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JAN AUSHADHI SCHEME

Affordable Generic Medicines and Healthcare Access

1. Latest News

The need to expand the Pradhan Mantri Bhartiya Janaushadhi Pariyojana has gained attention amid concerns over low public awareness, inconsistent medicine availability and the high share of medicines in household out-of-pocket healthcare expenditure.

2. About Pradhan Mantri Bhartiya Janaushadhi Pariyojana

The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) is a Central Government initiative aimed at making quality generic medicines available to the public at affordable prices through dedicated retail outlets known as Jan Aushadhi Kendras.

The scheme was launched in 2008 and revamped in 2015. It is implemented through the Pharmaceuticals and Medical Devices Bureau of India (PMBI).

It leverages India's pharmaceutical manufacturing capabilities to provide medicines at substantially lower prices than comparable branded alternatives, thereby reducing the financial burden of healthcare on households.

3. Growth and Coverage of the Scheme

The scheme has expanded its product range and retail network over the years.

- Product coverage: 2,110 medicines and 315 surgical items.
- Number of outlets: 20,547 Jan Aushadhi Kendras as of July 2026, compared with 17,990 in December 2025.
- Government target: 25,000 Kendras by March 2027.
- Daily footfall: An estimated 10–12 lakh visitors.
- Sales in 2025–26: Rs. 2,252 crore at maximum retail price.
- Estimated citizen savings: Approximately Rs. 9,000 crore in 2025–26 and Rs. 45,000 crore over 12 years.

The estimated savings indicate that medicines available through the scheme are substantially cheaper than their market-priced alternatives, with an average discount of approximately 80%.

Despite this expansion, the network remains relatively small compared with India's reported 12 lakh chemists and druggists, according to the chemists' association.

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4. Key Challenges Limiting the Scheme's Reach

Low Public Awareness and Limited Accessibility

Awareness remains a major barrier to wider adoption. A small study of 200 outpatients in Port Blair found that only one-third had heard of the scheme, while more than half did not know what Jan Aushadhi outlets sold.

The study also highlighted a perception among some people that these outlets are meant exclusively for economically weaker sections. This limits their appeal among middle- and higher-income households.

Trust and Quality Assurance

Concerns about the quality of generic medicines can discourage patients and doctors from using them.

The government requires suppliers to hold WHO-GMP certification and mandates testing of every batch. The reported rate of substandard medicines is 0.34% for Jan Aushadhi medicines, compared with 3.70% in the open market.

Inconsistent Availability of Medicines

Stock shortages and inconsistent availability of certain medicines can weaken consumer trust. When patients visit a Kendra but cannot obtain their prescribed medicines, they may return to conventional chemists.

This can create a cycle in which lower customer demand reduces sales, discourages adequate stocking and further affects the outlet's attractiveness.

Limited Prescription of Generic Medicines

Doctors play an important role in determining whether patients use generic medicines. Patients generally rely on prescriptions and may not independently assess the active ingredients, composition or strength of medicines.

The National Medical Commission's earlier direction to prescribe medicines using generic names faced objections from doctors' bodies, which raised concerns about professional autonomy, accountability and quality. The order was subsequently put on hold.

5. Six Measures to Strengthen Jan Aushadhi

The expansion of the scheme requires improvements in awareness, quality assurance, medicine availability and public investment.

1. Conduct a National-Level Survey

The Department of Pharmaceuticals and the Ministry of Health should commission a nationally representative survey with an independent academic institution. It should examine public awareness, reasons for using or avoiding Jan Aushadhi Kendras, doctors' prescribing practices and medicine availability.

2. Strengthen Quality Testing and Transparency

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The Indian Pharmacopoeia Commission has agreed to test random batches from Jan Aushadhi outlets. Results should be published regularly, specifying the testing period, methodology and laboratories involved. This would make quality claims independently verifiable.

3. Introduce Online Stock-Tracking Systems

A dynamic inventory-management system should enable real-time stock monitoring and automated reordering. This would minimise stockouts and improve the reliability of medicine availability.

4. Build Confidence Among Doctors

Once consistent medicine quality is demonstrated, the government should engage with doctors' associations to encourage generic prescriptions. Displaying bioequivalence status on medicine labels could also strengthen confidence.

5. Promote Kendras as Outlets for Everyone

Jan Aushadhi Kendras should be positioned as affordable medicine stores for all sections of society rather than charity outlets. Social media campaigns, targeted advertisements and wider use of the Jan Aushadhi Sugam app can improve awareness. The app already provides a store locator, navigation support and medicine-wise price lists; displaying live stock availability could make it more useful.

6. Increase Public Investment

Medicines account for approximately 60–70% of household out-of-pocket expenditure on healthcare in India. Government health expenditure stood at 1.43% of GDP in 2023–24, below the National Health Policy target of 2.5% by 2025.

A dedicated allocation for expanding and promoting Jan Aushadhi Kendras could directly reduce household medical expenditure while improving access to affordable medicines.

Source: The Hindu (TH)

