

# STRATEGIC PLAN 2020-2025

## HEALTH AND WELLBEING FOR NEPAL



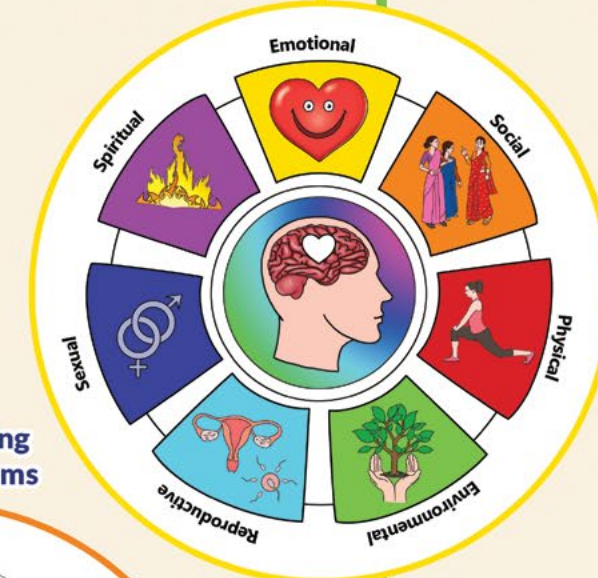


# BNMT NEPAL STRATEGIC PILLARS (2020-2025)

Accelerating  
Elimination of Infectious  
Diseases



Improving  
Mental &  
Adolescent Health



Strengthening  
Health Systems



Generate Evidence  
to Inform Policy



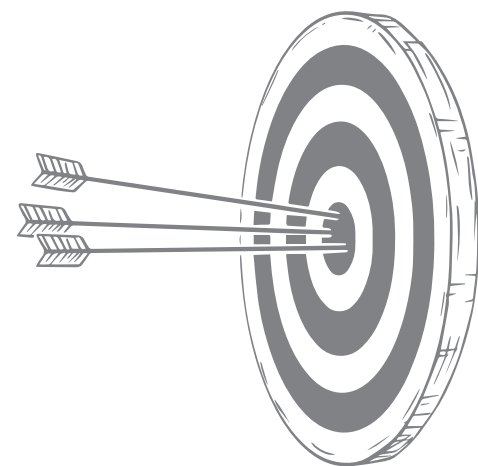
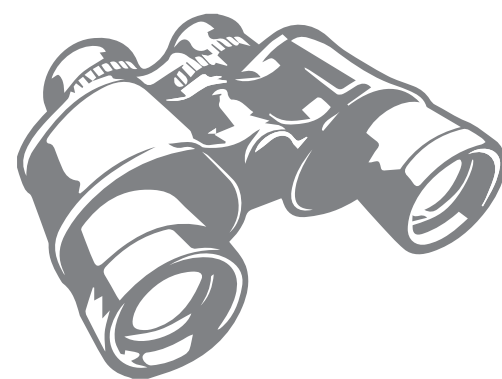
Building Resilient  
Prosperous  
Communities





## OUR VISION

Improved health and  
wellbeing of Nepalese  
people



## OUR MISSION

Strengthen healthcare  
services through innovation,  
empowerment and community  
engagement

## OUR VALUES

Integrity  
Excellence  
Stewardship  
Accountability  
Transparency  
Diversity  
Collaboration  
Community participation



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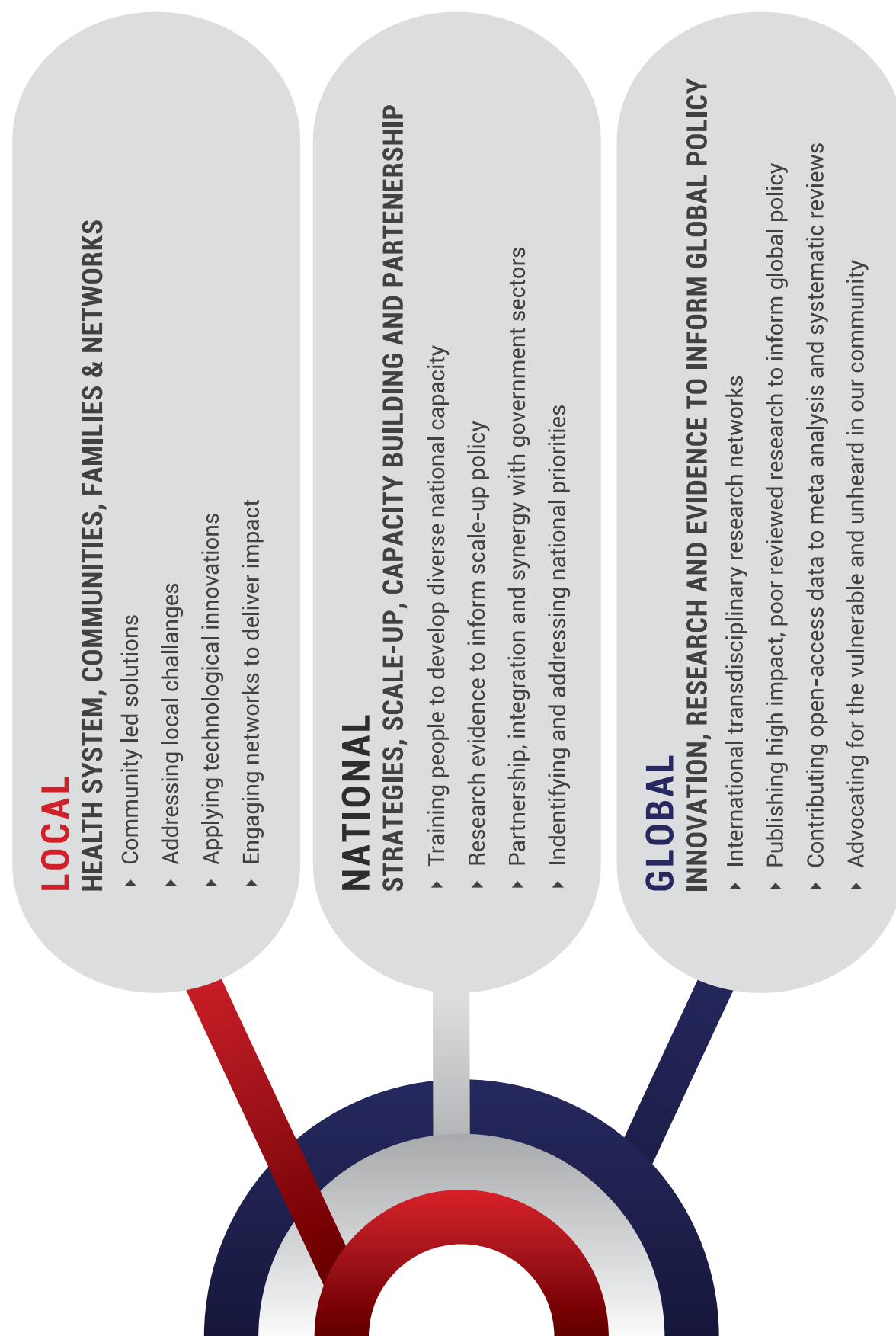
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## The BNMT Action Framework



## HEALTH AND WELLBEING FOR NEPAL



### Welcome to the BNMT Strategic Plan 2020-2025

Nepal has made great strides in the first decades of the 21st century towards developing as a nation while retaining our unique, rich and diverse cultural heritage. However, many challenges remain to attain equal opportunities and access to health, education and sustainable livelihoods for all Nepali people.

These challenges have been compounded by the emergence of COVID-19 and the devastating impact of the pandemic on lives, livelihoods, health systems and mental wellbeing around the world. As so often, the poorest members of our society are the most vulnerable in these extraordinary times.

Birat Nepal Medical Trust (BNMT) continues to work passionately to improve health, wellbeing

and opportunities for all Nepali people and to build resilient national capacity to respond to emergencies.

Our strategic plan for 2020-2025 reflects our ambition to see a Nepal where all Nepalis have equal access to high quality health, education, and sustainable livelihoods in a peaceful and just society.

Towards this overarching goal, in the next five year cycle we will prioritise five thematic areas for our work which address some of the most important challenges faced by people in Nepal everyday and to strengthen our national resilience in the face of new threats such as climate change and emerging infectious disease.



## Our Five Intervention Themes

### PILLAR 1

Infectious Diseases

### PILLAR 2

Sexual and Mental Health

### PILLAR 3

Resilient Communities

### PILLAR 4

Strengthening Health Systems

### PILLAR 5

Research & Policy Translation



Representation of signs and symptoms of tuberculosis in the form of traditional Nepali Mithila Art





The first of these themes is **Infectious diseases**, which continue to take a huge toll in Nepal, and around the world. The global pandemic of COVID-19 has brought home the reality that we are all vulnerable and ill-prepared for new epidemics, and that we can and should do more to shield ourselves against emerging threats. In our hyper-connected modern world, where we all depend on interconnected systems, diseases can emerge and spread with terrifying speed. For developing countries, new diseases add to the crippling burden of existing endemic diseases. Many ancient diseases which have almost disappeared in developed societies remain prevalent in Nepal, including tuberculosis, leprosy and typhoid. In addition climate change has already brought Nepal a growing incidence and geographical range of vector borne infectious diseases including dengue, chikungunya and Japanese encephalitis. These infectious diseases intersect with a rising incidence of non-communicable diseases as Nepal undergoes the demographic transition. Antibiotic resistance continues to rise and of course new threats emerge from zoonoses, such as the coronavirus which causes COVID-19.

BNMT will retain its historic focus on developing and strengthening interventions for tuberculosis in partnership with the government commitment to the global END TB strategy goals, while expanding our work to other infectious diseases with key local partners and international collaborators.

Our second priority theme is improving **Sexual and Mental Health**. A traditional society and persisting stigmatisation have hampered population access to reliable information and basic services, especially for young people. The strength of Nepal's diversity can also lead to the persistence of traditional practices which infringe now universally accepted human rights. For example, child marriage remains common in some impoverished rural societies of Nepal despite laws prohibiting it. Similarly, the tradition of *chaupadi*, which banishes women to a hut or animal shed during menstruation, was outlawed by the Supreme Court in 2005, but remains common in some communities of Western Nepal. BNMT works with communities to transform perceptions and eliminate these practices.

Mental health issues are also often misunderstood and highly stigmatized. There is a chronic lack

of trained mental health professionals to provide treatment and support to individuals and their families. Consequently, suicide and chronic mental illness is sadly very common in Nepal.

BNMT has extensive experience working with communities to increase knowledge and empower change from within. We will focus on working with schools and community networks to strengthen sexual and mental health education, access and service delivery.

Our third theme is **Resilient Communities**. Nepal as a country has endured many disasters, including earthquakes, floods and famine. One in four Nepalis live in extreme poverty, and the majority of the population- eighty five percent- rely on agriculture for sustenance. Many livelihoods are extremely vulnerable and clean, safe water and modern sanitation are still only available to the privileged few. In addition, climate change poses a severe risk to Nepal. Weather patterns are already changing, with the monsoon rains, becoming more erratic, resulting in prolonged drought and increased flooding events. BNMT will continue

to respond rapidly to emergencies with a three pronged approach. We will continue to work with the government and health cluster partners to deliver emergency aid to support food, medicine and shelter in crisis situations. We will also respond with longer term rebuilding efforts to address priorities identified by affected communities and 'build back stronger'. Finally, we will continue our work in Disaster Risk Reduction to identify and plan for the most likely emergency scenarios and their consequences.

In all our approaches, we will work with communities to achieve locally appropriate, feasible and sustainable solutions to improve lives and livelihoods for all.

Our fourth priority is **Strengthening Health Systems**, which underpins all of our efforts to improve health and wellbeing for all the Nepalese. An effective health system has many components, including human resources, infrastructure, logistics, data collection, universal health coverage, socioeconomic support and counseling, prevention, knowledge development







and leadership. All the elements must work effectively together and reinforce each other to deliver high quality care accessible to all. Early diagnosis and effective treatment of all diseases, both infectious and non-communicable, can reduce the long-term consequences of the illness. Early diagnosis of infectious diseases helps prevent ongoing transmission in the community and is vitally important for elimination efforts. However, many people in Nepal cannot access even basic health services because they live in remote areas or are too poor to visit the health centres. As one of the world's

poorest nations, the health system in Nepal suffers from many deficits and challenges. The COVID-19 pandemic has highlighted that even the most developed health systems struggle with diagnostic capacity during outbreaks and surges in demand, yet a strong, reliable diagnostic network underpins the containment and elimination of any disease.

BNMT focuses on strengthening knowledge in the health workforce, improving laboratory equipment and infrastructure, and developing

effective sample transport networks for accurate diagnosis. We work with the network of Female Community Health Volunteers to improve access to health education and services in Nepal's most remote or socioeconomically deprived communities.

The final theme synthesizes our work across the other areas through engaging **Research and Policy Translation**. We work to address local challenges with globally innovative solutions, analyse data from our projects, learn lessons

and further optimise our solutions. We also collaborate with international partners to undertake advanced scientific research, such as whole genome sequencing of tuberculosis bacteria and developing mathematical models to understand transmission of diseases. Our findings are published in open-access, peer-reviewed international academic journals so the evidence we generate can inform policy development both in Nepal and in other countries around the world. Where we show impact, we aim to scale our solutions in partnership with the government and multilateral agencies. Our research also draws a spotlight and defines challenges facing our communities to facilitate solutions. We conduct dissemination events at local, national and international levels to ensure our findings are shared as widely as possible with all stakeholders. This enables local communities to hold us to account and influence our future work. We also create policy briefs and conduct workshops with policymakers to ensure our findings are visible to policymakers and, where appropriate, considered in future policy development.

We continue to ensure affected communities are at the heart of the design, implementation and dissemination of all we do.





## Eliminating old foes and preparing for new threats

The global COVID-19 pandemic has underlined our global vulnerability to new infectious diseases, which can emerge anywhere and spread rapidly in our hyper-connected world. At the same time, the least developed countries such as Nepal continue to battle ancient diseases such as TB, typhoid and leprosy. Vector borne diseases such as dengue are increasing in incidence and geographical range every year as climate change influences the distribution of mosquitoes in Nepal. Tragically, the HPV virus- which is responsible for cervical cancer- causes 2,000 preventable deaths among young Nepali women every year.

BNMT is at the forefront of this battle against infectious diseases and continues to collaborate with the government and community stakeholders to bring innovative solutions to Nepal.

### Accelerate the Elimination of Tuberculosis

In 2020 Nepal concluded the first ever national prevalence survey for TB which showed that the burden of disease is much higher than previously estimated. This means that the scale of the challenge we face to eliminate TB is also much greater. Approximately 69,000 Nepalis developed TB in 2019. This means TB is a preventable, curable disease yet eight Nepalis fall sick with TB every single hour and 40,000 people with TB are 'missing' from the national notification data every year. Closing this notification gap is the first priority for the TB control programme.

BNMT will continue to work with the government National TB Control Centre and our partners at provincial, district and community level to both develop new models of patient-centric TB service delivery and strengthen the existing diagnostic and treatment network. <http://www.impacttbproject.org>

We will continue research to optimise active case finding strategies to reach and treat every case, everywhere.

We will begin a collaboration with the University of Melbourne to conduct whole genome sequencing of 2,000 TB bacilli from three regions of Nepal to understand transmission dynamics at community level and improve the targeting of our interventions (Target TB).

We will work on testing new socioeconomic support models for families affected by TB to reduce the long term impacts on the most vulnerable households.



We will also begin working to introduce new TB prevention strategies into Nepal and to adapt their implementation to the Nepali context.

At the core of our approach to TB is a comprehensive model of FIND-TREAT-PREVENT, every component of which is essential to allow Nepal to accelerate towards elimination of TB under the END TB strategy.

### Innovative Solutions for Infectious Disease Programmes

BNMT has successfully introduced a number of innovative technologies to Nepal and we will continue to innovate in our approach to infectious diseases by testing new diagnostic, prevention and treatment strategies which are appropriate to the local context. As mobile phone ownership continues to surge in Nepal, there are many opportunities to harness new technologies for health and to put control in the hands of the consumer through information access.

We will begin work on a user-led design for confidential, self-referral HPV testing with a leading partner in the field from the UK, SH24.



We will continue to evaluate digital technologies for medical adherence monitoring with the community health volunteer network to address the difficulties patients face in attending health facilities to take regular treatment for diseases like TB.

We will continue development of our pioneering drone transport network in rural Nepal. This connects rudimentary rural health posts to advanced laboratory testing hubs where we have installed rapid molecular diagnostics (GeneXpert), and allows two way transport of samples and medicines across the hills. This network is solving one of the greatest challenges facing health workers in rural Nepal: transport.

We will also work to introduce telemedicine solutions such as digital chest X-ray screening to address the chronic shortage of X-ray technicians in rural Nepal.





## Facing New Threats

While Nepal has made great strides towards elimination of malaria and leishmaniasis, other vector borne diseases are increasing in prevalence as climate change brings mosquitoes to new altitudes and extends the transmission season. Diseases such as dengue, chikungunya and Japanese encephalitis are increasing in prevalence in Nepal and must be addressed. At the same time, surveillance capacity must be strengthened for novel emerging diseases. The long experience and collaborative network of BNMT throughout the country make us ideally placed to address the response to these new threats.



We will continue to work with IT experts on mobile health applications such as the HAMRO SWASTHYA: OUR HEALTH app and web portal which was rapidly developed and deployed by our consortium in collaboration with the Ministry of Health and Population (MoHP) in response to the COVID-19 pandemic. This application has been used by the ministry to monitor the situation nationwide. The application provides real-time updated information to inform government decisions and effectively deploy scarce resources in response to the rapidly evolving epidemic. This is an example of how we can bring partners together to find and mobilise innovative transdisciplinary solutions in times of crisis.

The application has been downloaded and utilized by a large proportion of the population nationwide. When a rapid epidemic response is required information is certainly power, and OUR HEALTH SHIELD will be adapted to address other health related challenges, including the ability to rapidly adapt the application to conduct surveillance for any novel emerging pathogen.

## SEXUAL AND MENTAL HEALTH

### PRIORITY #2

## No Health without Mental Health

Sexual and mental health is the keystone of a fulfilling, balanced and rewarding life for all of us. Unfortunately, issues around psychosocial, mental and sexual health remain highly stigmatized in Nepal. There are very few clinically trained mental health professionals even in the capital city, Kathmandu. Many individuals facing mental health challenges therefore suffer without assistance until a crisis point is reached. All too often, this crisis results in suicide. Despite a government curriculum on sexual health mandated in schools, many teachers are embarrassed or feel unprepared to deliver the lessons, and therefore neglect the teaching.

This leaves many young people without adequate information to make choices or access services. Historical attitudes towards women and minority groups have led to a high prevalence of domestic abuse in the home and sexual harassment in the workplace. To transform the dynamic for future generations, we seek to empower the young people of Nepal with information and choice.

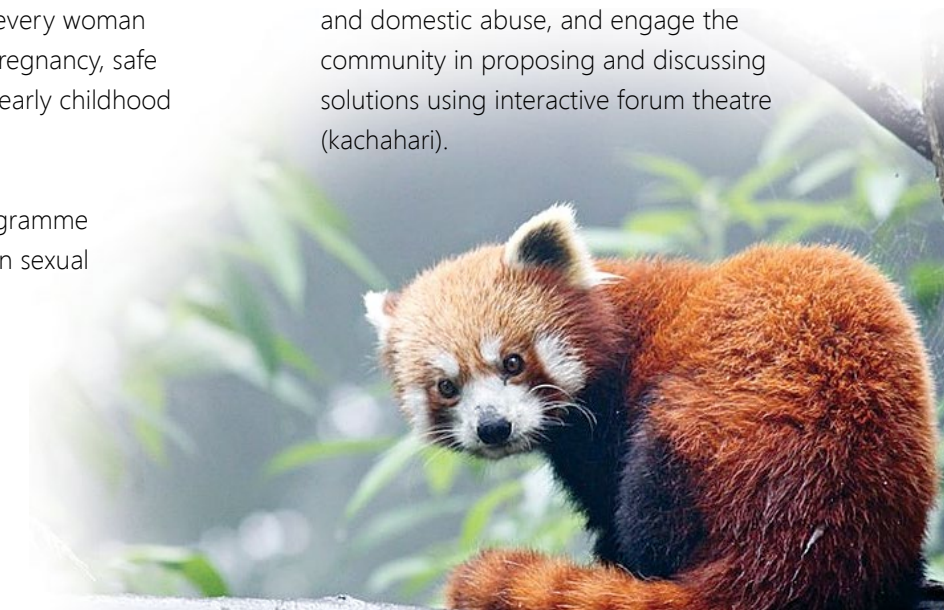
## Empowering Young People to Control their Choices

Enabling young people to understand how to protect their sexual health and to choose how, when and with whom to engage in sexual activity or to start a family depends on access to trustworthy sources of information and counselling. Awareness of Sexual and Reproductive Health and Rights is vital to combat the high prevalence of sexual harassment and domestic violence faced by Nepali women. Child marriage or lack of access to contraceptive choices curtails a young woman's education and traps her in a lifelong cycle of poverty and struggle. We strive for a Nepal where every woman has access to a healthy pregnancy, safe delivery and support for early childhood years.

We will continue our programme of conducting trainings on sexual

reproductive health rights in schools and community based organisations, training gatekeepers such as teachers, community health volunteers and health care workers in rural districts and providing reliable information with a focus on young people and women.

We will continue to work with Circus Kathmandu on our community awareness events, bringing exciting circus performances and drama to rural communities which highlight issues such as child marriage, sexual harassment and domestic abuse, and engage the community in proposing and discussing solutions using interactive forum theatre (kachahari).







At the national level we will cast the spotlight on the issues facing young people through our project findings and advocate for improved resources and access to sexual health services throughout Nepal.

## Ensuring Menstrual Dignity and Eliminating Stigma

Many young women in Nepal do not attend school during menstruation. The reasons are multifactorial, including lack of access to sanitary products, no functioning toilet facilities, and stigma associated with menstruation. Particularly in areas of Western Nepal, a practice called chaupadi still forces many women to sleep alone outside the home in a shed during menstruation, where they are vulnerable to rape, violence, snakebite and attacks by wild animals. Deaths are frequently reported resulting from chaupadi, which persists as a common practice despite being outlawed in 2002.

To eliminate the stigma and allow all young women dignity during menstruation, BNMT will continue our programme to work with schools to provide education resources, improved gender separate toilet facilities, sanitary pads, and training for students and teachers. Our approach has been proven to reduce absenteeism among female students and improve academic performance. We will also work with communities to raise awareness of the issues surrounding menstruation and reduce stigma. We aim to see a Nepal where every woman is empowered to experience safe, dignified and healthy menstruation.



## Preventing Suicide and Mental Crisis

The foundations of secure mental health are often laid in early life. Adolescence is a crucial time which can shape so much of our later life. The most common mental illnesses normally begin to manifest between the ages of 15 and 24. Sadly, in many low income countries, there is nowhere for young people to seek support, advice and information to help them navigate the journey into adulthood. Nepal is no exception- with a chronic shortage of clinically trained mental health professionals and limited awareness of mental health issues among teachers and other professionals interacting with young people, symptoms often go unrecognized until they are severe. The inter-generational tensions affecting young people are exacerbated by Nepal's transition from a traditional rural society towards a more internationally facing urbanized youth. Pressure to conform to traditional practices, such as caste restrictions and arranged child marriages can result in anxiety and despair. For those with mental health conditions, such as bipolar disorder, obsessive compulsive disorder or post traumatic stress disorder, diagnosis and treatment is often unobtainable. Sadly, the lack of resources for mental health means that suicide rates are high in Nepal, especially in young people. Stigma often results

in the cause of death being disguised in official reports, leading to underreporting of the issue.

We will continue to work with schools and youth associations to improve training and awareness of psychosocial and mental health issues, which benefits not only the current generation but the parents of the next generation. We will work to train community health volunteers, teachers and health care workers in the community to recognize and refer cases needing expert support.

We will integrate with the government One Stop Crisis Management System to provide support for recovery and wellbeing for affected individuals.

We will work with international groups to identify and initiate evidence-led suicide prevention interventions appropriate for the Nepali context.

We will continue to document the scale and scope of the problem and advocate for improved investment in the mental health of our young generations, to support the wellbeing of future generations.





## Building strength for future challenges

Our Nepal is a beautiful, unique and truly diverse landscape, which encompasses the flat tropical plains of the Terai along the Indian border, the undulating middle hills and the high Himalaya, where lie some of the remotest places on the planet. Unfortunately Nepal is also vulnerable to, and ill prepared to face, many disasters including earthquakes, floods, crop failures and extreme weather events. The effects of climate change are already being felt in Nepal's most vulnerable regions. Although we cannot always predict the consequences of future events, we can strengthen planning to mitigate the impact of the most likely events, including earthquakes, flooding and emerging diseases. Now is the time to harness technological solutions to improve the resilience of our communities to face the future, whatever it may bring us.

### Preparing for the Future

The COVID-19 pandemic has shown the world that preparedness and rapid response can make a dramatic difference to the consequences of catastrophic events. BNMT works to increase preparedness through Disaster Risk Reduction training, development and capacity building. This includes systematically identifying likely events, assessing the risks associated with them and taking appropriate action to raise community and government awareness of risks, minimize the risks where possible and plan for managing the response to associated events. Much of our broader work also contributes to reducing socioeconomic vulnerabilities to disaster at both community and individual levels. BNMT works closely with the government and other health cluster partners to form co-ordinated and effective responses in times of emergency. We will continue to work with our communities both in Disaster Risk Reduction and Emergency Response.

PRIORITY  
#3



## Sustainable Community Solutions

BNMT has a long history of working successfully with local communities to improve infrastructure in the areas of health and sanitation. We devise and implement solutions in partnership with communities to ensure sustainability and local ownership.

We will continue to build on the experience we gained rapidly rebuilding and equipping improved community health posts following the earthquake in 2015.

We will continue working with schools to upgrade facilities which ensure children have access to safe, hygienic toilet facilities in the school environment.

We will work to identify and install the most appropriate power and water solutions for health centres, schools and communities to strive towards a cleaner, greener Nepal for everyone. We will promote the philosophy of Reduce, Reuse and Recycle through our work.

We will partner with local communities to identify and respond to needs as they arise and facilitate change to improve futures.



### Responding to Change

When events overwhelm communities BNMT aim to mobilise aid and rapidly address critical needs, such as food, medicine and shelter. For example during the COVID-19 emergency in 2020, severe Terai flooding in 2018 and the Gorkha earthquake of 2015, BNMT responded rapidly to the acute situation with distribution of emergency food and essential medicines to vulnerable and displaced families. We also work to mobilise funds for long term reconstruction and risk reduction efforts, such as our successful rebuilding of damaged health posts after the earthquake.

We will continue to respond rapidly to communities in crisis as the need arises, working closely with local stakeholders to identify priorities and most effectively deploy resources.





# STRENGTHENING HEALTH SYSTEMS

## Strengthening the foundations of Health

The year 2020 has highlighted the weaknesses in even the most developed health systems, with some of the world's richest countries struggling to cope with the rapid and unprecedented surge in patients with severe respiratory illness as a result of the COVID-19 pandemic. Sadly, countries like Nepal have weak, fragile health systems which are unable to provide even reliable basic services to those in need in normal times. The reasons for this are multifactorial, including lack of skilled human resources, weak logistics, no maintenance of equipment, unstable management and poorly maintained or inadequate infrastructure. BNMT works to strengthen the health system in a stepwise fashion through targeting key gaps in the existing systems including improving the diagnostic network for tuberculosis, capacity development of staff and supplying and maintaining equipment to laboratories.

### PRIORITY #4

#### Taking Flight-Drone Transport Networks

We will continue to develop our pioneering drone transport network for rural districts to connect patients at remote health posts with the most advanced diagnostic facilities in hub laboratories. We will expand the TB network in Pyuthan district to include network all health posts to three rapid molecular diagnostic centres (GeneXpert centres) and continue to optimise the training and flight operations for expansion to other districts.

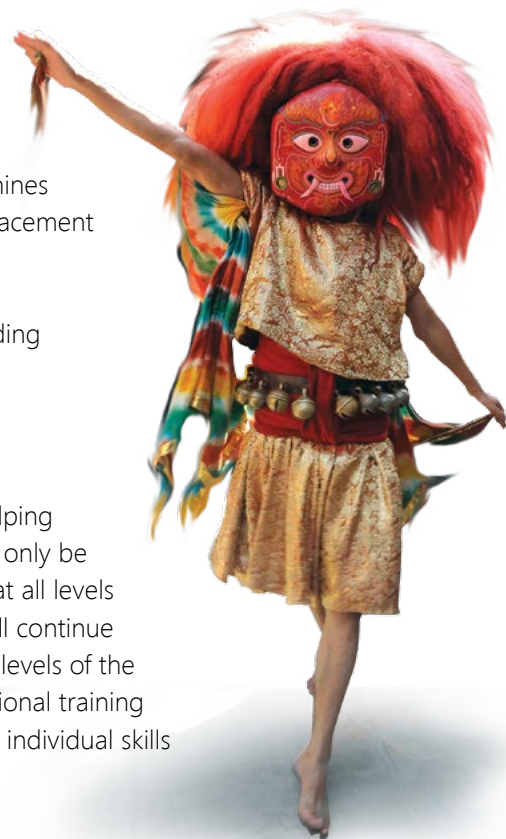
#### Laboratory Infrastructure

An effective health system depends upon a strong laboratory network to accurately and rapidly diagnose disease and enable effective treatment. In the last three years BNMT has installed eleven advanced molecular diagnostic machines for tuberculosis and conducted a programme of repair and replacement for microscopes.

We will continue to strengthen the laboratory network by providing systematic support, training local laboratory technicians and upgrading the equipment.

#### Human Resources for Health

Health systems depend upon the dedication and passion for helping others of the staff throughout the network. A health system can only be strengthened effectively by increasing the skills of stakeholders at all levels of system and enabling them to realise their potential. BNMT will continue to provide training opportunities to our staff and partners at all levels of the health system, including scholarships to attend relevant international training courses, seminars and centres of excellence and workshops and individual skills training at district level.



# RESEARCH AND POLICY TRANSLATION

### PRIORITY #5

## Evidence to Action

BNMT has built a network of leading international research partners, to ensure that we work at the cutting edge of innovation and development in health, addressing locally important questions of global relevance. We disseminate our research findings at local, national and global levels to inform future policies and build the global evidence base for effective solutions at scale.

#### Open Access Publication and Dissemination

We will continue to publish our work in open access, peer reviewed academic journals and make manuscripts and lay summaries available via our website.

We will also continue to present our findings regularly at international conferences and seminars to both share our experience and learn from the international research community.

We will continue to hold regular dissemination and consultation events with a broad range of stakeholders at district, provincial, national and international levels. Patients, research participants and affected communities are included throughout our design, consultation and dissemination process.



#### Building Our International Research Consortia

We will continue to expand our network of collaborators and research partners and to ensure that we work across the spectrum translating field implementation and basic science through to policy and action where appropriate.

#### Advocacy and Representation

We will consult and incorporate the views of patients, participants and affected communities in the whole research pathway, from design to dissemination.

We will advocate to empower the people affected by issues to raise their voices for change, at local national and international forums.





## 2019-2020 BNMT SELECTED PUBLICATIONS AND PRESENTATIONS

Please visit [www.bnmtnepal.org.np](http://www.bnmtnepal.org.np) for a list of our most recent publications

### International Journal publications of our research findings

1. Gurung, S.C., Dixit, K., Rai, B., Caws, M., Paudel, P.R., Dhital, R., Acharya, S., Budhathoki, G., Malla, D., Levy, J.W., van Rest, J., Lönnroth, K., Viney, K., Ramsay, A., Wingfield, T., Basnyat, B., Thapa, A., Squire, B., Wang, D., Mishra, G., Shah, K., Shrestha, A., Teixeira de Siqueira-Filha, N. The role of active case finding in reducing patient-incurred catastrophic costs for tuberculosis in Nepal. *Infectious Diseases of Poverty*. Oct 2019
2. Biermann, O., Lönnroth, K., Caws, M., Viney, K. Factors influencing active tuberculosis case-finding policy development and implementation: a scoping review. *BMJ Open*. 2019;9:e031284
3. Dixit K, Rai B, Aryal TP, Mishra G, de Siqueira-Filha NT, Paudel PR, Levy JW, van Rest J, Gurung SC, Dhital R, Biermann O, Viney K, Lönnroth K, Squire SB, Caws M, Wingfield T. Research protocol for a mixed-methods study to characterise and address the socioeconomic impact of accessing TB diagnosis and care in Nepal. *Wellcome Open Research*. 2020 Feb 5;5(19):19.
4. Rai B, Dixit K, Aryal TP, Mishra G, Teixeira NSF, Paudel PR, Levy J, Rest J V, Gurung S, Dhital R, Lönnroth K, Squire SB, Caws M, Wingfield T. Developing a feasible, locally-appropriate socioeconomic intervention for TB-affected households in Nepal: a report from a national workshop and review of the literature. *Tropical Medicine and Infectious Disease*, 2020
5. Biermann, O., Atkins, S., Lönnroth, K., Caws, M., Viney, K. "Power plays plus push": Experts' insights into the development and implementation of active tuberculosis case-finding policies. *BMJ Open*. 2020
6. Gurung SC, Rai B, Dixit K, Worrall E, Paudel PR, Dhital R, Sah MK, Pandit RN, Aryal TP, Majhi G, Wingfield T, Squire B, Lönnroth K, Levy JW, Viney K, van Rest J, Ramsay A, Santos da Costa RM, Basnyat B, Thapa A, Mishra G, Moreira Pescarini J, Caws M, Teixeira de Siqueira-Filha N. How to reduce household costs for people with tuberculosis: a longitudinal costing survey in Nepal. *Health Policy Plan* 2020.
7. Biermann O, Tran PB, Viney K, Caws M, Lönnroth K, Sidney Annerstedt K. Active case-finding policy development, implementation and scale-up in high-burden countries: A mixed-methods survey with National Tuberculosis Programme managers and document review. *PLoS One* 2020; 15(10): e0240696.

## ORGANISATIONAL DEVELOPMENT 2020 - 2025

Birat Nepal Medical Trust (BNMT) transitioned from an international NGO to a Nepali led NGO in 2012.

This followed a fifty year history of working as the Britain Nepal Medical Trust to improve access to healthcare and livelihoods in Nepal. We continue to build on the foundational legacy of Britain Nepal Medical Trust and to be supported by an exceptional group of distinguished UK trustees.

In the next five years, BNMT will invest in developing staff capacity to lead the organization into the next fifty years.

We will expand our research team to include postdoctoral Nepali scientists, working with both local and national collaborators, and develop skills in management and leadership among our early career staff.

We have revised and updated our policies and practices to ensure we are well placed to respond to due diligence requirements from a broad funding base and will complete this process in 2020.

We have initiated a programme of staff training across a broad range of administrative, research, and management skills which will continue to evolve in response to our needs in the next five year cycle. This will both support broader human resource capacity development for Nepal, and support our team to enjoy fulfilling and rewarding careers with us.





## Selected presentations of our research at scientific conferences

1. Dhital R.(presenter), Dixit K., Gurung SC., Rai B., Acharya S., Budhathoki G.R., Subedi B., Thapa A., Caws M. Active Case Finding of Tuberculosis in Nepal: Findings from TB REACH Wave-5, Oral presentation SOA-11-1105-01, 50th Union World Conference on Lung Health, November 2019, Hyderabad, India.
2. Dixit K (presenter), Gurung SC, Dhital R, Rai B, Acharya S, Budhathoki GR, Caws M, Siqueira-Filha N. Community-Based Active Case finding intervention in Central Nepal. Fifth Summit of Health and Population Scientists in Nepal: Research for Equity and Development in the Federal Context. 11 April 2019
3. N Siqueira (presenter), K Dixit, B Rai, R Dhital, G Mishra, S Gurung, A Thapa, K Lönnroth, B Squire, M Caws, Economic evaluation of using sputum smear microscopy or GeneXpert testing for active tuberculosis case finding in Nepal. Oral Presentation SOA-11-1113-01. 50th Union World Conference on Lung Health, November 2019, Hyderabad, India.
4. Dixit K. (presenter), Achaya S, Budhathoki GR, Gurung SC, Dhital R, Rai B, Subedi B, Shah K, Caws M, Teixeira N. Is active case finding an effective strategy to reduce catastrophic costs for TB treatment in Nepal? 50th Union World Conference on Lung Health.e-poster EP-15-140-31. November 2019, Hyderabad, India.
5. Dixit, K. (Invited speaker) Barriers and facilitators to accessing and engaging in tuberculosis care in Nepal. TB-Modelling Analysis Consortium: TB MAC 10: Country-level modelling and modelling the interplay between UHC and TB in Istanbul Istanbul, Turkey. Oral presentation. October 31 2019
6. Dixit K. (presenter), Gurung S, Dhital R, Caws M, Wingfield T. Patient and stakeholder perspectives on barriers and facilitators to tuberculosis care in Nepal. 11th European Congress on Tropical Medicine and International Health. Poster 369. Sep 2019
7. Dixit K, Aryal TP, Gurung S, Dhital R, Caws M, Wingfield T. Perceived barriers and facilitators to tuberculosis care in Nepal. 11th European Congress on Tropical Medicine and International Health Poster 368. Sep 2019.
8. Dixit K., Rai B., Gurung SC., Dhital R., Sah, MK, Aryal, TP, Pandit, RN, Majhi G, Caws M., Wingfield T. Barriers and facilitators to accessing and engaging in tuberculosis care: a qualitative study from Nepal. Poster PS-33-866-02 50th Union World Conference on Lung Health, November 2019, Hyderabad, India.







# BNMT NEPAL

Serving the People of Nepal

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