ujiyari

UPSC & STATE PCS CURRENT AFFAIRS · UJIYARI.COM

MAGAZINE NOTES

Jan Aushadhi Scheme: Making Quality Medicines Affordable

1 March 2026 · ECONOMY · SOCIAL ISSUES · REPORTS & SCHEMES · GS2 · GS3

CURATED & WRITTEN BY

Bharat Choudhary

UPSC Educator & Content Creator

linkedin.com/in/epicbharat

Jan Aushadhi Scheme: Making Quality Medicines Affordable

PIB Special Features Chapter 4 · 4 min read ·

WHY IN NEWS

The **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)** has crossed a landmark — with 18,000+ Jan Aushadhi Kendras operational and cumulative citizen savings of an estimated **₹38,000 crore**, it is now one of the world's largest generic medicine distribution networks. With medicines priced 50–80% below branded equivalents, the scheme directly addresses catastrophic health expenditure faced by India's poor.

THE BRANDED VS GENERIC DRUG PARADOX

India is the **"pharmacy of the world"** — supplying 20% of global generic medicines by volume and exporting ~₹2.5 lakh crore worth of pharmaceuticals annually. Yet domestically, patients routinely pay **10–20 times more** for branded medicines than equivalent generics with identical active ingredients.

DRUG EXAMPLE	BRANDED PRICE (APPROX.)	GENERIC EQUIVALENT	SAVINGS
Metformin 500mg (30 tabs)	₹120–180	₹15–25	~85%
Atorvastatin 10mg (30 tabs)	₹150–200	₹20–30	~85%
Amoxicillin 500mg (10 caps)	₹80–120	₹15–25	~80%
Paracetamol 500mg (10 tabs)	₹20–30	₹3–5	~80%

Why this paradox exists:

- Doctors often prescribe by brand name (industry marketing influence)
- Pharmacies earn higher margins on branded drugs
- Patient perception that branded = better quality
- Weak enforcement of generic prescribing norms

JAN AUSHADHI SCHEME — OVERVIEW

PARAMETER	DETAILS
Full name	Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)
Launched	2008 (revamped 2015 under new framework)
Nodal agency	Bureau of Pharma PSUs of India (BPPI)
Under	Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers
Kendras operational	18,000+ (target: 25,000 by March 2026)
Medicine portfolio	2,110 medicines + 293 surgical devices
Therapeutic categories	29 (cardiovascular, anti-infectives, anti-diabetic, etc.)
Pricing	50–80% cheaper than branded equivalents
Cumulative sales (MRP)	₹7,700 crore by June 2025
Citizen savings (estimated)	₹38,000 crore

HOW THE JAN AUSHADHI SUPPLY CHAIN WORKS

```
Central procurement by BPPI
        ↓
Sourced from Central PSU pharma companies
(HOCL, RDPL, KAPL, BCPL + WHO-GMP certified private manufacturers)
        ↓
NABL-accredited quality testing labs
        ↓
Central warehouses (Gurugram HQ + regional warehouses)
        ↓
Jan Aushadhi Kendras (retail outlets)
        ↓
Patient gets medicine at MRP printed on pack
```

Quality assurance mechanisms:

- All medicines sourced only from WHO-GMP (Good Manufacturing Practices) certified plants
- Third-party testing at NABL-accredited laboratories
- Barcode-based inventory management

- Real-time sales data via PMBJP software portal

SUVIDHA SANITARY PAD — THE ₹1 REVOLUTION

One of the scheme's most impactful products is the **"Suvidha" oxo-biodegradable sanitary napkin**, priced at just **₹1 per pad** (pack of 4 for ₹4).

ASPECT	DETAIL
Price	₹1/pad (vs ₹8–12/pad in branded market)
Type	Oxo-biodegradable (environmentally safer)
Brand	Suvidha (PMBJP)
Impact	Improved menstrual hygiene access for rural, tribal, and urban poor women
Connection	Aligns with Swachh Bharat Mission + National Menstrual Hygiene Policy

CHALLENGES AND LIMITATIONS

CHALLENGE	DETAILS
Doctor prescribing behaviour	Most doctors prescribe by brand; MCI/NMC guidelines on generic prescribing are weakly enforced
Urban Kendra viability	High real estate costs; branded pharmacy competition makes Jan Aushadhi outlets less viable in cities
Awareness gap	Large segments of population unaware of Jan Aushadhi Kendras' location and product range
Stock-outs	Certain medicines unavailable intermittently due to supply chain gaps
Perception barrier	Lingering public belief that cheaper = lower quality despite identical formulations

POLICY CONNECTIONS — UPSC LINKAGES

Universal Health Coverage (UHC) and SDG 3

High out-of-pocket (OOP) expenditure on medicines is a leading cause of **catastrophic health expenditure** — defined as spending more than 10% of household income on health. India's OOP is ~48% of total health expenditure (among the highest in Asia). Affordable medicines directly reduce this burden.

TRIPS Flexibilities and Pharmaceutical Access

India's Patents Act 2005 Section 3(d) — prevents ever-greening of pharmaceutical patents — is a key tool that enables generic drug manufacturing. This supports both the export-oriented pharma industry and domestic schemes like PMBJP.

National Medical Commission (NMC) and Generic Prescribing

NMC regulations require doctors to prescribe by **generic name (INN — International Non-proprietary Name)** rather than brand name. Enforcement remains weak, but PMBJP gains when generics are prescribed.

UPSC ANGLE

- **GS2 — Social Justice / Health:** Universal health coverage, catastrophic health expenditure, OOP reduction, menstrual hygiene (Suvidha pad).
- **GS3 — Economy:** Pharmaceutical sector (India as pharmacy of the world), PLI for pharma, generic vs branded drug market.
- **GS2 — Governance:** BPPI as nodal agency, role of DoPh, NMC regulation of prescribing.
- **Mains Q:** "Jan Aushadhi is a supply-side solution to a demand-side problem. Critically examine."

Prelims-ready facts:

- PMBJP nodal agency: BPPI (Bureau of Pharma PSUs of India)
- Kendras: 18,000+ (target 25,000 by March 2026)
- Portfolio: 2,110 medicines + 293 surgical devices; 29 therapeutic categories
- Citizen savings: ~₹38,000 crore estimated
- Suvidha pad: ₹1/pad (oxo-biodegradable)
- Quality standard: WHO-GMP manufacturing + NABL-accredited testing

FACTS CORNER

PMBJP: Launched 2008; revamped 2015; nodal agency — BPPI under Dept. of Pharmaceuticals

Network: 18,000+ Jan Aushadhi Kendras; target 25,000 by March 2026

Portfolio: 2,110 medicines + 293 surgical devices across 29 therapeutic categories

Price advantage: 50–80% cheaper than branded equivalents

Cumulative MRP sales: ₹7,700 crore by June 2025

Citizen savings: ~₹38,000 crore estimated

Suvidha sanitary pad: ₹1/pad — oxo-biodegradable; flagship product for menstrual hygiene

Quality: WHO-GMP manufacturing + NABL-accredited third-party testing

OOP expenditure: India at ~48% of total health expenditure — among Asia's highest

TRIPS Section 3(d): India's Patents Act clause preventing ever-greening; enables generic manufacturing

CURATED & WRITTEN BY

Bharat Choudhary

UPSC Educator & Content Creator

linkedin.com/in/epicbharat

📖 Read Full Article on Ujiyari →

https://ujiyari.com/magazines/2026/pib-march-2026/jan-aushadhi-pmbjp-generic-medicines/