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An overview of Implementation and Acceptance of Janaushadi Programme in India

Dr. Vivek M. Balse

Associate Professor,

Dept of Studies In Business Administration

Pooja Bhagavat Memorial Mahajana P G Centre

K R S Road, Metgalli, Mysore, Karnataka 570002 – India

I. INTRODUCTION

Jan Aushadhi is a Government scheme to make quality drugs available at affordable prices. Launched in 2008 by the department of pharmaceuticals in association with Central Pharma Public Sector Undertakings. Relunched in March, 2016 with private participation. Renamed as Prime Minister's Jan Aushadhi Yojana. The Centre procures medicines in bulk from public as well as private drug manufacturing firms and rebrands them under 'Jan Aushadhi'. These are sold in the retail market at a competitive price, allowing consumers to buy a cheaper yet quality product from the government

II. WHY JAN AUSHADI IN INDIA

In line with all other fields, Indian pharmaceutical companies also have developed a strong means in producing quality branded and generic medicines in most of the therapeutic categories, evolving from an mere Rs 1,500 crores industry in 1980 to a more than Rs 1,19,000 crores industry in 2012. Indian pharmaceutical products are economical compared to the costs of same brands in foreign countries. But the fact that, most patients live under below poverty line, the affordability of these medicines also becomes difficult. Over 90 % of our population is not under the coverage of medical insurance. Here arises the role of Government to make it affordable by all the patients of the country. Therefore, There was a well-established need for the Government to introduce a scheme to this effect which was backed by sound supporting reports, ex World bank report 2006 said that 34.7 % of Indians earn less than US\$ 1 per day and majority of them work in unorganized sector with an average salary of less than 0.5 \$ per day. **1**

There are 293 Jan Aushadhi centers operating across the country and 500 generic medicines listed in the Jan Aushadhi Campaign. The Indian pharmaceutical retail market, pegged at Rs 87,000 crore annually, is dominated by branded generic products, unlike developed markets like the US and Europe. In other words, while there are very few patented medicines sold in India, most of the medicines available in the market are branded products sold by private firms. **2**

But these brands from private pharmaceutical companies are expensive. Therefore patients cannot afford these brands. It's been over six years since the Government set up its first Janaushadi store in Amritsar with the aim of supplying less expensive generic drugs to consumers. But, the project has been struggling, despite several revival plans announced by the top brass at the Department of Pharmaceuticals. Under this Scheme, the State Government has to provide space in Government Hospital premises for the running of the outlets (JAS). Government hospitals, NGOs, Charitable Organizations and public societies like Red Cross Society, Rogi Kalyan Samiti typically constituted for the purpose can be operating agencies for the JAS. **3**

The operating agency for JAS is nominated on the basis of the recommendations of the State Government. Operational expenditure is met from trade margins admissible for the medicines. In order to encourage and provide the initial trigger the

programme the Central Government would provide only a one-time assistance of Rs. 2.00 lakhs as furnishing and establishment costs and further Rs. 50,000 as one time start up cost to NGO etc in order to set up the Jan Aushadhi Outlet. National Pharmaceutical pricing Authority (NPPA) is entrusted with the responsibilities of drug policy, medicine price control and monitoring of drug prices and related affairs.⁴

III. OBJECTIVE OF THE JAN AUSHADI SCHEME

1. Make quality the hallmark of medicine availability in the country, by ensuring, access to quality medicines through the CPSU supplies and through GMP Compliant manufacturers in the privatesector.
2. Despite constraints of budget in the Central and State Governments, extend coverage of quality generic medicines which would reduce and thereby redefine the unit cost of treatment per person.
3. Develop a model which can be replicated not only in India but also in other less developed countries in their common goal of improving quality affordable health care by improving access to quality medicines at affordable prices for all.
4. Not be just restricted to the Public Health System but be adopted with zeal and conviction by the Private Sector and thereby spread its coverage to every village of this country. The Jan Aushadhi campaign is open for all. Since generic equivalents are available for all branded drugs, the campaign will provide access to any prescription drug or Over the Counter (OTC) drug for anybody. It will be as much available to the disadvantaged sections of the society as much to the advantaged richer population segment of the country.
5. Create awareness through education and publicity so that quality is not synonymous with high price but less is more that is to say that, with a lesser price, more medicines would be available, more patients would be treated and more people will lead a healthier life.
6. Be a public program involving State governments, the Central government, Public Sector enterprises, pvt Sector, NGOs, Cooperative bodies etc.
7. Create a demand for generic medicines By All for all by improving access to better healthcare through low treatment costs and easy availability wherever needed in all therapeutic categories.⁵

IV. OUTCOME EXPECTED

- Improve access to healthcare in as much as cost of treatment would come down substantially.
- Secure a socio-economically viable mechanism/institutional arrangement for efficacious sales of Pharmaceutical CPSU products, thereby improving their viability.
- Promote & encourage private industry to sell their quality unbranded generic products through these retail outlets.
- Ensuring successful implementation of the Jan Aushadhi campaign would dispel the myth that quality of medicines is linked to price and demonstrate that quality medicines can be sold at substantially lower prices.
- Educate doctors that unbranded generic medicines provide a better option than branded products since quality of generic medicines can be equally efficacious and safe at much lower prices.
- Create consumer awareness by involving private, charitable bodies and NGOs by making them part of the campaign.
- Reduce promotional cost and profits for the benefit of patients. ⁶

Price difference between Brand and Generic medicines

Name of Medicine	Dosage	Average Market Price of Branded Medicines (Rs)	Price of Generic Medicines sold in Jan Aushadhi Stores (Rs)
Ciprofloxacin	250mg	55	11
Ciprofloxacin	500mg	97	21
Diclofenac SR	100mg	52	3
Cetirizine	10mg	37	3
Paracetamol	500mg	14	2
Nimesulide	100mg	39	3
Cough Syrup	110 ml	33	13

Above table shows that prices of generic medicines are remarkably low compared with the branded drugs that are often purchased from a drug store.

Earlier, Indian Pharmacist Association report dated September 2010, had said that some of the Jan Aushadhi stores had already started procuring medicines from the open market. Incidentally, the Department of Pharmaceuticals had invited tenders in 2008 and a few companies were selected. However, after scrutiny of applications and inspection of premises, the department cancelled the whole process.

The Jan Aushadhi programme was started with the idea of making drugs affordable to the common man. But many challenges plague the programme. A few shops have already closed down due to operational losses plus unavailability of drugs.

There are a lot of reports to suggest that the Government has planned to float tenders to buy generic medicines from private companies in order to revive the project.

The Centre's ambitious scheme to provide unbranded generic medicines at affordable prices, has failed to take off in Madhya Pradesh due to lack of supply in the Jan Aushadhi stores across the state, say pharmacists and customers ⁷

In spite of best efforts in order to fulfill the long cherished dream to give pharmaceutical products at affordable price, the project could not be take off as expected .Some of the possible reasons for the Luke warm response from the general public may be due to -

1. Conviction of quality of generics among medical Professionals.
2. Interrupted availability.
3. Not adequate outlets.
4. Lacking enthusiasm among staff.
5. At times stock out of essential drugs.
6. Prescription patterns (whether the medicine is suggested by brand name or the generic-chemical name).
7. Chain management (involving sourcing, warehousing, etc). This impacts the availability and quality of medicine reaching the consumer.
8. Over damage control modes, the Government roped in non-government organizations.
9. Relying on Government-owned drug makers.
10. The lackadaisical response of private players to the programme.
11. Over-dependence on pharmaceutical Public Sector Units (PSU).

V. CONCLUSION

It calls for a greater awareness among the general public about the advantages of the Janaushadi scheme. There is a misconception about the quality of generic medicine among the patients. The continuous onslaught by the giant multinational companies about quality issues can be tackled by roping in influencing medical practitioners in confidence. Wider advertisement may be of considerable help. The number of the stores must be increased to make the products reachable in small towns and villages. Communication channels can be strengthened to replenish the goods at once. All possible measures must be taken to instill the confidence about the quality of the medicines among the general practitioners.

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