The Leprosy Mission Great Britain

Annual Report 2025

Annual Report and Financial Statements
for the year ended 31 December 2025

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Cover image: Anjali was abandoned at a leprosy colony in Odisha, India, when she was just a teenager. For years, she has relied on begging to survive. Now, thanks to you, her life is being transformed. © Sabrina Dangol. **Top image:** Lawal (left) at the Chanchaga Orthopaedic Workshop in Nigeria. Your support enables him to receive bespoke prosthetics and be independent. He is pictured with Pius from The Leprosy Mission Nigeria.

Contents

Image: Leprosy stole Hanifa's (left) and Elisa's confidence. But it hasn't stolen their dreams. Today they are getting the treatment they need, and their futures are full of hope.

Report of the Trustees for the year ended 31 December 2025

The Trustees, who are also directors of the charity for the purposes of the Companies Act, present the annual report and audited financial statements for the year ended 31 December 2025.

The accounts have been prepared according to the policy set out in note 1 to the accounts. They comply with:

- the charity's registration
- the Companies Act 2006
- the Charities Act 2011
- the Charity Commission's Statement of Recommended Practice (SORP)
- good practice guidance on meeting reporting requirements, as set out in section 13 of the Charities (Protection and Social Investment) Act 2016

Glossary of terms and acronyms

DSL: Designated Safeguarding Lead
GDPR: General Data Protection Regulation
NGOs: Non-governmental organisation(s)
NIHR: National Institute for Health and Care Research
NTDs: Neglected tropical disease(s)
RIGHT: Research on Interventions for Global Health Transformation
SDG: Sustainable Development Goal
SHG: Self-help group
SORP: Statement of Recommended Practice
SMT: Senior management team
TLM: The Leprosy Mission
TLMGB: The Leprosy Mission Great Britain
TLMI: The Leprosy Mission International
VTC: Vocational Training Centre
WHO: World Health Organization

Image: When Kamal first showed signs of leprosy, he was told he was cursed. Thanks to your kindness, he got the care he needed at Anandaban Hospital. Today, his future is as bright as his smile.

Message from the Chair

Ten years ago, world leaders made an unprecedented commitment: to end poverty, protect our planet, and leave no one behind.

This vision took shape in the UN's Sustainable Development Goals. A call to action for every country, these 17 goals address our world's most urgent challenges. Tackling poverty, ending hunger, and achieving gender equality were just some of the ambitious aims. The critical need to combat neglected tropical diseases (NTDs), which include leprosy and affect more than one billion people, was also recognised.

A decade on, we have seen progress. Yet momentum has been painfully slow, and only 18% of the targets are on track. Conflict, the Covid-19 pandemic, aid cuts, and climate change have all been catastrophic. The world's poorest and most vulnerable communities have only been pushed even further behind.

When crises strike, people affected by leprosy are some of the hardest hit. The last 10 years has shown this all too clearly. Across Africa and Asia, many still live without healthcare, education, or even clean water. Such insecurity is only worsened by the fear and discrimination surrounding the disease.

Your support is transforming lives affected by leprosy every day. Yet for governments across the world, the disease is still a low priority. The needs of affected communities all too often go ignored. Their calls for justice go unheard.

We face formidable challenges as we work together to end leprosy. But we cannot, and will not, turn our backs on people affected by the disease. Nor can we lose sight of the ideals behind the Sustainable Development Goals. The need to build a peaceful and prosperous world for all is as urgent as ever.

The stories you'll read in this report show that, with courage and commitment, we can create lasting change. With just four more years left to achieve the Goals, progress is possible. But only with greater global commitment, funding, and action.

Jesus calls us to love our neighbours wherever they are. Our compassion and responsibilities should not stop at national borders. We have a moral duty to walk alongside those facing marginalisation and end injustice whenever we see it.

I am so grateful that you continue to stand with our teams and people affected by leprosy. Through your generous support, you are changing lives and restoring hope when it is needed most. Thank you.

Anne Fendick
Chair of the Board of Trustees

Image: When Lucía's grandchildren showed signs of leprosy, her community in Mozambique rallied around her. Thanks to Leprosy Mission volunteers, Lucía's family quickly got the treatment they needed.

Who we are

The Leprosy Mission Great Britain is a global Christian organisation, leading the fight against leprosy.

We work with people in nine countries in Africa and Asia: Bangladesh, Ethiopia, India, Mozambique, Myanmar, Nepal, Niger, Nigeria, and Sri Lanka.

The fight against leprosy is a team effort. We partner with governments at all levels, non-governmental organisations (NGOs), health services, hospitals, businesses, trusts and foundations, churches and other faith groups, research institutes, and universities.

We work closely with organisations of people affected by leprosy to amplify their voices on the world stage.

Image: Thanks to you, 15-year-old Swati is excited to return to school and play badminton again. After receiving treatment for leprosy, she underwent reconstructive surgery at Champa Hospital in India. The procedure successfully restored movement to her hand, which had been badly affected by nerve damage caused by the disease.

Where we work

1. Niger
2. Nigeria
3. Ethiopia
4. Mozambique
5. India
6. Nepal
7. Bangladesh
8. Myanmar
9. Sri Lanka

What is leprosy?

Leprosy is a mildly infectious bacterial disease. It is mainly spread through droplets after close and prolonged contact with infected individuals.

Leprosy may be one of the world's oldest diseases, but it is still a significant global health issue. It predominantly affects marginalised communities and those living in poverty. Poor living conditions, nutrition, and sanitation all increase vulnerability to leprosy.

In 2024, 172,717 cases were recorded across 188 countries. This is a 6% decrease compared to 2023 (182,815 cases). However, low knowledge of leprosy, lack of access to healthcare, and stigma mean many people go undiagnosed each year.

Despite the suffering it brings, leprosy is a low priority for governments, international organisations, and funders. As a result, it is classed as a neglected tropical disease (NTD) by the World Health Organization (WHO).

Leprosy is curable with Multidrug therapy, a combination of antibiotics taken for six or 12 months. If cured early, long-term impacts are unlikely. Without fast treatment, people are at risk of permanent disability from ulcers, clawed hands, foot drop, and blindness.

The disease is also one of the most stigmatised in the world. Those affected still face heartbreaking discrimination and social isolation. Unsurprisingly, this takes a devastating toll on mental health.

Image: Leprosy caused Kabir's hand to stiffen and claw. But at Chandkhuri Hospital in India, skilled medics are ready to help him regain his mobility and strength. © Sabrina Dangol

Our Mission

Following Jesus Christ, we work with persons affected by leprosy, partners, and supporters towards a world where leprosy is defeated and there is healing, dignity, inclusion, and life in all its fullness.

Image: Gibraldo of The Leprosy Mission Mozambique travels to remote communities to work with people affected by leprosy.

Our Values

Compassion

As Jesus did, we care deeply for people affected by leprosy and those most in need. We empathise with their pain and walk alongside them in Christlike love. We do all we can to support their physical, mental, spiritual, and emotional wellbeing.

Integrity

We work with honesty and transparency – what we say matches what we do. We foster open communication, where there is no fear of sharing challenges as well as successes. We respect our partners and work together to find solutions to problems and achieve common goals.

Humility

We treat everyone as equals and do not see ourselves as superior to others. We seek to serve the most marginalised, showing them care and respect. We are willing to do the tasks that many others choose not to, just as Jesus was willing to wash the feet of His disciples.

Justice

We promote dignity and respect for human rights. We champion the UN Convention on the Rights of Persons with Disabilities and the Guidelines for the Elimination of Discrimination Against Persons Affected by Leprosy and their Family Members.

We amplify the voices of persons affected by leprosy, supporting them to lead advocacy and challenge injustice. We actively protect children and vulnerable adults from harm and abuse.

Inclusion

We believe every person is made in the image of God, and promote equal access and opportunities for all. We are committed to removing discrimination and other barriers, and enabling people to live life in all its fullness.

Collaboration

We cannot achieve our vision of leprosy defeated and lives transformed alone. We collaborate with others, including people affected by leprosy, governments, universities, and NGOs to ensure the greatest possible impact.

Image: Nisha was bullied and excluded from school, all because she had leprosy. At Champa Hospital in India, she found compassion, dignity, and a chance to heal. © Sabrina Dangol

Our Goal

Our goal is to see leprosy defeated and lives transformed. To realise this, we work to achieve zero leprosy transmission, zero leprosy disability, and zero leprosy discrimination.

Our Strategy

To achieve our goal, we will work to:

- Ensure Christ-centredness in everything we do.
- Better understand leprosy transmission, and ensure prevention, early detection, and treatment.
- Ensure the effective management of leprosy complications and prevention of disabilities.
- Further the equity, inclusion, and improved wellbeing of people affected by leprosy.
- Ensure we have sufficient and sustainable resources by diversifying income streams, investing in new markets, and growing brand awareness.
- Develop as a safe, learning organisation with strong partnerships.

Image: Forty years ago, Bonita (left) and Sunitra arrived at a leprosy colony in Odisha within a month of each other. Since then, they've been the best of friends, helping one another survive the toughest of circumstances.

Our Impact

Image: Jai and Karan are 14-year-old twin brothers who, thanks to you, were both treated and cared for by the team at Champa Hospital in Chhattisgarh, India. © Sabrina Dangol

1 No Poverty

SDG ONE

No Poverty

Where poverty ends and opportunity begins

Eradicating extreme poverty for every person, everywhere, is a pivotal Sustainable Development Goal (SDG). Extreme poverty is defined as surviving on less than US$3.00 per person per day, measured at 2021 purchasing power parity. In 2025, an estimated 808 million people — around one in 10 worldwide — were living in extreme poverty.

It is hard to comprehend that there are still around 800 leprosy colonies in India today. These colonies are remnants of a bygone era, from a time when there was no cure for leprosy. They are places where people were abandoned, often never to see their families again. Although there has been an effective cure for more than 40 years, deep-rooted stigma and prejudice mean these colonies still exist. Even today, they are often the only places where people affected by leprosy can find acceptance.

During a visit to these colonies our staff encountered, without doubt, the worst scenes they could possibly imagine. Elderly people, disabled by leprosy, malnourished and weak, surviving on a bowl of rice a day. Children falling ill from drinking polluted river water. Fragile, makeshift homes on the verge of collapse. Infected ulcers and lifelong disabilities caused by leprosy. People treated as cursed and despised by the outside world. Yet what haunted them long after their return to the UK was an overwhelming loss of hope.

Image: Gubari, who has been treated for leprosy, was so proud to show the foundations of her new house, a place that she and her daughters now call home.

Because of you, Chief Executive, Peter Waddup, and Head of Fundraising, Louise Timmins, brought the happy news in March 2025 that the work to revive the leprosy colonies of Odisha could begin.

They met people who had slept on railway tracks, praying that a train would come during the night, believing it would be better not to wake up at all. Life is such a precious gift, yet so many said they were simply waiting to die. What they saw and heard was truly heartbreaking and led to the launch of the Revive appeal in January 2025. Its vision was to transform these colonies and lift the people who live there out of extreme poverty. Not only to meet their immediate needs, but to give them a future free from begging and a reason to hope again.

When we shared these stories with you, you responded with extraordinary generosity. It is thanks to your compassion that transformation is now taking place and hope is flourishing.

Working alongside local government healthcare staff, three medical camps were held, as well as a two-week leprosy awareness campaign. As a direct result, 87 people, including children, were diagnosed with leprosy and cured. Thankfully, the disease had not yet had the chance to cause nerve damage to these children. Because of you, they won't face the disabilities experienced by their parents and grandparents.

People already living with loss of sensation in their feet due to nerve damage were taught how to prevent and care for wounds. Medical teams treated dozens of people with ulcers, and hundreds of sterile ulcer dressing kits were distributed. Proper ulcer care prevents infection, which can otherwise lead to severe disability or even amputation. Protective sandals with thick rubber soles were also provided to help protect numb feet while walking.

Housing, sanitation, and good nutrition are all essential for strengthening immune systems and preventing disease. Thanks to your generosity, significant progress has been made in all three areas.

30 new houses were built, bringing immense joy to the individuals and families who moved into them. For the first time in their lives, they have a safe place to sleep and somewhere they can truly call home. A further 118 homes are already under construction.

Homes cannot be built unless land ownership is secured. Without formal ownership, there is a risk the land can be reclaimed. This is because most leprosy colonies are built on government-owned land, leaving residents — many of whom have lived there for over 50 years — without any legal rights. Thanks to the team in Odisha working closely with local government officials, we have secured ownership for all the houses built.

Access to clean water is vital, not only for drinking but also for washing and caring for wounds. Many elderly and disabled residents shared how ashamed they felt that they could not keep clean in the intense heat. A reliable water supply restores both health and dignity. Because of you, six borewells were dug to provide clean drinking water and 12 toilets were constructed.

To improve nutrition, 1,338 kitchen gardens were planted across the leprosy colonies. Alongside seeds and plants, families were provided with tools to cultivate the land. Community farms were also developed, resulting in 63 acres now planted with fruit trees and vegetables. Your kindness funded thousands of saplings, including mango, guava, papaya, coconut, banana, and curry leaf plants. 126 goats, cows and chickens were distributed. We can only imagine how exciting this is for people who have survived for decades on little more than a bowl of plain rice and occasional vegetables.

The UN defines poverty as more than a lack of income. It includes deprivation in education, food, healthcare, shelter, political inclusion, choice, safety, and dignity. This was the reality faced by people living in the leprosy colonies of Odisha every day. But thanks to you, in just one year, a powerful transformation has begun.

This is only the beginning. In 2026, we will be working to provide job training and schooling for children and young people growing up in the leprosy colonies. We cannot thank you enough for restoring hope, dignity, and the possibility of a better future.

We would like to say thank you to the many trusts and foundations who generously gave to the Revive appeal. Special thanks go to The St Lazarus Charitable Trust, the Beyond Finance Charitable Trust, the Pikelock Trust, Hope Legacy Collective and the Eddie Dinshaw Foundation.

2 Zero Hunger

SDG TWO

Zero Hunger

Planting hope and growing futures

Sustainable Development Goal 2 commits the global community to ending hunger by 2030. Yet since 2015, the number of people experiencing hunger and food insecurity has risen alarmingly. Today, two billion people worldwide lack regular access to safe, nutritious, and sufficient food. The combined impacts of the Covid-19 pandemic, conflict, and climate change have intensified this crisis.

Investment in sustainable agricultural practices and growing a diverse range of produce is needed to improve food security and boost nutrition.

It is through the provision of seeds, plants, tools, and livestock that you have helped communities affected by leprosy in Odisha to feed themselves. This support is strengthening bodies once weakened by hunger and

Image: Arun (left) and Dama, both disabled by leprosy, plant a coconut tree in their leprosy colony. With the seeds, saplings and tools you provided, they're growing food for their community. They hope to make a small income by selling any surplus produce in 2026. Thank you for bringing hope and joy to their lives.

illness. Your kindness goes far deeper, replacing the shame of begging with the dignity of self-sufficiency.

Not long after we began our work in the Odisha leprosy colonies, India was hit by a deadly heatwave. From April to July 2025, abnormally high temperatures – reaching up to 50°C – made it impossible for many elderly and disabled residents to go out and beg. Tragically, some died of hunger. It quickly became clear that while the sustainable change we were building was vital, it could not happen fast enough to prevent loss of life. An urgent humanitarian food programme was needed.

We came to you with this critical need, asking if you would help fund emergency food parcels. Once again, you responded with compassion and incredible generosity. Through your support, more than 2,500 emergency food packages were distributed, keeping people alive during the severe heat.

One recipient of this emergency aid was Kuni.

Kuni was abandoned by her parents at just 10 years old. When they noticed strange, discoloured patches on her arms, they realised she had leprosy and left her in one of Odisha's many leprosy colonies. The memory still haunts her: "I cried for weeks. I just wanted to die."

As so often happens among those cast out to leprosy colonies, kindness prevailed. A woman with leprosy took Kuni in and cared for her. This was before the 1980s, when there was no effective cure for the disease. Leprosy was left to ravage her hands and feet. In turn, cuts became infected and disability followed.

Women with leprosy are typically only able to marry men with the disease. A marriage was arranged, and Kuni moved to another colony to live with her husband. Unable to have children, she worried constantly about how she would survive after his death.

Until last summer, Kuni relied entirely on begging to survive. Each day, she struggled to walk three kilometres to sit by the roadside in the local town. At best, her efforts would enable her to eat a bowl of rice that evening. But during the extreme heat, when temperatures soared close to 50°C, her weakened body could no longer manage the journey. There was no food left in the colony to share, and Kuni faced starvation.

When our Odisha team found her, Kuni was dangerously thin and malnourished. She was living in a small, crumbling house at risk of collapse. During the monsoon season, water poured through the roof. The house had no door. Rats, snakes, and mosquitoes were frequent visitors, further endangering her already fragile health.

Thanks to your kindness, Kuni has now received a new home. She loves having a front door and says it makes her feel safe. During the extreme heat, she received emergency food parcels, which she says saved her life.

"I am so happy with my house," she says. "I am safe and secure, and people remember me."

Thank you for bringing love and care to Kuni.

Top image: Thank you for giving Kuni a safe home and helping restore her health with nutritious food parcels during one of the hardest summers she has ever known.. **Bottom image:** A total of 2,688 nutritious food parcels like this one were distributed to 672 people at risk of starvation in the leprosy colonies of Odisha during the extreme heat of summer 2025.

3 Good Health & Well-Being

SDG THREE

Good Health and Well-Being

Where healing begins

Sustainable Development Goal 3 sets out an ambitious vision. This is to achieve Universal health coverage by 2030 and to end the epidemics of 21 Neglected Tropical Diseases (NTDs), which include leprosy. Together, these diseases affect more than one billion people living in poverty worldwide. SDG 3 also addresses mental health and recognises that there cannot be health or sustainable development without mental wellbeing.

Universal health coverage means that everyone can access essential health services without suffering financial hardship. Yet in many of the communities in which we work, healthcare is limited or inaccessible. Clinics are often under-resourced. Government health workers may lack the specialist training needed to recognise the early signs of leprosy. Too often this results in delayed diagnosis and preventable disability.

Image: Three year old Pihu has been diagnosed with leprosy and is receiving specialist care at Chandkhuri Hospital in Chhattisgarh, India. © Sabrina Dangol

Your generosity is changing this. Through close partnership with government health services, you are helping to strengthen local health systems. By funding specialist training, you are equipping medics with the skills and confidence to diagnose and treat leprosy effectively.

At the same time, your support enables our teams to run outreach camps in remote and marginalised communities. These camps bring screening, treatment, and hope to those who would otherwise be left without care.

You are also helping to tackle the stigma that surrounds leprosy. By supporting awareness campaigns and community action, you are dispelling myths that prevent people from coming forward for treatment. As more people recognise the early signs of leprosy and understand that it is curable, they are far more likely to seek help before disability develops.

In 2025, thanks to you, 4,588 new cases of leprosy were diagnosed and treated across Asia and Africa – both in Leprosy Mission hospitals and clinics, and through community outreach initiatives. Each diagnosis represents a life changed for the better and a healthier future made possible through your support.

Bringing healthcare to fragile communities

Achieving universal health coverage depends on reaching people in fragile and conflict affected areas — home to approximately two billion people, according to the latest World Bank figures.

Since the military coup in 2021, Myanmar has been in turmoil. The UN estimates that the conflict has claimed over 6,500 lives. More than 3.5 million people have been forced to flee their homes. With press freedom curtailed, much of the hardship remains hidden from the world.

Then, on 28 March 2025, a powerful 7.7 magnitude earthquake struck Myanmar, claiming nearly 4,000 lives. An already suffering nation was plunged deeper into crisis. The epicentre was just outside the north-western town of Sagaing, an area affected by fighting between the military and pro-democracy forces. Nearby, Mandalay, Myanmar's second largest city, was devastated, leaving rubble strewn streets and a shattered economy.

Even before the earthquake, access to healthcare was limited. Years of violence had made travel dangerous, and the only two specialist hospitals for leprosy care were difficult to reach. People affected by leprosy and poverty were trapped in their communities, unable to access the care they desperately needed.

Image: Volunteer health worker Thaw Thaw Re Say is pictured dressing the wounds of leprosy patient Ko Lin Lin in his leprosy community in Myanmar.

Thanks to your generosity, 33 trained health volunteers are now reaching these marginalised communities, places that would otherwise have been forgotten. Your support has given these volunteers the training, resources, and confidence to deliver vital care. They clean and dress wounds, distribute essential medicines, identify new cases of leprosy, and connect patients to treatment at government health posts.

In 2025 alone, they reached 175 people affected by leprosy and 580 people living with other disabilities. This is a life-changing difference made possible thanks to you.

Because travel remains dangerous, care – including surgery – must be delivered in the community itself. In 2025, your gifts funded 133 surgeries conducted in pop-up camps, where medics like Dr Saw (pictured) performed life-changing procedures. In these makeshift operating theatres, wounds are being healed and mobility restored. Patients are regaining independence, hope, and a future they could not have imagined without your support.

Every day, your generosity is reaching people who would otherwise be forgotten. You are providing essential care, restoring dignity, and giving people living in fragile communities a chance to not only survive, but thrive.

Image: Because of your support, Dr Saw was able to restore movement to leprosy patient Dae Wa Nah's hand at a pop-up surgery camp. This was held in a Leprosy Mission Disability Resource Centre.

An oasis in the desert

Thanks to you, Danja Hospital has been transformed beyond recognition from the place where leprosy patient Amadou (pictured) was first cared for 50 years ago.

Niger remains one of the world's least developed nations. Vast stretches of arid land and relentless heat make farming and food production extremely challenging. As climate change intensifies, dry riverbeds carve ever deeper into the landscape and communities face increasing hardship. Poverty, malnutrition, and disease thrive, creating an environment where leprosy continues to affect vulnerable people.

Amid this harsh landscape, Danja Hospital stands as a true oasis.

Danja is one of the only hospitals in Niger where people affected by leprosy are treated free of charge and cared for with compassion and dignity. Yet at the beginning of 2025, the hospital itself was in crisis. The roof was failing, ceilings were collapsing, and walls were severely damaged. Cracked flooring made effective infection control extremely difficult. The toilet facilities were outdated and unhygienic.

It is thanks to you, and to a generous grant from the Guernsey Overseas Aid and Development Commission, that Danja Hospital has been completely transformed.

During the latter half of 2025, the hospital underwent a major renovation. A new roof was installed, and the men's ward fully refurbished and extended to accommodate an additional 14 beds. Six accessible bathrooms, each with a toilet and shower, were constructed. Two former outbuildings were converted into four specialist rooms for cleaning wounds, strengthening infection control.

The refurbishment provided 46 new hospital beds, along with 57 mattresses and sets of linen. Eight portable monitors were purchased, enabling staff to check patients' vital signs efficiently.

Today, patients are cleaner, safer, and more comfortable. Hospital staff finally have a suitable environment in which to deliver the high-quality care for which they are known throughout the region. You have not only helped restore buildings, but also dignity for patients like Amadou.

Amadou first came to Danja Hospital 50 years ago. At that time, facilities were extremely basic. He remembers sleeping on the floor, with no electricity or running water. Yet he was nurtured back to health by the dedication and compassion of the staff.

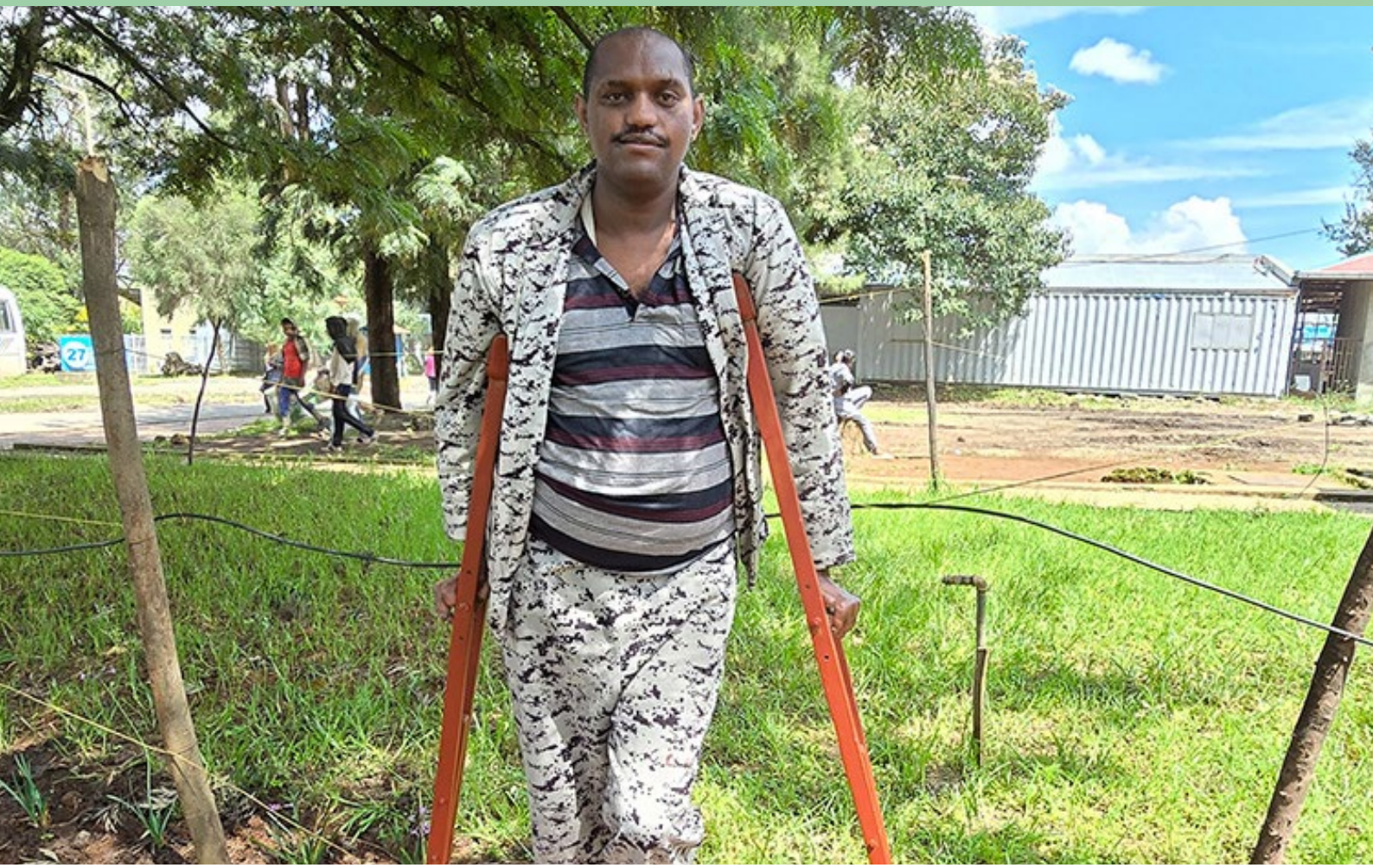
Leprosy left lasting damage to Amadou's body and over the years he has returned to Danja for ongoing wound care. In 2025, he was among the first patients admitted to the newly renovated men's ward. For the first time, he slept in a comfortable hospital bed. This was something he could never have imagined half a century earlier.

The legacy of kindness can span generations. Inspired by the treatment her father received, Amadou's daughter trained as a nurse. Today, she serves at Danja Hospital, continuing its mission of care and hope.

Despite the extensive renovation work, daily care at Danja never paused. In 2025, 1,323 people affected by leprosy were treated at the hospital. Through outreach programmes, 117 individuals were identified and cured of leprosy.

It is because of you that Danja Hospital has strengthened its position as a place of healing, dignity and safety in the heart of the desert.

Bottom image: Thank you for transforming Danja Hospital into a clean, bright, and hygienic space for both patients affected by leprosy and the staff who care for them.



Life-changing surgery

Medical care for leprosy patients goes far beyond curing the disease or treating the ulcers it causes. Wherever possible, our teams across Asia and Africa do everything they can to help patients regain independence and dignity. This includes providing prosthetic limbs, protective footwear, and mobility aids.

In some cases, reconstructive surgery and physiotherapy can even restore movement to hands and feet that have been severely affected by leprosy. Patients are often amazed to regain use of limbs once paralysed by nerve damage, enabling them to work again or return to school. The impact can be truly life-changing.

Although Addis Ababa is the bustling capital of Ethiopia, poverty remains widespread. UN statistics reveal that 80% of the city's population live in slum areas. It is in these communities that leprosy continues to be a real challenge. The team at ALERT Hospital works tirelessly to treat patients and help them regain the independence they need.

Thanks to your support, four surgeons have been trained at ALERT Hospital to conduct reconstructive surgery for leprosy patients. In 2025, 17 leprosy patients received hand surgery and 11 had foot surgery.

These are patients like Hailekiros. He was just ten years old when he first showed signs of leprosy. His father took him to several government health posts, but no one was able to diagnose him. Traditional remedies did not help. Tragically, the disease went unchecked, robbing him of all feeling in his hands and feet.

His fingers began to curl inward and persistent ulcers developed from cuts on his feet. Eventually, Hailekiros arrived at ALERT Hospital. The doctors recognised the signs of leprosy immediately and gave him the cure.

This was the start of a long journey to recovery. Hailekiros has since had reconstructive surgery on his hands and feet. After enduring so much hardship in his early life, he can now move with ease. He is regaining independence and, thanks to you, can now look to the future with hope. Thank you so much for giving this life-changing gift of mobility to Hailekiros and so many others like him across Asia and Africa.

Image: Thank you for giving leprosy patients like Hailekiros a fresh start in 2025 through the gift of life-changing surgery.

Where hope begins again

There is growing evidence that people living with NTDs, including leprosy, experience significantly higher rates of depression and anxiety. They are more likely to attempt suicide than the general population. These findings are largely driven by discrimination and social exclusion.

For centuries, myths and misunderstandings surrounding the disease have led to some of the most severe forms of stigma and abuse. Today, prejudice remains one of the greatest barriers to ridding the planet of this cruel yet curable disease. It is no surprise that this impacts mental health.

Image: Halima is now smiling again thanks to her 'Farinciki grandma', Sadia.

Thanks to your support, great strides are being made to address the mental health crisis faced by communities affected by leprosy in four states of Nigeria.

Our pioneering Farinciki project – named after the Hausa word for 'inner peace' – provides mental health services for people who would otherwise have no support. In 2025, 1,462 individuals received care for their emotional wellbeing through clinical psychologists, counselling, and group therapy sessions.

An innovative part of the Farinciki project harnesses the prejudice-fighting power of grandmothers within the community. Thirty-seven grandmothers, all affected by leprosy themselves, have been trained as champions against stigma and mentors for young people. As respected matriarchs, they serve as listening ears within their communities. With specialist training and guidance, they are also equipping a new generation with confidence, resilience, and hope.

Halima is just one of 698 young people supported by a Farinciki grandma in 2025. Halima is 16 and lives in a leprosy-affected community close to Abuja. She is the second of five children, all of whom are orphaned. Both her parents had been treated for leprosy, and her father died when she was young. More recently, her mother passed away from complications related to a severely infected ulcer.

Following her mother's death, Halima took on responsibility for her younger siblings while carrying the weight of her own grief. Within her community, she found solidarity and understanding. Outside it, however, life was very different. At school, she was taunted and called 'leprosy child'. This is devastating for any child wanting to belong.

When her mother became seriously ill, Halima left school to care for her and help pay for treatment.

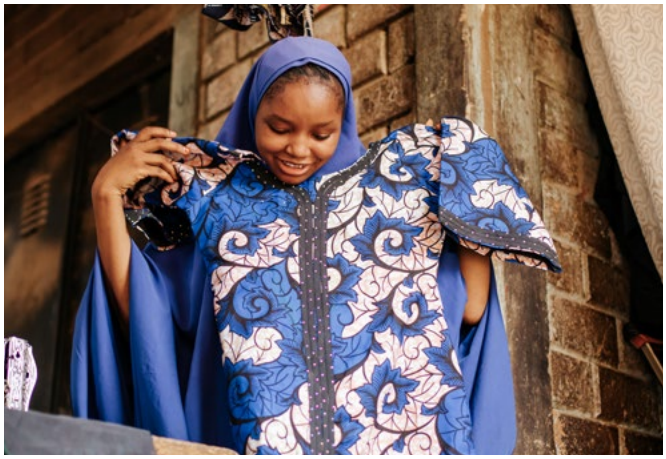


Image: Through the Farinciki project, Halima has learnt to sew and now makes her own dresses. She says she now sees a brightness in life that she just couldn't see before.

Instead of letting problems consume her, she is learning to navigate challenges and talk herself through difficult moments.

Since her mother's death, she has been unable to afford to return. Each morning, she watches other children walk past her home on their way to school – a painful reminder of what she feels she has lost.

Grief and hopelessness overwhelmed her. She would sit for hours crying, wishing her mother were still alive and that she could resume her studies. She began to believe her future had ended.

Sadia, one of Halima's neighbours and a trained Farinciki grandmother, recognised her distress. She began visiting her regularly, building trust, and encouraging her to attend Farinciki group meetings.

Through counselling and group support, Halima slowly began to emerge from what she describes as 'darkness'. For the first time, she learned about mental health and how to manage overwhelming thoughts. Instead of letting problems consume her, she is learning to navigate challenges and talk herself through difficult moments.

The regular gatherings of young people and grandmothers have become a source of strength and joy. Halima has also learned new skills, including sewing and dressmaking, rebuilding not only her confidence but her sense of possibility.

Today, she is hopeful again. She believes she can return to school and complete her education.

Your support for the Farinciki project is helping young people like Halima build futures once overshadowed by stigma and loss.

Thank you to the Janet & Bryan Moore Charitable Trust for its generous support of the Farinciki project.

4 Quality Education

SDG FOUR

Quality Education

Opening the door to the classroom and a bright future

Nelson Mandela famously said: "Education is the most powerful weapon which you can use to change the world". This belief sits at the heart of Sustainable Development Goal 4, which aims to ensure quality primary and secondary education, as well as lifelong learning opportunities, for all. This goal will have a knock-on effect on many others, providing work opportunities and a route out of poverty.

Image: Your kindness means Mounika is getting a healthy, happy start, and a life-changing education.

Yet there is still a long way to go. In 2023, the UN reported that 272 million children and young people were out of school, an increase of 3% since 2015. The greatest barriers are felt in low-income countries, which include the communities you support.

Children face many obstacles to education, from poverty, disability, and gender inequality to conflict and stigma. For children affected by leprosy, discrimination can be one of the most powerful barriers of all.

It is thanks to your generosity that 55 children affected by leprosy were able to attend school in 2025. These children live at the Rainbow Children's Home in India. It is a safe and nurturing home established in 2004 for children from nearby leprosy colonies. During term time, they live in a supportive environment where they can attend school free from discrimination.

Your support does far more than open classroom doors. Children at Rainbow Children's Home receive medical care, nutritious meals, and emotional support. Older children help care for younger ones, creating a real sense of family and belonging. Many young people you have supported over the years have been inspired to train for meaningful careers, such as nursing. They are now giving back to their communities the kindness they once received.

For children who have missed schooling in the past, additional tuition helps them catch up and rebuild confidence. They also learn life skills, including cookery and growing vegetables.

Thank you for helping children like Mounika (pictured) to have not just an education, but a happy and healthy start to life. Through you they are gaining the skills needed to break the cycle of poverty for good.

A pioneering future

Thanks to you, India's first specialist leprosy physiotherapy training college opened its doors in December 2025. The first cohort of students, pictured at their White Coat Ceremony, have begun their studies at Purulia Hospital in West Bengal. Once they graduate, they will provide skilled leprosy care across our 14 hospitals in India.

Thank you for giving these young people the chance to train for a meaningful and rewarding career. Your support is also helping ensure that leprosy expertise continues, so people will receive the care they deserve for years to come.

Once they graduate, they will provide skilled leprosy care across our 14 hospitals in India.

Image: The first cohort of students at the pioneering leprosy physiotherapy college at Purulia Hospital.

5 Gender Equality

SDG FIVE

Gender Equality

Standing with women and girls

Sustainable Development Goal 5 calls for an end to all forms of discrimination and violence against women and girls. In the communities where we work, this remains a daily struggle. For women living with disability, the challenges are even greater.

Image: Menoka Rani (third from left) lives in Bangladesh. A housewife and mother of four, she began working as a day labourer when her husband fell ill and the family faced financial hardship. After joining a self-help group she has received support to grow and sell rice. Having received leadership training, she now advocates for women's rights in her community and is the contact with local government.

In many of the communities we serve, women have limited access to education. Schooling is rarely prioritised for girls. Instead, marriage is often their only form of financial security. When a woman is diagnosed with a feared disease such as leprosy, her vulnerability increases. She is far more likely to be rejected by her family than a man would be in the same situation.

According to latest data from the WHO (2024), only 40% of people diagnosed with leprosy are women. There is no evidence that women are less likely to contract the disease. Rather cultural barriers prevent many from seeking or accessing treatment. This delay puts women at far greater risk of irreversible disabilities, including blindness.

In many societies, women must seek their husband's permission to see a doctor. Even then, they may need to be examined by a male health worker which can be a barrier that delays diagnosis and treatment.

It is through your incredible support that our teams have been able to work innovatively to ensure women get a prompt leprosy diagnosis and treatment.

Our three-year Dignity First project, which concluded in 2025, worked across four districts of Nepal to improve the health, wellbeing, and dignity of people affected by leprosy, disability, and extreme poverty. Women were at the very heart of this pioneering project.

A cornerstone of the project was strengthening a government-led network of Female Community Health Volunteers. We trained 635 volunteers to recognise the early signs of leprosy. By doing so, we were able to equip already trusted women within each community to signpost women to prompt treatment. The volunteers also help families and communities understand that leprosy is curable and is not something to be feared. The training will undoubtedly leave a lasting legacy.

Women newly diagnosed with leprosy are also supported through self-help groups (SHGs), where they learn self-care, advocacy, and leadership skills. Women hold key leadership roles in all groups.

Dullari, 42, is Vice-President of her SHG in rural Nepal. When she was diagnosed with leprosy, she told no one except her husband. She had to explain her diagnosis because treatment meant she had to work fewer hours. Her mother-in-law accused her of pretending to be ill and Dullari feared she would be thrown out of her home if the truth became known.

While her husband initially cared for her and kept her diagnosis secret, Dullari later experienced violence when she asked him to save money so their two sons could attend better schools. At the time, she did not recognise this behaviour as abuse.

Through training provided by the Dignity First project, Dullari gained new skills, including understanding her rights, advocacy, and climate resilient farming. Through her SHG, she came to understand that the violence she experienced was unacceptable. As her confidence grew and she began earning an income, she shared her learning with her husband, who now fully supports her leadership role.

"I talk to my young sons about violence, so they know not to treat their future wives badly," Dullari says. "When husbands are diagnosed, wives feel responsible for caring for them. But when wives are affected, husbands do not always do the same."

Once confined to her home, Dullari now spends her days encouraging other women to save for emergencies, plan together, and speak up.

"People often tell me I have answers to every question," she says. "But I remember when I first joined the self-help group, I hid my face even while drinking tea. Now we go together to the district government to speak about our group."

Today, women in her community encourage their daughters and daughters-in-law to follow Dullari's example. She is admired for her courage, leadership, and advocacy for people affected by leprosy.

Thank you for making the trailblazing work of Dullari, and women like her, possible. Your support is helping people affected by leprosy live empowered and dignified lives across Nepal.

Image: Dullari is a pillar of strength and a role model to women in her community.

6 Clean Water & Sanitation

SDG SIX

Clean water and sanitation

From parched land to flowing streams

Sustainable Development Goal 6 commits the world to universal access to safe water and sanitation. Yet the UN warns that progress towards the 2030 target is dangerously off track. Billions of people still lack clean water and basic sanitation. The WHO estimates that more than a million lives are lost each year because of unsafe drinking water.

Image: Splashing around: twins Kavina and Kabitha were only toddlers when they were found to have leprosy during a house-to-house screening programme.

As you have seen through our Revive project in leprosy colonies in Odisha, India, clean water is fundamental to building healthy and resilient communities.

Last year in Sri Lanka, our partners proudly opened their 1,000th well. Each new well is far more than a water source. It is a life-sustaining seed of development.

History shows us the close link between sanitation and disease. Leprosy was largely wiped from the UK by the end of the 18th century, following major improvements in public health. Piped water was introduced to London as early as 1613, at a time when leprosy was widespread and deeply feared. Poor sanitation weakens immune systems and leaves people vulnerable to disease. Leprosy disappeared from the UK not by chance, but because living conditions fundamentally improved.

That same transformation is now unfolding in communities like the one where Thibekka and Ajai live, in Batticaloa, north-eastern Sri Lanka. The young couple were diagnosed with leprosy during door-to-door screening. The hardest moment came when they learned that their tiny twin daughters were also affected. Thanks to you, after completing treatment, no member of the family has been left with a visible disability.

Before support arrived, the family had no toilet or running water. Without sanitation, children relieved themselves in the jungle, where venomous snakes posed a constant danger.

Through your generosity, Thibekka and Ajai were given a well and a toilet. Their home has become a source of clean water not only for their own family but also for neighbouring households. They say this has helped them feel more accepted within their community.

Thibekka, now President of her local Leprosy People Association, explains how life has changed. She says: “Not having to walk miles every day to fetch water that isn’t even clean has given us more time together as a family. We feel much healthier, and the girls have enjoyed planting their own gardens.

“Now we feel clean, safe, and well. The girls are at school and both love drawing. They say they want to be teachers when they grow up.”

Thank you for meeting the basic needs of thousands of people in Sri Lanka. Because of you, families are living healthier and more dignified lives – today and for generations to come.

Image: Mum Thibekka says her family’s future has been transformed through your kindness.

8 Decent work & Economic Growth

10 Reduced Inequalities

SDG EIGHT AND TEN

Opportunity and a route out of poverty

Empowering young lives

Sustainable Development Goals 8 and 10 are deeply connected. While SDG 8 promotes economic growth and decent work for all, SDG 10 seeks to reduce inequalities. It aims to narrow the gap between the richest and poorest, both within and between nations.

Image: The new intake of motor mechanic students in 2025 are pictured at Bankura Vocational Centre in West Bengal, India. © Sabrina Dangol

For young people affected by leprosy, the journey to opportunity begins with enormous barriers. Many start life at a significant disadvantage. Poverty, stigma, and exclusion make it almost impossible to break free from the cycle of hardship. In India, as in many parts of the world, people affected by leprosy are often denied the chances that others take for granted.

But because of you, young people like Rina (pictured), are finding hope and independence. Through our Vocational Training Centres (VTCs), they are gaining the skills they need to pursue meaningful work and build brighter futures.

Rina, who is studying tailoring at the Bankura VTC, was diagnosed with leprosy in 2019. A small patch on her leg was initially dismissed by a local doctor. When it persisted, her mother took her to hospital, where she finally received the diagnosis and treatment she needed.

Coming from a large extended family, Rina was encouraged by her mother to keep the diagnosis private. Her mother feared the stigma that leprosy can bring and the effect it could have on the whole family. With little explanation about the disease, Rina felt anxious and isolated, worried she might infect others. It was only when she joined Bankura VTC that she was relieved to learn that, within a day of starting Multidrug therapy, she could no longer spread the disease.

At the VTC, Rina discovered more than just skills training. She realised that leprosy didn't need to define her and that she could move forward with her life. The cheerful nature she was known for as a young girl returned. She says the love and support she experiences at the centre is unlike anything she has known. Motivated by a desire to be independent, Rina plans to gain experience as a seamstress after graduation before starting her own business. She will be equipped with the skills and freedom needed to thrive.

Rina's story is just one example of thousands of young lives being transformed thanks to your support. In September 2025, 151 students began the new academic year at Champa VTC and 103 at Bankura VTC, studying subjects including diesel mechanics, electrician skills, laboratory techniques, and computer programming. Each centre partners with local businesses to ensure students graduate with real employment opportunities.

Because of you, hardworking and talented students like Rina are stepping into a future filled with possibility. Your generosity is helping break the cycle of poverty and inequality, empowering young people affected by leprosy to build meaningful and independent lives.

Image: Rina isn't just gaining tailoring skills at Bankura Vocational Training Centre. She's discovering her potential, and opening the doors to a bright future.

Secure and safe staff homes

Providing decent working conditions includes ensuring safe and secure homes for the people who care for others so faithfully. Our medical teams serve with extraordinary dedication, often earning only a fraction of what they could receive in private hospitals. They work long hours, sometimes with barely a day off, fuelled by their compassion for people affected by leprosy.

Thanks to your generous support in 2025, many of these dedicated staff members now have a place they are proud to call home.

At Chandkhuri Hospital in India, Shafalika, a pharmacist, once returned home after long days serving patients to a house with a leaking roof. The building was insecure, allowing venomous snakes to enter through gaps in the wall while rats spoiled the food she had stored.

Today, Shafalika returns to a safe, dry, and secure home, a place of peace and restoration.

Like Shafalika, many of our hardworking staff in India live with their families in housing located on hospital grounds. Over time, some of these homes had fallen into serious disrepair. With increasing pressure on hospital budgets, patient care and food were prioritised, leaving little funding available for staff home renovations.

In 2025, your generosity helped to change this.

At Champa Hospital, 25 staff homes were completely renovated. A further nine homes at Chandkhuri Hospital were refurbished during the year, with nine more in progress. At Muzaffarpur Hospital, six brand new staff homes were constructed.

Because of you, those who dedicate their lives to caring for others can now return each evening to homes that are safe, secure, and fit for their families. They feel valued, better rested, and equipped to continue serving some of the most marginalised people in the world.

Image: After 26 years serving people affected by leprosy, pharmacist Shafalika is deeply thankful to supporters for her refurbished home at Chandkhuri Hospital in India. It is a safe haven, bringing a true sense of wellbeing to her family.

13 Climate Action

SDG THIRTEEN

CLIMATE ACTION

Taking urgent action on climate change

Sustainable Development Goal 13 calls for urgent action to combat the climate crisis and its impacts.

Climate change poses one of the greatest threats to life on earth. Although it affects us all, it is the world's poorest communities who bear its harshest consequences.

For many of the people we serve, climate change is not a future risk but a daily reality, and often a matter of life and death. In countries like Mozambique, increasingly severe droughts, floods, and cyclones threaten lives and livelihoods year after year. This is deeply unjust, as these communities contribute the very least to global carbon emissions.

The world remains significantly off track to meet SDG 13 by 2030. Global temperatures are nearing, and in some cases exceeding, the critical long-term warming threshold of 1.5°C above pre-industrial levels. The UN says progress on climate action is far too slow. Urgent, collective action is needed to avoid catastrophic consequences.

Thanks to your compassion and support, we are helping some of the world's poorest people adapt to the devastating effects of climate change. Through our Unconditional campaign in Mozambique, thousands of people have gained vital skills in climate resilient agriculture, strengthening food security.

The three-year campaign, which concluded in 2025, was awarded UK Aid Match funding. This meant that every pound donated, up to £2 million, was matched by the UK Government. Together an incredible £4.4 million was raised. As a result, life in some of Mozambique's poorest communities has been transformed.

In rural northern Mozambique, most families rely on subsistence farming to survive. Climate-driven cyclones, droughts, and flooding increasingly destroy crops, pushing families deeper into vulnerability. At village Hubs of Hope, built through the campaign, farmers receive practical training to protect their livelihoods against climate change.

They learn how to grow a wider variety of crops and vegetables to improve nutrition and food security, and how to sell surplus produce to generate an income. Savings groups also meet at the hubs. These groups provide a vital safety net during financial emergencies, whether caused by a failed harvest or unexpected costs such as funerals. In total, 3,578 people have benefited from this training and support.

Monihia is one of those whose life has been transformed. After completing treatment for leprosy, she received farming training at her village hub. Alongside other farmers, she established a community farm that now produces nutritious food and generates income through surplus sales. The community also support those who are too unwell or disabled to work by sharing produce.

Because of your generosity, villages once struggling to survive are becoming vibrant, resilient communities. Your support is helping families face climate change with hope, dignity, and the tools they need to build a more secure future.

Image: Mother of three, Monihia, was cured of leprosy through the Unconditional campaign. After receiving agricultural training at her village Hub of Hope, Monihia set up a community farm with other farmers in the village. She is pictured with her bountiful harvest of maize. © Ricardo Franco

16 Peace, justice & strong insitutions

SDG SIXTEEN

Peace, justice and strong institutions

Leading by faith

Sustainable Development Goal 16 is about creating peaceful, fair, and safe societies where everyone is treated with dignity and respect.

SDG 16 recognises that communities thrive when people feel safe, their rights are protected, and they have a voice in decisions that affect their lives.

Iman Atham Lebbe Mohamed Rifkan, in northern Sri Lanka, was trained in leprosy awareness and screening in 2025. He is pictured above addressing a crowd after a street drama that shared a simple but powerful message: leprosy is a disease like any other, it can be cured, and there is nothing to fear.

With faith comes the courage to reach those who are most marginalised. In 2025, religious leaders across Asia and Africa stood together in the fight against leprosy. Christian, Muslim, Buddhist and Hindu leaders are trusted voices in the communities they serve. By using their influence, they are helping to dispel deep-rooted myths surrounding leprosy. This includes a dangerous and widespread belief that the disease is a curse or punishment for past actions.

Our interfaith work began in Sri Lanka in 2014, when pastors and church leaders were first trained to lead Leprosy Awareness Sundays in evangelical churches. The impact was powerful. Leaders from other denominations and faiths soon saw the difference these initiatives were making, and a shared passion was ignited. Before long, faith leaders from all backgrounds wanted to play their part in making leprosy history.

This interfaith work proved to be more than a health initiative. Following the Easter Sunday bombings in 2019, which claimed 270 lives, Sri Lanka faced the risk of deep religious and ethnic division. Yet faith leaders remained united, finding common ground through their shared commitment to supporting people affected by leprosy. At a time of national grief, this collaboration became an unexpected force for peace.

In 2025, a further 60 faith leaders received training in leprosy awareness and early detection. Through their outreach they have already identified six new cases of leprosy. These six people are now taking Multidrug therapy, the treatment that cures the disease.

Faith leaders are also offering their churches, mosques, and temples as safe meeting spaces for branches of the Leprosy People Association of Sri Lanka. These associations play a vital role in empowering people affected by leprosy to stand together.

Standing together for justice and hope

Through branches of the Leprosy People Associations, members receive practical support to challenge discrimination and legal injustice. While individuals affected by leprosy are often marginalised, collective action, backed by advice and advocacy, enables communities to assert their rights. These associations also provide a vital communication network, especially in times of crisis.

This was seen following Cyclone Ditwah, which made landfall on 28 November 2025 and caused some of the worst flooding Sri Lanka has experienced since the 2004 Boxing Day tsunami. Homes were destroyed, livelihoods swept away, and entire communities left vulnerable.

Thanks to the generosity of regular givers, we could respond swiftly. Through the Leprosy People Association, 283 members and their families received emergency food, clothing, and shelter. In total, 1,981 people benefited from this urgent support at a time when many had lost everything.

Our team in Sri Lanka shared how moved they were to see association members who had been less affected by the floods volunteering to help others. They quickly rolled up their sleeves to clear roads, repair damaged homes, and offer hope in the midst of devastation.

This is the power of prayer, community, and faithful giving – transforming lives even in the most difficult circumstances.

Top image: Thanks to our generous supporters, Leprosy People Association members in northern Sri Lanka, including this family, received rapid support in the aftermath of Cyclone Ditwah in November 2025.

17 Partnerships for the goals

SDG SEVENTEEN

Research and partnerships

Research continues to be a key part of our mission to end leprosy and transform lives. These are just some of the research highlights and many projects we worked on in 2025.

Improving leprosy diagnosis

Early diagnosis and treatment are critical for reducing leprosy transmission and preventing disability. Our "To Be or not to B" study, in partnership with Leiden University in the Netherlands, is supporting research into a field-friendly diagnostic test.

Reducing stigma and improving mental health

With the University of Manchester, we investigated peer-led trauma support in Ethiopia. Through training peer supporters, including people affected by leprosy, access to community-based mental health care improved.

We also concluded a project to reduce leprosy stigma among healthcare workers in Niger.

With Brighton-Sussex Medical School, we began a three-year project to improve mental health recovery in India and Nepal. People affected by leprosy will co-design interventions to improve peer support and person-centred care.

Inclusion and equity in research

In 2025, we launched a one-year project to train people affected by leprosy to become peer researchers. Participants designed and conducted research projects, presenting their findings internationally. This project was delivered with Brighton-Sussex Medical School and The Leprosy Mission Trust India.

Image: Leprosy can take a devastating toll on mental health. The Farinciki project in Nigeria has trained grandmothers, pictured here, to provide peer support to young people who are struggling.

Advocacy

Increasing commitment and funding for leprosy work is critical to our mission. We work with governments and organisations across the world to achieve this. We are part of the UK Coalition Against NTDs, calling for UK leadership in tackling these conditions.

To celebrate World NTD Day in January, we co-organised the 'Voices of Resilience' reception at Westminster. This was hosted by the UK Coalition Against NTDs and Lord Trees (co-Chair of the All-Party Parliamentary Group (APPG) on Malaria and NTDs). The event highlighted the need to integrate NTD work into broader health systems.

The APPG on Malaria and NTDs' event 'Science without Borders' highlighted the UK's global impact on NTDs. Our project 'Transforming the treatment and prevention of leprosy and Buruli ulcers in low and middle-income countries' was a featured example. Funded by the National Institute for Health and Care Research (NIHR), this is a partnership between TLMGB, the University of Birmingham, TLM Trust India, TLM Nepal, and TLM Nigeria.

We also attended international conferences and events. These included the WHO's second global meeting on skin-related NTDs and the 22nd International Leprosy Congress. Our team met with global and national decision-makers and influencers, advocating for greater prioritisation of leprosy. We shared pioneering research and learning that will guide more effective interventions to end the disease and support those affected by it.

Image: Pastor Elisa is a tireless advocate for people affected by leprosy in India. Through his dedication, forgotten communities now have decent housing and electricity. Disability benefits and pensions have helped hundreds of families escape extreme poverty. © Sabrina Dangol

Our people

Staff engagement is an integral part of our culture. In our 2025 staff survey, 98% of staff said they would recommend TLMGB as a good place to work. Globally, TLM scored significantly more positively than organisations with which we were benchmarked.

Each day starts with a time of prayer and devotion. This is a time for staff to worship God, and pray for each other, our work, and the world.

The Senior Management Team (SMT) provide a collaborative and supportive environment, where people are encouraged to fulfil their potential. The SMT regularly reviews staff wellbeing. Particular attention is given to work life balance and flexibility around family care.

When needed, we seek medical advice from our occupational health partner. We provide a health cash plan, and have a hardship fund for any staff requiring extra support. We invite guest speakers to deliver wellbeing talks on topics of interest. Staff can also access an employee assistance programme for in-the-moment counselling if needed.

The wellbeing of our staff, partners, and the people we serve is paramount. We take a zero-tolerance approach to the misuse of power, and all forms of abuse, harassment, or exploitation. We have innovative safeguarding structures to protect the safety and dignity of everyone we work with.

For information on safeguarding, see page p48.

Employment of people affected by leprosy and disability

The Leprosy Mission Global Fellowship employs numerous people with lived experience of leprosy. This is estimated at between 5% and 10% of total staff.

We encourage people affected by leprosy and disability with appropriate skills and experience to apply for vacant positions. At TLMGB we have six members of staff with a long-term disability. Workplace adjustments are in place and reviewed regularly.

Staff training and development

We are a learning organisation, and always seek to maximise our impact for people affected by leprosy. Staff development and training are a vital part of this.

We provide a range of in-house training. Each year, staff also attend external training and conferences. Our employees enjoy good relationships with their managers, regularly discussing personal development goals.

Image: Members of staff and Trustees from The Leprosy Mission Great Britain.

Our fundraising

Fundraising is core to our work. Thank you so much for always standing with people affected by leprosy.

Regular givers

We are so thankful for the continued commitment of regular givers across the year. Your gifts enable us to plan effectively and meet unexpected urgent needs. Thanks to your giving, we delivered emergency aid to communities affected by leprosy in Sri Lanka following devastating floods. We also supported people in Myanmar after the earthquake in March. Thank you for being an answer to prayer.

Church support

We are grateful for the faithful support of churches across Great Britain. Your prayer underpins our work and is the foundation of all that we do.

We held 622 talks in churches and groups in 2025. Congregations showed Jesus' love in action, donating close to £1 million to help people affected by leprosy.

Image: Team TLMGB, led by Rachel Harris (middle back row), at the summit of Yr Wyddfa/Snowdon.

Events

It was a privilege to meet supporters in Scotland at events in Aberdeen and Glasgow. This was a great opportunity to say thank you, and provide an insight into God's leading now and for the future.

Supporters across England, Scotland, Wales, Guernsey, and the Isle of Man held special events for The Leprosy Mission. Thank you so much for giving your time to do this. Events don't just raise vital funds, they're also a powerful way of raising awareness about leprosy.

The Southampton Methodist Women in Britain raised an astounding £11,783! The faithful Welling Lamplighters Fayre and fundraising totalled £6,000. Our friends in Guernsey held a quiz and tea party, bringing in over £3,000. An incredible team in the Isle of Man raised £1,927 at their annual quiz. In Scotland, groups in Penicuik, Aberdeen, and Inverness worked hard to raise a wonderful £8,400!

We are grateful to the schools who raised awareness about leprosy and held fundraising events. Special thanks go to Forestdale Primary, Watford St John's C of E Primary, and Koinonia Federation of schools.

Many individuals held their own events too. One of many adventurers was Rae Harris, who climbed Yr Wyddfa/Snowdon, raising £2,400. Freya Irvine also raised £5,328 by walking 40,000 steps barefoot on the hottest day of the year.

It was wonderful to end the year at St Giles-in-the-Fields, London, for our annual carol concert. In 2025, the congregation donated a record-breaking £4,410!

It's impossible to thank everyone here. But whether you held a quiz or climbed a mountain, we thank God for you!

Legacy events

Every year, gifts in Wills fund one in four life-changing projects. It is humbling to think that when someone pledges a gift in their Will, they have no idea of the impact this will have. But God knows. Though they are no longer with us, their love lives on through their compassion.

In 2025 we held two legacy events at Winchester Cathedral and Allerton Castle in York. These were supported by our Vice President Pam Rhodes, and Dan and Babs Izzett, who are both affected by leprosy. These events are incredibly popular every year, with huge waiting lists!

Image: A packed house at the annual Isle of Man quiz for The Leprosy Mission.
Thank you to everyone who held events to raise funds for people affected by leprosy!

Image: A leprosy and mental health awareness day in a school in Nigeria. Dispelling myths around the disease reduces stigma and encourages people to seek early treatment.

Our plans for 2026

Our initiatives for 2026 include:

Ethiopia

- Improving women and children's access to leprosy services and livelihood support.

Niger

- Reaching remote communities to detect leprosy and other skin diseases.
- Supporting Danja Hospital to provide leprosy referral services.

Nigeria

- Running school and community awareness programmes on leprosy and mental health.
- Introducing tele-dermatology services to detect leprosy and other skin NTDs.

Mozambique

- Training communities in climate resilient agriculture.
- Training health workers and community volunteers to manage leprosy-related complications.

Bangladesh

- Launching a new leprosy detection programme, including screening in refugee camps.
- Using GIS mapping to improve the effectiveness of leprosy case detection.
- Advancing research into anti-microbial resistance.

India

- Establishing new trades at Champa and Bankura Vocational Training Centres.
- Constructing the new Outpatients Department at Muzaffarpur Hospital.
- Renovating the wards at Purulia Hospital.
- Renovating the Snehalaya Home for the Elderly in Bankura.

Myanmar

- Providing pop-up clinics and surgical camps to support leprosy management where there is no healthcare provision.

Nepal

- Finalising the design and starting the construction of the Research Laboratory.
- Co-developing mental health interventions with people affected by leprosy.

Sri Lanka

- Supporting the Leprosy People Association, and sharing learning with similar organisations across Africa and Asia.
- Improving access to water and sanitation.
- Training health workers in leprosy detection, treatment, and stigma reduction.

We will also investigate the potential for working in additional countries, particularly to support more organisations of people affected by leprosy.

Research and advocacy in 2026

Three significant research studies will begin in 2026:

A three-year study in Bangladesh will investigate anti-microbial resistance (AMR) to leprosy treatment. It will also generate the first comprehensive AMR surveillance data in the country. The findings will inform national treatment guidelines and help safeguard the long-term efficacy of leprosy drugs.

In India and Bangladesh, a new study will use the WHO's Leprosy Elimination Monitoring Tool to better understand leprosy transmission. Our approach will combine spatial mapping, leprosy screening, and qualitative research.

A further study in India will explore whether environmental reservoirs contribute to transmission. Alongside mapping, methods will include environmental sampling and molecular diagnostics.

Our 2026 advocacy priorities include:

- Raising awareness of leprosy and NTDs, both in the UK and around the world.
- Calling for investment in NTD programmes and research.
- Amplifying the voices of people affected by leprosy on national and international platforms.

Image: Research is helping us reduce discrimination, prevent disability, and stop the spread of leprosy. Pictured is the lab at Champa Hospital in India. © Sabrina Dangol

Structure and governance

Founded in 1874, The Leprosy Mission Great Britain is a charitable company limited by guarantee.

A revised Memorandum and Article of Association was signed on 9 October 2005 and updated on 27 April 2024.

The charity number is 1050327; the company number is 03140347, registered in England and Wales.

Connected charities

TLMGB is an autonomous charitable company. We are a member of The Leprosy Mission's Global Fellowship alongside 27 international members and affiliates.

Project proposals are evaluated and approved by TLMGB and a Global Fellowship working group, supported by The Leprosy Mission International (TLMI). TLMI, a connected charity with common values, is the secretariat of the Global Fellowship.

In 2025, some grants were made to overseas partners through TLMI. These totalled £4,550,721 (2024: £4,400,760). Grants paid directly to overseas partners totalled £1,539,493 (2024: £1,376,023).

On 3 July 2018, The Leprosy Mission Isle of Man was incorporated as a company limited by guarantee, under the Companies Acts 1931 to 2004 by the Department for Enterprise Isle of Man. Since formation, the charitable company has been a subsidiary of TLMGB.

TLM Isle of Man raised £36,907 in 2025 (2024: £47,134).

On 5 March 2009, the Leprosy Mission Scotland was incorporated as a company limited by guarantee under the Companies Act 1985. On 31 December 2023, The Leprosy Mission Scotland became a subsidiary of TLMGB.

Image: Ousmane faced heartbreaking rejection from his family when he was diagnosed with leprosy. He is blind because of the disease, and still struggles with ulcers. But at Danja Hospital in Niger, he receives the care he needs and the compassion he deserves.

Governance

Statement of the Trustees' responsibilities

The Trustees (who are also directors of TLMGB for the purposes of company law) are responsible for preparing the Annual Report and the accounts in accordance with the law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Charity law requires the Trustees to prepare accounts which give an honest and fair view of:

- the affairs of the charity
- the incoming resources and application of resources of the charity

In preparing these accounts, the Trustees have:

- Selected suitable accounting policies and applied them consistently.
- Adhered to the methods and principles in the Charities SORP.
- Made reasonable and prudent judgements and estimates.
- Stated whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts.
- Prepared the accounts on a going concern basis (unless it is inappropriate to presume that the charity will continue in operation).
- Kept sufficient accounting records that disclose with reasonable accuracy at any time the financial position of the charity.
- Kept sufficient accounting records that ensure compliance with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008, and the provisions of the trust deed.
- Safeguarded the assets of the charity, taking reasonable steps to prevent and detect fraud and other irregularities.

As far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Trustees have taken all reasonable steps to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The Board of Trustees met three times during 2025. Trustees are encouraged to serve on one or more of the four Board

Image: Medics at DBLM Hospital in Bangladesh preparing for reconstructive surgery. © Trevor Grant

subcommittees: Finance and Planning, Personnel and Bursaries, Programmes, and Fundraising. These subcommittees meet on average three times a year. They have no delegated authority and bring recommendations to the full Board.

New Trustees are appointed by existing Trustees and serve for three years. After this, they may put themselves forward for reappointment. The trust deed provides for five to 15 Trustees. Existing Trustees provide induction training, supported by senior staff. This includes safeguarding training and a visit to the national office. They are also encouraged to visit our work overseas to get a better understanding of the organisation and our impact.

Interests of the Trustees

The charity does not have share capital and is limited by guarantee.

Risk review

The Trustees have a formal risk management strategy to assess business risks annually. They have identified and assessed the major risks for the charity, in particular those related to operations and finances. The Trustees are satisfied that systems are in place to mitigate the charity's exposure to these risks.

Management structure

The Board-appointed CEO is responsible for strategy, planning, and daily management of operations. The CEO is supported by the senior management team (SMT), which has delegated authority for day-to-day operations.

The CEO reports to the Trustees on progress on our strategy. The CEO and appropriate members of the SMT report at Board subcommittee meetings.

In 2025, the TLM Global Fellowship introduced a new Global Strategy. Following this, we worked with people affected by leprosy, partners, and staff to develop our 2025-2030 strategy.

There is a policy for setting the CEO's remuneration. The chairs of the Board of Trustees and Personnel Committee annually appraise the CEO's performance. Any salary increase is established in line with the pay scheme applied to all staff.

The Trustees have complied with the duty in Section 17 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. Systems of internal control are designed to provide reasonable, but not absolute, insurance against misstatement or loss. These include:

- The corporate strategic plan approved by the Trustees.
- Quarterly consideration by the Trustees of the management accounts, variance from budgets, and non-financial performance indicators.
- Delegation of authority and segregation of duties.
- Identification and management of risks.

Fundraising governance

Both staff and volunteer speakers carried out fundraising activities in 2025.

We are registered with the Fundraising Regulator, and fully comply with the Fundraising Code of Practice and Requirements. All fundraising staff receive training in relevant areas of the Code for their role.

We comply with the General Data Protection Regulation (GDPR), and all staff receive appropriate GDPR training. All fundraising materials include contact details so that supporters can inform us of their communications preferences. We also fully comply with the Fundraising Preference Service and Telephone Preference Service.

We work with external commercial partners such as Will writers and printers. We have appropriate data processing agreements and/or non-disclosure agreements in place.

In 2024, we received no fundraising complaints from our donors.

The Fundraising Committee allows Trustees to engage with fundraising activities and ensure legal requirements are met. The committee met with senior staff three times in 2025 and reports to the Board.

We prioritise the safeguarding of our clients, staff, and supporters. All staff and volunteers must follow our Fundraising and Vulnerable People Policy.

We value our supporters' opinions, and regularly seek feedback to ensure that we meet their needs.

Honorary Presidents and Vice Presidents

Our Honorary Vice Presidents (see page 2) are generous with their time and are committed to raising awareness and supporting those affected by leprosy. We are extremely grateful for their invaluable support.

Safeguarding

We take safeguarding seriously, with zero tolerance for any form of abuse. Our safeguarding policies are regularly reviewed, and include:

- Safeguarding policy and procedures for protecting children and vulnerable adults
- Bullying and harassment policies and procedures
- Whistleblowing policy and procedures
- Recruitment and selection policy and procedures
- Internal audit procedures
- Project development and approval documents
- Project monitoring and evaluation guidelines
- Risk management policies and procedures

We contract an independent whistling service, Safecall. This is accessible to all TLM Global Fellowship members, including TLMGB, should anyone not want to use internal reporting systems.

In 2025 at TLMGB

Safeguarding continued as a standing item on all SMT, Personnel Committee, and Board meeting agendas.

Our Safeguarding Advisor and Designated Safeguarding Lead (DSL) continued to work with DSLs in the countries we support. This included building safeguarding capacity, and providing advice and guidance.

Safeguarding training is compulsory for all new staff, Trustees, and volunteers at TLMGB and The Leprosy Mission Shop (a separate company residing in our building). Staff and volunteers then receive regular refresher training throughout their time with TLMGB.

In 2025, we revised our Safeguarding Policy and Procedures and Code of Conduct. Staff (including TLM Shop staff) received training on the new Policy.

Two safeguarding concerns were communicated to TLMGB, and appropriate action was taken. Neither were at a level reportable to the Charity Commission.

Safeguarding in our implementing countries

All our implementing partners are required to have adequate safeguarding policies and procedures in place, including a staff code of conduct. These are reviewed by our Safeguarding Advisor, who works with our partners to ensure that staff have appropriate training and that feedback mechanisms are in place.

When any safeguarding issue is raised, we work with the Designated Safeguarding Officer at TLM International to ensure that the appropriate investigations and actions are carried out. When necessary, we report on to the Charity Commission.

Image: Dipendu is studying to be an electrician at Bankura Vocational Training Centre, India. Thank you for providing young people affected by leprosy with life-changing opportunities! © Sabrina Dangol

Financial summary

Reserves policy

We maintain unrestricted funds (free reserves) that provide sufficient working capital to continue existing work and develop new activities. Our policy does not include designated funds set aside for specific purposes.

Our free reserves policy requires TLMGB to hold sufficient funds to meet between three- and five-months' expenditure. This ensures we can react to the growing and urgent needs of our implementing partners.

Our total reserves as of 31st December 2025 were:

Restricted funds: £4,490,332
Designated funds: £3,241,872
Free reserves: £4,337,939
Total: £12,070,143

The free reserves as of 31 December 2025 were £4,337,939. This was £67,323 over the range of between three- and five-months expenditure. In January 2026 we remitted £1.2 million for leprosy mission projects globally, bringing our free reserves down to £3,576,835.

We are confident that we will meet pension contributions from our projected income without significantly impacting on planned charitable activities. We continue to calculate our free reserves without setting aside designated reserves for pension liabilities.

Grants making policy

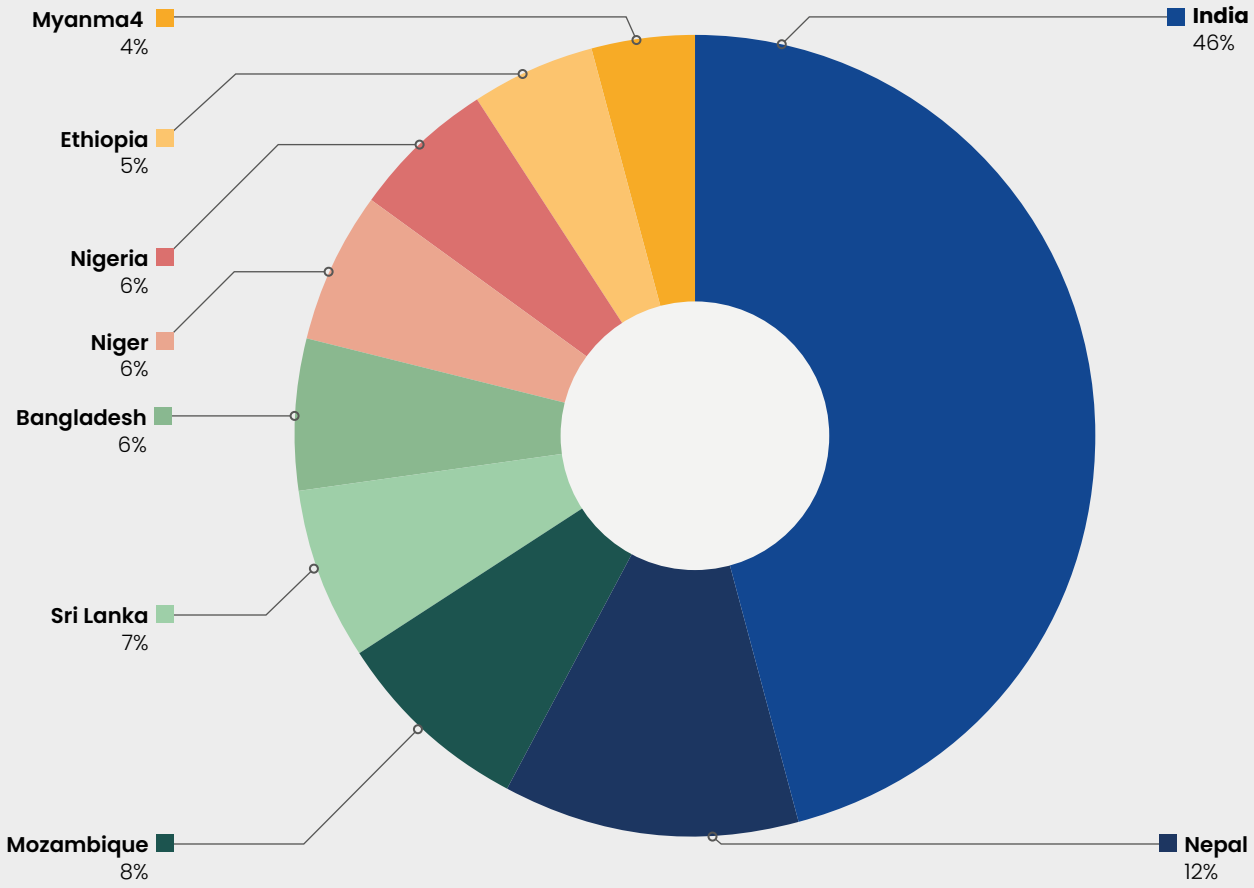
In 2025, we paid £6,090,214 (2024: £5,776,783) in overseas grants. Our programmes are implemented by partners which embody our values; many are members of the TLM Global Fellowship.

Partner programmes are managed by national staff. We also work with organisations outside of the Global Fellowship who can deliver a specific service to people who would otherwise be neglected. Non-TLM partners are particularly important in Sri Lanka, where there is no TLM office.

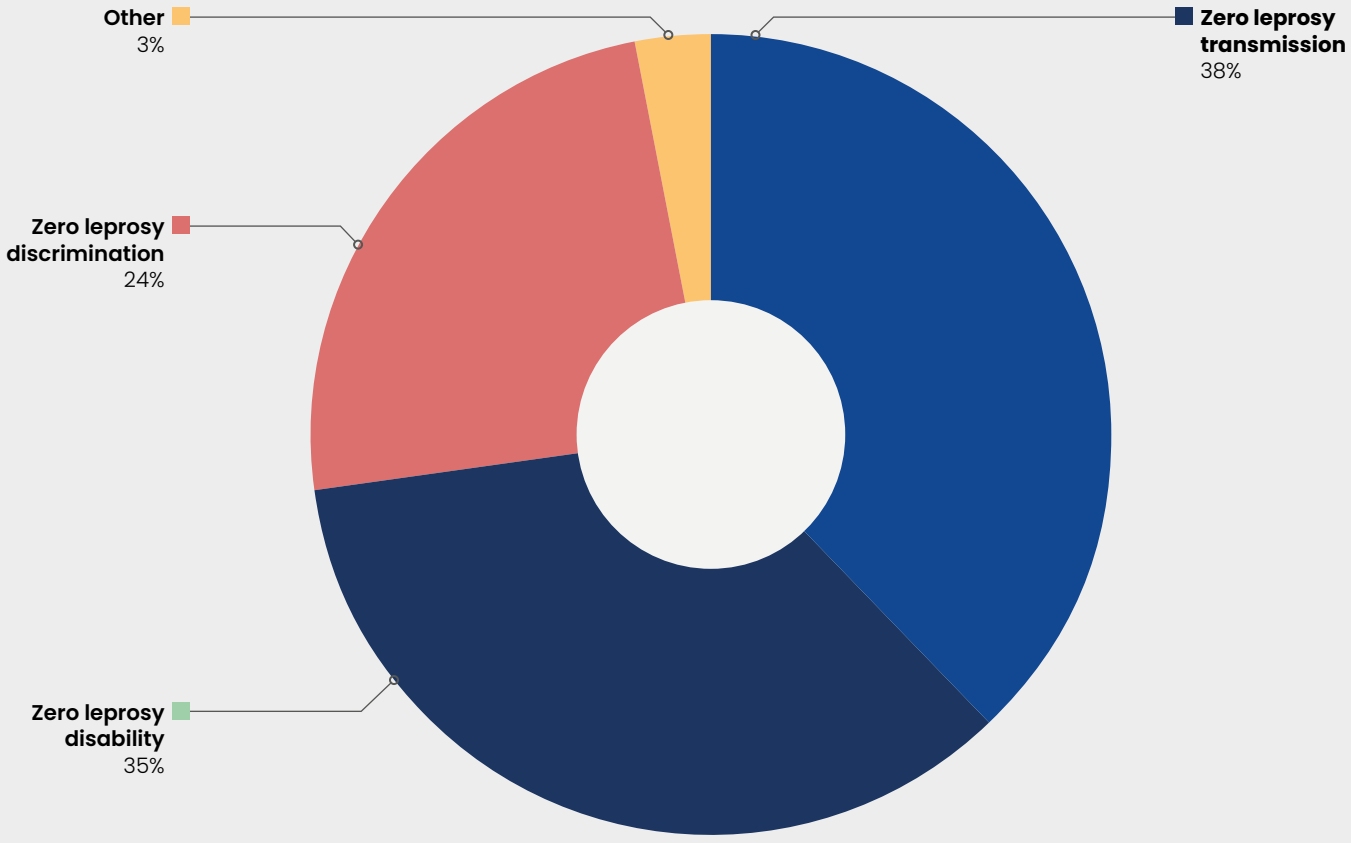
The Leprosy Mission supports disabled people, those affected by leprosy, and other ostracised groups to promote social inclusion. This includes working with people affected by other NTDs.

Image: Priya, 11, from Bangladesh was diagnosed with leprosy three years ago. Her neighbour, part of a Leprosy Mission-supported self-help group, recognised the signs of the disease. Priya quickly got the treatment she needed, and has made a full recovery.

Percentage spent by country



Percentage spent by focus area



Financial summary

The full statement of financial activities follows the Independent Auditors' Report. Highlights include:

- Total income from all sources was £10,451,654 (2024: £11,335,797).
- Expenditure for direct charitable activity was £7,455,102 (2024: £7,169,378).
- Fundraising costs amounted to £3,094,383 (2024: £2,785,409).
- Revenue from legacies was £3,327,855. This represents 33.1% of total voluntary income (2024: £3,832,800 or 34.9%).
- Community fundraising provided £945,915, an 8.3% increase from 2024 (£873,340).
- Income from individual supporters was £3,716,404, a 5.2% decrease from 2024 (£3,921,614)
- Grants from trusts, foundations, corporations, and other organisations amounted to £435,503 (2024: £324,739). Significant donations were received from: The Kitty Powell Trust, The St Lazarus Charitable Trust, The Kirby Laing Foundation, The A&N Christian Trust, The Lucy Ellen Allsop Memorial Fund, St Francis Leprosy Guild, Pikelock Trust, Hope Legacy Collective, Beyond Finance Charitable Trust, Eddie Dinshaw Foundation, The Torrs Charitable Trust, The Haramead Trust, MJB Charitable Trust, The Grace Charitable Trust, Criffel Charitable Trust, and Jersey Evangelical Trust.
- Income from government grants and institutions, including Foreign Commonwealth and Development Office, Guernsey Overseas Aid and Development Commission, Irish Aid (via The Leprosy Mission Northern Ireland), Leprosy Research Initiative, and the University of Birmingham totalled £412,089 (2024: £773,886). This represents 4.1% of income (2024: 6.8%)

Off balance sheet income generated for 2025 programmes with support from TLMGB for other member of the TLM Global Fellowship totalled approximately £439,378 (2024: £508,429).

TLMGB sourced income for TLM work that was remitted directly to the following countries in 2025. This raises the level of income in 2024 creditable to TLMGB to £439,378.67.

- TLM Northern Ireland, Dignity First: £107,985 (€130,000)
- TLM Northern Ireland, Project Olikanassa: £168,067.23 (€200,000)
- TLM India (Research on Interventions for Global Health Transformation (RIGHT) funded by the NIHR): £59,216.96
- TLM Nepal, (RIGHT, NIHR): £79,733.86
- TLM Nigeria, (RIGHT, NIHR): £24,375.62

This means that 28 pence in every pound was spent on the cost of raising funds.

Azets Audit Services acted as auditors for The Leprosy Mission Great Britain.

Signed on behalf of the Trustees

Charity registration number 1050327 (England and Wales)

Company registration number 03140347

THE LEPROSY MISSION GREAT BRITAIN AND ITS SUBSIDIARY UNDERTAKINGS

ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

THE LEPROSY MISSION GREAT BRITAIN AND ITS SUBSIDIARY UNDERTAKINGS

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF THE LEPROSY MISSION GREAT BRITAIN AND ITS SUBSIDIARY UNDERTAKINGS

Opinion

We have audited the financial statements of The Leprosy Mission Great Britain and its subsidiary undertakings (the 'charity') for the year ended 31 December 2025 which comprise the group statement of financial activities, the group and parent charity balance sheet, the group statement of cash flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group and parent charitable company's affairs as at 31 December 2025 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- the information given in the trustees' report for the financial year for which the financial statements are prepared, which includes the directors' report prepared for the purposes of company law, is consistent with the financial statements; and
- the directors' report included within the trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the strategic report and the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, the Trustees' (who are also the directors of the charitable company for the purposes of company law), are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the Trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities is available on the Financial Reporting Council's website at: https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud
Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above and on the Financial Reporting Council's website, to detect material misstatements in respect of irregularities, including fraud.

We obtain and update our understanding of the entity, its activities, its control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the entity is complying with that framework. Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the entity that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the entity through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Use of our report
This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Tracey Richardson BSc (Hons) FCA (Senior Statutory Auditor)
For and on behalf of Azets Audit Services, Statutory Auditor
Accountants

Westpoint
Lynch Wood
Peterborough
Cambridgeshire
PE2 6FZ

Date: .....

THE LEPROSY MISSION GREAT BRITAIN AND ITS SUBSIDIARY UNDERTAKINGS

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2025

Current financial year

	Notes	Unrestricted funds 2025 £	Restricted funds 2025 £	Total 2025 £	Total 2024 £
Income and endowments from:					
Donations and legacies	**3**	9,003,892	1,046,402	10,050,294	10,992,311
Income from investments	**4**	332,278	-	332,278	274,915
Other income	**5**	69,082	-	69,082	68,571
Total income		9,405,252	1,046,402	10,451,654	11,335,797
Expenditure on:					
Expenditure on raising funds	**6**	3,097,241	-	3,097,241	2,785,409
Expenditure on charitable activities	**7**	5,861,124	1,593,978	7,455,102	7,169,378
Total expenditure		8,958,365	1,593,978	10,552,343	9,954,787
Net gains/(losses) on investments	**13**	30	-	30	(85)
Net movement in funds		446,917	(547,576)	(100,659)	1,380,925
Fund balances at 1 January 2025		7,132,894	5,037,908	12,170,802	10,789,877
Fund balances at 31 December 2025		7,579,811	4,490,332	12,070,143	12,170,802

The statement of financial activities includes all gains and losses recognised in the year.

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

THE LEPROSY MISSION GREAT BRITAIN AND ITS SUBSIDIARY UNDERTAKINGS

STATEMENT OF FINANCIAL ACTIVITIES (CONTINUED) INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2025

YEAR ENDED 31 DECEMBER 2024

	Notes	Unrestricted funds 2024 £	Restricted funds 2024 £	Total 2024 £
Income and endowments from:				
Donations and legacies	**3**	8,319,861	2,524,005	10,992,311
Income from investments	**4**	274,915	-	274,915
Other income	**5**	68,571	-	68,571
Total income		8,811,792	2,524,005	11,335,797
Expenditure on:				
Expenditure on raising funds	**6**	2,785,409	-	2,785,409
Expenditure on charitable activities	**7**	4,975,293	2,194,085	7,169,378
Total expenditure		7,760,702	2,194,085	9,954,787
Net gains/(losses) on investments	**13**	(85)	-	(85)
Net movement in funds		1,051,005	329,920	1,380,925
Fund balances at 1 January 2024		6,081,889	4,707,988	10,789,877
Fund balances at 31 December 2024		7,132,894	5,037,908	12,170,802

THE LEPROSY MISSION GREAT BRITAIN AND ITS SUBSIDIARY UNDERTAKINGS

BALANCE SHEET

AS AT 31 DECEMBER 2025

Group and Charity	Notes	2025 £	2025 £	2024 £	2024 £
Fixed assets					
Tangible assets	**15**		296,614		326,297
Investments	**16**		583,710		583,680
			880,324		909,977
Current assets					
Debtors	**18**	1,875,435		1,613,112	
Cash at bank and in hand		9,571,030		10,276,960	
		11,446,465		11,890,072	
Creditors: amounts falling due within one year	**19**	(256,646)		(629,247)	
Net current assets			11,189,819		11,260,825
Total assets less current liabilities			12,070,143		12,170,802
The funds of the charity					
Restricted income funds	**22**		4,490,332		5,037,908
Unrestricted funds					
Designated funds	**21**	3,241,872		3,400,531	
General unrestricted funds		4,337,939		3,732,363	
			7,579,811		7,132,894
			12,070,143		12,170,802

The financial statements were approved by the Trustees on .....

.....
Mrs Anne Fendick - Chair
Trustee

.....
Mr Timothy Brooks - Treasurer
Trustee

Company registration number 03140347 (England and Wales)

THE LEPROSY MISSION GREAT BRITAIN AND ITS SUBSIDIARY UNDERTAKINGS

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2025

Group and Charity		2025 £	2025 £	2024 £	2024 £
Cash flows from operating activities					
Cash (absorbed by)/generated from operations	**29**		(1,038,208)		1,224,064
Investing activities					
Purchase of tangible fixed assets		-		(41,946)	
Investment income		332,278		274,915	
Net cash generated from investing activities			332,278		232,969
Net cash used in financing activities			-		-
Net (decrease)/increase in cash and cash equivalents			(705,930)		1,457,033
Cash and cash equivalents at beginning of year			10,276,960		8,819,927
Cash and cash equivalents at end of year			9,571,030		10,276,960

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2025

1 Accounting policies

Charity information

The Leprosy Mission Great Britain and its subsidiary undertakings is a private company limited by guarantee incorporated in England and Wales. The registered office is The Leprosy Mission, Goldhay Way, Orton Goldhay, Peterborough, PE2 5GZ, United Kingdom.

1.1 Accounting convention

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) effective 1 January 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiaries The Leprosy Mission Isle of Man and The Leprosy Mission Scotland on a line by line basis. Transactions and balances between the charitable company and its subsidiaries have been eliminated from the consolidated financial statements. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

The charitable company meets the definition of a public benefit entity under FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, modified to include certain items at fair value.

1.2 Going concern

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

1.3 Income

All incoming resources are included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably and it is probable that the income will be received.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled.

For legacies, entitlement is the earlier of the charity being notified of an impending distribution or the legacy being received. At this point income is recognised. On occasion legacies will be notified to the charity. However it is not possible to measure the amount expected to be distributed. On these occasions, the legacy is treated as a contingent asset and disclosed.

The charity receives government grants in respect of its activities. Income from government and other grants are recognised at fair value when the charity has entitlement after any performance conditions have been met, it is probable that the income will be received and the amount can be measured reliably. If entitlement is not met then these amounts are deferred.

1 Accounting policies **(Continued)**

Income from trading activities includes income earned from fundraising events and trading activities to raise funds for the charity. Income is received in exchange for supplying goods and services in order to raise funds and is recognised when entitlement has occurred.

Investment income is earned through holding assets for investment purposes such as shares and property. It includes dividends, interest and rent. Where it is not practicable to identify investment management costs incurred within a scheme with reasonable accuracy the investment income is reported net of these costs. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend and rent income is recognised as the charity's right to receive payment is established.

1.4 Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- Costs of raising funds;
- Expenditure on charitable activities; and
- Other expenditure represents those items not falling into the categories above.

Grants payable to third parties are within the charitable objectives. Where unconditional grants are offered, this is accrued as soon as the recipient is notified of the grant, as this gives rise to a reasonable expectation that the recipient will receive the grants. Where grants are conditional relating to performance then the grant is only accrued when any unfulfilled conditions are outside of the control of the charity.

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs, governance costs and other administrative costs.

The allocation of support costs includes an element of judgement and the charity has had to consider the cost benefit of detailed calculations and record keeping. The allocations shown are therefore the best estimate of the costs incurred in providing IT, payroll, finance and other central services for the charity. Cost allocation has been attributed on the basis of estimated time spent on each activity or if this is not appropriate then on a basis consistent with the use of resources.

1.5 Tangible fixed assets

Tangible fixed assets other than freehold land are stated at cost less depreciation. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows:

Freehold buildings	2 per cent of cost per annum
Improvements to property	10 per cent and 20 per cent of cost per annum
Fixtures, fittings & equipment	33 1/3 per cent of cost per annum
Motor vehicles	25 per cent of cost per annum

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in net income/(expenditure) for the year.

1 Accounting policies **(Continued)**

1.6 Fixed asset investments

Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Investment properties for which fair value can be measured reliably without undue cost or effort are measured at fair value at each reporting date with changes in fair value recognised in 'net gains / (losses) on investments' in the SoFA.

1.7 Debtors and creditors receivable/payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

1 Accounting policies **(Continued)**

1.10 Employee benefits

When employees have rendered service to the charity, short-term employee benefits to which the employees are entitled are recognised at the undiscounted amount expected to be paid in exchange for that service.

The company participates in a non-contributory multi-employer pension scheme, that has been closed to new members, providing benefits based upon career averaged revalued earnings. The company's pension contributions are determined by a qualified actuary on the basis of triennial valuations. The actuary has identified the proportion of the group scheme liability which is owed by The Leprosy Mission Great Britain. A provision has been included in the accounts and the contributions to reduce the deficit are accounted for when paid.

For defined contribution schemes the amount charged to the Statement of Financial Activities in respect of pension costs and other post-retirement benefits is the contributions payable in the year. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

1.11 Leases

Rentals payable under operating leases are charged against income on a straight line basis over the period of the lease.

1.12 Foreign exchange

Transactions denominated in foreign currencies are recorded at the rate ruling at the date of the transaction.

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at the rates of exchange ruling at the balance sheet date. All differences are included in net outgoing resources.

1.13 Fund accounting

Funds held by the charity are either:
i) Unrestricted general funds – these are funds which can be used in accordance with the charitable objects at the discretion of the Trustees.
ii) Designated funds – these are funds set aside by the Trustees out of unrestricted general funds for specific purposes or projects.
iii) Restricted funds – these are funds that can only be used for particular restricted purposes within the objects of the charity.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

2 Critical accounting estimates and judgements (Continued)

Key sources of estimation uncertainty

The estimates and assumptions which have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities are as follows:

Determining accrued legacy income - In some cases it is necessary to estimate accrued income for residuary legacies that the charity has received notification that is due to them. Judgement is applied by management to accrue any legacies that can be reliably quantified once probate has been granted.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

3 Donations and legacies

	Unrestricted funds £	Restricted funds £	Total 2025 £	Total 2024 £
Individual supporters	3,589,002	127,402	3,716,404	3,921,614
Donations through The Leprosy Mission Isle of Man	36,907	-	36,907	47,134
TLM Trading income	235,516	362,823	598,339	583,865
Legacies receivable	3,327,855	-	3,327,855	3,832,800
Government and institutions	-	412,089	412,089	773,886
Community fundraising	905,044	40,871	945,915	873,340
Trusts and foundations	332,286	103,217	435,503	324,739
Gift Aid	577,282	-	577,282	637,933
For the year ended 31 December 2025	9,003,892	1,046,402	10,050,294	10,992,311
For the year ended 31 December 2024	8,468,306	2,524,005		10,992,311
Grants receivable for core activities included in the above				
Guernsey Overseas Aid & Development Commission	-	138,723	138,723	5,000
Leprosy Research Initiative (LRI)	-	68,060	68,060	50,216
FCDO Aid Match Mission Zero	-	173,745	173,745	602,128
Comic Relief	-	-	-	56,792
Irish aid	-	-	-	10,560
University of Birmingham - Applied Health Research	-	5,623	5,623	49,190
The Leprosy Mission Northern Ireland	-	24,449	24,449	-
Other grants	-	1,489	1,489	-
Grants from Governments and Institutions	-	412,089	412,089	773,886
A & N Christian Trust	19,000	-	19,000	-
Bairdwatson Charitable Trust	-	-	-	28,996
The Kirby Laing Foundation	-	25,000	25,000	25,000
The St Lazarus Charitable Trust	-	52,367	52,367	45,141
The Betty Graham Clark Family Protection Trust	-	-	-	26,003
The Lucy Ellen Allsop Memorial Fund	10,740	-	10,740	-
The Kitty Powell Trust	173,954	-	173,954	-
The Torrs Charitable Trust	-	10,000	10,000	-
James Tudor Foundation	-	-	-	12,074
St Francis Leprosy Guild	-	10,000	10,000	13,395
Z V M Rangoonwala Foundation	-	-	-	12,500
Other grants	203,694	97,367	301,061	163,109
	203,694	509,456	713,150	936,995

Co-funding for FCDO funded projects was provided from other donors. The corresponding expenditure is included within grants payable (see note 8).

4 Income from investments

	2025 £	2024 £
Rental income	10,500	10,395
Income from listed investments	129	127
Interest receivable	321,649	264,393
	332,278	274,915

Income from investments is attributable to unrestricted funds.

5 Other income

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Other income	69,082	68,571

6 Expenditure on raising funds

	2025 £	2024 £
Costs of generating voluntary income		
Fundraising appeals	1,079,362	982,105
Marketing and communications	297,262	194,710
Community fundraising and volunteering	64,607	92,015
Staff costs	1,653,152	1,514,839
Costs of generating voluntary income	3,094,383	2,783,669
Investment management	2,858	1,740
	3,097,241	2,785,409

7 Expenditure on charitable activities

	2025 £	2024 £
Staff costs	213,905	239,133
Advocacy	11,202	13,545
Projects - UK costs	73,063	68,653
	298,170	321,331
Grant funding of activities (see note 8)	6,090,214	5,776,783
Share of support costs (see note 9)	982,605	967,658
Share of governance costs (see note 9)	84,113	103,606
	7,455,102	7,169,378
Analysis by fund		
Unrestricted funds	5,861,124	4,975,293
Restricted funds	1,593,978	2,194,085
	7,455,102	7,169,378

8 Grants payable

	2025 £	2024 £
Grants to institutions:		
The Leprosy Mission International, Brentford, UK	4,550,721	4,400,760
TLM Trust India	36,289	-
Stepping Stones	31,824	30,125
Brighter Future India	418,622	101,334
TLM Mozambique	196,058	520,027
TLM Nepal	211,489	155,967
TLM Nigeria	248,565	239,426
TLM Ethiopia	184,024	169,433
Article 25	-	21,920
Leiden University Medical Centre	123,621	88,324
Other	89,001	49,467
	6,090,214	5,776,783

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

9 Support costs

	Support costs	Governance costs	2025	2024
	£	£	£	£
Staff costs	618,071	36,324	654,395	652,708
Depreciation and loss on disposal of fixed assets	29,683	-	29,683	30,527
Management, finance and administration	268,211	-	268,211	247,806
Facilities	66,640	-	66,640	70,424
Audit fees	-	12,600	12,600	12,000
Legal and professional	-	35,189	35,189	42,259
Restructuring costs	-	-	-	15,540
	982,605	84,113	1,066,718	1,071,264

10 Net movement in funds

	2025	2024
	£	£
The net movement in funds is stated after charging/(crediting):		
Fees payable for the audit of the charity's financial statements	12,600	12,000
Depreciation of owned tangible fixed assets	29,683	30,527

11 Trustees' and key management personnel remuneration and expenses

None of the Trustees (or any persons connected with them) received or waived any remuneration during the year. The Chief Executive Officer of The Leprosy Mission Great Britain is the company secretary.

The total amount of employee benefits received by key management personnel is £331,227 (2024 - £312,348). The charity considers its key management personnel comprises of the Senior Management Team.

During the year five Trustees were reimbursed expenses totalling £805 (2024 - seven Trustees were reimbursed expenses totalling £1,969).

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

12 Employees

Number of employees

The average monthly number of employees and full time equivalent (FTE) during the year was:

	2025 Number	2025 FTE	2024 Number	2024 FTE
Management and administration	16	14	15	14
Fundraising and publicity	27	25	24	22
Project support and development	10	10	12	12
	53	49	51	48

Employment costs	2025 £	2024 £
Wages and salaries	1,993,580	1,926,171
Social security costs	241,443	202,337
Other pension costs	204,527	197,295
	2,439,550	2,325,803
Other staffing costs	81,902	80,877
	2,521,452	2,406,680

Included in the above are redundancy costs of £14,500 (2024 - there are no redundancy costs in the year).

The number of employees whose annual remuneration was £60,000 or more were:

	2025 Number	2024 Number
£60,000 - £70,000	2	2
£90,001 - £100,000	1	1

Pension contributions of £33,369 (2024 - £25,766) were made to Aviva on behalf of three (2024 - three) higher paid employees.

13 Net gains/(losses) on investments

	Unrestricted funds 2025 £	Unrestricted funds 2024 £
Revaluation of investments	30	(85)

14 Taxation

The company is a registered charity and as such, for taxation purposes, is entitled to exemption from United Kingdom taxation under section 505 of the Income and Corporation Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992.

15 Tangible fixed assets

Group and Charity

	Land and buildings £	Improve-ments to property £	Fixtures, fittings & equipment £	Motor vehicles £	Total £
Cost					
At 1 January 2025	427,519	84,119	343,164	27,950	882,752
At 31 December 2025	427,519	84,119	343,164	27,950	882,752
Depreciation and impairment					
At 1 January 2025	160,708	62,799	317,898	15,050	556,455
Depreciation charged in the year	5,700	9,698	10,685	3,600	29,683
At 31 December 2025	166,408	72,497	328,583	18,650	586,138
Carrying amount					
At 31 December 2025	261,111	11,622	14,581	9,300	296,614
At 31 December 2024	266,811	21,320	25,266	12,900	326,297

16 Fixed asset investments

Group and Charity

	Listed investments	Investment properties	Total
	£	£	£
Cost or valuation			
At 1 January 2025	2,680	581,000	583,680
Valuation changes	30	-	30
At 31 December 2025	2,710	581,000	583,710
Carrying amount			
At 31 December 2025	2,710	581,000	583,710
At 31 December 2024	2,680	581,000	583,680

The fair value of the investment property has been arrived at by a formal valuation on an open market value basis.

The fair value of listed investments is determined by reference to the quoted price for identical assets in an active market at the balance sheet date.

17 Financial instruments

Group and Charity

	2025	2024
	£	£
Carrying amount of financial assets		
Legacies receivable	1,497,796	1,169,489
Income tax recoverable	80,741	94,926
Other debtors	107,746	236,834
Bank and cash	9,571,030	10,276,960
Measured at cost	11,257,313	11,778,209
Listed investments	2,710	2,680
Measured at fair value	2,710	2,680
Carrying amount of financial liabilities		
Other taxation and social security	49,854	44,894
Trade creditors	115,381	442,232
Measured at cost	165,235	487,126

18 Debtors

Group and Charity

Amounts falling due within one year:	**2025 £**	**2024 £**
Legacies recoverable	1,497,796	1,169,489
Income tax recoverable	80,741	94,926
Other debtors	107,746	236,834
Prepayments and accrued income	189,152	111,863
	1,875,435	1,613,112

19 Creditors: amounts falling due within one year

Group and Charity	**2025 £**	**2024 £**
Other taxation and social security	49,854	44,894
Trade creditors	115,381	442,232
Other creditors	3,622	-
Accruals	87,789	142,121
	256,646	629,247

20 Pension and other post-retirement benefit commitments

Defined contribution schemes

A group personal pension scheme (GPP) has been set up with AVIVA (formerly Friends Life). The Leprosy Mission Great Britain makes an employer's contribution of 10% of the monthly pensionable salary to AVIVA.

The assets of the scheme are held separately from those of the company in an independently administered fund.

The group personal pension Scheme (GPP) is a defined contributory pension arrangement set up by The Leprosy Mission as individual employee policy. When employees leave the organisation, they can move this policy to other employers and/or make their own contribution. This pension pot is invested in stocks and shares by the Insurance company and the member can draw their pension from the age of 55.

The charity's total pension cost for the year amounted to £215,577 (2024 - £197,295).

Defined benefit schemes

The company used to operate a non-contributory multi-employer pension scheme providing benefits based upon career-averaged re-valued earnings. The career averaged re-valued earnings scheme was closed to new members effective from 12 November 2007 and with effect from 31 March 2013 the scheme was closed to new accruals. The company's pension contributions are determined by a qualified actuary on the basis of triennial valuations.

The individual accounts of each of the participating employers need to reflect the obligation they have to the scheme. The scheme cannot identify each employer's share of the total scheme assets. Therefore, it is not possible to use defined benefit accounting for an individual company. Accordingly, the scheme is accounted for as if it is a defined contribution scheme.

The last actuarial valuation was made at 31 December 2021 using the projected unit valuation method and the market value of the assets represented 100% of the market value of the liabilities. After taking into account the results of the triennial valuation carried out as at 31 December 2021, the company has agreed to make an annual contribution of £5,800 to cover the administrative expenses of the scheme. This amount is payable with effect from 1 January 2023 payable in equal monthly instalments for a period of three years, into the Special Pension Account held by The Leprosy Mission International.

FRS102 requires an entity that has entered into an agreement to reduce the historic deficit on a multiemployer pension scheme, to recognise the liability in accordance with FRS102 section 28.13 and 28.13A. The last valuation of the scheme was carried out with an effective date of 31 December 2021. This valuation revealed the Scheme was in surplus on the agreed Statutory Funding Objective basis agreed between the employers and the pension scheme trustees. As a result no recovery plan was required. Therefore the FRS102 liability as at 31 December 2025 is £nil (2024 - £nil).

On 30 April 2024 a buy-in transaction was agreed with Legal & General Assurance Society Limited securing the benefits of the whole membership of the Scheme.

On 13 February 2026 a Deed was signed to formally complete the wind-up of the Scheme.

All assets and liabilities were transferred out of the Scheme within the period and a Deed of Termination was executed on 13 February 2026 and the Scheme was closed as of 13 February 2026.

21 Designated funds

Group and Charity

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the Trustees for specific purposes:

		Movement in funds			
	Balance at 1 January 2025	Income	Expenditure	Transfers	Balance at 31 December 2025
	£	£	£	£	£
Tangible assets fund	907,297	-	(29,683)	-	877,614
Legacy reserve	1,300,000	-	-	200,000	1,500,000
Property reserve	468,600	-	-	-	468,600
Hardship fund	4,490	-	-	-	4,490
2 B or not 2 B	511,781	-	(181,620)	-	330,161
Dignity First	104,038	-	(104,349)	311	-
Odisha	104,325	283,654	(326,972)	-	61,007
	3,400,531	283,654	(642,624)	200,311	3,241,872

Previous year:	Balance at 1 January 2024	Income	Expenditure	Transfers	Balance at 31 December 2024
	£	£	£	£	£
Tangible assets fund	895,877	-	(30,526)	41,946	907,297
Legacy reserve	1,100,000	-	-	200,000	1,300,000
Property reserve	468,600	-	-	-	468,600
Hardship fund	4,490	-	-	-	4,490
2 B or not 2 B	618,372	-	(106,591)	-	511,781
Dignity First	158,000	-	(53,962)	-	104,038
Odisha	-	104,325	-	-	104,325
	3,245,339	104,325	(191,079)	241,946	3,400,531

21 Designated funds **(Continued)**

The Trustees have created a designated reserve in respect of the value of the tangible fixed assets and the fixed asset investment property as they are not freely available to spend as grants.

The legacy reserve has been created to help protect against the unpredictable future flows of legacy income.

The property reserve has been created from proceeds received from the sale of a property to fund any future property purchases.

The hardship fund has been set up for staff to apply to in case of financial difficulties. This has been funded by the Chief Executive.

The 2 B or not 2 B fund has been set aside from unrestricted funds to cover activities for which The Leprosy Mission Great Britain has a contract committing them to providing funding that is not funded by grants.

The Dignity First fund has been set aside from unrestricted funds to cover activities for which The Leprosy Mission Great Britain has a contract committing them to providing funding that is not funded by grants.

The Odisha fund has been set aside from unrestricted funds to cover activities for which The Leprosy Mission Great Britain has a contract committing them to providing funding that is not funded by grants.

22 Restricted funds

Group and Charity

The income funds of the charity include restricted funds comprising the following balances of donations and grants held on trust for specific purposes:

	At 1 January 2025	Incoming resources	Resources expended	At 31 December 2025
	£	£	£	£
Mission Zero - Mozambique (FCDO Aid Match)	(72,787)	175,065	(102,278)	-
Mission Zero - Mozambique Supporters Funds	1,985,386	-	(115,000)	1,870,386
TLM Trust India Staff Quarters Renovations	77,747	13,590	(91,337)	-
GOAC and NI Olikanassa - Mozambique	-	37,474	(48,603)	(11,129)
GOAC - Niger - Nema	-	26,999	(59,998)	(32,999)
LRI - WRAP (Research)	-	44,865	(44,865)	-
Dare to Dream	16,731	-	(16,731)	-
Nepal Emergency 2024 funds	778,266	30,706	-	808,972
Mycobacterial Research Laboratory	1,374,356	75	(54,141)	1,320,290
LRI - EMDR - Ethiopia	-	23,196	(46,199)	(23,003)
Nepal (supporters funds)	362,382	10,640	-	373,022
RIGHT 1	-	5,623	(5,623)	-
WLS - 2026 - Childrens Projects	-	20,000	-	20,000
GOADC - Nigeria - ProSkin	3,551	74,250	(87,087)	(9,286)
Bihar - India	71,653	22,042	(93,695)	-
Other income	440,623	561,877	(828,421)	174,079
	5,037,908	1,046,402	(1,593,978)	4,490,332

22 Restricted funds **(Continued)**

Previous year:	At 1 January 2024	Incoming resources	Resources expended	At 31 December 2024
	£	£	£	£
Mission Zero - Mozambique (FCDO Aid Match)	(46,688)	602,128	(628,227)	(72,787)
Mission Zero - Mozambique Supporters Funds	2,012,686	-	(27,300)	1,985,386
TLM Trust India Staff Quarters Renovations	49,457	103,290	(75,000)	77,747
Dare to Dream	12,579	5,801	(1,649)	16,731
Nepal Emergency 2024 funds	-	881,266	(103,000)	778,266
Mycobacterial Research Laboratory Construction at Anandaban	1,384,448	500	(10,592)	1,374,356
LRI - EMDR - Ethiopia	-	50,216	(50,216)	-
Nepal (supporters funds)	362,382	-	-	362,382
RIGHT 1	(30)	49,190	(49,160)	-
SFLG for Khoj project, Nepal	10,184	-	(10,184)	-
GOADC -Nigeria - ProSkin	24,750	-	(21,199)	3,551
Comic Relief - Open Mind	107,999	56,792	(164,791)	-
Bihar - India	562,095	71,936	(562,378)	71,653
Other income	228,126	702,886	(490,389)	440,623
	4,707,988	2,524,005	(2,194,085)	5,037,908

22 Restricted funds **(Continued)**

Mission Zero – Mozambique (FCDO Aid Match) - Mobilise communities and strengthening the health system in northern Mozambique to find and cure leprosy. This is paid in arrears by FCDO, pre financing was taken from TLMEW general funds and this has resulted in a negative restricted fund balance at the year end.

Mission Zero Aid Match Supporter funds - for mobilising communities and strengthening the health system in Africa.

TLM Trust India Staff Quarters Renovations - Refurbishment of staff quarters at TLM Trust India hospitals and Vocational Training Centres.

GOAC and NI Olikanassa - Mozambique - Improving the health and well-being of people affected by leprosy across 46 countries in Mozambique, increasing health-seeking behaviour and strengthening the health system.

GOAC - Niger - Nema - Renovation of Danja Hospital

LRI - WRAP (Research) - Mental Health Research in India and Nepal

WLS - 2026 - Childrens Projects - Funding for The Leprosy Mission Great Britain's projects that work with children across all the countries we support.

Dare to Dream - Supporting the strengthening of the health system in Ethiopia to more effectively diagnose, treat and manage leprosy complications.

Nepal Emergency 2024 funds - responding to the 2024 landslide and ensuring the future of leprosy services in Nepal.

Mycobacterial Research Laboratory construction at Anandaban will contribute to the construction of a new state-of-the-art research laboratory in Nepal.

LRI - EMDR - Ethiopia - Research into new approaches to mental health support.

Nepal (supporters funds) is funding from individual donors, in partnership with the UK Aid Match HEAL Nepal Campaign, and is to be used for projects in Nepal.

RIGHT 1 is a research project funded by NIHR and implemented in partnership with the University of Birmingham.

GOADC - Nigeria - ProSkin - Developing a new laboratory to provide services for diagnosis of skin diseases, including leprosy.

Bihar India - This funding is for leprosy work that benefits people affected by leprosy in the State of Bihar, India.

Other represents donations and grants given for specific purposes of The Leprosy Mission. All such income has either been remitted directly to overseas implementing partners or via TLM International in accordance with the restrictions of the donor.

TLMGB is working with TLM Nepal on planning for major construction work to mitigate the effects of the damage caused to facilities at Anandaban hospital during the landslide. This includes purchasing new land for the construction of the research laboratory, which is still in the planning and design stages. These funds will be utilised to support the design and construction work in 2026 and beyond.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 DECEMBER 2025

23 Analysis of net assets between funds

Group and Charity	Unrestricted funds 2025 £	Designated funds 2025 £	Restricted funds 2025 £	Total 2025 £
At 31 December 2025:				
Tangible assets	-	296,614	-	296,614
Investments	2,710	581,000	-	583,710
Current assets/(liabilities)	4,335,229	2,364,258	4,490,332	11,189,819
	4,337,939	3,241,872	4,490,332	12,070,143

	Unrestricted funds 2024 £	Material funds 2024 £	Restricted funds 2024 £	Total 2024 £
At 31 December 2024:				
Tangible assets	-	326,297	-	326,297
Investments	2,680	581,000	-	583,680
Current assets/(liabilities)	3,729,683	2,493,234	5,037,908	11,260,825
	3,732,363	3,400,531	5,037,908	12,170,802

24 Operating lease commitments

Lessee

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2025 £	2024 £
Within one year	3,403	3,403
Between two and five years	2,713	6,116
	6,116	9,519

25 Contingent assets

The charity has been notified of legacies with an estimated value of £2,190,000 which have not been recognised as income at 31 December 2025 because no notification of impending distribution or approval of estate accounts has been received.

26 Related party transactions

There were no disclosable related party transactions during the year (2024 - none).

27 Subsidiaries

The Leprosy Mission Isle of Man
On 3 July 2018, The Leprosy Mission Isle of Man was incorporated as a company limited by guarantee, under the Companies Acts 1931 to 2004 by the Department for Enterprise Isle of Man. Since formation the charitable company has been a subsidiary of The Leprosy Mission Great Britain.

The charitable company has been collecting donations during the course of the year, totalling £36,907 (2024 - £47,134), which have all been paid to The Leprosy Mission Great Britain.

The Leprosy Mission Scotland
The activities of TLM Scotland transferred to this charity on 31 December 2023 but they continue to be the recipient of legacies and have retained a bank account for that reason. The transfer of activities means that TLM Scotland pass those legacies directly to this charity and do not recognise either the income or expenditure in their accounts on the basis that they are acting as agent for The Leprosy Mission Great Britain. This charity therefore treats the income as legacy income in these accounts.

During the year legacies of £137,046 (2024 - £53,940) were received and passed over to The Leprosy Mission Great Britain.

28 Analysis of changes in net funds

	At 1 January 2025	Cash flows	At 31 December 2025
	£	£	£
Cash at bank and in hand	10,276,960	(705,930)	9,571,030
	10,276,960	(705,930)	9,571,030

29 Cash generated from operations

	2025	2024
	£	£
(Deficit)/surplus for the year	(100,659)	1,380,925
Adjustments for:		
Investment income recognised in statement of financial activities	(332,278)	(274,915)
Fair value gains and losses on investments	(30)	85
Depreciation and impairment of tangible fixed assets	29,683	30,527
Movements in working capital:		
(Increase)/decrease in debtors	(262,323)	31,389
(Decrease)/increase in creditors	(372,601)	56,053
Cash (absorbed by)/generated from operations	(1,038,208)	1,224,064

Image: Leprosy and economic crisis meant Vavi from Sri Lanka struggled to feed her family. Our partners helped her plant nutritious crops, and now she and her family are thriving. © Mahinthan Someswarapillai

The Leprosy Mission

Registered with FUNDRAISING REGULATOR

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