

ABSTRACT

Background

Border malaria refers to the transmission of malaria that occurs across or along borders between countries sharing a land border. Nepal is one of the 25 countries aiming to become malaria-free by 2025. The National Malaria Strategic Plan of Nepal focuses on year-round border screening for malaria. This study aims to examine the obstacles and facilitators in the implementation of malaria screening at point of entry health desks on the Nepal-India border.

Methods

We used a concurrent mixed-method approach guided by an implementation fidelity framework. We observed the implementation of malaria screening at three Point of Entry health desks in Sudurpaschim and Lumbini province along the Nepal-India border. Secondary data from the National Malaria Program and registers from the health desks were collected to identify malaria cases and testing trends. Qualitative interviews were conducted with health workers at border posts, authorities at provincial health directorates, local level officials, district health offices, the Epidemiology and Disease Control Division, and malaria suspected and confirmed migrant population. Thematic analysis was performed for the qualitative data, and triangulation was done to explain the secondary data.

Results

Fluctuating testing rates over two consecutive years was attributed to discontinuation of testing and the presence of multiple entry points. Between March 2021 and December 2022, a total of ten malaria cases were identified at entry points located within two provinces. Adherence to protocols for malaria screening was partially followed, with variation in the criteria applied to suspected migrant population. Challenges in screening migrants included logistical issues, frequent turnover of the security personnel, lack of support from transportation authority, and inconvenient health desk placement. We found the problem among health workers in dealing with large migrant flows, ensuring their safety, and engaging them during waiting time. Moreover, factors such as inadequate awareness campaigns, fear of losing belongings, illiteracy, and discomfort experienced after long journeys further increased the burden among migrants. Presence of equipped health desks, perceived risk among migrants, multi-tier support from relevant organization, satisfaction in work among health workers and periodic evaluation conducted at local health facilities facilitated the screening procedures.

Conclusion

The screening and identification capacity for malaria cases among migrants at the border need to be strengthened through by consistently prioritizing the detection of malaria cases, updating the screening criteria, improving coordination at all levels, and raising awareness among the migrant population.

Keywords: Border malaria, screening, implementation, fidelity