

2024 ANNUAL REPORT

Maya Health Alliance

Wuqu' Kawoq



mayahealth.org

FROM OUR CHIEF EXECUTIVE OFFICER

Dear Maya Health Community,

This year has been all about growth—growing our team, expanding our programs, and building strong partnerships.

Since 2020, we've nearly tripled in size! We're now over 130 passionate people strong, including our incredible community health workers, nurses, doctors, technicians, drivers, and administrative staff. Each of them brings heart and dedication to our mission every day.



In 2024, we've added new care navigators and midwife partners to support more safe and healthy births, more nurses to provide preventive care to women in rural communities, and more researchers to test new approaches and help us deliver the most effective care possible.

We've also deepened our collaboration with Guatemala's Ministry of Health. Together, we're rolling out a national model for treating diabetes and hypertension so more people can access the care and medications they need. In Tecpán, we're working closely with the local hospital to improve childbirth experiences for indigenous families and ensure that newborns receive quality care from day one. And we've teamed up with the Health Ministry on a multilingual HPV vaccine awareness campaign to help prevent cervical cancer.

Through all this growth, we've stayed grounded in what matters most: listening to communities, supporting our team, and creating a culture where everyone can speak up and make a difference.

Real change in community health doesn't happen overnight. It's not always flashy. So it takes someone thoughtful and committed to recognize the power and promise of our steady, collective progress. That's you. Thank you for believing in this work, and in us.

With gratitude,

Anne Kraemer, CEO

Maya Health Alliance | Wuqu' Kawoq
2024 Annual Report

OUR WORK



We unlock **access to quality healthcare** in rural Guatemala.

Working with **Maya community health workers & care navigators,**

and leveraging **simple technology, research & collaboration,**

we are **transforming healthcare** and **eliminating needless illness and deaths.**

We provide care for every stage of life. Focus areas include primary care, women's health (reproductive care, cancer prevention, maternal health), child nutrition & development, and chronic conditions such as diabetes and hypertension.

Mission

Building equity and transforming health in rural Guatemala.

Vision

Everyone has access to high-quality care, no matter where they were born or what language they speak.

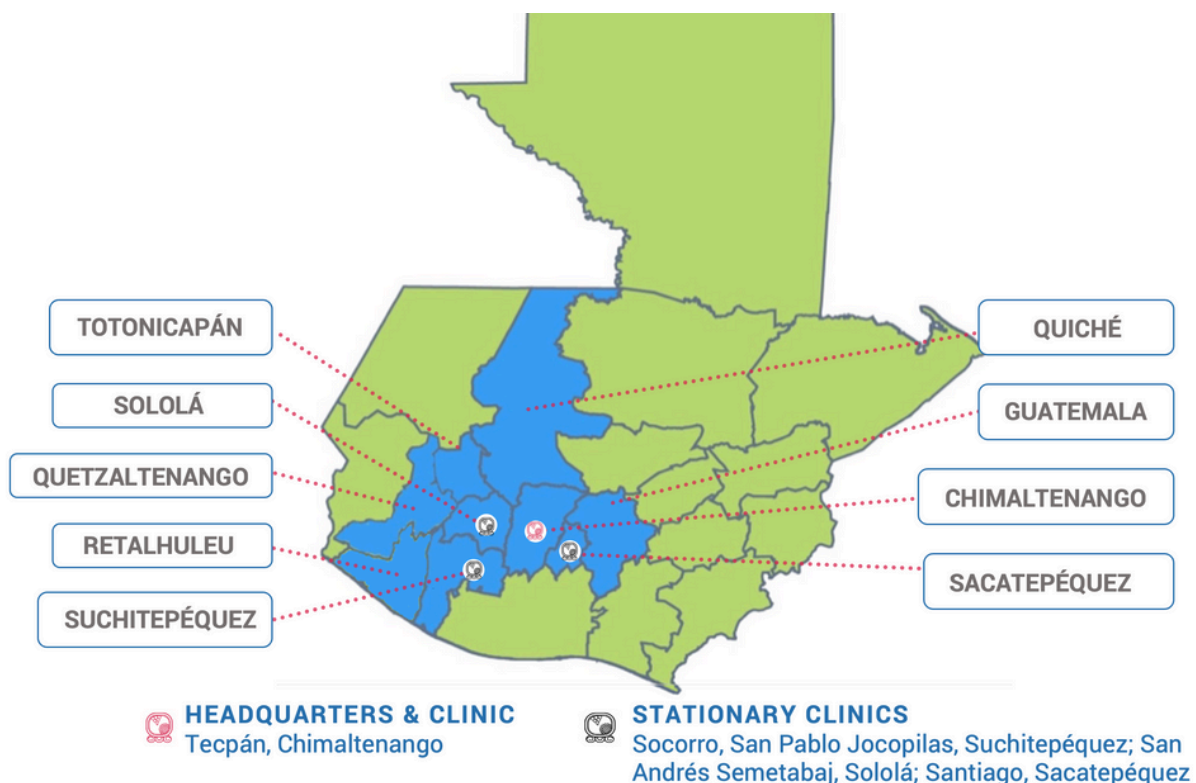
WHERE WE WORK

Maya Health Alliance was born in 2007 from the vision and determination of Kaqchikel Maya leaders in Santiago, Sacatepéquez who were tired of seeing their community suffer and lose loved ones from conditions that could be prevented.

For centuries, families living in Guatemala's rural, indigenous communities have faced entrenched barriers to quality healthcare such as language, distance, cost, racism, and neglect. As a result, in these communities, rates of children stunted by malnutrition are among the highest in the world, mothers die from preventable childbirth complications, and cervical cancer claims lives that simple screenings could have saved.

Together with the communities we serve, we're transforming this reality.

Today, our highly trained community health workers bring high-quality, culturally rooted care directly into homes and gathering spaces across nine departments in Guatemala's Central Highlands. Through our five clinics, we offer comprehensive, cradle-to-grave care that meets families at every stage of life.



2024 IMPACT

Every year, we care for thousands of patients in hundreds of rural communities and train hundreds of community members in practical, hands-on workshops. In 2024, 97% of patients were women and girls. Along with partnering with patients to improve their health and well-being, we work for systems-level change with community, government, and civil sector partners. We also drive change through research and evaluation. Our Center for Indigenous Health Research is one of the leading publishers of medical and scientific articles in Guatemala.

HEALTH SERVICES PROVIDED IN 2024

10,444 patients

35,780 visits

Including:

NUTRITION



532 patients

10,957 visits

PRIMARY CARE



495 patients

2,677 visits

WOMEN'S HEALTH



8,542 patients

18,028 visits

3,905 family planning methods

1,963 cervical cancer tests

MATERNAL HEALTH



696 patients

2,845 visits

27 lives saved through detection & treatment of high-risk conditions

DIABETES



119 patients

1,133 visits

55% A1c (blood sugar levels) controlled

COMPLEX CARE



60 patients

140 visits

IMPACT OVER TIME

Over nearly 20 years, we have been working steadily to address priority health issues in rural Guatemala. We have been caring for some patients for many years, moving with them through their health journeys in different stages of life. At the same time, we begin with new patients and encounter different challenges every year. Together with patients, the public health system, and our wonderful collaborators, we are building health equity in Guatemala. Here are some highlights of our impact over time.

HEALTH SERVICES PROVIDED SINCE 2007

43,776 patients

353,070 visits



NUTRITION (SINCE 2011)

4,000 children enrolled
64,216 home visits



MATERNAL HEALTH (SINCE 2016)

6,495 births attended
3,545 hospital visits
45% hospital births



WOMEN'S HEALTH (SINCE 2013)

122,204 preventive care visits
17,886 family planning methods provided
13,608 years of contraceptive coverage
15,783 cervical cancer tests (since 2015)



DIABETES (SINCE 2010)

238 patients
14,368 visits
55% A1c controlled

2024 PUBLICATIONS

Our Center for Indigenous Health Research is one of the leading publishers of medical studies in the country. This research is central to our success: by continually evaluating our outcomes, we're able to understand what works and what doesn't and to adjust accordingly so that patients receive the best care possible. The following 2024 publications provided tremendous insight into health conditions in rural Guatemala and similar contexts along with opportunities for our future work.



Practices of maize handling and nixtamalization to reduce fungal toxin exposure in rural Guatemala. Journal of Agriculture and Food Research. December 2024

Methodology for adapting a co-created early childhood development intervention and implementation strategies for use by frontline workers in India and Guatemala: a systematic application of the FRAME-IS framework. Global Health Action. December 2024

Automated image transcription for perinatal blood pressure monitoring using mobile health technology. PLOS Digital Health. October 2024

Associating neuromotor outcomes at 12 months with wearable sensor measures collected during early infancy in rural Guatemala. Gait & Posture. September 2024

Mobil Monitoring Doppler Ultrasound (MoMDUS) study: protocol for a prospective, observational study investigating the use of artificial intelligence and low-cost Doppler ultrasound for the automated quantification of hypertension, pre-eclampsia and fetal growth restriction in rural Guatemala. BMJ Open. September 2024

2024 PUBLICATIONS

Common errors in statistics and methods. BMJ Paediatr Open. September 2024

X-ray Irradiation Reduces Live *Aspergillus flavus* Viability but Not Aflatoxin B1 in Naturally Contaminated Maize. Toxins. July 2024

Global Prevalence of Aspirin Use for Primary Prevention of Cardiovascular Disease: A Cross-Sectional Study of Nationally Representative, Individual-Level Data. Global Heart Journal. May 2024

New WHO guideline on the prevention and management of acute malnutrition in infants and young children: remaining challenges. BMJ Paediatrics Open. May 2024

A biosocial analysis of perinatal and late neonatal mortality among Indigenous Maya Kaqchikel communities in Tecpán, Guatemala: a mixed-methods study. BMJ Global Health. April 2024

Early full-day leg movement kinematics and swaddling patterns in infants in rural Guatemala: A pilot study. PLoS One. February 2024

Hypertension care cascades and reducing inequities in cardiovascular disease in low- and middle-income countries. Nature Medicine. February 2024

Assessing child development scores among minority and Indigenous language versus dominant language speakers: a cross-sectional analysis of national Multiple Indicator Cluster Surveys. Lancet Global Health. January 2024

Implementing integrated hypertension and diabetes management using the World Health Organization's HEARTS model: protocol for a pilot study in the Guatemalan national primary care system. Implementation Science Communications. January 2024

Impact of COVID-19 on diabetes care: mixed methods study in an Indigenous area of Guatemala. BMJ Open. January 2024

I have had the amazing opportunity to volunteer with Wuqu' Kawoq for over 9 months now. I am constantly blown away by this organization and their dedication to providing high quality, continual care to patients in their own language. Additionally, they continually monitor and evaluate their programs to ensure that every service they provide is truly benefiting the communities they serve. I am so impressed by the work Wuqu Kawoq does and the way that they go about doing it.

Eva Armbruster, Volunteer



OUR TEAM

95% Guatemalan
80% Indigenous Maya
85% Women

We are a diverse, 130 plus team of physicians, nurses, anthropologists, linguists, teachers, nutritionists, drivers, engineers, public health practitioners, lawyers, designers, accountants, communicators, entrepreneurs, and community health workers. What unites us is a shared dedication to improving health and well-being in Guatemala.



2024 Retreat, Tecpán, Guatemala

We are deeply grateful for our dedicated board members and for the time, expertise, and resources they contribute! The Board comes together in Guatemala every fall to spend time with the team and help shape the year ahead.



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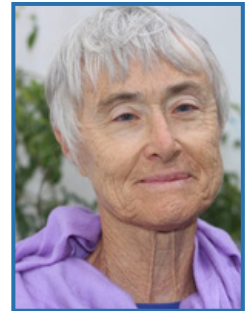
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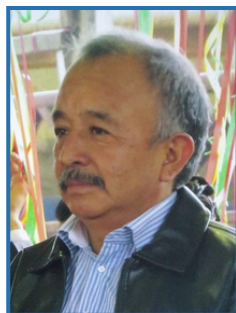
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UPDATES FROM THE FIELD

In 2024, we made significant strides addressing the health issues that matter most to the communities we serve. Highlights of this remarkable work follow.

1. SUPPORTING HEALTHY BIRTHS

We laid the foundation to scale our efforts to reduce maternal and infant mortality by adding midwife partners and care navigators with the aim of doubling our capacity to 1,800 births a year. We introduced visits to newborns in the first days of life to monitor common health risks and support mothers with breastfeeding and other care. And we launched an AI-enhanced version of the safe+natal phone application with new features to alert midwives to potential problems early.

Hospital visits for follow-up care increased by 60% and emergency visits dropped by 10%, suggesting that these improvements helped mothers and their babies receive timely care and avoid more serious problems.



2024

653 hospital referrals:
239 emergency
78 routine
336 follow up exams



Doña Irma: Building Trust and Confidence

In March 2025, midwife María contacted Wuqu' Kawoq to consult about Irma, a 25-year-old in her sixth pregnancy. Living in rural Zaculeu, Irma had tragically lost four babies born prematurely at home. When her water broke at 34 weeks, she delayed calling María for two hours. Concerned, María urged her to go to the hospital, reassuring Irma that a Wuqu' Kawoq care navigator would support her.

At the hospital, Irma met navigator Lily, who helped her understand the doctors' concerns in Kaqchikel. With low amniotic fluid and a high fetal heart rate, a C-section was urgently recommended. Irma was afraid, believing surgery would be painful, but Lily's calm explanation reassured her. With her husband's support, she agreed.



Irma delivered a 3 lb 14 oz girl, who was admitted to the neonatal unit. Thirteen days later, the baby was discharged. A Wuqu' Kawoq neonatal technician followed up at home, offering breastfeeding support and monitoring the baby's growth. Local nurses committed to follow-up care, and Wuqu' Kawoq continued home visits.

By the final visit, Irma's daughter had grown to 6 pounds. Thanks to collaboration, trust, and culturally sensitive care, Irma's baby had a strong start to life.



A midwife visits with a mother and her baby just days after birth.



Health for Life Team

2. PREVENTING CERVICAL CANCER DEATHS

Cervical cancer remains the second deadliest cancer among women in Guatemala—especially in rural, indigenous communities.

In 2024, we continued transitioning from traditional Pap tests to more effective HPV screening in rural areas with limited access.

We've trained and equipped nurses to provide treatments for early-stage conditions in women's homes and at local community centers, avoiding the need for costly and stressful trips to municipal hospitals.

We've prioritized returning results within eight weeks and delivering positive test results in person so women are informed, supported, and empowered to get the follow-up care they need.



PREVENTING CERVICAL CANCER DEATHS

The Maya Health teams are literally preventing cervical cancer on a weekly basis – they're catching cases of high grade precancer that would have progressed if Maya Health hadn't screened, diagnosed, and accompanied patients to treatment. It is just astounding to think of.

Dr. Nora Flood
Consulting Ob/GYN



It makes me really happy that Maya Health cares for women's health, because no one else looks out for us. We live in an indigenous village, and there are a lot of taboos, and no one wants to talk or knows much about these things. Times are changing, and we women have to change as well, and empower ourselves. Maya Health helps us with this.

Women's Health patient



3. FIGHTING CHILD MALNUTRITION

Guatemala has the highest rate of childhood stunting in Latin America. To build healthier futures for children, we partner over eight months with families of children with malnutrition and deliver education, food supplements, and support. This helps families find practical ways to provide diverse and healthy diets and nurture their children's development.

We conduct ongoing research to refine our efforts so they are as effective as possible. This year, we completed a study on the benefit of adding an egg to a child's daily diet – the research determined it was not significant. We also conducted a pilot study of a phone application that gives parents individualized guidance to help their children reach development milestones around language, movement, and learning. Initial results showed the tool worked well for parents. Future studies will investigate its promise for helping children reach their full development potential.



Stepping into the Shoes of a Nutrition Technician

by Andrea Enriquez

For me, this wasn't a typical Thursday. At 6:28 a.m., I found myself sprinting after a chicken bus with Nutrition Technician Johana. She begins her days before 5 a.m., traveling with a backpack full of supplies to reach remote patients. That morning, the only direct bus left early. We missed it—and the adventure began.

We found another route to Paraxquin, arriving around 8:30 a.m., then climbed along a path for another 15 minutes to visit Wilson, a 13-month-old with growth delays. Johana spent over an hour carefully weighing and measuring him and offering care and encouragement. Throughout, she spoke in Kaqchikel with his mother to ensure she understood and could follow his treatment.

From there, we hiked to the next home, only to find the family away due to a recent death—the kind of change in plans that Johana encounters often.

Still, we continued, walking in the heat, patient by patient.

By the end, my legs were shaking, I was thirsty, but knew I couldn't drink much water because there was no bathroom nearby. I was tired, and ready to return to my chair, desk, and the fan blowing directly on my face in the office. But I left with deep admiration for Johana and others like her who bring health, hope, and real change to their communities every day.



Johana visits with Wilson and his family.



Diabetes nurses and health educators

4. TAKING ON THE DIABETES EPIDEMIC

To curb the country's growing diabetes epidemic, this year we collaborated with the Ministry of Health to improve care for people with pre-diabetes and diabetes.

Access to quality diabetes care is scarce, especially in rural areas, leading to avoidable conditions like kidney failure, blindness, and amputations. With better care, people with diabetes can achieve control of their glucose levels and blood pressure and prevent or delay these health impacts.

In 2024, we developed a plan to share our model that includes training nurses to serve as diabetes educators, ensuring access to critical medications that often are in short supply in rural regions, and consistently using patient charts to track progress.



TAKING ON THE DIABETES EPIDEMIC

Maya Health really helped me over this past year. Most importantly, they motivated me to get better. They gave me medicines and visited, but also helped me feel like I was worth saving, and helped create a regimen for me to live by.

Patient, Diabetes Program



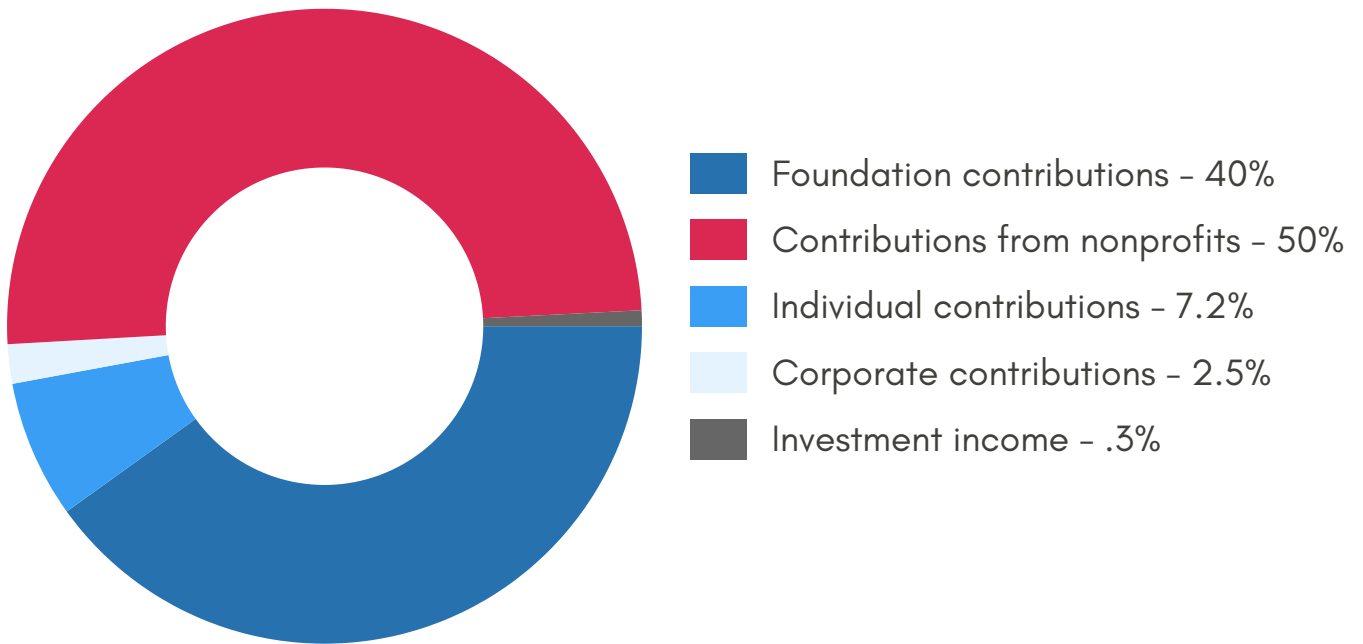
We have the dream that we can deliver the same level of care in a little building in Chichimuch or in a home in Santiago as they can give at a Harvard hospital. I don't think we always succeed, but we certainly try. And sometimes we work miracles.

Dr. David Flood

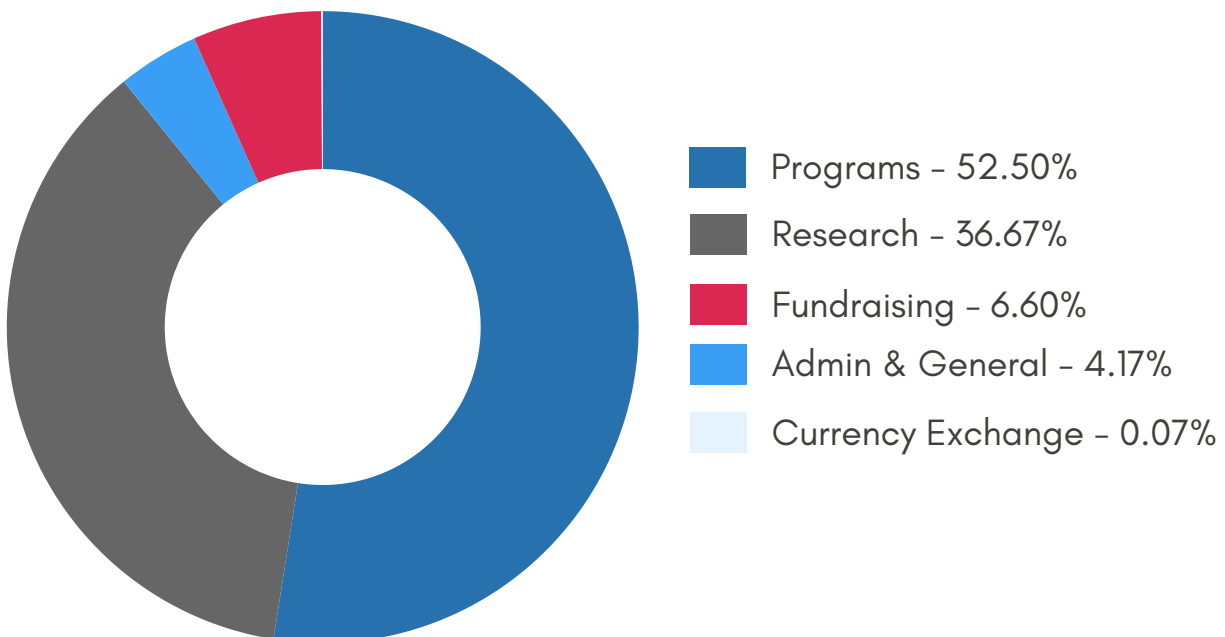


2024 FINANCIALS

REVENUE: \$3,456,747

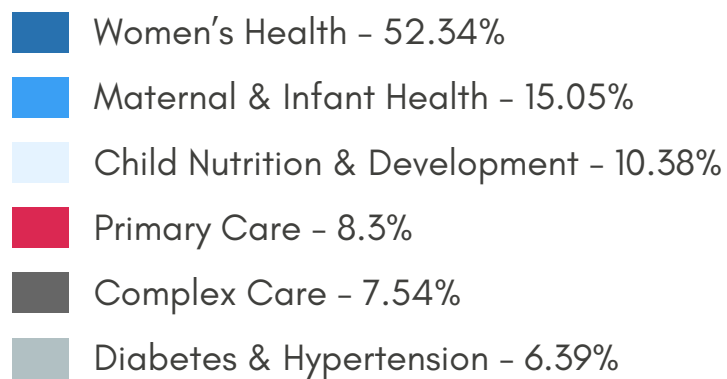
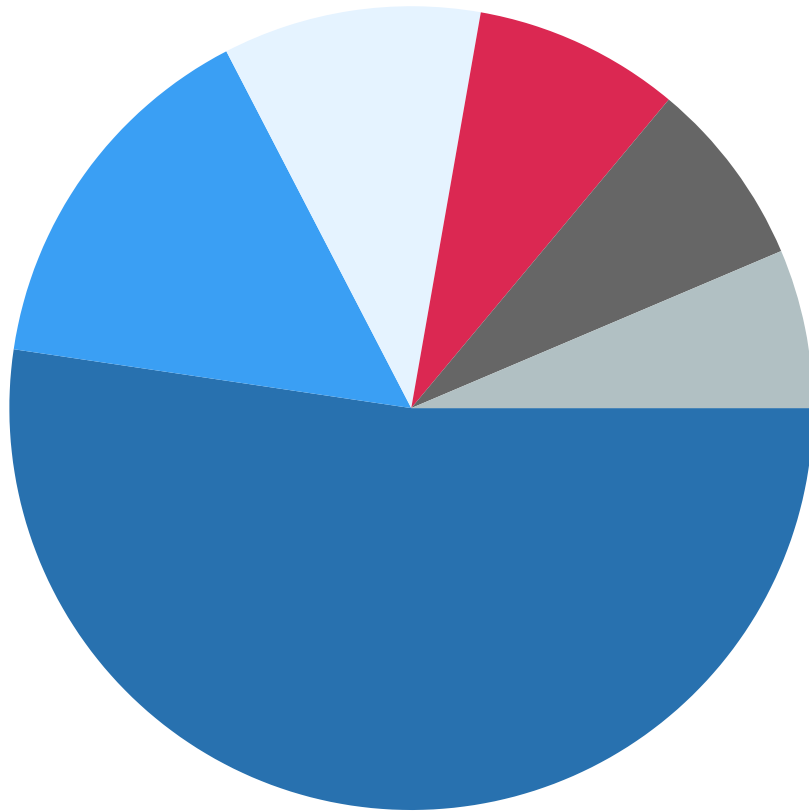


EXPENSES: \$3,472,143



PROGRAMS

\$1,822,815



PARTNERS

Maximizing impact through collaboration

Our rich network of partnerships is key to our success!



PARTNERS



Luis von Ahn
Foundation



SUSTAINABLE DEVELOPMENT

The UN Sustainable Development Goals are a natural fit with our aims and self-sustaining, holistic approach to healthcare. We are actively making progress to fulfill many of the 17 goals.



I dream of a future where Maya women have control over their bodies, where girls are allowed to be girls and not mothers, where they live free from violence, and motherhood is a desire. Education, community, and sisterhood are ways to accompany women in their learning processes.

– Susana Tambriz, Women's Health Manager



MAYA HEALTH ALLIANCE
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