



**GUAM-WHO**

**Country Cooperation Strategy 2018–2022**

## OVERVIEW

Guam is an unincorporated and organized territory of the United States of America in the western Pacific Ocean. Guam has an estimated population of 162 000 spread across 19 villages. The majority of people live in the northern part of the island. Guam is one of five Pacific island jurisdictions of the United States of America with a civilian government and a governor elected by popular vote. Guam's economy is forecasted to continue a moderate expansionary trend, driven by military-related activities, tourism, construction, trans-shipment services, food processing and textiles.

## HEALTH AND DEVELOPMENT

The Department of Public Health and Social Services is responsible for public health policies. Guam Memorial Hospital, which is located in the village of Tamuning, provides a broad range of health-care services to residents and people from neighbouring islands, such as the Commonwealth of the Northern Mariana Islands and the Federated States of Micronesia. The United States Naval Hospital Guam provides health services primarily to military personnel, but also provides voluntary community services to the civilian community. The Guam Regional Medical City, a private hospital, started its service in 2015 in the north of Guam.

noncommunicable diseases (NCDs) and communicable diseases were identified as important health challenges in the Guam community health assessment in 2014. The rate of NCDs continues to increase. In 2014, around half of deaths in Guam were attributed to heart disease (31%) and cancers (18%) such as lung and cervical cancer. However, fewer people are opting for cancer screening. Many people suffer from heart disease or are living with diabetes. Tobacco use is a major risk factor for these NCDs. Incidence of tuberculosis (TB) also remains high.

## **NATIONAL STRATEGIC PRIORITIES WHO AND THE GOVERNMENT 2018–2022**

The World Health Organization (WHO), working with partners, will support the Government in pursuing its national strategic priorities. Each strategic activity is linked to at least one of the subregional focus areas that are detailed in the *Pacific Island Countries and Areas–WHO Cooperation Strategy 2018–2022*:

### **1. To ensure that Guam has achieved national targets for NCDs, in line with the global and regional targets**

- 1.1 Ensure that excise tax accounts for 70% of the tobacco retail price as the recommended minimum.
- 1.2 Align tobacco legislation to the WHO Framework Convention on Tobacco Control (FCTC) by including, inter alia: graphic health warnings, bans on tobacco advertising, promotion and sponsorship, and further expansion of smoke-free settings.
- 1.3 Strengthen policy-based approaches to reducing alcohol misuse including controlling market-regulated advertising, preventing drink-driving and regulating availability, supported by appropriate awareness-raising programmes.
- 1.4 Monitor the NCD situation in Guam, through targeted surveys and the use of routinely collected data.
- 1.5 Strengthen the use of Package of Essential Noncommunicable protocols for more effective NCD management, including through implementation of service delivery plans, treatment guidelines, capacity-building, and enhancing monitoring and referral mechanisms.
- 1.6 Develop and implement effective cervical cancer screening and management programmes.
- 1.7 Develop and implement NCD-related rehabilitation services.
- 1.8 Promote online-based continuing professional development including POLHN opportunities.

### **2. To implement the national TB programme in line with the WHO End TB Strategy and the *Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific***

- 2.1 Integrate the people-centred approach in order to achieve the targets under the *End TB Strategy*.
- 2.2 Update the TB management guidelines as per the newer policy recommendations.
- 2.3 Assist PMDT in coordination with the multidrug-resistant TB helpdesk and support effective treatment outcomes.
- 2.4 Coordinate to ensure that access to second-line TB drugs is provided, with availability of quality-assured drugs.

### **3. To strengthen prevention of neglected tropical diseases (NTDs)**

- 3.1 Develop plans, conduct operational research and use available resources efficiently for integrated vector management.
- 3.2 Support appropriate sustainable and ecologically sound vector control strategies, adopting guidelines of WHO, Association of State and Territorial Health Officials and United States Centers for Disease Control and Prevention.
- 3.3 Ensure proper case management of NTDs.

## DEPARTMENT HEALTH POLICY

The *Department of Public Health and Social Services Strategic Plan 2015–2017* aims to enhance the agency's capacity to contribute to improving the health of the Guam community and markedly reducing its physical and socioeconomic burden of disease and ill health.

### **There are six priorities:**

1. workforce development to meet Guam's health needs;
2. information technology systems that are modernized and supported to ensure efficient communications;
3. organizational structure and process that maximize the agency's capacity for meeting its mission;
4. enhancements in the regulatory framework to create a health promoting policy environment;
5. client-focused initiatives that deliver people-centred public health and social services; and
6. sustainability in designing the health system to meet the population's health needs.

## PARTNERS

In implementing this strategy, WHO and the Department of Public Health and Social Services will work with other government departments, other sectors, academia, civil society, other United Nations agencies, bilateral development partners, regional and global health initiatives, philanthropic foundations and others in support of planned national health priorities.

## HEALTHY ISLANDS INDICATORS

Number of skilled health workers* per 10 000 population	<b>NA</b>	
Per capita total expenditure on health at average exchange rate (US\$)	<b>NA</b>	
Total expenditure on health as a percentage of gross domestic product (%)	<b>NA</b>	
Tuberculosis incidence (per 100 000 population)	<b>53</b>	2010-2013
Life expectancy at birth (both sexes)	<b>78.5</b>	2012
Under-five mortality rate (per 1000 live births)	<b>0.7</b>	2012
Absolute number of maternal deaths	<b>NA</b>	
Maternal mortality ratio (per 100 000 live births)	<b>0</b>	2012
Adult mortality rate from NCDs at ages 30–69 years (%)	<b>NA</b>	
Number of suicides	<b>26</b>	2007
Immunization coverage rate for diphtheria-tetanus-pertussis (three doses) (DTP3) (%)	<b>91</b>	2015
Immunization coverage rate for measles-containing vaccine (first dose) (MCV1) (%)	<b>85</b>	2015
Current tobacco smoking among persons 15 years of age and over (%)	<b>26.5</b>	2013
Population using improved drinking-water sources (%)	<b>100</b>	2015
Population using improved sanitation facilities (%)	<b>90</b>	2015

*NA = not available*

*\*Skilled health workers are defined as physicians, nurses and midwives.*

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