

**SUMMARY OF CHANGES FROM INDICATIVE ACTIONS**

Reform area	Subprogram 2 Indicative & Final Policy Actions	Reason for changes	Subprogram 3 Indicative Policy Actions
<b>Reform Area 1: NATIONAL SECTOR FRAMEWORKS AND PUBLIC FINANCIAL MANAGEMENT ENHANCED</b>			
<p><b>1.1 Fiscal framework and prioritization of aggregate budget allocations improved</b></p>	<p><u>Indicative Action at time of SP1</u> 1.1.1 DOT shall have maintained an updated MTFS that adheres to the identified targets.</p> <p><u>Final Action</u> 1.1.1 Parliament has approved the FY2019 national budget that maintains the targets outlined in the Medium Term Fiscal Strategy that includes;</p> <p>(i) debt estimates for 2018 of 30.9% and projections of 30.8% in 2019 in line with the target of 30% of GDP by 2022;</p> <p>(ii) domestic revenue-to-GDP ratio (i.e. excluding grants) projected at 15% in 2019 as progress to the target of 14% by 2022</p> <p>(iii) a fiscal anchor targeting 2/3 of (primary) expenditure on key enablers including to safeguard essential health services.<sup>1</sup></p>	<p><b>Update</b> made to more specifically outline progress made.</p>	<p><u>Indicative Action at time of SP1</u> 1.1.1 DOT shall have maintained an updated MTFS that adheres to the identified targets.</p> <p><u>Final Action</u> 1.1.1 Department of Treasury shall have delivered FY2020 national budget that maintains the targets outlined in the Medium Term Fiscal Strategy that includes;</p> <p>(i) a medium term debt management strategy that targets a reduction in central government debt to 30% of GDP by 2022 (and is considered to be sustainable),</p> <p>(ii) a medium-term revenue strategy that targets an increase in the domestic revenue-to-GDP ratio (i.e., excluding grants) to 14% of GDP by 2022, and</p> <p>(iii) a fiscal anchor targeting 2/3 of (primary) expenditure on key enablers (i.e., agreed national and sectoral priorities).</p>
	<p><u>Indicative Action at time of SP1</u> 1.1.2 Parliament has approved budget allocation for FY2019, in line with the Medium Term Fiscal Strategy (2017–2021), to safeguard essential health service delivery and other priority sectors.</p>	<p><b>Incorporated</b> into action 1.1.1 (iii).</p>	

<sup>1</sup> As outlined in the Medium Term Development Plan III (MTDP) 2018-2022. This references the importance of equitable health services, particularly for women and girls, and highlights the importance of maternal and birth related services, and reproductive healthcare and family planning services.

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<b>1.2 National Public Finance Management (PFM) regulatory framework, systems and processes improved</b>	<p>Indicative Action at time of SP1</p> <p>1.2.1 Parliament has:</p> <p>(i) approved an amendment to the Public Finance (Management) Act (PFM Act) that extends and defines the Act's coverage to public and statutory bodies (including Provincial Health Authorities [PHAs]), and</p> <p>(ii) loaded the PFM Act Amendment on its website.</p> <p><u>Final Action</u></p> <p>1.2.1 Parliament has approved the Public Finances (Management) (Amendment) Act 2018 to address gaps identified as part of the Public Expenditure and Financial Accountability Road Map, 2015–2018.</p>	<p><b>Update</b> that recognizes the approval of the amendment however the Department of Finance website is currently being reviewed and updated, but the legislation is available on the Parliament website.</p>	<p>Indicative Action at time of SP1</p> <p>1.2.1 DOF shall have implemented reforms to the legal framework for public financial management, as outlined in the review completed under subprogram 2.</p> <p><u>Final Indicative Action</u></p> <p>1.2.1 Department of Finance shall have published the updated legislation on their website including the financial management manual and all financial instructions.</p>
		<p><b>Update</b> of the details of the action as the DSIP and PSIP are no longer the responsibility of DOT. See action 1.2.3 which assigns this action to DOF.</p>	<p><u>Indicative Action at time of SP1</u></p> <p>1.2.2 DOT shall have continued to implement improved budget processes, classification and formats, including:</p> <p>(i) a better integrated budgeting process for recurrent and capital spending; and</p> <p>(ii) revised instructions for District Service Improvement Program (DSIP) and Province Service Improvement Program (PSIP) grants, which ensure alignment of investments with service plans of national and subnational sector agencies and allow tracking of funds by sector.</p> <p><u>Final Indicative Action</u></p>

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			1.2.2 DOT shall have continued to implement improved budget processes, classification and formats, including a better integrated budgeting process for recurrent and capital spending.
		<b>New action</b> for subprogram 3.	1.2.3 Secretary of Finance shall have approved financial instructions for the District Service Improvement Program and Provincial Service Improvement Program grants and published them on the Department of Finance website.
		<b>New action</b> for subprogram 3.	1.2.4 Department of Finance shall have completed a Public Expenditure and Financial Accountability self-assessment and the final report has been published on their website.
<b>1.3 National procurement reform</b>	<p><u>Indicative Action at time of SP1</u> 1.3.1 DOF shall have approved an implementation plan for the Procurement Act.</p> <p><u>Final Action</u> 1.3.1 Department of Finance has;</p> <p>(i) approved an implementation plan for the National Procurement Act 2018 that strengthens the procurement frameworks and provides clear separation of functions and roles of tender boards and public and statutory bodies, and</p> <p>(ii) launched a public procurement website that provides procurement information, current tenders and awards to enhance the transparency of public procurement.</p>	<b>Update</b> include additional steps Department of Finance have taken during subprogram 2 to not just approve a plan but to commence implementation.	<p><u>Indicative Action at time of SP1</u> 1.3.1 DOF shall have completed the actions as outlined in the Procurement Act implementation plan approved under subprogram 2.</p> <p><u>Final Indicative Action</u> 1.3.1 Department of Finance shall have completed the actions as outlined in the National Procurement Act 2018 implementation plan approved under subprogram 2.</p>

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<b>1.4 Health legal framework improved</b>	<p>Indicative Action at time of SP1</p> <p>1.4.1 DOH shall have:</p> <p>(i) endorsed actions arising from options in the discussion paper with clear delivery timelines; and</p> <p>(ii) submitted draft policy paper on health system governance and submitted to NEC for approval.</p>	<p><b>Removed.</b> Given the complex nature of this reform, affecting multiple health sector acts and subordinate legislation as well as the decentralization framework including the Organic Law on Provincial Governments and Local-level Governments, broad stakeholder consultations are necessary and have taken more time than anticipated. While consultations were carried out and a summary report submitted to the Minister of Health in 2019, it is anticipated that progress will continue to be gradual, draft legislation is unlikely to be completed within the timeframe of subprogram 2 or 3. While a critical piece in the government's health and decentralization reform agendas to realign and simplify the legislative framework for health, the reform progress within the timeframe of the HSSDP policy-based loan component is not considered sufficiently substantial for constituting a policy action. Nonetheless, the project component of the HSSDP will continue to track progress and support the process given its long term impact on the ongoing delivery of health services.</p>	<p>Indicative Action at time of SP1</p> <p>1.4.1 DOH shall have:</p> <p>(i) drafted a consolidated and comprehensive health services and administration law, to replace the existing numerous health system laws, which provides for arrangements for health system design, functions and responsibilities of various stakeholders, funding, partnerships and administration, and</p> <p>(ii) submitted the draft law to Parliament.</p>

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<b>1.5 Budget expenditure reform</b>		<b>New action</b> for subprogram 3.	<p>1.5.1 Department of Treasury shall have introduced reforms that will assist in managing the personal emolument budget including;</p> <p>(i) payroll management reports that will establish targets against approved budget and display (%) variances against target and actuals (via the Integrated Financial Management System and Alesco payroll);</p> <p>(ii) Cash flow Forecast Reporting that will be used to forecast personal emolument expenditure for the following quarters; and</p> <p>(iii) Agencies Monitoring &amp; Realistic Payroll Forecasting that will provide a three way reconciliation process for agencies to estimate realistic personal emolument forecasts.</p>
<b>Reform Area 2: SUBNATIONAL HEALTH SYSTEM MANAGEMENT STRENGTHENED</b>			
<b>2.1 Health institutional arrangements strengthened</b>	<p><u>Indicative Action at time of SP1</u> 2.1.1 DOH shall have:</p> <p>(i) ensured full compliance by all existing 11 PHAs (including the one established in 2017) with the signed Provincial Health Partnership Agreements, and</p> <p>(ii) established all additional 10 PHAs, for a total of 21, with signed Provincial Health Partnership Agreements, approved organizational structures, and functioning governance and management arrangements.</p> <p><u>Final Action</u> 2.1.1 Department of Health has established an additional six Provincial</p>	<b>Resequencing</b> done as a result of challenges with capacity and issues with approvals as a result of a volatile political environment meant that 6 additional PHAs were established under subprogram 2, with the remainder to be established in subprogram 3.	<p><u>New Action</u> 2.1.1 Department of Health has established the final four Provincial Health Authorities (Central Province, Simbu, Madang, National Capital District) with;</p> <p>(i) signed Provincial Health Partnership Agreements between Department of Health and the relevant provincial government,</p> <p>(ii) organizational structures approved by the Department of Personnel Management, and</p> <p>(iii) Acting Chief Executive Officer and Board of Directors appointed. At least one Director of the Board of Directors shall be a woman.</p>

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	<p>Health Authorities (East New Britain, Northern/Oro, Gulf, Morobe, Jiwaka, Western) with;</p> <p>(i) signed Provincial Health Partnership Agreements between Department of Health and the relevant provincial government,</p> <p>(ii) organizational structures approved by the Department of Personnel Management, and</p> <p>(iii) Acting Chief Executive Officer and Board of Directors appointed. At least one Director on each Board of Directors shall be a woman.</p>		
	<p><u>Indicative Action at time of SP1</u> 2.1.2 DOH has approved PHA regulations and model by-laws, and all existing 11 PHA Boards have endorsed them for use.</p> <p><u>Final action</u> 2.1.2 National Executive Committee has approved Provincial Health Authority and Public Hospital Regulations (Chief Executive Officer and Contract Officer) that include:</p> <p>(i) responsibilities of boards and the roles on the board;</p> <p>(ii) merit based selection and performance requirements;</p> <p>(iii) leave entitlements, including maternity and breastfeeding leave; and</p>	<p><b>Update</b> to show that the National Executive Council was required to provide approval and outline the details of the regulations. The subprogram 3 action has been removed as PHAs are mandated to abide by the regulations and endorsement is no necessary.</p>	<p><u>Action removed</u> 2.1.2 All PHA Boards, newly established under subprogram 2, shall have endorsed the PHA regulations and model by-laws for use.</p>

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	(iv) disciplinary procedures.		
	<p><u>Indicative Action at time of SP1</u> 2.1.3 DOH shall have endorsed the PHA Manual, outlining guidelines for (including but not limited to) HR, Finance (including gender-responsive budgeting), Governance and Board procedures.</p> <p><u>Final action</u> 2.1.3 Department of Health has endorsed the Provincial Health Authority Manual including guidelines for human resources, finance, governance and board procedures.</p>	<p><b>Update and resequencing</b> show the first modules of the manual approved with the new action in subprogram 3 picking up additional modules, all modules were unable to be completed under subprogram 2 due to donor funding provided late that would have provided capacity to meet all requirements, PHAs do not need to endorse the manual.</p>	<p><u>Indicative Action at time of SP1</u> 2.1.3 DOH shall have all new PHAs established under subprogram 2 endorse the use of the Provincial Health Authority Manual</p> <p><u>Final Indicative Action</u> 2.1.3 Secretary of Health shall have approved additional modules to the Provincial Health Authority Manual that includes public financial management and gender responsive budgeting and reflects changes to legislation including the Public Finances (Management) (Amendment) Act 2018, National Procurement Act 2018 and others as appropriate.</p>
<b>2.2 Health sector funds flows</b>	<p><u>Indicative Action at time of SP1</u> 2.2.1 Parliament has approved the FY2019 budget showing direct transfers to all existing PHAs including provincial and district hospital funding.</p> <p><u>Final action</u> 2.2.1 Parliament has approved the FY2019 budget showing direct transfers to all existing Provincial Health Authorities (Milne Bay, Western Highlands, Eastern Highlands, Southern Highlands, New Ireland, West New Britain, Manus, Enga, Hela, Sanduan, East Sepik, Madang, Morobe, Oro) including provincial and district hospital funding.</p>	<p><b>Update</b> to reflect the provinces referred to.</p>	<p><u>Indicative Action at time of SP1</u> 2.2.1 Parliament has approved the FY2019 budget showing direct transfers to all existing PHAs including provincial and district hospital funding.</p> <p><u>Final Indicative Action</u> 2.2.1 Parliament shall have approved FY2020 budget showing direct transfers to all existing Provincial Health Authorities (Western Highlands, Eastern Highlands, Southern Highlands, West New Britain, Hela, Milne Bay, Enga, East Sepik, Manus, West Sepik, New Ireland, East New Britain, Gulf, Morobe, Northern/Oro, Jiwaka, Madang) including provincial and district hospital funding.</p>

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	<p>Indicative Action at time of SP1 2.2.2 DOH will coordinate with PHAs to ensure that every PHA has separate line items in the PHA budget for FY2019 to cover basic maintenance on:</p> <p>(i) the provincial hospital; and</p> <p>(ii) the network of rural facilities included under the PHA.</p> <p><u>Final action</u> 2.2.2 To ensure sustainability of health facilities Department of Health has approved basic maintenance budgets for the 11 established Provincial Health Authorities that include:</p> <p>(i) the provincial hospital;</p> <p>(ii) the district hospitals: and</p> <p>(ii) the network of lower level facilities included under the Provincial Health Authority.</p>	<p><b>Update</b> includes district hospitals for specific maintenance budget and as all PHAs were not established during subprogram 2, the subprogram 3 action has been updated to ensure the same detailed budget is delivered for all PHAs in FY2020.</p>	<p>Indicative Action at time of SP1 2.2.2 DOH shall have monitored:</p> <p>(i) budgeting and actual expenditure for FY2020 against the health facility maintenance budget lines for each PHA to ensure adequate spending is allocated, and</p> <p>(ii) quality of health facility maintenance.</p> <p><u>Final Indicative Action</u> 2.2.2 To ensure sustainability of health facilities Department of Health shall have approved basic maintenance budgets for the additional 6 established Provincial Health Authorities that include:</p> <p>(i) the provincial hospital;</p> <p>(ii) the district hospitals: and</p> <p>(ii) the network of lower level facilities included under the Provincial Health Authority.</p>
<p><b>2.3 Health sector planning and budgeting</b></p>	<p>Indicative Action at time of SP1 2.3.1 All established PHAs have prepared and published comprehensive plans and budgets with facility break downs for FY2019 that capture all resources (regardless of expenditure authority and funds flows) for subnational health service delivery, including DSIP and PSIP funding.</p> <p><u>Final action</u></p>	<p><b>Update</b> to reflect the provinces that have been established and preparing budgets and the relevant revenue streams. DSIP and PSIP are not paid directly to the PHAs so they are not reflected in their budgets.</p>	<p>Indicative Action at time of SP1 2.3.1 All established PHAs have prepared and published comprehensive plans and budgets with facility break downs for FY2020 that capture all resources (regardless of expenditure authority and funds flows) for subnational health service delivery, including DSIP and PSIP funding.</p> <p><u>Final Indicative Action</u> 2.3.1 All established Provincial Health Authorities (Western Highlands, Eastern Highlands, Southern Highlands, West New Britain, Hela,</p>

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	2.3.1 All established Provincial Health Authorities (Western Highlands, Eastern Highlands, Southern Highlands, West New Britain, Hela, Milne Bay, Enga, East Sepik, Manus, West Sepik, New Ireland) have published budgets for FY2019 that capture all resources (regardless of expenditure authority and funds flows) for subnational health service delivery, including health function grants (for Provincial Health Authorities eligible to receive these grants).		Milne Bay, Enga, East Sepik, Manus, West Sepik, New Ireland, East New Britain, Gulf, Morobe, Northern Highlands, Jiwaka, Madang) shall have and published budgets with for FY2020 that capture all resources (regardless of expenditure authority and funds flows) for subnational health service delivery, including health function grants (for Provincial Health Authorities eligible to receive these grants).
2.4 Health sector accounting and reporting	<u>Indicative Action at time of SP1</u> 2.4.1 DOH has monitored PHAs to ensure;  (i) mid-year budget execution reports for FY2018 were prepared and submitted to DOT for at least 7 additional PHAs, and  (ii) published the annual financial and performance reports for FY2017 for the same PHAs.	<b>Incorporated</b> into action 2.4.2 and therefore removed.	<u>Indicative Action at time of SP1</u> 2.4.1 DOH shall have monitored PHAs to ensure;  (i) mid-year budget execution reports for FY2019 have been prepared and submitted to DOT for at least 10 additional PHAs, and  (ii) published audited annual financial and performance reports for FY2018 for the same PHAs.
	<u>Indicative Action at time of SP1</u> 2.4.2 DOT confirm submission of quality mid-year budget execution reports for FY2018 for at least 7 PHAs.  <u>Final action</u> 2.4.2 Department of Health has enforced:  (i) submission of mid-year budget execution reports for FY2018 for 11 Provincial Health Authorities to Department of Treasury; and	<b>Update</b> incorporates the previous action 2.4.1 and shows accountability with DOH rather than DOT. <b>Addition</b> of subprogram 3 templates to show sex-disaggregated data that will be available.	<u>Indicative Action at time of SP1</u> 2.4.2 DOT confirm submission of quality mid-year budget execution reports for FY2019 for at least 7 PHAs.  <u>Final action</u> 2.4.2 Department of Health shall have confirmed;  (i) submission of mid-year budget execution reports for FY2019 for at least 14 PHAs to Department of Treasury; and

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	(ii) publication of annual financial and performance reports for FY2017 for 11 Provincial Health Authorities established prior to end FY2017 including sex-disaggregated data.		(ii) ensured published annual financial and performance reports for FY2018 for 14 Provincial Health Authorities established prior to end FY2018 including sex-disaggregated data.  (iii) an annual report template will be produced for use for FY2019 annual reports that will take advantage of the accessibility of all PHAs to standard sex-disaggregated data (through chart of accounts) and guidelines for gender responsive budgeting (through Provincial Health Authority manual).
	2.4.3 Department of Health has approved a new chart of accounts for use by Provincial Health Authorities (through the integrated financial management system) that includes a separate program and facility-based activities for family, maternal and child health services to enable separate budgeting, accounting and reporting of resources which allows for gender responsive budget tracking.	<b>New action</b> for subprogram 2.	
<b>2.5 Health sector internal and external scrutiny</b>	<u>Indicative Action at time of SP1</u> 2.5.1 DOT shall have:  (i) held at least 1 health expenditure reviews in 2018 and published the review reports;  (ii) submitted recommendations to the Secretary-level Central Agencies Coordinating Committee (CACC) and published minutes of the CACC meeting; and  (iii) published decisions form CACC in the annual Budget Strategy Paper.	<b>Update</b> reflecting that CACC do not publish minutes but instead have referred to DOT for inclusion in budget documents of decisions.	<u>Indicative Action at time of SP1</u> 2.5.1 DOT shall have:  (i) held at least 1 health expenditure reviews in 2018 and published the review reports;  (ii) submitted recommendations to the Secretary-level Central Agencies Coordinating Committee (CACC) and published minutes of the CACC meeting; and  (iii) published decisions form CACC in the annual Budget Strategy Paper.  <u>Final indicative action</u>

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	<p><u>Final action</u> 2.5.1 Department of Treasury has:</p> <p>(i) completed a health expenditure review in 2018 and submitted recommendations to the Secretary-level Central Agencies Coordinating Committee; and</p> <p>(ii) published resulting decisions as non-financial instructions in the FY2019 budget book demanding Department of Health to have a drug management system that creates a data base for drug procurement, management and monitoring.</p>		<p>2.5.1 Department of Treasury shall have:</p> <p>(i) held at least 1 health expenditure review in 2019 including a gender analysis and published the review reports on the Department of Treasury website;</p> <p>(ii) submitted recommendations to the Secretary; and</p> <p>(iii) published decisions as non-financial instructions in the FY2019 budget book, also showing non-financial instructions outstanding from the previous year.</p>
		<p><b>New action</b> for subprogram 3.</p>	<p>2.5.2 Auditor General's Office shall have:</p> <p>(i) audited, directly or through a contracting out arrangement, at least five Provincial Health Authorities that receive primary health and hospital service funds; and</p> <p>(ii) published the audit reports on its website.</p>
<p><b>Reform Area 3: HEALTH SERVICE DELIVERY COMPONENTS STRENGTHENED</b></p>			
	<p><u>Indicative Action at time of SP1</u> 3.1.1 Cabinet shall have approved a plan for reform of medicine procurement and distribution.</p> <p><u>Final action</u> 3.1.1 Chief Secretary has approved a plan for implementation by Department of Health to reform medicine procurement and distribution. The plan has resulted in;</p>	<p><b>Update</b> to confirm the details of the plan and specific reforms that have been and will be taken.</p>	<p><u>Indicative Action at time of SP1</u> DOH shall have implemented reform of medicine procurement and distribution as per the plan approved under subprogram 2.</p> <p><u>Final indicative action</u> 3.1.1 Department of Health will have engaged a medical supply and distribution firm to implement reforms including;</p>

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	(i) establishment of a technical working group to oversee progress on reforms; (ii) development of a set of metrics to monitor the current supply chain; and (iii) commencement of recruitment of a medical supply and distribution firm to carry out further implementation.		(i) conducting an independent assessment of the current logistics management and information system for suitability and financial sustainability; and  (ii) develop a 5-year procurement plan and budget.
	<u>Indicative Action at time of SP1</u> No action  <u>Final action</u> 3.1.2 Secretary of Health has approved a Standard Operating Procedure to improve medical procurement practices including;  (i) systemic ordering process of medicines and drugs with the intention of minimizing order backlog,  (ii) a target to keep the volume of outstanding and partial purchase orders below 10% of overall orders, and  (iii) a target for drugs not appearing in the drug catalogue being below 5% of overall purchases.	<b>New action</b> added for subprogram 2 that shows progression from the action taken in subprogram 1 to clean up the outstanding orders. This new action ensures processes for better management moving forward.	New action
	<u>Indicative Action at time of SP1</u> No action.  <u>Final action</u> 3.1.3 Department of Health has approved and implemented a revised drug catalogue across all 4 area medical stores and 5 provincial hospitals and is used as the sole source of stock control and order management.	<b>New action</b> added for subprogram 2 that shows progression from the action taken in subprogram 1 to draft part 1 of the drug catalogue.	

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	<p><u>Indicative Action at time of SP1</u> 3.1.4 DOH shall have included budget for ongoing maintenance and delivery of mSupply in the budget request for FY2019.</p>	<p><b>Removed</b> as the ongoing maintenance will be covered by donors, this was unclear at the writing of subprogram 1.</p>	<p><u>Indicative Action at time of SP1</u> 3.1.4 DOH shall have included budget for ongoing maintenance and delivery of mSupply in the budget request for FY2020.</p>
	<p><u>Indicative Action at time of SP1</u> 3.1.5 DOH shall have developed a strategy for the “pull system” for medical supplies and have submitted the proposal to NEC for endorsement. The pull system for medical supplies shall include:</p> <p>(i) standard operating procedures;</p> <p>(ii) an implementation plan; and</p> <p>(iii) a capacity building plan across PHAs to ensure effective implementation.</p>	<p><b>Removed</b> as actions 3.1.1 and 3.1.2 now cover the intent and detail of this action. The “pull system” strategy was considered, and DOH decided not to pursue that option as a strategy.</p>	<p><u>Indicative Action at time of SP1</u> 3.1.5 DOH shall have implemented the pull system as per the implementation plan approved under subprogram 2.</p>
<p><b>3.2 Health partnerships</b></p>	<p><u>Indicative Action at time of SP1</u> 3.2.1 DOH shall have implemented reporting systems and procedures for all partners covered under Health Partnership Agreements and MOUs.</p> <p><u>Final action</u> 3.2.1 Secretary of Health has approved a framework for ongoing monitoring of the health partnerships and memorandum of understanding agreements with civil society, development partners in effect at the national and subnational level (including which partnerships have a gender equity focus) to strengthen health partnership benefits.</p>	<p><b>Update</b> reflects the progression of work from the subprogram 1 action that created a list of existing partnerships. The framework provides the monitoring as envisaged as part of the indicative action</p>	