... This is less common now, as coffee and cardamom prices have fallen in recent years.

**Lack of opportunities and unemployment pushes many people, especially men, to migrate to the USA, Canada and Spain...** Migration leads to family break-ups: the husband migrates, some forget

about their families and abandon them, with many starting new families in the new country."

Project Coordinator Silvia Vaquez continues: **"People also migrate to the coast, the capital city and other regions... Consequently, grandparents are often left to raise children.**

These grandparents can struggle with supporting, educating and protecting children, leaving them prone to dropping out of education, becoming pregnant and facing other difficulties."

Administrative Assistant Clara Ambrocio shares a further insight: "People smugglers, known as coyotes, charge expensive fees to transport people overseas... Sometimes migrants' families have to pick up the bill when the migrant can't or doesn't pay off the coyotes."

The discussion turns to recent developments, especially in light of the Trump administration's harsh immigration policies. Thomas Hart, HPA Country Director in Guatemala, explains: "Despite us seeing 43% fewer deportations to Guatemala to date this year than under the Biden administration, the situation has changed due to the political rhetoric. People are fearful of being rounded up and deported, so they're simply going to work and returning straight home."

Theresa nods in agreement: **"Those who started businesses, bought flats, and invested what they had in the USA rather than Guatemala have been left with nothing.**

I visited a deportee last month who hadn't built a home in Guatemala, so was left empty-handed. His wife, children and the rest of his family had to decide whether to remain in the USA and, ultimately, returned to Guatemala too.

He says that, like most people who return, he's now working on the land,



▲ Families face harsh economic conditions

**Your contributions mean we can work alongside communities and partners around the world to tackle the long-term issues people face, wherever they may settle. Please visit [www.findyourfeet.org](http://www.findyourfeet.org) to donate today.**



▲ Sharing nutrition tips for families

but cauliflower, broccoli and potato prices have all fallen, so they're finding it hard to make ends meet!"

Remittances sent by emigrants to Guatemala remain a significant source of national income as Thomas explains: "Remittances account for 20% of gross domestic product (GDP) but, while the total amount is still increasing due to continued migration, **individual families have been saying they're now receiving less from their relatives overseas.**"

In conclusion, Theresa reflects on the current state of affairs: "The economic situation has worsened in rural areas. Shop owners and street traders report that they're not making much money and people are spending more of their income on food and essentials.

**Anecdotally, the desire to migrate is still strong and people are willing to take the risk and pay \$20,000, often borrowing against land as collateral, for the opportunity to travel to the USA with people smugglers."**

# IN SOLIDARITY WITH HEALTH WORKERS IN GAZA

## A MESSAGE FROM A MEMBER OF THE PEOPLE'S HEALTH MOVEMENT

As a member of the People's Health Movement (PHM), Health Poverty Action stands in solidarity with those working for health and social justice around the world. In Palestine, PHM members and health workers continue to document and resist the systematic destruction of Gaza's health system. We were proud to see our fellow PHM members aboard the Sumud Global Flotilla and stood alongside them in their pursuit of freedom after the unlawful interception of their boats and their detention by Israeli forces.

At the time of writing, a ceasefire has been declared. But for the people of Gaza, peace remains out of reach. Hospitals and clinics have been destroyed, and health workers are struggling to care for patients due to occupation forces blocking the entry of essential equipment and medicine into Gaza. Many health workers have been detained (as of 20th October 2025, 95 health workers remained in Israeli custody) or killed (more than 1,500 health workers have been killed in Gaza since October 7, 2023).

"There is no peace and no plan" for Gaza, health workers have warned in response to the ceasefire deal, celebrated among Western leaders.

This cannot be the end to the fight for a free Palestine. We must keep our focus on maintaining international pressure. The western working class can play a role in ending Israel's impunity, through strikes, protests, and Boycott, Divestment and Sanctions.

**"Because our goal is not just to end the war on Gaza. Our goal is to achieve freedom. Our goal is to end occupation. Our goal is to end the system of apartheid that we are subjected to." – Dr Mustafa Barghouti, Palestinian Politician, Physician and Activist**

Health Poverty Action was founded on the belief that attention must continue in these areas for long after cameras leave. The work of rebuilding and repair is only just beginning in Gaza,

supported on the ground by PHM members, and global attention must not waver. Sustained solidarity is essential to ensure that Gaza and its health system can recover.

In September, the Gaza tribunal in London underscored the UK government's complicity in this genocide. From intelligence sharing and arms exports to its failure to uphold international law and protect aid workers. The UK has done the minimum to hold Israel to account while shielding itself from scrutiny.

“**THERE IS NO  
PEACE AND  
NO PLAN**”

We must not repeat past failures. PHM has long identified how complacency, complicity, and collusion by international actors, motivated by charity rather than solidarity, have propped up the occupation, undermined Palestinian resistance, and weakened Palestinian sovereignty.

We, as members of PHM, join activists and health workers worldwide in calling for an end to the assault and occupation of Gaza. True health solidarity means centring Palestinian leadership, respecting Palestinian agency, and recognising that political sovereignty is indivisible from health justice.



# RETHINKING DRUG POLICY FOR GLOBAL JUSTICE

THE UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP) RECENTLY RELEASED A LANDMARK REPORT WHICH, AT ITS CORE, ECHOES SOMETHING HEALTH POVERTY ACTION (HPA) HAS BEEN SAYING FOR YEARS: DRUG POLICY IS FUNDAMENTALLY A DEVELOPMENT ISSUE.

**Why does HPA work on drug policy?** Since its conception, the so-called “war on drugs” has deepened poverty, damaged health, destroyed ecosystems, criminalised livelihoods, fuelled corruption, and driven violence. These harms have been acutely felt among women and marginalised communities. That’s why we’ve long called for a new approach to drug regulation that puts justice, equity, and health at its heart.

**Is anything changing?** Yes, legal regulation of drugs is already happening around the world, in many different ways. But too often, these efforts focus narrowly on public health, without addressing the wider development impacts of prohibition. They overlook the unequal harms caused by the current system and fail to tackle the deeper, structural injustices of the illicit drug market.

## What needs to happen now?

**Our challenge now, as part of the global development community, is to make sure legal regulation is conceived with global justice at the centre.** If we don’t, the same groups harmed by prohibition risk being excluded yet again [reproducing harms, disproportionate impact].

**How?** This means ensuring that future drug policies protect labour and land rights, respect Indigenous people’s rights, advance racial and gender justice, and strengthen governance, public health, and climate action. It also means connecting drug policy to broader movements for tax and trade justice. There are real opportunities here, but also serious risks if regulation happens without attention to power and inequality.

**As the UNDP’s report puts it, punitive drug control has failed. It’s time for a development-centred approach that leaves no one behind.**

**What can you do?** You can explore these ideas further in our recent webinar, *The Legal Regulation of Drugs: A Call to the Development Sector*, featuring UNDP Policy Specialist Boyan Konstantinov. Start the conversation. Get in touch with us to join the coalition.

## Time for a New Narrative

**Across the Development sector, there’s growing recognition that the aid narrative no longer works – in fact, it often causes harm.** Talking about “aid” divides us into “givers” and “receivers” and hides

the deeper truth: that poverty and inequality are created by the way power and wealth are distributed. Not only along the lines of the so-called global North and South, but within countries too, inequality exists everywhere.

**That’s why we believe the sector needs a new story — one that builds unity and solidarity instead of reinforcing divides.** Our focus must shift from charity to justice: on redistributing power and wealth, and connecting struggles for climate justice, gender equality, racial justice, debt and trade reform, and participatory democracy.

“**IN SHORT, WE  
NEED SOLIDARITY**”

**Poverty is ultimately about power: who holds it, and who is excluded from it.** Around the world, extreme wealth (and therefore power) is increasing concentrated in the hands of a few, while democracy and accountability are increasingly being eroded.

To build real change, we must also acknowledge who has benefited from colonialism and who continues to bear its costs. **A just world requires that power and resources be used for the people, not just for some people.**

In short, we need solidarity.

That’s the vision guiding our work for global justice. Stay tuned for future campaigns on this issue.



## A GIFT IN YOUR WILL HELPS FAMILIES ACROSS AFRICA, ASIA AND LATIN AMERICA CONTINUE TO TAKE CHARGE OF THEIR OWN LIVES

Stand with the communities, campaigners and health workers who've been taking a **different approach** to tackling poverty and hunger for over sixty years.

Find Your Feet was founded in 1960 and originally focussed on supporting Eastern European refugees. Today, because of our committed supporters, we are able to work with communities across Africa, Asia and Latin America.

To find out how even a small gift in your will can make a huge difference, please contact [fyf@fyf.org.uk](mailto:fyf@fyf.org.uk) or tick the relevant box in the response form and send it to us for free.



There are many ways to support the work of Health Poverty Action and Find Your Feet. Here are just a few ways, and you can find more on our websites at [www.healthpovertyaction.org](http://www.healthpovertyaction.org) and [www.findyourfeet.org](http://www.findyourfeet.org).



### Run for Impact: Travel, Learn, and Transform Lives

Join Health Poverty Action for a unique and meaningful experience that blends travel, challenge, and purpose. Spend a week immersed in one of our programme countries, learning about global health and the projects you're supporting. Fundraise and at the end of the week in country you will take on a 5k, 10k, or marathon... any distance that would challenge you. Join a team of other passionate and driven supporters to visit and support our work. Running not just for fitness, but for justice and lasting change.

### Upcoming events:

- Guatemala – 23 February to 1 March 2026
- Rwanda – May 2026

### Walk the Distance for Health Poverty Action

Step into the shoes of real health workers in Myanmar by joining our virtual walking challenge! Using the Walk the Distance app, track your steps along the exact route health workers take to deliver vital vaccines to remote communities in Myanmar. Fundraise as you go, share your journey with friends, and make every mile count in bringing essential healthcare to those who need it most.

### Get involved!

For more information about any of these opportunities, email David at [d.machin@healthpovertyaction.org](mailto:d.machin@healthpovertyaction.org). We can't wait to hear from you!

GET INVOLVED

# A WORLD ON THE MOVE

EVERY DAY, AROUND THE WORLD, PEOPLE ARE TRAVELLING WITHIN AND ACROSS BORDERS. TOGETHER WE CAN ENSURE THE JOURNEY IS SMOOTHER FOR EVERYONE.

▲ We work alongside many border communities in Asia

## Make a donation today

Beyond the feverish rhetoric of politicians and commentators, we're working with communities to address some of the real issues that people are facing around migration globally.

This might mean ensuring that mobile populations can access healthcare; helping those displaced by conflict and disasters get back on their feet; or supporting families affected by emigration and estrangement.

**Please give whatever you can to our A World on the Move appeal today and help build a healthier, more prosperous world for all!**

## How to donate:

**Web:** [www.healthpovertyaction.org](http://www.healthpovertyaction.org) | [www.findyourfeet.org](http://www.findyourfeet.org)

**Email:** [fundraising@healthpovertyaction.org](mailto:fundraising@healthpovertyaction.org) | [fyf@fyf.org.uk](mailto:fyf@fyf.org.uk)

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