

Jan Aushdhi Pariyojna: A Much-Needed Initiative for the Poor

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Abstract – In India, every year millions die of several kinds of illnesses for their inability to meet expenses of medical care. If diagnosed with any fatal illness the poor stand very little chance of survival. Many a time while Government hospitals are found not well equipped with all facilities and private hospitals are found to be too expensive to afford. In 2008, UPA government launched JAN AUSHADHI, a novel project to make essential medicines available to all at reasonable prices through a new variety of government supported pharma stores in the country. The Programme received a fresh lease of life after being renamed as PMBJP in the year (2015) under the NDA Government Narendra Modi. It had a new strategic Action Plan and received much larger financial allocation in the Central Budget. However this scheme couldn't meet its desired objectives due to poor policy implementation and noncooperation received from medical practioners and Jan Aushadhi Kendras. These Programmes need to be on a learning curve to reform them continuously to be more effective to promote the cause of public welfare.

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INTRODUCTION

The Indian healthcare system suffers from multiple handicaps. Weaknesses in the health infrastructure (number of hospital beds, doctors and nursing staff / million population) is fairly obvious to need any elaboration. But what makes this infrastructural weakness serious is the issue of affordability (purchasing power of the poor vis-à-vis retail price of medicines and other healthcare products). In India, every year millions die of several kinds of illnesses for their inability to meet expenses of medical care. If diagnosed with any fatal illness the poor stand very little chance of survival. Many a time while Government hospitals are found not well equipped with all facilities and private hospitals are found to be too expensive to afford.

One way of overcoming this affordability issue is to find a way to make available medicines and other healthcare products at affordable rates to the poor. Off-patent generic medicines provide a great opportunity to achieve this objective. Generic medicines work in the same manner having same pharmaceutical ingredients as does branded medicines, except that they differ in the process of manufacturing, formulation, excipients, colour, taste and packaging.

In 2008, Government of India launched JAN AUSHADHI, a novel project to make essential medicines available to all at reasonable prices through a new variety of government supported pharma stores in the country. These stores were intended to supply many basic and essential

medicines to help the poor, for whom accessing high cost branded medicines was a challenge. Under this scheme, along with quality generic medicines, many other health care products are also supplied.

Despite its noble intent, the Jan Aushadhi programme suffered because of lack of awareness among people about generic medicines. Public demand for low priced generic medicines appeared weak if not non-existent. Public opinion remains swayed by the myth that Brand names and high price are synonymous to high quality. Low price often triggered suspicion about quality and safety.

The Central Parma Public Sector Undertakings (CPSUs) launched the scheme of Jan Aushadhi with the Dept of Pharma (Ministry of Chemicals and Fertilizers), Government of India. , Which is responsible for passing regulations and instructions to provide medicines at lower prices. As proposed in the 11th Five year plan, approx 630 JanAushadhi Kendras were to be opened in each districts across the country to provide unbranded generic medicines.

Amritsar was the first state to open such a Kendra on 25th Nov, 2008. The scheme had started with the noble objective of- No Profit No Gain and was also meant to be a Self Sustaining Model in the long term without any help and assistance from Government subsidies. Since Health is a state subject in the Indian constitution, the Jan Aushadhi Yojna could not get support from Health Ministry, Government of India, which could only control National Health

Programmes and sanction money for them. To overcome this handicap, Government of India renamed this as PMJAY-Prime Minister Jan Aushadhi Yojna in 2015.

FEATURES OF PMBJP

Bureau of Pharma PSUs of India (BPPI) is responsible for implementing PMBJP. BPPI coordinates, procures and supplies the generic medicines. So far as opening of Jan Aushadhi Kendras are concerned, any NGO, individual pharmacists, government and private hospitals are eligible for it. There is also provision for financial assistance of Rs 2.5 lakhs. Under this scheme state governments were asked to open such stores in the medical colleges and government hospitals. BPPI provided training to those shop owners, who had no experience pharma retailing. Progress of the Programme 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.

TARDY PROGRESS

The decade old Programmes had a extremely slow beginning and by and large remained only a symbolic initiative with very little impact on ground. By March 2012, only 149 stores were opened. 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.

The Programme received a fresh lease of life after being renamed as PMBJP under the NDA Government under Narendra Modi. It had a new strategic Action Plan and received much larger financial allocation in the Central Budget. The 2015 Strategic Action Plan focused on **5 As and 1 E - Availability, Acceptability, Accessibility, Affordability and Awareness and Effective Implementation**. The PMBJP increased the number of medicines and consumables (900+ surgical+ consumable items) under its umbrella. By appointing agents, distributors and opening of warehouses approx 5000 Kendras started functioning across the country

To appreciate the actual functioning of PMBJP and unearth the key weaknesses, I have had detailed interaction with the staff, doctors and pharmacists of both private and government hospitals. I came across some fundamental weaknesses of the Programme. Many important and day to day need based medicines were not available in these shops and many a time people were not even aware that such shops did exist. The individual pharmacists also appeared unenthusiastic about generic medicines because of the lesser margin of profit. Very few shops are available and even if they are there, they are so remotely placed that people avoid going there for few medicines.

Some stores do deal with both branded medicines and generic ones, but they deliberately promote branded drugs for their higher margins. They neither inform the patients about generic drugs nor clear their doubts about their effectiveness. So patients neither have understanding nor willingness to buy these generic drugs. Even their consultants don't clear their doubts with regard to their effectiveness. As a result, very few patients happen to visit to these Jan Aushadhi Kendras.

The shop owners also face several supply side issues. They complain of many procedural issues. For example, the condition that the shop owner can only order for fresh medicine only after the previous stock is exhausted is perceived by many to be too absurd. Lack of regular supply of many common medicines also results in too frequent stock outs of key medicines, thereby causing a lot of inconvenience to the customers. Customers often feel that these stores are not able to provide complete range of medicines, because of their narrow focus on generic medicines. So non-availability of many common medicines disappoints the customers.

Another irritant for shopkeepers is the condition that they have to keep record of all the medicines sold and upload the details on the BPPI websites daily. Since customers often exchange the medicines, so discrepancy in exchange receipts becomes a nuisance for shopkeepers to handle. The shop owners find it difficult to manage the account details. Hence instead of modifying the changes, they prefer to bear the loss.

However they did not deny the importance of providing critical life saving medicines for diseases like cancer to the patients. These generic cancer medicines are three times cheaper than the similar branded medicines available in the market. Another serious problem before the shopkeepers are disposal of the expired medicines as it becomes their responsibility to manage, so they prefer buying in lesser quality to avoid such loss.

To constantly improve the efficiency of the Programme, the policymakers also need to understand day to day problems in execution. To meet the grievances of shopkeepers, customers and also of drug supplying companies, who complain of late payment for their supplies, proper evaluation and feedback becomes necessary.

The foremost requirement is awareness among the target population. Since this class is not so educated to be well aware of governmental plans and policies, proper dissemination of information becomes an essential prerequisite. It's a well known fact that usage of generic drugs can adversely affect the private medical practitioners and private hospitals who not just charge exorbitantly for small surgery and even in OPD's consultation but continue to

remain in the clutches of the private drug companies to promote their branded drugs. So it is not possible to expect from them that they will either promote generic medicines or their practitioners will prescribe them. Government need to come out with strict regulations to make it mandatory for medical practitioners to prescribe the salt component of the medicines and leave it to the patients to choose drugs on their own.

These Jan Aushadhi Kendras should constantly expand their product portfolio to carry full range of health care products and medicines and eventually emerge as 'Complete Pharma Shops'. Coverage of therapeutic groups and dosages should be wide enough to meet increasing demand. More companies should be engaged in supplying medicines as too much dependence on the CPSUs for supply of medicines has overburdened them.

Government Programmes in developing countries can never be a 'one shot' affairs as they try to resolve many complex issues and structural contradictions arising out of vested interests at the same time. These Programmes need to be on a learning curve to reform them continuously to be more effective to promote the cause of public welfare. PMBJP needs to make the necessary timely course corrections to be more effective on ground and also expand its reach in quick time to reach out to more beneficiaries.

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