

BNMT NEPAL

Serving the People of Nepal

ANNUAL REPORT

(2025-2026)



Stronger Communities, Healthier Future.

BNMT STRATEGIC PILLARS (2026-2030)

**Generating Evidence to
Inform Policy**



**Accelerating the
Elimination of Infectious
Diseases**



**Strengthening
Health Systems**



**Building Resilient
Prosperous Communities
in a Changing Climate**



**Preparing for Disasters &
Responding to Emergencies**



**Improving
Mental Health &
Reducing Stigma**



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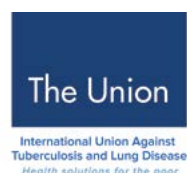
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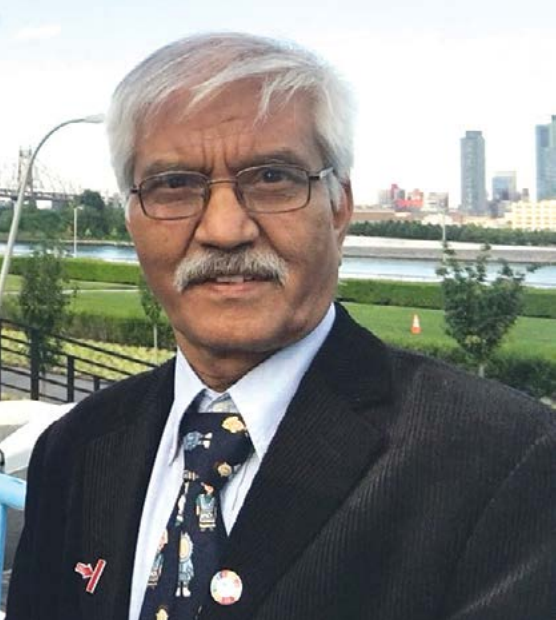
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THANK YOU TO OUR FUNDERS





FOREWORD FROM CHAIR OF THE BNMT BOARD

Mahesh Raj Sharma

Chairperson

Birat Nepal Medical Trust

Nepal has once again experienced the devastating consequences of climate change induced natural disasters, with this year's floods, commonly known as 'Himalyan Tsunami', causing loss of thousands lives, homes, livelihoods, infrastructure, and disruption to essential services. Rebuilding the overall loss, infrastructures, social and health services and most importantly society and the family will take long and concerted efforts of all. BNMT is committed to participate and contribute in the process.

Within this challenging context, BNMT has continued to strengthen its contribution to the health and wellbeing of people across Nepal. Our work has remained rooted in tuberculosis (TB), while increasingly expanding into other health priorities through research, innovation, community engagement, and partnerships.

Our longstanding contribution to TB prevention and control was recognized through the National Tuberculosis Control Center (NTCC) Award 2026, acknowledging BNMT's significant contribution to and support for the National Tuberculosis Program. We have continued to strengthen TB prevention and care through a range of initiatives, including the expansion of tuberculosis preventive treatment, with several programs supporting the delivery of 3HP, alongside research to strengthen evidence for effective TB prevention. We have also provided practical and nutritional support to people affected by TB and drug-resistant TB. It is particularly encouraging that municipalities are now beginning to take ownership of nutritional support initiatives and allocate their own resources, helping to build more sustainable and locally owned program.

We have also advanced innovative approaches to infectious disease research. Through TB SHIELD, we are exploring whether airborne TB bacteria can be detected through systematic air sampling and whether the genetic material collected can be used to better understand transmission. Through the ACCELERATE Project, we are combining genomic science with community-based action to better understand leprosy transmission, strengthen early case detection, and identify drug resistance patterns. This

work will contribute valuable evidence from Nepal to the global understanding of leprosy.

Research remains an important part of BNMT's work. Our studies have examined the socioeconomic and health-economic dimensions of health, the experiences of women with epilepsy during pregnancy and after childbirth, and the social and emotional challenges associated with TB. By generating evidence from the experiences of people and communities, we aim to inform more responsive and effective health interventions. BNMT has encouraged and facilitated its staff member accessing earlier career grants from different partners building their capacity and confidence in health research.

Alongside the disease-specific program and research, BNMT has begun work to strengthened trauma responses along the highway in major area like Rauthat and Nawalparasi in collaboration with local municipal hospital, local Palika (local government unit) and strategic support from federal Ministry of Health and Food Safety through the Trauma Hub initiative. This addition in BNMT program reflects our commitment to strengthening preparedness and access to appropriate care during emergencies and trauma.

Looking ahead, we will continue to build on our experience while embracing new evidence, technology, partnerships, and locally led solutions. Our focus will remain on translating knowledge into practical action and strengthening health systems that are better prepared to meet Nepal's changing health and humanitarian challenges.

I extend my sincere appreciation to our staff, communities, government partners, donors, researchers, health professionals, and all our collaborators for their continued commitment and support. Their collective contribution makes BNMT's work possible, and we look forward to working together towards a healthier and more resilient Nepal.

Thank you.
September 2026



MESSAGE FROM THE EXECUTIVE DIRECTOR

Raghu Dhital

Executive Director

Birat Nepal Medical Trust

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

This year, we were deeply honored to receive the National TB Control Center (NTCC) Award 2026 in recognition of our significant contributions and impactful tuberculosis initiatives supporting the National Tuberculosis Program. We extend our sincere gratitude to the National TB Control Center for recognizing our contributions and for selecting BNMT as a recipient of this important award. This recognition inspires us to further strengthen our efforts and continue working together towards a TB-free future.

During the year, we achieved substantial progress through our pioneering initiatives, including TB Shield, CRITIC, Prevent TB to End TB, ACCELERATE Leprosy, our TB Prevention Program, and Nourish. These initiatives were delivered in close partnership with the National Tuberculosis Control Centre (NTCC), the Ministry of Health and Population, Provincial Health Directorates, the Nepal Health Research Council (NHRC), and other key stakeholders, reinforcing our collective commitment to strengthening public health outcomes across Nepal.

We also expanded our portfolio with the launch of five new projects—Trauma Hub, ART-TB, Care for Cure, Himalayan Breath of Hope, and Participatory Action Research. These initiatives expand the scope of our efforts to accelerate tuberculosis elimination, generate evidence for action, and strengthen health systems nationwide.

BNMT Nepal continues to play a leading role in evidence generation and policy influence. Through high-quality research, policy briefs, and technical publications, we contributed to national, provincial, and global health agendas. Notably, this year we convened a successful

policy dialogue workshop with WHO and EDCC on patient centered care for epilepsy, advancing our scope of work in this area. Our work on tuberculosis was presented and recognized at prominent international forums, including the CRITIC Review Meeting in Delhi, the World Lung Health Conference in Copenhagen, Denmark, Liverpool School of Tropical Medicine, UK, and the University of Wisconsin–Madison in the United States, reflecting the continued reach and impact of our contributions to the global evidence to inform policy.

This year, we conducted a comprehensive review of the BNMT Nepal Strategic Plan 2020–2025 and, through consultations with field-level staff, Senior management team, and Board members, developed and finalized the BNMT Nepal 5-Year Strategy for 2026–2030.

A key highlight of the year was our Annual All-Staff Meeting, which convened more than 185 staff members—the largest gathering in BNMT Nepal’s history. Beyond its celebratory nature, the event provided a platform for reflection, learning, collaboration, professional development and strategic alignment. This exceptional gathering underscored the organization’s significant growth and the strength of our shared vision and purpose.

These achievements reflect the dedication, expertise, and commitment of our staff, as well as the steadfast support of our partners and donors. I extend my sincere appreciation to our employees, government counterparts, partner organizations, and funding partners. Your trust, collaboration, and continued commitment are essential to our success.

As we move forward, BNMT Nepal remains firmly committed to its vision of a healthier, more equitable Nepal. Building on the momentum of this year, we will continue to drive innovation, strengthen partnerships, and deliver sustainable impact for the communities we serve.

Protecting Health with Prevention

Max Caws

Principal Investigator

On 26 August 2026 Nepal experienced a catastrophic flooding event which has been described as a 'glacial tsunami'. Entire communities were obliterated in seconds as a massive torrent of mud, rock and debris surged down the Trisuli river in Eastern Nepal. Over 6,000 people are missing, presumed dead. With 1,300 bodies recovered, the rest may never be found- buried beneath the mud which took their lives. 1.6 million people have been affected- losing homes, livelihoods, friends and families. 7,570 homes are damaged or destroyed, 37 critical bridge links and 783 megawatts of energy capacity is lost. The government of Nepal estimates 5.3 billion USD is needed for recovery and reconstruction of damaged infrastructure. The numbers are staggering: the true human cost across generations unmeasurable.



The global community responded rapidly, supporting Nepal in its efforts to save lives and rebuild with greater resilience for the future. Nepal contributes less than 0.1% of global greenhouse emissions while being at the epicenter of the impacts due to its location in the destabilized Himalayan ecosystem where glacial ice is rapidly melting. The debate surrounding climate justice has become urgent for Nepal, and those countries, like Nepal, which have not caused the crisis but are paying the highest price.

BNMT will work with affected communities to rebuild and restore hope, health and opportunities for the future. We will seek funding to expand our work to support communities prepare and prevent for future events. Such disasters catapult families into extreme poverty. Timely support can prevent further deaths, restore mental health, keep children in school -securing their future, and prevent the cascading escalation of harms. We thank everyone who has contributed to the relief funds for Nepal- every contribution counts in the worst of times.

Such disasters grab headlines and focus attention, but the daily devastation caused by tuberculosis (TB), with 17,000 Nepalis dying of TB every year, is largely invisible. The work of the BNMT team to reduce vulnerability to TB through community centered interventions to provide preventive therapy, nutritional support and patient centered diagnosis and care has transformed many lives this year. We have achieved significant scale-up of the shorter 3HP preventive therapy for adults at high risk of TB this year, with support from Rotary International, Himalayan Breath of Hope and the International Union Against TB & Lung Disease, after our pioneering pilot introduction during the IMPACT TB project. We have also been strengthening the TB program in two provinces in partnership with the National TB Control Centre as a Global Fund sub-recipient, including through AI-enabled X-ray diagnosis. Our TB Shield project is taking a longer term perspective on how we can better protect individuals, families and communities from TB.

Our work on TB related stigma has highlighted the many ways in which stigma shapes care- with stigma creating a barrier to accessing care services, and fear of contagion also influencing the ways in which healthcare workers provide care. Following our research with people with lived experience of TB and their care providers we are rethinking our approach to stigma reduction interventions for TB, to address broader perspectives from lived realities. We are bringing these lessons to other stigmatized health conditions we work on, including leprosy and epilepsy.

While we await, with urgent impatience, the results of the phase 3 vaccine trials for TB currently underway around the world, BNMT is working to reach people affected by TB now with innovative approaches and new tools. Every day in Nepal 46 people die needlessly from TB. We can and should prevent that. Now.

We thank everyone who has contributed to our work this year and hope you enjoy reading these highlights from our incredible team.

CRITIC: The Comprehensive Strategy for Retention in The TB Infection Cascade of Care



Gates Foundation



International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

Rupandehi and Nawalparasi West districts | March 2024 to March 2027



Tuberculosis (TB) remains a major public health challenge in Nepal, with only half of active TB cases diagnosed and treated by the government system. The risk of TB is particularly high among populations living in low socio-economic conditions or remote areas. Tragically, 17,000 Nepali people still die every year from this disease which is preventable and curable.

Many people in countries like Nepal carry the TB bacteria in their bodies without feeling sick. Tuberculosis Preventive Therapy (TPT) can treat the bacterial infection before people become sick with TB. This not only prevents them becoming sick and losing health and livelihood, it also stops the disease spreading to other people in their family and community. New, shorter TB preventative treatments like 3HP need to be delivered at scale in Nepal but we need to understand the most effective and affordable ways to do this while meeting the needs of individuals, families and communities.

The Comprehensive Strategy for Retention in the TB Infection Cascade of Care (CRITIC Study) is a multi-country initiative implemented in Nepal, Bhutan, India, Indonesia, and Sri Lanka. In Nepal, the three-year study is being conducted in Rupandehi and West Nawalparasi districts.



CRITIC aims to test a locally appropriate implementation model for scaling up TB prevention therapy among high-risk adults based on the WHO four-step approach. The model aims to deliver person-centered TB infection cascade of care to improve retention among high-risk groups in the SEAR Countries. Key activities



reduce barriers to access and support early detection.

Led by the Indian Council of Medical Research and The Union South-East Asia Office, with funding from the Gates Foundation, the CRITIC Study findings will help strengthen regional TB programs and support efforts to reduce the burden of TB in the long term.



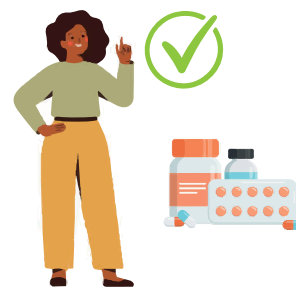
7044

Tested for tuberculin skin test (Mantoux)



1855

Enrolled in TB Preventive Treatment (3HP)



1595

Completed the TB Preventive Treatment (3HP)

Strengthening TB Elimination Efforts through Partnership with The Union

BNMT was pleased to welcome distinguished delegates from The International Union Against Tuberculosis and Lung Disease for a high-level consultation, including Professor Dr. Guy Marks, Dr. Cassandra Kelly-Cirino, Dr. Kavindhran Velen, Dr. Bharati Kalottee, Dr. Rakesh PS, and Dr. Abhimanyu Singh. The discussions highlighted the importance of expanding latent TB infection screening, strengthening

community awareness to reduce stigma, and ensuring reliable access to medicines and diagnostic services. A strong community-focused approach is a core tenet of both organizations philosophy to better reach people at highest risk, who are often missed by routine health services. The consultation focused on strengthening collaboration, advancing TB prevention strategies, and using program experience to inform evidence-based approaches, drawing on experiences from ongoing work under the CRITIC Project.



The Global Fund TB Program: Strengthening Health Resilience in TB Program in Nepal



Lumbini province: Rupandehi, Palpa, Dang, Kapilvastu, Nawalparasi-W, Pyuthan, Rolpa, Banke, Bardiya, Karnali Province: Salyan, Dailekh, Kalikot, Surkhet | Feb 2025 to July 2027



BNMT is implementing the project, ‘Strengthening Health Resilience in TB Program in Nepal’ as a sub recipient for Global Fund round 7 in two provinces: Lumbini and Karnali. The project focuses on improving access to quality tuberculosis (TB) diagnosis, treatment, and care services for vulnerable populations in Nepal under a partnership and participation model. The initiative strengthens collaboration between public and private health sectors to ensure a comprehensive and patient-centered approach to TB control.



Operating across thirteen districts (Karnali: Surkhet, Salyan, Dailekh, Kalikot and Lumbini: Banke, Bardiya, Palpa, Rolpa, Pyuthan, Dang, Kapilvastu, Rupandehi, and Nawalparashi-west) the project works in close coordination with key stakeholders including National TB control Centre (NTCC), Provincial Health Directorates, Health Offices, municipalities, NGOs, major hospitals, pharmacies, Urban DOTS centers, and community volunteers. Through these partnerships, the program enhances service delivery and expands TB care coverage in hard-to-reach and high-risk communities.

Global Fund Round 7 BNMT Project Achievements to June 2026

Sputum Transportation in Hard-to-Reach Areas



42076

presumptive TB cases

2984

diagnosed with TB

Mandatory contact tracing



7886

presumptive TB cases

196

diagnosed with TB

FAST Strategy



14078

presumptive TB cases

2231

diagnosed with TB

TB screening of malnourished children in health facilities/hospitals



7199

presumptive TB cases

387

diagnosed with TB

TB case finding from referral of pharmacy



5069

presumptive TB cases

1078

diagnosed with TB

TB Cases Notification from private sector



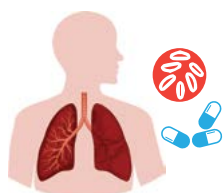
492

presumptive TB cases

492

diagnosed with TB

Screening and testing of all DR TB suspects



582

presumptive TB cases

24

diagnosed with TB

Screening & testing of family members of DR TB Cases



211

presumptive TB cases

10

diagnosed with TB

Initiation of TB Preventive Treatment (TPT)



1311

enrolled in TPT

Active Case Finding (ACF) in migrants (cross borders)



3455

presumptive TB cases

38

diagnosed with TB

ACF in prison Population



67

presumptive TB cases

3

diagnosed with TB

AI ACF Camp



6296

Camps held

246

diagnosed with TB

AI-Based X-Ray Active Case Finding for Early TB Detection



The National TB prevalence survey showed that half of TB cases in Nepal can only be detected using chest X-ray. Yet, there is a chronic shortage of skilled radiologists in remote areas which has limited capacity to screen for TB using Chest X-ray testing. New advanced AI-enabled Chest X-ray technologies are transforming TB case finding in countries like Nepal.

BNMT has been using AI enabled digital Chest X-ray to support our Active Case Finding (ACF) within the Global Fund and Critic projects.

This technology is improving access to early and accurate TB diagnosis for vulnerable and high-risk communities, ensuring they are not left behind by TB prevention and care services. The intervention also supports efficient presumptive TB identification and sample collection, reducing the diagnostic burden on GeneXpert sites. Deploying AI based chest X-ray is strengthening early case detection, enabling timely treatment initiation, reducing community transmission, and identifying cases that might otherwise have remained undetected.

A Second Chance at Healing: Jumti Ahir's Story

When Jumti Ahir, a resident of Bhawanipur in Badhaiyatal Rural Municipality-3, Bardiya was diagnosed with tuberculosis, she began treatment with determination. But after only 10 days of medication, she started experiencing severe side effects, including symptoms of jaundice, leaving her frightened and uncertain about continuing the treatment. Out of fear for her health, Jumti stopped taking the medicines without consulting health workers.

Realizing her treatment was interrupted, Health workers regularly called and visited her home, encouraging her to restart medication, but fear and hesitation continued to hold her back.

Unable to support her in restarting treatment, health workers coordinated with the Municipal Health Section, District Health Office, and BNMT. Together, a joint team visited Jumti's home and spent time counseling both her and her family. They carefully explained the importance of completing TB treatment, discussed the possible side effects, and

reassured the family that these challenges could be managed with proper support.

The visit became a turning point. The counseling helped Jumti regain confidence in the treatment, while the encouragement from her family and the continuous support from the health team gave her the strength to try again.

With renewed trust, Jumti restarted her treatment and continued the medication regularly under close follow-up. Gradually, her health improved, and she was able to continue her treatment successfully.

Jumti's story reflects more than a patient restarting treatment. It highlights how supportive follow-up, coordinated teamwork, and compassionate counseling can help overcome fear, rebuild trust, and keep people on the path toward recovery from TB.



Prevent TB to End TB



Chitwan and Pyuthan districts



While TB is preventable and curable, it continues to place a heavy burden on vulnerable families and communities. Delayed diagnosis, poor living conditions, malnutrition, and limited access to care all contribute to the persistence of the disease. In addition, many people are infected with the TB bacteria but not yet sick with TB- a condition known as latent TB infection. People with latent TB often remain untreated, and are therefore at risk of developing active TB. Being malnourished or immunocompromised due to comorbidities like diabetes are the greatest risk factors for developing TB.

BNMT pioneered the delivery of a new shorter TB preventive treatment in Nepal during our IMPACT TB project. This treatment, known as the **3HP** regimen, prevents this progression to TB disease with two medicines taken once a week for 12 weeks. We are continuing this program in Chitwan and Pyuthan districts through the “Prevent TB to End TB” project, supported by BNMT-UK and the Rotary Clubs of Kathmandu Midtown and Salt Lake City, USA.

The implementation experiences show that the **3HP** regimen is highly acceptable for patients, with low rates of side effects and high rates of treatment completion. Compared





to older daily treatment schedules, the once a week dose is easier for individuals and families to follow, reducing the impact on livelihoods and quality of life. Individuals that have experienced TB within their family or close friends are motivated to embrace preventive measures. The delivery of **3HP** at scale also has wider impacts to strengthen the health system, by reducing pressure on facilities and enabling more efficient use of limited health workforce. It enables patient-centered care by making TB prevention more accessible and convenient, particularly for people facing barriers such as distance, mobility, or time constraints. By simplifying service delivery and reducing the need for frequent clinic visits, **3HP** supports more responsive, efficient, and equitable TB prevention services.

Overall, the feasibility of delivering TB preventive therapy at scale using **3HP** marks an important shift in Nepal's TB response from treatment alone to patient centered services for prevention and cure.

Rotarians Witness Impact of TB Preventive Therapy



BNMT was delighted to host the distinguished Rotarian team of Kathmandu Midtown club for an evaluation and monitoring visit to observe the implementation of TB preventive therapy activities in Chitwan. The team observed the **3HP** service delivery process, including Mantoux testing, chest X-ray, pregnancy testing, clinical assessment by doctors, and treatment initiation at Khairahani Nagar Hospital,. The Rotarians also visited Ratnanagar Municipality, where they interacted with individuals who had successfully completed the **3HP** regimen, gaining valuable first-hand insights into community experiences, perceptions, and responses to TB preventive therapy.

The visit provided an important opportunity to assess service quality, understand community perspectives, and witness the

impact of preventive therapy in reducing the risk of TB among vulnerable populations. The Rotarians highly appreciated the coordinated efforts of healthcare workers, local government representatives, and community members, commending their commitment to expanding access to TB preventive services and improving health outcomes in the community.

We thank the generous members of the Rotary Fellowship for joining hands with us for a TB Free future for Nepal.



Achievements



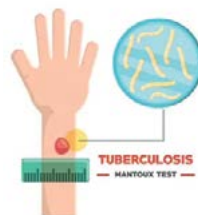
3398

Family Members
Pre- screened



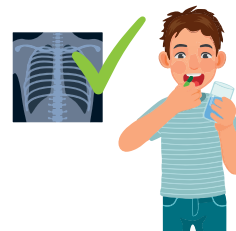
3116

Tested for Mantoux



1335

Mantoux positive



1220

with normal chest
X-rays enrolled in 3HP



325

health workers trained
on the 3HP Process



3893

received awareness about
latent TB during visits to
TB households



1076

completed TB preventive therapy
(3HP) treatment

Welcome Care Package



WISCONSIN
UNIVERSITY OF WISCONSIN-MADISON



People undergoing treatment for drug-resistant tuberculosis (DR-TB) often spend months away from their families in treatment hostels. While these facilities provide essential medical care, many remain under-resourced, leaving patients without even basic personal and hygiene necessities. For many, this adds to the financial and emotional burden of an already difficult journey.

To help make their stay safer, more comfortable, and more dignified, BNMT Nepal distributed Welcome Care Packages to DR-TB patients staying at the DR Hostel, TB Nepal, Nepalgunj, and NATA, Kathmandu, funded by University of Wisconsin.

Each package included essential items such as washing and bathing soap, detergent, toothbrush and toothpaste, sanitary pads, masks, hand sanitizer, hair oil, comb, clipper, towel, handkerchief,

slippers, a summer windcheater jacket, cloth bag, metal water bottle, steel cough box, glass cup, and a communication data card to help patients stay connected with their families.

By helping address patients' everyday needs, we hope to ease some of the challenges they face and support their journey back to a cure.





TB Shield: Evaluating Air Monitoring as a Tool to Strengthen TB Infection Control in High TB Burden Settings



Banke, Kathmandu, Morang | March 2025 to February 2027



We know that TB bacteria spread through the air and we need to improve infection control measures in high-burden, high-density settings where the risk of transmission is elevated.

We need innovative approaches that generate real-time, context-specific data to help us design low-cost approaches to detecting and reducing TB transmission.

The TB SHIELD project aims to assess the feasibility of detecting airborne tuberculosis bacteria through systematic air sampling. Implemented across Morang, Kathmandu, and Banke

districts, the project is testing methods in high-risk facilities - the MDR-TB hostels, operated by GENETUP, NATA Morang, and TB Nepal. It brings together national and international partners, including the University of Melbourne, University of Wisconsin, Center for Molecular Dynamics Nepal, and the National Tuberculosis Control Center. We aim to demonstrate proof of concept that we can detect the TB bacteria in the air and develop novel methodologies to sequence the low abundance TB DNA collected on the air cartridges.



Air sampling began in January 2026 and is being conducted biweekly across all sites, with early results indicating the presence of airborne tuberculosis bacteria, showing the approach is feasible. The project is now advancing to assess bacterial viability and test the protocols for DNA sequencing to better understand TB transmission dynamics. In July 2026 Tim Locksmith from the University of Wisconsin visited Nepal to conduct laboratory training for project staff on TB sequencing and bioinformatics analysis. Having shown proof of concept for TB bacteria detection in the air, we are expanding our pilot testing to two busy out-patient departments at provincial hospitals. This will help us to understand if we can use the air sampling technique in general healthcare facilities and congregate living environments to improve TB case detection and to improve infection control. This will help us to ensure people are diagnosed early and also reduce onward transmission risks for other people using the spaces. Overall, the project is building a foundation for generating actionable evidence to inform TB infection control at both national and global levels.



Accelerate Project: Accelerating to Zero Transmission of Leprosy



*Mahottari, Dhanusha, Banke and Bardiya districts
January 2024 to December 2026*



Leprosy (Hansen's disease) is entirely curable, yet there are still around 2,500 new cases each year in Nepal. Late diagnosis and treatment can result in permanent nerve damage, lifelong disability, and visible disfigurement. Beyond its clinical impact, leprosy remains deeply associated with stigma and discrimination, which is a direct cause of delayed diagnosis, disability and social exclusion.



895

Skin punch biopsies transported to CMDN laboratory for DNA extraction

Although Nepal achieved elimination of 'leprosy as a public health problem' in 2010, bringing national incidence below 10 per 100,000, transmission persists and incidence is increasing in some districts. Sixteen districts now have incidence above the elimination threshold and the high proportion of Grade 2 disability and childhood cases reflects ongoing transmission and late case detection.

One of the reasons for the ongoing transmission of leprosy is our lack of understanding of the way the disease transmits in communities. The ACCELERATE Project: "Accelerating to Zero Transmission of Leprosy" applies genomic technology to help us understand the bacteria which causes leprosy, *Mycobacterium leprae*, and the way it spreads in Nepal. The project is also intensifying early case detection and strengthening community engagement in four high burden districts- Mahottari, Dhanusha, Banke and Bardiya.

Through integration of cutting-edge genomic science with community-based public health action, the project aims to understand how the disease spreads within communities and to identify drug resistance patterns. The project is the first large-



scale genomic initiative sequencing the leprosy bacilli in Nepal which will contribute valuable data to the global evidence base, particularly from the South Asian region.

The project is funded by the LEO Foundation and led by the University of Melbourne, Australia in collaboration with national partners. Key national partners include the Epidemiology and Disease Control Division (EDCD), Ministry of Health and Population, Provincial and District health authorities, Centre for Molecular Dynamics Nepal (CMDN), Lalghadh Leprosy Hospital (Dhanusha), Shining Hospital (Banke) and communities affected by leprosy.

A Community Leader's Journey through Leprosy

Sundara Paasi, a ward member from Narenapur, has long supported her community by sharing health information and encouraging people to seek care early. Her perspective changed when she herself became a patient. She noticed small rashes on her hands but did not think much of them.

During a community screening camp organized by BNMT, INF Nepal, and government health offices in Banke, she was examined and later diagnosed with leprosy. Although the diagnosis was shocking, early detection allowed her to start treatment quickly at Nepalgunj. She began multi-drug therapy and slowly started recovering.

Over time, the skin patches began to fade. She still has mild symptoms at times but continues treatment with hope. Sundara says treatment was free, and travel support from BNMT under the ACCELERATE Project helped her access care. She is also grateful for the support of her family and the absence of stigma in her community.

Today, she shares her experience to encourage others to seek early screening and not to fear leprosy, because it is curable. She often advises or accompanies people to health facilities. She thanks BNMT, INF Nepal, and government health offices for organizing the screening camp that changed her life. Her story shows the power of early diagnosis and community support.



World Leprosy Day 2026: Promoting Awareness and Reducing Stigma

BNMT observed World Leprosy Day 2026 with communities in Mahottari and Dhanusha districts. The event aimed to promote the message that while leprosy is curable, stigma remains one of the biggest barriers to early diagnosis and treatment, and prevents social inclusion for people affected.

Together, government stakeholders, health authorities, BNMT and partner organizations, emphasized collective responsibility in addressing both the disease and the discrimination associated with it. The program included awareness and interactive sessions focused on leprosy symptoms, transmission, and treatment. Persons with lived experience of leprosy discussed their experiences to encourage empathy and reduce stigma within communities. Vulnerable patients received nutritional support to promote their wellbeing and recovery.

Delegates from the local press participated to understand



more about leprosy and share updates with the wider public. Madhesh Province, particularly Dhanusha and Mahottari districts, continues to report high New Case Detection Rate (NCDR), Prevalence Rate (PR), and Multibacillary (MB) proportion.

Two leprosy survivors were honored for their valuable contribution to community awareness and advocacy during the event. We thank everyone working with dedication towards a leprosy free future for Nepal.

Stakeholder Consultation Workshop: Developing the National Leprosy Strategy 2026–2030



BNMT was honored to participate in a three-day Stakeholder Consultation Workshop to support the development of Nepal's National Leprosy Strategy 2026–2030. The workshop brought together government representatives, technical experts, development partners, and key stakeholders working in leprosy prevention and control.

The workshop reviewed Nepal's current leprosy situation, assessed the progress and gaps of the National Leprosy Elimination Strategy 2021–2025, and identified key challenges related to early diagnosis, contact screening, disability prevention, service integration, and stigma reduction. It also focused on developing strategic goals, SMART objectives, and priority interventions aligned with the WHO Global Leprosy Strategy, WHO 2030 targets, and the Sustainable Development Goals (SDGs).

During the workshop, Dr. Rabindra Baskota from the National Leprosy Program emphasized the need to accelerate efforts toward interrupting leprosy transmission. The proposed strategy aims to achieve zero infection and disease, zero disability, and zero stigma and discrimination.

The workshop proposed five strategic objectives and pillars that focus on prevention and active case detection; quality case management and rehabilitation; stigma reduction and social inclusion; strengthened surveillance and evidence generation; and improved governance, partnerships, and capacity. The workshop concluded with a stakeholder panel discussion reinforcing commitment, accountability, and multi-sectoral collaboration for effective implementation of the new National Leprosy Strategic Plan.



Nourish: Nutritional Support for People Affected By TB

Banke, Mahottari and Morang districts | January 2025 to December 2025



Malnutrition and TB are closely linked, as undernutrition weakens our immunity, increases our susceptibility to TB infection, and reduces our ability to recover with treatment. Many people diagnosed with TB in Nepal experience severe economic hardship and are severely undernourished, with low Body Mass Index (BMI). Nutritional support is therefore an essential component of comprehensive TB care.

The NOURISH III project aims to develop evidence-informed and locally appropriate approaches to nutritional support for TB-affected households, with the long-term goal of integration into the National TB Program under the TB FREE Nepal initiative.

BNMT piloted a nutritional support package for TB patients through our TB RECOVERY project supported by the John Burge Trust Fund in 2021. Since then we have been working to deepen our understanding of undernutrition in TB affected communities. The NOURISH project expands this support while generating evidence to develop and implement nutrition interventions tailored to TB-affected households in Nepal. The evidence will help us to advocate for the inclusion of a nutrition support package in a more comprehensive, patient-centered approach to TB care under the National TB Program.

Since January 2026, monthly nutritional food packages have been provided to 140 TB patients, directly benefiting more than 700 household members across three project districts. Strong

coordination with local governments and health offices has contributed to increased ownership of the initiative, with Pathari Shanishare Municipality and Budhiganga Rural Municipality independently initiating nutritional support for additional TB patients using local resources. Regular monitoring of beneficiaries' height, weight, and BMI is helping track improvements in nutritional status and recovery. Interaction meetings with TB patients and families have enhanced awareness, promoted treatment adherence, and contributed to reducing TB-related stigma at the community level.

One third of TB cases in Nepal are attributable to undernutrition. Good nutrition prevents TB cases and helps people who have TB to recover well, saving lives and livelihoods. Together we can END TB.



Determine TB: Assessing the Determinants of Mortality Among People Affected by Tuberculosis in Banke and Rupandehi Districts of Nepal



Banke and Rupandehi districts

Dr James Maron



Whilst anyone can be infected with TB, some people are more likely to have poor treatment outcomes than others. We know that lots of factors can influence recovery from TB, including a person's age, gender, place of residence, other diseases like diabetes and HIV, and the type of TB they have.

People affected by TB may face challenges in reaching health facilities for diagnosis and treatment, may not recognize TB symptoms early, or may be more vulnerable to severe illness because they are underweight or malnourished. These are examples of socioeconomic and medical factors that can influence treatment outcomes. Through the DETERMINE TB study, we aim to answer an important question: what socioeconomic and medical factors contribute to TB-related deaths in Banke and Rupandehi?

To answer this, we are conducting a study of the situation of people who died during treatment for TB and comparing it with people who successfully completed treatment. Working with District Health Offices, TB Nepal and Lumbini Provincial Hospital.

The findings will help us understand which factors put people at greater risk of dying from TB, so that we can design approaches to support the most vulnerable people early in their treatment.

Alongside the main study, we are conducting a pilot exercise in Nepalgunj to identify TB-related deaths that may not be recorded in the national e-TB system. By comparing data from ward offices, hospitals and the e-TB register, we hope to identify gaps in reporting and suggest ways to improve health data systems in the future.

Finally, I would like to thank everyone at BNMT for their support. Since arriving in Nepal in October, I have felt incredibly welcome. Although I wish I could stay longer, I will leave with happy memories, new friendships and a deep appreciation for Nepali cooking.





Enduring Friendship that Led to Envisioning Trauma Care In Nepal

Heem S. Shakya, Treasurer, BNMT Nepal



Heem and Subodh, with their life partners, at the launch of the Trauma Hub Project, April 2026

More than 50 years ago, two young classmates met at a school in Bhaktapur. Neither Heem S. Shakya nor Dr. Subodh K. Mallik could have imagined that the friendship they began in the mid-1970s would one day help shape the future of trauma care in Nepal.

After school, they continued their studies together at ASCOL in Kathmandu before life took them in different directions. Dr. Mallik went on to build a distinguished medical career in the United States, while Heem built a successful career in public health, specializing in procurement and supply chain management. Though separated by continents and professions, one thing never changed, their friendship. Despite pursuing different career paths, they remained close friends and made it a point to meet at least once a year, either in Nepal or in the USA, whenever the opportunity arose.



Subodh & Heem during ASCOL days, Sep. 1983.

In late 2019, that lifelong friendship took on a new purpose. While on holiday in New Zealand, Dr. Mallik and his family were involved in a serious road accident. They survived because they received timely, high-quality emergency care. Although the family recovered, the emotional and psychological impact of the incident profoundly reinforced Dr. Mallik's commitment to strengthening trauma care systems.

In conversations with his longtime friend, the discussion gradually shifted from the accident itself to a much bigger question: How many lives could be saved if people injured on Nepal's roads had access to timely, coordinated trauma care? For two friends who had spent decades building careers in different fields but shared the same commitment to giving back, the answer was not simply to reflect; it was to act.

Drawing on Dr. Mallik and Anita Mallik's philanthropic commitment through the Subonita Foundation in Texas, USA, and Heem's deep understanding of Nepal's public health system, they began turning their shared vision into reality. To bring that vision to life, they partnered with BNMT Nepal, whose long experience in strengthening Nepal's health system provided the foundation to implement the initiative.

Today, the Trauma Hub Project, supported by Subonita Foundation and implemented by BNMT Nepal is working to strengthen trauma care services along Nepal's major highways in Nawalparasi East (Binayi Tribeni Hospital) and Rautahat (Chandrapur Hospital) districts by building the skills of healthcare providers, improving coordination among emergency responders, and establishing a sustainable system that enables people with serious injuries to receive timely, life-saving care.

Royal Society of Tropical Medicine and Hygiene Early Career Researcher Grants



Reshu Parajuli: Experiences of pregnancy and early motherhood in women living with Epilepsy in Nepal (ACE 2)

Epilepsy, often called “chhare rog” in Nepali, is a brain condition that causes repeated seizures. People living with epilepsy not only deal with health problems but also face emotional stress and social challenges. Our earlier research supported by the Royal Society of Tropical Medicine and Hygiene (RSTMH) showed that gender influences the challenges faced by people living with epilepsy, especially those related to sexual and reproductive health. We therefore designed the ACE2 project to understand in greater detail the experiences of women with epilepsy during pregnancy and after childbirth.



This research was also funded by RSTMH as an early career award to Reshu Parajuli. We interviewed seventeen adult women receiving treatment for epilepsy at four centers in Kathmandu, The Nepal Epilepsy Association (NEA), Kathmandu Medical College (KMC), Annapurna Neurological Institute and Allied Sciences (ANIAS) and Institute of Medicine (IOM).

The study found that proper counselling before pregnancy and the pregnancy appropriate epilepsy treatment was a strong driver of positive experiences during pregnancy and after delivery. However, many women described encounters

with healthcare providers who had insufficient training in epilepsy care, underlining the urgent need for improved training of medical professionals and capacity development of epilepsy specialists. Many women had to bear additional costs for medical tests related to their medicines. They also feared their children inheriting epilepsy or being born with disability. Both these factors caused significant mental stress. Family support, especially from husbands, played a very important role in improving the pregnancy and postpartum journey for many women living with epilepsy. In contrast, stigma around epilepsy led many women to hide their condition from extended family members, even though these relatives may have been able to provide support during pregnancy and after childbirth.

Thus, for Women living with epilepsy to be able to live with dignity and be able to share about their disease status without any fear of discrimination, there is a strong need to reduce stigma around epilepsy in society. In addition, medical care for epilepsy should also provide care and counselling that meets the specific needs of women and their families before, during, and after pregnancy. This can improve the health and well-being of both mothers and their children.



The findings and the recommendations of the research were shared in an internal stakeholder meeting on epilepsy held on 27 January 2026 with the World Health Organization Epidemiology and Disease Control of the Ministry of Health.

This consultation brought together a group of diverse stakeholders for a participatory discussion to identify the existing challenges and opportunities for epilepsy care for people living with epilepsy in Nepal and prepare a roadmap for strengthening person-centered care.

The study provided valuable insights into critical gaps in care provision for women of childbearing age with epilepsy in Nepal and a pathway to improving care.



Poonam Bista: Care for Cure: Co-design of a simple, gender-sensitive care package to improve holistic well-being and patient-centered care for residents at MDR TB treatment hostels in Nepal

Multi-drug resistant tuberculosis (MDR TB), which does not respond to the key first-line anti-TB medicines, requires long, complex, treatment which often has serious side effects. There are approximately 2,500 MDR TB cases in Nepal each year. However, only 25% are diagnosed and enrolled in treatment through the National TB Program.

Many people with drug resistant TB need to stay for several months in treatment hostels located far from their homes. The hostels are underfunded and have extremely limited resources and inadequate living conditions. Availability of basic hygiene materials, personal care items, and psychosocial support in the hostels would improve the dignity, wellbeing, and treatment experience of patients.

Most people affected by drug resistant TB come from economically vulnerable communities, and prolonged treatment frequently pushes households deeper into poverty and social isolation. Recognizing these challenges, the “Care for Cure” project was designed to improve the wellbeing and treatment experience of people with drug resistant TB through co-design and delivery of patient-centered care package. The project aimed to work closely with people affected by drug resistant TB, their family members, and healthcare providers to identify and prioritize essential hygiene and personal support items needed during inpatient treatment. Through focus group discussions conducted with people with drug resistant TB and service providers, the project identified key needs and co-designed a practical care package tailored to the realities of patients living in drug resistant TB hostels.



The co-designed package included essential items to support hygiene, comfort, and dignity during treatment, such as soap and sanitary towels.

Care packages were procured and distributed to 40 people with drug resistant TB in Morang and Banke districts. In addition, psychosocial counselling sessions were conducted with people with drug resistant TBs and service providers at NATA Morang to address emotional wellbeing, stigma, and treatment-related stress.

The project has helped improve the treatment environment and wellbeing of people with drug resistant TB, while generating important evidence to guide future interventions and advocate for integrating patient-centered support within Nepal’s drug resistant TB care services.

Manoj Kumar Shah: Understanding TB stigma among the Madhesi Community of Nepal to design effective solutions

Tuberculosis (TB) related stigma remains a major barrier to early diagnosis, treatment, and recovery, often leading to delayed care-seeking, increased transmission, social exclusion, and financial hardship.

People affected by TB frequently face discrimination such as loss of employment, isolation, and challenges in marriage and social relationships. Fear of stigma also causes many individuals to hide symptoms or avoid treatment, further worsening the burden of disease.

In Nepal, marginalized communities such as the Madhesi population in the Terai region are particularly vulnerable due to deeply rooted stigmatizing social practices, low literacy, and gender inequality. Manoj is a member of the Madhesi community who has led BNMT community based interventions for TB in Mahottari and Dhanusha for over ten years and has expertise on cultural sensitivities and attitudes to TB, linked with a trusted relationship with local communities.



Through a decade of work in Madhesh Province to strengthen TB elimination efforts, we have encountered persistent and deeply rooted stigma as a critical barrier affecting access to TB services, and felt the need for evidence-based, community-driven, and gender-sensitive interventions to reduce stigma and improve TB care outcomes.

The project “Understanding TB Stigma among the Madhesi Community of Nepal to Design Effective Solutions” was designed to better understand the social and emotional challenges faced by people affected by tuberculosis (TB). The study aimed to generate improved culturally responsive evidence for developing community-driven stigma reduction interventions.

The study engaged 120 participants (60 women and 60 men) from different age groups, occupations, and socio-economic backgrounds. Through interviews and discussions, participants shared their experiences of fear, discrimination, social isolation, and emotional distress related to TB. A major strength of the study was the high level of trust built with participants, which enabled honest conversations on sensitive issues, including hidden stigma within families and gender-based discrimination.

The study generated rich and meaningful evidence on the severe impact of TB-related stigma in the Madhesi community. Analysis using the STOP TB Partnership Stigma Measurement Workbook revealed that more than 90% of participants experienced some form of self-stigma, with women facing greater fear of rejection and social restrictions. Stigma contributed to delays in seeking care and starting treatment. Misconceptions about TB remained common, leading to social and economic challenges.

The study insights will be used to help us design improved gender-responsive stigma-reduction strategies which are tailored to the cultural context of the Madhesi community.



Strengthening Adolescent and Youth Sexual Reproductive Health and Rights through Advocacy and Partnership



As part of its continued commitment to advancing adolescent and youth health and rights, BNMT actively engaged in national advocacy and policy processes on Sexual and Reproductive Health and Rights (SRHR) throughout 2025. As a core technical working group member of the National Comprehensive Sexuality Education (CSE) Advocacy Coalition, participated in strategic review meetings, policy dialogues, and periodic coalition forums, aimed at strengthening CSE in Nepal. BNMT helped facilitate reflections on emerging challenges, identify priority actions, and contribute to the revision of the Coalition's strategic direction. Representing BNMT, Advocacy, Networking and Resource Mobilization Manager, Saki Thapa actively engaged in these national platforms, bringing field-level perspectives, experiences and advocating for the meaningful inclusion of adolescents and young people in policies and program that affect their lives.

BNMT also contributed to broader sectoral discussions focused on improving adolescent wellbeing through integrated approaches. This included participation in stakeholder consultations led by the Ministry of Health and

Food Safety, with support from UNFPA Nepal and ADRA Nepal, to develop and harmonize indicators on Adolescent Sexual and Reproductive Health (ASRH), mental health, WASH, and Comprehensive Sexuality Education within national school health information systems. Through these engagements, BNMT reinforced its commitment to evidence-informed advocacy, multi-sectoral collaboration, and the creation of enabling environments where adolescents and young people can access accurate information, quality services, and opportunities to realize their rights and full potential.



Welcoming Dr Kenza Bennani, Team Lead of Disease Prevention and Control & AMR Unit at WHO Nepal



BNMT was pleased to welcome Dr. Kenza Bennani, Dr. Rabin Gautam, and Barsha Thapa from the World Health Organization Nepal for a discussion on ongoing efforts in tuberculosis prevention and community health.

The visit provided an opportunity to reflect on shared priorities and collaborative approaches to advancing effective and community-centered TB interventions. BNMT highly appreciated the encouraging feedback and continued commitment expressed by WHO Nepal to provide catalytic support for strengthening and scaling impactful initiatives.

Such engagements reinforce the shared vision of improving TB prevention, strengthening health systems, and achieving better health outcomes for communities across Nepal.

Commemoration of World TB Day 2026



On the occasion of World TB Day 2026, BNMT coordinated a range of advocacy, awareness, and community engagement activities across Koshi, Bagmati, Karnali and Lumbini Provinces, bringing together local governments, health workers, schools, media, TB survivors, and community members in the collective fight against tuberculosis, in the global theme, ‘Yes. We Can End TB. Led by countries, powered by us’.

National Recognition: A Proud moment!

BNMT Nepal is honoured and proud to be recognised by the National TB Control Centre with a Letter of Appreciation on World TB Day 2026, an important national recognition of our longstanding contribution to TB prevention, care, and treatment in Nepal. This recognition reflects the continued dedication and hard work of our teams, partners, health workers, and communities working together to strengthen TB prevention, detection, treatment, and care services across Nepal.

The recognition also highlights the importance of collaboration and shared commitment in reaching vulnerable and underserved populations affected by TB. BNMT remains committed to supporting national TB efforts through community-based and evidence-informed interventions.

We sincerely thank all our partners and communities for their continued support and cooperation. Let us continue working together towards a TB-free future.



World TB Day Commemoration at the field level



In Karnali Province, awareness rallies in Dailekh and Kalikot, street dramas in Surkhet and Dailekh, interaction programs in Kalikot and Dailekh, and a press conference in Salyan promoted greater understanding of TB and encouraged timely health-seeking behavior. School health orientations in Kalikot engaged students in discussions on TB prevention and care, while AI-supported active case-finding camps in Salyan contributed to early detection. TB awareness messages were further promoted through the distribution of wall calendars across Surkhet, Salyan, Dailekh, and Kalikot, including at DOTS centers, the Provincial Hospital, the Provincial Public Health Laboratory, and the Provincial Health Directorate.

In Lumbini Province, school health programs reached students in Bardiya, Dang, Kapilvastu, Rupandehi, Banke, and West Nawalparasi, while radio broadcasts, social media campaigns, and community events helped spread awareness more widely. Street dramas in Dang, Pyuthan, Banke, Bardiya, and West Nawalparasi encouraged public dialogue and challenged TB-related stigma, while quiz competitions in schools promoted greater understanding of TB among young people. AI-supported active case-finding camps in Kapilvastu and 11 microscopy camps across Banke, Dang, Rolpa, and Pyuthan strengthened efforts for early diagnosis. Nutrition support was provided to TB patients in Banke and Rupandehi, recognizing the important link between nutrition and successful



treatment. Interactive discussions with TB patients, Female Community Health Volunteers, and health workers in Dang strengthened community engagement, while TB and latent TB screening of health workers in West Nawalparasi and Rupandehi highlighted the importance of protecting frontline healthcare providers. Press meets in Palpa and Dang engaged journalists and stakeholders to promote accurate information that TB is both preventable and curable. Across all nine districts, TB champions were identified to strengthen local advocacy by sharing their lived experiences, reducing stigma, and encouraging early diagnosis and treatment adherence. A World TB Day rally and awareness program in Dang further brought together community members, health workers, and local stakeholders to reinforce these key messages.



community outreach activities raised awareness about TB prevention and treatment. Health education sessions, counselling, and information materials emphasized the importance of early diagnosis, treatment completion, and TB preventive therapy. The program engaged local leaders, health workers, students, youth groups, and Female Community Health Volunteers while also providing nutrition support to people affected by TB.

In Koshi Province - Morang, BNMT distributed welcome care packages to people with DR-TB staying at the NATA DR-TB Hostel and organized interactions with patients, stakeholders, and nursing students from Tribhuvan University. In partnership with Pathari Shanishchare Municipality and Budhiganga Rural Municipality, nutritional food packages were provided to 50 TB patients from six municipalities.





Awareness rallies, interactions with journalists and pharmacists, and TB education sessions for outpatients at Nobel Medical College were also jointly organized with government stakeholders and local development partners to strengthen public awareness and multi-sectoral collaboration.

Through these diverse initiatives, BNMT reinforced the importance of community participation, early detection, stigma reduction, and sustained support for people affected by TB. The World TB Day 2026 activities reflected a shared commitment among communities, health systems, and local stakeholders to accelerate progress towards a TB-free Nepal.

Advocating for TB Prevention and Patient Centered Approaches: The Union World Conference on Lung Health 2025



In November 2025, BNMT participated in The Union World Conference on Lung Health 2025 held in Copenhagen, Denmark, the world's largest global gathering focused on TB. The conference brought together a wide range of global TB experts, academics, service providers, innovators, multilateral partners, and research and development organizations. Participants shared best practices, showcased innovations, and advocated for strengthened solutions to improve TB diagnosis, treatment, and prevention.



BNMT was proud to take part in this event with four presentations (two oral and two posters) and two exhibitions at the COMMUNITY CONNECT session. Representatives from BNMT were: Executive Director Raghu Dhital, Senior TB Scientist Dr Maxine Caws and our Health Economist, Anchal Thapa.

Anchal Thapa gave two oral presentations in the conference:

‘Impact & cost-effectiveness of implementing TB preventive treatment among adult household contact persons in Nepal: A model-based analysis’: Drawing on evidence from the IMPACT 2 TB project, Anchal demonstrated that the 3HP regimen for TB prevention is highly cost effective and should be scaled



up nationwide to accelerate progress towards END TB goals. Her findings emphasize the importance of decentralized, locally adapted and cost efficient delivery strategies to maximize the public health impact.

‘DronEconomics: The cost of implementing drones to facilitate TB sputum sample collection in hard-to-reach areas in Nepal’: Funded by the Royal Society of Tropical Medicine and Hygiene’s Early Career Research Grant, this study showed that drone transport in Pyuthan reduced sample transport time from 2.3 hours on foot to just 6 minutes. Although initial costs were high due to infrastructure and setup, expenses significantly decreased with higher flight frequency and reliance on local resources. The findings highlight the need for long-term funding to ensure uninterrupted drone operations and optimal resource allocation.

Similarly, Executive Director, Raghu Dhital presented a poster titled, **‘Healthcare providers’ perception of tuberculosis-related stigma: Drivers and manifestations within Nepal’s cultural context’**. Conducted under the CHANGE TB project funded by the Stop TB Partnership CFCS grant, this study revealed that TB related stigma disrupts timely diagnosis and care. Healthcare providers reported that limited knowledge, fear of infection, and risk of being identified discourage people from seeking testing and treatment. Women, people living in poverty and ethnic minorities, face greater TB-related stigma. Women particularly excluded from their marital home and forced to return to paternal homes, isolated in cow sheds, and face marriage difficulties leading to interruptions in completing diagnosis and treatment. The study underscores the need for people-centered approaches such as counselling, confidentiality, peer and family support, and gender-responsive TB care as key to overcoming stigma and improving TB outcomes.



Also, Principal Investigator Dr Maxine Caws presented a poster titled, **‘The landscape of TB stigma in Nepal: Contextual evidence of stigma levels, manifestations, and experiences among people with TB’**. Based on findings from the CHANGE TB project, the study showed that TB-related stigma remains highly prevalent for people with TB in Nepal. Sixty-nine percent of those surveyed reported stigma, often hiding their health status and distancing themselves from others, leading to guilt and emotional distress. Stigma results in severe psychosocial consequences including isolation, abandonment, losing employment and stopping education. Women and those from rural, low-income communities face the toughest consequences. The consequences of stigma can be reduced by strengthening capacity for Psychosocial counselling, peer support, TB clubs, family-centered counseling and community education within the Nepali health services.

BNMT was honored to be featured in the COMMUNITY CONNECT session, a dynamic platform showcasing global art and photography under the theme “Stigma and Voices of Vulnerable Populations.” Two photographs by BNMT staff were selected:

- **Artwork: “A Wall That Speaks”** – a TB awareness mural addressing stigma was crafted by Deepa Kumari in collaboration with BNMT, photographed by Field Supervisor, Naresh Kumar Thakur, and funded under the CHANGE TB project by the Stop TB Partnership.

- **Photography: “Towards a Safer Tomorrow”** – featuring 11-year-old Gaurav



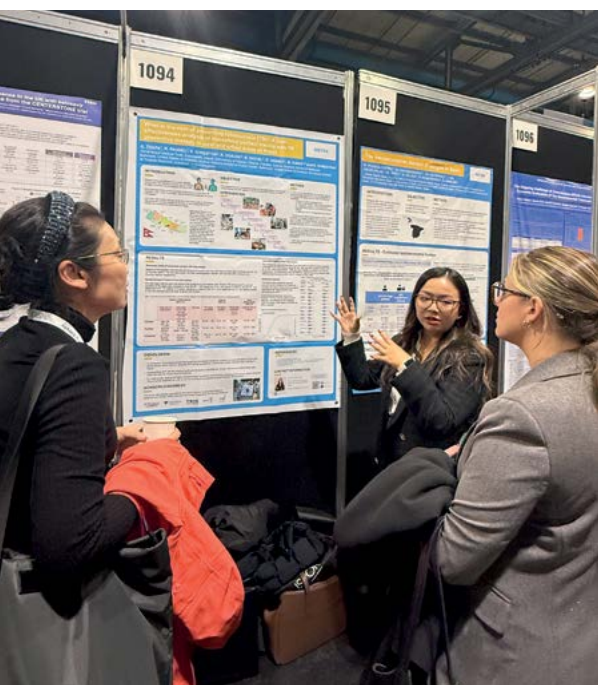


Gautam beginning 3HP preventive therapy for latent TB, was photographed by the Field Supervisor, Srijana Kumari Yadav, and funded under the CRITIC project by The Union.

The conference also provided an important moment to reaffirm BNMT's eight-year partnership with the Liverpool School of Tropical Medicine (LSTM). Executive Director Raghu Dhital and Professor Bertie Squire from LSTM signed an MOU to continue and strengthen this long-standing collaboration.

Overall, the World Conference on Lung Health 2025 proved to be an outstanding platform for BNMT to share research, build partnerships, expand networks, and further our advocacy and scientific efforts toward ending TB.

International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Europe Conference 2025



BNMT was excited to participate in the ISPOR Europe Conference 2025, held from 9–12 November 2025 in Glasgow, Scotland. Ms. Anchal Thapa, BNMT Health Economist and Deputy Research Manager, attended the conference as a recipient of the ISPOR Travel Grant, for researchers from low- and middle-income countries.

The four-day conference brought together global healthcare leaders, researchers, and decision-makers working in the field of Health Economics and Outcomes Research). The central theme, *“Powering Value and Access Through Patient-Centered Collaboration,”* emphasized the importance of integrating patient perspectives into value assessment and access decisions to promote more equitable and sustainable healthcare systems.

During the conference, Anchal delivered a poster presentation titled *“What is the cost of preventing tuberculosis (TB)? A cost-effectiveness analysis of household contact tracing with TB preventive therapy in rural and urban areas of Nepal.”* The study findings demonstrated that implementing TB preventive therapy using the 3HP regimen alongside household contact tracing is highly cost-effective in both rural and urban settings in Nepal.

Participation in this international conference was a valuable opportunity as it enabled institutional engagement with global health economists facilitated the exchange of insights on shared research challenges, and strengthened professional networks. The conference also provided exposure to cutting-edge research and real-world case studies, many of which have potential relevance for adaptation and application within the Nepali context.

Congratulations to Rajan on PhD Enrollment at Karolinska Institutet!

Our heartiest congratulations to our former colleague Rajan Paudel on being awarded a PhD scholarship at Karolinska Institutet, Sweden. Rajan previously worked with BNMT as a Research Associate, during which time he was awarded the prestigious Swedish Institute Scholarship for Global Professionals. His continued academic journey and achievements are a source of pride for everyone at BNMT. We wish Rajan every success as he begins this new chapter of his academic and professional journey.



Participation in 12th National Summit of Health and Population Scientists

BNMT was pleased to contribute to the 12th National Summit of Health and Population Scientists, hosted by the Nepal Health Research Council (NHRC). This summit was a vital intersection for researchers, policymakers, and partners to shape the future of Nepal's healthcare. Our team shared two pivotal studies aimed at making Tuberculosis care more effective and inclusive:

Dr. Kritika Dixit, Research Manager, presented on 'Healthcare providers' perception of tuberculosis-related stigma: Drivers and manifestations within Nepal's cultural context. The study showed that TB stigma remains deeply rooted in Nepali society, largely due to limited understanding of TB transmission, affecting people's access to and engagement with TB care. Gender and ethnicity also shape how stigma is experienced across the TB care pathway.



Importantly, stigma affects not only people with TB but also healthcare providers, who often fear contracting TB, particularly drug-resistant TB, due to inadequate infection prevention measures and limited protection. These fears can unintentionally affect interactions with patients, creating a cycle where fear and stigma reinforce each other. The findings highlight the need to improve TB literacy, address stigma and support healthcare workers to provide compassionate, person-centred care while feeling safe and protected.

Anchal Thapa, Health Economist, presented on 'Cost-effectiveness analysis of household contact tracing with 3 months of weekly Rifampentine and Isoniazid (3HP) preventive therapy for tuberculosis prevention in Nepal.' Her study showed that 3HP TB preventive therapy is cost effective and can be successfully used for household

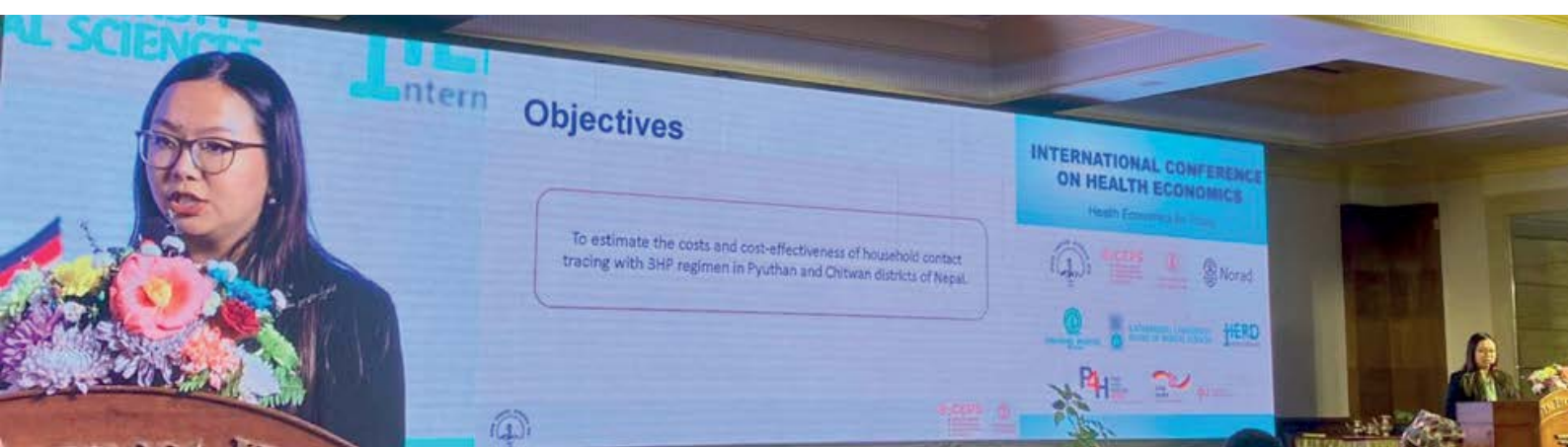
contacts of people with TB in both urban and rural areas of Nepal, with high acceptance and completion rates. The findings emphasized that adopting decentralized and locally adapted approaches can help make delivery more efficient and affordable.



International Conference on Health Economics 2025

BNMT Health Economist and Deputy Research Manager, Anchal Thapa participated in the International Conference on Health Economics, held from 11–12 December 2025 at Hotel Everest, Kathmandu.

The conference, themed "Health Economics for Policy," brought together national and international experts, policymakers,



and researchers to discuss health financing, universal health coverage (UHC), and the use of economic evidence for health system strengthening.

Anchal delivered an oral presentation in the conference, titled “What is the cost of preventing tuberculosis? A cost-effectiveness analysis of household contact tracing with TB preventive therapy in rural and urban areas of Nepal.” The study showed that providing TB preventive therapy using the 3HP regimen alongside household contact tracing is highly cost-effective in both rural and urban settings in Nepal.

As Nepal’s first health economics–focused conference, the event marked an important milestone in promoting evidence-informed decision-making. A key outcome was the adoption of the Kathmandu Declaration on Financing for Universal Health Coverage, calling for urgent health financing reforms and transparent priority-setting. Overall, the conference strengthened BNMT’s networks, increased the visibility of its research at the national level, and contributed to organizational learning and capacity strengthening.

The Unforgettable Nick White (1951-2026)

Dr Buddha Basnyat



Dr Nick White was a great friend of Nepal. In the early 1970s, he came to Nepal and worked for BNMT at Chainpur in eastern Nepal, primarily looking after TB control. But occasionally he said he had to help patients with dental problems, even though he had no formal training. He had no choice. As a result, he figured out ways in pulling out rotten, decayed teeth, as the bulk of the patients suffered from severe dental caries. This experience taught him to be innovative in conducting subsequent ground-breaking research.

We were very lucky that he visited us recently in June 2024 and spent time with both BNMT and Oxford University Clinical Research Unit-Nepal. During his June visit, I will never forget how he communicated the excitement of doing randomized controlled trials (RCTs) in tropical diseases.

Nick is world famous for doing RCTs in malaria (his most impactful area), typhoid, and melioidosis. He said it was thrilling to do RCTs which had the potential to help thousands of patients in countries like Nepal. These studies gave him a true inner satisfaction. In my opinion, an important reason he made Thailand his home was to carry out this passion to do studies to help humanity.

His talks and lectures in Nepal included not just BNMT and OUCRU-Nepal but also the Nepal Health Research Council, Bir and Teku hospitals, and on the British Embassy where he was made very welcome by Rob Fenn, the British Ambassador.

In all his interactions he was captivating and truly inspiring. Nepal will miss him.

All Staff Meeting 2025



On 28th June 2025, BNMT Nepal successfully held its most significant annual All Staff Meeting in Lumbini, the birthplace of Gautam Buddha. This special gathering united 166 members of the BNMT family, the largest gathering in the organization's history—including team members from all projects across 17 districts in 5 provinces; along with our Executive Board Members and Senior Management. This gathering was more than a routine meeting. It was a platform where all the staff came together to reconnect, reflect, and reimagine the future of BNMT. The decision to invest in bringing the entire organization together was guided by the belief that our people are our greatest strength.

The event provided space for cross-learning, recognition, strategic input, and shared commitment. It also offered staff working in remote locations an opportunity to interact with colleagues from other regions across larger BNMT family. The energy, motivation, and sense of unity created through this meeting was invaluable to reinforce our team spirit.

The day commenced with opening remarks from Chairperson Mahesh Sharma, followed by reflections from National Program Coordinator Gyanendra Shrestha on key achievements and future priorities. A dynamic poster presentation session followed, where 10 different teams from all projects showcased key achievements, challenges, and lessons learned—fostering exchange and peer learning.

A participatory “Wall of Voices” activity encouraged staff to share reflections on community needs, gaps in interventions, best practices, and ideas for improvement. The symbolic “Every Leaf a Promise” activity further united participants, with staff and board members adding thumbprints to a Commitment Tree as a pledge towards ending TB.





One of the most inspiring sessions, “Voices from the Community,” featured TB Champions Anju Kumari Tharu and Krishna Chandra Sanjyal, who shared personal stories of resilience and advocacy. Field Supervisors Naresh Kumar Thakur and Srijana Kumari Yadav also reflected on their experiences working in communities, reminding participants of the importance and impact of their work.

The event also celebrated staff achievements through a photo competition and award ceremony. Through live voting, Madhav Khanal was declared winner of the photo competition followed by Kiran Chaudhary, First Runner-up and Asmita KC, Second Runner-up!

The Global Fund Karnali Province team and Critic project team received the Best Posters Award in the award ceremony, while Dipendra Panday and Bivechana Pandey were honored as Employees of the Year for their exceptional contributions.

To conclude the day, Dr. Maxine Caws offered key reflections and takeaways, weaving together insights from the day’s discussions. Our Treasurer, Mr. Heem Shakya, congratulated winners from each category for their accomplishments. He also encouraged all participants to carry forward the momentum with renewed commitment and shared purpose.

The meeting was a meaningful platform for learning, recognition, and unity, strengthening shared ownership of our mission and commitment to advancing health and wellbeing for all across Nepal.

Run for Recovery: Sarah’s Marathon Challenge

In July, Sarah Dunstan and her friend Diane, from University of Melbourne, ran the Run Melbourne Half Marathon to raise funds for food support for people with TB and their families in Nepal.

TB disproportionately affects the poorest and most vulnerable communities. Many people with TB live in extreme poverty or are pushed further into poverty by the disease. Undernutrition is one of the major risk factors for developing TB and dying from it. Evidence from the RATIONS clinical trial in India demonstrated that providing nutritional support to people with TB and their families improves patient recovery, halves TB-related deaths, and reduces the number of family members who develop TB. This simple intervention saves lives and prevents significant suffering.

Through her inspiring effort, Sarah raised 1,540 Australian dollars (AUD), making a valuable contribution towards ensuring adequate nutrition for people with TB and supporting their full recovery. We extend our sincere thanks to Sarah, Diane, and all the generous supporters who donated to the Run for Recovery campaign.



Research Publications



Developing a Research Agenda Towards Patient Centered Care for Epilepsy in Nepal

Swastika Shrestha¹, Hemav Rajbhandari², Raghu Dhital¹, Maxine Caws^{1,3}

Published

2026-02-08 DOI: <https://doi.org/10.52910/ajhs.271>



BMJ Journals

BMJ Public Health

Community willingness towards a hypothetical new TB vaccine: a qualitative study to explore the enablers and barriers for vaccine acceptability in Nepal

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SPRINGER NATURE Link



The epidemiological impact, costs, and cost-effectiveness of implementing household contact investigation with tuberculosis preventive treatment in Nepal: a model-based analysis

Rajan Paudel^{1†}, Anchal Thapa^{1†}, Suvesh Shrestha², Kunchok Dorjee³, Raghu Dhital¹, David W. Dowdy⁴, Maxine Caws^{1,5} and Sourya Shrestha⁴

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Local Advocacy





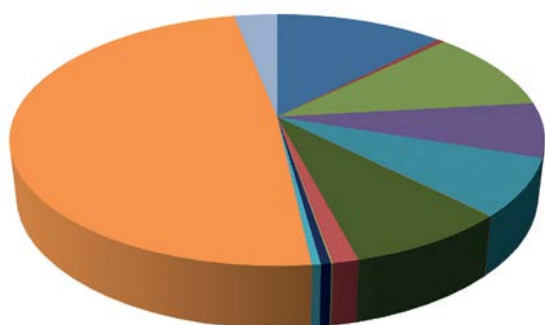
Finance Overview

BIRATNEPAL MEDICAL TRUST

Balance Sheet as at 3/32/2083 (July 16, 2026)

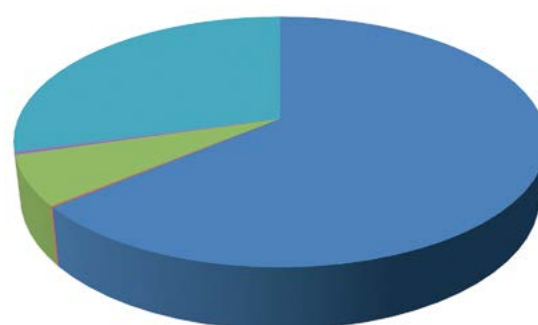
Details	2082/83		2081/82	
	Amount (NRS)	Amount (NRS)	Amount (NRS)	Amount (NRS)
Fixed Assets:				
Tangible Assets		12,906,791		14,407,219
Current Assets:				
Debtors	2,459,478		729,337	
Investments	-		-	
Cash in Hand	149,663			170,000
Cash at Bank	83,078,845		43,657,641	
	85,687,986		44,556,978	
Liabilities and Payables:	11,862,833		7,564,732	
Net Current Assets		73,825,153		36,992,247
Total Assets less Liabilities		86,731,943		51,399,466
Charity Funds				
Restricted Fund		67,252,347		31,715,757
Capital Reserve		5,022,604		5,894,504
Unrestricted Fund		14,456,993		13,789,205
		86,731,943		51,399,466

Total Income: NRs 193,819,907.44



- InkFish
- Subonita Foundation
- The Union
- Rotary International/Rotary Mid-Town
- Leo Foundation/The University of Melbourne
- American Himalayan Foundation-AHF
- BNMT-UK
- Miscellaneous Donations/Support
- FCDO/LSTM
- OUCRU Nepal
- University Of Wisconsin
- UNDP Nepal
- Other Income

Total Expenditure: NRs 193,152,119.77



- Project Activities
- Staff Training
- Administrative Cost (Programme administration & General)
- Fund Raising/Advocacy & Networking
- Human Resources (Including Project Personnel)

BNMT NEPAL

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Consent was given for all the photographs

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