DOSE PER CONTAINER PARTNERSHIP: INITIAL INSIGHTS
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FRAMING THE ISSUE
Countries need access to affordable and appropriate vaccine products and programmable tools to achieve in-country vaccination coverage targets. To achieve the appropriate processes, it is essential to understand the choices available and the trade-offs of the solutions. Since there are many different immunization settings such as rural and urban, underprivileged, etc., it is important to understand the most appropriate DPC per context. The Partnership was established to address the following issues which were identified as obstacles to reaching these targets:

1. There is continued reliance on multi-dose presentations to maintain low purchase costs per dose.
2. Healthcare workers (HCWs) and patients only purchase vaccines during specific opportunities to immunize.
3. Plans are needed to assess doses per container (DPC) trade-offs between costs and system impacts.
4. DPC decisions impact program performance.
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THE PARTNERSHIP
The Dose Per Container Partnership (DPCP) formed with the objective to support decision making for vaccine programs and products in order to optimize equitable, timely, safe and cost-effective coverage. The DPCP is comprised of six partners and a Technical Advisory Group (TAG) to help guide the appropriate approaches to audiences and stakeholders.

SYSTEM COMPONENTS CONSIDERED FOR DPCP
DPCP is gathering evidence on these systems components to better understand the trade-offs related to the components and better inform both country and global level decision-making:

- Coverage Rates
- Wastage Rates
- Costs PER Dose
- Safety
- Supply Chain

HOW DO COUNTRIES MAKE DPC DECISIONS?
The DPCP first wanted to understand what decision making resources/tools are currently used in countries to make DPC decisions. The following studies are providing insight into DPC decisions.

CASE STUDY: GHANA
Case study documenting the decision-making process for the previous switch to DPC for Yellow Fever and Polio.

CASE STUDY: SENEGAL AND VIETNAM
Observation research to understand how DPC may affect country-specific policies and practices related to vaccinating, storing, wearing and tracking, lifestyle changes, costs and other system characteristics.

OBSERVATIONAL RESEARCH: ZAMBIA
Implementation research in 10 districts to 20 provinces in Zambia to evaluate effects of switching from Td to Dose Per Container (DPC) technology.

IMPLEMENTATION RESEARCH: ZAMBIA
Implementation research in 14 districts to 20 provinces in Zambia to evaluate effects of switching from Td to Dose Per Container (DPC) technology.

FINAL OBJECTIVES
- The culmination of the DPCP work will lead to evidence to make better informed decisions on trade-offs for countries and will build an existing processes and tools to develop integrated decision-making approaches that help countries assess their DPC options and increase awareness of choices.

- For example, the global and country level tools and products could be very relevant for ongoing and emerging work on Total Systemic Effectiveness and for understanding the effort of DPC on various system elements of immunization programs.

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“IN VIEW OF THE INTRODUCTION OF TWO NEW VACCINES—PNEUMOCOCCAL AND ROTAVIRUS—WHICH WE WERE ALSO GOING TO ADD IN TO THE PROGRAM, WE NEEDED TO CREATE SPACE”
National Stakeholders in Ghana when asked about the decision to switch to a 25 dose unit of percutaneous from a single-dose unit

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