

## 4.5. French Guiana

The presentation of French Guiana was “How a Joint Border Project Can Support the RBM National Plans of Action of Suriname and French Guiana”. The project’s general objective is the improvement of the control of communicable diseases and malaria in indigenous populations living in the upper-Maroni River Basin.

Project Maroni was launched in October 1999 in Lima, Peru. This was followed by a meeting in Maripasoula, French Guiana, the elaboration of a plan of action, the identification of the mission ahead, the signing of an agreement and the establishment of a starting date- January 2001.

French Guiana has 160,000 inhabitants, 10% are indigenous and 12% live in malarious areas. They had 5,307 cases of malaria in 1999, 90% of them came from areas with indigenous population, and 70% from the Maroni Basin. *P. falciparum*, 100% resistant to chloroquine is responsible for 80% of all malaria cases. The Maroni River is known as the Marowijne in Suriname.

Malaria in French Guiana (1999): Epidemiological Map by Risk Levels, is presented in Annex 1, Figure 5.

### *Why is a joint border project crucial?*

- 70 % of all malaria cases in each country are reported in the Maroni River basin
- API >300. It is the highest API in the Americas
- Epidemiologically, the Maroni River is not a boundary but a common vein of life.
- Same ethnic groups live on both sides of the river.
- Health services on both sides of the river are not appropriate for mobile populations.
- The project is a catalyst for future collaboration “bridge building”.

### *Technical and Legal Aspects of the Project*

- The project aims at providing Suriname and French Guiana with a framework of partnership in health, pertaining to the upper-Maroni area.
- It provides an organized cooperative structure between various departments, services and agencies involved in Communicable Disease Control in both countries.
- It is a Government to Government Cooperation Agreement through the Ministries of Foreign Affairs

### *Specific Objectives*

- to strengthen the Epidemiological Surveillance
- to strengthen the Laboratory capabilities
- to coordinate control and prevention activities between Suriname and French Guiana

*The following points were highlighted:*

- Ninety percent of all reported malaria cases come from indigenous areas from which 70% comprise the area bordering Suriname.
- More than 80% of all cases are caused by *P. falciparum*, resistant to chloroquine; An API over 300 was reported.
- The project, with a planned duration of three years, will begin in the year 2001. 10 million dollars have been designated to this project on behalf of the Ministries of Health of Suriname, French Guiana and the Government of France.
- Surveillance, the first component of the project, will focus on establishing a health information system, developing the capacity to respond to epidemics, developing a shared GIS, establishing sentinel sites, studying antimalarial drug-resistance, studying transmission among miners- with special interest in neighboring Amerindian communities- and coordinating entomological studies.
- Diagnosis, the second component, will focus on strengthening the diagnostic capacity at all levels and enabling the involvement of reference laboratories.
- Coordination, the third component, will emphasize the coordination of anti-vector activities among countries, resulting from the different interventions currently being implemented on both sides of the border. This component includes the development of surveys (KAP), development of common health education messages in local dialects, coordination of vector control activities and improvement of patient care.
- Due to the high incidence of Yellow Fever in this area, the project also includes a component for this disease.