

# Gallup Pakistan Health Cyberletter

Edition 4, February 2023



## EDITOR'S NOTE

The healthcare industry is a convoluted and evolving field with various actors including healthcare providers, researchers, policymakers and communities. In Pakistan, in particular, the healthcare system is divided into private and public facilities with the private sector serving approximately 70% of the population.<sup>1</sup> Patient traffic is directed towards tertiary care facilities given the weak infrastructure and the lack of resources at the primary level. Concurrently, the rapidly growing population and the limited health workforce is further straining the already fragmented and burdened system.

In the 4th edition of our Health CyberLetter, we explore “**Health-Seeking Behaviors in Pakistan**” through 4 different aspects. Our research provides a snapshot into the preferences for different types of medical treatments as well preferences to access healthcare at particular kinds of healthcare facilities. Moreover, we also provide a glimpse into public perceptions, specifically regarding the quality of and experiences at government healthcare facilities.

One way in which our research is lacking that it doesn't investigate external factors which shape the health choices of Pakistanis and the specific factors which drive them to seek particular kinds of treatment and/or care. It is essential to address the underlying social determinants of health such as poverty, inequality, education and income etc., especially as a policymaker or healthcare provider, to ensure that healthcare services are accessible, affordable, and of high quality. Only with a multifaceted approach to healthcare challenges can the country hope to achieve and promote better health outcomes for all.

With several different on-going initiatives, Gallup Pakistan is also attempting to contribute to public health research and discourse in the country. Recently, in collaboration with the **Centers for Disease Control and Prevention (CDC-US)**, Gallup Pakistan held a ***Cause of Death (COD) training*** as well as a ***workshop on Integrated Mortality Surveillance***, with health stakeholders in the capital. In addition to this, a monthly discussion with experts and practitioners in public health is part of Gallup Pakistan's “***Let's Talk Public Health***” series. Moreover, Gallup Pakistan and the **Aga Khan University (AKU)** are also working to enhance cooperation and collaboration on different public health research initiatives.

*Mishalle A. Kayani*

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<sup>1</sup> <https://borgenproject.org/facts-about-healthcare-in-pakistan/>



The preference for treatment by doctors increased by 10% over 40 years; From 59% in 1979 to 69% in 2022.

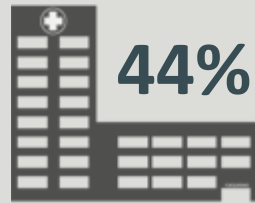


In 2006, only 13% people preferred to go to government hospitals to seek medical treatment. This has increased to 42% in 2022, representing a percentage increase of 30%.

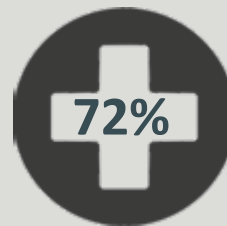


**44%**

Pakistanis don't have a particular gender preference for doctors based on data from 2022. Only marginal differences exist between the preference for male (27%) or female (29%) doctors for those who do have a gender preference.



**44%** Pakistanis consider the standard of government hospitals as good.

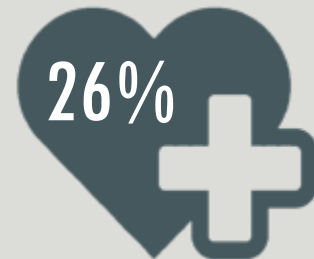


Pakistanis are satisfied with the healthcare facilities in their areas as of 2022.



**30%**

of the respondents reported having someone in their household requiring hospitalization in 2022.



In 2022, 26% Pakistanis reported needing a reference to facilitate hospitalization procedures.

## INTRODUCTION

Healthcare, although a vital aspect of human life, remains a challenge for many underprivileged communities across the world. Moreover, the ways in which people choose to access healthcare varies across different populations as well. Some individuals seek healthcare at the first sign of illness while others may delay till their condition worsens. Some may prefer to seek care from particular kinds of healthcare providers, depending on their perceived severity of their condition as well as their personal preferences.

Through some key research questions around preferences for and perceptions of healthcare facilities, in this edition, we attempt to explore health-seeking behaviors in the Pakistani context. We particularly explore four dimensions through our research:

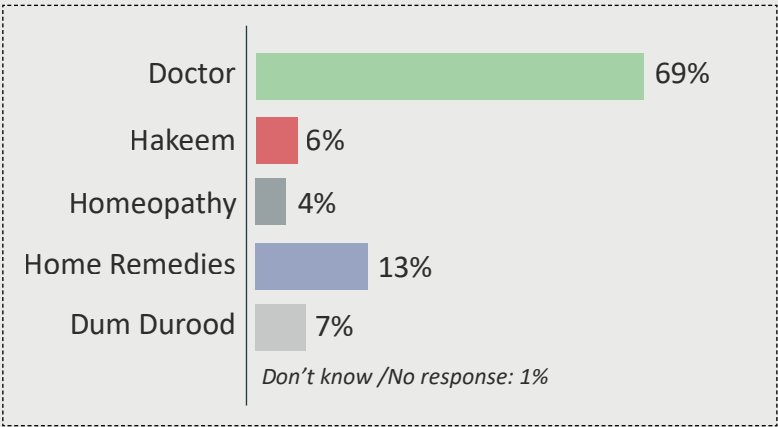
1. Preference for Type of Medical Treatment
2. Preference for Type of Healthcare Facility
3. Perceptions Regarding Healthcare Facilities
4. Views about Hospitalization

### 1. PREFERENCE FOR TYPE OF MEDICAL TREATMENT

In the most recent survey conducted by Gallup Pakistan, we observed that the majority of Pakistanis prefer seeking care from doctors as opposed to others forms of treatment. We also provide some comparative data points from previous years. Between 1979 and 2022, the preference for treatment by doctors increased by 10% (**Figure 1.1**). Moreover, the preference for alternative forms of treatment such as “Hakeem” has decreased by 21% in 2022 (**Trend Data 1.2**). Pakistanis tend to put their trust in doctors over other forms of treatment – 76% trust doctors very much and/or to a great extent (**Figure 1.3**). This perception could be largely influenced by reasons such as the confidence people have in doctors to provide accurate diagnoses and appropriate treatments for their health conditions, which can be critical to their health outcomes in future.

Two decades ago, Pakistanis preferred to be treated by male doctors but in recent years, almost 50% don't have a particular gender preference and there are only marginal differences between the preference for male or female doctors for those who do have a gender preference (**Figure 1.5**). Current figures are possibly indicative of attitudinal changes towards female doctors which could be based on the positive experiences patients might have had with female doctors as well as the decrease in the gender gap in the healthcare workforce.

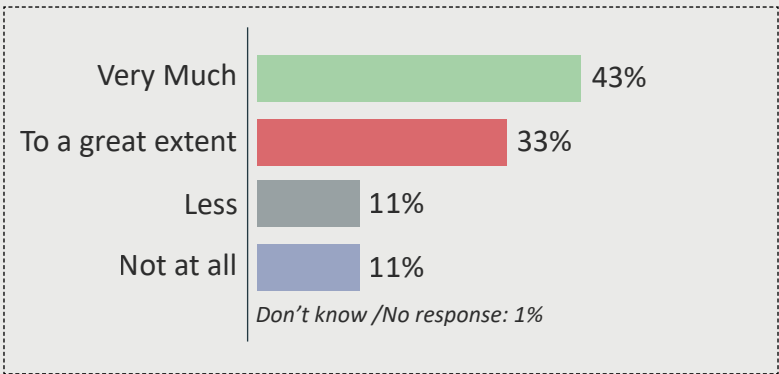
1.1. Which form of medical treatment do you usually like?



1.2. Trend Data

	1979	2001	2009	2011	2019	2022
Doctor	59%	71%	72%	77%	66%	69%
Hakeem	27%	14%	13%	9%	13%	6%
Homeopathy	4%	9%	6%	5%	12%	4%
Home remedies	3%	4%	7%	6%	4%	13%
Dum Darood	5%	2%	1%	2%	4%	7%

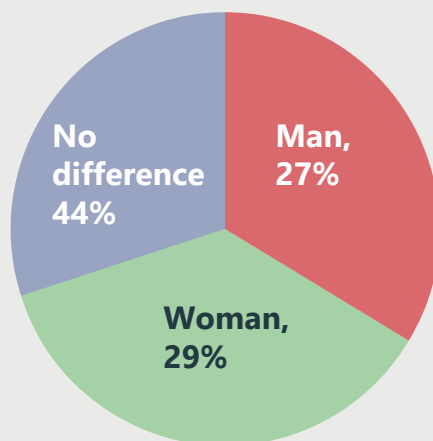
1.3. How much trust do you have in doctors as persons?



#### 1.4. Trend Data

	1996	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2014	2016	2017	2019	2022
Very much	41%	33%	44%	44%	43%	40%	43%	47%	42%	59%	37%	36%	48%	41%	32%	37%	43%
To a great extent	28%	39%	36%	32%	38%	39%	42%	44%	49%	27%	26%	43%	36%	41%	45%	36%	33%
Less	18%	19%	14%	15%	13%	10%	10%	7%	6%	7%	11%	16%	12%	13%	18%	16%	11%
Not at all	9%	7%	4%	5%	6%	9%	5%	2%	3%	6%	14%	5%	3%	4%	5%	10%	11%
DK/NR	4%	2%	2%	4%	-	2%	0%	0%	-	1%	12%	0%	1%	1%	-	1%	1%

#### 1.5. If you get sick, would you prefer your doctor to be male or female or does it make no difference?



#### 1.6. Trend Data

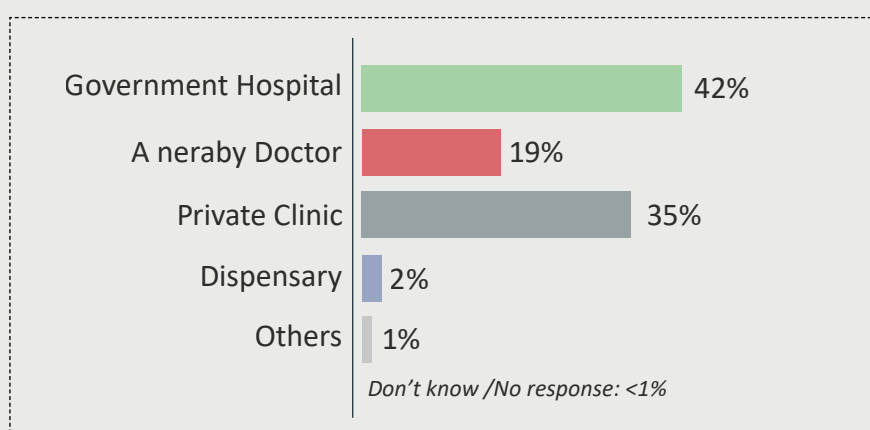
	2001	2005	2017	2022
Man	48%	37%	27%	27%
Woman	16%	24%	31%	29%
No difference	35%	38%	42%	44%

## 2. PREFERENCE FOR TYPE OF HEALTHCARE FACILITIES

Healthcare delivery in Pakistan has traditionally been jointly administered by the federal and provincial governments with districts mainly responsible for implementation. It is organized through 4 main streams namely preventive care, promotive care, curative care and rehabilitative services. The health sector faces many challenges such as the burden of the rising population, limited healthcare workforce and lack of adequate funding to provide quality services. There has, however, been a gradual improvement in healthcare services. Currently, 92% of the rural population and 100% of the urban population has access to health services<sup>2</sup>.

Through our data points, we also observe that the preference for government facilities has increased in recent years – In 2006, only 13% people preferred to go to government hospitals to seek medical treatment (**Figure 2.1**). This has increased to 42% 2022, representing a percentage increase of 30%. (**Trend Data 2.2**). In case of an illness, there is a marginal difference in the preference for government healthcare facilities versus private healthcare facilities (50% versus 48%, respectively. **Figure 2.3**). The bridging of this gap over nearly 2 decades (as can be seen from **Trend Data 2.4**) is in line with the healthcare realities of Pakistan as improvements have been made over time, especially in the public sector health infrastructure space.

### 2.1. If God forbid, someone falls ill in the household, from where do you seek medical treatment?

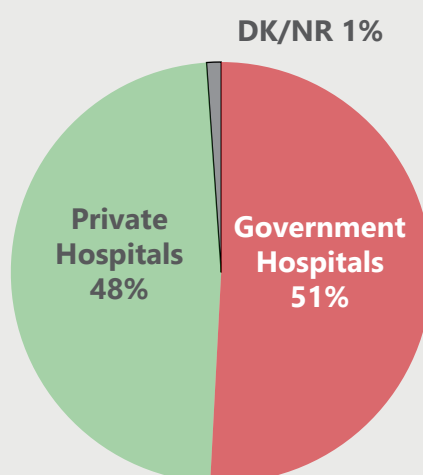


<sup>2</sup> <https://borgenproject.org/facts-about-healthcare-in-pakistan/>

## 2.2. Trend Data

	2006	2007	2008	2009	2012	2014	2022
Government Hospital	13%	24%	24%	20%	18%	29%	42%
A nearby doctor	54%	38%	44%	47%	41%	47%	19%
Private Clinic	28%	32%	24%	28%	36%	21%	35%
Dispensary	4%	6%	6%	5%	4%	3%	2%
Others	-	-	-	-	-	-	1%
Don't know / No response	1%	-	2%	1%	-	1%	0%

## 2.3. In case of an illness in the household, would you prefer Private or Government Healthcare Facility for seeking help?



## 2.4. Trend Data

	2005	2022
Government hospital	44%	50%
Private hospital	55%	48%
Don't Know / No Response	-	1%



3. PERCEPTIONS REGARDING HEALTHCARE FACILITIES

The experiences of patients at healthcare facilities are an important determinant of the performance and management of facilities. Patient satisfaction affects clinical outcomes, patient retention and paves the way for timely, efficient and patient-centered delivery of healthcare services.

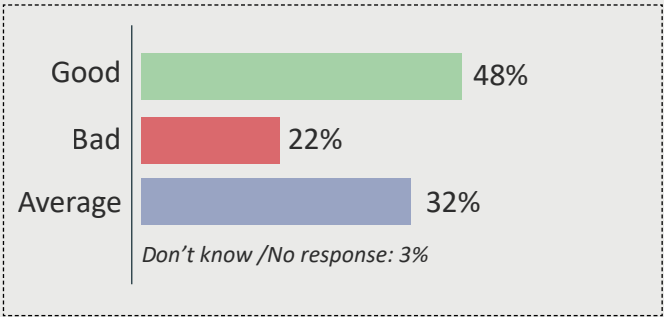
Based on our data, in recent years, 44% Pakistanis consider the standard of government hospitals as good (Figure 3.1). This perception regarding government facilities has changed positively by 34% from 10% in 1991 to 44% in 2022 (**Trend Data 3.2**).

From our most recent data in 2022, we’ve attempted to capture and understand the issues that people generally faced at government facilities. Although less than 50%, at least a significant percentage of people reported facing issues such as the continuous absence of doctors, the inappropriate behavior of hospital staff, the lack of medication, long queues/wait times, poor sanitation facilities and the demand for illegal payments at the hospital. These are all critical elements across the patient-care continuum and perhaps this data can be utilized by healthcare facilities to address the particular challenges and improve patient care in future (**Figure 3.3 and Trend Data 3.4**).

We also observed that Pakistanis mostly felt that expert doctors were only available at private healthcare facilities (53% versus 15% in government hospitals) in 2006 but from our most recent data, we note that this percentage is in fact, higher for government hospitals (33% versus 26% in private hospitals) (**Figure 3.5 and Trend Data 3.6**).

Overall, majority of the Pakistanis (72%) are satisfied with the healthcare facilities in their areas (Figure 3.7) which represents an increase of 37% from 2005 (**Trend Data 3.8**).

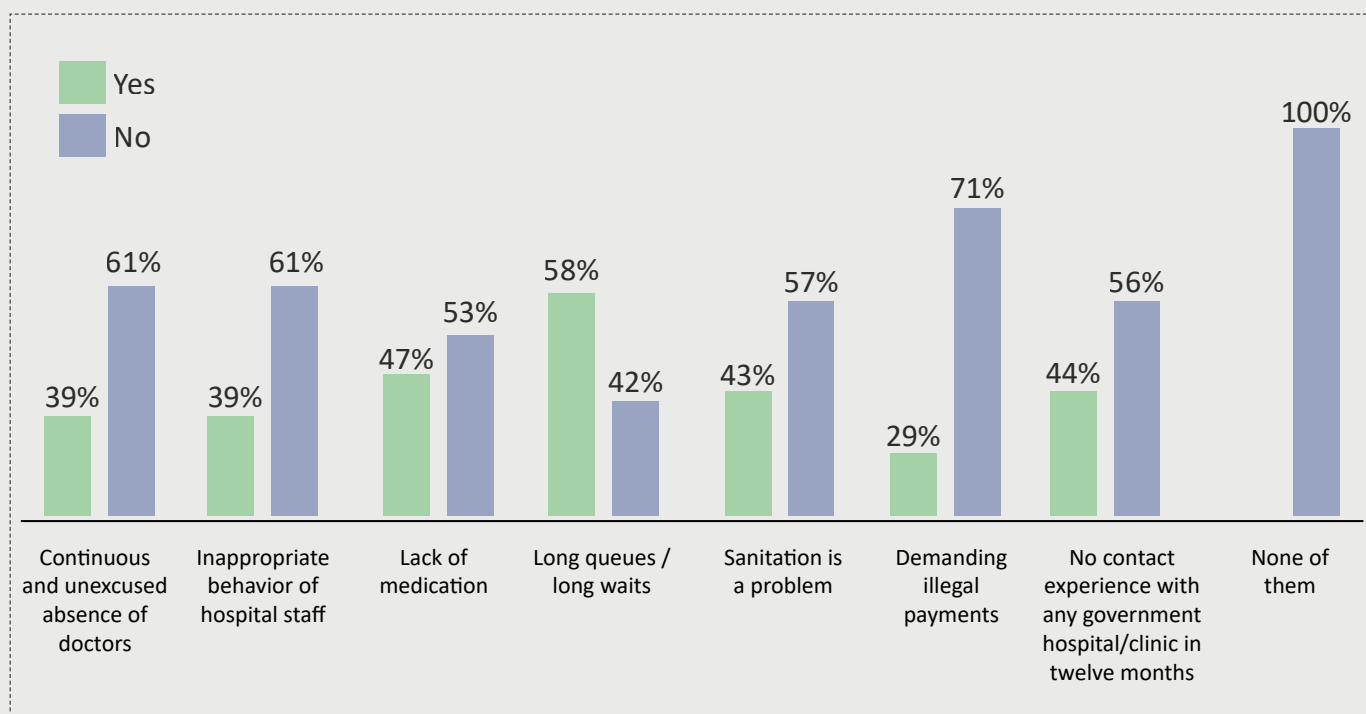
3.1. What is your opinion regarding the standard of Government Hospitals?



### 3.2. Trend Data

	1991	2006	2007	2008	2009	2010	2012	2015	2022
Good	10%	19%	33%	35%	21%	9%	18%	19%	44%
Bad	63%	36%	29%	27%	37%	48%	42%	35%	22%
Average	21%	40%	31%	32%	33%	37%	37%	36%	32%
Don't Know / No Response	6%	5%	7%	6%	9%	6%	3%	10%	3%

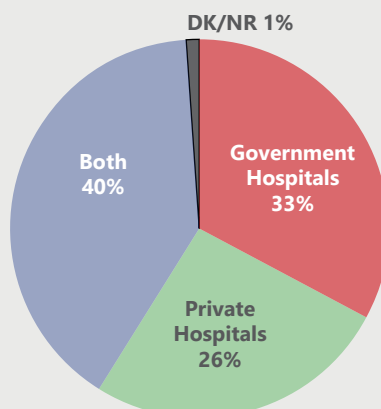
### 3.3. What problem did you encounter at a Public Healthcare Facility during the last 1 year?



### 3.4. Trend Data

	2000		2022	
	Yes	No	Yes	No
Continuous and unexcused absence of doctors	35%	65%	39%	61%
Inappropriate behavior of hospital staff	45%	55%	39%	61%
Lack of medication	50%	50%	47%	53%
Long queues / long waits	48%	52%	58%	42%
Sanitation is a problem	44%	56%	43%	57%
Demanding illegal payments	33%	67%	29%	71%
No contact experience with any government hospital/clinic in twelve months	49%	51%	44%	56%
None of them	-	-	-	100%

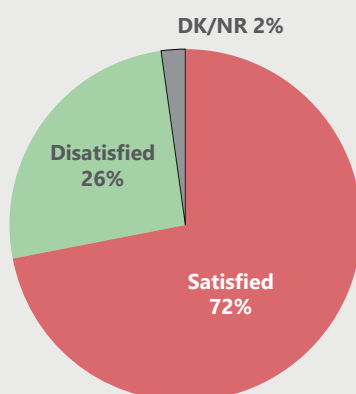
### 3.5. Do you think that expert doctors are available only in Government Hospitals or only in Private hospitals or both?



### 3.6. Trend Data

	2006	2007	2008	2009	2012	2022
Government Hospital	15%	23%	17%	16%	19%	33%
Private Hospital	53%	36%	38%	41%	40%	26%
Both	32%	41%	44%	43%	40%	40%
Don't Know / No Response	-	-	1%	-	1%	1%

### 3.7. Are you satisfied with the health care facilities available in your area?



### 3.8. Trend Data

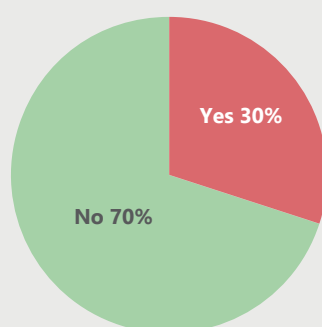
	2005	2008	2009	2012	2022
Satisfied	35%	32%	41%	32%	72%
Dissatisfied	62%	61%	50%	62%	26%
Don't Know / No Response	3%	7%	9%	6%	2%

### 3. PERCEPTIONS REGARDING HEALTHCARE FACILITIES

To gather deeper insights into patient satisfaction, understanding the experiences that patients face when they require hospitalization for illnesses is incredibly important. In the previous year, in 2022, 30% of our respondents reported having someone in their household requiring hospitalization (**Figure 4.1**). In case hospitalization was required, the majority of the respondents (59%) admitted patients into government hospitals or district health facilities (**Figure 4.3**). Moreover, while almost half the respondents (49%) reported facing no trouble, at least 30% reported facing a lot of trouble during hospitalization in 2022. Roughly, the same percentages were reported 30 years ago (**Trend Data 4.6**).

A particularly interesting facet of our hospitalization data is the glimpse it provides into malpractices at healthcare facilities. In 2022, 26% Pakistanis reported needing a reference to facilitate hospitalization procedures (**Figure 4.7**). Although compared with 1991, this percentage has decreased by 45% in 2022, it still presents a serious issue with the healthcare system as well as the potential gaps and limitations in the ways financial structures currently operate within the healthcare system (**Trend Data 4.8**).

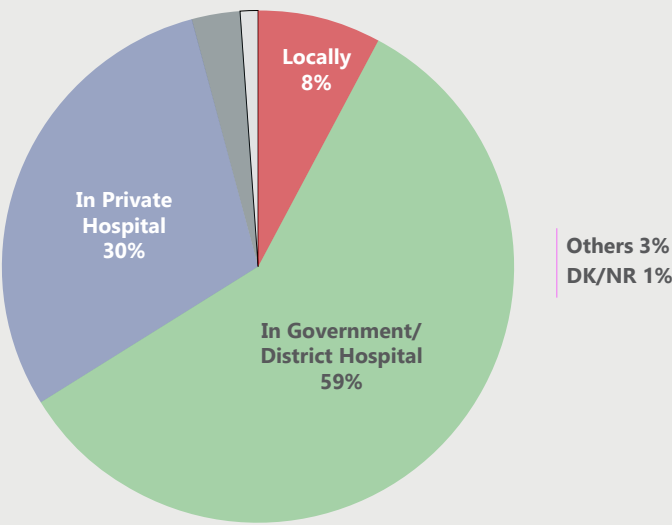
#### 4.1. Did anyone of your household need Hospitalization during last 1 year?



#### 4.2. Trend Data

	1991	1998	2001	2015	2022
Yes	21%	24%	16%	13%	30%
No	78%	74%	84%	87%	70%
Don't know / No response	1%	2%	-	-	-

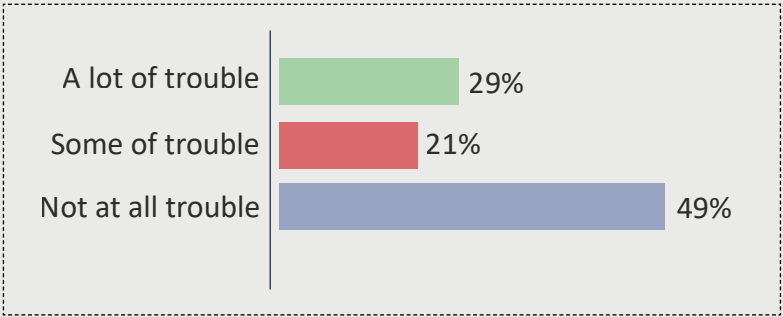
4.3. If anyone needed hospitalization, where was he/she admitted?



4.4. Trend Data

	1991	1998	2001	2015	2022
Locally	9%	11%	12%	24%	8%
In Government / District Hospital	56%	52%	50%	45%	59%
In private hospital	26%	35%	37%	31%	30%
Others	9%	1%	1%	-	3%
Don't know / No response	-	1%	-	-	1%

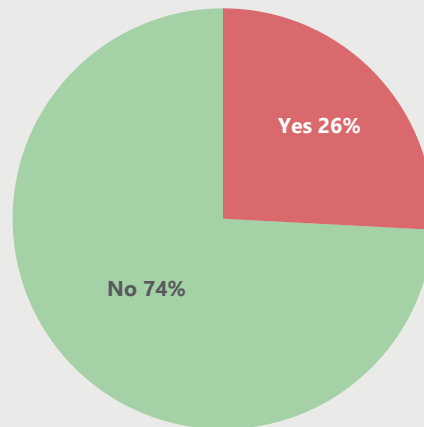
4.5. During Hospitalization, did you face any trouble/difficulty?



#### 4.6. Trend Data

	1991	1998	2001	2015	2022
A lot of trouble	32%	66%	23%	23%	29%
Some trouble	14%	25%	23%	51%	21%
Not at all trouble	48%	9%	51%	23%	49%
Don't know / No Response	6%	-	3%	3%	-

#### 4.7. Did you need any Reference to facilitate Hospitalization



#### 4.8. Trend Data

	1991	1998	2001	2015	2022
Yes	71%	56%	24%	19%	26%
No	18%	40%	76%	78%	74%
Don't Know / No Response	11%	-	-	3%	-

## DISCUSSION

On the one hand, a prominent positive insight from our research is the preferences for and the optimistic perceptions of government healthcare facilities in recent years. What this can be construed as is that there has been a gradual, yet continuous shift in the positive experiences people may have had with government healthcare facilities over the years. With regards to healthcare delivery, this shift also represents the institutional efforts made towards improving health services.

On the other hand, through our research, we've also had the chance to explore some gaps and weaknesses in the healthcare system of the country. At government hospitals, long wait times, the disrespectful behavior of hospital staff, lack of medicine availability, poor sanitation facilities and inappropriate financial structures are some of the issues which patients or families of patients face regularly.

Unsurprisingly, in Pakistan healthcare facilities are often stretched beyond their capacities and in terms of delivering care, there is still ample room for improvement. Our research only briefly captures patient experiences and perceptions and there is tremendous room to dig deeper into the different aspects of health-seeking behaviors as well as to deeply understand and suggest ways to change current health practices to achieve positive health outcomes. Additionally, more extensive research can also help governments at both, the federal and provincial levels to identify particular health challenges and to move towards establishing concrete, functional and sustainable health systems in the country.

## GALLUP PAKISTAN PUBLIC HEALTH PROGRAM

Gallup Pakistan formally introduced the Gallup Pakistan Public Health Program earlier this year. Through this dedicated space, we hope to act as catalysts of change in the public health landscape by using innovative and collaborative solutions to tackle complex problems in the country.

Under this program, the streams of work currently include:

1. Let's Talk Public Health
2. *Gallup Pakistan and CDC Sponsored Projects: Recent developments include the Cause of Death (COD) Training and Enhancing Integrated Mortality Surveillance Workshop held in Islamabad from February 6 – February 10, 2023*
3. Gallup Pakistan and Digital Vaccine Register Project
4. Gallup Big Data Analysis of Pakistan Statistical Yearbook – Healthcare in Pakistan (2010 – 2020)
5. *Gallup Big Data Analysis of Pakistan Statistical Yearbook – Live Births (2018 – 2020) – Pakistan Demographic Survey 2020*
6. Gallup Pakistan 40-year report on Health

One of our pioneering initiatives as part of the Public Health Program is the “**Let's Talk Public Health**” series which was launched in March 2022. Through this platform, we conduct insightful conversations with experts/researchers/practitioners in the field, on public health challenges that Pakistan is facing today and we hope we can find ways to reimagine the concept of health as well as make meaningful contributions to the public health discourse in both, Pakistan and globally.

Links to our previous episodes can be accessed below:

- Episode 1: Lifestyle and Non-communicable diseases (NCDs) – Conceptual, Empirical and Practical Perspective by Dr. Ijaz Gilani. <https://youtu.be/uJcYQIj3GH4>
- Episode 2: Pakistan's Healthcare Market, Medical Devices and Digital Health by Hammad Ijaz. <https://youtu.be/Wz8QWExlHGg>
- Episode 3: Health Perception Survey - WiN International and Gallup Pakistan by Mishalle Kayani and Laila Waqar. <https://youtu.be/IFQp6Qp6GrQ>
- Episode 4: Value of Community Co-design for Vaccine Confidence Interventions - A Case from Karachi by Rubina Qasim.: <https://youtu.be/7TqIL3cM17A>
- Episode 5: Science Behind Artistic Processes (Conducive Tools for Health Sector) by Dr. Habib Afsar. <https://www.youtube.com/watch?v=1ZWK0EhZyD8>
- Episode 6: Family Planning in Pakistan: Issues, Progress and the Way Forward by Dr. Adnan Khan. <https://youtu.be/LyQfFv0w8oA>
- *Episode 7: The Menace of Self-Citation: An Audit of Two Years from Journals of KPK by Dr. Umema Zafar. <https://youtu.be/UZrCBreD8No>*




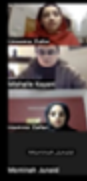
Episode 7 was a riveting conversation with Dr. Umema Zafar who is an Associate Professor of Physiology at Rehman Medical Institute in KPK. In the year 2018, the Pakistan Medical and Dental Council (PMDC) introduced a policy for the promotion of the faculty of medical/dental institutes. This policy was set to be implemented from 2019 and based on this policy, the first six authors get equal credit for a publication. This episode particularly explored an analysis of publications, pre and post policy implementation, to examine the impact on publication practices. The aim of this research was to evaluate the frequency of self-citation by an author or a journal among medical journals of KPK.

According to Dr. Umema's research, self-citation practices are common in medical journals owing to a variety of reasons such as information bias where authors cite the journals they are most aware of, a lack of journal policies and the publishing of articles in home journals i.e. authors publish their articles in the universities they're affiliated with. For this study, 10 journals with 1,235 manuscripts published in 68 issues over 2 years (2018 to 2019), were analyzed. 40.6% of the manuscripts had home ownership, author self-citation was 11.26% and journal self-citation was 7.13%.

**The menace of self citation: An audit of two years from journals of Khyber Pakhtunkhwa**

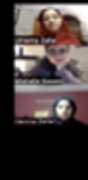
Authors  
Mian Saad Ahmed, Umema Zafar,  
Hamna Zafar, Maryam Shahid Ullah,  
Feroz Ali Khan





**Reasons leading to self citation**

- ❖ Novel or rare topic
- ❖ increased number of self-citations in comparison to the total number of citations received.
- ❖ information prejudice: the authors/readers cite the journals they are most aware of
- ❖ journal policies or the lack of the same



In addition to our talk series, we've worked on several **research projects with the Centers for Disease Control (CDC)**<sup>3</sup>.

**Project: Survey of Social and Behavioral Determinants of COVID-19 Vaccination Uptake and Evaluation of On-going National and Subnational Programming to Increase Demand for COVID-19 Vaccines. 2021**

Description: The project aimed to prepare for the rollout of COVID-19 vaccines by assessing social and behavioral determinants for under vaccination in the EMRO region. The multi-country assessment focused on understanding determinants of demand for COVID-19 and other vaccines among priority populations, particularly the role of rumors and misinformation on behavior, and a secondary focus on challenges in vaccine service delivery faced by healthcare workers and program administrators. This project also evaluated ongoing regional, country-level, and subnational planning efforts to introduce COVID-19 vaccines to high priority populations of healthcare workers, adults over 65, and high-risk adults. An important aspect of this project was data triangulation- collecting and reviewing diverse sources of data to compare, contrast, and develop a fuller picture of demand for COVID-19 vaccines in each selected country.

**Project: A Cross-Sectional Survey on COVID-19 Knowledge, Attitudes, Practices (KAP) and Resiliency in Pakistan. 2021-2022**

Description: The goal of this study was to provide a nationally and regionally representative comprehensive understanding of knowledge, attitudes, and practices (KAPs) around COVID-19 as well as the mental health impacts and other personal effects of the pandemic by providing context specific evidence to help address COVID-19 more effectively. Measuring key cognitive and behavioral factors associated with COVID-19 will help inform recommendations for effective public health management of the disease, such as behavior change strategies, communication strategies to counteract misperceptions around COVID-19, address stigma, community and home-care strategies, and the deployment of food or cash assistance, to vulnerable households.

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<sup>3</sup>Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

### **Project: Track and Trace of COVID-19 Suspected Cases – Pilot Program Working with Faith-Based Organizations. 2022**

Description: Engaging faith communities to advance COVID-19 risk communication and mitigation represents a pivotal opportunity to accelerate pandemic control. The project goal was to pilot a program in which contact tracing and advocacy around non-pharmaceutical intervention (NPIs) is done by FBO's and lessons can be learned and shared with policy-makers dealing with COVID-19.

### **Project: Estimating Excess Deaths and Improving Mortality Surveillance and Civil Registration Systems in Pakistan during COVID-19. 2022-2023**

Description: This project aims to estimate and improve the capacity for estimation of excess deaths and their causes in selected areas of Pakistan; understand and inform as to causes of increases in preventable deaths; and to attempt to integrate relevant partners and systems to build sustainable capacity in mortality surveillance and in National Public Health Institutes.

### **Cause of Death (COD) Training (Monday, February 6 to Wednesday February 8, 2023)**

Over the course of 3-days, health stakeholders such as doctors from public and private hospitals, the district health office (DHO), Ministry of Health (MoH) and the Civil Registration and Vital Statistics Unit (CRVS) in Islamabad, participated in a training module led by the Centers for Disease Control and Prevention (CDC-US) with Gallup Pakistan's support. The technical training focused on assigning cause of death, the use of ICD-10/11 coding for maternal mortality (MM) and perinatal mortality (PM), and birth and death record assessment and management. Participants also took part in practical exercises using digital platforms like DORIS and AnaCOD as well as group case studies to appropriately fill out death registration forms and discuss mortality management with respect to participants' institutions.

## Enhancing Integrated Mortality Surveillance Workshop (Thursday, February 9 to Friday, February 10, 2023)

On February 9 and 10, 2023, Gallup Pakistan and the Ministry of National Health Services and Coordination held a workshop in Islamabad to discuss potential ways to strengthen mortality surveillance in Pakistan. Participants included doctors from public and private hospitals in Islamabad, development organizations and other key actors involved in health surveillance and management systems in Pakistan. Participants had the chance to learn from insightful presentations on existing health infrastructure which included detailed information on data collection processes. In addition to this, participants also actively engaged in group exercises which involved the identification of problems as well as solutions to problems in current surveillance systems at different levels of implementation ranging from the community level up to the facility and institutional levels.

Lastly, during this year we also worked on a **Digital Vaccine Register Project**, the details of which, you can find below:

The **Zindagi Mehfooz (ZM)** application has been designed as a digital repository of enrolment and vaccination records of women and children on a web-based dashboard, currently being leveraged as a micro-data collection tool in the health centers of Sindh, Pakistan. The scope of the research study was to evaluate the impact of the application on immunization service delivery, registry coverage, uptake of immunization services, and data use patterns.

The qualitative aspect of the evaluation included a series of focus group discussions, key informant interviews, and observations across health facilities/offices in the districts of Jacobabad, Shikarpur, and Naushahro Feroz with the goal of understanding the perceptions of all the stakeholders involved (ZM staff, caregivers, vaccinators, supervisors/coordinators, district managers, and provincial managers) regarding the use and impacts of the ZM application.

Gallup Big Data Analysis of Pakistan Statistical Yearbook – Healthcare in Pakistan (2010 – 2020) <https://gallup.com.pk/wp/wp-content/uploads/2022/12/Health-pr.pdf>

As a developing country, Pakistan has been struggling with developments in the health sector. Even though there has been constant development happening, the country still has a long way to go. Undertaking an analysis of facts and figures available in The Pakistan Statistical Yearbook 2022 published by the Pakistan Bureau of Statistics, we provide an overview of the growth in the health sector over the last decade.

### **Key Findings:**

1. The number of health institutions in Pakistan increased by 10% from 2011 to 2020.
2. Almost 37% increase in the number of beds was seen in health institutions from 2011 to 2020.
3. 61% increase in the number of doctors as compared to 135% increase the number of dentists in the country from 2011 to 2020.
4. 69% increase in lady health visitors, 50% increase in the number of nurses and 40% increase in the number of midwives was seen in the previous decade.

### **Gallup Big Data Analysis of Pakistan Statistical Yearbook – Live Births (2018 – 2020) – Pakistan Demographic Survey 2020**

This series aims to present the important learnings from the Pakistan Demographic Survey 2020 for policy makers, the public, as well as for marketers in an easy and understandable way. In particular, this edition looks at number of Live Births from 2018 to 2020. The total number of live births over a period of time can have implications for state of healthcare across the urban-rural divide, and between provinces, and the age stratification can tell us what age group of women are having the greatest successful pregnancies. The series' main aim is to provide data. Implications of these data points for development sector as well as wider socio-political ramifications is something we would like to trigger in relevant circles.

**Key Findings:**

**(1). Number of live births by age of mother: During 2018-20, women in their late twenties delivered the highest number of live babies, at 31% of the total number of live births.**

**(2). Number of live births by place of delivery and age of mother: Nearly 1 in 4 Pakistani children (24%) were born at home between 2018 and 2020. 65% of live births in Balochistan were homebirths (greatest proportion out of all provinces).**

**(3). Number of live births by type of attendant at birth and age of mother: Between 2018-20, 60% of children born in Pakistan were delivered by doctors. 16% were delivered by traditional birth attendants (Dai) and 12% by nurses. Out of live births conducted under a doctor's overview, 60% took place in rural areas while 40% were in urban areas.**

In addition to all the aforementioned initiatives, Gallup Pakistan is also working on producing a **40-year report on Health in Pakistan** which is a compilation of findings from health research conducted by the organization over the last 4 decades.

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