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नेपाली जनताको सेवामा

BIRAT NEPAL MEDICAL TRUST

STRATEGIC PLAN 2026 - 2030

BNMT NEPAL

Serving the People of Nepal

BNMT Strategic Pillars 2026 - 2030

Accelerating the Elimination of Infectious Diseases

Generating Evidence to Inform policy

Improving Mental Health and Reducing Stigma

Preparing for Disasters and Responding to Emergencies

Strengthening Health Systems

Building Resilient Prosperous Communities in a Changing Climate

OUR VISION

Improved health and wellbeing
for 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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Welcome to the BNMT Strategic Plan 2026 - 2030

BNMT was founded almost 60 years ago to improve the Health and Wellbeing of all the people of Nepal, and this continues to be our overarching purpose today.

In the next five years, we will focus our work within six priority themes to build Health and Wellbeing for individuals, families and communities across Nepal.

Nepal has transformed since the millennium- rapidly developing while retaining a unique, rich and diverse cultural heritage. In the last decade, Nepal has made great strides in many aspects of health, including dramatically reducing maternal mortality by over 70% since the year 2000, achieving recognition as an exemplar country for vaccine uptake with all 77 districts achieving 100% coverage for childhood vaccines in 2025, eliminating rubella in August 2025, and receiving the inaugural South East Asia Public Health Award 2025, recognizing the world-leading contribution of the Female Community Health Volunteer network in delivering rural healthcare to remote communities.

Beyond health, Nepal has led the world in tiger conservation, being the first country to achieve a doubling of its tiger population, and now having nearly tripled the population within two decades. Nepal has also achieved amazing success in reforestation initiatives, driven by pioneering community based forest management. Nepal increased its forest cover from 29% in 1994 to over 46% in 2022. Palesha Goverdhan made history by winning Nepal's first Olympic medal-the bronze medal for Taekwondo at the Paris 2024 Paralympic Games. Nepali athletes excelled in Cricket in 2025 - women and men's teams T20 qualifiers and hope to claim victory in 2026 and trail runner Sunmaya Budha won the World Trail Majors crown in South Africa.

Yet, of course, many challenges remain for the people of Nepal. Twenty percent of the population in Nepal (5,963 thousand people in 2022) is multi-dimensionally poor while an additional twenty percent is classified as vulnerable to multidimensional poverty (6,009 thousand people in 2022). The first nationwide prevalence survey of common mental health conditions estimated the lifetime prevalence of any mental condition at 10%, and mental health conditions account for 7% of the total disease burden. Youth migration, for both labor and educational opportunities, continues to rise, denuding the country of the skills, energy and economic productivity of youth. The economy is highly dependent on remittances with over one-third (35.6%) of Nepali families receiving remittance income from abroad in 2023. Tragically around 1,500 Nepali migrant laborers every year never see their homeland again, dying abroad.

Facing increasing uncertainty with climate collapse and dramatic reductions in multilateral funding for global health fueled by volatile international geopolitics, it is more essential than ever that we continue to invest in creating the world we want to see for all our futures.

Our strategic plan for 2026-2030 reflects our ambition to see a Nepal where all Nepalese have equal access to high quality health, education, and sustainable livelihoods in a peaceful and just society.

We invite you to join us on our journey.

www.bnmtnepal.org.np

Donate:

PRIORITY #1: ACCELERATING THE ELIMINATION OF INFECTIOUS DISEASES

> Eliminating Old Foes and Preparing for New threats

Ancient diseases continue to exact a heavy toll on the Nepali population - including tuberculosis and leprosy. Humanity has the ability to achieve elimination of these diseases but, collectively, we have not yet invested sufficient resources to complete the task.

At the same time, Nepal is one of the most vulnerable countries to climate change which is driving the emergence and intensification of new epidemics, such as dengue and water-borne diseases. Antimicrobial resistance is turning easily treatable diseases once again into deadly infections.

BNMT takes a multidisciplinary approach to these complex challenges, working with affected communities and international and national experts to develop and implement innovative, locally appropriate solutions. We generate evidence which drives policy change for effective public health policy and person-centered care.

ACCELERATING THE ELIMINATION OF TUBERCULOSIS

Prevention Is Better Than Cure

In the last five years BNMT has achieved significant impact- our evidence and analysis has influenced national, regional and global TB policy guidelines.

Our pioneering implementation of the 3HP TB preventative therapy in Nepali adult contacts of TB cases, funded by Nick Simmons Foundation, showed exceptionally high uptake and completion rates (both exceeding 95%). This

stimulated the development of national guidelines for the treatment of latent TB infection by the National TB Control Centre and incorporation of 3HP into the Global Fund round 7 application for Nepal.

We are continuing to build on this work, generating evidence on optimized implementation models for the Nepali context through the CRITIC project, a multi-country regional initiative led by the International Union Against TB and Lung Diseases, and our Prevent TB to END TB project, co-funded by BNMT-UK and Rotary International. Within the next five year cycle we will bring 3HP treatment to more families affected by TB in our high-burden focus districts and evaluate the long term impact of this intervention. We will also work with affected communities to evaluate the lived experience and health economics of TB preventive therapy to drive policy implementation and resource allocation at the national and global level.

Preparing For A New TB Vaccine

Vaccines continue to be the most effective way to achieve elimination of infectious diseases. Unfortunately, the only TB vaccine, BCG, offers very weak protection against TB in adults. Sixteen novel TB vaccine candidates are currently at different stages of clinical trial evaluation globally. We are working with OUCRU-Nepal to understand and strengthen community preparedness for uptake of any effective TB vaccine which emerges in the next decade. Nepal is a global leader in vaccine uptake and a strong vaccine would dramatically accelerate TB elimination efforts for our communities. However, while we wait for a better vaccine, millions more will die and so we must deploy existing solutions and innovate to develop integrated elimination strategies.

Ending Stigma And Champions For Change

Our work to reduce TB-related stigma has developed into a strong theme in the last few years and we have built a network of TB Champions, supported by our STOP-TB CHANGE TB project- who have lived experience of TB and its social complexities. These TB Champions have been undertaking transformative activities within their communities, leading change and supporting people affected by TB throughout the community with TB clubs and awareness campaigns. In the next five year cycle we will continue to expand the network of skilled TB Champions as a major force for challenging stigma, supporting people throughout their TB experience and positively transforming the lived experience of TB. We will also strengthen our inclusion of people with lived experience in the design, implementation and evaluation of our activities through our TB champions network.

Transforming The Lived Experience Of TB With Person-Centered Care

Recovering from TB requires more than medicine. Our work on facilitators and barriers for people affected by TB in Nepal highlights the many multifaceted obstacles people face in reaching TB services and completing TB treatment. Although tests for TB and medicines are provided free of cost by the government network of health centers and DOTS clinics, many families can spiral into poverty through the costs of paying for other tests and medicines before they receive an accurate diagnosis and start treatment. Illness, or the need to travel to health centers prevents people working, further amplifying the financial impacts. Half of TB affected families in Nepal face catastrophic costs, spiraling further into multidimensional poverty. Stigma often prevents people seeking a diagnosis of TB and can lead to people losing jobs or being thrown out of their accommodation due to the fear of TB.

Stigma in all its forms places extreme mental stress on already struggling individuals and families. People with TB require comprehensive social and economic support services to help them access a diagnosis of TB and complete the treatment successfully to return to full health and wellbeing. BNMT is working with partners to understand and design improved person-centered care services, including our work to design and evaluate locally appropriate socio-economic support services and our care 4 cure project which provides basic essentials, such as soap and blankets, for people with multi-drug resistant TB living in MDR TB hostels for treatment. We will continue these critical initiatives in the next five-year cycle.

Food To Fuel Recovery From TB

One third of TB cases is attributable to malnutrition. Malnutrition makes people more likely to fall sick with TB, and more likely to die of TB. People malnourished and struggling to eat enough before falling sick are even more impoverished and less able to afford food to recover once they have TB.

The landmark RATIONS trial in India showed that simple food support can reduce deaths from TB by half and also prevent half of TB cases among family members. Our NOURISH program, supported by John Burge Trust Fund, Sabitri Basnyat Foundation and BNMT-UK, provides vital food packages to people affected by TB to help them eat enough to complete their treatment and recover true wellbeing. We will continue our work to better understand the nutritional needs of people affected by TB in Nepal and to advocate for increased program coverage through government and local stakeholder support.

Together We Can END TB

We continue to work with international partners globally to innovate in TB elimination efforts. We have begun a partnership with the University of Wisconsin, funded by InkFISH, to test air sampling strategies for Mycobacterium tuberculosis in communal environments such as health facilities and transport hubs which can generate evidence to improve infection control measures, protecting staff, patients and families using the facilities.

We are proud to be a Global Fund sub-recipient (Principal Recipient UNDP) for two provinces of Nepal and will continue to work in partnership with the National TB Control Centre, affected communities and all stakeholders to deliver truly comprehensive person-centered TB care services which address the needs of people affected by TB and accelerate progress towards the dream of a TB-FREE Nepal.

ACCELERATING THE ELIMINATION OF LEPROSY

Barriers To Zero Transmission Of Leprosy

We strive for a world in which no-one is affected by leprosy, a devastating yet preventable and treatable disease. Sadly, approximately 2,500 new cases of leprosy still occur every year in Nepal, with late diagnosis and treatment resulting in lifelong disability for many. In 2010 Nepal achieved a milestone in leprosy elimination, reaching the target of less than 1 case per 10,000 populations and declaring leprosy eliminated as a public health problem. However, since then many districts have seen an upward trend in cases and 18 districts across the Nepal terai are above the elimination threshold.

Indeed, every case of leprosy is a case too many. Nepal has targeted zero transmission of leprosy by 2030 but current progress is too slow to achieve this aim. Factors fueling the persistence of leprosy include deeply entrenched stigma, hard to reach, fragile and poorly resourced health services, insufficient investment in leprosy programs and a fundamental lack of understanding of Mycobacterium leprae susceptibility and transmission.

Understanding Leprosy Transmission To Achieve ZERO Transmission

In 2024 BNMT began the ACCELERATE consortium project led by the University of Melbourne, with partners including Centre for Molecular Dynamics Nepal, Lalgadh and Shining specialist leprosy Hospitals, University of Zurich and government stakeholders including the Epidemiology and Disease Control Division. ACCELERATE is funded by the Leo Foundation and will study the genomics of leprosy bacteria and the drug resistance patterns of strains of leprosy bacteria circulating in Nepal and strengthen community based active case finding in four high burden districts. This project is one of the largest pathogen genome sequencing studies for Mycobacterium leprae globally and will help us to better understand how leprosy persists and spreads in communities to inform targeted, resource efficient elimination strategies.

We will continue to build our collaborative network for leprosy research in the next five years, working to improve resource allocation and effectiveness of targeted elimination strategies. We will ensure that the data from our work contributes to global leprosy elimination efforts through open access resource sharing and policy dialogues.

Innovative Solutions To Drive Infectious Disease Elimination

BNMT has a long history of successfully introducing advances in TB services for the people of Nepal. In recent years, we have advanced the implementation of GeneXpert molecular diagnostic technologies, 3HP TB preventative treatment, nutritional support for TB recovery, the study of pathogen genomics for TB, leprosy and COVID-19, peer support TB clubs, drone technology for sample transport and portable X-ray screening for community based active case finding. We will continue to work with partners to identify locally appropriate technologies and develop optimized implementation models to bring technology to rural communities for person-centered services for TB and leprosy, equitable and accessible to all.

PRIORITY #2: IMPROVING MENTAL HEALTH AND REDUCING STIGMA

> No Health without Mental Health

Mental health conditions have recently been recognized as significant public health non-communicable diseases (NCD), with common risk factors and co-morbidities between mental health and other health conditions increasing the negative consequences. The documented burden of mental health conditions is underestimated due to the deeply entrenched stigma surrounding mental health, which often leads people to avoid diagnosis or hide a diagnosis.

In April 2016, the World Health Organization (WHO) and the World Bank jointly recognized mental health as a global development priority. Over one in every ten people globally are affected by a mental health condition and the economic costs are around 5 trillion USD. Within the range of mental health conditions, major depression and anxiety disorders carry the heaviest disease burden. By Years Lived with Disability, depression is the single greatest cause of disability worldwide. There is a critical need for improved access to mental health services, which is particularly acute for the most vulnerable populations in Low and Middle Income Countries like Nepal, where there is no access to integrated care. Gender-related barriers can further impede access to mental health services.

IMPROVING MENTAL HEALTH AND REDUCING STIGMA

In Nepal, mental health conditions account for 7% of the total disease burden and yet mental health services are chronically neglected and under-resourced. Mental health conditions are amplified by other illnesses, and illness, in turn, can exacerbate mental health conditions. Mental Health challenges are amplified by poverty, social

marginalization, gender discrimination and stigmatized diseases. The unique and complex tapestry of traditional social constructs in Nepali society complicates efforts to improve access to mental health support services and reduce stigma related to diseases.

For example, co-morbid mental illness is a significant unrecognized challenge for people affected by TB in Nepal with a critical unmet need for mental health support. High rates of depression and anxiety among TB patients are exacerbated by physiological disturbances, social stigma, and inadequate social support. Mental health conditions are known to significantly impact TB treatment outcomes. People with TB and comorbid depression have a three times higher risk of death, four times higher risk of any poor treatment outcome and nine times the rate of dropping out of treatment before completion and cure.

Support Without Stigma

Effective approaches to reduce stigma require a deep and nuanced understanding of the local context and lived experience. Our growing body of work on stigma highlights the many ways in which deeply entrenched stigma impacts wellbeing and quality of life for people affected by a broad range of conditions in Nepal. Across Tuberculosis, Leprosy and Epilepsy we have explored the lived experience of stigma. The collective narratives reflect heartbreaking experiences of social exclusion, blame and loss. The reality of multifaceted and pervasive stigma prevents many people seeking diagnosis and receiving care for these highly treatable diseases. Delayed diagnosis results in more severe and often lifelong consequences with irreversible brain damage from uncontrolled seizures in epilepsy, permanent lifelong disability and disfigurement resulting from advanced leprosy and loss of lung function severely affecting quality of life for people affected by tuberculosis. Effective interventions for stigma reduction can remove the fear of diagnosis, facilitate early diagnosis and prevent long-term complications. To be effective, stigma strategies must be sensitive and appropriate to local cultural contexts.

The Power Of Art For Empowerment

Our work with Mithila artists to create colorful and engaging awareness murals for tuberculosis with classical Mithila Art designs has been very successful and been featured in international exhibition at the World Lung Health Conference in Copenhagen in 2025. We have gone on to develop murals reflecting Tharu culture and will expand the locations featuring murals across our terai districts to reach more communities with stigma reduction campaigns.

We will work with people affected by leprosy, tuberculosis and epilepsy to co-create broader stigma reduction interventions tailored to local community realities and the priorities of people with lived experience. We will evaluate the effectiveness of these interventions and develop refined approaches to stigma reduction in partnership with affected communities.

Supporting Wellbeing And Transforming Care

We will work to strengthen evidence-based social support and integrated person-centered counselling services for people affected by tuberculosis, leprosy and epilepsy. Access to such services can greatly reduce the long-term impact of being diagnosed with a stigmatized health condition and enable individuals, families and communities to overcome the barriers to Good Health and Wellbeing.

PRIORITY #3: BUILDING RESILIENT, PROSPEROUS COMMUNITIES IN A CHANGING CLIMATE

> Building strength, preparing for the future

VANISHING SNOWS, VANISHING LIVELIHOODS!

Nepal is one of the most vulnerable countries to the effects of the climate emergency. Already the effects of climate collapse are having dramatic impacts on many dimensions of life in Nepal. The vanishing snows of the 'land of the eternal snows' in the high Himalaya are stark testament to the rapid advance of climate heating. The glacier melt waters threaten communities with sudden overwhelming flood from glacial lake outflows (GLOF) and, conversely, disappearing water sources which are the lifeblood of rural communities.

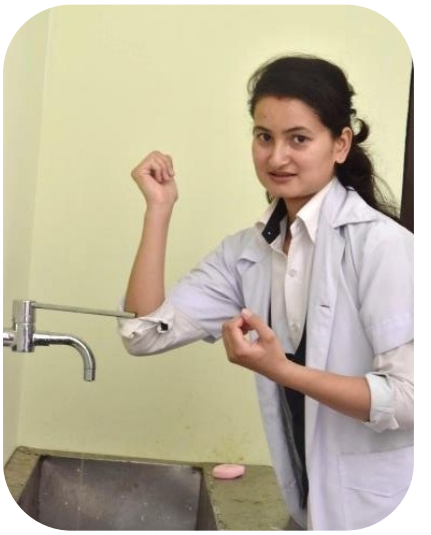
Such changing water patterns lead to increased migration to urban centers as traditional agricultural livelihoods become unsustainable. This places pressure on fragile urban infrastructure. Flooding and outbreaks of water borne diseases such as typhoid and cholera are becoming more frequent, especially among displaced or impoverished communities.

Changes in climate are leading to more extreme temperature fluctuations, leading to increases in heat-related deaths in summer and deaths from cold in winter. Displacement due to climate change forces many young Nepalese abroad to seek employment- often these opportunities are intense manual labor in extreme heat and many return with chronic health conditions such as kidney failure requiring dialysis as a consequence. The challenge of climate collapse is global, but countries like Nepal face the most devastating impacts, without resources to plan and adapt.

BNMT works to strengthen communities to strengthen resilience and build local sustainable solutions.

Supporting Communities To Adapt And Thrive

Creating employment opportunities and career paths for young Nepalese enables them to stay with their communities and prevents the fragmentation of families. Gender equality and empowerment enables women left behind by the necessity of economic migration to support families and educate children. Strengthening WASH infrastructure in schools, particularly provision of facilities for dignified menstruation, enables girls to stay in education, reducing child marriage and improving prospects for multigenerational lifelong prosperity.



BNMT works intersectionally to improve wellbeing and life chances for marginalized and disadvantaged communities in rural Nepal. By strengthening WASH infrastructure, we reduce vulnerability to diseases, increase gender equality and Improve resilience to climate-related shocks.

Through innovative educational formats such as our Covid Kurakani (Covid Conversations) panel discussion prime-time television series, and community forum theatre we stimulate discussion, raise awareness and co-develop solutions for change.

We will continue to work with communities and diverse stakeholders to develop locally appropriate sustainable solutions, identifying and addressing barriers to good health and wellbeing. Often these solutions are as simple as running water for hand washing and a safe, clean toilet for women and girls in schools and health facilities. We work for a prosperous, healthy future for everyone, everywhere in Nepal.

Better Infrastructure For Better Lives

We will continue to support communities faced with disaster, responding proactively to address emergency needs to prevent loss of life, in addition to longer term strategies to 'Build Back Better'. We will strengthen human resources for preparedness and response, infrastructure for prevention and response and community empowerment for sustainable solutions.

PRIORITY #4: PREPARING FOR DISASTERS AND RESPONDING TO EMERGENCIES

> Strengthening resources and infrastructure

FRAGILE LANDSCAPES, FRAGILE FUTURES

Nepal is an incredibly beautiful country, with a uniquely diverse landscape, ranging from the sea-level tropical plains of the terai to the very highest places on Earth in the high Himalaya within less than 200 kms. Sitting on the highly seismically active Himalayan tectonic plate, and with fragile hills prone to landslides every monsoon, Floods, landslides, earthquakes and severe political disruption are, sadly, frequent events in Nepal. Nepali people are known for their stoic resilience in the face of disaster. However, improved preparedness and rapid response can dramatically mitigate many of the impacts of disaster and avert catastrophic consequences for individuals, families and communities.

Supporting Individuals, Families And Communities To Thrive

BNMT works with government and community partners to develop stronger infrastructure, equip communities with skills to respond and responds rapidly when disaster strikes.

The BNMT approach in responding to disasters is two-pronged. In the immediate aftermath we conduct an emergency needs assessment with local communities and distribute lifesaving supplies, such as tents, nutritious food, water purification filters and warm clothing. In the longer term, we work to 'build back better', reconstructing health facilities, schools and WASH infrastructure.

For example, recently, we responded, with the generous support of Americares, to the Jajarkot earthquake which struck in 2023, providing emergency lifesaving provisions and repairing six health facilities.

We also installed a water purification plant at the district hospital in Rolpa to provide long-term reliable sanitation, hygiene and infection control for staff and clients of the hospital.

Better Infrastructure For Better Lives

Our planned Trauma Hubs project, funded by Subonita Foundation will establish properly resourced trauma centers in district hospitals, which will provide capacity for disaster survivors to be rapidly treated with appropriate care and save lives in emergencies.

We will continue to support communities faced with disaster, responding proactively to address emergency needs to prevent loss of life, in addition to longer term strategies to 'Build Back Better'.

We will strengthen human resources for preparedness and response, infrastructure for prevention and response and community empowerment for sustainable solutions.

PRIORITY #5: STRENGTHENING OUR HEALTH SYSTEMS

> Strengthening the foundations of health

Nepal is a global leader in community health, with the renowned network of Female Community Health Volunteers and other community health workers recognized as the backbone of the health service, especially in remote rural populations. In 2025 the Nepal Female Community Health Volunteer network received the inaugural 2025 WHO South-East Asia Public Health Champion Award, in recognition of their essential and exceptional contribution to public health, delivering a broad range of core health services from childhood vaccination, family planning, vitamin A supplementation and support for people living with chronic diseases like diabetes.

BNMT has always worked with the network of Female Community Health Volunteers to deliver our public health programs, training cohorts to deliver public health interventions such as TB and leprosy active case finding, nutritional awareness, drone transport systems, maternal child health services, and most recently TB prevention therapy.

Strong Laboratories For A Strong Health System

Diagnostic testing and appropriate treatment of health conditions also depends upon accessible and high quality laboratory infrastructure within the health system.

Through our TB active case finding program, BNMT has supported seventeen 4-module GeneXpert machines integrated into the government health system to strengthen access to high quality, rapid TB diagnosis for affected communities in remote rural areas. We also support laboratory infrastructure repair and provision of laboratory equipment such as microscopes and centrifuges at primary health centers and health posts. During the COVID pandemic, we supported the acute need for additional laboratory technician posts to relieve pressure and maintain services in remote areas.

We work with local stakeholders to identify priority needs and raise funds to support strengthening activities wherever possible.

Human Resources For health

Health systems depend upon the dedication and passion of the staff throughout the network for helping others. A health system can only be strengthened effectively by increasing the skills of stakeholders at all levels of the system and enabling them to realize their potential.

BNMT will continue to provide training opportunities to our staff and partners at all levels of the health system through our funded projects, including scholarships to attend relevant training courses, seminars at centers of excellence, and workshops and individual skills training at district level.

PRIORITY #6: GENERATING EVIDENCE TO INFORM POLICY

> Evidence to Action

ACTION FOR IMPACT

For over 60 years, BNMT has pioneered community-based solutions for public health, many of which have been adopted to scale by government programs. These include the hill drugs scheme of our earliest days, to our recent work on effective models of TB community based active case finding. We will continue to innovate and implement new approaches, including leveraging developments in AI technology for healthcare, to enable our government partners to adopt the best approaches for the Nepali context.

Multidisciplinary Evidence-Informed Policy Translation And Innovation

With many competing needs for the limited resources available within the Nepali health system, transforming the evidence from pilot studies into adoption within national policies and practice is a complex and skilled task Effective policy translation requires not only relevant and robust data, but skilled advocacy. One of the strongest factors influencing policy uptake of any new intervention is the costs of the intervention relative to the benefits. These assessments are made using a discipline called health economics.

Other factors include the feasibility, acceptability and sustainability of the proposed solution, which requires research by skilled qualitative researchers gathering and analyzing data from consultations with a diverse range of users, including healthcare practitioners and people with lived experience of the problem under consideration.

BNMT has expanded our multidisciplinary research partnerships both nationally and internationally in the last decade. This has enabled us to nurture capacity development of Nepali early career researchers across academic disciples including social sciences, genomics, health economics and mathematical modeling of infectious diseases. This enables us to better evaluate our interventions and provide robust, locally relevant data to stakeholders and the global academic and public health community. In the next five year cycle we will continue to seek partnership with diverse experts and innovators, nationally and internationally, to enhance our innovation, impact and policy influence for improving health and wellbeing of all Nepali people.

Fostering Research Ecosystems

Nepal is developing and is now transitioning from one of the world's Least Developed Countries to Lower Middle Income Country Status. With this transition comes increased capacity to conduct research and implement advanced technologies for public health solutions. Effective science driving development requires broad multidisciplinary expertise and at BNMT we build partnerships of experts to better address critical health challenges, both nationally and internationally. Our domestic consortium partners include Centre for Molecular Dynamics, Oxford University Clinical Research Unit Nepal, GENETUP laboratory, Nepal Flying Labs, Bheri and Koshi provincial hospitals, Lalgadh and Shining leprosy hospitals. All our programs work in close integration with government stakeholders to ensure synergy and alignment with government and community priorities. Internationally we work in partnership with leading academic institutions including Liverpool School of Tropical Medicine, University of Oxford, University of Melbourne, Johns Hopkins School of Public Health, University of Wisconsin, University of Zurich and Karolinska Institute.

We will continue to build our collaborative networks to generate robust evidence and foster pioneering solutions, while building skilled human resource capacity across the Nepali research ecosystem and beyond.

Talent and skills which will ensure the health of all our futures to come.

ORGANIZATIONAL DEVELOPMENT 2026-2030

Sixty Years Of Innovation For Health And Wellbeing

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 addition to our Nepali Governance Board of distinguished experts.

In 2027, we will celebrate our Golden Jubilee: 60 years of Nepal and Britain joining hands in partnership for the Health and Wellbeing of the Nepali people.

Structured For Success

In 2025 we are now working across five of the seven provinces of Nepal. During 2026, we will restructure our office network to align with the federal provinces of Nepal which will ensure continued strong integration with government approaches to health services and development.

We are aiming to expand our coverage across all seven provinces of Nepal within the next five-year cycle.

Our Youth, Our Future

We have supported three Nepalese to complete international PhDs in the last five years, and will continue to invest training and mentorship for our early career researchers to flourish in academia, while broadening the robust data-

based scrutiny of our interventions and innovations. We also provide internship opportunities to young people interested in gaining early career experience with a public health focused NGO. Many of our dynamic internship students have gone on to successful careers with us.

We will continue to develop our internship scheme, offering placements to 10-12 bachelors and masters students each year, alongside later career internships for advanced skills exchange and development.

Diversity, Inclusion And Equality At Our Heart

We recognize that gender inequality, and other forms of inequality, are deeply entrenched in Nepali society, and will continue to strive for the highest standards of equality within our internal environment and more broadly throughout all our programs and activities.

We have launched a Gender Equality Plan which inaugurates a Gender Equality Working Group to formalize and lead our efforts with over the next five years.

Championing Change Makers

Through our TB Champions network, we will expand and deepen the involvement of people with lived experience in our project planning, implementation, evaluation and reporting.

We will seek every opportunity to invest in skills development and expansion of this network to build a network that is diverse, equitable, inclusive and provides rich opportunities for personal growth as TB advocates.

Our People Are Our Strength

We will continue to invest in personal growth and development for our team members with a programs of training encompassing soft skills, academic research, diversity, equity & inclusion, administration and management.

We strive to achieve an equitable, inclusive and rewarding environment for all of our team at every stage of their career journey.

2020-2025 BNMT SELECTED ACADEMIC PUBLICATIONS

Please visit www.bnmtnepal.org.np for a full list of our most recent publications and presentations at meetings, symposia, workshops and conferences.

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