

With People Power Against TB



**The
Britain-Nepal**

medical trust

Annual Report 2024/25



Gillian Holdsworth

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Chair's Foreword

This year has brought extraordinary challenges for Nepal. After decades of steady improvement in health and well-being, the country is now reeling from severe cuts in Official Development Assistance (ODA).

Funding from the UK, US, France, Germany, the Netherlands and other long-time partners once covered more than 20 per cent of Nepal's health budget. Without it, the poorest and most vulnerable – families in the Terai region, around Kathmandu, and in remote mountain villages – are already suffering. The consequences stretch beyond health into food security, nutrition, and education.

Vital programmes for tuberculosis, HIV/AIDS, and maternal health have been forced to close. International partners like Gavi, the Global Fund, and WHO are also reducing their support. For the people who relied on these lifelines, and for the dedicated staff whose jobs have vanished, the losses are devastating.

At the same time, Nepal faces growing social unrest. Protests, sparked by a government social media ban, have revealed deep frustrations with corruption and inequality. Violence in the streets has already cost lives.

Through it all, BNMT has kept working. Thanks to our deep roots and your loyal support, we continue to provide practical research, innovation, and care where it is needed most. Even modest contributions are keeping vital services alive for the most vulnerable.

This is my final letter as Chair of BNMT. As I hand over to Jeff Mecaskey, I want to thank you for walking this journey with us. Time and again, your generosity has kept hope alive in Nepal.

Now, more than ever, Nepal needs you. Please continue to stand with us – your gift today will make a profound difference for those with nowhere else to turn.

Gillian Holdsworth
Chair of BNMT UK

Cover photo:

School students in Banke learn about TB stigma.



Raghu Dhital

A message from the Executive Director of BNMT Nepal

It is with great pride that I present the BNMT Annual Report for 2025, highlighting our collective achievements and milestones over the past fiscal year (2024/25). BNMT Nepal successfully implemented 15 impactful projects across the country, each carefully designed, monitored, and executed to advance our mission to improve health and well-being for all.

This year, we advanced our flagship programmes tackling TB and leprosy. These were implemented in close coordination with the National Tuberculosis Control Centre, the Ministry of Health and Population, Provincial Health Directorates, the Nepal Health Research Council and other partners.

We initiated seven new projects to strengthen health research, TB prevention, and local health service strengthening, marking a bold step in our mission to end TB and build stronger health systems.

Through evidence-based research and policy advocacy, BNMT contributed impactful reports and briefs that informed national, international and provincial strategies. Our work was shared at key platforms such as the CRITIC Review Meeting (Chennai, India), the Innovation Summit (Delhi, India), and the International TB Conference (Bali, Indonesia). And we were delighted to have our work presented to supporters in the UK at the Himalayan Love Affair fundraiser in Alfriston, East Sussex.

Our annual staff gathering was a vibrant platform for reflection, celebration, and strategic planning – reaffirming the unity and commitment of our BNMT family.

A major event this year was a leadership transition at BNMT UK. We extend our warmest congratulations to our friend Mr Jeffrey W. Mecaskey, newly appointed Chair of the BNMT UK Board of Trustees. We look forward to working with him to continue our shared vision. We also express our deepest gratitude to Dr Gillian Holdsworth, the outgoing Chair, for her extraordinary leadership and support over the past 15 years. We are honoured that she will continue to serve as a Trustee, guiding us with her wisdom and dedication.

These accomplishments reflect the tireless dedication of our team and the unwavering support of our partners. I extend my heartfelt thanks to our staff, government counterparts, partner organisations, and generous donors. Your collaboration and trust are the foundation of our success.

As we look ahead, BNMT remains resolute in its vision for a healthier, more equitable Nepal. Together, we will continue to create meaningful and lasting change

Raghu Dhital,
Director, BNMT Nepal

Flagship programmes

ACCELERATE (ending leprosy transmission)

Change TB (challenging stigma)

TB prevention

Nourish (nutritional support for TB patients)

BNMT and BNMT Nepal

The Britain-Nepal Medical Trust established a local Nepalese non-governmental organisation – the Birat Nepal Medical Trust (BNMT Nepal) in 2012 to continue the work of BNMT UK. BNMT UK continues to work in partnership with BNMT Nepal and the work described in this report is carried out by BNMT Nepal with support from BNMT UK and other organisations.

BNMT Nepal Coverage



Location of BNMT projects are shown in red.

Tuberculosis in Nepal

TB has probably returned to being the world's leading cause of death from infectious disease, following three years in which COVID-19 held the top spot. In 2023 TB killed 1.25 million people. Most of those it affects are poor, and it makes poor people poorer. Stamping out the disease by 2030 is one of the UN's Sustainable Development Goals.

Tuberculosis is endemic in Nepal, and about half of the population carry TB bacteria in their lungs, a condition called latent TB. Eventually, the bacteria may make them fall sick with active TB which they can spread to others. About 70,000 cases of TB are diagnosed in Nepal and 17,000 people die of it annually, the majority of them poor, informal workers in rural areas. But many cases go undiagnosed.

Although TB is curable, the treatment takes a long time, from six months to almost a year, placing a huge economic and psychosocial burden on patients and their wider family.

At present, BNMT's work to eliminate infectious diseases in Nepal focuses mainly, but not exclusively, on TB. Over the years, the Trust has pioneered ways to prevent, detect, diagnose and treat TB cases. Our research and practice continue to make a major contribution to efforts to eliminate the disease in Nepal and beyond.



People with TB are often distanced due to TB-stigma in their own home.



A 25-year-old woman from Nawalparasi began her 3HP treatment in March 2025,

Preventing TB

BNMT is working to extend TB preventive therapy in Nepal: a critical strategy for reducing incidence of the disease in communities.



Screening for latent TB with a Mantoux test.

Many people carry TB bacteria 'sleeping' in their lungs; this is known as 'latent TB'. It can develop into active TB if people become weaker owing to malnutrition or other health conditions. They can then spread the disease to other people without knowing it. Detecting and treating cases of active TB reduces the spread of disease but is not enough to stop it.

TB preventive treatment can kill the bacteria before active TB disease develops. Therefore, preventive treatment stops people from falling sick with TB, stops onward transmission of the disease and also prevents the devastating long-term socio-economic consequences of TB for the family and wider community.

A new, safe and effective preventive TB treatment, the 3HP regimen, is available, and is strongly endorsed and recommended by the World Health Organisation. This treatment consists of two drugs (Rifapentine and Isoniazid) taken once a week for 12 weeks.

Prevent TB to End TB

Through its project Prevent TB to END TB, BNMT-Nepal provides testing for latent TB to contacts of people with active TB. Those infected with the TB bacteria but not yet sick with TB disease will be supported to complete the 3HP treatment.

The project, which began in March 2025, will train 100 healthcare workers to diagnose latent TB, administer 3HP, and provide counselling to patients to encourage them to complete the treatment. It aims to test 3,750 household contacts of TB cases and high-risk individuals for latent TB infection and provide 3HP treatment to around 1,500 people. The resulting treatment acceptance and completion rates for 3HP will help to inform the development and scaling up of TB prevention by the Nepal's National TB Control Centre (NTCC).

The project will also engage in advocacy for expanding availability of TB preventive therapy.

Prevent TB to End TB is being implemented in two districts – Pyuthan and Chitwan – in close cooperation with the government TB services. It is funded by BNMT-UK, Rotary Salt Lake City USA and Rotary Kathmandu Midtown Club.

This work builds on a BNMT pilot project implemented in the same districts in 2022-23, which provided 3HP treatment for 500 people.

Inaction costs more than prevention

Data from the pilot project shows how cost-effective TB prevention can be in reality. Dr Sourya Shrestha from the Johns Hopkins Bloomberg School of Public Health, is working with BNMT researchers Anchal Thapa and Rajan Paudel to use mathematical modelling to weigh the costs of TB prevention against the costs of inaction. They estimated the potential epidemiological impact (number of TB cases and deaths from TB averted over ten years) and implementation costs to come up with cost-effectiveness measured in terms of disability-adjusted life years (DALY).

Their analysis shows that even the relatively small-scale intervention of screening for TB among household contacts and treating 500 people with 3HP was able to avert 155 TB cases and 24 deaths from TB over the subsequent 20 years. BNMT's approach of supporting people to complete 3HP with our network of skilled community health workers was highly successful: rates of uptake and treatment completion both exceeded 95 per cent. The costs averted amounted to 132 DALY.

The findings from this study will be presented by Anchal Thapa at the World Lung Health Conference in Copenhagen in November 2025.

BNMT is now working in partnership with the National TB Control Programme to further refine our operational model for scaling up TB prevention therapy and making it more accessible to vulnerable high-risk people



The CRITIC study

BNMT-Nepal is also contributing to a three-year, multi-country study to find locally appropriate ways to scale up TB prevention. In Rupandehi and West Nawalparasi districts in Nepal, BNMT screens TB patients and their families – using the new cy-TB test and portable X-ray machines – initiates 3HP therapy and provides follow-up support to ensure completion of the treatment.

The Comprehensive Strategy for Retention in TB Infection Cascade of Care (CRITIC) also operates in Bhutan, India, Indonesia, and Sri Lanka.

An 11 year old boy getting enrolled in 3HP TB preventive therapy in Motipur Primary Health Care Center, Rupandehi.

Detecting and treating TB

BNMT continues its long-term work to find cases of active TB in communities and ensure patients can obtain treatment.



Tulsa Khadka conducts community TB screening in Karnali province

BNMT is contributing to a nationwide effort to prevent, find and treat TB by speeding up case detection, expanding service coverage and improving the accuracy of diagnoses. We are responsible for ensuring this is carried out in Lumbini and Karnali provinces.

A key part of this work is active case finding – a method pioneered by BNMT to reach people with limited access to health services. It means working with a network of community health volunteers who are trained to recognise TB symptoms and to encourage people who have them to go for early diagnosis and treatment. The volunteers also trace the contacts of each person diagnosed with TB, so that they too can be tested for the disease.

In addition to this, BNMT works with private clinics and pharmacies to ensure that they notify cases of active TB that come to their attention. We also ensure malnourished children and vulnerable people in major hospitals are screened for TB.

All of this requires boosting the capacity of health workers to diagnose and treat TB – including multidrug-resistant TB (MDR TB), which does not respond to standard TB medicines. MDR TB is harder to treat: the drugs required are more expensive and more toxic, and success rates are much lower.

Improving TB care

A major challenge for TB care in Nepal is the lack of adequate provision for MDR TB in-patient care. People affected by MDR TB are often in the lowest socioeconomic groups, so the costs of their illness are likely to push their households into extreme poverty.

MDR resident hostels are often several days travel from the home district of people affected, and a stay of several months is usually necessary to complete treatment. Owing to a lack of resources, the hostels are bleak places, unable to provide necessities such as laundry soap and basic hygiene materials.

BNMT's Care for Cure project will work with people affected by MDR TB to co-design, pilot and evaluate a basic package of hygiene and personal items to be provided to new residents receiving in-patient treatment at the hostels.

So far, the project has completed three focus group discussions with MDR TB



A 65-year-old man from Nawalparasi district undergoing pre-screening by BNMT as a family contact of pulmonary TB



patients and healthcare providers to understand the daily needs of residents at the MDR hostel in Morang district. This is expected to provide crucial evidence to obtain funding for the package and ensure that the final package design addresses the needs of residents.

Co-designing the Care for Cure project with MDR TB hostel residents in Morang district

Controlling TB transmission in health facilities

Health care facilities, where people with compromised immunity or other health problems gather, are particularly high-risk environments for TB transmission. BNMT is working to find ways to reduce airborne transmission of TB bacteria. The first step is to determine whether an air sampler can detect TB bacteria. We are currently testing this in three hostels treating MDR-TB patients.



BNMT staff transport a portable X-ray machine



A TB champion talks to school students in Banke about TB stigma



Tulasha Limbu, a TB Champion, participates in the Union World Conference on Lung Health 2024, Bali, Indonesia

As a result of BNMT's work:

- 91 community health workers and 12 TB survivors have been trained to advocate for stigma reduction at local level
- 12 local TB clubs were organised
- 822 TB patients and their families took part in TB club meetings addressing TB stigma
- 108 TB club activities to improve social and economic support for people with TB drew in 863 community members

Confronting TB stigma

BNMT is supporting TB survivors to challenge the stigma that surrounds the disease and advocate for better TB services in their communities.

Anyone can get TB, yet in all cultures the disease is surrounded by myths and disinformation, giving rise to stigma. BNMT's survey work has shown that in Nepal 80 per cent of TB patients faced TB-related stigma during their diagnosis and treatment.

The impact can be devastating. Stigma fuels fear, shame and isolation. It can lead to discrimination in many forms, from loss of employment and eviction to exclusion from marriage and social isolation. Fear of stigma can lead people to hide symptoms or reject treatment, further perpetuating the cycle of disease and marginalisation.

To end TB requires ending the stigma associated with the disease.

BNMT's CHANGE TB project aims to reduce TB-related stigma by developing skilled networks of TB survivors who can identify and challenge stigmatising behaviours within their communities and beyond. Twelve TB survivors have been trained as TB Champions and are now recognised by the government. They generate awareness about TB, empower communities to combat TB-related stigma, promote stigma-free healthcare, and advocate for policy change to strengthen Nepal's response to TB. In their communities, the TB Champions give talks in schools, mother groups, saving and credit groups, and TB treatment centres, educating people about the disease and how it can be ended.

The Champions also lead a network of TB clubs that provide social and economic support to people with TB.

BNMT worked with TB-affected communities to gain a deeper understanding of the experience of stigma in diverse ethnic groups, and to devise culturally appropriate ways to reduce stigma. The Trust uses art, photography and video to help spread the message.

Because of the steep drop in global health funding, the project was threatened with closure in early 2025. However, emergency support from BNMT UK has enabled continued support for the TB champions..

The power of art

BNMT harnessed a local art form, known as Mithila, for public education. The project created 12 murals to stimulate conversation around TB, stress the importance of early diagnosis and timely treatment, and reduce TB-related stigma.

By showcasing real-life experiences, fostering open conversations, and making TB information accessible in local languages, the murals encourage community acceptance and support for people affected by TB. The aim is to foster a more inclusive and informed society, where seeking care for TB is normalised rather than feared. Each mural is more than paint on a wall – it is a voice for change.

Fine-tuning video

Last year, BNMT Nepal made a video about TB for use in communities, with a view to improving people's understanding of TB and reducing stigma. BNMT researcher Bhola Rai invited people with lived experience of TB to watch the video and suggest improvements. The aim was to ensure accurate representation of their experience of TB-related stigma in their community, in language appropriate for the audience.

To follow this up, BNMT organised four focus group discussions to evaluate the video. The participants included health professionals, community leaders, TB survivors, patients and community health volunteers. The discussions revealed a clear preference for TB awareness videos featuring real people rather than the animated characters shown in the original video. The participants felt that real individuals convey messages more authentically and create a stronger emotional connection with the viewer. Women TB patients appreciated the video but emphasised the need for greater awareness that TB is curable and not something to fear or be ashamed of.

The findings will be used to refine BNMT's approach to stigma reduction. BNMT is now working on a video featuring our TB champion network and female community health volunteers. The aim of the new video is to reduce stigma and encourage treatment completion.



Inspiration from exchange

In 2024, BNMT participated in the World Conference on Lung Health of the International Union Against TB and Lung Disease. This annual conference of academics, health practitioners and community advocates which fosters international exchange of research evidence and innovation for TB and lung health. Four members of the BNMT team participated this year, including TB Champion Tulasha Limbu. Tulasha said:

'The conference opened my eyes to community-led advocacy and global efforts to support TB patients. I was inspired by those who had successfully changed policies in their countries,

I also had the opportunity to share my own journey. I shared about the challenges TB patients face in Nepal and my work through the CHANGE TB project. When people told me they were inspired, it gave me confidence and renewed purpose.

I saw that TB is not just a problem in my village or my country – it's a global issue. And the fight against stigma needs to happen everywhere.'

Mithila art murals stimulate conversations about TB



A health worker at Paraspur Health Post, Nepalgunj, marks World TB Day

Understanding TB stigma in the Madeshi community

Awareness campaigns need to take local culture and conditions into account if they are to avoid unintentionally increasing stigma. In Nepal, marginalised communities, like the intensely patriarchal Madeshi community in the terai region, are particularly vulnerable.

For nearly a decade BNMT has been working in Madhesh Province to ensure early TB case detection and community awareness, and to improve access to TB services. Through this work, BNMT has consistently encountered deeply rooted TB stigma in the community which is a significant barrier to seeking, accessing and engaging with TB diagnostic and treatment services.

BNMT researcher Manoj Kumar Shah is exploring the roots and drivers of TB-related stigma among Madeshi community, and particularly how gender influences stigma. This will help us work with partners in the community to develop a forum theatre piece that can stimulate community discussion, help reduce stigma and develop policy recommendations.

World TB Day

TB awareness rally in Mahottari district. On World TB Day 2025, BNMT organised advocacy and awareness activities across Nepal in collaboration with municipalities, health offices, and affected communities. The events included rallies, competitions for school students, and awareness sessions – led by TB champions – for mothers' groups and senior citizens. Food was distributed to TB survivors in high-burden TB districts and BNMT organised a candlelight vigil at Birat Medical College Teaching Hospital to honour those affected by TB.



Nutrition for TB recovery

Malnourished people are more likely to fall ill from TB, and less likely to recover from it. BNMT provides food support for TB patients and their families, while providing the evidence for wider policy change.

Tuberculosis and malnutrition fuel each other in a deadly synergy, especially among poor and vulnerable groups of people. Malnutrition weakens the immune system, increasing susceptibility to TB, and impedes absorption of medicines, increasing the risk of treatment failure. Malnourished TB patients have longer recovery times, and higher rates of death from TB. Moreover, TB can push affected families into a spiral of extreme poverty due to loss of livelihood and the costs of having the disease, and this intensifies malnutrition.

TB patients in Nepal are often severely undernourished when they are diagnosed. BNMT's studies have shown that one-third of TB-affected households in Nepal experience food insecurity, and that the prevalence of food insecurity increased during the illness. Therefore, it is important to provide food as well as medicine to cure the disease and prevent further cases in the affected households.

The RATIONS trial, a large randomised controlled trial conducted in India, showed that providing extra food for families affected by TB drastically reduced TB incidence among family members and halved deaths from the disease.

BNMT's NOURISH project provides food for 140 TB patients and their families in Banke, Mahottari and Morang districts. Data from the project is used to generate evidence to develop and implement similar schemes tailored to TB-affected households. This will help us press for nutritional support to be included in TB care throughout Nepal.



The project collaborates with the Ministry of Health and Population, the National Tuberculosis Control Centre, the Provincial Health Directorate, health offices, municipalities, and TB partners. Four palikas (local councils) are now providing co-funding to support the continuation of the initiative for TB-affected families in their communities.

TB patient receives food supplements to support his TB treatment as part of BNMT's Nourish programme

National TB costs survey

BNMT health economist Anchal Thapa was invited to contribute to data analysis in Nepal's first ever National Patient Cost Survey. The survey will measure the financial burden that TB places on patients and their families – a problem highlighted in BNMT's previous research.

Although Nepal's government provides free testing and treatment, people must spend money on travel, food and nutritional supplements. Many lose their income for a long time. These costs are considered to be 'catastrophic costs' if they exceed 20 per cent of household income.

This first national patient costs survey is an important milestone. It shows that more than half of TB-affected households face catastrophic costs due to the disease. Non-medical expenses, such as transport and food, made up 44% of total costs. Indirect costs associated with lost income amounted to 39%. Overall, the survey highlights a need for strong social protection systems to prevent TB pushing people into poverty.



World Leprosy Day: On World Leprosy Day 2025, BNMT took part in the Nepal Leprosy Relief Association's awareness rally in Kathmandu to strengthen collective action against leprosy. BNMT remains committed to reducing the burden of leprosy and working towards ZERO leprosy transmission in Nepal.

Leprosy

Leprosy, also known as Hansen's disease, is a chronic infectious disease that affects the skin, the peripheral nerves, the upper respiratory tract and the eyes. Left untreated, it may cause progressive and permanent disabilities, and physical deformity. The people affected face stigma and discrimination.

Eliminating leprosy

Leprosy is on the rise again in Nepal. BNMT is working with communities and partner organisations to bring transmission of the disease down to zero.

Leprosy is curable, but unless diagnosed early it causes long term disability, and the severe stigma it carries often drives people into poverty and mental ill-health.

Despite the progress made by Nepal's leprosy programme, cases are on the rise again, and highly prevalent in 16 districts. The degree of disability among new cases is high, as is the proportion of children affected – a sign of continuing transmission and late diagnosis in communities. There is an urgent need to expand and strengthen early case detection and treatment.

BNMT's ACCELERATE Project works with Lalghadh and Shining hospitals to intensify case-finding and advocacy, and train community health workers. The project uses molecular techniques to sequence the DNA of the bacteria causing leprosy on a large scale – the first time this is being done in Nepal. This will enable us to understand the spread of the disease in vulnerable communities and design better, more cost-effective strategies to eradicate leprosy.

Project partners include the Centre for Molecular Dynamics – Nepal (CMDN) and Dr Charlotte Avanzi, a leprosy genomics expert from the University of Colorado, USA. These findings will contribute to a deeper understanding of leprosy transmission and drug resistance, ultimately shaping more effective ways to stop transmission of leprosy in Nepal.

Advocacy for sexuality education

BNMT is part of a national coalition working to establish access to comprehensive sexuality education (CSE) for all young people in Nepal, especially those from marginalised communities.

The National Comprehensive Sexuality Education Advocacy Coalition is a network of organisations and experts working for inclusive, rights-based, and age-appropriate sexuality education in Nepal. It urges the integration of CSE as a mandatory, standardised part of the school curriculum, to equip adolescents with the knowledge and tools they need to make informed decisions about their health, relationships, and wellbeing. BNMT's role is based on years of CSE experience, working with school students, parents and teachers.



Children receive comprehensive sexual health education in school

The coalition has joined roundtable discussions with the Ministry of Education, where everyone united in calling for stronger multisectoral collaboration to institutionalise CSE in national policy and practice.

Additionally, BNMT participated in curriculum review workshops focused on grades 9 and 10 (students aged 14-16) to ensure that CSE and health education are presented in a way that respects the diverse needs of Nepal's youth.

BNMT was also a key contributor to the Shadow Report on Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), submitted to the CEDAW committee in January 2025. The report highlighted systemic barriers to sexual and reproductive health and rights, services and education, with a strong focus on the lived experiences of adolescents, LGBTQ+ youth, people with disabilities, and other marginalised groups.

Strengthening local health services

Working in coordination with health authorities and local councils, BNMT repaired and improved sanitation and hygiene facilities in five health institutions in Rolpa district. The project, funded by AmeriCares, was designed to improve infection control, ensure access to safe water, and enhance dignified healthcare services for both patients and healthcare providers.

The project placed a strong emphasis on capacity-building and community engagement. Health facility staff and community health volunteers received training to equip them to maintain hygiene standards and support their communities to improve hygiene practices.



Wall paintings installed at local health facilities carry messages about sanitation, hygiene and preventing infection

Publications

Thapa S, Timilsina A, Bucha B, Shrestha S, Kunwar S, Dhital R, et al. (2025) Are we ready for self-sampling for cervical cancer screening? Insights from service providers and policy makers in Nepal. PLOS Glob Public Health 5(1): e0004114

<https://doi.org/10.1371/journal.pgph.0004114>

Shrestha S, Thapa S, Bucha B, Kunwar S, Subedi B, Singh AR, et al. (2025) Effectiveness of menstrual hygiene management training to enhance knowledge, attitude, and practice among adolescents in Sindhupalchowk, Nepal. PLoS ONE 20(1): e0313422

<https://doi.org/10.1371/journal.pone.0313422>

Dixit K, Rai B, Majhi G, et al.

Healthcare providers' and community stakeholders' perception of using drones for tuberculosis diagnosis in Nepal: an exploratory qualitative study. BMC Health Serv Res 24, 1543 (2024)

<https://doi.org/10.1186/s12913-024-11824-0>

Sharing knowledge

BNMT staff have presented and published their research to help inform health policy and practice in Nepal and beyond.

World Conference on Lung Health

In 2024, BNMT participated in the World Conference on Lung Health of the International Union Against TB and Lung Disease. Dr Kritika Dixit spoke about her research on the use of drones for TB diagnosis in Nepal, focusing on the perceptions of local communities and healthcare providers. Her presentation sparked a lively discussion.

Our collaborating partner Professor Sarah Dunstan from the University of Melbourne, Australia, presented findings from our TARGET TB research, the first large analysis of Mycobacterium tuberculosis transmission in Nepal using whole genome sequencing techniques. This revealed important insights into local transmission and drug resistance patterns which will help to refine intervention strategies.

Living with epilepsy

BNMT researcher Reshu Parajuli is following up her previous research on the psychosocial impact of epilepsy with a study on the challenges facing women living with epilepsy during pregnancy and after childbirth.

Epilepsy is not rare: approximately one in every 26 people will develop this condition at some point in their lives. Its psychosocial impacts are complex, often severe, and highly gendered.

Reshu Parajuli plans to interview 20 women living with epilepsy to understand their lived experience of pregnancy and motherhood. Participants will be recruited from the Nepal Epilepsy Association (NEA), Annapurna Neurological Institute and Allied Sciences (ANIAS), Institute of medicine (IOM) and Kathmandu Medical College after obtaining ethical approval from Nepal Health Research Council. The findings from this study will help produce an evidence base to develop better care for people living with epilepsy.



Members of the BNMT team were among the participants in the World Conference on Lung Health, Bali, Indonesia 2024

Fundraising Running for recovery

On December 7, 2024, BNMT team members Dawa Rinji Sherpa and Bhola Rai took on the challenge of the Fishtail Marathon in Pokhara, running 42K and 21K, respectively. Together, Dawa and Bhola raised £2,109.

Inspired by their commitment, BNMT supporter Annie Goldie from Scotland joined the cause, running 21K in her hometown of Peebles. And in July 2025 Professor Sarah Dunstan ran the Melbourne half-marathon.

The funds they raised will provide vital nutritional support to ensure that TB patients receive the sustenance they need to recover with strength and dignity



Dawa Rinjin Sherpa and Bhola Rai complete the Fishtail Marathon in Pokhara December 2024

From the Himalayas to the South Downs

Dr Gillian Holdsworth hosted a fundraising event, entitled A Himalayan Love Affair, in her home village of Alfriston. At the event, Gillian spoke of her three-month, 1,000km fundraising trek across Nepal in 2007, when she traversed the country from west to east through the Himalayas. A spectacular slideshow brought to life the events, people and places she encountered along the way. Dr Maxine Caws also presented an overview of BNMT's work today. The event raised £1,000 for BNMT's lifesaving work.



BNMT Nepal hosted a dinner in Kathmandu for Gillian Holdsworth in June 2025 and presented her with a painting of her 2007 trans-himalaya fundraising trek.

BNMT Board news



Jeffrey W. Mecaskey has been appointed chair of the BNMT Board of Trustees. He takes over from Gillian Holdsworth, who has served

as chair of the Board for the past 15 years. Dr Holdsworth remains a Trustee of BNMT.



This year we welcome **Jane Beglin** to our Board of Trustees. Jane holds a Chemistry degree from Durham University

and is a qualified ACCA accountant. She spent over two decades in private equity where she oversaw all aspects of governance and fund financial management, including both financial and regulatory reporting. She will take over from Tim Crees in supporting BNMT's financial management.



Tim Crees retires, who has worked with BNMT for 49 years.

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 2024 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 2024

	Notes	2024 £	2023 £
Fixed assets			
Tangible assets	11	1	1
Current assets			
Debtors	13	1,844	6,657
Investments		102,972	101,807
Cash at bank and in hand		161,393	190,450
		<u>266,209</u>	<u>298,914</u>
Creditors: amounts falling due within one year	14	(5,010)	(4,874)
Net current assets		<u>261,199</u>	<u>294,040</u>
Total assets less current liabilities		<u>261,200</u>	<u>294,041</u>
Net assets excluding pension liability		<u>261,200</u>	<u>294,041</u>
The funds of the charity			
Restricted income funds	17	3,980	3,925
Unrestricted funds		257,220	290,116
		<u>261,200</u>	<u>294,041</u>

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 2024.

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 28/07/25

Dr G M C Holdsworth

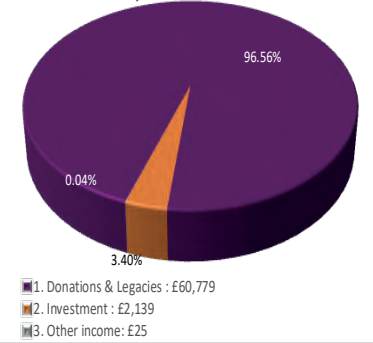
Trustee

Dr J M V Payne
Trustee

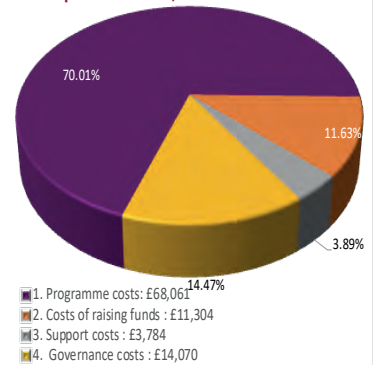
Company registration number 921566 (England and Wales)



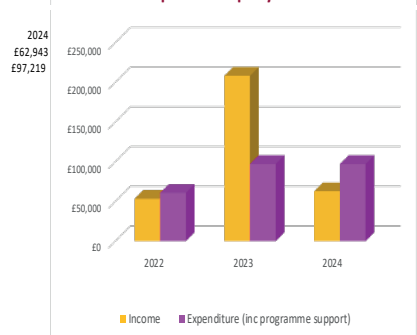
Total Income: £62,943



Total Expenditure: £97,219



Income and expenditure per year



How your donation/s can help us ...

... reduce the gaps in health service provision, especially for poor and disadvantaged people

£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 ManagerBank)

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



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 2020-2025

**Accelerating the elimination
of infectious diseases**

**Building resilient, prosperous
and healthy communities**

**Improving mental health and adolescent
sexual and reproductive health**

**Strengthening health systems and
increasing equity of access**

**Generating evidence to inform policy
and facilitate optimal strategy implementation by policy makers**



Registered Company Address

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