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Why healthcare planning must follow cityâ??s mobility map

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Transport infrastructure can change the geography of healthcare



The most successful urban environments are those where the everyday needs of people are considered together. When homes, workplaces, schools, healthcare, recreation and public transport are connected, the city becomes easier to navigate and more comfortable to live in. This is particularly relevant to healthcare, where accessibility can have consequences far beyond convenience. In Mumbai, the question of where a hospital should be located therefore cannot be separated from the question of how people move through the city. A healthcare facility must be considered in relation to its surrounding neighbourhoods, public transport, road network, pedestrian infrastructure and the future growth of the area. Its effectiveness is shaped not only by what happens within the building, but also by the urban environment around it.

Measuring Accessibility in Time

Mumbai's mobility network is changing rapidly. The suburban railway carries more than eight million passengers every day, while the expanding Metro network is creating new connections between established neighbourhoods and emerging centres. Yet congestion remains a significant part of the city's daily experience. Mumbai recorded an average congestion level of 63.2 per cent in 2025, with a 10-kilometre journey taking nearly 29 minutes on average and more than 35 minutes during the evening rush hour.

For healthcare, this distinction between distance and time is critical. A hospital may be geographically close to a large population, but if reaching it involves an unreliable or congested route, its practical catchment is much smaller than a map might suggest. This is particularly important for emergency care, where a few additional minutes can have a very different significance from an ordinary daily commute.

Mumbai's healthcare capacity has also seen only a modest increase in recent years. The city's hospital-bed availability rose from 3.5 beds per 1,000 people in 2023 to 3.7 in 2026, according to healthcare-sector estimates. As the population and urban footprint continue to evolve, the question is not only how much additional capacity the city requires, but where it should be located and how easily it can be reached.

Healthcare Alongside Urban Growth

Transport infrastructure can also change the geography of healthcare. Mumbai Metro Line 3, spanning 33.5 kilometres between Cuffe Parade and Aarey JVLR, has created a new public transport spine connecting residential, commercial and institutional districts across the city. Its integration with the wider transport network expands the practical catchment of healthcare facilities located along or close to the corridor.

Navi Mumbai International Airport presents a different opportunity. Inaugurated in 2025, it is being developed as a major multimodal hub, with road, rail, Metro, water and internal transit connections forming part of the larger network. Healthcare is already becoming part of this new ecosystem, with Apollo Hospitals establishing six 24x7 medical centres at Terminal 1, supported by ICU ambulances and emergency response infrastructure. The Atal Setu adds another dimension by strengthening the connection between Mumbai and Navi Mumbai. The 21.8-kilometre sea bridge has improved access between the two urban regions and provides faster connectivity towards Navi Mumbai International Airport and the wider eastern MMR.

As these areas attract new residential, commercial and employment activity, there is an opportunity to plan healthcare capacity alongside that growth rather than after it.

Designing for How People Live and Move

The same thinking should continue at the scale of the healthcare campus. A hospital serves several groups, each with different movement patterns. An emergency patient arriving by ambulance has very different requirements from an outpatient arriving by Metro or bus. Doctors and hospital staff may travel during peak hours, while visitors and caregivers may depend on public transport and pedestrian routes. These patterns should inform planning from the outset. Ambulance access, pedestrian movement, public transport connections, drop-off areas, parking and service circulation should be considered as part of the larger urban context rather than treated as separate components of the site.

There is also value in thinking about the experience of movement. Well-planned pedestrian routes, shaded walkways, landscape and clear connections to public transport can make the journey to a healthcare facility more comfortable, particularly for elderly patients, caregivers and people who may already be under stress.

A More Connected Healthcare Network

Mumbai’s changing mobility map presents an opportunity to rethink healthcare infrastructure as part of the city’s broader growth strategy. The aim should be to place healthcare where people can reach it easily, while ensuring that facilities remain connected as the city expands.

The most useful measure of accessibility, ultimately, is not how close a hospital appears on a map. It is how easily people can reach the care they require, through the city they actually live in. As Mumbai expands and its transport network evolves, healthcare planning must evolve with it. Roads, Metro lines, neighbourhoods, public spaces and medical facilities are all parts of the same urban system. When they are planned together, the city can make everyday journeys shorter, healthcare more accessible and its infrastructure more resilient for the future.

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