

ACCESS TO GENERIC MEDICINES THROUGH THE PEOPLE'S MEDICINE CENTRE (PMC) IN ODISHA, INDIA: A QUALITATIVE STUDY

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ABSTRACT

INTRODUCTION:

Access to medicine is a concern in India and other developing countries. In India, Pradhan Mantri Bhartiya Janaushadhi Priyojana (PMBJP) helps to a certain extent in provision of medicines to people experiencing poverty. PMBJP is India's central government scheme hosted by the Department of Pharmaceuticals, which comes under the Ministry of Chemicals and Fertilizers. The scheme was uniformly introduced in all the states of the country to benefit the people at large in 2008. The objective of the scheme is to provide high-quality medication to everyone belonging to different strata of the population, especially underprivileged and impoverished people. The state has high regional inequality where few districts are economically developed while many others are economically backward, and access to medicine remains a challenge. This paper explores the knowledge and awareness of the scheme among PMC owners, grievances, and market competition of PMCs.

METHODS:

This study adopted a qualitative research method to understand the concerns of pharmacists and PMCs. An interview schedule was used to assess the situation. The research revolves around subjects such as proprietorship, motivational aspects, monetary provision, faith, satisfaction, perceived benefits, and challenges of the stakeholders. Therefore, open-ended, in-depth interviews were best suited for the study. PMC pharmacists were the only participants in the study. The data collection took place in January and February 2023.

RESULTS:

The results are presented under three themes pertaining to the PMC business: awareness, grievances, and market competition. The study revealed that the ownership of the PMCs was of two types in the state of Odisha, India: one was an old PMC that started between 2008 and 2015, and the other type was a new PHC that started after 2015. In 2015, radical changes were brought into the scheme. The popularity of the scheme among private pharmacists became a phenomenon after 2015; earlier, it was under the control of the government and the District Red Cross (DRC). The scheme

was made open for all independent private pharmacists in 2015. The risk of expired stocks constantly loomed over the PMC business. PMC owners discussed expired drug management mechanisms. Market competition was very much in favor of the PMC owners, as their products were much cheaper than the branded market products. However, they reel under small earnings due to the low price of their products.

CONCLUSION:

Disseminating information about the PMBJP scheme is currently limited to existing pharmacists. The scheme could be promoted to recent graduates with D. Pharma or B to expand its reach. Pharma degrees, encouraging them to become independent PMC pharmacists. Additionally, enhancing mechanisms for managing expired drugs would make the PMC business more appealing. Reforms are also needed for older PMCs (established between 2008 and 2015) to prevent conflicts with authorities and other schemes. While PMCs benefit from lower product prices, they must increase sales volume to achieve satisfactory income, which should be considered to improve the financial outcomes for PMC owners.

KEYWORDS

Pharmacy, Universal health care, Access to medicine, NCD, Global South, Regional imbalance, Healthcare management

INTRODUCTION

Essential medicines are required for the effective treatment of patients, reducing out-of-pocket expenditures and minimizing the risk of medication errors [1]. At the primary level, pharmacists can dispense essential medicine and administer doses to control the risk of medication errors [2]. Pharmacies established under the welfare scheme can serve the objective of providing affordable medicines for the masses [3].

The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) scheme helps in the provision of subsidized medications to people through outlets owned by pharmacists. Furthermore, quality is assured in these shops through direct monitoring by the ministry of the government [4]. A pharma advisory forum constituted by the government of India in 2008 through the concerned ministry. The forum coined the term Jan Aushadhi (medication for common citizens). It advocated the Jan Aushadhi Campaign and helped the Indian parliament launch the Jan Aushadhi Scheme in 2008 [5,6]. Furthermore, in 2015, the classification of the scheme changed to PMBJP [3]. The Pharmacies established under this scheme are called Jan Aushadhi Kendra. The English translation of this term could be the People's Medicine Centre. Hence, it is abbreviated as PMC in this paper.

The implementation of the PMBJP scheme relies on PMCs operating effectively at the local level. Initially, launched in

selected districts in India in 2008, the scheme aimed to establish one PMC in each of the 630 districts nationwide, with plans for further expansion into district subdivisions and major towns and village centers by 2012 [3,7]. Between 2008 and 2014, the scheme experienced limited progress, with fewer than a hundred PMCs being established. However, after the NDA government restructured the program after 2015, there was a significant increase in the number of PMCs, exceeding 9,000 across the country by 2022 [3].

PMCs have been established across India to open outlets in all public hospitals and accessible locations [8]. There are two categories of PMCs: old PMCs, which were set up between 2008 and 2015, and new PMCs, which were established after 2015. The old PMCs were created with initial funding provided to District Red Cross (DRC) societies, facilitating the establishment of infrastructure and procuring an initial stock of drugs. In contrast, the new PMCs were developed by incorporating private pharmacists as stakeholders in the scheme. These pharmacists received a one-time grant from the PMBJP scheme to operate the outlets on a self-sustaining model. Under this model, the government provides only initial financial support, whereas nongovernmental organizations (such as DRCs) and private pharmacists are responsible for generating profits to sustain the operations of outlets [6,7]. The PMBJP scheme offers collaborating entrepreneurs (private pharmacists) a 20% discount on the maximum

retail price (excluding taxes) for medicine purchases, which is adequate to cover profit margins [6,9,10].

The primary objective of PMCs is to help out the underprivileged population with medication. PMCs employ educational and promotional strategies to achieve widespread access and dispel the common misconception that higher prices equate to better quality. Additionally, the scheme facilitated through PMCs aims to generate employment opportunities for unemployed pharmacists [11].

This paper explores access to information and awareness about the scheme among PMC owners, grievances, and market competition among PMCs.

METHODOLOGY

In-depth interviews with seventeen numbers were conducted to obtain information about pharmacists providing services to people. The PMCs are taken from the website and used for raw data. This study was conducted in the province of Odisha due to its lack of infrastructure and overall inaccessibility of healthcare [12,13]. The functionality of PMCs in Odisha is essential to dispense good healthcare. The PMBJP scheme is important for all provinces in India, and certain regions, such as Odisha, have an acute need for such initiatives.

UNIVERSE OF THE STUDY

Odisha consists of 30 administrative units known as districts and is governed by devolved power from the state [14]. For this study, data were collected from five purposively selected districts. These five districts encompass Kalahandi and Rayagada, which are located in the southern part of the province. These districts are predominantly tribal and rural and are characterized by primary sector activities and longstanding poverty. In contrast, Angul and Keonjhar from the northern region were used because of their industrial mining activities. Khordha, located on the eastern side of the province, is both a coastal and economically prosperous district, serving as the capital region of Odisha and focusing primarily on tertiary sector activities [15].

UNIT OF THE STUDY

The individuals interviewed were employed pharmacists with decision-making power for the business of PMCs, each with a minimum of five years of experience in the field. The participants were chosen through convenience sampling. Some potential participants declined to participate

because of rush hour constraints, whereas others requested that the researchers return at different times. Researchers conducted visits to the PMCs and interviewed the pharmacists at suitable and convenient times for the participants. The interviews were conducted onsite at the PMC centers from January to March 2023. Recording was performed via an audio recorder. The languages used for the interviews were Odia and Hindi. The paper has followed the COREQ-32-item checklist for qualitative research to increase the quality of reporting [16]. The participants' consent was obtained at the beginning of the interviews.

DATA ANALYSIS

Normal transcription from the Odia and Hindi languages was performed in English. The free version of InqScribe was used to convert the recorded audio into text. The transcripts were then translated into English. To ensure anonymity and confidentiality, all personal information of the interviewees was removed from the transcripts. Apart from redacting the participants' actual names and identifying details, no further modifications were made during the translation process. Pseudonyms were assigned to participants for the purposes of data analysis. Language experts were consulted to verify and ensure the accuracy of the translations. For the current paper, three themes were chosen from a more extensive study to present an important aspect of the PMC ecosystem in Odisha. The interview guide was structured around predetermined themes. Codes were developed on the basis of the transcribed interviews, and relevant sentences and sections were highlighted and categorized according to these codes. An inductive approach in the analysis is utilized to explore the phenomenon as per the study's objective. MaxQDA software was used to analyze the data.

RESULTS

The results are discussed in terms of the three themes that reflect access to information and awareness about the scheme among pharmacists, the grievances of the pharmacists, and the market competition situation for PMCs.

ACCESS TO INFORMATION AND AWARENESS ABOUT THE SCHEME AMONG PHARMACISTS

Knowledge and awareness about the scheme among PMC pharmacists are crucial. Greater knowledge may lead to the expected outcome of the scheme. The results

under this theme are discussed from the perspective of PMC pharmacists.

There was no provision for private pharmacist inclusion in the initial years of the PMBJP scheme (from 2008--2015). The scheme was implemented with the help of the District Red Cross (DRC) society across Odisha. A PMC pharmacist, Ranjan (name changed), working at Angul DRC-run center, recalled that an official notification from the central government of India that one PMC would be established in each district under the leadership of the DRC society with the collaboration of the district health department. Therefore, the scheme's first phase did not have to do anything about the scheme promotion among private pharmacists. However, in 2015, the scheme was modified, and private pharmacists were invited to integrate into it. The new modified scheme gained quick momentum, and in a short period, the PMCs spread across Odisha. Private PMCs grew in cities. However, their expansion remains limited in remote and rural areas. A lack of information and awareness was one of the significant factors.

The provision of money under the scheme to open a PMC was widespread information that attracted most PMC pharmacists. The source of information about the scheme to PMC owners came from fellow pharmacists. Newspaper advertisements notified them about the scheme, but detailed information and encouragement were provided by fellow pharmacists already engaged in the PMC business. Dilip (name changed), a PMC pharmacist who came into the PMC business two years ago, said, "There is a (PMC) store of my friend; he informed and invited me to start this business, as it is a good venture."

In 2015, when the PMBJP scheme was revamped, it attracted existing private pharmacy owners. Many chose this opportunity and transformed their old pharmacy into new PMC pharmacies. Because they are in the pharmaceutical business, they become easily informed about the scheme. Manohar (name changed), a PMC pharmacist for six years, emphasized that it was not difficult for him to acquire information about the scheme because he had been in this occupation for a long period of time.

GRIEVANCES OF THE PMC OWNERS

Stocks that have expired are a common grievance among PMCs. There was a two percent extra margin on the product's maximum retail price (MRP) along with the twenty percent profit margin to cope with the losses incurred due to expired stocks. Some PMC pharmacists

were efficiently managing their stores with the provisions in the scheme. Dilip (name changed), a private PMC owner, denies any sort of loss or grievance caused by the scheme. According to him, two percent extra margin on MRP is just okay to manage the losses. However, Devdutt (name changed) found this arrangement in the scheme insufficient to cover the losses. Hence, a mechanism to manage expired products is needed to make the PMC business favorable for PMC owners. Ranjan (name changed) highlighted that to avoid expired stocks, one must order less than what is actually demanded. Therefore, PMCs often run out of stock and cause inconvenience to customers. This inconvenience results in the reduced reliability of customers on PMCs. It affects business in the long run, Ranjan said. As the pharmacist at the DRC-run PMC, Ranjan noted that he had to bear all the losses at the time of the COVID-19 pandemic lockdown. He was not allowed to report enormous expired stocks to the DRC society.

Compensation for the support staff at the PMCs is not regulated in the scheme. Owing to all dependency on the twenty percent MRP margin, PMC owners find it difficult to compensate the supporting staff appropriately. Rent and manpower are the major expenditure heads for a PMC owner. Arpana (name changed) suggested that the scheme can introduce a provision to support either of the expenditure heads to ensure the sustenance of the PMCs. Old PMCs managed by DRC society lack technological advantages over new private PMCs. Ranjan was a DRC-run PMC pharmacist; he noted that he is still providing handwritten bills to his customers because he does not have time to learn and install computers to generate bills. Despite the enormous demand for PMC medicines at his outlet, he feels incapacitated due to the disadvantage of the absence of technology.

One DRC-run PMC that was functioning inside the government hospital campus faced severe problems. The district collector has not reimbursed the bills to be paid for supplies for the last six months. The PMC faced an extreme shortage of stock and found it difficult to operate. Rahul (name changed) was the appointed pharmacist at the PMC. He alleged that the district collector was interested in promoting the state-run Niramaya scheme and not the central government-funded PMBJP scheme.

MARKET COMPETITION AND PRICE STABILITY

Competition is a common phenomenon in businesses, and price discounts are common. PMC owners/operators were

asked whether they face market competition of any sort and how they cope with that. Devdutt said, "We are already selling at the lowest market price; how does the market competition affect us." He mentioned that there was no possibility to reduce the price further, as there was a need to cover the cost of running PMC. Ranjan's statement supports the Devdutt argument; according to Ranjan, a twenty percent price margin is just sufficient to run a PMC.

Niramaya is a state-sponsored free medicine distribution outlet located in the vicinity of all public hospitals. Ranjan said, "Niramaya cannot affect their business as it was functioning with a different set of objectives and principals; they are not a profit-making entity." Prabeer (name changed) said, "If any patient goes to Niramaya (pharmacy), they will get only a three-day dose. To continue the medication further, they have to come to us." There was no competition among the PMCs themselves. These authors reported that an environment was more conducive if another PMC was nearby. Prabeer said that by having another PMC in proximity, we are able to retain the customers and not lose them to the non-PMC pharmacies; suppose I have four medicines out of five mentioned in the prescription. I can refer the customer to the neighboring PMC."

DISCUSSION

Revamping the PMBJP scheme was a significant move by the government in 2015 [3]. It welcomed private pharmacists and career seekers in the pharmacy sector [9]. The expansion of information among such groups that can contribute to the success of the PMBJP scheme is highly desirable. Private pharmacists who were already serving quickly took over the scheme. However, new career seekers were not visible in the PMC business in Odisha, where a strong network of existing pharmacists operated behind the large-scale establishment of PMCs.

As a grievance or challenge, PMC pharmacists face expired drug stock. The PMC business model is efficient. However, a good drug inventory planning system can help PMC pharmacists budget, procure, and control the business [17]. Old PMCs still function on the old system. Therefore, they face severe challenges. The scheme was revised, but the old PMC mechanism remained untouched. It should be revived with active policy intervention [5].

Currently, the PMC business is performing best. It is efficient in delivering affordable medicines to the masses [5]. However, low-priced PMC products require the selling of higher volumes to earn sufficient income to compensate staff, pay rent, and meet other expenditures.

CONCLUSION

The spread of information about the PMBJP scheme is limited to existing pharmacists only. However, this scheme can be promoted among college passouts to obtain D. Pharma. or B. Pharma degree and become an independent PMC pharmacist. It can be seen as a small start-up with enormous growth potential. To make the PMC business more attractive and beneficial, mechanisms to manage expired drugs should be made robust. Old PMCs (starting between 2008 and 2015) need reform, as they should not come into conflict with authorities and other existing schemes. It is appreciable that PMCs have an edge over market competition due to the significantly lower prices of their products. However, they need to sell more in volume to earn satisfactory income from low-priced drugs. This phenomenon should be taken into consideration to increase the income of PMC owners.

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CONFLICT OF INTEREST:

None

ETHICAL APPROVAL:

The data were obtained from the Institute's ethical clearance committee.

CONSENT TO PARTICIPATE:

Written consent was obtained from the participants before beginning the study.

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