MONITORING REPORT FOR GUAM AND THE NATIONAL STRATEGIES FOR HEALTH FOR ALL 1985-1987

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Ref.: (WP)HFA/P8/61/6

Dear Sir:

Enclosed is the monitoring report for Guam on the National Strategies for Health For All for the 3-year period from 1985 to 1987.

I apologize for the very late submission of this report. I hope this will help make a complete picture of the progress of the implementation of the health program in the region.

Your usual consideration and cooperation are highly appreciated.

Sincerely,

LETICIA V. ESPALDON, M.D.

LETICIA V. ESPALDON, M. D.
Director

Enclosure

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cc.: Director 's Chrono
MSS
Governor's Office

ITEMS FOR MONITORING NATIONAL STRATEGIES FOR HEALTH FOR ALL

I. MONITORING AND EVALUATION

Governments will need to know if they are making progress in the implementation of their strategies, and whether these strategies are having the desired effect in improving the health status of the people. To this end countries will need to introduce, if they have not already done so, a process of monitoring and evaluation that is appropriate to their needs as part of their managerial process for national health development. Whatever the precise nature of the process, it should include monitoring progress in carrying out the measures decided upon, and the assessment of their effectiveness and impact on the health and socioeconomic development of the people.

ITEM 1. MONITORING PROCESS AND MECHANISMS

1.1 Has a monitoring process been introduced at all levels of the health system? If not, what are the main deficiencies and difficulties?

Yes. The Guam Health Planning and Development Agency (GHPDA) prepared an Annual Implementation Plan which identified the priority objectives, resource requirement, necessary legislative action and reports on the progress of previous AIP's. Unfortunately in 1987 centralized monitoring stopped because the GHPDA was abolished.

Monitoring was then done by each agency through:

1. The development and implementation of the annual budget request.
2. Quarterly and annual reports which reflect the expected output and achievement of objectives.
3. Bureau of Planning's report on status and progress of the GHPDA AIP and the 1990 Health Objectives.

1.2 For which of the global indicators (and regional indicators, if applicable) is information not easily available? If not, what are the main difficulties?

Global Indicator No. 4 information is not available. There is no policy for the Territory of Guam that dictates that 5% of its Gross Island Product (GIP) be spent on health.

1.3 What have been the main difficulties and obstacles in improving information support for the monitoring of the national strategy? What major actions have been taken since 1985 to overcome these?

The major obstacle in monitoring was the phasing out of the GHPDA. Other obstacles were inadequate financial and personnel resources. No major actions were taken since the problems remain the same; except for the transfer of GHPDA responsibilities to the Bureau of Planning.

II. NATIONAL HEALTH POLICIES AND STRATEGIES

The Strategy for Health for All is based on the concept of countrywide health systems based on primary health care as described in the report of the International Conference on Primary Health Care, Alma-Ata, 1978. It relies on concerted action in the health and related socioeconomic sectors following the principles of the Alma-Ata Declaration. The Strategy is equally valid for all countries, developing and developed alike; at the same time, it lays particular emphasis on the needs of developing countries.

The fundamental policies embodies in the Strategy for Health for All are outlined in the Global Strategy. These policies call for: the political commitment of the state as a whole; coordinated efforts of social and economic sectors concerned with national and community development; and equitable distribution of resources both within and among countries; community involvement in the shaping of its own health and socioeconomic future; and technical and economic cooperation among countries.

ITEM 2: NATIONAL HEALTH POLICIES

2.1 What are the principal thrusts of the national health policies? In which way are these reflected in the overall national development policies?

In 1986 the Department of Public Health and Social Services (DPH&SS) Office of Health Education was appointed by the Governor to spearhead the development of Governor's Health Promotion/Disease Prevention: Guam Health Objectives for 1990 and Beyond. The development and implementation of Guam's Health Objectives was adopted in September 1987 during the Governor's Conference on Health Promotion/Disease Prevention and is currently the main thrusts for national health policies. The Health Objectives cover three major health categories: Preventive Health Services; Health Prevention; and Health Promotion.

2.2. What, if any, revisions or additions to the existing policies have been made since 1985? Which aspects require further strengthening?

The development and implementation of the Governor's Health Promotion/Disease Prevention: Guam Health Objectives for 1990 and Beyond. (Please note that Guam's Health Objectives for 1990 and Beyond is in consonance with WHO "Health for All by the Year 2000").

Areas for further strengthening are: health data collection and analysis; and the development of a common core data-base for health care providers on Guam.

Global indicator 1 - Health for all has received endorsement as policy at the highest official level.

2.3 What is the evidence of continuing political commitment for Health for All at the highest official level?

Approval by the Governor and the community of the Health Objectives for 1990 and Beyond on September 1987.

2.4 What obstacles, if any, have impeded the development of national health policies for them to be in line with the policy of Health for All, and what measures are being taken to overcome these obstacles?

None that are very obvious. At the present stage of development that the Territory is in, economic development seems to hold a higher priority in policy decisions.

ITEM 3. NATIONAL HEALTH-FOR-ALL STRATEGIES

3.1 Have the national strategy and plan of action been updated since 1985? To which period do they correspond: How are they reflected in the national development plan?

Yes. 1987 to 1990 and Beyond (2000).

The Guam National Health Development Plan of 1985 is the basis of the Guam Health Objectives for 1990 and Beyond.

3.2 If such a national strategy for achieving health for all had not been elaborated before 1985, has this been clearly outlined now? What are its main thrusts?

None Applicable.

3.3 What principal obstacles, if any, have impeded the development of a national strategy for health for all? What measures are being taken to overcome these obstacles?

None Applicable.

III. DEVELOPMENT OF HEALTH SYSTEMS

The principles outlining the development of health systems based on primary health care are broadly defined in the Global Strategy for Health for All. Countries are expected to continue building up their health systems along these broad principles, assess progress, identify difficulties and obstacles, and implement measures to resolve these. The main emphasis of monitoring progress in the development of health systems is on the processes that have been set in motion, their compatibility with the health-for-all principles, and their adequacy for achieving the goal.

ITEM 4: ORGANIZATION OF THE HEALTH SYSTEM BASED ON PRIMARY HEALTH CARE

4.1 Has a full acceptance and understanding of primary health care been achieved at all levels of the health system? If not, what are the difficulties? What actions are being proposed to overcome these?

Yes.

4.2 What major actions have been undertaken since 1985 for reorienting and strengthening the health system towards primary health care? Review their adequacy in achieving the national health-for-all strategy. Which aspects require further attention?

Since 1985 the Department of Public Health and Social Services has revitalized the Southern Region Community Health Center (SRCHC) making a viable health delivery system available for the Southern Region of Guam. In addition, the Department has established the Northern Regional Health Center (NRHC) to serve the Northern Community which is densely populated.

The Department of Mental Health and Substance Abuse (DMHSA) is in the process of constructing a new free standing Mental Health Facility to meet the increasing demands for services and to improve the delivery of services to the community.

4.3 What further action has been taken to ensure better coordination within the health sector? What obstacles have been encountered and how are they being overcome? Specifically, have adequate referral systems been established between the different levels of the health system? If not, what actions are proposed to improve these?

The preparation and development of the Guam Health Objectives for 1990 and Beyond was a major effort by the government, private sector, military and health/social professional organizations.

As the sole inpatient facility for the island's civilian community, Guam Memorial Hospital readily accepts referral (or admissions) from

the local clinics. Likewise, the Hospital coordinates a patient's discharge and continued outpatient or home health care with the appropriate providers, if such care is recommended by the attending physician. (The hospital also consists with off-island medical referrals; but all such referrals are made by the attending physician rather than the hospital.) The Department of Mental Health and Substance Abuse has established linkages and referral services with the Guam Memorial Hospital, Department of Education, the Criminal Justice System and other private and public agencies and organizations involved with mental health and substance abuse. Yes. An informal intersectoral referral system has been established as manifested by the concerted efforts of various agencies, the private sector and the military in relation to health care on the island.

ITEM 5: INTERSECTORAL COLLABORATION

5.1 What policies of other sectors critical to health are contributing positively or negatively to people's health? Give examples. In what way is the health sector collaborating in or attempting to influence the development of these policies?

Legislative funding for the Improvement of the potable water system and the sewage of disposal system. The Guam Environmental Protection Agency (EPA) closely monitors quality of our drinking water through review of monthly reports submitted by PUAG, the Navy and the Air Force, the three principal water suppliers on Guam. Guam EPA staff periodically takes samples at the same time as these suppliers to confirm that their analyses are accurate.

Since 1968, approximately $40 million has been provided to Guam by the Federal EPA for the Planning, design and construction of a wastewater collector systems and treatment facilities.

5.2 What institutional mechanism has been established to ensure that health goals are an integral part of socioeconomic development policies and programs? Do mechanisms exist to ensure that there is a systematic analysis and monitoring of the impact on health of major development projects? Give specific examples and review their agency.

No local mechanism has been established to ensure health goals are an integral part of socioeconomic development policies and programs. Federal mandates influence integrated planning processes for both health and socioeconomic programs that require public hearing.

5.3 What mechanisms have been established for intersectoral collaboration at local, intermediate and central levels of the health system? Review their adequacy.

Each of the Government Health Agency operates as state and local agency at the same time. This is due to both the size of the island and the population served. Population is approximately 125,000 in an island that is approximately 125 square miles in area.

5.4 What have been the main factors which have facilitates intersectoral action?

Not applicable.

5.5 What are the main obstacles to achieving collaboration with other sectors in health development? What measures are proposed to overcome them?

There were no obstacles.

ITEM 6: COMMUNITY INVOLVEMENT

Global indicator 2 - Mechanisms for involving people in the implementation of strategies have been formed or strengthened, and are actually functioning.

6.1 What specific policies and mechanisms have been developed for involving communities in the planning and implementation of the national health strategy? Are these adequate?

A number of Advisory Boards/Councils consisting of community representatives are involved with many programs and planning committees to achieve national health strategies. These bodies are:

1. Southern Regional Community Health Center (SRCHC)
2. Hypertensive Council
3. Home Care Advisory Board
4. Health Education Network
5. Senior Citizen Advisory Council
6. AIDS Program Review Panel
7. Department of Mental Health and Substance Abuse Advisory Council
8. Guam Memorial Hospital Authority Board of Trustees

6.2 In what ways are communities involved in health matters? Give examples.

The Advisory Boards and the Hospital's Board of Trustees identify health needs, assist in developing plans; recommend strategies; participate in policy development; review and approve hospital's long term and short term plan and monitors these plans.

Volunteer organizations, civic organizations and private health providers have all contributed medical equipment to the hospital. Certain groups such as the American Cancer Society and the Lytico and Bodig Association arrange for patients' home care, offer support services as well as provide medical supplies and sundries for the patients' use at home.

6.3 What measures have been taken to increase people's understanding of their health problems and ways of solving them?

The Office of Health Education, Department of Public Health and Social Services is continuously developing mass media health information, i.e. Public Service Announcements (PSA's) for both radio and printed media. The office also develops health information (flyers, pamphlets,

posters, etc.) for dissemination in schools, village meetings, village commissioner's office, and shopping malls.

GMHA participates in and sponsors various health promotion and education projects. The Department of Mental Health and Substance Consultation, Education and Prevention Branch disseminates information regarding mental health and substance abuse to the community - its causes, treatment and prevention.

6.4 How are the nongovernmental organizations contributing to the health strategy? What steps are proposed to involve them further?

See Item 4.3

It is proposed in the Guam Health Objectives for 1990 and Beyond that the "plan of action" will actively involve further the health-related agencies and organizations, both public and private. Workshops on all health fields are conducted and open to the public and private organizations and the community.

6.5 What have been the main obstacles in involving communities, and what measures are intended to overcome them?

None.

ITEM 7: MANAGERIAL PROCESS AND MECHANISMS

7.1 What managerial process and related mechanisms have been set in motion to further develop and/or update, implement and monitor the national strategy and plan of action? Describe briefly.

The Chairperson of the Guam Health Objectives for 1990 and Beyond coordinates all the activities of the various task groups. The Bureau of Planning's annual evaluation report shall reflect status and achievement of the objectives.

7.2 What obstacles, if any, have impeded taking the necessary managerial measures, and what has been done since 1985 to overcome them?

None.

ITEM 8: HEALTH MANPOWER

8.1 Is there a health manpower plan in response to the needs of the strategy? What major changes, if any, have been introduced since 1985?

There is no national health manpower plan. Each health service agency is responsible for developing and implementing its own health manpower plan to meet its operational needs.

8.2 Has progress towards an equitable distribution of health manpower been achieved in urban and rural areas? If not, what are the deficiencies? What measures are proposed to resolve these?

Guam does not have a problem of urban and rural area distribution due to its small land area.

8.3 What new actions have been undertaken for the education and training of health personnel since 1985?

None.

8.4 What new measures have been taken to improve the motivation and commitment of health workers to primary health care?

There are currently on going "on-the-job training and workshops" for inter/intra governmental health and social workers to augment and enhance their knowledge and skills in primary health care and in health promotion and in disease prevention programs.

8.5 What have been the main obstacles in the implementation of the health manpower plan, and what measures are proposed to overcome them?

None.

ITEM 9: RESEARCH AND TECHNOLOGY

9.1 Is there a national policy concerning the selection and use of health care technology at the different levels of the health system? Describe briefly.

Currently Guam does not have a national policy on the selection and use of health care technology. The health care providers individually explore the alternatives that are most appropriate for their respective operations and that are consistent with the standards established in the U.S.A.

9.2 What mechanisms have been established for consultation and coordination with relevant groups and communities on the selection and use of health care technologies?

Guam does not have a policy on the selection and use of health care technology. Any mechanism to coordinate such activities is informal.

The hospital selects equipment that enhances its in-house delivery of care to the community and can be used by the island's health manpower. The DPH&SS Education Network Committee (formerly the Health Education Task Force) serves as the focal point for all health technologies informations update. The Network is composed of health/social related government agencies, private sector, military and health professional organizations. Moreover, the Department of Public Health and Social Services has been awarded a grant under the U.S. Department of Health and Human Services Centers for Disease Control for the implementation of an Acquired Immune Deficiency Syndrome (AIDS) Cooperative Agreement Program which includes Health Education Risk Reduction (HERR) and the Counselling and Testing Site (CTS). Also the Department has continued to provide quarterly "high blood pressure" screening throughout the island.

There is a proposal to establish a common core data-base for health agencies who compile, analyze and report health care data. Utilization of "donor" resource centers will be key to this initiative.

9.3 Has a national research policy focusing on priority health problems been outlined? What are its main thrusts?

No.

9.4 What mechanisms have been established or strengthened to facilitate the coordination of health research, to promote the use of research, and to disseminate the research findings?

At present Guam does not have a national research policy or program. However, the local Lytico and Bodig Association has co-sponsored research on the prevalence of Amyotrophic Lateral Sclerosis ("lytico") and Parkinson Dementia ("bodig") on Guam. The Association, upon receipt of research findings and conclusions shall make reports available to all interested parties.

9.5 What principal obstacles have been encountered in developing/implementing the national research and technology policies? What measures are proposed to overcome these?

None.

ITEM 10: RESOURCE UTILIZATION AND MOBILIZATION

10.1 Is there a master plan for the mobilization and use of human, material and financial resources in support of the national health-for-all strategy?

There is no master plan.

10.2 What measures have been taken since 1985 to reallocate human, material and financial resources for the implementation of the national strategy?

The final phase of regionalizing health care and social services for the DPH&SS was accomplished in 1986 with the opening of the

NRHC. Personnel, materials and financial resources were redistributed and mobilized to this center.

On the other hand, the Department of Mental Health and Substance Abuse (DMHSA) has recruited additional personnel and has expanded the scope of activities of the Drug and Alcohol Branch.

10.3 What efforts have been made since 1985 to mobilize additional internal material and financial resources?

None.

10.4 What measures have been taken to optimize the use of resources by the health sector?

Maximum utilization of available resources was achieved through increased productivity of health personnel, introduction of advanced technology, consolidation and centralization of multiple services, better utilization of health professional through the use of health auxiliary workers.

10.5 Have the above measures (10.2 - 10.4) proved adequate? If not, what have been the main obstacles, and what measures are planned to overcome these obstacles?

Yes.

Global indicator 3 - At least 5% of the gross national product is spent on health

10.6 What percentage of the gross national product is spent on health?

The gross island product for Fiscal Year 1986 was $888,863,966. The total health expenditure for that year was $69,551,860.50 which is 8% of the GIP. This is a composite of health related expenses of various government agencies.

Global indicator 4 - A reasonable percentage of the national health expenditure is devoted to local health care

10.7 What percentage of the national health expenditure is devoted to primary health care?

Data on primary health care expenditure is not available. Existing data is for total health care costs.

Global indicator 5 - Resources are equitably distributed

10.8 Have resources for primary health care been distributed in such a way as to reach socially and geographically disadvantaged and underserved groups?

Yes.

The DPH&SS continues to operate three Regional health centers (Northern, Central, and Southern) which have been strategically situated to ensure access to the facilities for all its clients, the majority of who are from the low-income families. The DMHSA Outpatient Branch provides services to underserved groups (children, women, elderly, etc.) and the Aftercare Branch provides outreach services to geographically underserved groups.

IV. INTERNATIONAL ACTION

International action to support national actions for developing health systems should concentrate on the strengthening of national health infrastructures and on the promotion of the health service and technology that are appropriate to their circumstances. At the international level constant efforts are necessary to influence bilateral and multilateral agencies to channel resources into support for the Strategy in such a way that resources will have a multiplier effect in countries.

WHO's first constitutional function is to act as the directing and coordinating authority on international health work. The Organization's international health work comprises in essence the

inseparable and mutually supportive function of coordination and technical cooperation. Accordingly, WHO's role includes coordinating all aspects of the Strategy and cooperating with Member States as well as facilitating cooperation among them regarding the Strategy. In particular, WHO facilitates technical and economic cooperation among developing countries.

ITEM 11: INTERNATIONAL TRANSFER OF RESOURCES

For developing countries:

11.1 Has a systematic analysis been made of the needs for external support for the national health-for-all strategy? What priority needs have been identified?

Guam has not set up a system for the analysis of the needs for external support for the national health-for-all strategy. Each agency looks at its own needs and prioritizes them. For this period, the DMHSA priority needs are the construction of a new Mental Health Facility and the recruitment of qualified personnel. Federal monies are expected to fund this identified need.

Global indicator 6 - The number of developing countries with well-defined strategies for health for all accompanied by explicit resource allocations, whose needs for external resources are receiving sustained resource support from more affluent countries

11.2 What proportion of the external resources needed has been received? Indicate areas that have received support since 1985. Which priority needs did not receive adequate support?

Physicians and dentists from the U.S. National Health Services Corps assisted in meeting the identified needs. Their services were limited to two (2) years, thus leaving the DPH&SS with a constant search for other resources to meet the physician and dentist needs of the community, especially at the Regional health centers.

The DMHSA has been able to recruit two (2) full-time and one (1) part-time psychiatrist as well as a number of other clinical personnel.

For donor countries:

11.3 What support has been provided for the implementation of the health strategies of developing countries since 1985? Indicate in terms of US dollars and of broad areas supported.

None.

ITEM 12: INTER-COUNTRY COOPERATION

12.1 What new priority areas of inter-country cooperation have been identified since 1985, either through TCDC/ECDC or bilateral arrangements, that support the implementation of the national strategy?

There is an existing cooperative and collaborative efforts between Guam and the WHO and the South Pacific Commission where trainings in health manpower is made available through workshops and fellowships.

The Hospital frequently serves as a referral center for the neighboring islands' secondary health care needs (e.g., NICU, CCU/ICU). In addition GMH and its counterparts in the Western Pacific have an informal arrangement for sharing medical supplies in the event of a shortage.

12.2 What main modalities or mechanisms of inter-country cooperation have been utilized? Give examples.

Training and workshops on laboratory techniques, medical, dental, nursing, environmental health, health education and vital statistics registration are conducted in Guam and other countries in the Pacific Region.

12.3 What are the main factors that have (a) facilitated and/or (b) inhibited such cooperation? What measures have been or will be taken to overcome obstacles?

The main factors that facilitated cooperation were:

1. Availability of resources
2. Accommodating each others' needs
3. Mutual concerns
4. Willingness to assist each other and improve the Region's health care system for all.
5. Assistance and support from WHO
6. Greater knowledge of regional health problems and needs.

The factors that inhibited cooperation were:

1. Inadequate financial resources
2. Untimely communication

Cooperation with WHO

13.1 In which way is WHO cooperation directly supporting the implementation of the national strategy?

The WHO has always been supportive in the health manpower development through fellowships in the social work, health and in biomedical equipment areas. WHO provides "Biennial" funding for areas Guam identified as priority areas such as health manpower development; disease prevention and control through fellowships, workshops, conferences or trainings.

13.2 In view of WHO's policy on the rational use of its resources, what measures have been taken since 1985 at national level to improve the efficiency in the use of these resources?

Guam has reconstituted the Guam-WHO Fellowship Selection Committee composed of representatives from the health/social related agencies and the University of Guam (UOG) to assess and prioritize training needs. The committee has formulated and developed policies in the programming of allocated budget and the selection of fellows.

13.3 What are the main factors that have (a) contributed to productive cooperation with WHO and/or (b) caused less than optimal cooperation with the Organization? What corrective measures have been, or will be, taken to overcome problems encountered?

Some very notable factors that contributed to the productive cooperation with WHO are:

1. Geographical proximity of Guam and the WHO Western Pacific Regional Office.

2. Re-establishment of the Guam-WHO Fellowship Selection Committee and appointment of a Guam-WHO Coordinator.

3. Open and constant communication and consultation with WHO, and

4. Responsiveness of WHO to the identified needs of Guam.

Cooperation with other agencies

13.4 What other major international (United Nations) or multilateral cooperative efforts and/or nongovernmental activities exist that are health-related and have a bearing on the implementation of the national strategy? What mechanisms have been established for the overall coordination of international support towards the national strategy?

The South Pacific Commission (SPC) which Guam is a member island, has been providing health, economic and social training and consultation in conjunction to the national strategy.

With WHO, the DPH&SS has been the focal point of coordination of all WHO mechanisms. With SPC, the Guam Commerce Department is the official liaison.

V. AVAILABILITY OF HEALTH CARE

"Primary health care includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; and adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

Most of the essential elements of primary health care are set out in the definition of global indicator 7, which reads:

"Primary health care is available to the whole population, with at least the following:

- safe water in the home or within 15 minutes' walking distance, and adequate sanitary facilities in the home or immediate vicinity;
- immunization against diphtheria, tetanus, whooping-cough, measles, poliomyelitis, and tuberculosis;
- local health care, including availability of at least 20 essential drugs, within one hour's walk or travel;
- trained personnel for attending pregnancy and childbirth, and caring for children up to at least one (1) year of age.

ITEM 14: AVAILABILITY OF PRIMARY HEALTH CARE

14.1 What proportion of the population has safe drinking water available in the home or within 15 minutes' walking distance?

99% of the island population have safe piping drinking water.

14.2 What proportion of the population has adequate facilities for excreta disposal available in the house or close to it?

45% of the population are septic tank users.

55% of the population are connected to the sewer line.

14.3 What proportion of infants reaching their first birthday has been immunized against the six EPI target diseases; and what proportion of pregnant women has been immunized against tetanus?

a. 80 percent of infants are immunized before reaching their first birthday.

b. Data is not available.

14.4 What proportion of the population has treatment for common diseases and injuries, and a regular supply of twenty (20) essential drugs, available within one hour's walk or travel?

Guam being a small community island, the proximity to health clinics and hospitals are within 30 minutes drive, thus 100 percent of the population has easy accessibility for treatments of common diseases, injuries and drugs.

14.5 What proportion of pregnant women are attended by trained personnel?

95.2 percent of pregnant women are attended by trained health professionals.

14.6 What proportion of deliveries are attended by trained personnel?

95.2 percent of deliveries are attended by trained personnel.

14.7 What proportion of infants are attended by trained personnel?

95.2 percent of infants are attended by trained personnel.

ITEM 15: HEALTH STATUS

Global indicator 8 - The nutritional status of children is adequate, in that:

at least 90% of newborn infants have a birth weight of at least 2,500 grams; at least 90% of children have a weight-for-age that corresponds to the reference values given in Annex 1 to "Development of Indicators for monitoring progress towards Health for All by the Year 2000".

15.1 What is the proportion of newborns with birth weight of at least 2,500 grams?

According to the 1986 Vital Statistics Office Annual Report, there are 93 percent of newborns with birth weight of at least 2,500 grams.

15.2 What is the proportion of children with weight-for-age corresponding to reference values?

Data is not available.

Global indicator 9 - The infant mortality rate for all identifiable subgroups is below 50 per 1000 live-births

15.3 What is the infant mortality rate for all identifiable subgroups?

Information on children (weight-for-age) is "unavailable". No one compiles this information. Each child's record contains the information, but collation and compilation is not done.

INFANT MORTALITY RATE

BY RACE OF MOTHER: 1986

Race of Mother (Identifiable Subgroup)	Number of Live Birth	Number of Infant Death	IMR
Chamorro	1,473	18	12.2
Filipino	733	5	6.8
White	591	3	5.1
Micronesian	218	1	4.6
Black	85	0	0
Japanese	50	0	0
Chinese	27	0	0
Others	127	1	7.8
TOTAL	3,309	28 *	8.5
TOTAL	3,309	31	9.4

* Infants born in Guam only.

Source: Guam Office of Vital Statistics

Global indicator 10 - Life expectancy at birth is over 60 years

15.4 What is the life expectancy at birth?

Based on the Guam Commerce Department "Life Table" for 1979 - 1982 are as follows:

Male - 72.4 years
Female - 74.1 years

ITEM 16: SELECTED SOCIAL AND ECONOMIC INDICATORS

Global indicator 11 - The adult literacy rate for both men and women exceeds 70%

16.1 What is the adult literacy rate for women and for men?

According to a sample survey conducted by the U.S. Bureau of Census in 1980, the literacy rate is as follows:

Men	-	96.4
Women	-	96.5

Global indicator 12 - The gross national product per head exceeds US $500

16.2 What is the gross national product per head?

The gross island product per head is $8587 for the year 1986 according to the Department of Commerce Research Center.

ITEM 17: REGIONAL INDICATORS

17. Provide information on the national values for any regional indicators agreed upon by the Regional Committee.

Not applicable.

ITEM 18: NATIONAL INDICATORS

18. In addition to the above, provide information on any other national indicators which have been used.

Not applicable.