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Research Article

Bridging The Pharma Divide: A Comparative Study of Jan Aushadhi Kendras and Private Pharmacies in India

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ABSTRACT


India's pharmaceutical retail sector is undergoing a structural shift, driven by the government-backed Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP) and the entrenched dominance of private pharmacies. This paper presents a comparative analysis of Jan Aushadhi Kendras (JAKs) and private pharmacies across three dimensions—pricing, reach, and compliance—during 2024–2025. Using government reports, industry data, and secondary literature, the study finds that JAKs consistently provide medicines at 50–90% lower prices than branded equivalents, generating substantial out-of-pocket savings and reducing catastrophic health expenditures. Their rapid expansion, with over 15,000 outlets nationwide, has narrowed the urban–rural access gap, particularly in aspirational districts. Compliance mechanisms at JAKs are more centralized and stringent, requiring WHO-GMP certified suppliers and batch-level testing, though both channels face systemic challenges of drug quality and consumer trust. Private pharmacies, while unmatched in absolute reach and urban convenience, continue to operate with higher price points and more fragmented oversight. The findings highlight JAKs' transformative role in advancing pharmaceutical equity, while underscoring persistent challenges in quality assurance, last-mile accessibility, and public perception. The study concludes that India's path to universal, affordable, and trustworthy access to medicines will depend on strengthening regulatory oversight, expanding digital compliance systems, and intensifying awareness campaigns to build confidence in generics. This study employs a comparative, mixed-methods approach to evaluate Jan Aushadhi Kendras (JAKs) and private pharmacies in India.

INTRODUCTION

India's pharmaceutical retail landscape is undergoing rapid transformation, driven by government initiatives to reduce healthcare

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expenditures and widen access to affordable medication. At the forefront of this shift are the Jan Aushadhi Kendras (JAKs), a network of government-supported outlets dedicated to dispensing low-cost generic medicines under the Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP). In contrast, the private pharmacy sector encompasses independent chemists, large retail chains, and hospitals' in-house pharmacies, operating across both rural and urban areas. The year 2024-2025 presents a crucial vantage point for evaluating these two parallel yet divergent healthcare access pathways. This comprehensive comparative dashboard focuses on three critical dimensions: pricing, reach, and compliance. Drawing on a wide spectrum of data and authoritative analyses, this report synthesises the latest trends and evidence, providing nuanced policy, market, and operational insights. Below, we explore each dimension in depth.

METHODOLOGY

Data Sources

- Government documents: Press Information Bureau releases, NPPA's Drug Price Control Order (2025), and PMBJP reports.
- Industry reports: Market research analyses, pharmacy retail statistics, and sectoral studies.
- Academic and policy literature: Peer-reviewed articles and case studies on generic drug pricing, compliance, and healthcare access.
- Media and investigative reports: Coverage of drug quality lapses, consumer perceptions, and regulatory enforcement.

Analytical Framework

1.Pricing Analysis: Comparative tables of representative medicines, percentage cost

differentials, and citizen savings estimates were compiled from official price lists and market surveys.

2.Reach Assessment: State-level distribution data, urban–rural coverage metrics, and population-per-outlet ratios were analysed to evaluate accessibility.

3.Compliance Evaluation: Regulatory requirements, inspection frequency, supplier certification, and grievance mechanisms were compared across both channels.

Comparative Dashboard: A structured dashboard was developed to synthesise findings across the three dimensions, enabling benchmarking of JAKs against private pharmacies.

Triangulation: Quantitative data (prices, sales, coverage) were cross-verified with qualitative insights (policy reviews, consumer trust studies) to ensure robustness. This triangulated methodology captures both measurable outcomes and perception-driven challenges, offering a holistic view of India's evolving pharmaceutical retail landscape.

Pricing

National Pricing Comparison: Generic vs Branded/Private Market

Jan Aushadhi Kendras are widely recognised for offering medicines at prices substantially lower than those found in private pharmacies, often by margins ranging from 50% to 90%. This is made possible by a pricing model mandated by the Government of India, which restricts the maximum selling price of a JAK medicine to 50% or less of the average price of the top three branded drugs in the same category¹.

Table 1: Summary Comparison of Selected Common Medicines:

Medicine & Strength	Jan Aushadhi Price (Per Tablet)	Private Pharmacy-Branded (Per Tablet)	% Costlier than JAK
Telmisartan 40mg (BP)	₹0.73	₹5.90 (Telvas 40)	436%
Glimepiride 1mg (Diabetes)	₹0.40	₹4.46 (Amaryl 1mg)	1,015%
Vildagliptin 50mg (Diabetes)	₹4.00	₹10.40 (Europa 50mg)	160%
Cetirizine 1mg (Antihistamine)	₹0.50	₹2.04 (Dr. Reddy's)	309%
Thyroxine 50mcg (Hypothyroid)	₹0.45	₹1.22 (Thyrox)	171%
Paracetamol 500mg	₹0.45	₹1.00-₹4.00	122-788%
Ibuprofen 200mg	₹0.18	₹3.50	1,844%
Metformin 500mg	₹0.56	₹2.30-₹10.00	311-1,685%

These staggering prices differentials-often tenfold or more-translate into substantial out-of-pocket savings for patients. On average, every rupee spent at a Jan Aushadhi Kendra is estimated to yield at least six rupees in savings when compared to branded alternatives at private outlets.

Regional Pricing Differences

There is some regional variability in private pharmacy prices, with urban centres often displaying higher mark-ups and greater price dispersion than rural or semi-urban locations, reflecting higher operating costs and consumer willingness to pay for convenience and perceived brand value⁴. However, Jan Aushadhi pricing remains centrally regulated, ensuring near-uniformity across the country irrespective of region, with slight logistical variations in the North-east and island territories due to supply

chain costs. The NPPA’s Drug Price Control Order (DPCO) 2025 has further tightened controls, revising ceiling prices for hundreds of essential medicines and new drugs⁵. Both segments-Jan Aushadhi and private pharmacies-must comply with these controls; however, actual retail prices in private outlets, especially for non-scheduled or out-of-DPCO drugs, can still be significantly higher.

Table 2: Essential Medicines: Direct Pricing Examples. Analgesics, Antibiotic Cardiovascular Medicines Commonly Illustrate Stark Price Gaps:

Generic Compound	Jan Aushadhi Price (10s Unit)	Average Branded Price (10s Unit)	% Cheaper at JAK
Aceclofenac + Paracetamol (100mg+325mg)	₹5.70	₹23.10	75%
Diclofenac + Paracetamol + Chlorzoxazone	₹12.40	₹166.50	93%
Nimesulide 100mg	₹2.52	₹29.77	92%
Amoxicillin 500mg Capsules	₹26.25	₹60-90	56-71%
Atorvastatin 10mg	₹5.11	₹40-60	87-92%

This wide affordability gap has led to a dramatic increase in national sales through Jan Aushadhi Kendra’s, with cumulative citizen savings from Jan Aushadhi purchases exceeding ₹30,000 crore by late 2024^{7,8}.

Trends 2024-2025: Volume, Growth & Savings

Jan Aushadhi Kendra’s have posted year-on-year sales growth exceeding 30% in fiscal 2023-24 and 2024-25, consistently outperforming targets⁹. The monthly sales for September 2024 reached a record ₹200 crore, with a clientele of nearly 1 million daily buyers. Conversely, leading private pharmacy chains (e.g., Apollo, MedPlus) have

responded to this competitive pressure by adopting dynamic pricing, offering discounts on generics, and introducing loyalty schemes, but have not yet matched JAK's rock-bottom pricing or transparent price lists across the entire medicine spectrum¹⁰.

Private pharmacy price trends have mirrored broader market forces:

- Prices for essential medicines have increased by 10-15% in major urban centres over the last year.
- Rural and semi-urban outlets sometimes see reduced markups due to competition, but still rarely approach JAK price points¹¹.

Key Drivers of Jan Aushadhi's Pricing Advantage

- **Centralised procurement via open tendering, rate contracts, and minimal overheads**¹²
- No expenditure on brand marketing or doctor incentives
- Focus on high-velocity, essential drugs for chronic and acute conditions
- Price set at <50% of the average branded price for the same formulation

Literature Review: Pricing Controversies

While the vast majority of medicines are less expensive at JAKs, some studies (Mukherjee, 2017; Pichholiya et al., 2015) found certain branded drugs marginally cheaper than their generic counterparts in isolated cases, often the result of aggressive discounting by large pharmacy chains or overstock clearances, not routine price levels¹³. The scope for such exceptions, however, remains limited and does not meaningfully detract

from the macro-level trend of JAKs offering the most affordable option for common and life-saving medications in India.

Table 3: Pricing Metrics 2024-25

Metric	Jan Aushadhi Kendra's	Private Pharmacies
Avg. Retail Price Reduction	50%-80% (vs branded)	List/Brand price minus NPPA cap
Total Sales (FY 2024-25)	₹1255 crore (till Nov 2024)	Not standardised, varies with region
Estimated Savings to Citizens	₹5020 crore (FY 2024-25 till Nov)	Not applicable
Price Regulation	<=50% of the average top 3 brands' price	DPCO ceiling for scheduled drugs
Price Transparency	Yes, published MRP lists	Varies, often non-transparent

Jan Aushadhi's price regulation and transparency represent a significant advantage over private sector variability and markups. These policies have become a primary vehicle for reducing catastrophic healthcare expenditure among poor and middle-income households¹.

Reach

National & State-Level Distribution: Growth Trends 2024-2025

India's pharmacy retail landscape remains dominated by private outlets, estimated at over 850,000 pharmacies nationwide. However, **Jan Aushadhi Kendras have seen rapid, systematic, and government-backed expansion.**

By early 2025:

- **Over 15,000 Jan Aushadhi Kendras are functional, covering every single district in India¹⁴.**

- The goal of reaching 25,000 outlets by March 2026 is on track and may be surpassed⁷.
- States with the largest JAK networks: **Uttar Pradesh (1,888), Maharashtra (2,345), Tamil Nadu (1,876), Karnataka (1,543), Kerala (1,076)**^{12,15}.
- Mandated presence in district hospitals, railway stations, and select remote areas (Northeast, Himalayan regions, islands)⁹.
- Incentives: One-time grants, rent-free hospital spaces, and awareness-building efforts.

Analysis of 2024-25 data shows:

- **In aspirational districts, over 60 have >10 Kendras each; less than 7% have only one**¹⁴.
- In developed districts, higher per capita coverage still exists owing to denser populations.
- **National average population covered per Kendra has dipped below 100,000 for the first time (92,964 people per JAK in 2025).** Kerala stands out with one JAK per 16,861 people; Jharkhand lags with one per 270,020¹⁴.

Table 4: Number Of Jaks and Private Pharmacies in Selected States*

State	JAKs Functional (as of Nov 2024)	Private Pharmacies*
Uttar Pradesh	1,888	50,000+
Maharashtra	2,345	65,000+
Tamil Nadu	1,876	48,000+
Karnataka	1,543	36,000+
Kerala	1,076	22,000+

**Approximate values for private outlets. Table derived from government sources and retail industry estimates^{16,17}.*

Despite being outnumbered by private outlets, JAK’s growth trajectory is outpacing private expansion rates, especially in states with robust government collaboration and awareness campaigns.

Urban vs Rural Coverage

Private pharmacies remain ubiquitous in urban and peri-urban India, whereas rural areas have seen patchy and uneven access by the private sector, with many villages requiring long travel to reach a chemist¹⁸.

Jan Aushadhi Kendras, responding to this gap, have been strategically located:

- Priority openings in rural, backward, and ‘aspirational’ districts via government incentives and partnerships with Primary Agricultural Credit Societies (PACS)¹⁹.

Urban Coverage

- **Jan Aushadhi Kendras are widely present in city hospitals, railway stations, and government facilities,** but overall density is still far lower than that of private chemists in major metros.
- Private pharmacies maintain nearly universal urban coverage, extended hours, and high visibility through independent shops and retail chains.

Rural Reach

- JAKs’ rapid expansion into rural and semi-urban India marks a major improvement over previous years, especially as **PACS and community organisations are being empowered to operate new outlets.** The policy is expected to nearly double rural pharmacy coverage by 2028¹⁹.

- Private pharmacy rural presence remains less comprehensive, often limited by viability in low-volume areas.

Table 5: Comparative Reach Metrics

Coverage Dimension	Jan Aushadhi Kendras	Private Pharmacies
Urban Presence	Medium-High (esp. public institutions)	Universal
Rural Presence	Rapidly expanding; <10% villages covered	Patchy, <7% remote villages
Expansion Trend (2024-25)	+31% network growth, all districts covered	+5% (mainly urban/tier II)
State-wise Concentration	Rising in South & North, lowest in NE*	Highest in MH, UP, TN
Hospital/Station Coverage	Mandated (district hospitals/railways)	Rarely present

*With incentives, NE states (and other aspirational districts) are catching up with national averages^{12,20}.

Network Growth: Key Indicators

- **Sales Growth:** From ₹799 crore (2022-23) to >₹1,255 crore (2024-25)⁹.
- **Kendras Opened:** From 1,957 (2023-24) to 3,059 (Nov 2024) to over 15,000 at the national scale by early 2025¹⁴.
- **Product Range:** Expanded from ~1,800 medicines and 285 surgical to over 2,047 medicines and 300 surgical, meeting a broader set of chronic and acute disease needs⁸.

Distribution Model:

- Integrated through a mix of entrepreneurial, cooperative, and institutional models.
- MoUs with Red Cross, PACS, and government health facilities drive hybrid ownership and

ensure viability in regions where profit-based models have failed.

Challenges in Accessibility

- **Limited operating hours** and smaller staff numbers occasionally restrict JAK availability after business hours, compared to private 24x7 chains in urban centers¹¹.
- Supply chain issues and stockouts, though improving, still occasionally limit full range availability in remote outlets.

State-Level Highlights

- **South Indian states-Kerala, Karnataka, Tamil Nadu-lead in density, operational efficiency, and public trust** due to parallel state initiatives (e.g., Kerala's Neethi, TN's CM Pharmacies) working alongside Jan Aushadhi.
- Northern, Central, and North-eastern states have made significant gains post-2022 due to targeted government incentives, though per capita coverage can lag in less-populous or difficult terrains.

Compliance

Regulatory Framework: Jan Aushadhi Kendras

Jan Aushadhi Kendras operate under a stricter, centrally administered compliance regime than private pharmacies. Key pillars include:

- **Mandatory licensing** under the Drugs and Cosmetics Act, 1940, with additional PMBJP registration^{2,19}.
- Medicines stocked **must be sourced from WHO-GMP certified manufacturers only**¹².



- **Every batch is tested in NABL-accredited labs** before distribution²⁰⁹.
- Quarterly audits and inspections by state and central government officials are standard practice⁹.
- Strict documentation: sales/purchase logs, inventory, prescription records, expiry disposal registers²².
- Quality assurance depends on the supplier or manufacturer, not enforced at the retail level beyond initial procurement checks.
- Inspection frequency varies widely by state; urban centres often see more oversight than rural outlets²⁵.

Documentation standards can differ substantively:

Reporting and Documentation:

- Digital inventory management and monthly reporting of sales and stock are mandatory.
- Real-time complaint and grievance mechanisms are available (Pharma Jan Samadhan, Sahi Daam app)⁹.

- Some outlets maintain robust digital inventory; others still use manual or non-standardised systems.

Drug Quality Compliance: Recent Developments & Gaps

All Jan Aushadhi medicines are verified, but concerns about occasional quality lapses exist:

Public Health & Environmental Compliance:

- Adherence to fire safety, waste management, and community education responsibilities specified under the latest PMBJP and environmental rules.

- Several news reports and investigations (2023-2025) spotlighted worrying instances of substandard drugs, especially in antibiotics, anti-diabetics, and hypertension medications, making it to JAK shelves despite the multi-tier checks²⁶²⁷.

Private Pharmacies: Licensing and Regulation

Private outlets must also:

- Hold a valid state pharmacy license (renewed every 1-5 years)^{23,24}.
- Employ a registered pharmacist during open hours.
- Adhere to storage, waste, and record-keeping rules set by CDSCO and state authorities.

- In 2024-25, India tested over 116,000 samples. **3,104 failed as “not of standard quality”; 245 were spurious.** While these are national retail statistics (public and private), incidents at Jan Aushadhi Kendras have been documented, resulting in recalls and blacklisting of non-compliant suppliers²⁵¹².

However, the regulatory ecosystem for private pharmacies is far more decentralised:

- State-level oversight and periodic risk-based inspections have been expanded-over 500 pharma companies faced surprise audits, show-cause notices, and even factory closures in 2024 due to non-compliance²⁷²⁸.

For private pharmacies, the same regulatory rules apply. However,



- The **risk of substandard or spurious drugs is arguably higher due to more fragmented supply chains, greater involvement of small local manufacturers, and differential enforcement by state drug controllers**²⁷.
- Branded medication does not preclude the risk: even established companies and globally exported products have recently faced safety scandals (e.g., failed international batches, toxic cough syrups).

Consumer Perceptions:

- Despite equivalence in regulatory standards, a significant trust deficit persists for generics, especially among doctors and middle-class patients, who often view branded drugs (readily available at private pharmacies) as higher quality-a- a perception reinforced by some high-profile quality lapses and negative media stories^{29,26}.

Table 6: Compliance Comparison-Jak VS Private Pharmacies (2024-25)

Compliance Dimension	Jan Aushadhi Kendras	Private Pharmacies
Supplier Certification	WHO-GMP mandatory	Varies, not uniform
Batch Drug Testing	NABL-accredited, every batch	Variable, at manufacturing only
Drug License	PMBJP + state retail license	State retail license only
Audits & Inspections	Quarterly/annual (central/state)	Irregular, mostly state-level
Documentation	Digital, monthly reporting	Mixed, varies by outlet
Consumer Grievance System	Standardised, multi-channel	Diffuse, usually local
Penalties for Violations	Blacklisting, license suspension	Similar, enforcement varies

Jan Aushadhi Kendras are more formally and centrally monitored than the average private pharmacy, but neither channel is wholly immune to quality lapses, especially amid India's scale and diversity of supply chains.

Reporting and Documentation: Recent Trends

Jan Aushadhi Kendras:

- Monthly mandatory reporting to BPPI/PMBI (regulatory authority).
- Periodic state and central government audits.
- Compliance audits tied to continued eligibility for operational incentives and network expansion.

Private Pharmacies:

- Annual or bi-annual reporting to the state drug control office; documentation standard varies, with some states now encouraging or mandating digital reporting.
- Compliance is primarily checked during inspections, not in real-time.

Licensing: Latest Policy Updates

- The 2025 NPPA and CDSCO guidelines have increased the requirements for both private and Jan Aushadhi pharmacies regarding:
 - Secure storage of Schedule H/X medicines.
 - Compulsory digital record keeping in urban and select rural outlets.
 - More severe penalties for sale of expired, spurious, or non-compliant drugs³⁰.

JAK Specific:

- Renewal of the JAK franchise is contingent on maintaining an inventory of at least 200 high-velocity medicines and passing all compliance checks⁹.
- Newly liberalised capital and one-time grant support are linked to evidence of continuous compliance.

Emerging Compliance Challenges

- **Fragmented oversight at the manufacturing level** presents the largest risk for both channels; drugs can legally bypass central CDSCO checks if already approved at the state-level for at least four years, an ongoing loophole under policy review²⁶.
- The **huge demand boom for generics** has led to the inclusion of a large number of MSMEs and new manufacturers. While this boosts access and lowers price, it can occasionally strain regulatory vetting capacity.
- Combatting counterfeit and substandard medication remains a challenge for both JAKs and private pharmacies, a function of both scale and underlying systemic pressures in India's pharma ecosystem.

DISCUSSION: Comparative Outcomes and Future Outlook

Pricing: Sustained Affordability & Impact

It is beyond dispute that Jan Aushadhi Kendras have permanently shifted the market equilibrium for essential medicines in India. Consumers—especially those managing chronic diseases (diabetes, hypertension)—gain the most, seeing medicine bills fall by up to 80%¹¹. For millions living on the margin, the difference between branded and Jan Aushadhi medication can determine their ability to remain above the poverty

line. Private pharmacies, pushed by competition and NPPA regulation, have made their own adjustments. Retail chains now widely advertise generic alternatives and discount pricing, but their price floor is still higher owing to diverse supply chain costs and less centralised purchasing power.

Reach: Reducing the Urban-Rural Divide

The single greatest achievement of the Jan Aushadhi scheme has been to **initiate a strategic, state-backed reduction in the rural-urban medicine access gap**. Through partnerships with PACS, government hospitals, and local entrepreneurs, even remote villages are increasingly within reach of a low-cost, quality-certified pharmacy. However, access challenges persist, especially in the most remote areas and for communities still unfamiliar with the benefits and safety of generics. Private pharmacies excel in absolute reach, particularly in urban corridors, but have not mitigated India's rural medicine access gap to the same extent, instead focusing expansion on second- and third-tier cities.

Compliance: Trust, Awareness, and the Persistent Quality Debate

On the regulatory front, Jan Aushadhi Kendras operate with more rigorous and centralised compliance mandates, but the real-world outcomes, including public trust, are still catching up. Highly publicised lapses, even if rare by percentage, have lasting impacts on perception, deterring even some who would most benefit from affordable generics. The same issues bedevil the broader private pharmacy market, albeit with less centralised scrutiny. In both sectors, the principal challenges are upstream (manufacturing standards, regulatory gaps) and downstream (documentation variability, uneven consumer protection implementation). Public awareness, medical



professional endorsements, and robust complaint resolution systems will be key in bridging the trust divide between generics and branded drugs, and, ultimately, for the full realisation of JAK's potential.

Forward-Looking Recommendations

1. Strengthen Upstream Manufacturing Audits

- a. Mandate more frequent, risk-based inspections at both public and private supplier facilities.
- b. Consider eliminating state-level loopholes for medicine approvals and requiring all suppliers to pass central CDSCO/WHO-GMP criteria.

2. Expand Monitoring and Digital Tracking

- a. Universalise digital inventory/reporting requirements across all retail pharma channels.
- b. Leverage technology to ensure real-time flagging and recall of substandard batches.

3. Intensify Awareness and Trust Campaigns

- a. Engage healthcare providers, especially doctors, in public education on generic equivalence and safety for both sectors.
- b. National and targeted campaigns to reduce stigma and boost confidence in quality generics.

4. Incentivise Last-Mile Expansion

- a. Continue targeted support (grants, rent-free locations, cooperative partnerships) for JAK expansion in very low-density rural and tribal areas.
- b. Consider transport subsidies and stock guarantees for remote JAKs.

5. Fostering Competition and Transparency

- a. Encourage private sector adoption of transparent pricing and generics promotion, facilitated by NPPA and consumer protection bodies.

CONCLUSION

The Jan Aushadhi Kendra initiative has become a cornerstone of India's healthcare affordability and access policy, redefining what is possible in the pharmacy sector. Priced well below private market equivalents and now present across every district, JAKs have sharply curtailed catastrophic health spending for millions of Indian families. However, effective reach and sustained compliance remain works in progress. Quality control issues, though statistically rare, have a disproportionate impact on public trust-an issue mirrored in the much larger, decentralised private sector. Continued vigilance, regulatory adaptation, and coordinated public education, alongside support for last-mile expansion, will determine whether Jan Aushadhi and private pharmacies together can realise the vision of universal, affordable, and trustworthy access to medicines in India. As of 2025, the evidence is clear: India is moving steadily towards pharmaceutical equity, but the journey will not be complete until all sectors-government and private-adopt the highest compliance standards, transparency practices, and community engagement.

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