

Drug supply chain management scenario in India for mental health: A desk review

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Project Summary:

Over 197 million people in India are affected by mental health conditions, yet access to essential psychotropic medicines remains uneven, particularly among underserved areas. Persistent treatment gaps stem from limited integration of mental health into primary care, financial and workforce constraints, stigma, and systemic weaknesses in drug supply chain management (DSCM). In absence of a comprehensive public document, a desk review of policy documents, government reports, press releases, news articles, blogs, and academic publications was undertaken. This review provides a thematic synthesis of publicly available literature on global innovations, Indian policies and programmes, implementation barriers, and lessons on mental health DSCM.

India's DSCM functions within a multi-layered regulatory framework led by the central and state bodies. Policies and initiatives—including the National Mental Health Policy, Mental Healthcare Act 2017, National List of Essential Medicines 2022, District Mental Health Programme, Jan Aushadhi, and e-Aushadhi—have enhanced drug access. Nonetheless, significant gaps persist due to stringent licensing, weak incentives, restrictive pricing, operational weaknesses, limited human resources, and inadequate communication policies, especially in rural areas.

Global exemplars from Ethiopia, Ghana, Mozambique, Rwanda, Malawi, the UK, and Australia demonstrate the value of digital innovations, hybrid supply chains, robust quality controls, and skilled workforce—offering lessons for strengthening India's DSCM for mental health. India's DSCM professionalization remains at a critical stage, hindered by the absence of formal career pathways, competency standards, and professional recognition—areas advanced especially in Sub-Saharan Africa.

This review identifies four priorities for improving DSCM in India: policy reform, technology integration, workforce development, and operational improvements.