Capital of a Viksit Bharat: Reimagining New Delhi's Healthcare System for 2047

Executive Summary

As India advances toward the centenary of its independence under the Viksit Bharat@2047 vision, the transformation of its healthcare infrastructure emerges as a pivotal driver for inclusive growth, human capital development, and economic resilience. The National Capital Territory of Delhi, with its unique blend of advanced tertiary care facilities and persistent structural inequities, embodies both the achievements and the challenges of India's healthcare trajectory. While the city has made notable progress through the expansion of tertiary services, the implementation of digital health initiatives, and the proliferation of neighborhood-level health outreach, it continues to grapple with overburdened public hospitals, inequitable spatial distribution of facilities, a growing burden of non-communicable diseases (NCDs), and fragmented primary healthcare delivery.

This report seeks to position Delhi's healthcare transformation within the framework of global best practices, the Sustainable Development Goals (particularly SDG 3: Good Health and Well-being), and the guiding principles of the National Health Policy 2017. In doing so, it benchmarks Delhi's current performance against Singapore's highly integrated healthcare model, identifying structural bottlenecks and proposing phased interventions to align with the ambitions of Viksit Bharat@2047.

1. Global Overview of Healthcare Systems

Healthcare systems are undergoing a decisive shift worldwide from volume-based, treatment-oriented models to value-based, preventive, and patient-centred frameworks. This transformation is most evident in countries such as Singapore, Sweden, and Japan, which successfully combine universal access with high-quality outcomes and cost efficiency. The defining attributes of these systems include nationwide integration of Electronic Health Records (EHRs) accessible across public and private providers, robust financial protection mechanisms that limit out-of-pocket expenditure, systematic investments in preventive health programmes such as screenings and vaccinations, and sustained efforts to maintain a skilled and equitably distributed health workforce.

Table 1: Global Healthcare Performance (2024)

Country	Health Expenditure (% GDP)	Life Expectancy (Years)	UHC Index	Digital Health Score
Singapore	4.1	84.7	86	92
Sweden	10.3	83.3	88	89
Japan	10.9	84.9	89	91
India	3.3	70.9	55	62

Source: OECD (2025), WHO eHealth Indicators

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2. India's Healthcare Landscape

India operates a mixed-model healthcare system in which public provisioning coexists with a dominant private sector. The past decade has witnessed the rollout of ambitious reform programmes, notably the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY), which today covers more than 550 million beneficiaries, and the establishment of over 1.6 lakh Health and Wellness Centres (HWCs) delivering primary care. The Ayushman Bharat Digital Mission (ABDM) has further enabled the digitisation of more than 600 million health records, facilitating the gradual creation of an interoperable health information architecture.

However, structural limitations remain significant. Out-of-pocket expenditure still accounts for nearly 48 per cent of total health spending, a figure well above global norms, and the doctor-to-patient ratio stands at 1:834, only marginally meeting the WHO-recommended threshold of 1:1000. Furthermore, pronounced rural–urban disparities in access and affordability persist, requiring targeted interventions to achieve both spatial and social equity in health service delivery.

3. Healthcare Infrastructure in Delhi: Current Status

Delhi possesses one of the most concentrated networks of tertiary hospitals in the country, with an average of 2.5 beds per 1,000 residents—well above the national average of 1.3 but still below the OECD benchmark of approximately 4.5. This apparent strength masks deep-seated inequities, as the distribution of facilities is heavily skewed towards central and southern districts, leaving peripheral regions underserved.

Table 2: Beds per 1,000 Residents – Delhi (2025)

District	Beds per 1,000	Public Sector Share (%)
New Delhi	5.2	72
South Delhi	3.1	58
East Delhi	0.9	40
North-East Delhi	0.7	35
West Delhi	1.8	49

Such disparities indicate a pressing need for spatial rebalancing in healthcare investment. While flagship initiatives such as the Local Clinics have expanded outreach, these facilities often lack adequate diagnostic capabilities, specialist consultations, and integrated referral pathways, limiting their capacity to serve as effective gateways to the broader health system.

4. Benchmarking Delhi with Singapore

Singapore provides a particularly relevant benchmark for Delhi, given its high population density, urban complexity, and environmental health challenges. Yet, Singapore's model stands out for its integration of governance, financing, and service delivery. The city-state operates on the "3Ms" framework—Medisave, MediShield Life, and Medifund—ensuring that every resident has a combination of personal savings, insurance coverage, and state-

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supported safety nets. Furthermore, healthcare services are mapped to population density so that all residents have access to a primary care provider within a 20-minute radius.

Table 3: Key Healthcare Indicators – Singapore vs Delhi (2025)

Indicator	Singapore	Delhi
Life Expectancy (yrs)	84.7	75.2
Infant Mortality (/1,000)	1.6	9.2
Beds per 1,000	2.4	2.5
UHC Index	86	69
Digital Health Score	92	66

Although Delhi achieves parity with Singapore in terms of beds per capita, it trails considerably in life expectancy, preventive health outcomes, digital integration, and overall health system equity.

5. Challenges in Delhi's Healthcare Transformation

The most fundamental challenge lies in the fragmentation of governance, with responsibilities divided among central government institutions, the GNCTD, the Municipal Corporation of Delhi, and private providers. This fragmentation hampers coordination, leading to duplication of effort, inefficient allocation of resources, and gaps in referral linkages. Public facilities are frequently overextended, particularly during seasonal surges in communicable diseases. Peripheral districts face an acute shortage of both infrastructure and trained personnel, exacerbating health inequities. Preventive health measures remain insufficiently embedded in the city's health strategy, while financing remains overly dependent on state budgets with limited mechanisms for public–private risk sharing.

6. Strategic Pathways for Viksit Delhi 2047

A long-term transformation strategy for Delhi must be phased to reflect institutional readiness, resource availability, and outcome priorities. The first phase (2025–2030) should focus on establishing a Unified Health Authority to harmonise governance, upgrading Local Clinics into fully equipped Primary Health Centres with diagnostic, pharmacy, and teleconsultation facilities, and ensuring integration of Digital Health IDs across the public and private sectors.

The second phase (2030–2040) should aim to achieve universal PHC coverage, operationalise a real-time "Health Digital Twin" for dynamic system monitoring, and reduce the prevalence of non-communicable diseases (NCDs) by at least 20 per cent through targeted screening and behavioural interventions.

The final phase (2040–2047) should position Delhi among the world's top 20 health-resilient cities, eliminate preventable maternal deaths, and ensure that all tertiary healthcare facilities operate as carbon-neutral institutions.

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Table 4: Phased Roadmap for Viksit Delhi Healthcare Transformation

Phase	Timeline	Priority Interventions	Key Outcomes Targeted by 2047
Phase 1	2025–2030	Unified Health Authority; 50% Local Clinics upgraded; Digital Health ID integration	Governance consolidation; improved PHC capacity
Phase 2	2030–2040	100% PHC coverage; operational Health Digital Twin; 20% NCD prevalence reduction	Enhanced preventive health; real-time health intelligence
Phase 3	2040–2047	Top 20 global health city ranking; zero preventable maternal deaths; carbon-neutral facilities	Global competitiveness; maternal health equity; sustainability

7. Policy Recommendations

Achieving the outlined transformation requires multi-dimensional policy interventions. Governance reform is paramount, with the establishment of a Unified Health Authority for Delhi to integrate operations across central institutions, GNCTD hospitals, MCD dispensaries, and private providers. Spatial equity mandates targeted incentives for private hospitals and diagnostic centres to locate in underserved districts, supported by public–private partnership frameworks.

Technological integration must be prioritised through the creation of an interoperable Electronic Health Record (EHR) system, coupled with real-time monitoring capabilities and predictive analytics. Preventive health interventions should be embedded into the fabric of urban life through city-wide NCD screening, annual school-based health assessments, and robust nutrition programmes. Finally, environmental sustainability should be institutionalised by mandating green-certified construction, renewable energy adoption, and net-zero operational footprints in healthcare facilities.

Table 5: Policy Action Matrix for Delhi's Healthcare Transformation

Policy Domain	Key Action	Expected Impact
Governance	Legislate Unified Health Authority; Delhi Health Infrastructure Bond	Streamlined oversight; increased capital investment
Spatial Equity	Incentivise private facilities in underserved districts	Reduced access disparities; improved district-level health scores
Digital Integration	Develop interoperable EHR; deploy real-time health monitoring	Improved continuity of care; data-driven decision-making

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Preventive Health	Launch city-wide NCD screening; implement school nutrition programmes	Lower disease burden; improved child health outcomes
Climate-Resilient Infra	Mandate green-certified, net-zero healthcare facilities	Sustainable, low-carbon healthcare system

8. Conclusion

Delhi's healthcare transformation cannot be reduced to the expansion of infrastructure; it must represent a systemic recalibration from a treatment-centric paradigm to a health-creation ecosystem. By drawing on global exemplars while remaining attuned to local realities, the city can build a healthcare system that is inclusive, resilient, and globally competitive. The phased strategy outlined in this report offers a practical and visionary blueprint for achieving this transformation in alignment with the broader aspirations of Viksit Bharat@2047.

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