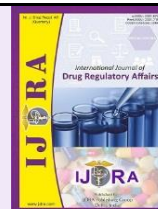


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Review Article

**Survey of the Jan Pariyojana Scheme in India and its impact on citizens during the previous decade**

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Abstract

It is a well-known fact that Branded medicines are sold at significantly higher prices in India. Making affordable, high-quality pharmaceuticals available on the market will help everyone, but mainly the underprivileged and destitute given the country's pervasive poverty. The Indian government has always been quite concerned about this. The Ministry of Chemicals and Fertilizers' Department of Pharmaceutical has periodically implemented a number of regulatory and financial initiatives to achieve this goal.

The "Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana" is a wonderful project started by the Indian government back in 2008 for the worthy purpose of providing high quality medications at accessible prices to all.

The Pariyojana involved selling inexpensive generic medications through upscale retailers called "Pradhan Mantri Bhartiya Jan Oshadhi Kendra" in different regions of the nation. On November 25, 2008, the first "Pradhan Mantri Bhartiya Jan Oshadhi Kendra" in Punjab's Amritsar city was inaugurated.

At first, it was planned that the "Pradhan Mantri Bhartiya Jan Oshadhi Pariyojana" would be implemented during the 11th Five-Year Plan period, beginning in 2008-2009, with the goal of establishing at least each Pradhan Mantri Bhartiya Jan Oshadhi Kendra in each of the firm's 630 regions, and then expanding to sub divisional levels as well as major town and village centers by 2012.

After garnering early support, the concept was planned to be self-sustaining and not rely on government subsidies or assistance. It was to be run on the basis of "No Profit, No Loss."

Keywords: Branded drugs, Cost-analysis, Generic drugs, Jan Aushadhi

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1. Introduction

The Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India began the "Jan Aushadhi Scheme" in November 2008 across the nation with the aim of achieving the goal of making quality generic medications accessible to everyone at cheap rates. The Bureau of Pharma PSUs (Public sector undertaking) of India, which operates under the administrative supervision of the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India, is responsible for carrying out the Scheme.⁽¹⁾The "Jan Aushadhi Scheme" was renamed the "Pradhan Mantri Jan Aushadhi Yojana" in September 2015. To give the program more momentum, it was renamed "Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana" in November 2016. Thus, a major goal of the government has been to "ensure access to excellent medications at affordable costs to everybody. The

scheme is now known as the Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana. The PMBJP's implementing agency is the BPPI (Bureau of pharma public sector undertaking of India), which is supervised by the Indian government's department of pharmaceuticals and ministry of chemicals and fertilizers. BPPI was established under the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers, Government of India, to coordinate the purchasing, distribution, and marketing of generic drugs through the (PMBJK). In April 2010, BPI was legally created as a separate legal body under the Societies Registration Act of 1860. BPPI adheres to the GFR 2005 and CVC (central vigilance guidelines) Guidelines, as well as any Department of Pharmaceuticals directions. BPI receives complete financial assistance from the Indian government's Department of Pharmaceuticals. However, once the plan is in place, BPPI will try to use trade margin to recoup as

much of its costs as possible, including its salaries, wages, office costs, and promotional costs. In that case, government assistance will be diminished.(2)

2. Aftereffect of Jan Aushadhi Pariyojana and their perception

To ensure supply from the Central Public Sector Undertakings, other Public Sector Undertakings, and Good Manufacturing Practices compliant manufacturers in the private sector, in order to make quality the defining characteristic of pharmaceuticals.

Increase accessibility of high-quality generic drugs, lowering and redefining the unit cost of care per person. As generic counterparts, make all prescription and over-the-counter pharmaceuticals in all therapeutic areas accessible to the general public, not only beneficiaries of the Public Health System.(3)

By spreading the word and educating others, show them that good quality doesn't always come at a premium cost. By increasing access to better healthcare and lowering treatment costs, you may generate demand for generic medications "By All for All."

Since it is a public welfare program, it includes state governments, the federal government, public sector businesses, the private sector, non-governmental organizations, cooperative bodies, and other institutions. Create a model that may be used by other nations to achieve their shared objective of obtaining inexpensive, high-quality healthcare.(4)

Through specialized outlets providing generic medications, which are offered at lower rates but are similar in quality and efficacy to pricey branded treatments, the Jan Aushadhi project makes excellent medications accessible at reasonable pricing.

- Improve public knowledge of low-cost medications and their use.
- Make unbranded quality generic medications available at reasonable prices via public-private partnerships.
- Motivate doctors, particularly those in public hospitals, to recommend generic medications.
- Allow for significant savings in health care, particularly for poor patients and those who have long-term illnesses that necessitate long durations of drug use.

3. Promote Generic Medicines

- To reduce every Indian citizen's healthcare expenditure by supplying high-quality generic medicines at reasonable pricing.
- Health professionals can help to generate interest for generic drugs.

Table 1. Re-defining Health Care with Quality Generic Medicine at Affordable Price.

S. No.	Name of Medicines	Pack size	Average price of Leading Brands	Jan Oshadhi Kendra (MRP)	Price Differences
A	Cardiovascular Agents				
1.	Ramipril 5 mg Tablets	10's	72.80	9.68	8 times

- Raise awareness via awareness-raising and education initiatives that high cost does not always imply high quality.
- Provide all regularly used medications from all therapeutic areas & under the Pariyojana, all connected healthcare goods are also provided.
- State governments, respected NGOs, trusts, private hospitals, charity organizations, doctors, jobless pharmacists, and individual businesses may apply for new Pradhan Mantri Bhartiya Jan Aushadhi Kendra. To increase the feasibility of running the Pradhan Mantri Bhartiya Jan Aushadhi Kendra, cosmetics and provisions would be permitted to be sold in addition to the medications and surgical supplies provided by BPPI.(5)

Both Pharma Public Sector Units and privately owned, WHO-GMP certified enterprises are acceptable sources of pharmaceuticals for BPPI. On the CPSUs, special preference will still be provided. By including stringent terms and restrictions in the tender specifications, BPPI will make sure that private producers are reputable businesses.

Tender process for pharmaceuticals will only be done electronically. The entire procurement process must be totally transparent, with equal chances for all participants. Applicants must hire registered pharmacists to work in their planned Pradhan Mantri Bhartiya Jan Aushadhi Kendra. Application shall be submitted to BPPI.(6)

BPPI may create warehouses, C&F agents, distributors, and franchise representatives in all states/UTs. As soon as the goods arrive at their warehouse, BPPI must collect samples and send them to NABL-approved labs for testing. Goods cannot be sent to C&F agents and distributors unless they have been certified by the inspection laboratories. Pradhan Mantri Bhartiya Jan Aushadhi Kendra's can be located within government hospitals, private hospitals, or anywhere outside.(7)

In order to meet the goals of the PMBJP and popularize the use of generic medications, BPPI shall design and carry out appropriate media initiatives.

4. Price Comparison Chart

All commonly used medications for all therapeutic categories are to be made available at Pradhan Mantri Jan Aushadhi Kendra's as part of BPPI mission. The Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana will offer the whole range of healthcare products and services in the upcoming years, beginning with the availability of generic medications that cover all therapeutic areas.(8)

S. No.	Name of Medicines	Pack size	Average price of Leading Brands	Jan Oshadhi Kendra (MRP)	Price Differences
2.	Rosuvastatin Tablets IP 20 mg	10's	228.41	27.34	8 times
3.	Atorvastatin 10 mg Tablets	10's	50.90	5.11	10 times
B	Anti- Diabetic Agents				
1.	Glimepiride 2 mg Tablets	10's	52.90	5.05	10 times
2.	Metformin HCL 500 mg Tablets	10's	13.90	5.33	3 times
C	Anti-Cancer				
1.	Bicalutamide Tablets IP 50mg	10's	636.50	137.50	5 times
2.	Paclitaxel Injection 100 mg	Vial	3458.00	540.00	4 times
3.	ImatinibMesylate Tablets IP 400 mg	10's	2133.00	497.00	6 times
D	Gastro-Intestinal Tract Agents				
1.	Rabeprazole 20 mg Tablets	10's	39.7	7.16	6 time
2.	Pantoprazole 40 mg Tablets	10's	60.00	7.20	8 times
E	Antibiotics				
1.	Amoxicillin 500 mg Capsule IP	10's	65.40	26.25	2 times
2.	Cefixime 100 mg Tablets	10's	82.60	25.65	3 times
3.	Ofloxacin 200 mg Tablets	10's	52.60	14.80	4 times
4.	Azithromycin 500 mg Tablets	10's	178.30	86.60	2 times
F	Analgesic/Anti-inflammatory/Antipyretic Drugs:				
1.	Tramadol 50 mg Tablets	10's	65.62	4.38	15 times
2.	Nimesulide 100 mg Tablets	10's	29.77	2.52	12 times
3.	Diclofenac Sodium + Serratio peptidase (50 mg+10 mg) Tablets	10's	103.20	7.02	15 times

5. Trends of Jan Aushadhi Pariyojana in last 10 Years

This Nobel initiative, launched by the Indian government in 2008, has fallen well short of its goals. The CPSUs (Central public sector undertakings) were heavily reliant on the supply of medications to the Jan Aushadhi Pariyojana.

Nevertheless, as CPSUs had a restricted coverage of therapeutic group and dosage form, they were unable to meet the rising demand for medications and the variety of medicines that needed to be retained at the "PMBJAK".(9)

Only 130 of the 319 medications listed as available at Pradhan Mantri Bhartiya Jan Aushadhi Kendra could be covered by CPSUs' in-house pharmaceutical manufacturing.(10)

Only about 11 treatment groups were covered by the approximately 85 Products made available, and physical availability was substantially lower.

The Pradhan Mantri Bhartiya Jan Aushadhi Kendra's at government hospitals and the prescription of generic medications were heavily dependent on state governments.(11)

It was originally planned to build at least one Pradhan Mantri Bhartiya Jan Aushadhi Kendra in each of our country's 630 districts.

However, as of March 31, 2012, only 157 Kendra's could be opened, and many of them had already ceased to function.

A third-party review was given to the Public Health Foundation of India (PHFI), which turned in its findings on December 18 under the heading "Rapid Assessment and Potential Scale-up of Jan Oshadhi Pariyojana".(12)

- Excessive reliance on state government aid.
- Weak management of supply chains resulting in periodic obsolete inventory.
- Unfavorable public reactions and disproportionate expirations result from a lack of a completely represented and comprehensive pharmaceutical basket. Only 85 drugs were accessible to Kendra's over eleven therapeutic areas, with considerable variances in availability within therapeutic categories, averaging 33%.
- Physicians do not typically prescribe generic drugs.
- The federal and state governments' free medicine distribution schemes, particularly those in Haryana, Rajasthan, and Tamil Nadu, impacted the profitability of Pradhan Mantri Bhartiya Jan Oshadhi Kendra's for public hospitals.(13)
- The wider populace is unaware of the quality and effectiveness of Jan Aushadhi generic medications.(14)

Customers wanted 1 shop for all prescribed medications, hence a small portfolio of medications combined with persistent stock severely damaged the confidence of these establishments.(15)

The extremely low sales volume of medicines as a result of stock shortages and patients' lack of awareness also

had a negative influence on operating costs. Even businesses with significant sales volumes had trouble recovering their operating costs.(16)

Operational costs were negatively affected by the volume of medicines due to stock out and low patient knowledge. Even businesses with significant sales volumes had trouble recovering their operating costs.(17)

(SAP2015) was created with the intention of achieving the goals established by the government. The availability, acceptability, accessibility, affordability, knowledge, and successful execution of the program were deemed to be the most important factors. In September 2015, the Honorable Minister for Chemicals and Fertilizers approved SAP2015.(18)

Functional % of the states in India

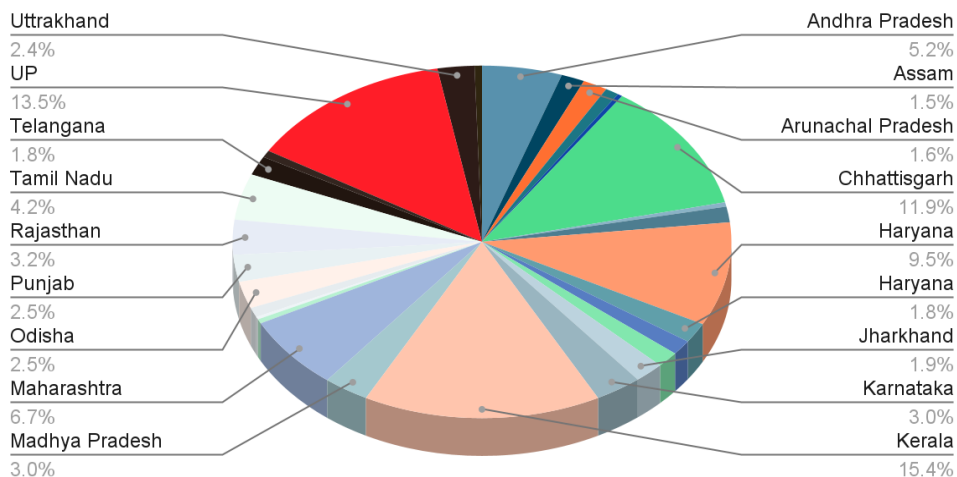


Figure 1. Statistical chart to the analysis of this scheme

6. Report of 2018

- A product basket with almost 1100 items (1000 medicines and 154 surgical and consumable).
- The available medications fall under the most well-known therapeutic categories. (Supply Chain), Streamlining is done from suppliers through CWH, C&F Agents, distributors/franchise agents, and PMBJK.(19)
- At the IDPL and HAFED complexes in Gurgaon, BPPI has set up a central warehouse.
- 55 Distributors and 8 C&F agents have been designated to cover various UTs and states.(20)
- Across 33 States and UTs, more than 3200 Pradhan Mantri Bhartiya Jan Oshadhi Kendra have already started operating.(21)

7. Conclusion

We draw the conclusion that some physicians are still unconvinced of the effectiveness and promptness of generic drugs made by Jan Aushadhi. Most doctors don't recommend generic drugs. Therefore, patients should be informed about this program and doctors should be urged to use more Jan Aushadhi generic medications. The PradhanMantri Jan Aushadhi initiative and its stores were all known to the participating doctors. Approx 25% of doctors thought generic medications took longer to work, but 83.3% of doctors were aware that Jan Aushadhi medications were less expensive than comparable name-brand items. The majority of physicians (83.3%) agreed that the patient's financial situation should be taken into consideration while

prescribing generic medications. Approx 16.66% of physicians claimed to recommend Jan Aushadhi generic drugs. All patients agreed that branded medications are expensive and want less priced alternatives, while 75% of patients were not aware of Jan Aushadhi. The majority of patients (87.5%) said Jan Aushadhi medication was one such option.

The Jan Aushadhi Campaign operates on a self-sufficient business strategy that is not reliant on financial support from the government. On the basis of the not-for-profit but with little profit premise, it is operated in campaign mission mode. In order to make products affordable for everyone, especially the poor, PMBJP aims to keep product prices within 50% of those of competing brands. For the public, it has translated into significant savings.

The announcement to open 3,000 PMBJP Kendra's was made in the 2016–17 budget speech. As of July 27, 2017, 2060 PMBJP Kendra's were operational across the country's 31 States and UTs as a result of various government initiatives and efforts. As a result, the average person has saved a lot of money because the prices of generic medications sold in PMBJP Kendra's are between 50% and 90% less expensive than comparable branded medications.

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article

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