

Access Generic Medicine Genesis through People's Medicine Centre (PMC) in Odisha, India: A Qualitative Study

Presentation by
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Introduction

Access to Medicine

- Pradhan Mantri Bhartiya Janaushadhi Priyojana (PMBJP) is one of the policy initiatives that addresses inaccessibility.
- The campaign aims to make quality generic medicines available at reasonable prices. The **Janaushadhi Kendra** has been translated as People's Medicine Centre (PMC) in the present study.
- In terms of ownership, the PMCs are of two types: **public-NGO owned and public-private (individual) owned.**

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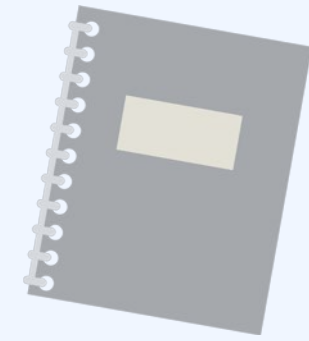
- Provision of initial **funding for infrastructure and maintenance of the supply chain.**
- The role of Non-Governmental Organizations (NGOs) and private partners is to run the outlet on a **self-sustaining model.**
- The province of Odisha has been chosen as the study area for the evaluation of People's Medicine Centres.
- Odisha has seen severe incidences of **poverty and lack of health care services.**

Objective

The present study intends to inquire into

- the nature of PMC ownership,
- pharmacists' motivations and incentives to engage in business,
- perceived customers' trust and satisfaction,
- scheme beneficiaries and challenges.

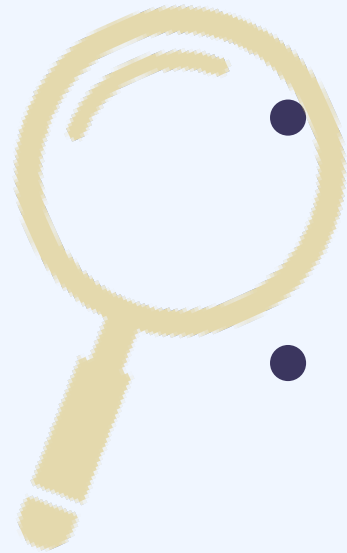




Methods



- The present paper offers an exploratory approach
- An open-ended interview guide was used
- The topics of ownership, motivation, incentives, trust, satisfaction, perceived benefits, and challenges have been recorded by the participants.
- A total of **seventeen in-depth interviews** were conducted
- A list of PMCs was obtained from the PMBJP website



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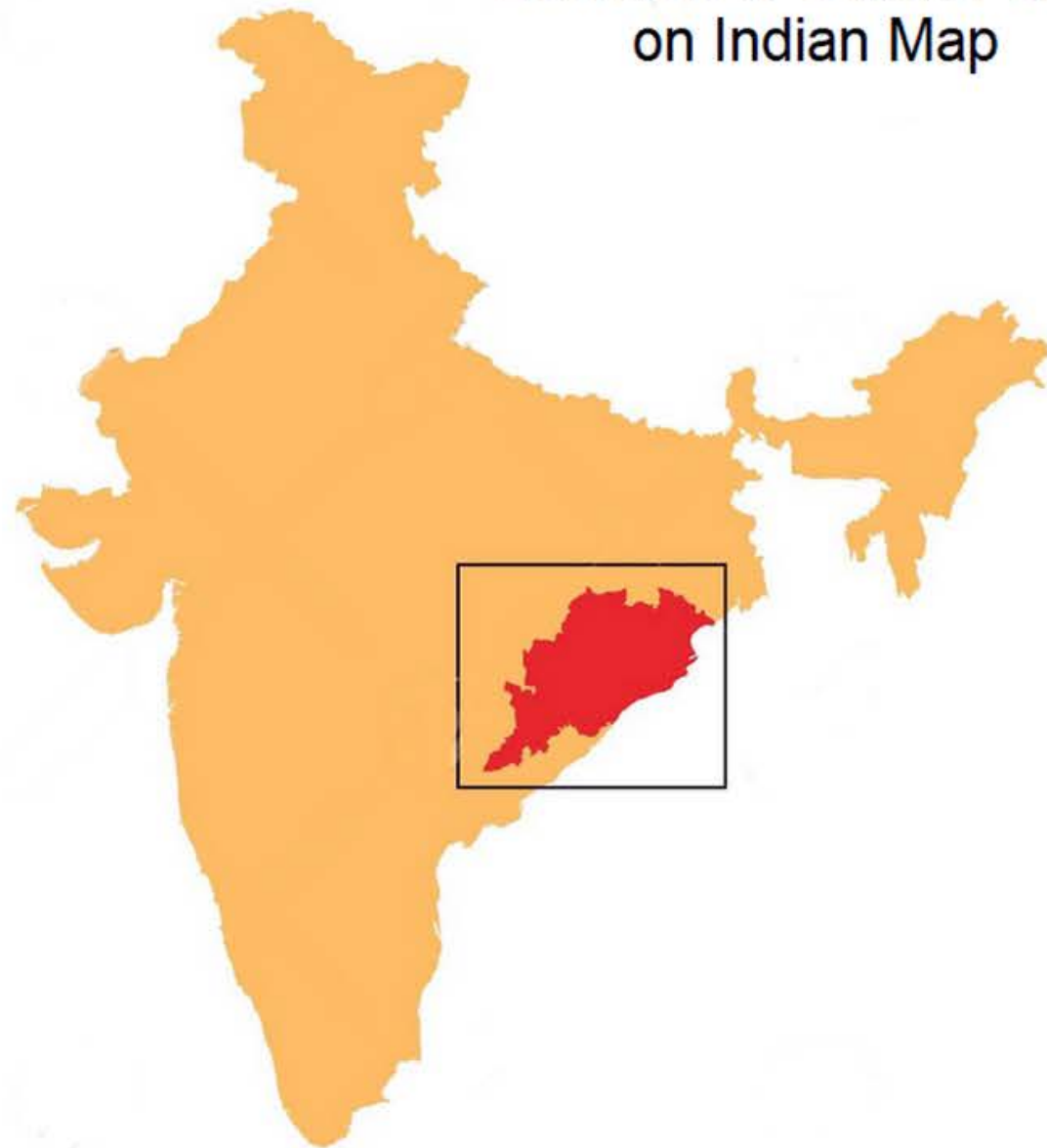


Locale of the Study

- The study is focused on the province of Odisha. The province is located on the eastern side of India.
- Data was collected from five purposively chosen districts
- **Kalahandi and Rayagada** are rural and tribal districts that have been in extreme poverty for a long time.
- **Angul and Keonjhar** are situated in the northern part of the Odisha. These two are known for industrial mining and mostly urban settlements.
- **Khordha** is an economically well-performing district and the capital region of the province.

Locale of the Study

Location of Odisha State
on Indian Map



Odisha
Study Area (Districts)

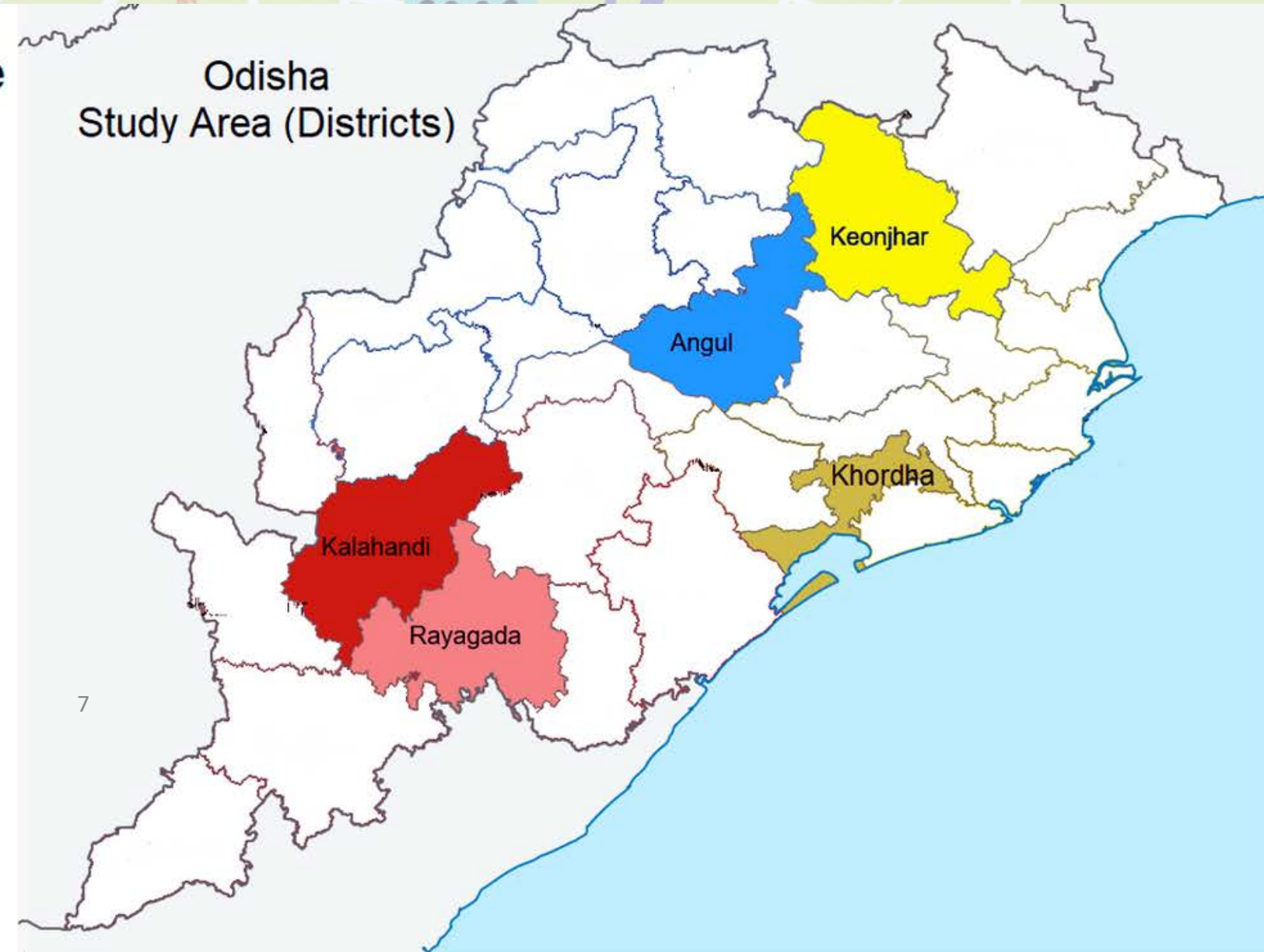


Table 1. Number of listed PMCs in selected districts and in-depth interviews in respective districts.

Sr. no.	Districts	PMCs listed on website* (till January, 01, 2023)	In-depth interviews conducted with pharmacists		
			Owner	Hired	Total
1	Angul	8	0	3	3
2	Keonjhar	10	2	2	4
3	Khordha	38	5	3	8
4	Kalahandi	1 ⁸	0	0	0
5	Rayagada	2	2	0	2
	Total	59	9	8	17

Only private individual entrepreneurs
Including PMCs run by Red Cross NGO

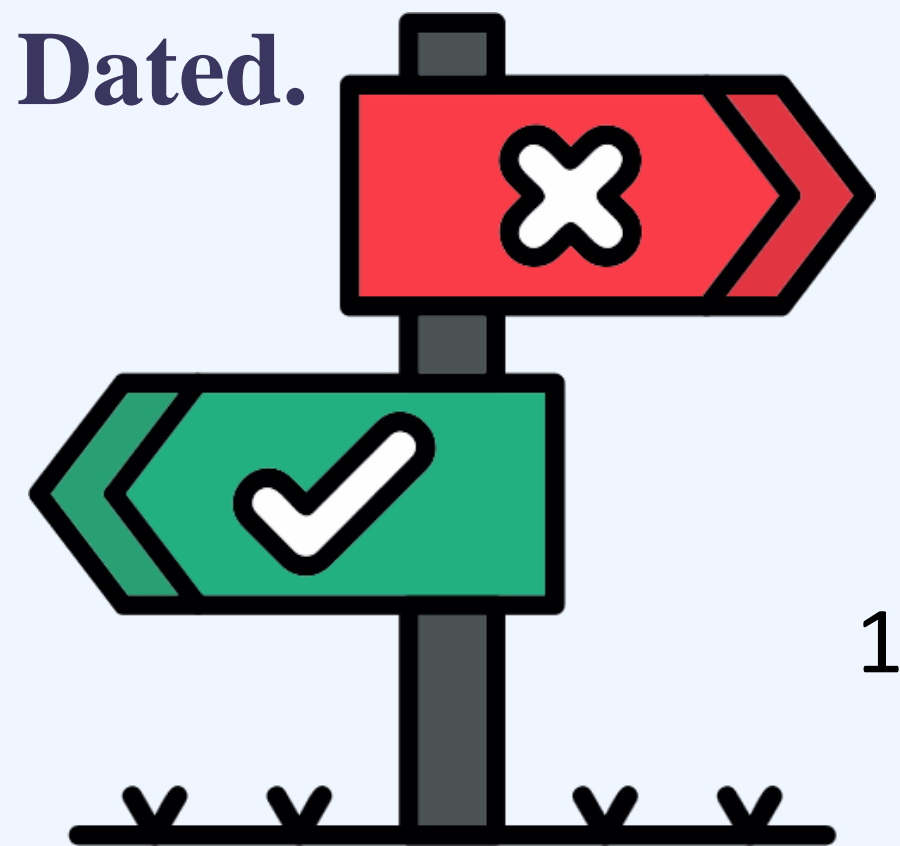


Data sources

- The **PMBJP website** has revealed the distribution of PMCs in Odisha (Table 1)
- **Government documents, pharmacy outlets, newspaper articles, policy briefs,** previously commissioned studies and authentic databases were examined to prepare the Interview guide.
- The interviews took place at the PMC centres. The interviews were conducted in the months of **January and February 2023**. Interviews were voice recorded. The language of the interviews was Odia and Hindi. Two interviewers conducted the interviews.

Ethical considerations

- the study followed the **COREQ - 32** items checklist to abide by the qualitative research guidelines
- Informed consent was obtained at the start of the interviews. Ethical approvals have been taken from the university ethics committee with reference number **UH/IEC/2021/158**, Dated. **26.08.2021**.



Data analysis

- Interviews were transcribed in the original languages, **Odia and Hindi**.
- A free version of **InqScribe** was used to transcribe the recorded interviews into text form. Then translated to English.
- In the translation, no redactions were made except the actual names of the participants and their identities.
- Language experts were consulted to check and verify the accuracy of the translations.

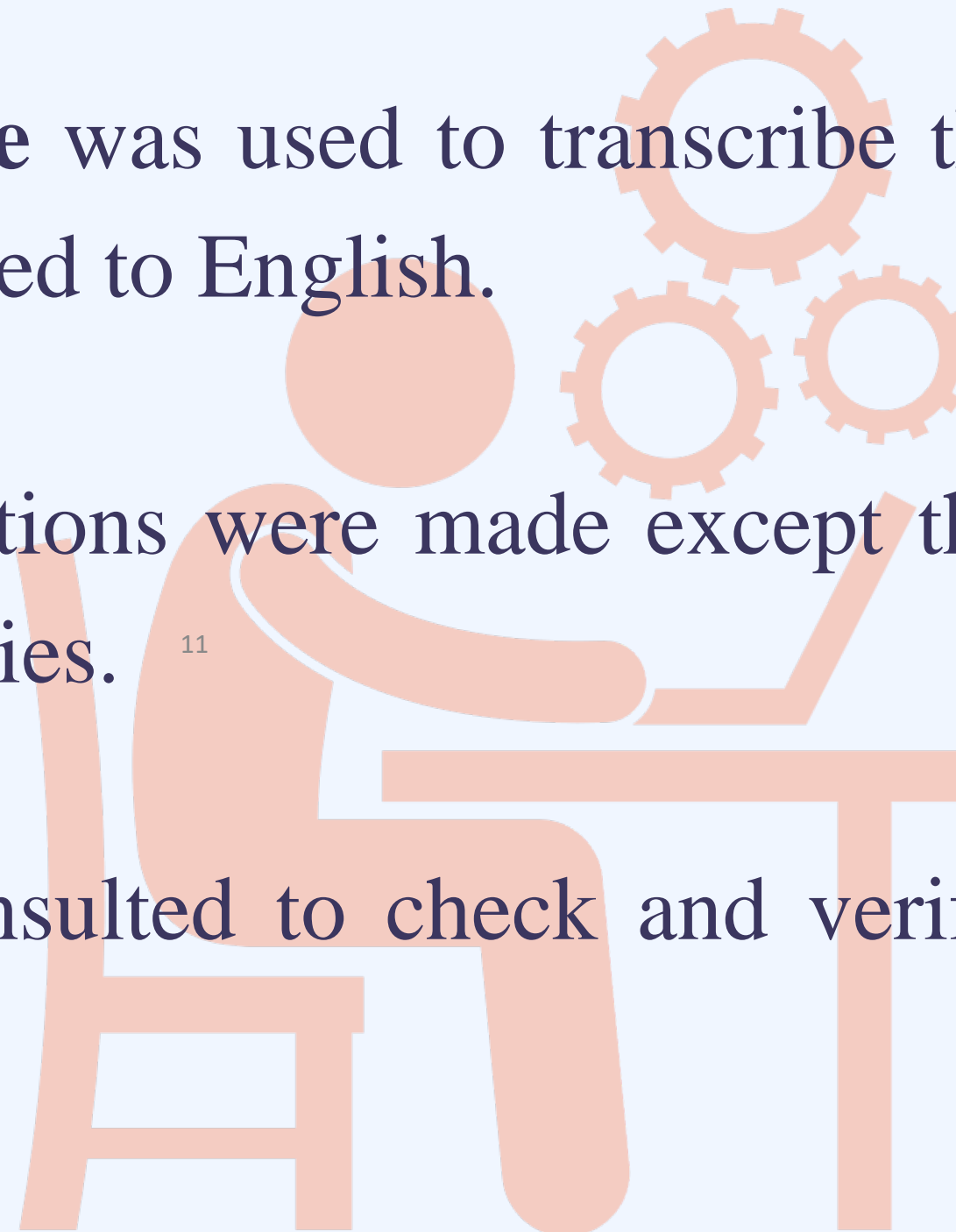
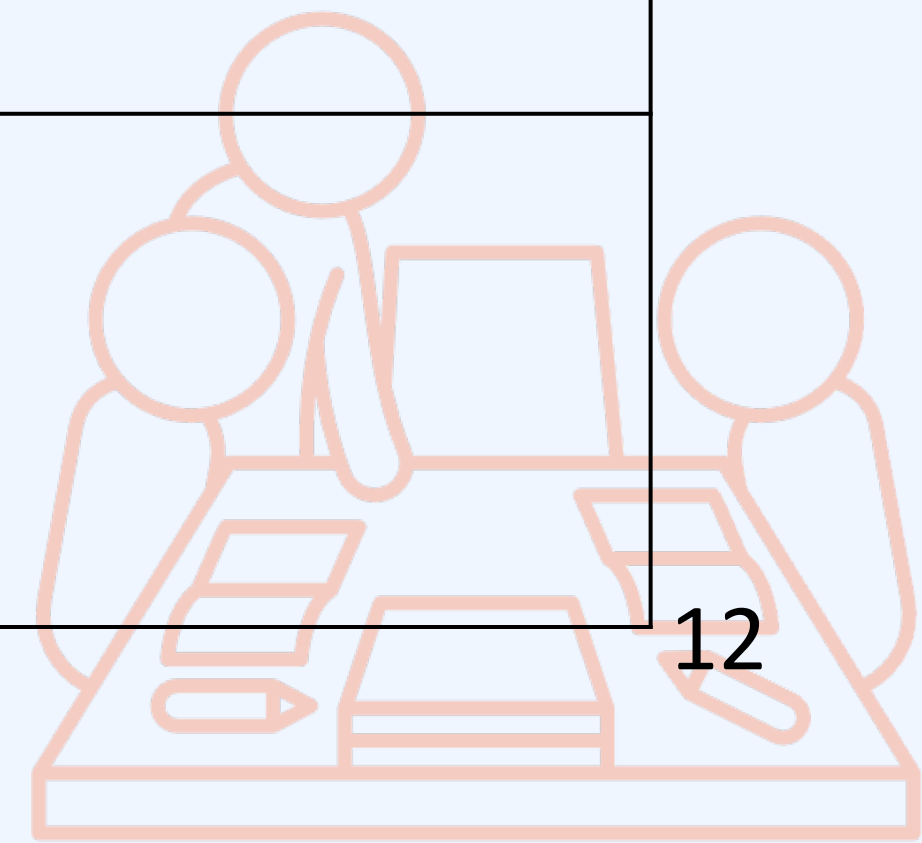


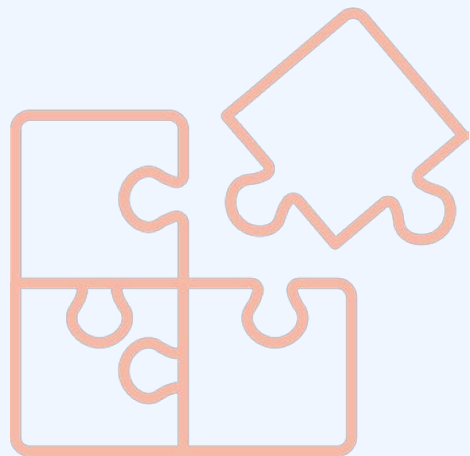
Table 2. Codes and Themes

Sr. no.	Codes	Themes
1	About PMC	About PMC in Odisha
2	Motivation or inspiration	The Motivation and Incentive to Start a PMC
3	Market competition	
4	Knowledge about PMC	The Difference of PMC and Branded Medicines
5	Trust building	Presence of PMCs, Advertisements and Customers' Trust Building
6	Self-medication	
7	Satisfaction	Trust and Satisfaction
8	Beneficiary 12	Beneficiaries of the PMCs
9	Loss or dissatisfaction	Challenges faced by PMCs
10	Supply chain	
11	Suggestions	
12	Role of Drug Inspector	

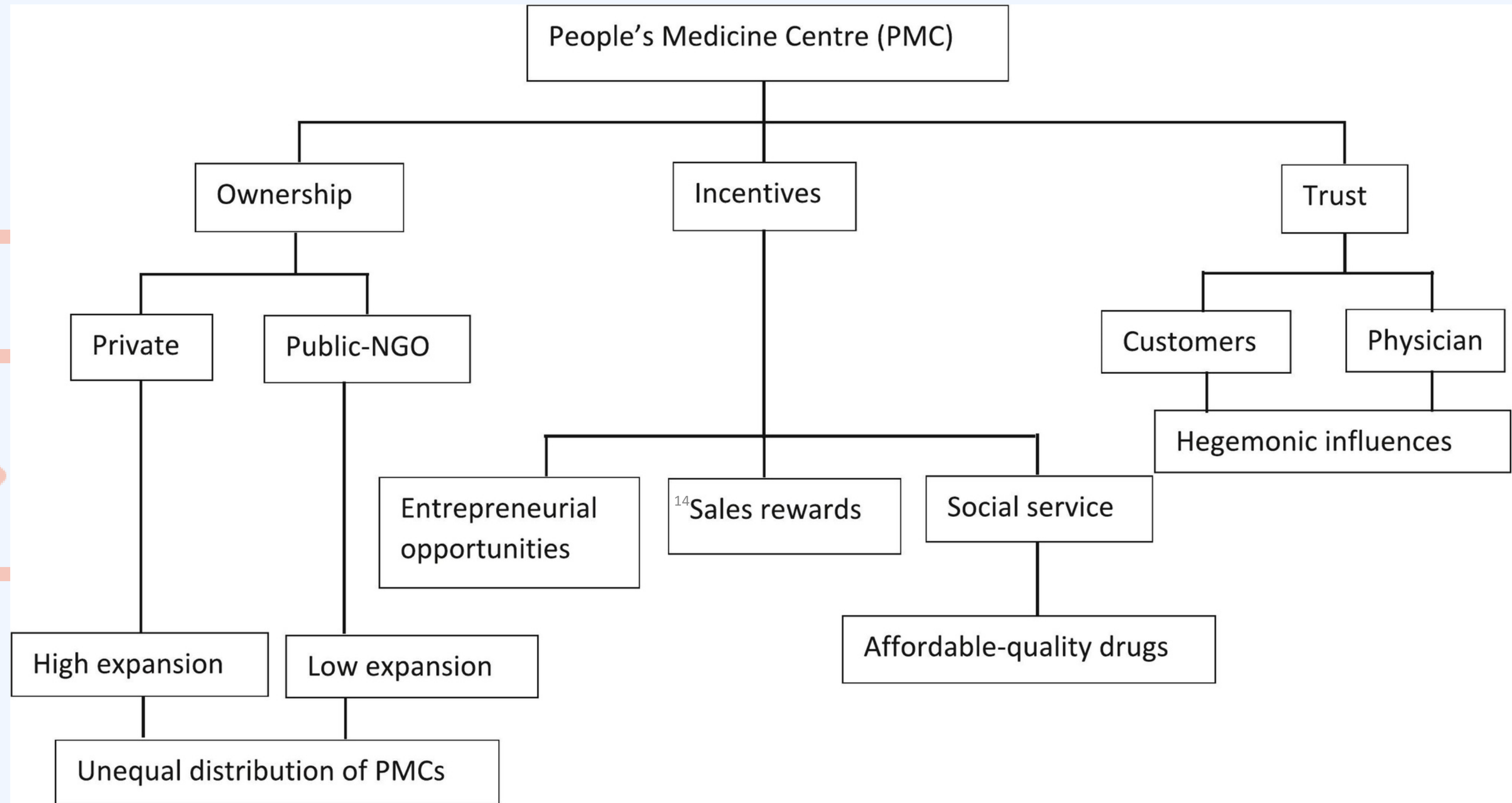


Data analysis

- The data was imported into **MAXQDA software**.
- The software helped to organize the data thematically. **Twelve codes and seven themes were identified and analyzed.**
- The researchers reported the themes and their supporting evidence in a clear and organized manner by using quotes or excerpts from the interviews to illustrate the themes and provide a rich narrative.



The Ecosystem of Janaushadhi Kendra in Odisha



Results

About PMC in Odisha

- A significant surge in the number of PMCs in Odisha occurred after 2015. Before 2015, there were only a few PMCs, as per the data.
- The major difference between pre-2015 and post-2015 PMCs is the nature of ownership.
- The Central Government franchised PMCs only to the District Red Cross (DRC) society across the province of Odisha in the pre-2015 era.

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The motivation and incentive to start a PMC

- For individuals, being a PMC pharmacist is an opportunity to earn a positive income.
- There are provisions in the scheme to motivate pharmacists to scale up their business with increased sales.

The difference between PMC and branded medicines

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- The price at which PMC medicines are sold differs greatly from the market average of branded medicines.
- Composition-wise, both branded and PMC medicines are the same; there is no difference.



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Regional disparity in the presence of PMCs

- A satisfactory number of PMCs were found in Khordha (38 PMCs) and relatively lesser numbers in Angul (8 PMCs) and Keonjhar (10 PMCs). Rayagada (2 PMCs) is underserved, and Kalahandi (1 PMC) is an unserved district.

Trust and Satisfaction

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- A good number of regular customers rely on PMCs for chronic diseases medicines, such as diabetes and blood pressure.
- The physician's role in prescribing PMC medicines is critical.

Discussion

- The proprietor-based model is extremely successful because it combines the public and private sectors efficiently
- Despite the structural reform, all the sections of the population were not served
- However, other private pharmacies in Odisha were enjoying better customer trust (Kalita et al., 2023)
- This reveals that there are untapped market opportunities across the province of Odisha for pharmacies, which PMCs can capture

Discussion

- PMCs of the pre-2015 era (public-NGO PMCs) are in a crisis.
- The new public-private model (post-2015) is completely autonomous and free from authoritative (civil servants) intervention.
- A direct transfer of INR 200,000 to 500,000 (approximately 2412 to 6032 USD) is a big support under the PMBJP scheme.
- PMC, as a startup, has positively impacted the income of the private PMC proprietors.

Theoretical Implications

Regional Inequality

Regional disparity in accessing health has remained a consistent and homogeneous factor in India and across the globe.

Theory of Public-Private Partnership (PPP)

PPPs present a framework that—while engaging the private sector—acknowledges and structures the role of government in ensuring that social obligations are met and successful sector reforms and public investments are achieved.

Hegemony theory

The hegemony of physicians affects a lot in the demand for generic medication

Conclusion

- The modification in the nature of PMC ownership post-2015 was undoubtedly a good decision
- The ambiguity in the minds of consumers and physicians regarding the authenticity and efficacy of unbranded generic medications must be addressed
- Physicians could proactively welcome it for a larger population benefit.
- Ownership, distribution, and competition with branded medicines challenges require continuous evaluation and adaptation

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