

Medicines Affordable for the Masses in India: Critical Vexes

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Abstract- *Making medicines of reliable quality at affordable prices to the large population has been a challenge in India since long. This paper is about two initiatives taken recently in this direction: PMBJP and AMRIT Retail Pharmacy. We have analysed these schemes in this paper and enquired about issues with them and possible solutions. PMBJP was launched initially in 2008 and later revived in 2015. As on 31.01.2024, 10607 Janaushadhi Kendras were functional across the country. AMRIT retail pharmacy network offers drugs, implants, surgical disposables and other consumables at high discounts. It aims at affordable and reliable pharmacy service in public sector. The first outlet was started on 15th November 2015 at AIIMS New Delhi. Presently there are 225 AMRIT Pharmacies selling more than 5200 drugs. Beneath the surface, the schemes are grappling with deep-rooted implementation challenges, corruption, unethical practices and private pharma invasion threatening to compromise its noble objectives. These have left the marginalised population including retired individuals or those facing income-related issues still burdened with exorbitant medical expenses and compromised health.*

Indexed Terms- *Janaushadhi Kendras, AMRIT, PMBJP, Generics, Reference Product, Marginalised Population, Electoral Bonds Issue, Progressive Socialism*

I. INTRODUCTION

The medical profession is more concerned with social service rather than professionalism. The medical profession's primary goal is to provide social services. However, because social workers cannot survive on air, they must take payment for their services from the government, autonomous bodies, public institutions, or regular citizens: in other words, from those they

serve. Being a doctor may appear to be a viable source of income for an unemployed person, but it cannot be classified as a business under any conditions. A powerless individual, regardless of his or her financial, social, or intellectual capacity, sees a doctor as a beacon of light in the darkness or a lifeboat that can save him or her from drowning.

Making high-quality medicines at affordable prices for a big population has long been a challenge in India. In Europe, generic medicines are developed to be identical to branded medicines, often known as reference medicines. A generic medicine contains the same active ingredient(s) as the reference medicine and is administered in the same dose to treat the same disease(s). However, the inactive substances, name, appearance, and packaging can vary. Generic drugs are made to the same quality standards as all other medicines.

A business may only file a marketing authorization application for a generic medicine when the reference medicine's data exclusivity period has expired. Generics can be promoted after the marketing protection period has passed, which is typically 10 or 11 years following the reference product's original permission date. The European Medicines Agency (EMA) evaluates generic drug applications in the European Union (EU).

The United Kingdom has been a mature market for generic medications since the early 1970s. The UK generics market is one of the world's largest, both in terms of size and generic penetration. In the United Kingdom, strong quality standards are in place before granting a product licensing for brand or generic versions of medications. A generic version of the same medicine will be of the same quality and perform similarly to the branded one.

II. REVIEW OF THE INDIAN INITIATIVES

In India, two initiatives have been taken recently in this direction: PMBJP and AMRIT Retail Pharmacy.

Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)

The PMBJP stands as a symbol of hope for millions of Indians struggling to access quality medicines at affordable prices. It was launched initially by the UPA government in 2008 and later revived by Prime Minister Narendra Modi in 2015. [1]

<https://www.pib.gov.in/PressReleaseIframePage.aspx?PRID=1991501>

Under the scheme, dedicated outlets known as Janaushadhi Kendras are opened to provide generic medicines to the masses at reduced rates. Their fast progress is clearly visible since 2015-16 as reflected in Table 1 & Figure 2. As on 31.01.2024, 10607 Janaushadhi Kendras were functional across the country.

Product basket of PMBJP comprises 1965 drugs and 293 surgical items.

The Scheme is implemented by a society registered under the Societies Registration Act, viz., Pharma & Medical Bureau of India (PMBI).

For low-income families burdened by medical expenses, these stores have emerged as a ray of light, promising access to affordable healthcare as can be discerned from Table 2.

Table 1
Year wise Progress of PMBJP Kendras

Financial Year	Number of PMBJP Kendras functional	
	Yearly Addition	Cumulative
2008-09	4	4
2009-10	19	23
2010-10	7	30
2011-12	16	46
2012-13	20	66
2013-14	6	72
2014-15	14	86
2015-16	154	240
2016-17	720	960
2017-18	2233	3193
2018-19	1863	5056
2019-20	1250	6306
2020-21	1251	7557
2021-22	1053	8610
2022-23	694	9304
2023-24	702	10006
(As on 30.11.2023)		
31.01.2024	601	10607

Sources:

- 1) Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, GOI, Annual Report various issues, p.42. https://janaushadhi.gov.in/Data/Annual%20Report%202021-22_04052022.pdf
- 2) Year end review of Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, GOI.

Table 2

Average price benefits of Jan Aushadhi stores

Therapeutic class	Percent decrease	Formulations covered
Analgesic and antipyretic /Muscle relaxant	76.20%	51
Antiallergic drugs	-77.37%	17
Anticancer drugs	-74.69%	16
Antiinfective drugs	-62.66%	108
Diuretic drugs	-55.07%	5
Drugs acting on cardio vascular system	-74.47%	82
Drugs acting on central nerve system	-73.12%	54
Drugs acting on endocrine gland including steroids & immunosupressant	-59.19%	17
Drugs acting on eye & ENT	-69.98%	14
Drugs acting on female reproductive organs	-78.12%	6

Drugs acting on gastro-intestinal-tract	-68.87%	53
Drugs acting on respiratory tract	-60.33%	16
Drugs acting on skin (Topical/local Application)	-69.66%	29
Drugs acting on urogenital organs	-83.39%	6
Drugs used in diabetes	-68.18%	32
Local/General anaesthetics drugs	-61.34%	4
Miscellaneous	-79.64%	1
Solutions correcting water & electrolite disturbances	-52.35%	2
Vaccine	52.38%	1
Vitamins, minerals & food supplement	-75.03%	18

Source: Singh, Prachi; Ravi, Shamika & Dam, David: "Medicines in India: Accessibility, Affordability and Quality," Brookings India Research Paper No. 032020-01 <http://janaushadhi.gov.in/Data/pmbjp-book.pdf>

- **AMRIT Retail Pharmacy:**
AMRIT stands for Affordable Medicines and Reliable Implants for Treatment. AMRIT retail pharmacy network offers drugs, implants, surgical disposables and other consumables at high discounts. It aims at affordable and reliable pharmacy service in public sector. The first outlet was started on 15th November 2015 at AIIMS New Delhi. [2]

Table 3

Financial Year	Number of No: of Stores	
	Yearly Addition	Cumulative
2015-16	1	1
2016-17	82	83
2017-18	45	128
2018-19	25	153
2019-20	53	206
2020-21	9	215
2021-22	10	225
2022-23	0	225

Sources: Performance Report of AMRIT Deendayal Pharmacies as on 15th April 2022, HLL Lifecare Ltd, GOI, p. 3-5. <https://www.lifecarehll.com/file/download/reference/2d680487650d66445b50d3d759eccad4hYJCJfn4>

Presently there are 225 AMRIT Pharmacies spread across 28 states/union territories, selling more than 5200 drugs (including cardiovascular, cancer, diabetes, stents, etc), implants, surgical disposables and other consumables at a significant discounts upto 50% on market rates, based on authentic prescriptions from doctors not only from the institutions where they are located but even to those patients availing treatment at other hospitals.

The Ministry of Health and Family Welfare (MoHFW), Government of India, initiated the AMRIT program to reduce out-of-pocket expenses for medicines and medical supplies.

In summary, both initiatives aim to provide affordable medicines, but AMRIT focuses on retail pharmacies, while PMBJP emphasizes dedicated Janaushadhi Kendras.

III. PROBLEM ANALYSIS

However, beneath the surface, the schemes are grappling with deep-rooted implementation challenges, corruption, unethical practices and private pharma invasion threatening to compromise its noble objectives. These have left the marginalised population including retired individuals or those facing income-related issues still burdened with exorbitant medical expenses and compromised health. As reported by media; BBC, The Pioneer, The Probe, Hindustan, Dainik Jagaran in particular; the following issues are crippling this whole venture of providing quality allopathic, homeopathic, ayurvedic medicines and other supports at cheap rates:

- Corruption permeates the system, resulting in the unfortunate reality that generic medicines are not being prescribed to patients. Doctors, preferring to write prescriptions using brand names, often deprive patients of generic alternatives.
- Additionally, Jan Aushadhi stores have been found selling branded medicines illegally, defeating the

very purpose of providing affordable generic drugs.

- c) **Limitations in Medicine Supply and Availability:** The persistent lack of generic drugs is a major concern for Jan Aushadhi clinics. The lack of necessary prescriptions endangers patients' health and undermines their belief in the plan. While the government claims to provide 1,800 medicines and 285 surgical goods through Jan Aushadhi stores, the reality is quite different, with the majority of outlets failing to supply even 20-25 percent of the listed drugs, he alleges.
- d) **Hidden Nexus: Branded Medicines in Government Stores** Adding to the current problems, the inclusion of branded drugs in Jan Aushadhi stores is a serious concern. Store owners defend this practice as a way to treat patients when generic medications are unavailable.
- e) The shortage of qualified pharmacists has become a major bottleneck, hindering the smooth functioning of these outlets. Bachelor and diploma in pharmacy courses fast being expanded are expected to fill in this gap.
- f) After an expiry date injection was administered to a patient in the All India Institute of Medical Sciences (AIIMS), Foods and Drugs Administration Department on 26 March 2024 raided the Amrit Pharmacy inside the institute's complex and seized medicines from there. [3]

Similar issue was reported on 22 Nov 2023 about Amrit Pharmacy inside the AIIMS Gorakhpur. [4]

g) Privatisation of Healthcare: A Looming Crisis

India's public healthcare system faces a worrying challenge as private pharmaceutical companies increasingly dominate the sector. As quote by the Probe, Dr Soumitra Ghosh, Chairperson of the Centre for Health Policy, Planning, and Management at Tata Institute of Social Sciences (TISS) states, "Less than 30 percent of the population has regular access to essential medicines. With a significant portion of healthcare services being provided by private players, the government's responsibility in ensuring affordable and accessible medical care remains questionable". [5]

Moreso, with the recent exposure in electoral bonds issue it has been reported that popular medicines of a

number of well known pharma companies have failed in tests:

1. Between 2018 and 2023, drug tests of three drugs made by –Torrent Pharmaceutical Limited failed. These drugs were Deplate A150, Nikoran IV2 and Lopamide. Deplate A is a very popular heart medicine.
 2. RC cough syrup, Lipavas tablets, Ondansetron and Ciperemi injection of Cipla Limited also failed seven times between 2018 and 2023.
 3. Cardivas, Latoprost eye drops, and Flexura D of Sun Pharma Laboratories Limited failed six times between 2020 and 2023.
 4. In 2021, Bihar's drug regulator had reported a lack of quality in a batch of Remdesivir drugs manufactured by Zydus Healthcare Limited.
 5. Between 2018 and 2021, seven tests of the drugs made by Hetero Drugs Limited and Hetero Labs Limited failed. The drugs included Remdesivir injection, metformin and Covifor.
 6. In July 2020, the drug test of Anapril, made by Intas Pharmaceuticals Limited failed.
 7. In October 2018, the drug test of Lariago tablet, made by IPCA Laboratories Limited failed.
 8. Between 2022 and 2023, six drug tests failed on the drugs made by Glenmark Pharmaceuticals Limited. Telma AM, Telma H and Ziten tablets were included.
- h) Quality aspect is much more critical in two ways:
- i. Use of preservatives to prolong life or renew a near expiry product particularly in manufacturing ayurvedic medicines and generic allopathic by branded manufacturers in violation of established norms is leading to poor taste and smell, poor or reverse efficacy and even risking the life & health of users.
 - ii. These private companies are also involved in manufacturing of generic drugs. But their apathy and indifference is leading to frequent changes in the partners.

Our complaints are endless. In every sphere, there is a terrifying conspiracy. Patients are completely helpless.

IV. FINDINGS

Despite the government's announcements from time to time to establish new Jan Aushadhi centres, the scheme's execution has fallen far short of its ambitious promises. Over 15 years since its inception, successive governments have failed to deliver on their initial commitments. While there are currently 10607 Jan Aushadhi stores across the country, the reality on the ground does not align with grand vision of the scheme. But strong efforts are being made by the central government now to expand the number of centres.

CONCLUSION

But more serious challenges are at other fronts, role of private companies in particular. We would like to submit our recommendation as: The right to manufacture medicines should be entrusted to directly the state government or large cooperatives which are supported by the state government. [6]

Distribution should be handled directly by the state government or by state-controlled autonomous agencies, which can distribute medicines itself or through consumer cooperatives. Private players should not be allowed to engage in such affairs since they attempt to create artificial scarcity in order to raise demand, prices, and profits. Criminals are accustomed to making quality compromises or adulterating drugs.

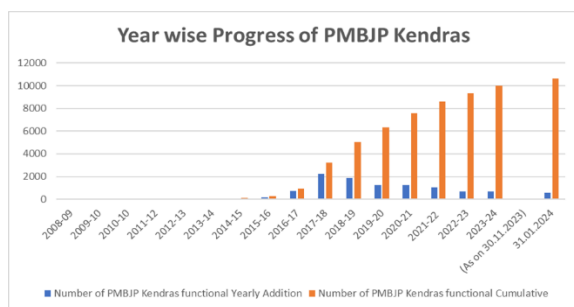


Figure 1

Source: Derived from Table 1

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