

Pradhan Mantri Bhartiya Jan Aushadhi Yojana: Benefit to common man

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ARTICLE DETAILS

Article History

Published Online: 10 May 2018

Keywords

Jan Aushadhi, Generic medicines, Branded Medicines

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ABSTRACT

Generally people buy medicines of reputed brands or which are prescribed by their Doctors. The price of reputed brand medicines generally remains on higher side and creates affordability issue. The "Jan Aushadhi" was launched by the Govt. of India in the year 2008 with an intention of providing quality generic medicines at an affordable price.

In Amritsar city of Punjab State the first "Jan Aushadhi Medical Store" was opened on 25 November 2008. The "Jan Aushadhi" was renamed "as Pradhan Mantri Bhartiya Janaushadhi Pariyojana" (PMBJP) in November 2016. To further augment the scheme various provisions has been made like a grant of Rs.2.5 lakhs is given to NGOs, agencies and individuals who establish Jan Aushadhi stores in Government hospital premises. The space is also provided free of cost. All NGOs, Charitable Societies, Self Help Groups, with experience of minimum 3 years in welfare activities, can also open the Jan Aushadhi store outside the hospital premises. The Jan Aushadhi programme is widely aimed to revolutionize the philosophy of production, retail trade and prescription of medicines. Despite the fact that; the difference in the price of generic and branded medicine is huge; the scheme till date has not achieved the targets which were set due to various reasons. Like very few patients have opted for the scheme, very few stores were running till 2015 and an average of 40-100 drugs were available till 2015. Although there are short comings in the scheme, it should be implemented by making all possible efforts so that the poor people of the country can have access to quality healthcare and better life. The paper analyzes the various factors crucial for the success of the scheme. Secondary data from various sources has been used in the paper. The results of the paper are useful for pharmacy professionals and common man.

1 Introduction

When we do shopping for household items, we generally buy goods or services of the brands which provide us best value for money. Our buying behavior is affected by a number of factors including advertising by the businesses. Sadly we have no choice in choosing the brands of medicine and other health care aids we buy. Generally our buying decision is guided by Physician and allied service providers. The Physicians are by and large manipulated by the incentives they receive from pharmaceutical companies. The Medical Council of India mandates the Physicians to write generic name of drugs but it is hardly being followed. All established pharmaceutical manufacturer assign their brand names to a generic name. The practicing of prescribing their brand of choice by physicians is so extensive, that; the prescribed drug is only found in the drug store of their clinic or nursing home. A prevalent misconception regarding drugs is that; the more costly drugs are more effective. Usually the common patients do not have choice of buying any other drug except the one which has been prescribed by the Physician/Surgeon. This vicious circle of consumer/patient exploitation needs to be wrecked. What makes matter worse is the fact around 90% of patients do not remember the generic name of the drug 1. The prevailing economic environment and income disparity in India makes it difficult for most Indians to afford quality treatment. According to a report of WHO, around 3.2% Indians fall below the poverty line due to high medical bills. Around one third of Indian rural population does not seek proper medical care because of

financial constraints. About 47% of rural Indians and 31% of urban Indians have to take loan to meet the cost of hospitalization. The share of out of pocket expense in healthcare in India is 70% 2. According to a study conducted by the pharma department, out-of-pocket healthcare expenses on medicines may come down to as much as half if generics are prescribed in 23 therapeutic areas 3. At this point it is important to explain the word 'generic'. In common terminology, the word Generic is used to describe pharmacological name of a drug. According to US FDA a generic should also satisfy the following criteria. The drug must contain the same active ingredient, it should have the same dosage strength and the same dosage form (e.g. tablets, syrup etc) and should be administered by the same route (Oral, Topical or Injectable), additionally, it should carry the same active ingredient to the blood flow. The generic drug may have difference in non-essential characteristics for instance color, taste and packaging 4. The pharmaceutical manufacturers assign brand name to generics. A typical example is of Paracetamol 500 mg formulation, Glaxo Smithkline markets it with brand name Calpol, Dr. Reddy's labs markets it with brand name Nicetamol.

2 The Jan Aushadhi Stores

The predecessor to Jan Aushadhi Yojana in India is Neethi Medical Store. It was started by the Kerala State Co-operatives Consumers' Federation Ltd through the help of Government of Kerala on 1st November 1998. Under this scheme, medicines are made available to the consumers at a price less by 18 to

40% of the MRP 5. After the success of the Neeti Stores the JAS was conceptualized. It is the project of Central Government for providing unbranded generic medicines at reasonable prices. JAS are aimed to be started across the country. The ordinary functioning time of JAS is 8 Am to 8 PM. It is proposed that all therapeutic medicines to be made available at JAS. No prescription is required to buy Over the Counter drug from JAS. To improve the viability they are permitted to sell allied health products which are commonly sold in medical stores. The JAS can also be opened by individuals who do not possess Pharmacy degree/diploma, provided they offer employment to pharmacy professionals.

Initially government had identified 504 essential medicines, including antibiotics, painkillers and vitamins, to be made available in JAS. These medicines are used in treatment of cardiovascular, respiratory, diabetes and gastroenterology diseases. Government also aimed at establishing at least one Jan Aushadhi store in each of the 630 districts of the country.

To further the scheme Government has tied up with some NGOs, Trusts and societies like PCI, CNRI, Shree Tapovan Vikas Trust, Indian Red Cross Society, Lions Club, IMA, Vignan Bharathi, Bharat Sevak Samaj, etc 6.

A National Toll free helpline 1800-180-8080 has also been launched for propagation of information Jan Aushadhi.

3 Reasons of Failure

Apart from much fanfare, till date the JAS has not achieved the desired target. The benefits of the scheme are limited to few. In some states the citizen friendly policies are also attributed like in Haryana, Rajasthan and Tamil Nadu provide free medicines at Govt. Hospitals. Thus, there are very few takers of JAS in these states. The prominent reasons of failure are being listed below.

3.1 Pricing of Medicines

It has been observed that many times the price of medicine is higher in JAS in comparison to alternatives available in the open market.

3.2 Strict Eligibility norms

The norms for opening JAS are too strict like if a NGO/Charitable society wants to open JAS, they must have completed three years of operation. Further, their audited record is also required. For individuals also the procedure is lengthy and cumbersome 7.

3.3 All medicines are not available

It has been observed that medicines of all therapeutic class are not available with the JAS. This situation promotes the normal medical stores which stock all medicines.

3.4 Inefficient supply chain management

Usually all the required medicines do not remain available at the warehouse of the Bureau of Pharma Public Sector Units of India leading to stock out situations at the JAS.

3.5 Procurement of Drugs

The drugs are not procured through an open tender system and it leads to short supply of required drugs.

3.6 Lack of working capital

Shortage of working capital in Central PSUs adversely affects the production and supply of medicines in supply chain and as such creates scarcity of medicines at JAS.

3.7 Lackadaisical promotion of the scheme

Government has not wholeheartedly promoted the scheme. It is very rare to find any advertisement of JAS in any media of mass communication. Government is promoting Swatch Bharat Abhiyan with zeal and enthusiasm but not much is done to promote JAS.

3.8 Regular monitoring of JAS scheme

The scheme is not being regularly monitored and as such the accountability of individuals could not be maintained.

3.9 Legal framework

As per the rules of Drugs and Cosmetics Act 1940, pharmacists are not allowed to substitute branded medicines with generic medicines. As such if branded medicine has been prescribed by the Physician, Pharmacist can not replace with unbranded generic.

3.10 Doctors not prescribing generic drugs

According to code of ethics issued by MCI in 2002, Doctors must write generic names of the drugs they prescribe. In reality, it is rarely followed and Branded medicines are prescribed by the Doctors.

4 Measures for promoting JAS

JAS is an ambitious project to ensure health and well being of the individuals and certain steps are required for ensuring that the benefits of the scheme reach the masses.

4.1 Incorporating CSR activities of Pharmaceutical Companies

The 2013 amendment of the Company Law introduced Corporate Social Responsibility in section 135. Pharmaceutical companies can directly contribute to JAS under CSR initiatives. This could guarantee quality of medicines and achieve trust of patients. Further it will assure timely availability of medicines for distribution and sale.

4.2 Dependence on State Govt. to be lowered

Generally State Governments spend around 10% of their annual budget on healthcare activities. State Governments are involved in various healthcare activities so it is advisable that; JAS should be implemented without their support.

4.3 Sourcing of medicines from private manufacturers

Most public sector pharma units are not in good shape which leads to poor state of the otherwise healthy scheme. The government should procure medicines from WHO/GMP certified

generic pharma manufacturing companies. It will ensure availability of wide range medicines, including lifesaving and

critical care, in the JAS.

5 Data Analysis

Table 1 Price Comparison of common branded medicines and medicines at Jan Aushadhi Store

Name of Salt	Dosage	Pack	Average Market Price of Branded Medicines(Rs.)	Prices of Generic Medicines sold in JanAushadhi generic drug stores (Rs.)
Tablet Ciprofloxacin	250 mg	10	55.00	11.10
Tablet Ciprofloxacin	500 mg	10	97.00	21.50
Tablet Diclofenac SR	100 mg	10	51-60	3.35
Tablet Cetirizine	10 mg	10	37.50	2.75
Tablet Paracetamol	500 mg	10	13.56	2.45
Tablet Nimesulide	100 mg	10	38.66	2.70
Tablets Atorvastatin	10mg	10	Rs 70	12.64
Syrup Cough		110 ml bottle	33.00	13.30
Tablets Ramipril	5mg	10	80.00	8.53
Injectable Piperacillin			350 - 1,200	40.0

Comparison between few generic and branded drugs

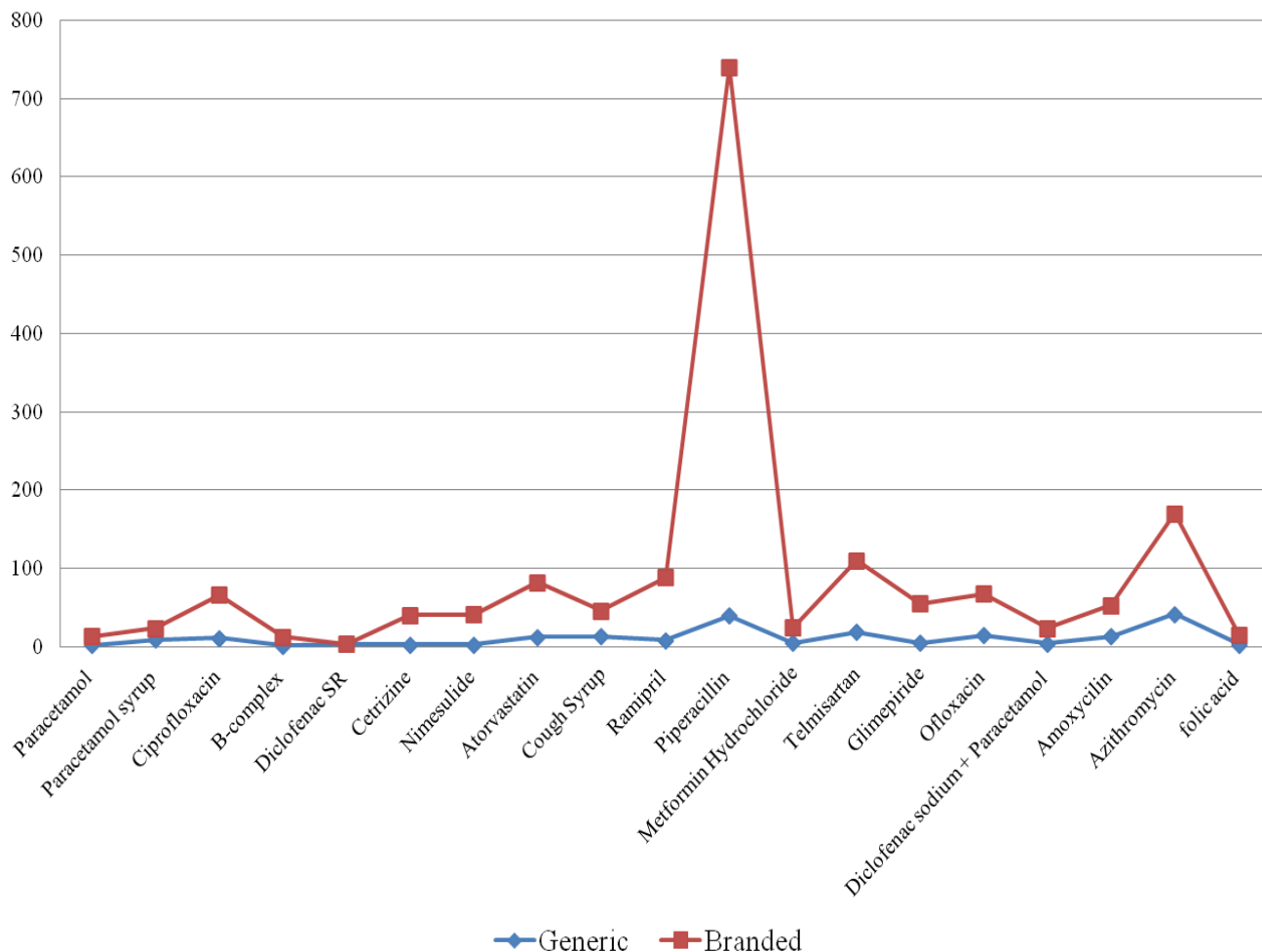


Fig 1 Price Comparison of common branded medicines and medicines at Jan Aushadhi Store

Status of Jan Aushadhi kendras (As on Dec. 2014)

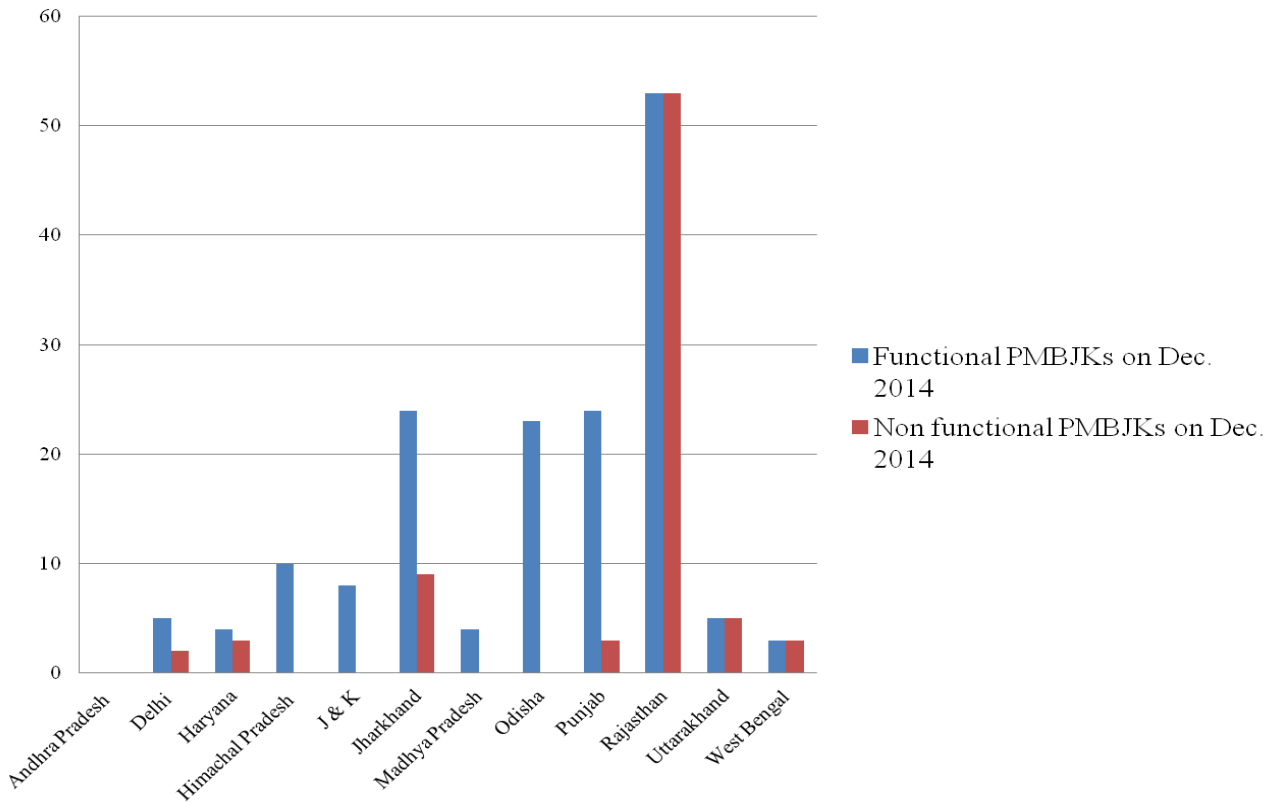


Fig 2 Status of Jan Aushadhi Kendra as on Dec 2014

Functional PMBJKs till 30th April, 2017

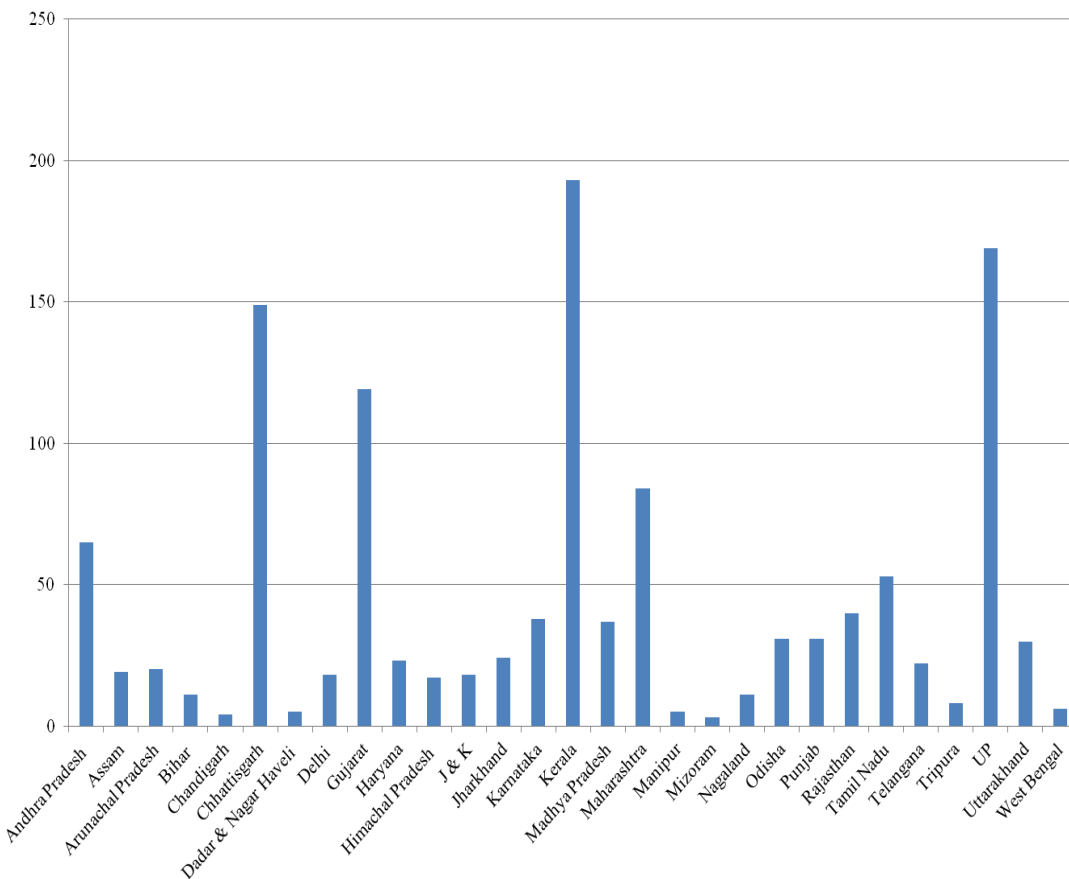


Fig 3 Functional JAS in different states as on 30 April 2017

6 Discussion

The goal of providing Universal health care can only be achieved; if availability of quality medicines at right price is ensured. The JAS is an important initiative to achieve this target. However many people are unaware of the JAS scheme. Our observation and study indicates that; Government has spent very little on promoting the scheme. Even if a small proportion of the budget which is spent on Swachh Bharat Abhiyan, is allocated for promoting JAS scheme, it could become a success. Doctors in India mostly prescribe branded drugs. A major legal revamp is required so that Doctors are not

guided by the incentives they receive from pharmaceutical companies. It would be a major push to JAS if Doctors start prescribing generic drugs. Further there are many myths about the quality of generic medicines in mind of common people and health care professionals; a short educational campaign is required by the Government to promote the quality of generic medicines. Pharmaceutical companies should also be allowed and encouraged to advertise the quality and efficacy of generic drugs.

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