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EDITORIAL ANALYSIS

# How Tamil Nadu's Healthcare Leads by Example

 THE HINDU

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CURATED &amp; WRITTEN BY

**Bharat Choudhary**

UPSC Educator &amp; Content Creator

 [linkedin.com/in/epicbharat](https://www.linkedin.com/in/epicbharat)

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# How Tamil Nadu's Healthcare Leads by Example

 **The Hindu** 1 June 2026 **GS2**

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## INTERVIEW ANGLE

*"Tamil Nadu consistently outperforms richer states on health indicators. Is the lesson primarily about political will, fiscal design, or decentralised delivery — and can other states replicate it without similar political histories?"*

*Tamil Nadu's health outcomes — built on TNMSC, primary care density, and decentralised delivery — offer a replicable national model. Equitable public healthcare is achievable within existing fiscal constraints when political will is sustained.*

## THE ARGUMENT IN ONE LINE

Tamil Nadu's health model is a **governance story**, not a revenue story — and its institutional logic (centralised procurement + decentralised delivery) can be replicated nationally.

## WHY TAMIL NADU STANDS OUT

INDICATOR	TN PERFORMANCE
<b>Infant Mortality Rate (IMR)</b>	Among India's lowest
<b>Maternal Mortality Ratio (MMR)</b>	Consistently well below national average
<b>Institutional deliveries</b>	Near-universal
<b>Drug availability at PHCs</b>	High (TNMSC model)
<b>Out-of-pocket health spending</b>	Below national average

## THE TNMSC MODEL

PARAMETER	DETAIL
<b>TNMSC</b>	Tamil Nadu Medical Supplies Corporation; established <b>1994</b>
<b>Function</b>	Centralised <b>procurement, storage and distribution</b> of drugs and medical equipment to all government health facilities
<b>Impact</b>	Drugs available at low cost at every PHC; eliminates stockouts; reduces corruption in procurement
<b>Global recognition</b>	Cited as a best-practice model by WHO and health economists

## THE PHC/VHN NETWORK

- **Primary Health Centres (PHCs) + sub-centres** — dense network; one PHC per approximately 30,000 population (stricter than national norm).
- **Village Health Nurses (VHNs)** — community cadre; maternal and child health, nutrition counselling.

## UPSC RELEVANCE

PAPER	RELEVANCE
<b>GS2</b>	Health governance; NHM; TNMSC as best practice; federalism in health
<b>Prelims</b>	TNMSC (est. 1994); PHC structure; NHM; AB-PMJAY; maternal mortality

Source: How Tamil Nadu's Healthcare Leads by Example — Ujiyari.com | Free UPSC & State PCS Editorial Analysis

### ● KEY ARGUMENTS AT A GLANCE

Tamil Nadu's health outcomes — built on decades of primary-care investment, procurement reform, and decentralised delivery — offer a replicable model for India's national health reform agenda,

## demonstrating that equitable public healthcare is achievable within existing fiscal constraints when political will is sustained.

### ✓ **SUPPORTING**

- Tamil Nadu consistently achieves low infant mortality, maternal mortality, and high institutional delivery rates despite not being India's richest state — a function of primary health centre density and supply-chain discipline, not just GDP.
- The Tamil Nadu Medical Supplies Corporation (TNMSC, est. 1994) — which procures, stores, and distributes medicines centrally — is a global best-practice model that keeps drug costs low and availability high across public facilities.
- Decentralised delivery through a dense PHC/sub-centre network, combined with community-health workers and village health nurses, brings services to the last mile.

### ⚠ **COUNTER**

Critics note Tamil Nadu's health advantage is built on a decades-long institutional legacy difficult to replicate quickly; states with weaker bureaucratic traditions and more fragmented political economies may not be able to transplant the model without parallel governance reforms.

### → **WAY FORWARD**

Scale the TNMSC model nationally through a reformed National Medical Logistics Corporation; increase PHC density and upgrade infrastructure; strengthen community-health-worker cadres; and sustain multi-party political commitment to public health as a state priority.

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### **MAINS ANSWER FRAMEWORK**

#### **QUESTION**

*"The quality of public healthcare in India is primarily a question of governance and political will, not just fiscal allocations." Critically examine with reference to Tamil Nadu's performance. (250 words)*

### INTRODUCTION

Among India's major states, Tamil Nadu stands as a persistent outlier on health outcomes — achieving low infant and maternal mortality, high institutional deliveries, and broad healthcare access despite fiscal constraints that other states use to explain underperformance. The editorial examines the institutional factors behind this record.

### BODY

Tamil Nadu's health advantage is not incidental. The Tamil Nadu Medical Supplies Corporation (TNMSC, 1994) — a centralised procurement and distribution entity — ensures medicines are available at PHCs across the state at controlled costs, cutting the out-of-pocket drug burden that impoverishes households nationally.

A dense primary-health-centre and sub-centre network, supported by a well-trained cadre of Village Health Nurses, provides primary care and maternal health services without patients needing to reach district hospitals. These supply-side strengths are matched by demand-side investments: a long tradition of nutrition programmes (mid-day meals, mother-child nutrition schemes) and social-protection schemes that reduce barriers to care-seeking.

The lesson for other states is not to copy Tamil Nadu's political history but to replicate its institutional logic: centralise procurement for efficiency, decentralise delivery for reach, and sustain inter-party political commitment to primary care.

### CONCLUSION

Tamil Nadu's health story is a governance success, not a fiscal miracle. Other states with similar or greater resources can deliver comparable outcomes if they invest in procurement discipline, PHC infrastructure, and community health workers — and treat public health as a long-term state priority rather than an election-year promise.

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CURATED &amp; WRITTEN BY

## Bharat Choudhary

UPSC Educator &amp; Content Creator

[linkedin.com/in/epicbharat](https://www.linkedin.com/in/epicbharat)[Read Full Article on Ujyari →](#)<https://ujyari.com/editorials/2026/06/the-hindu-tamil-nadu-healthcare-model-2026/>

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