

ADDO Program Milestones		
ADDO Program Phase	Year	Description
Assessment, program conceptualization, design, and planning	2001-2003	The Strategies for Enhancing Access to Medicines (SEAM) Program, MOHSW, TFDA, and several stakeholders from the government, local government, academic institutions, and the private sector collaborate on a pharmaceutical sector/access to essential medicines assessment, recommend a public-private sector approach to improving access, and design and reach a consensus on the ADDO model with Ruvuma as a pilot region. Program funding provided by the Gates Foundation .
Pilot program development and implementation—Ruvuma region	2003-2005	SEAM Program and TFDA design and launch the ADDO program in the Ruvuma region—210 outlets accredited (Gates Foundation). Private sector contribution (210 owners' investments for premises construction or upgrade to meet accreditation standards).
Pilot program M&E	2003-2005	SEAM commissions monitoring and evaluation of the ADDO program in Ruvuma (Gates Foundation).
	2006	Danida sponsors an independent evaluation of the Ruvuma pilot by HERA.
Program scale-up (centralized approach)	2006-2008	Government of Tanzania, through the MOHSW, approves TFDA plan to rollout ADDOs to Tanzanian mainland. U.S. Agency for International Development (USAID) , through MSH's Rational Pharmaceutical Management Plus Program, funds ADDO rollout in Morogoro region using resources from the President's Emergency Plan for AIDS Relief—results in 553 new ADDOs. Government of Tanzania funds rollout in Mtwara and Rukwa regions—122 new ADDOs. Private sector contribution (675 owners' costs for premises construction or upgrade to meet accreditation standards) in Morogoro, Rukwa, and Mtwara.
	2007–2008	Danida supports TFDA to conduct training of trainers and district inspectors, develop and print training materials used for scale-up, and carry out national sensitization seminars with local governments.
Program scale-up (decentralized approach)	2007-2011	Gates Foundation funds the East African Drug Sellers Initiative (EADSI) to work with TFDA to review and revise the existing ADDO model to make nationwide scale-up more cost-efficient and to help ensure the long-term sustainability of ADDOs and to evaluate effect of changes on access to medicines and quality of products and services provided.
	2008	Tanzanian stakeholders agree to decentralize implementation model to improve efficiency of scale-up and sustainability of program at consensus meetings in Dodoma and Morogoro.
	2008	Global Fund to Fight AIDS, Tuberculosis and Malaria agrees to fund ADDO rollout in six to eight high-impact malaria regions to improve access to antimalarials for children under five; Danida and government of Tanzania also contribute funding for rollout.
	2009	CHAI funds initial implementation activities in Shinyanga and Dodoma
	2008-2009	Local governments in Shinyanga, Tabora, Iringa, Arusha, Kagera, and Kilimanjaro take own initiative to mobilize funds to introduce ADDOs.
	2011	Cost of training in Dar es Salaam for the urban ADDO model funded by ADDO dispenser and owner contributions (~1,300 dispensers and ~1,700 owners).

	2013	Last region, Mwanza, launches the ADDO program in June 2013. Officially, ADDO program coverage is nationwide.
Program maintenance and sustainability; public health intervention integration into the ADDO program	2006	National Malaria Control Programme adopts the ADDO concept as part of its national strategy to increase access to malaria treatment.
	2006	MSH's Rational Pharmaceutical Management Plus Program collaborates with the Basic Support for Institutionalizing Child Survival Project to add a child health component to ADDO services (USAID funded FY07, FY08, FY09).
	2007	Tanzania's National Health Insurance Fund initiates plan that allows members to fill prescriptions at ADDOs.
	2007	MSH's Strengthening Pharmaceutical Services (SPS) Program uses President's Malaria Initiative funds to provide subsidized artemisinin-based combination therapy through ADDOs (FY06, FY07, FY08).
	2008	The Prime Minister's Office for Regional Administration and Local Government mandates that District Councils incorporate ADDO program implementation into their planning and budgets.
	2008-2010	MSH's SPS Program targets ADDO dispensers and community members in Kilosa district to promote antimicrobial resistance awareness and improve dispensing practices. (USAID)
	2009	Rockefeller Foundation funds MSH to develop a strategy to promote program sustainability and quality through the establishment of ADDO owner and dispenser associations.
	2009	Government of Tanzania regulation is revised to phase out unaccredited drug shops (<i>duka la dawa baridi</i>) by 2011.
	2011	Legislative change mandates the transition of program oversight from TFDA to Pharmacy Council.
	2010-2012	As a pilot, MSH's Systems for Improved Access to Pharmaceuticals and Services Program collaborates with National TB and Leprosy Control Program to integrate interventions to engage 550 ADDOs in Morogoro to improve early detection of people with TB symptoms (USAID).
	2011-2014	Gates Foundation funds the Sustainable Drug Seller Initiative (SDSI), building on MSH's SEAM and EADSI programs. Both SEAM and EADSI focused on creating and implementing public-private partnerships using government accreditation to increase access to quality pharmaceutical products and services in underserved areas of Tanzania and Uganda. SDSI's goal is to ensure the maintenance and sustainability of these public-private drug seller initiatives through: <ul style="list-style-type: none"> • Regulatory system strengthening (both central and district levels) • Training institutionalization • Database and mobile technology applications development to facilitate communications and reporting • Drug seller association strengthening, including peer supervision • Consumer engagement
	2012-2014	CHAI implements use of malaria rapid diagnostic testing in ADDOs in Kilosa district.