

## Troubles beset 'Jan Aushadhi' plan to broaden access to generics

In November 2008, the Indian government kicked off an ambitious project when it opened the first not-for-profit medicine shop, at Amritsar in Punjab, selling only generic drugs, with no branded versions on the shelves. The opening was part of a grand plan to establish a countrywide chain of such 'Jan Aushadhi', a Hindi term that translates as 'people's drug stores'. But several speakers at a national seminar on pharmaceutical Policy held in Kolkata in February said this plan to bring quality medicines at affordable price has hit roadblocks.

At the recent meeting, a few people went so far as to speculate that corrupt officials and foreign-owned multinational corporations—whose products account for more than a quarter of India's 392 billion rupees (\$8.7 billion) drug sales by some estimates—are conspiring to scuttle the scheme. "Of course [the multinationals] are trying their best to protect their market share," Ramesh Jha, spokesman for Department of Pharmaceuticals, which is implementing the Jan Aushadhi program, told *Nature Medicine*. "But our scheme is on track."

The Jan Aushadhi stores are the brainchild of Ram Vilas Paswan, who formerly headed the government ministry that oversees pharmaceuticals. The plan requires that public-sector drug companies supply essential low-priced generics on demand to the Jan Aushadhi stores planned to open in all 612 districts in India. These will be run by government entities, charitable organizations or nongovernmental organizations on the principle of generating minimal profits and eventually become self sustaining. "If implemented as planned, this could be a model for the entire developing world," says Guruprasad Mohanta, a pharmacy professor at Annamalai University in Chidambaram, Tamil Nadu.

That remains a distant dream, considering that hardly 40 stores have come up so far—in just four out of 28 states—against the target of 275 stores in 12 states by March 2010. Jha blames this on a weak drug supply chain.

However, Lalit Jain, vice-chairman of the Small and Medium Enterprises (SME) Pharma Industries Confederation, says that companies exclusively producing generic drugs have had a tough time contributing their discount-rate meds. "Although 175 of our member companies expressed their willingness to supply the essential drugs and also run the Jan Aushadhi stores, [the Department of Pharmaceuticals] does not want us [to]," he says.

The Kolkata seminar, which was organized in part by an association of sales representatives, identified other problems as well. "There is a need for doctors to develop the culture of generic use, which will clash with conflict of interest," said seminar organizer Amitava Guha, who heads the federation of medical representatives.

"I have asked all government doctors to prescribe generics from now onwards," says West Bengal state health minister Surjyakanta Mishra, who spoke at the February conference. "I hope other states will do so." To promote

the Jan Aushadhi program, attendees of the seminar recommended a total exemption of taxes and duties on all generic drugs sold in India.

Chandra Gulhati, editor of *Monthly Index of Medical Specialties*, an industry watchdog, says the Jan Aushadhi stores represent only a small step, albeit a welcome one, toward improving access to generics. "The stores that are supposed to sell [only generic] medicines are a drop in the ocean, considering that there are more than 300,000 retail drug outlets in the country" selling branded drugs.

*Killugudi Jayaraman, Bangalore, India*

## India moves toward creating a new cadre of rural doctors

In an effort to get medicines and health care to remote regions, India plans to create an army of rural doctors to serve exclusively in villages. Some 300 medical schools to be specially set up for this purpose will provide high school graduates a three-and-a-half year crash course in medicine (against the usual five-and-a-half years), awarding them Bachelor of Rural Medicine and Surgery (BRMS) degrees.

After a short training in district hospitals, they will be deployed in any of the 145,000 government-run health centers in villages. They cannot practice in urban areas.

The plan, introduced by the Medical Council of India in consultation with the health ministry, aims to address a shortage of doctors in villages, where 60% of Indians live. As *Nature Medicine* went to press, the cabinet had yet to clear it, but a parliamentary committee on health, after a meeting on 18 February, has given its nod of approval.

Health Minister Ghulam Nabi Azad says individuals who hold a BRMS degree will be an "additional workforce," and the shortened training will not compromise health care quality.

However, his predecessor, Anbumani Ramadoss, says that in addition to creating "a brigade of qualified quacks," the scheme is discriminatory. Dharam Prakash, secretary general of the Indian Medical Association, agrees. "We are opposed to creation of two classes of doctors—one for

cities and one for villages," he told *Nature Medicine*.

Prakash says that instituting a one-year compulsory rural posting for all new doctors after they complete their internships and earn their degrees, increasing the number of seats in existing medical colleges and additional short-term obligatory rural service for all doctors wishing to serve within government institutes would be a better alternative. "But," he adds, "the government did not ask our opinion."

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