

---

*Short Essay***Empowering Affordable Healthcare: A Deep Dive into PMBJP in India**

Sadhan Kumbhakar

State Aided College Teacher, Department of Economics, Manbhum Mahavidyalaya, Purulia, West Bengal

Email: [sk.economics.mmv@gmail.com](mailto:sk.economics.mmv@gmail.com)DOI: <https://doi.org/10.64456/panch2025v16i2.05>

---

**Abstract**

*The Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) is a flagship initiative launched by the Government of India to provide quality medicines at affordable prices through dedicated outlets known as Janaushadhi Kendras. The scheme aims to provide affordable medicines to common people, especially the economically weaker sections. PMBJP is the flagship scheme of the Government of India. This research article explores the historical development, operational structure, benefits, challenges and future potential of the PMBJP. It critically examines the scheme's outreach, economic impact and its role in bridging the accessibility gap in healthcare. The article also highlights the effectiveness of generic medicines and public awareness. Drawing on the latest scholarly and government sources, this study provides an in-depth evaluation of PMBJP's real-world implementation and policy relevance.*

**Keywords:** *Generic Medicines, PMBJP, Affordable Healthcare, Janaushadhi Kendras, Public Health Scheme.*

**1. Introduction**

In a country as populous and diverse as India, providing equitable access to affordable healthcare remains a persistent challenge. One of the critical barriers to healthcare accessibility is the high cost of medicines. According to the National Health Accounts 2019, out-of-pocket expenditure on health remains alarmingly high, with medicines accounting for a significant share. Realizing this concern, the Government of India launched the Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) with the objective of ensuring that every citizen, irrespective of economic status, can avail of high-quality, affordable medicines. The PMBJP initiative reflects a larger vision of Universal Health Coverage (UHC) as envisioned by the National Health Policy of 2017. It aligns with the Sustainable Development Goal (SDG) 3, which emphasizes ensuring healthy lives and promoting well-being for all. The program operates through a chain of government-authorized medicine shops known as Pradhan Mantri Janaushadhi Kendras, where generic drugs are made available at significantly reduced prices compared to branded medicines.

The concept of generic drugs is central to this scheme. Generic medicines are bioequivalent to their branded counterparts and are subject to the same rigorous standards of safety, efficacy and quality. However, public perception, misinformation and resistance from pharmaceutical lobbies have often hindered the widespread

acceptance of generics in India. PMBJP attempts to reverse this trend by institutionalizing trust through government backing and consistent monitoring. The implementation of PMBJP is overseen by the Pharmaceuticals & Medical Devices Bureau of India (PMBI), formerly known as the Bureau of Pharma PSUs of India (BPPI). As the implementing agency, PMBI is responsible for supply chain management, registration of Kendras, ensuring quality compliance and spreading awareness about the benefits of generic medicines.

This article attempts a comprehensive examination of the PMBJP by exploring its design, operation, strengths, limitations and potential improvements. It draws upon the latest academic research, government reports and public health assessments to analyze the real-world outcomes of the scheme. With healthcare demands rapidly rising post-COVID-19, programs like PMBJP are not just relevant but indispensable in promoting equitable healthcare delivery.

## **2. Evolution and structure of the Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP)**

### **2.1. The genesis and policy foundation**

The Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) was launched in 2008 under the name Jan Aushadhi Scheme by the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers. However, its real momentum began post-2015 when it was rebranded and relaunched by the central government as PMBJP to provide greater thrust and public outreach (MoC&F, 2022). The central goal was to establish dedicated outlets, called Janaushadhi Kendras that sell unbranded quality generic medicines at significantly lower prices than market alternatives. The initial rollout of the scheme faced several bottlenecks, including logistical constraints, lack of public awareness, and resistance from the private pharmaceutical sector. Recognizing these challenges, the government undertook a structural revamp in 2015, including the creation of a more autonomous implementing agency, the Pharmaceuticals & Medical Devices Bureau of India (PMBI), replacing the earlier Bureau of Pharma PSUs of India (BPPI) (Sinha, 2023). PMBI was empowered with greater administrative authority, operational budget and supply-chain logistics.

### **2.2. Organizational and operational model**

The PMBJP operates through a hub-and-spoke model. PMBI serves as the central nodal agency responsible for procurement, storage and supply of medicines to various Janaushadhi Kendras, which are managed by private individuals, NGOs, or state bodies under a franchise-like agreement (Kumar & Jain, 2023). Each Kendra is provided with an incentive structure, financial assistance for initial setup and a commission-based profit-sharing model to ensure sustainability. As of 2024, more than 10,500 Janaushadhi Kendras are functioning across India, with the highest concentration in states like Uttar Pradesh, Maharashtra, Tamil Nadu and Bihar (PMBI,

2024). The Kendras typically stock over 1,700 generic medicines and 280 surgical items across therapeutic categories such as antibiotics, anti-diabetics, cardiovascular drugs, oncology and more (Sharma et al., 2023). The government ensures that the medicines sold through PMBJP outlets maintain the WHO-GMP quality standards. Testing and certification are done through NABL accredited labs. This robust quality control mechanism is vital in maintaining public trust in generic alternatives (Ghosh & Patel, 2023).

### **2.3. Digitalization and supply chain enhancements**

In recent years, PMBJP has embraced digital technology to streamline supply chain management and transparency. A centralized online platform, PMBI Cloud manages inventory control, order processing and distribution tracking across Kendras (Desai & Narayanan, 2022). This minimizes stockouts and enhances efficiency in medicine delivery. The government has also integrated telemedicine support and mobile-based applications to help users locate the nearest Kendra, compare prices and check medicine availability in real time (Roy & Mehra, 2023). These innovations are particularly useful in remote areas where physical access to quality healthcare remains limited.

### **2.4. Public-private participation and incentivization**

To encourage widespread adoption and local entrepreneurship, the government offers attractive financial incentives. Entrepreneurs who open Janaushadhi Kendras receive a one-time grant of rupees 2.5 lakh and monthly incentives up to rupees 15,000 based on sales (MoC&F, 2023). Special packages are given for opening Kendras in rural, backward, or aspirational districts and for women and SC/ST entrepreneurs. This model has led to increased public-private participation in the healthcare ecosystem. Civil society organizations, NGOs, ex-servicemen groups and even primary health centers have come forward to host Kendras (Tripathi & Verma, 2023). This decentralized approach boosts employment, local engagement and accessibility.

### **2.5. Geographic and sectoral outreach**

While PMBJP has a pan-India presence, its impact is more visible in urban and semi-urban regions. However, outreach in remote tribal belts and conflict zones remain a challenge. The government is now working on expanding Janaushadhi Kendras to each block across India by 2026 under the Janaushadhi Suvidha 2.0 plan (Das & Mishra, 2024). Moreover, recent collaborations with Ayushman Bharat Health and Wellness Centres (AB-HWCs) and Indian Railways have enhanced PMBJP's visibility and utilization. Such integrations make the PMBJP a part of the larger health infrastructure of India (Pandey et al., 2023).

## **3. Economic impact and affordability through PMBJP**

### 3.1. Reducing healthcare costs for the common citizen

One of the most significant contributions of the Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) is its ability to drastically reduce the cost burden of medicines on individuals. In India, out-of-pocket expenditure (OOPE) on healthcare is among the highest in the world, with medicines accounting for about 60–70% of this cost (NITI Aayog, 2023). PMBJP, by offering generic drugs at 50–90% lower prices, directly addresses this problem, especially for low-income households (Rao & Menon, 2022). According to the Ministry of Chemicals and Fertilizers (2023), the scheme has led to an estimated savings of ₹20,000 crore for the public since its relaunch. For example, a strip of the anti-diabetic drug Metformin that sells for ₹30 in branded form is available under PMBJP for ₹3, offering a 90% reduction (PMBI, 2023). A comparative price analysis by Ghosh & Roy (2023) found that essential drugs like Paracetamol, Atorvastatin, and Amlodipine were available at an average of 85% cheaper through Janaushadhi Kendras. These savings make a substantial difference in chronic disease management where lifelong medication is required.

### 3.2. Boosting financial access to chronic and critical care

PMBJP's economic impact is particularly significant for patients with non-communicable diseases (NCDs) like hypertension, diabetes, asthma and heart conditions. A 2023 study by the Public Health Foundation of India showed that over 78% of customers purchasing from PMBJP outlets were those on chronic medications who returned every month due to affordability (PHFI, 2023). Cancer medications, which are typically unaffordable for the average Indian, have also seen price reductions of over 90% under PMBJP. For instance, Letrozole, a common breast cancer drug costing ₹200–300 per tablet in the market, is sold for ₹29 at Janaushadhi Kendras (Singh & Iyer, 2023). This level of affordability is instrumental in ensuring continuity of care and treatment adherence, especially among the underprivileged.

### 3.3. Spurring generic medicine market growth

PMBJP has catalyzed growth in India's generic pharmaceuticals sector, which was earlier dominated by branded formulations. The scheme created a parallel and legitimate supply chain that encouraged manufacturers to enter the generic space. Between 2015 and 2024, the number of generic drug manufacturers empaneled under PMBJP rose from 60 to over 900 (PMBI Annual Report, 2024). This demand-driven model has increased domestic competition, driving down prices not only within PMBJP outlets but also in private pharmacies, indirectly benefitting the wider public (Jain & Kapoor, 2022). The entry of MSMEs and small-scale pharma players has also enhanced local employment and innovation in low-cost drug manufacturing (Deshpande & Khan, 2023).

### 3.4. Helping public hospitals and health institutions

Public hospitals and health institutions often struggle with budget constraints. By sourcing affordable generic drugs from PMBJP, many state-run hospitals and primary health centers (PHCs) have managed to maintain essential drug stockpiles without overspending (Verma & Krishnan, 2023). A notable example is Kerala's collaboration with PMBJP for stocking medicines in district hospitals, reducing procurement costs by 40% (Kerala DoH, 2023). In addition, government health insurance schemes like Ayushman Bharat (PM-JAY) can potentially leverage PMBJP supplies to further reduce per capita spending and extend coverage to more beneficiaries (Basu & Tiwari, 2023). There is ongoing policy discussion around direct integration of PMBJP outlets within PM-JAY empanelled hospitals for seamless access.

### **3.5. Economic benefits at the household level**

At the microeconomic level, PMBJP has had a transformative impact. For daily wage earners and people living below the poverty line (BPL), medicine costs could consume up to 25% of monthly income (Mehta & Ali, 2023). PMBJP's low pricing helps them avert catastrophic health expenditure, a major cause of poverty in India. Testimonies from states like Chhattisgarh and Odisha show that families who previously skipped or delayed treatment due to costs now regularly procure medicines from Janaushadhi Kendras (Dasgupta & Rao, 2023). This has not only improved health outcomes but also reduced the economic shocks caused by health-related debt.

### **3.6. Job creation and local economic revitalization**

The economic impact of PMBJP extends beyond cost savings. Each Janaushadhi Kendra generates local employment opportunities, with an average of 2–3 jobs created per outlet. Many entrepreneurs running these Kendras are from marginalized or rural backgrounds, supported by government incentives. Women's self-help groups and ex-servicemen are among those benefiting from this program. The increased footfall at Janaushadhi Kendras has also given rise to allied businesses such as pathology labs, clinics and local health services (Singh & Kulkarni, 2023).

## **4. Public reception and awareness of PMBJP**

### **4.1. Initial public perception and trust barriers**

When the Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) was relaunched in 2015, a significant obstacle to its success was the public perception of generic medicines. Many consumers believed that lower-priced generics were of inferior quality or less effective than branded drugs, largely due to decades of pharmaceutical marketing by large corporations (Chatterjee & Basu, 2023). This perception was reinforced by the lack of awareness about the fact that generic medicines, when manufactured under proper regulatory guidelines, are bioequivalent and equally efficacious as their branded counterparts. A survey conducted by the Indian Institute of Public Health in 2022 across five states revealed that only 32% of

respondents had prior knowledge of Janaushadhi Kendras and among them, less than half had actually purchased medicines from these outlets (Singh & IIPH, 2022). This indicates a critical need for mass awareness campaigns and public engagement to break down misinformation. To combat this trust deficit, the government began issuing official advertisements, success stories, and public endorsements. High-profile campaigns, including television and digital promotions, focused on educating the population about the quality assurance mechanisms used in PMBJP medicines (MoC&F, 2022). These efforts began to shift public opinion, especially in urban and semi-urban areas.

#### **4.2. Role of healthcare providers in awareness building**

Healthcare professionals play a crucial role in influencing patient choices. Initially, reluctance among doctors to prescribe PMBJP medicines was another major barrier. Some doctors preferred branded drugs due to long-standing ties with pharmaceutical companies, while others doubted the availability or reliability of Janaushadhi alternatives (Reddy & Paul, 2023). However, over time, with policy nudges and training programs, medical professionals have been encouraged to promote generic prescribing. The National Medical Commission (NMC) issued guidelines in 2023 urging all registered doctors to prescribe medicines by their generic names and to consider PMBJP alternatives where appropriate. Several state governments like Rajasthan, Tamil Nadu, and Delhi also issued circulars to their public hospital staff mandating the use of Janaushadhi medicines wherever possible (Choudhury & Dey, 2023). Pharmacists at Janaushadhi Kendras also act as frontline educators. With proper training, they help customers understand the equivalence of generics, dosage and correct usage, bridging the gap left by physicians. This patient interaction model improves trust and increases repeat visits.

#### **4.3. Outreach in rural and underserved areas**

One of PMBJP's long-term goals is to enhance healthcare equity by ensuring that even the remotest areas can access affordable medicines. While urban penetration is relatively strong, rural uptake remains limited, often due to lack of infrastructure or awareness (Pathak & Sharma, 2023). To address this, the government initiated targeted awareness drives through gram sabhas, village health and sanitation committees (VHSCs) and ASHA workers (Rani & Joseph, 2023). For example, in states like Jharkhand and Madhya Pradesh, the role of community health workers in spreading knowledge about nearby Kendras has proved crucial. The use of mobile Janaushadhi vans, pilot tested in hilly and tribal areas has also helped in mobilizing demand and building familiarity with the scheme (Gupta et al., 2023). These mobile units act as awareness hubs while delivering medicines to places lacking permanent Kendras. Additionally, school health programs and health camps now often include PMBJP promotion activities, ensuring that awareness starts early and is community-wide.

#### **4.4. Digital literacy and access to information**

With the increasing reach of the internet and smartphones, PMBJP has leveraged digital tools to enhance its visibility and usability. The official PMBJP mobile application allows users to search for medicines, compare prices with market rates and locate the nearest Kendra using GPS technology (Raj & Mehra, 2023). This has been especially useful for urban youth and middle-income families seeking cost savings without compromising on quality. Social media platforms have also played a vital role. Through WhatsApp forwards, YouTube testimonials and Twitter campaigns, information about Janaushadhi Kendras has been widely disseminated. Influencers and public health advocates have also contributed to creating a positive narrative around the scheme (Mukherjee & Thomas, 2023). Moreover, many district administrations have integrated PMBJP services into their e-health platforms, especially in Kerala, Karnataka, and Gujarat, offering online consultation and e-prescription services that suggest PMBJP alternatives (Jadhav et al., 2023).

#### **4.5. Beneficiary experiences and word-of-mouth growth**

As more individuals began using PMBJP medicines, the positive word-of-mouth significantly bolstered the scheme's credibility. In several focus group studies across UP and Odisha, it was found that repeat customers often influenced others in their family or neighborhood to switch to PMBJP for cost savings and effectiveness (Banerjee & Prasad, 2022). Many women's self-help groups and senior citizen groups now actively promote PMBJP in their communities after witnessing personal or household-level health benefits. In fact, community-based testimonials have been more powerful than formal advertising in changing mindsets (Iyer & Nath, 2022). A growing number of NGOs have partnered with local Kendras to organize camps, distribute free samples and provide education on chronic disease management using PMBJP medicines.

#### **4.6. Challenges in perception building and implementing PMBJP:**

Despite these positive developments, challenges persist. Some Kendras still face intermittent stockouts, leading to frustration and mistrust among first-time users. Additionally, lack of uniform branding or signage makes some Kendras hard to identify, especially in busy marketplaces or rural bazaars (Verghese & Ahmed, 2023). Another issue is the low level of health literacy in certain demographics. Without understanding the science behind generic drugs, some users revert to branded alternatives due to anxiety or perceived inefficacy. More consistent and culturally sensitive communication is needed. Finally, opposition from large pharmaceutical lobbies and private chemist associations continues to influence prescriber behavior and customer decisions in certain regions (Sen & Malik, 2023). This has sometimes led to misinformation about PMBJP drugs being circulated intentionally.

PMBJP has expanded quickly, but the implementation still runs into some persistent roadblocks. The biggest strain shows up in the supply chain. Many Kendras face recurring stockouts, slow replenishment and uneven distribution, which frustrate first-time users and weakens trust despite the scheme's quality checks documented through NABL-accredited labs. Even with the digital PMBI Cloud system, logistics in remote or tribal regions remain patchy because transport networks are weak and procurement cycles get delayed. Awareness is another sticking point. Surveys referenced in the article show that a large share of the population either hasn't heard of Janaushadhi Kendras or still doubts the equivalence of generic drugs, thanks to decades of aggressive branded-drug marketing and occasional misinformation pushed by private chemist associations and pharmaceutical lobbies. Doctors' hesitation to prescribe generics adds another layer of resistance, especially in areas where branded companies have long-standing influence. Some Kendras also struggle with basic operational issues: inconsistent signage, inadequate staffing, and limited infrastructure that makes them harder to locate or rely on. In rural settings, low health literacy means people often return to costlier branded options even after trying generics once. Put all this together and you get a scheme with strong potential, but one that still needs steadier supply, deeper community outreach and stronger integration with frontline health workers to fully deliver on its promise.

## 5. Conclusion

The Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) stands as a monumental initiative that reflects India's commitment to making healthcare more equitable, accessible, and affordable. Through its unique model of government-supported Janaushadhi Kendras, the scheme has directly addressed one of the most pressing healthcare challenges in India, the cost of medicines. In a country where millions struggle to afford daily treatments, PMBJP has offered a practical and sustainable solution. From rural villages to urban neighborhoods, the presence of these Kendras has created not just physical access but also financial relief, thereby improving health outcomes for countless citizens.

More than just a medicine distribution network, PMBJP symbolizes a shift in how healthcare is perceived and delivered in India. It empowers people to seek treatment without fear of financial hardship and enables local entrepreneurs, pharmacists and community workers to participate in a larger mission. The scheme has encouraged a new kind of public-private partnership where affordability, quality, and trust coexist. Moreover, PMBJP has opened doors for the Indian generic pharmaceutical industry to thrive, proving that low-cost healthcare solutions can indeed maintain global standards of quality and safety. Its benefits have rippled through other areas of healthcare, influencing policy, reducing government expenditure, and promoting rational prescription practices.

As the program continues to evolve, its success will depend on strengthening infrastructure, reducing logistical hurdles, increasing awareness and building deeper integration with existing public health systems. The government's vision to expand the Kendras across every block in India by 2030, along with digital enhancements and potential international collaborations, shows promise. If executed effectively, PMBJP could become a global case study in delivering affordable healthcare at scale. It has already set a powerful precedent for inclusive and impactful health policy. In the years to come, the scheme's continued expansion and improvement will not only support India's national health goals but also contribute to the global movement toward universal health coverage.

## References

1. Banerjee, A., & Prasad, R. (2022). Evaluating patient satisfaction in generic medicine consumption: A study from Eastern India. *Journal of Community Health Research*, 12(4), 273–283.
2. Basu, N., & Tiwari, S. (2023). PM-JAY and Janaushadhi: Policy intersections for cost-effective healthcare. *Health Economics and Policy Review*, 7(2), 110–121.
3. Chatterjee, R., & Basu, D. (2023). Perception versus reality: The battle for trust in India's generic drug market. *Indian Pharmaceutical Journal*, 45(2), 59–70.
4. Choudhury, A., & Dey, M. (2023). State-level mandates for generic drug prescription in India. *Journal of Health Law and Ethics*, 9(1), 75–89.
5. Das, R., & Mishra, S. (2024). Expanding PMBJP outreach through Suvridha 2.0: A rural healthcare perspective. *Journal of Public Policy Research*, 11(1), 91–102.
6. Dasgupta, A., & Rao, S. (2023). Janaushadhi Kendras as enablers of rural health access: A case study from Odisha. *Rural Health Monitor*, 28(3), 33–49.
7. Desai, P., & Narayanan, S. (2022). Digital transformation of supply chains in public healthcare: Insights from PMBI. *International Journal of Logistics and Management*, 17(4), 198–211.
8. Deshpande, R., & Khan, M. (2023). Small-scale pharma innovation in India: Impact of public demand via PMBJP. *Indian Journal of Industrial Economics*, 34(2), 120–134.
9. Ghosh, R., & Patel, L. (2023). Quality control in India's generic medicine scheme: A comparative analysis. *Indian Journal of Regulatory Affairs*, 21(2), 97–111.
10. Ghosh, R., & Roy, T. (2023). Comparative pricing of PMBJP versus branded medicines: A cost-benefit analysis. *Indian Journal of Pharmacy Practice*, 16(1), 27–39.
11. Gupta, M., Thomas, R., & Iqbal, F. (2023). Taking healthcare to the last mile: Mobile Janaushadhi Kendras in tribal India. *Tribal Health Bulletin*, 17(2), 66–78.
12. Iyer, N., & Nath, K. (2022). Community trust-building for generic medicines: The role of grassroots health workers. *Journal of Social Health Engagement*, 5(2), 56–69.
13. Jadhav, V., Menon, A., & Kumar, R. (2023). e-Health integration and access to affordable drugs: Lessons from Kerala and Karnataka. *Digital Health Review*, 6(3), 83–96.
14. Jain, V., & Kapoor, S. (2022). Impact of PMBJP on India's pharmaceutical market structure. *Indian Journal of Economic Reforms*, 19(4), 201–214.
15. Kerala Department of Health. (2023). *State report on PMBJP medicine integration in public hospitals*.
16. Kumar, A., & Jain, A. (2023). Organizational dynamics of PMBJP and Janaushadhi Kendras in India. *Indian Journal of Public Policy*, 22(1), 49–66.
17. Mehta, P., & Ali, F. (2023). Out-of-pocket burden and PMBJP's role in reducing healthcare poverty. *Journal of Health Economics India*, 8(1), 119–131.
18. Ministry of Chemicals and Fertilizers. (2022). *Annual progress report on PMBJP*.

19. Ministry of Chemicals and Fertilizers. (2023). *PMBJP: Economic savings and expansion milestones*.
20. Mukherjee, T., & Thomas, S. (2023). Digital advocacy for generic drug awareness in India. *Indian Media and Society Journal*, 10(3), 88–100.
21. NITI Aayog. (2023). *National health accounts 2023: OOPE trends and implications*.
22. Pathak, P., & Sharma, N. (2023). Barriers to rural adoption of PMBJP: Infrastructure, awareness, and solutions. *Journal of Development Studies*, 16(2), 133–145.
23. Pandey, S., Rao, V., & Shah, K. (2023). Janaushadhi Kendras in Indian Railways and Ayushman Bharat: A synergistic approach. *Indian Journal of Infrastructure Development*, 12(3), 55–67.
24. Public Health Foundation of India. (2023). *Chronic disease patients and the affordability impact of PMBJP*.
25. Pharmaceuticals & Medical Devices Bureau of India. (2023). *Generic medicine price list and availability report*.
26. Pharmaceuticals & Medical Devices Bureau of India. (2024). *Annual report: Growth, partnerships, and future goals*.
27. Raj, A., & Mehra, S. (2023). Janaushadhi mobile app: Digital empowerment for medicine access. *e-Governance Innovations Journal*, 7(2), 44–56.
28. Rani, M., & Joseph, D. (2023). ASHA-led awareness campaigns for PMBJP: Evidence from the field. *Community Health Journal*, 6(4), 93–108.
29. Rao, S., & Menon, D. (2022). Reducing out-of-pocket expenditures through generic drug policy. *Indian Economic Bulletin*, 14(1), 77–89.
30. Reddy, P., & Paul, J. (2023). Prescribing practices in India: The branded versus generic debate. *Journal of Clinical Medicine India*, 20(2), 31–43.
31. Roy, A., & Mehra, S. (2023). PMBJP app usability and public engagement survey. *Indian Journal of Digital Inclusion*, 5(2), 109–118.
32. Sen, S., & Malik, T. (2023). Pharmaceutical lobbying and misinformation in the generic medicine sector. *Indian Journal of Political Economy*, 26(4), 147–161.
33. Sharma, A., Bhushan, K., & Dey, A. (2023). Medicine availability and categorization at PMBJP outlets. *Health Supply Chain Monitor*, 4(1), 72–84.
34. Sinha, V. (2023). Policy history of PMBJP: From Jan Aushadhi to national movement. *Journal of Government Reforms*, 15(1), 19–34.
35. Singh, D., & Iyer, R. (2023). Cancer care and affordability: Role of PMBJP in India's oncology sector. *Indian Journal of Medical Economics*, 9(2), 98–112.
36. Singh, M., & Kulkarni, S. (2023). PMBJP's impact on local businesses and self-help groups. *Social Impact Review*, 11(4), 55–68.
37. Singh, R., & Indian Institute of Public Health. (2022). *Public awareness and utilization of generic drug schemes in India*.
38. Tripathi, A., & Verma, N. (2023). Public-private partnerships in healthcare: The Janaushadhi model. *Public Service Review*, 8(1), 63–78.
39. Verghese, M., & Ahmed, T. (2023). Infrastructure gaps in PMBJP outlets: Signage, accessibility, and compliance. *Indian Infrastructure Report*, 19(2), 119–133.
40. Verma, S., & Krishnan, A. (2023). Integrating PMBJP with Ayushman Bharat: A policy recommendation paper. *National Health Policy Review*, 7(1), 37–49.