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ANNEX 1 HSS CURRENT FUNDING AND RESOURCE ALLOCATION 2010-2015

The tables show the status of current HSS support and the resource allocation for HSS for:

- **Low Income Countries (LIC)** - As per the World Bank List (July 2010); countries with a GNI/capita less than $995;
- **Low Middle Income Countries (LMIC) -** As per the World Bank List (July 2010); countries with a GNI/capita above $995 & below $1500.

Two scenarios are presented:

1. With Cap -This scenario uses a notional cap for HSS (US$ 474 million). This allows for the resource allocation formula agreed at the June 2010 Board to be modelled. The scenario also takes into account the current implementation rate of HSS programmes.

2. Without Cap - In this scenario no cap has been applied. This is an 'ideal world' scenario (i.e there are no funding restrictions). The scenario also takes into account the current implementation rate of HSS programmes.

Resource Allocation Methodology

The new resource allocation method is calculated using the maximum potential amount of funding is based on a country's population and weighted against a graded gross national income (GNI) scale[1]. A floor of US$ 3 million is also applied as otherwise some very small countries would be entitled to an unreasonably small amount of funding (in accordance with the June 2010 Board Decision).

The resource allocation formula was developed by HLSP and is applied as follows:

<u>Step 1</u>
Allocation = Per Capita Allocation x Newborn Cohort **(X)**
(where per capita allocation = $5 per newborn if per capita income < $365 and $2.5 if > $365)

<u>Step 2</u> Replaces newborn cohort with overall population

Initial Allocation = Per Capita Allocation x Total Population
(where per capita allocation = $5 per newborn if per capita income < $365 and $2.5 if > $365)
Allocation is then reduced pro rata
Final Allocation = (Initial Allocation x Total newborn cohort)/Total population) **(Y)**

<u>Step 3</u>**:** Incorporates graduated equity factor

50% of Initial Allocation (population based) = Y/2 (A)
50% of Initial Allocation (equity based) = Total Population x Equity Index
(where equity index = (1/per capita income) **(B)**

[1] **Note** – some of the data for population and per capita income may not be consistent – this may require further attention. Data is taken from World Bank Development indicators (but there are gaps which were filled from a number of sources)

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Initial Allocation = A + B
Allocation is then reduced pro rata to fit within the budget (ie multiplied by X divided by (A+B)

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LOW INCOME COUNTRIES

							Expected Resource Allocation Based on Implementation Rate											
							With Cap						Without Cap					
				Current HSS Grant			Annual Estimated Allocation 2011-2015 (US$ million)						Annual Estimated Allocation 2011-2015 (US$ million)					
Country	**IRIS Eligible**	**IHP Partner**	**DTP3 Coverage rate**	**Year of Approval**	**Total Support Approved up to 2010 (US$ million)**	**Final year of funding adjusted for implementation rate**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total Allocation up to 2015 (US$ million)**	**2011**	**2012**	**2013**	**2014**	**2015**	**Total Allocation up to 2015 (US$ million)**
Ethiopia		IHP	79%	2007	76.5	2009	16.5	16.5	16.5	16.5	16.5	**82.7**	24.5	24.5	24.5	24.5	24.5	**122.6**
Kenya		IHP	75%	2007	9.9	2010	2.1	2.1	2.1	2.1	2.1	**10.4**	3.1	3.1	3.1	3.1	3.1	**15.4**
Sierra Leone		IHP	75%	2007	2.2	2010	1.0	1.0	1.0	1.0	1.0	**5.2**	1.5	1.5	1.5	1.5	1.5	**7.7**
Malawi			93%	2007	11.3	2011	AF	2.9	2.9	2.9	2.9	**11.4**	AF	4.2	4.2	4.2	4.2	**16.9**
Niger		IHP	70%	2010	4	2011	AF	2.7	2.7	2.7	2.7	**10.7**	AF	4.0	4.0	4.0	4.0	**15.8**
DRC		IHP	77%	2007	56.8	2011	AF	21.7	21.7	21.7	21.7	**86.7**	AF	32.1	32.1	32.1	32.1	**128.6**
Burundi		IHP	92%	2007	8.3	2011	AF	2.9	2.9	2.9	2.9	**11.6**	AF	4.3	4.3	4.3	4.3	**17.1**
Afghanistan			83%	2007	34.1	2011	AF	2.0	2.0	2.0	2.0	**8.2**	AF	3.0	3.0	3.0	3.0	**12.1**
Madagascar		IHP	78%	2007	7.7	2011	AF	1.5	1.5	1.5	1.5	**6.0**	AF	2.2	2.2	2.2	2.2	**8.9**
Liberia	IRIS		64%	2007	4.1	2011	AF	1.2	1.2	1.2	1.2	**4.6**	AF	1.7	1.7	1.7	1.7	**6.8**
Rwanda		IHP	97%	2007	5.6	2011	AF	0.8	0.8	0.8	0.8	**3.0**	AF	1.1	1.1	1.1	1.1	**4.5**
Zambia			81%	2007	5.3	2011	AF	0.6	0.6	0.6	0.6	**2.4**	AF	0.9	0.9	0.9	0.9	**3.6**
Kyrgyztan			95%	2007	1.2	2011	AF	0.6	0.6	0.6	0.6	**2.4**	AF	0.6	0.6	0.6	0.6	**2.4**

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Lao PDR	IRIS		57%	2010	0.4	2011	AF	0.6	0.6	0.6	0.6	**2.4**	AF	0.6	0.6	0.6	0.6	**2.4**
							Expected Resource Allocation Based on Implementation Rate											
							With Cap						**Without Cap**					
Country	**IRIS Eligible**	**IHP Partner**	**DTP3 Coverage rate**	**Current HSS Grant**			**Annual Estimated Allocation 2011-2015 (US$ million)**					**Total Allocation up to 2015 (US$ million)**	**Annual Estimated Allocation 2011-2015 (US$ million)**					**Total Allocation up to 2015 (US$ million)**
				Year of Approval	**Total Support Approved up to 2010 (US$ million)**	**Final year of funding adjusted for implementation rate**	**2011**	**2012**	**2013**	**2014**	**2015**		**2011**	**2012**	**2013**	**2014**	**2015**	
Ghana			94%	2007	9	2012	AF	AF	1.4	1.4	1.4	**4.1**	AF	AF	0.6	0.6	0.6	**1.8**
Bangladesh			94%	2008	13.7	2012	AF	AF	10.7	10.7	10.7	**32.2**	AF	AF	15.9	15.9	15.9	**47.8**
Myanmar			90%	2008	20.2	2012	AF	AF	3.7	3.7	3.7	**11.0**	AF	AF	5.4	5.4	5.4	**16.3**
Nepal		IHP	82%	2010	2.5	2012	AF	AF	2.3	2.3	2.3	**6.8**	AF	AF	3.4	3.4	3.4	**10.1**
Eritrea			99%	2008	2.1	2012	AF	AF	0.6	0.6	0.6	**1.8**	AF	AF	1.4	1.4	1.4	**4.3**
Mali		IHP	74%	2008	4.8	2012	AF	AF	0.8	0.8	0.8	**2.4**	AF	AF	1.2	1.2	1.2	**3.6**
Guinea	IRIS		57%	2010	1.6	2012	AF	AF	0.8	0.8	0.8	**2.4**	AF	AF	1.2	1.2	1.2	**3.5**
Chad	IRIS		23%	2008	4.2	2012	AF	AF	0.7	0.7	0.7	**2.2**	AF	AF	1.1	1.1	1.1	**3.3**
CAR	IRIS		54%	2007	3.2	2012	AF	AF	0.6	0.6	0.6	**1.8**	AF	AF	0.6	0.6	0.6	**1.8**
Gambia			98%	2010	0.4	2012	AF	AF	0.6	0.6	0.6	**1.8**	AF	AF	0.6	0.6	0.6	**1.8**
Tajikistan			93%	2008	1.3	2012	AF	AF	0.6	0.6	0.6	**1.8**	AF	AF	0.6	0.6	0.6	**1.9**
Uganda			64%	2007	12	2013	AF	AF	AF	2.4	2.4	**4.9**	AF	AF	AF	3.6	3.6	**7.2**
Korea DR			93%	2007	2.8	2013	AF	AF	AF	0.6	0.6	**1.2**	AF	AF	AF	0.9	0.9	**1.8**

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Benin		IHP	83%	2010	0.9	2013	AF	AF	AF	0.6	0.6	**1.2**	AF	AF	AF	0.7	0.7	**1.5**
Burkina Faso		IHP	82%	2008	4.3	2013	AF	AF	AF	0.6	0.6	**1.2**	AF	AF	AF	0.7	0.7	**1.5**
Guinea-Bissau	IRIS		68%	2008	1.1	2013	AF	AF	AF	0.6	0.6	**1.2**	AF	AF	AF	0.6	0.6	**1.2**
							Expected Resource Allocation on Implementation Rate											
							With Cap						**Without Cap**					
Country	**IRIS Eligible**	**IHP Partner**	**DTP3 Coverage rate**	**Current HSS Grant**			**Annual Estimated Allocation 2011-2015 (US$ million)**					**Total Allocation up to 2015 (US$ million)**	**Annual Estimated Allocation 2011-2015 (US$ million)**					**Total Allocation up to 2015 (US$ million)**
				Year of Approval	**Total Support Approved up to 2010 (US$ million)**	**Final year of funding adjusted for implementation rate**	**2011**	**2012**	**2013**	**2014**	**2015**		**2011**	**2012**	**2013**	**2014**	**2015**	
Somalia	IRIS		31%	2010	2.8	2014	AF	AF	AF	AF	1.6	**1.6**	AF	AF	AF	AF	2.3	**2.3**
Togo		IHP	89%	2010	1.2	2014	AF	AF	AF	AF	0.6	**0.6**	AF	AF	AF	AF	0.8	**0.8**
Cambodia		IHP	94%	2007	6.4	2015	AF	AF	AF	AF	AF	**0.0**	AF	AF	AF	AF	AF	**0.0**
Mauritania	IRIS	IHP	64%	2010	0.4	2015	AF	AF	AF	AF	AF	**0.0**	AF	AF	AF	AF	AF	**0.0**
Tanzania			85%	No HSS Support			3.2	3.2	3.2	3.2	3.2	**15.9**	4.7	4.7	4.7	4.7	4.7	**23.5**
Zimbabwe			73%	No HSS Support			2.4	2.4	2.4	2.4	2.4	**12.0**	3.6	3.6	3.6	3.6	3.6	**17.9**
Mozambique			76%	No HSS Support			1.8	1.8	1.8	1.8	1.8	**9.1**	2.7	2.7	2.7	2.7	2.7	**13.5**
Haiti	IRIS		59%	No HSS Support			0.6	0.6	0.6	0.6	0.6	**3.0**	0.8	0.8	0.8	0.8	0.8	**4.2**
Comoros			83%	No HSS Support			0.6	0.6	0.6	0.6	0.6	**3.0**	0.6	0.6	0.6	0.6	0.6	**3.0**

With Cap	**Without Cap**

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Total LIC Allocation	**28.3**	**65.6**	**88.4**	**93.2**	**95.4**	**370.8**	**41.6**	**96.4**	**128.4**	**135.0**	**138.1**	**539.4**

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LOW MIDDLE INCOME COUNTRIES

Country	IRIS Eligible	IHP Partner	DTP3 Coverage rate	Current HSS Grant			Expected Resource Allocation Based on Implementation Rate											
							With Cap						Without Cap					
							Annual Estimated Allocation 2011-2015 (US$ million)					Total Allocation up to 2015 (US$ million)	Annual Estimated Allocation 2011-2015 (US$ million)					Total Allocation up to 2015 (US$ million)
				Year of Approval	Total Support Approved up to 2010 (US$ million)	Final year of funding adjusted for implementation rate	2011	2012	2013	2014	2015		2011	2012	2013	2014	2015	
Pakistan			85%	2007	23.5	2009	2.9	2.9	2.9	2.9	2.9	14.3	6.4	6.4	6.4	6.4	6.4	31.9
Vietnam		IHP	96%	2007	16.3	2010	2.9	2.9	2.9	2.9	2.9	14.4	6.4	6.4	6.4	6.4	6.4	32.0
Nicaragua			98%	2007	1.4	2011	AF	0.6	0.6	0.6	0.6	2.4	AF	0.6	0.6	0.6	0.6	2.4
Nigeria	IRIS	IHP	42%	2007	43.5	2011	AF	2.6	2.6	2.6	2.6	10.5	AF	5.8	5.8	5.8	5.8	23.3
Yemen, Rep.	IRIS		66%	2007	6.3	2011	AF	0.7	0.7	0.7	0.7	3.0	AF	1.7	1.7	1.7	1.7	6.6
Sudan			84%	2007	9.4	2011	AF	0.6	0.6	0.6	0.6	2.4	AF	0.6	0.6	0.6	0.6	2.4
Cameroon			80%	2007	9.8	2012	AF	AF	0.6	0.6	0.6	1.8	AF	AF	0.7	0.7	0.7	2.2
Senegal		IHP	86%	2008	1.8	2012	AF	AF	0.6	0.6	0.6	1.8	AF	AF	0.9	0.9	0.9	2.7
Cote d'Ivoire			81%	2008	4.9	2013	AF	AF	AF	0.6	0.6	1.2	AF	AF	AF	0.6	0.6	1.2
Djibouti			89%	No HSS Support			0.6	0.6	0.6	0.6	0.6	3.0	0.6	0.6	0.6	0.6	0.6	3.0

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Guyana			98%	No HSS Support		0.6	0.6	0.6	0.6	0.6	3.0	0.6	0.6	0.6	0.6	0.6	3.0
Lesotho			83%	No HSS Support		0.6	0.6	0.6	0.6	0.6	3.0	0.6	0.6	0.6	0.6	0.6	3.0
Papua New Guinea	IRIS		52%	No HSS Support		0.6	0.6	0.6	0.6	0.6	3.0	0.6	0.6	0.6	0.6	0.6	3.0
Sao Tome and Principe			98%	No HSS Support		0.6	0.6	0.6	0.6	0.6	3.0	0.6	0.6	0.6	0.6	0.6	3.0
Uzbekistan			98%	No HSS Support		0.9	0.9	0.9	0.9	0.9	4.5	2.0	2.0	2.0	2.0	2.0	10.0
Total LMIC allocation not including India						**9.6**	**14.2**	**15.4**	**16.0**	**16.0**	**71.2**	**15.8**	**24.5**	**26.1**	**26.7**	**26.7**	**129.7**
India*	IRIS		66%	No HSS Support		19.7	19.7	19.7	19.7	19.7	98.4	43.8	43.8	43.8	43.8	43.8	**219.2**
Total LMIC allocation including India						**29.3**	**33.9**	**35.1**	**35.7**	**35.7**	**169.6**	**59.6**	**68.3**	**70.0**	**70.6**	**70.6**	**349.0**

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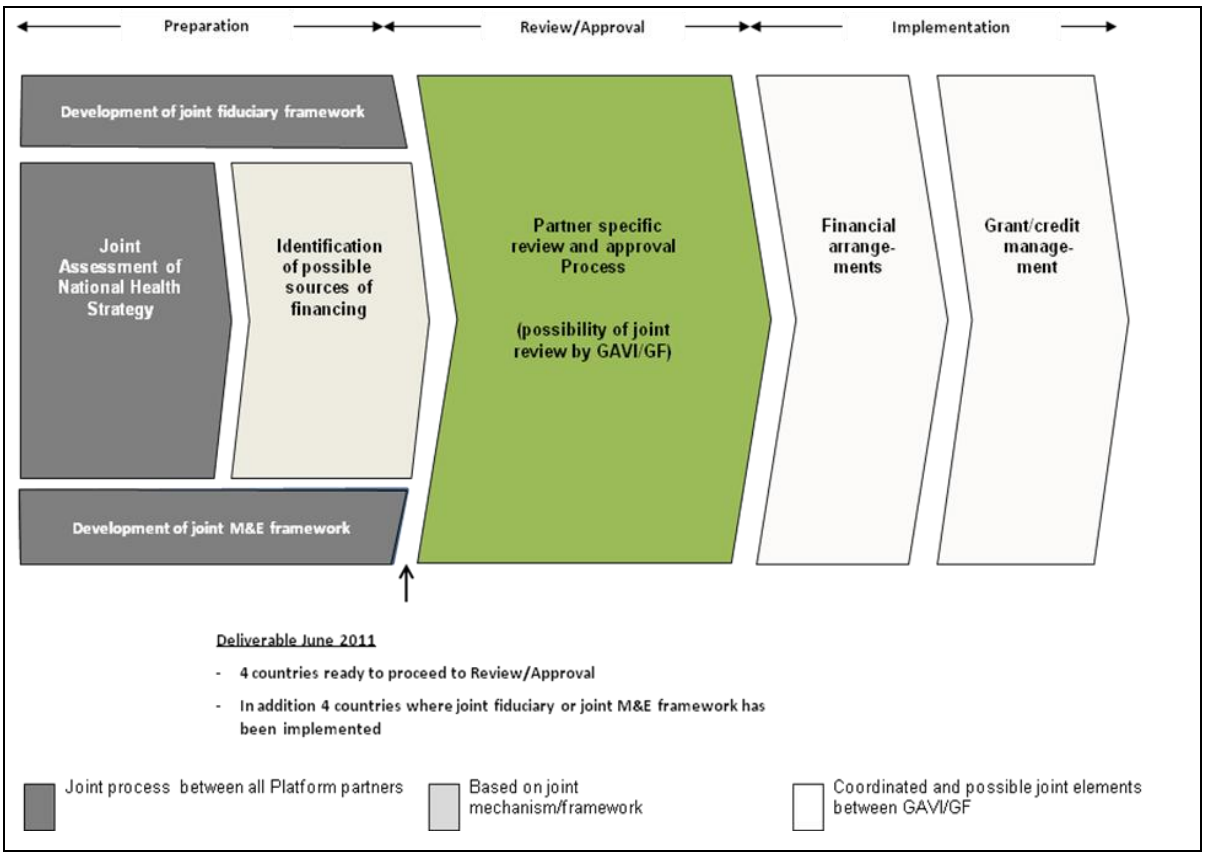
ANNEX 2 UPDATE ON THE HEALTH SYSTEMS FUNDING PLATFORM

The diagram below summarizes steps in the HSFP, using a request based on a national plan as an example.

Five key steps of the Platform (Example of country with a national plan/strategy process



Countries applying for new grants

In 2011 there are theoretically 8 low-income countries which could apply for a next health systems grant. (11 countries in 2012.) Countries will be able to apply using a joint GAVI/Global Fund proposal form or an HSS funding request based on their national health sector strategy/plans, and a JANS process.[2]

[2] JANS = Joint Assessment of National Strategy. Joint assessment is a shared approach to assessing the strengths and weaknesses of a national strategy. The intention is that the assessment is accepted by multiple stakeholders, and can be used as the basis for technical and financial support. A Joint Assessment tool and guidelines have been developed by an IHP+ inter-agency group.

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A joint GFATM/GAVI consultancy has developed final drafts of joint health systems forms and related guidelines. WHO and the World Bank are fully aware of this work and have been involved in the process.

The overall guidelines will comprehensively describe the Platform and how countries can access HSS funding from GAVI, GFATM and the WB. A complete set of guidelines and forms will be ready for consultation by December 2010 and will then be tested in a number of pilot countries in 2011 and adapted accordingly. Final versions of the guidelines, form and TORs for the review body will be subject to PPC approval. The Global Fund will use its own committee processes.

Key points:

- A country with a recent National Health Strategy which has been assessed by partners using the JANS tool can opt to make a funding request based on its national health sector strategy/plan. Other countries can apply for HSS funding using the joint proposal form.

- Countries will be encouraged to develop national health sector strategies as a basis for HSS Platform support.

- A joint independent review committee will assess all requests for funding under the GAVI HSFP support.

The annual sector reviews and reporting on the performance framework will be used as a basis for the grant renewal process by the joint independent monitoring committee.

Harmonized implementation – financial management, monitoring & evaluation

Platform agencies are collaborating on work related (inter alia) to M&E and financial management. This work applies to all eligible countries. The aim is for all Platform agencies to use the same monitoring, evaluation and fiduciary frameworks. This work can greatly improve the effectiveness of the GAVI HSFP support. Moreover it responds directly to the recommendations of the evaluation and tracking studies, particularly by reducing risks in areas where GAVI has been criticized in the past for acting alone and without an in-country presence to do the work effectively.

Financial management. Funding requests will be approved separately by the Global Fund and GAVI Boards. The World Bank will continue to sign loans and grants in line with current WB procedures. However, funding will in many cases flow from each of the agencies within the parameters of a joint financing arrangement (JFA). JFAs may, but do not necessarily, entail pooling of funds. This is a very significant change, which potentially has huge implications for countries in terms of aid effectiveness, and also gives more ‘protection’ for donor funding, as the financial management arrangements have been reviewed jointly by the development partners.

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GAVI grants provided through the Platform will be based on a performance-based funding approach agreed with the Global Fund, World Bank and other partners.

Monitoring. Joint M&E under the Platform will involve:

- Use of the core indicators and targets defined in the national health strategy for assessing grant performance
- Coordinated data collection
- Alignment with country reporting cycles.

Improving existing grants

In April 2010 the Board requested the Secretariat to continue work with the Global Fund, the World Bank, WHO and other partners on harmonization of existing investments to ensure better health outcomes (including immunisation-related outcomes), and better value for money. This works responds to the existence of the HSFP, as well as to the recommendations of the Evaluation and Tracking Study.

Existing grants are being systematically reviewed to address four issues:

- **Financial management –**as described above.

- **Monitoring.** See above. A list of core health systems indicators is being developed as a resource for countries for monitoring performance.

- **Institutional mechanisms**. Oversight will be provided through the Health Sector Coordinating Committee and the Annual Review.

- **Technical support.** In view of the Business Plan, an analysis will be made as to whether support should be provided through identified Alliance partners, e.g. WHO and World Bank primarily, and UNICEF (particularly on equity issues); whether there are other sources of TA available in country; or whether the Secretariat needs to respond through a 'draw down contract' responsive to country demand and need. Discussions have been held with other partners to see what economies of scale can be obtained, particularly in the area of financial management. World Bank is already contributing significantly in this area from its own resources.

For some countries, this systematic review of the existing grant is appropriate. For others, it makes sense to transition to support based on a National Plan – this is appropriate for countries with a new national plan which has been jointly reviewed by development partners. (Benin is a possible example.)

Progress in specific countries

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The Table below summarizes progress in six countries –

Country	**Progress with the HSFP**
Nepal	New funding approved. Fully integrated "Platform" support. GAVI now part of the Joint Financing Arrangement. This will sharply reduce reporting requirements – at the same time it strengthens GAVI's position. The national health plan focuses on improving access to essential maternal and child health services including immunization and HIV/AIDS.
Ethiopia	New funding. Current grant expires December 2010. National Health Sector Plan being finalized, following a joint assessment by development partners. (The "JANS" process.) Pilot for new method of requesting health systems funding based on National Health Plan. Possible country request to be reviewed in March 2011.
Cambodia	Existing funding. Grant runs until 2015. Government requested that mid-term review in 2011 be used as opportunity to identify possibilities of re-programming and harmonized monitoring, financial management and governance.
Uganda	Existing grant has been dormant since 2009 because of financial management concerns. New National Plan, with joint assessment. Grant may need to be re-programmed to fit in with National Plan and its implementation procedures.
DRC	Existing funding. Close collaboration with Global Fund as part of the Health Systems Funding Platform. Shared Project Implementation Unit.
Benin	Existing funding but no disbursement yet. One of the 9 proposals recommended by the October 2009 IRC and approved by EC in July 2010 after a 9-month "pause". Draft compact on multi-partner arrangements for support being actively discussed by Platform partners. Potential to 'join up' on financial management, monitoring and evaluation and possibly fund disbursement.

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ANNEX 3 HSS FINANCIAL INFORMATION AND CASH-VACCINE BALANCE

Note: The numbers below are based on the GAVI Financial Forecast at 11 November 2010. The amounts attributed to each year are stated on a cash-flow basis.

1. Relative shares: Cash-Based and Vaccine programmes

Cash-based programmes

Disbursements for cash-based programmes in 2010-2015 are projected to total US$ 1,021 million in 2010-2015, comprised as follows:

	2010	2011	2012	2013	2014	2015	**2010-15**
HSS - existing programmes	113	126	46	11	4	2	303
HSS - future programmes	0	25	74	116	132	137	484
Sub-total: HSS	113	151	121	127	137	139	**788**
ISS, IRIS, CSO, Vaccine intro.	56	53	40	30	27	27	234
Total Cash-based	169	204	161	157	164	166	**1,021**

The amounts for future HSS programmes, totalling US$ 484 million, are estimated in accordance with the basis approved by the Board in July in 2010 (see Annex 1) and on the assumption that this can be fully funded. This amount is in respect of the maximum allocation for Low Income Countries only (see Annex 1). It does not include the allocation for Low-Middle Income countries.

Vaccines

Disbursements for vaccines in 2010-2015 are projected to total US$ 5,883 million, on the assumption that this demand can be fully funded. This amount is in respect of existing programmes and projected future programmes and, in each case, their continuation through 2015.

Relative shares through 2015

If projected demand were fully funded, the amount disbursed to cash-based programmes in 2010-2015 would represent **15%** of the total.

	2010	2011	2012	2013	2014	2015	**2010-15**
Cash-Based	169	204	161	157	164	166	1,021
Vaccines	584	834	1,170	1,176	1,064	1,055	5,883
Total	753	1,038	1,331	1,333	1,228	1,221	6,904
Cash-Based as % of Total	22%	20%	12%	12%	13%	14%	**15%**

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Relative shares after 2015

If there was no growth in demand for HSS and other cash-based programmes beyond the 2015 level (US$ 167 million) throughout 2016-2020 and based on current estimates of vaccine demand (and assuming that demand can be fully funded), then cash-based programmes would account for 12% of disbursements in that period. The reduction of the share reflects a projected growth in vaccine demand. However, if following experience of the operation of the HSS joint platform, demand for cash-based programmes was to grow by 8% per year, then the cash-based share would continue at the 2010-2015 level of 15%. Projections for 2016-2020 are inherently uncertain at this time.

(A) *If demand for cash-based programmes remained flat from 2015 onwards:*

	2016	2017	2018	2019	2020	**2016-20**
Cash-Based	167	167	167	167	167	835
Vaccines	1,130	1,182	1,268	1,220	1,099	5,898
Total	1,297	1,349	1,435	1,387	1,266	6,734
Cash-Based as % of Total	13%	12%	12%	12%	13%	**12%**

(B) *If demand for cash-based programmes was to grow at 8% per year:*

	2016	2017	2018	2019	2020	**2016-20**
Cash-Based, if growth at 8% pa	180	195	210	227	245	1,058
Vaccines	1,130	1,182	1,268	1,220	1,099	5,898
Total	1,310	1,377	1,478	1,447	1,344	6,956
Cash-Based as % of Total	14%	14%	14%	16%	18%	**15%**

2. Risks and Opportunities

The foregoing numbers are projections that rely on estimates of demand to GAVI for vaccines and cash-based programmes, and assume that sufficient resources will be available to fully respond to that demand. Actual demand may differ from the projection and the overall level of available resources may be such that GAVI can fund only a portion of that demand. These and other factors may cause the relative shares of vaccines and cash grants to differ from the shares illustrated above.

The illustrations of relative shares indicate that cash-based support could account for approximately 15% of total programme expenditure in 2010-2015 and, with some growth in demand, could represent a similar share in 2016-2020. Such an outlook may obviate any need to earmark funding for particular forms of support. Doing so could help to optimise the use of limited financial resources, in a manner that responds to country demand to the maximum extent possible. The ability to flexibly allocate all available funds could also help GAVI to maximise other

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sources of income, such as contributions for the Advance Market Commitment mechanism.

3. Operational considerations

While new vaccine programmes are usually approved in (annual) 'Rounds', HSS proposals will be approved throughout the year, as will renewal/extension of vaccine programmes. Accordingly, the intent of the June 2010 Board decision, which referred to relative shares "in a given proposal round", would be better achieved by specifying a period, for example, " in each calendar year". In periods of anticipated resource constraints, a notional ceiling (informed by projections) for cash-based programmes could be established at the outset, to mitigate the risk of having over-funded one area before the actual demand for the both areas was fully known.

Following Board approval of the basis for funding HSS proposals through the joint platform, the demand for future HSS programmes has been estimated at US$ 484 million in 2011-2015 (see Section 1 above). Hence, consideration could now be given to closing the original HSS window (from which US$ 179 million remained unallocated).