From Revolution to Renewal:

People, Power and Health in Nepal



The Britain-Nepal medical trust

Annual Report 2025/26



Interview with close relative of person who died of TB

Chair's Foreword

As we finalise this report, Nepal has once again been struck by a devastating natural disaster. The collapse of a glacier triggered a massive flash flood, causing loss of life, destroying livelihoods and infrastructure, and leaving affected communities facing a long and difficult recovery. BNMT is working closely with national and local authorities to assess where our experience, partnerships and resources can make the greatest difference. As immediate relief gives way to recovery and rehabilitation, the support of our donors and partners will be critical in helping communities rebuild, restore essential health services and become more resilient to future disasters.

Even before the floods, as BNMT began looking to its 60th Anniversary in 2027, this year had brought extraordinary challenges and opportunities for Nepal as it works to realise its full potential. The "Gen Z" Revolution of September 2025 reflected deep dissatisfaction with the economy and with entrenched political leadership. At the same time, ongoing, yet abrupt, retrenchment of Official Development Assistance has placed new pressure on Nepal's national development agenda. Yet amid this uncertainty, Nepal has continued to move forward, with renewed hope for more effective, responsive, and transparent government, and for economic and social progress that reaches all Nepali people, especially the less fortunate who are furthest left behind.

For 60 years, BNMT has stood with Nepal through moments of crisis, change, and renewal. Our roots are deep, and our work continues to adapt to the country's evolving needs. We work where evidence, health systems, social science, and community action meet. Through translational research, evidence uptake, multidisciplinary public health practice, and integrated emergency preparedness and response, we help strengthen the systems that allow communities to withstand shocks and build better futures.

Ours is both a philanthropic commitment and an investment in the future. BNMT's work extends vital services to the most vulnerable, but it also does something more enduring: it strengthens local institutions, builds trust, supports Nepali leadership, and contributes to the sovereignty and resilience of one of Britain's great allies and friends. Even modest contributions help protect lives today while investing in Nepal's capacity to shape its own future.

This is the first letter of my current term as Chair of BNMT. I want to express my gratitude to Dr Gillian Holdsworth, who led BNMT through an extended and turbulent period marked by constitutional crises, earthquake, revolution, and profound social change. Among her many contributions, most important was helping to enable the establishment and growth of BNMT Nepal as a Nepali NGO rooted in national leadership and local ownership. And I want to thank you, dear supporter, for keeping on this path with us.

Your sustained generosity has helped build the institution that keeps hope alive in Nepal. As we look towards BNMT's 60th Anniversary, I hope you will reflect on your own mark strengthening the BNMT contribution to Nepal and Britain's legacy with Nepal: an enduring engagement that supports Nepali communities to realise their aspirations, strengthen their institutions, and fulfil their potential.

Now, more than ever, Nepal needs partners who believe in its future. In a world too often dominated by news of crisis and despair, Nepal offers a different story: one of resilience, renewal, and hope. Still, as the current floods indicate, there is a pressing need to redouble our effort to accelerate climate adaptation and mitigate these risks. And for this as well we ask you to renew your stand with us. Your gift today will make a profound difference, not only for the most vulnerable now, but for Nepal's future.

Jeffrey W. Mecaskey
Chair, Board of Trustees



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Front Cover: Home visit for TB screening in Kalikot district



Raghu Dhital





A message from the Executive Director of BNMT Nepal

It is my privilege to present the BNMT Annual Report 2026, highlighting the significant achievements and impact we delivered during the fiscal year 2025/26. Throughout the year, BNMT Nepal successfully implemented 13 high-impact projects across six provinces, advancing our mission to improve health and well-being through integrated community partnership, effective programme design, rigorous monitoring, and strong execution.

As we complete this report, the people of Nepal are confronting another devastating disaster. On 26 August, catastrophic flash flooding swept through the Bhote Koshi/Trisuli river systems, destroying communities, infrastructure and livelihoods. The full human cost is still emerging: more than a thousand lost their lives, thousands remain missing and more than one hundred thousand people have been directly affected, including risk of flood-related disease outbreak.

This tragedy is also a stark warning of Nepal's growing vulnerability to a changing climate. Despite determined efforts to reduce disaster risk, warming temperatures are increasing the instability of Himalayan glaciers and compounding the threats posed by extreme weather, placing already vulnerable mountain and downstream communities at ever greater risk.

BNMT is working with national and local authorities to understand where our experience, partnerships and resources can make the greatest difference. As rescue and immediate relief give way to recovery and rebuilding, the generosity of our supporters will be vital–not only in helping communities recover from this disaster, but in strengthening their resilience to the emergencies that lie ahead.

This year, we were honoured to receive the National TB Control Centre (NATA) Award 2026 for our contribution to tuberculosis prevention, care, and control in support of the National Tuberculosis Programme.

We made significant progress through initiatives such as TB Shield, CRITIC, Prevent TB to End TB, ACCELERATE Leprosy, the TB Prevention Programme, and Nourish. We worked in close partnership with NATA, the Ministry of Health and Population, and Provincial Health Directorates, the Nepal Health Research Council, and other key stakeholders. We also expanded our work through five new projects: Trauma Hub, ART-TB, Care for Cure, Himalayan Breath of Hope, and Participatory Action Research.

BNMT Nepal continued to strengthen its role in evidence generation and policy influence. Our research, policy briefs, and technical publications contributed to national, provincial, and global health agendas. Our tuberculosis work was also presented and recognised at leading international forums in Delhi, Copenhagen, Liverpool, and the University of Wisconsin-Madison, demonstrating the growing reach and relevance of our work.

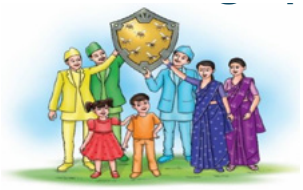
During the year, we reviewed the BNMT Nepal Strategic Plan 2020-2025 and, through consultations with field staff, senior management,and Board members, finalised our new Five-Year Strategy for 2026-2030.

These achievements reflect the dedication of our staff and the trust and support of our government partners, donors, and partner organisations. I offer my sincere thanks to everyone who has contributed to this progress.

As we look ahead, BNMT Nepal remains committed to a healthier and more equitable Nepal. We will continue to build on this momentum, strengthen partnerships, and deliver lasting impact for the communities we serve.

Raghu Dhital, Director, BNMT Nepal

BNMT Nepal Strategies 2026-2030



Accelerating the Elimination of Infectious Diseases



Generating Evidence to Inform policy



Improving Mental Health and Reducing Stigma



Responding to Emergencies and Preparing for Disasters

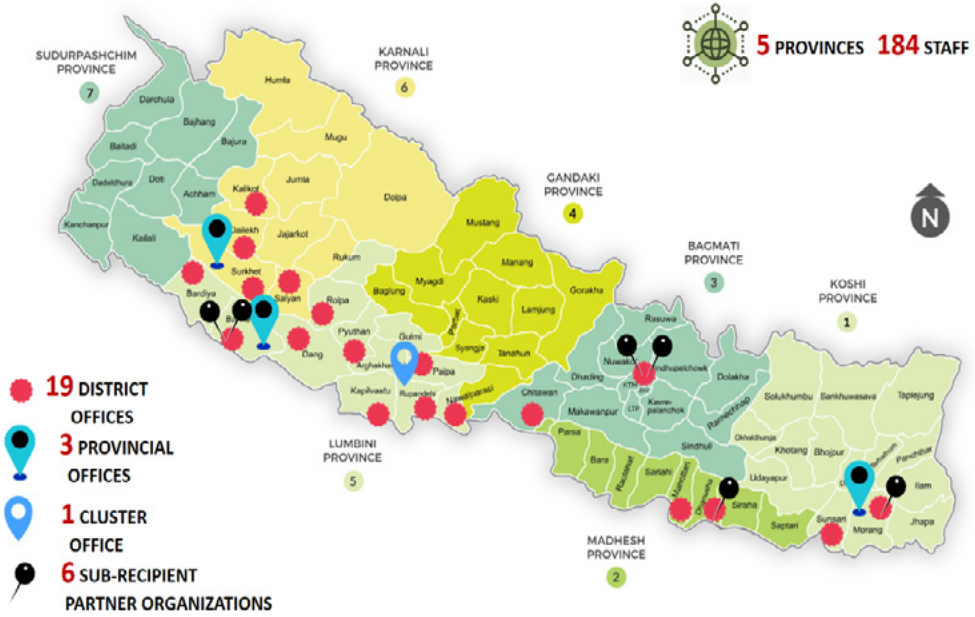


Strengthening Health Systems



Building Resilient Prosperous Communities in a Changing Climate

BNMT NEPAL COVERAGE





Health worker with latent TB take 3HP medicine in Bhandara Hospital, Chitwan under supervision of DOTS focal person



Commemoration of World TB Day 2026 in Butwal Rupendehi under the Critic project

REPORT

Across Nepal people live with the daily reality of infectious disease. A father delays care for a persistent cough because losing a day's wage matters. A mother hides the first pale patch on her skin because she fears how quickly a diagnosis can become isolation. TB and leprosy devastate on their own, while exposing the wider conditions that shape health: poverty, poor housing, malnutrition, access to services, and social exclusion.

This is where BNMT works - close to communities, and close to the point where disease affects health, livelihoods, dignity, and trust. We bring together rigorous science and practical compassion because eliminating infectious diseases and respecting people's dignity must go hand in hand. We measure progress not only in the numbers of people screened, treated, or counselled, but also in the confidence restored and the barriers removed. None of this happens alone. It takes the generous support of you, our supporters, as well government, researchers, health workers, and communities with lived experience working together toward a more prosperous, healthier, and fairer Nepal.

TB Screening in Active case finding camp in Dailekh



BNMT Accelerates the Elimination of Infectious Diseases:

Tuberculosis remains central to our work, although it should not have to. TB is preventable and curable, yet it still moves through families, especially in remote hill communities, overcrowded settlements, and places far from clinics. Each delay can cost health, income, and life.

To prevent, cure and eventually eliminate TB, we work quickly. We find TB before it progresses, prevent infection from becoming disease, and support people through treatment in ways that fit their lives. We are also identifying practical ways to deliver TB preventive therapy to adults at greatest risk. This includes tracing contacts, screening those exposed, and supporting completion of the shorter 3HP regimen. The 3HP regimen - one dose a week for 12 weeks - reduces daily pills and repeated clinic visits. For a farmer, day labourer, or caregiver, it makes prevention achievable.

In much of Nepal, where mountains and distance can decide who gets diagnosed, our work expands diagnosis, treatment, and support for people who might otherwise be missed. We work with government health services, hospitals, pharmacies, municipalities, local NGOs, and community volunteers to build routes into care that meet people where they are. By improving individual care and public health outcomes, we contribute to strengthening trust in the system.

We are also bringing advanced tools to hard-to-reach places. AI-enabled digital chest X-ray screening, with portable battery powered devices, helps identify TB in communities with heretofore limited specialist diagnostic capacity. Earlier screening protects the person who is ill and reduces the risk of transmission to family members, co-workers, and neighbours.

Similarly, early action marks our work on leprosy. We are working toward zero transmission by combining early case detection, treatment, community engagement, stigma reduction, and genomic science. Our aim is clear: diagnosis should lead quickly to care, not fear or isolation.

Our experience is clear. Medicine alone will not bring about infectious disease elimination. Progress depends on prevention, early detection, trusted relationships, better tools, strong data, and partnerships that reach people where they live.



Counselling to leprosy patients for skin punch biopsy in INF, Nepalgunj

1. Accelerating the Elimination of Infectious Diseases

BNMT drives Nepal closer to eliminating tuberculosis and leprosy while strengthening defences against emerging infections and antimicrobial resistance. We prevent disease, find cases earlier, improve diagnosis and treatment, reduce stigma and support vulnerable families. By pairing innovation and research with strong government and community partnerships, we turn effective approaches into scalable national solutions.

A Second Chance at Healing

When Jumti Ahir began treatment for TB, she was determined to get better. But severe side effects soon left her frightened, and she stopped taking her medicine.

BNMT worked with local health services to support Jumti and her family, explaining how the side effects could be managed and why completing treatment mattered.

With that reassurance and continued care, Jumti found the confidence to restart treatment. Today, she is back on the path to recovery.

Her story shows that treating TB is not just about providing medicine. It is also about being there when people are frightened, rebuilding trust and helping them keep going.

2. Generating Evidence to Inform Policy

BNMT turns evidence into better policy and practice. We test promising solutions in Nepal, combine implementation research, health economics, genomics, modelling and emerging technologies, and work with communities and government to answer real priorities. We also invest in Nepal's researchers, strengthening national capacity to generate evidence and shape solutions for its own health challenges.

BNMT Marshalls Evidence to Inform Policy:

Good intentions are not enough. We need to know what works in real conditions. BNMT generates practical evidence for better policy and more responsive health services. We turn field experience into evidence that improves lives and strengthens Nepal's health system.

For TB, the practical question is: how can TB preventive therapy be delivered at scale in ways that people can afford, access, and complete? We track each step of the pathway - from first contact and screening to starting and finishing treatment - so Nepal's National TB Programme and other health systems can learn what works and what still gets in the way.

TB spreads through the air, yet we still need better evidence on transmission in specific settings. We are sampling air in high-risk environments, including hostels, for people with drug-resistant TB to assess whether TB bacteria can be detected directly and whether that information can guide better protection. If successful, this could offer crowded, high-burden settings a low-cost way to reduce transmission.

We are also addressing the question of why particular people die during or after TB treatment, and whether those deaths are being counted accurately. By examining social, clinical, nutritional, and health-system factors together, the study can improve care, referrals, and TB data.

And we are using genomic sequencing to understand how leprosy spreads and to identify early signs of drug resistance. Better understanding of community transmission of leprosy can strengthen prevention, and monitoring drug resistance can inform adjustment in treatment to ensure success. Nepal experience in this work contributes to global evidence and its local adaptation in other leprosy-affected settings.



Skin punch biopsy procedure being undertaken at INF, Nepalgunj



Household visit for counselling on Latent TB and referring to Mantoux test in Bhandara Hospital, Chitwan

3. Improving Mental Health and Reducing Stigma

BNMT puts mental health at the heart of good health. We integrate psychosocial support into care for tuberculosis, leprosy, epilepsy and other stigmatised conditions, while confronting discrimination that keeps people from seeking help. Working with people with lived experience, we build culturally relevant services that strengthen support, dignity, access to care and recovery.

BNMT Helps Improve Mental Health and Reduce Stigma:

A diagnosis affects far more than the physical body. TB, leprosy, epilepsy, and drug-resistant TB can bring fear, shame, isolation, anxiety, and discrimination. Our support reinforces the importance of holistic, person-centred care to improve adherence and treatment outcomes as well emotional health. We support care that is respectful, compassionate, and attentive to mental wellbeing and dignity.

We place stigma reduction central to our leprosy work. During World Leprosy Day activities, we united officials, health authorities, partners, communities, people affected by leprosy, and local media around one message: leprosy is curable, and people deserve dignity and inclusion.

Sundara Paasi received her diagnosis with leprosy through one of our screening camps and started treatment quickly. She then chose to speak openly about her experience, encouraging others to come forward. Her voice shows her community that leprosy can be spoken about, treated, and survived without shame.

Our research shows how stigma costs families through delayed diagnosis, lost income, and social exclusion. Self-stigma, fear of rejection, restrictive gender norms, and misconceptions about TB can push people away from care when they need it most. This evidence helps us design culturally and gender-sensitive stigma reduction programming.

For people with drug-resistant TB, months in treatment hostels far from home can be lonely and disorienting. We provide care packages, psychosocial support, hygiene items, and help staying in touch with family. These practical forms of support help people sustain treatment and protect their dignity.

People are more likely to seek care, complete treatment, and support others when respected and included. Reducing stigma and protecting mental wellbeing are not optional additions to health work. They are central to effective care.

We also invest in the next generation of Nepali researchers. Our early career research grants support studies on women with epilepsy, care for people in MDR-TB hostels, and TB stigma in the diverse cultural contexts of Nepal. These studies help ensure that policy responds to the realities of illness, stigma, poverty, and exclusion, in advancing infectious disease control and elimination.

From Community Leader to Leprosy Advocate

Sundara Paasi had long encouraged people in her community to seek care early. Then she found herself needing that same advice.

After noticing small rashes on her hands, Sundara attended a community screening organised by BNMT, INF Nepal and local health services. She was diagnosed with leprosy – a shock, but one caught early enough for treatment to begin straight away.

With free medicines, help from BNMT with travel costs and strong support from her family, Sundara is recovering well.

Now she uses her own experience to reassure others. She encourages people not to hide symptoms or fear a diagnosis, and often accompanies neighbours to health facilities.

Sundara's story shows what early detection and practical support can achieve: treatment started sooner, stigma reduced and one patient becoming an advocate for others.



School health program during world TB Day 2026 in Banke

4. Preparing for Disasters and Responding to Emergencies

BNMT helps communities and health systems act before, during and after emergencies. We support rapid, lifesaving relief, then help rebuild stronger health facilities, schools and WASH infrastructure. Through trauma hubs, trained health workers, stronger local response systems and empowered communities, we protect essential services, reduce preventable deaths and prepare Nepal for the next crisis.





Nutritional support distribution preparation in Morang district under Nourish project

BNMT Strengthens Capacity to Prepare for and Respond to Emergencies:

In Nepal, health emergencies are intensified by difficult terrain, migration, poverty, climate change, and inequitable access to services. BNMT helps strengthen the systems, partnerships, and community networks needed to for preparedness to enable effective, timely response when in the event of crisis. We sharpen local capacity for vigilance, improving links between communities and surveillance systems. This enables care to reach people early, diagnose, and treat quickly, and sustain health services when systems are under duress.

To ensure that no one is left behind, our programme builds readiness in hard-to-reach areas. For example, we move sputum sample collection to where laboratories cannot go, actively find TB among migrants and cross-border communities, screen people in prisons, trace contacts, and run community-based screening camps. This work reaches people most likely to be missed by routine services.

AI-enabled chest X-ray strengthens preparedness by making rapid TB screening available in places without specialist diagnostic services. It helps health workers identify TB cases earlier and link people to testing and treatment before illness worsens.

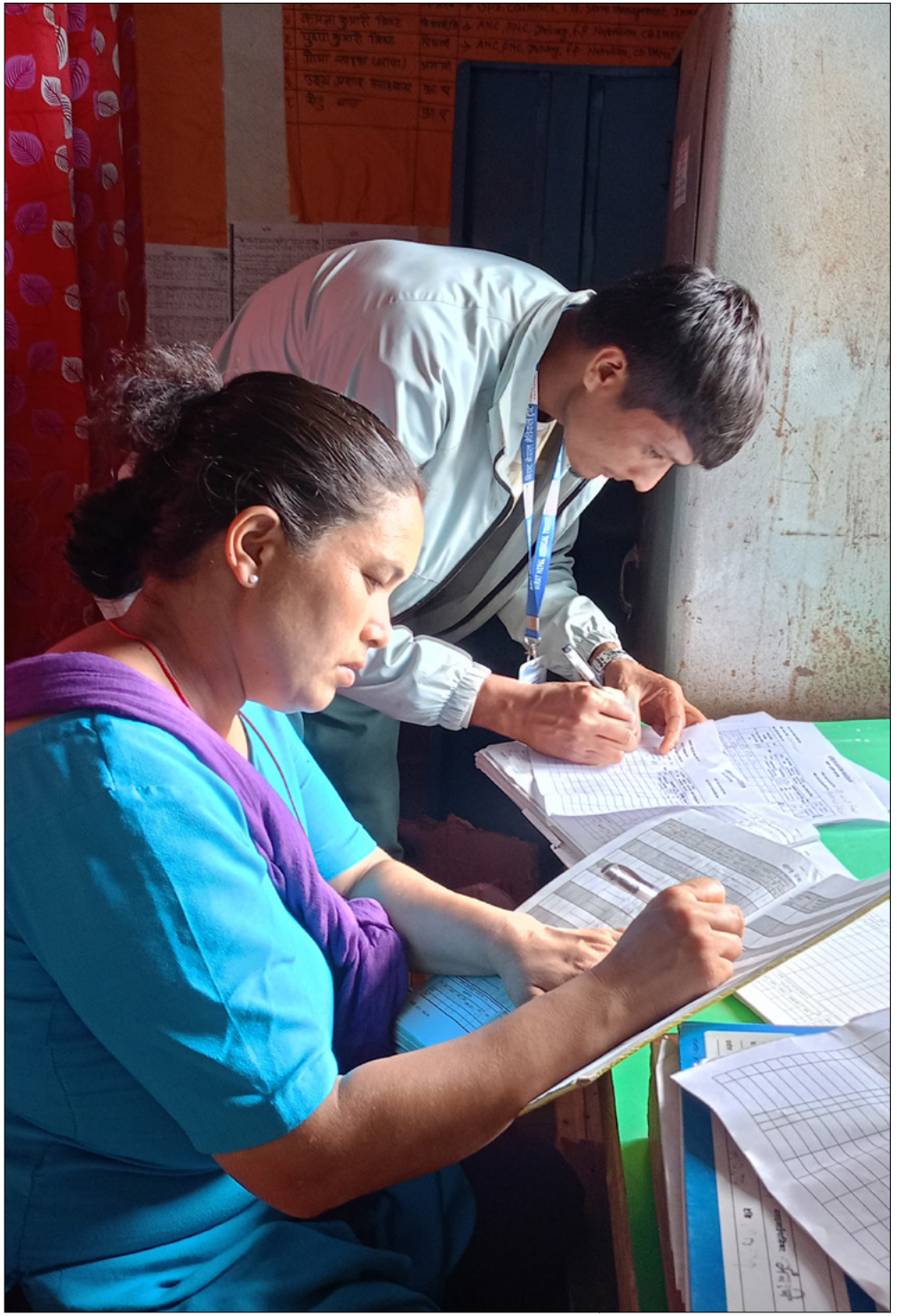
We also work to strengthen infection prevention and control in high-risk settings. By monitoring air, we can identify where TB transmission is more likely and give facilities practical ways to reduce risk. This evidence matters every day, and even more when crowded or resource-poor settings come under pressure.

Trust is also vital to preparedness. World TB Day activities, screening camps, school orientations, rallies, street dramas, media engagement, and survivor voices all strengthen the relationships that help communities respond. In an emergency, people act on advice from networks and voices they already trust.

Diagnostic reach, stronger referrals, better infection control, and deeper trust all add up to a more resilient health system. Step by step, we help strengthen preparedness to enable Nepal respond faster, more effectively and more equitable to current and future health threats.



Latent TB screening of high risk group - Health Care Provider - at Lumbini Provincial Hospital during World TB day 2025



5. Strengthening Our Health Systems

BNMT strengthens the people, services and infrastructure that make Nepal's health system work. We equip and mentor frontline health workers, strengthen laboratories and diagnostics, and improve facilities serving remote and underserved communities. Working with government and local partners, we direct resources where they matter most and build accessible, reliable and sustainable care.



BNMT Contributes to Strengthening Health Systems:

We strengthen health systems by keeping care accessible, dependable, and accountable. BNMT supports Nepal's health system by improving diagnosis, expanding access, training health workers, strengthening surveillance, connecting providers, generating evidence, and supporting national and provincial programmes.

Across Karnali and Lumbini, our BNMT works closely with provincial health directorates, health offices, municipalities, hospitals, pharmacies, urban DOTS centres, NGOs, and community volunteers. Our aim is simple: whichever door a person walks through, they should still be able to reach diagnosis, referral, treatment, and follow-up.

Prevention also strengthens the system. Every person who completes preventive therapy for latent TB infection is one less person likely to develop active TB later, one less family facing illness costs, and less pressure on stretched services. The shorter 3HP regimen helps make prevention practical enough for people to finish.

Skilled people make this work possible. We train health workers in the 3HP process, while strengthening laboratory capacity in TB sequencing and bioinformatics. Our epilepsy research is also showing how care for women with epilepsy can improve before, during, and after pregnancy when providers have the right knowledge and support.

Good data leads to better decisions. Our research is identifying the risk factors for TB death and addressing gaps in how deaths are recorded. It is also generating actionable evidence to reduce risk on airborne transmission. We are generating genomic evidence on leprosy to clarify transmission pathways and monitor drug resistance. And we are assessing how targeted nutritional support improves recovery among TB patients. Together, these efforts help make Nepal's health system more targeted, responsive, and accountable.

We also help shape the policies that will govern future care. Through the National Leprosy Strategy 2026-2030 consultation, we helped advance priorities around prevention, case detection, quality management, rehabilitation, stigma reduction, surveillance, evidence generation, governance, partnerships, and capacity building. Each effort strengthens the systems that let people receive timely, respectful, and effective care, especially those most likely to be left behind.



Enthusiastic FCHVs for Latent TB testing in Jagrnathpur Hospital, Nawalprashi during World TB day 2025

BNMT Assist Building Resilient, Prosperous Communities in a Changing Climate:

Infectious disease like TB and leprosy can affect an entire community through lost wages, transport costs, stigma, undernutrition, and long treatment journeys. Climate change adds further pressure by disrupting food security, mobility, housing, and access to services. Strengthening community resilience is part of our work.

We build our work around communities, households and people, not just diseases alone. Prevention helps stop illness before it starts, protecting income and reducing long-term hardship. Community-based screening brings care closer to home. Counselling and stigma reduction help people stay connected to family, work, and community life.

Our work demonstrates how health and household resilience are linked, and how communities and families can strengthen this virtuous cycle. Malnutrition weakens immunity, increases vulnerability to TB, and makes recovery harder. By providing monthly nutritional food packages, we demonstrate how relatively modest local resources improve recovery and ease economic strain. When local municipalities also support additional patients, this work becomes part of local systems of care, sustainable and scalable beyond BNMTs own contribution to the effort.

For people facing drug-resistant TB, resilience means completing a long and difficult treatment journey without losing dignity or connection. Care packages, hygiene supplies, psychosocial support, and help staying in touch with loved ones make that resilience practical.

We also invest in the generation that will shape Nepal's future through adolescent health, comprehensive sexuality education, reproductive health, mental health, WASH, and school health systems. This helps young people make informed decisions, access services, and participate more fully in community life.

6. Building Resilient, Prosperous Communities in a Changing Climate

BNMT helps vulnerable communities turn climate risk into resilience and opportunity. We strengthen WASH services, livelihoods, education and local capacity while addressing the linked effects of poverty, migration, gender inequality and weak infrastructure. By putting communities in the lead, we protect health, expand economic opportunity and help people adapt, prosper and shape their own futures.





Resilience is built by people as much as programmes: patients who complete treatment, survivors who speak publicly, health workers who keep services moving, volunteers who connect families to care, and local governments that invest in their communities. Their efforts show that communities grow stronger when people are met with dignity, trust, and practical support.

At a time of overlapping global crises, investment in the institutions, systems and essential services that enable low-income countries to build healthier, more resilient futures is falling sharply. That makes BNMT's contribution to Nepal more important and more impactful than ever.

For almost 60 years, people in Britain have stood alongside communities in Nepal, helping them improve their own health and build stronger services for the future. As we approach our 60th anniversary, we are asking a new generation of supporters to help carry that legacy forward.

Your support can help ensure that vital progress is not lost: strengthening local health services, protecting vulnerable communities, preparing for future emergencies and giving people the tools to build healthier lives for themselves and their families.

This is a moment to celebrate what has been achieved—but also to act. Please join us in securing the next chapter of BNMT's work, so that the partnership begun nearly six decades ago can continue to make an enduring difference for the people of Nepal.



Publications

Dahal A, et al. Community willingness towards a hypothetical new TB vaccine: a qualitative study to explore the enablers and barriers for vaccine acceptability in Nepal. BMJ Public Health. 2026 Jul 9;4(3).

Shrestha S, et al. Developing a Research Agenda Towards Patient Centered Care for Epilepsy in Nepal. Annapurna Journal of Health Sciences. 2026 Feb 8;6(1):42-9.

Shrestha S, et al. Exploring the intersectional psychosocial impact of epilepsy in Nepal: a gender lens approach. Social Sciences & Humanities Open. 2025 Jan 1;12:101839.

Wirth W, et al. The geospatial phylodynamics of SARS-CoV-2 in Nepal and clinical phenotype of long COVID during the Delta-Omicron waves. medRxiv. 2025 Jul 25:2025-07.

Fox T, et al. Community views on mass drug administration for soil-transmitted helminths: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews. 2025(6).\

Thapa S, et al. Are we ready for self-sampling for cervical cancer screening? Insights from service providers and policy makers in Nepal. PLOS Global Public Health. 2025 Jan 10;5(1):e0004114.

Shrestha S, et al. Effectiveness of menstrual hygiene management training to enhance knowledge, attitude, and practice among adolescents in Sindhupalchowk, Nepal. Plos one. 2025 Jan 7;20(1):e0313422.

Projects:

THE COMPREHENSIVE STRATEGY FOR RETENTION IN THE TB INFECTION CASCADE OF CARE (CRITIC) is a multi-country initiative implemented in Nepal, Bhutan, India, Indonesia, and Sri Lanka. It aims to test a locally appropriate implementation model for scaling up TB preventive therapy among high-risk adults. Funded by: The Gates Foundation.

THE GLOBAL FUND TB PROGRAM: STRENGTHENING HEALTH RESILIENCE IN TB PROGRAM IN NEPAL aims to strengthen TB prevention, diagnosis, and treatment, particularly among high-risk and vulnerable groups. Through evidence-based approaches and community engagement, it addresses service delivery barriers, improves case detection, expands service coverage, strengthens diagnostics, and supports national TB control goals. Funded by: the Global Fund.

PREVENT TB TO END TB builds on BNMT's pioneering work to scale up the new short TB preventive treatment (3HP) in Nepal. The project tests adult contacts of TB cases for latent TB infection and provides once-weekly preventive treatment for 12 weeks to prevent TB among high-risk individuals. Funded by: Rotary Salt Lake City through Rotary Club of Kathmandu Mid-Town.

TB SHIELD: EVALUATING AIR MONITORING AS A TOOL TO STRENGTHEN TB INFECTION CONTROL IN HIGH TB BURDEN SETTINGS is a collaborative project assessing the feasibility of detecting airborne tuberculosis bacteria through systematic air sampling in three health facilities in high TB burden settings in Nepal. The project aims to better understand TB transmission dynamics and strengthen TB infection control. Funded by: InkFISH through University of Melbourne.

ACCELERATE: ACCELERATING TO ZERO TRANSMISSION OF LEPROSY applies genomic technology to understand Mycobacterium leprae, the bacteria that causes leprosy, and how it spreads in Nepal. The project also strengthens early case detection and community engagement. Funded by: LEO Foundation through University of Melbourne.

NOURISH: NUTRITIONAL SUPPORT FOR PEOPLE AFFECTED BY TB aims to develop evidence-informed and locally appropriate approaches to nutritional support for TB-affected households, with the long-term goal of integrating nutritional support into the National TB Program under the TB FREE Nepal initiative. Funded by: BNMT (UK) and Sabitri Basnyat Fund for TB.

DETERMINE TB: ASSESSING THE DETERMINANTS OF MORTALITY AMONG PEOPLE AFFECTED BY TUBERCULOSIS seeks to understand the factors that put people affected by TB at greater risk of death, so that the most vulnerable people can be supported early in treatment. It also identifies gaps in reporting and recommends ways to strengthen health data systems. Funded by: BNMT UK and Liverpool School of Tropical Medicine.

HIMALAYAN BREATH OF HOPE aims to scale up TB Preventive Therapy (3HP) through a three-year pilot in four high-burden districts of Nepal. The project will introduce systematic screening for latent TB and provide preventive therapy across entire districts to prevent progression to active TB. Funded by: Donations received through American Himalayan Foundation.

ART-TB IMPACT builds on the success of the ASCOT trial and aims to bridge the gap between research evidence, community knowledge and mobilization, and policy and practice change. The project will increase awareness of TB and its psychological, social, and economic ("psycho-socioeconomic") consequences, while reducing TB-related stigma through community-led dissemination and policy engagement. It uses locally co-created art, murals, and videos developed with TB survivors and community collectives. Funded by: The International Initiative for Impact Evaluation (3ie), Research Commissioning Centre, UK Government.

TRAUMA HUB PROJECT aims to establish and operate fully functional trauma hubs along Nepal's highway to provide immediate primary trauma care and referral services, that will save lives and reduce mortality and long-term disability. The project will be implemented in two high-risk highway corridors in Madhesh and Gandaki Provinces. Funded by: Subonita Foundation, USA.

Financial Report

The financial information presented in this report does not constitute the statutory accounts of the Britain-Nepal Medical Trust. The full accounts for the year ended 31st December 2025 have been submitted to the Registrar of Companies and the Charity Commissioners.

A copy of the Reports and Financial Statements may be obtained from the ***Trust's office c/o Foot Davson Ltd, Lonsdale Gate, Lonsdale Gardens, Tunbridge Wells, TN1 1NU***



BRITAIN-NEPAL MEDICAL TRUST

BALANCE SHEET

AS AT 31 DECEMBER 2025

	Notes	2025 £	2025 £	2024 £	2024 £
Fixed assets					
Tangible assets	11		1		1
Current assets					
Debtors	13	15,820		1,844	
Investments		99,720		102,972	
Cash at bank and in hand		51,695		161,393	
		167,235		266,209	
Creditors: amounts falling due within one year	14	(5,136)		(5,010)	
Net current assets			162,099		261,199
Total assets less current liabilities			162,100		261,200
The funds of the charity					
Restricted income funds	17		6,044		3,980
Unrestricted funds	16		156,056		257,220
			162,100		261,200

The charitable company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 December 2025.

The directors/trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

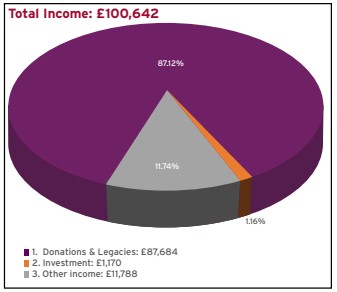
The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

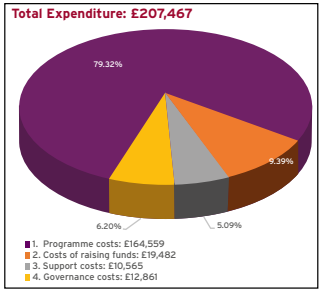
These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

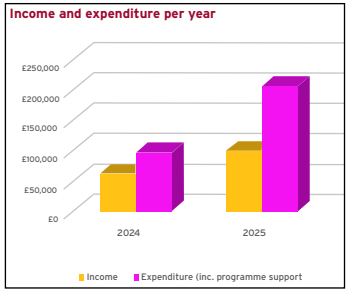
The financial statements were approved by the trustees on 19 August 2026

Mr J W Mecaskey
Trustee

Mrs JE Beglin
Trustee







How your donation/s help us ...

... improve health, productivity and wellbeing, especially for the poor

£25	screens 100 people for TB
£50	provides a month's nutritional support to a family affected by TB
£100	provides a course of treatment for one person identified with latent TB
£250	can buy a set of life saving base equipment for a health post in a remote village
£1,000	contributes to the purchase and running costs of a GeneXpert machine for early diagnosis of TB

☐ I enclose a cheque/postal order made payable to the Britain Nepal Medical Trust for £

More ways to give

Committed giving: You can imagine how a regular monthly amount between £10 and £15 would make a great impact on the lives of people in Nepal. You can arrange this by completing and returning the form below.

Donating online: You can donate, or set up a direct debit, online through the Charities Aid Foundation's secure fundraising service by going to **www.britainnepalmedicaltrust.org.uk** or **https://cafdonate.cafonline.org/723#!/DonationDetails**

Leave a gift in your will: Gifts in wills can help our fight against TB in Nepal. Leave a gift in your will to BNMT and we'll make a promise to you, to ensure your kindness and care continue way into the future.

To the Manager .....Bank)

Address .....

..... Post Code .....

Name .....

Address.....

..... Post Code .....

Account No. ..... Sort Code.....

Please pay the Britain Nepal Medical Trust the sum of .....figures)

.....words)

Starting on...../...../..... ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually

Signed: ..... Date: .....

Tax-effective giving

Since April 2004 a scheme from the Inland Revenue enables you to give to charity through your tax return. All you have to do is quote the reference **UAK68HG** and nominate The Britain-Nepal Medical Trust as the recipient of your tax repayments.

Gift Aid

The other way you can help BNMT raise funds is by returning the Gift Aid declaration below. This means that you authorise BNMT to reclaim from the HMRC tax you have already paid. All gifts from UK taxpayers now qualify for Gift Aid.

Gift Aid declaration

☐ Please treat as Gift Aid donations all qualifying gifts of money made: today/in the past 4 years/in the future until further notice.

☐ I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax for each £1 that I give.

Date ...../...../..... Full name.....

Signature .....

Full home address .....

..... Post Code .....

☐ Please tick here if you would like to receive details on making the BNMT a beneficiary of a legacy.

Please let us know your email address, either by mail or by email, if you would like to receive information by email, (see below for the address)

.....

(No individual personal information will be sold, routed or otherwise transferred to a third party without your explicit consent)

Please return completed form to

The Britain-Nepal medical trust

BNMT, c/o Ms Maidrag, 8 Hazeldean Rd, London NW10 8QU
Tel: 07758 106979
Email: info@britainnepalmedicaltrust.org.uk
www.britainnepalmedicaltrust.org.uk

Charity Registration No 255249

BNMT Nepal Strategic Pillars 2026-2030



Accelerating the Elimination of Infectious Diseases



Generating Evidence to Inform policy



Improving Mental Health and Reducing Stigma



Responding to Emergencies and Preparing for Disasters



Strengthening Health Systems



Building Resilient Prosperous Communities in a Changing Climate

The Britain-Nepal medical trust

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c/o Foot Davson Ltd • Chartered Accountants
17 Church Road • Tunbridge Wells • Kent TN1 1LG
Tel: +44 (0)7758 106979 **Email:** info@britainnepalmedicaltrust.org.uk
Web: www.britainnepalmedicaltrust.org.uk

Registered Charity No 255249