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### RESEARCH ARTICLE

#### PRIME MINISTER JAN AUSHADHI PARIYOJNA: CHALLENGES IN EFFECTIVE IMPLEMENTATION

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#### Abstract

Pradhan Mantri Jan Aushadhi Pariyojna refers to availability of quality medicines at much cheaper prices than branded medicines by Parma companies .A generic drug is a pharmaceutical drug that contains the same chemical substance as a drug that was originally protected by chemical patents. A generic drug has the same active pharmaceutical ingredient (API) as the original, but it may differ in some characteristics such as the manufacturing process, formulation, color, taste, and packaging. Therefore assessment of the functioning and productivity of PMBJP becomes a matter of research to study usage of generic medicines, their demand and eroding the myth that High price with Brand name is synonymous to high quality. The factors ailing the Programmes were too much dependence on the CPSUs for supply of medicines., their limited coverage of therapeutic groups and dosages., permission from State Government to open new stores and reluctance of medical practioners to suggest generic medicines to their patients. Corruption among government officials and private pharma companies attempts to scuttle the programme .Unavailability and uneven distribution of medicines among the stores,poor awareness about the stores and medicines hamper the effective implementation of the Programme.Last but not the least simply formulating policy and leaving in the hands of store owners to execute does not end the responsibility, rather the government need to evaluate and reevaluate the existing problems. Media reporting, surprise check of the stores and timely supply of medicines from the companies and then to the stores should be strictly monitored.

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#### Introduction:-

Since 2008, Generic medicines are much talked about because of its affordability at lower prices for the people of India. A generic drug is a medication created to be the same as an existing approved brand-name drug in dosage form, safety, strength, route of administration, quality, and performance characteristics. Generic medicines work the same as brand-name medicines (1). It means a generic drug is a pharmaceutical drug that contains the same chemical substance as a drug that was originally protected by chemical patents. A generic drug has the same active pharmaceutical ingredient (API) as the original, but it may differ in some characteristics such as the manufacturing process, formulation, excipients, colour, taste, and packaging. (2)

Launched as Jan Aushadhi scheme, it refers to availability of quality medicines at much cheaper prices than branded medicines by Parma companies.But the very intent of this scheme appeared compromised so far as accessibility of

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generic medicines in stores and acceptability by medical practitioners and confidence of masses using these medicines are concerned. To many respondents, low priced medicines are not synonymous with good quality medicines.

Therefore assessment of the functioning and productivity of PMBJP (erstwhile JAS) becomes a focus of study. Generic name is the chemical name of a drug, but Pharmaceutical companies provide a Brand name according to its dosage, concentration and Patent formulation (3). Jan Aushadhi stores have been opened all over country. The number of Jan Aushadhi stores in the country has grown to 4,300 in 640 districts. According to a survey conducted by the Bureau of Pharma PSUs of India (BPPI), the average monthly sales per store had grown to ₹1.50 lakh (Oct 31, 2018) (4)

#### **Why such Initiative was needed:**

Availability of all commonly used medicines at lower prices for the general public and especially for poor people is a welfare measure to bring down health care budget of every citizen of India. Under this scheme besides quality generic medicines, provision for all health care products were covered. This mission needed awareness creation regarding usage of generic medicines, their demand for it and eroding the myth that High price with Brand name is synonymous to high quality. Unfortunately my respondents (medical practitioners and citizens) did not appear very confident about usage of generic medicines and replied in a very pessimistic way as they cannot compromise on buying generic medicines as they were not confident of its potentiality of effectiveness and to few it appeared duplicate due to low pricing (5)

Under CSR, the Central Public Sector Undertakings (CPSUs) launched the scheme of Jan Aushadhi with the Dept of Pharma (Ministry of Chemicals and Fertilizers), Government of India. The Ministry has been passing regulations and instructions for long to provide medicines at lower prices because branded medicines are sold at very high prices and amidst wide spread poverty and unemployment people of India fail to access better health services and fail to cope up with diseases and ultimately die.. In 2008, Govt of India launched JAN AUSHADHI, a novel project to make essential medicines available to all, at reasonable prices and Jan Aushadhi Kendras were opened across the country to provide unbranded generic medicines. As proposed in the 11<sup>th</sup> Five year plan, approx 630 centres were to be opened in each districts, but unfortunately by 2017 only 157 outlets could be opened to sell generic medicines and later few of them even closed down. (6) First such Kendra was set up in Amritsar on 25<sup>th</sup> Nov, 2008. The scheme had started with the noble objective of No Profit No Gain and also following Self Sustaining Model without any help and assistance from Government subsidies. The scheme even benefitted the store owners, who received assistance of Rs 2 lakhs to 50 lakhs and 16% discounts on medicines as their profit margins.

Since health is a state subject not a fundamental right in our constitution, Government of India can only control National Health programmes and sanction money that is why Jan Aushadhi Plan could not get support from Health Ministry, therefore from 2016-17, the Government of India planned to start 3000 JAS with the support of private participation under the name PMJAY-Prime Minister Jan Aushadhi Yojna (7)

#### **Operational features:**

Bureau of Pharma, PSU of India, a registered independent society is the implementing agency of PMBJP. It was setup under the Dept of Pharmaceuticals (Government of India) and supported by all the Pharma for coordination, procurement, supply and marketing of generic drugs. Earlier it was decided that Government of India will financially support BPPI and later BPPI would meet its expenses on its own. It was the responsibility of BPPI to get all medicines tested by NABL accredited laboratories. To achieve the objective of PMBJP, BPPI went for media coverage to disseminate the information regarding generic medicines concept.

Any reputed NGO, Private hospitals, charitable institutions, government hospitals, individual pharmacists were made eligible to apply for opening of Prime Minister Bhartiya Jan Aushadhi Kendra. They were also offered financial support of Rs 2.5 lakhs and free space for shops. BPPI had to provide training to those shop owners, who had no experience at all. Progress of all these execution were to be monitored by the Steering Committee comprising of Secretary, Joint Secretary, Director of Pharma, all MDs of Pharma PSUs and President, Secretary and CEO OF BPPI. All state Governments were directed to start PMBJP in Government Hospitals and medical colleges.

#### **Ineffective Implementation - Whose responsibility?**

One of the factors ailing the Programmes was its too much dependency on the CPSUs for supply of medicines. The over burdened PSUs struggled to meet the demand for medicines. The other reason which restricted the impact of the Jan Aushadhi stores was their limited coverage of therapeutic groups and dosages. Opening of new stores needed permission from State Government. Corruption among government officials and private Pharma companies attempts

to scuttle the programme (they did not want to lose their market shares) made it difficult to keep the programme on track. As against the target of having 275 stores in 12 states only 4 out of 28 states could establish stores by the end of March 2010 (8).

Weak and poor supply chain adversely affected companies producing generic drugs which could not offer proper discount on the medicines and this often de-motivated the store owners.

By March 2012, only 149 stores were operational. Therefore in August 2013, new business plan for having at least 3000 PMBJP Kendra by 2016-17 with an approx budget of Rs 148.82 crores was incorporated. Unfortunately the Programme continued to struggle despite the revamped plan as by the end of 2014-15 only 99 new stores could be opened with only 200 types of medicines. To make matters worse, in many stores only 50% medicines were available. In the Budget 2016-17, an amount of Rs 35 crores were allotted (9)

In 2015, after having detailed discussion with all the stakeholders, Strategic Action Plan was initiated, which focused on 5 As and 1 E - Availability, Acceptability, Accessibility, Affordability and Awareness and Effective Implementation. It was approved by Ministry of Chemical and Fertilizers in Sept 2015 which accelerated the growth and popularity of PMBJP as the new plan increased the number of medicines (900+ surgical+consumable items). Agents, distributors were appointed, warehouses opened and approx 5000 Kendras started functioning across the country. Actual sales during the year 2015-16 were 9.35 crores (10)

### **Research Methodology and Research Analysis:-**

Study involved analysis of primary sources - Ministry Annual Reports and Ministerial websites were analyzed and its varied objectives and mission were discussed in detail with all the stake holders. My prime focus was on hospital, medical practitioners, store owners and public in general. I always believed that extensive interaction with key stakeholders was the best way to unearth the key weaknesses of the programmes hobbling well intentioned government initiatives like JAS and PMBJP which struggled to pick up momentum and acceptability among beneficiaries. I pursued my research through surveys, discussions and interviews. The sampling was random based on convenience.

### **Reality of store owners:**

Jan Ausadhi Store owners reported about unavailability and uneven distribution of medicines among the stores. Location of stores was also not within the reach of people and many store owners deliberately didn't display the board of shops properly, thereby not allowing people to be aware about their existence. I myself had experienced this as the shop from where I have been buying medicines for the last six years never ever revealed that it was Jan Ausadhi Kendra. When I probed him further, his reply was I never asked for generic medicines so why should he inform me that his chemist shop is also Jan Ausadhi Kendra. It was obvious from his reply that these store keepers have taken the benefits but were unwilling to promote sale of generic medicines. The obvious intent of Jan Ausadhi Shop owners (who happen to be running parallel medicine stores) of not revealing the existence of their Jan Ausadhi outlet, is to protect their higher margins from sale of branded medicines.

### **Few other key observations:**

1. The small numbers of Jan Ausadhi stores appear to be a drop in the ocean in the overall context.
2. Poor awareness about the stores and medicines they offer hampers the effective implementation of the Programme. Shop owners offering both branded and generic medicine have a vested interest in creating doubts about the effectiveness of generic medicines in the patients by not replying to the genuine queries of patients. As a result, out of sheer ignorance and fear of illness patients end up buying branded medicines.
3. Shop owners face procedural problems in placing orders for medicines as once one type of medicines is delivered then only they can place order for the second time.
4. Some of the store owners even reported that they are not informed on time about possible deficiency in supply of medicines.
5. Shop owners did not appear very enthusiastic about promoting of Jan Ausadhi medicines. Often they cite that as it's the patient's responsibility to enquire about it, not theirs. Less profit margin also de-motivates them.
6. Store owners also admitted that drug Companies express willingness to promote Jan Ausadhi only on paper but actually they don't want to do so for fear of cannibalization.
7. Non availability of many medicines also disappoint customers of Jan Ausadhi who finally land up buying branded medicines after one or two attempts at the Jan Ausadhi stores.

8. Last but not the least, keeping record of all the medicines sold(uploading sale of medicines on BPPI Websites on the same day), and exchange receipts differences create too much nuisance and discrepancy to these store owners and they find it difficult to manage it and at times they don't modify the changes and bear the loss. They also blame both the patients and the Doctors who don't specify the form of dosage-tablets or syrup. They even complained of non availability of even most common medicines. The shop owners did appreciate the importance of the mission of providing medicines at affordable prices (Anti cancer medicines are 3-4 times cheaper than similar branded medicines) but they all showed their concern for Gap in Demand and Supply and the need for repeated request for supply of medicines. Many a time even basic medicines are not available with them (sanitary pad worth Rs 1 and routine fever and cough syrup medicines)
9. One of the most worrying issues before all the pharmacists is disposal of expired medicines. In the case of branded medicines on expiry, these are replaced by the concerned Company but so far as generic medicines are concerned, it's the responsibility of Jan Aushadhi store owners to dispose them off. This discourages them to stock any particular drug in sufficient quantity to avoid any potential loss. This clearly highlights the ironical situation; on the one hand these stores have less profit margins and on the other hand they have to bear the loss of expired medicines.
10. New Pharmacists do not appear interested in opting for Jan Aushadhi Kendra due to various reasons – supply of limited varieties of drugs, less physician prescribing it, less profit margin and less patients asking for it. It appears a vicious cycle of disinterest, lack of willingness, participation and involvement.

#### **Pharmaceutical companies:**

Pharma companies in order to make their products popular, aggressively advertise for their medicines to catch attention of the customers. Their representatives influence Medical practitioners, Pharmacists by giving lucrative offers, gifts to promote their branded drugs. I met doctors who even gave me contact numbers of medical representatives to buy those products from them only to have their share of benefits. If the newly introduced medicines/drugs becomes popular, they charge exorbitantly as compared to Generic Medicines they are highly priced.

Companies after receiving tenders to provide medicines, often struggle to get their payments from BPPI in time. Though Government has specified 90 days for the payment process, the waiting time often drags on well beyond the stipulated time. Inordinate payment delays not only thin out their margins but often render their supplies uneconomic making them demotivated to supply to these stores. These companies are also not aware of the stores their products are sold to, which I felt essential so as to stop direct association or nexus of these companies with the stores. However their logic was, given the information they can get feedback about their medicines' effectiveness and can improve their product. Company representatives though showed willingness to supply important drugs and Jan aushadhi drugs but find it impractical to do so.

#### **Executive Behavior:**

Commitment on the part of policy executors, ignorance of the day to day problems and measures to meet the grievances can be strengthened by receiving these feedbacks. Simply formulating policy and leaving in the hands of store owners to execute does not end their responsibility, rather they need to evaluate and reevaluate the existing problems. Media reporting, surprise check of the stores and timely supply of medicines from the companies and then to the stores should be strictly monitored

#### **Medical Practioners:**

Doctors in the Government Hospital accepted that they do prescribe generic medicines but patients report about non availability of those medicines. Few even enquire about their effectiveness. Often they express their unwillingness to try out these medicines as they genuinely believe that they might be putting their lives in danger by using these generic medicines. They don't mind buying expensive medicines. However; number of practioners was less who prescribes medicines due to above mentioned factors. They highlighted that due to nonavailability of medicines these patients keep coming again and again so to relieve them they prescribe easily available branded medicines. However Private Practioner accepted that they don't prescribe generic medicines and few admitted that they do prescribe the salt names available in the drug prescribed. Some even said that they don't know about the credentials and effectiveness of generic contents in medicines.

It is open story to all that drug companies organize free seminars, conferences, scientific activities and even foreign trips for the Doctors who prescribe their medicines. The medical representatives even admitted offering them gifts and other benefits

**Conditions for successful implementation of PMBJP:**

This scheme, in order to work successfully needs support from the Government both state and centre, hospitals - private as well as government, from medical Practitioners for prescribing generic medicines and making their patients aware about such medicines and proper counseling appeared one of the most important conditions for its successful implementation.

Non-availability of full range of health care products and medicines at these stores, serious complaints by the store owners and their reluctance to promote generic medicines appeared the biggest challenges. This unwillingness was also felt in the Government Hospitals as well as .The store owners suggested that, feedback cum proposal forms should be there for suggesting effective use of these medicines as being in good contact with the beneficiaries, they can better evaluate its functioning. The Store owners can get feedback from the patients/citizens visiting these shops and later they can upload on BPPI. This process of Feedback appeared reasonable to me also. Since these store owners are benefitted by Government licenses and monetarily, they are more responsible for its implementation. These store owners should maintain certain limit of sale so as to continue with license and return of money to the government. Such measures will boost up their interest in selling generic medicines too along with branded medicines.

So far as executive behavior is concerned, I feel some strict action to be taken to make mandatory for the private hospital and private doctors to write generic medicines also along with Branded medicines .It should be left on the discretion of the patients which one to buy. Secondly since all private hospital have their own pharmacy, it should be made mandatory for them to keep generic medicines also, and this should be also applied in Government Hospitals. Proper hoarding /Display Boards should be there to guide the patients to buy these medicines. Since Private Hospital have highly technical mechanism of transactions so they can easily maintain their sale procedures with BPPI terms and conditions, in which Store operators of Jan Aushadhi fail leading to poor sale of medicines and disrupting the implementation of this program.

**Some other important suggestions can be:**

1. Reducing the gap between demand and supply
2. Regular and timely supply of medicines
3. Focus on supplying those medicines which are too much in demands.
4. Jan Aushadhi Apps like Jan Aushadhi Sugam giving information about shops near your locality, availability of medicines is praise worthy. However this App information creates confusion between shop stores and the patients over availability of medicines
5. Timely payments by BPPI to shop owners and tracking of medicines distribution should be monitored to boost up morale of drug suppliers.
6. To maintain the quality of medicines, definite parameters should be framed for drug Supplier Company, this can also help medical practitioners to prescribe medicines. Cadila pharma has been one of the most important participant supplying medicines.
7. Efficient marketing is also important factor for its success; it should be made beneficial for retailers also who find it difficult to pursue it with low income.

**Conclusion:-**

The very objective of PMBJP is appreciable for its noble cause of providing affordable medicines to the weaker section of society. However its execution needs proper planning, input and output analysis with proper feedback process to reach to its beneficiaries. For successful result of this ambitious project, timely delivery of medicines and payments, less dependency on foreign markets for Raw materials, awareness and prevalence of these medicines in their locality, free distribution of medicines among needy, strengthening of supply chain system and doctor's humanitarian approach towards poor by prescribing these generic medicines should be focused upon. We cannot deny the truth that this objectives has reached to its some destination in the last five years yet it has to go miles ahead to meet the dream of our policy makers and Prime Minister of India for Jan Kalyan.

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