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Gallup Pakistan Analysis of OPD Disease Burden in Punjab (FY 2023–24)

PRESS RELEASE

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Punjab Health Load: 22 Million Respiratory Cases, NCDs Emerging Challenge

Islamabad, October 2nd, 2025

Gallup Pakistan, as part of its Big Data Analysis initiative, presents an analysis of Punjab's outpatient disease burden for FY 2023–24. Drawing on official DHIS2-based health statistics, this release highlights the scale and distribution of OPD visits across the province. The findings reveal that communicable diseases — particularly respiratory, gastrointestinal, and skin conditions — remain the overwhelming drivers of OPD caseload, while non-communicable diseases such as hypertension and diabetes are emerging as significant contributors. The report also reviews outbreak-prone conditions, underscoring the need for vigilance and preparedness in Punjab's public health system.

What is the Big Data Analysis Series by Gallup?

Gallup Pakistan's Big Data series was started by Bilal I Gilani, Executive Director of Gallup Pakistan. Bilal explains the rationale of the series: "*The usual complaint from academics and policy makers is that Pakistan does not have data availability. Our experience negates that. Pakistan has lots of data, but it is not available in a usable form and not widely accessible. At Gallup we plan to bridge this gap in terms of accessibility and use of data. The Gallup Big Data series has earlier worked with data sets such as PSLM, Labour Force Survey, and Economic Survey reports as well as National Census Reports and Election Commission Data sets. The current series is using the Global Burden of Disease dataset, which provides a variety of health-related statistics. We hope that these series are useful, and we welcome both feedback as well as possible collaborations as we create a public good in the form of useful data sets in Pakistan.*"

What data points this current edition covers:

This edition analyzes Punjab's OPD disease profile for FY 2023–24, highlighting the top 10 reported conditions, the balance between communicable and non-communicable diseases, and the incidence of outbreak-prone illnesses such as cholera, dengue, measles, malaria, and COVID-19. It also notes year-on-year shifts where available and outlines policy implications for surveillance, preparedness, and strengthening primary healthcare.

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Punjab Health Load: 22 Million Respiratory Cases, NCDs Emerging Challenge.

Respiratory dominance:

36%

Acute (upper) respiratory infections (AURI) were by far the most reported OPD condition in Punjab during FY 2023–24, accounting for 36% of all OPD visits (**22.5** million cases).

Skin diseases still common:

6.6%

Scabies was reported in **4.1** million cases (**6.6%**), making it one of the top 5 OPD presentations.

NCDs in OPD:

Hypertension (**2.67m**, **4.3%**) and **Diabetes Mellitus** (**2.63m**, **4.2%**) were among the top 10 conditions — reflecting a growing share of chronic diseases being managed at the outpatient level.

High-volume secondary conditions:

Fever of other/undifferentiated causes contributed **13%** (**8.26** million cases), while visits (**22.5** million cases).

Gastrointestinal conditions like Diarrhea/Gastroenteritis (**7.3%**)

Peptic Ulcer Disease (**4.7%**) added significant load.

Outbreak-prone conditions persist:

Acute Watery Diarrhea/Cholera (**165k** cases), Dengue (**47k**), Measles (**8k**), and Malaria (**3k**) show the ongoing need for epidemic surveillance.

Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).

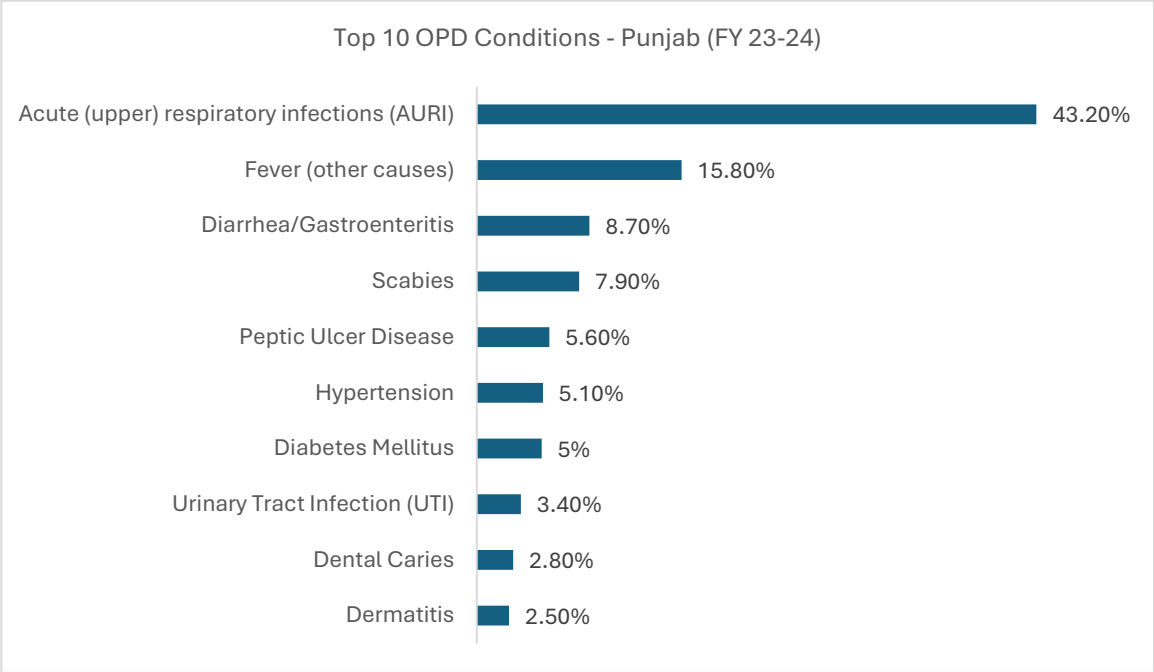
Key Findings:

1. Respiratory dominance: Acute (upper) respiratory infections (AURI) were by far the most reported OPD condition in Punjab during FY 2023–24, accounting for 36% of all OPD visits (22.5 million cases).
2. High-volume secondary conditions: Fever of other/undifferentiated causes contributed 13% (8.26 million cases), while gastrointestinal conditions like Diarrhea/Gastroenteritis (7.3%) and Peptic Ulcer Disease (4.7%) added significant load.
3. Skin diseases still common: Scabies was reported in 4.1 million cases (6.6%), making it one of the top 5 OPD presentations.
4. NCDs in OPD: Hypertension (2.67m, 4.3%) and Diabetes Mellitus (2.63m, 4.2%) were among the top 10 conditions — reflecting a growing share of chronic diseases being managed at the outpatient level.
5. Outbreak-prone conditions persist: Though accounting for smaller shares, Acute Watery Diarrhea/Cholera (165k cases), Dengue (47k), Measles (8k), and Malaria (3k) show the ongoing need for epidemic surveillance.
6. The double burden: Punjab's OPD landscape is defined by both high communicable disease loads (respiratory, GI, skin) and growing chronic care demand (HTN, DM), challenging a system historically designed for acute care.

1. Top 10 OPD Diseases (FY 2023–24)

The OPD profile of Punjab is heavily skewed toward respiratory illnesses, led by AURI with over 22.5 million cases. This dominance reflects seasonal vulnerabilities, air quality issues, and population density effects in urban areas. Fever (other causes), which often overlaps with viral infections, adds another 8.2 million cases, further underscoring the central role of infectious respiratory conditions.

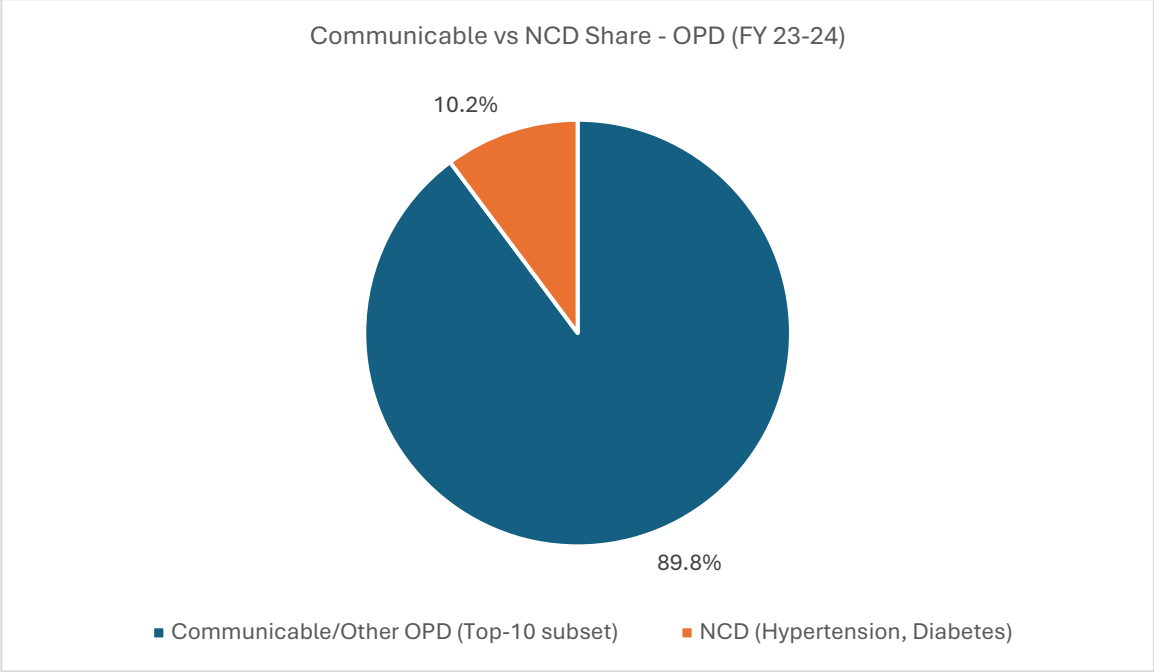
At the same time, GI illnesses such as Diarrhea and Gastroenteritis contribute over 4.5 million visits, tied to water quality and sanitation issues, while Scabies (4.1m cases) reflects persistent challenges in dermatological hygiene and overcrowding. Taken together, these conditions highlight the continued primacy of communicable diseases in Punjab's outpatient load, while chronic conditions like hypertension and diabetes — historically less visible in OPD registers — now compete for space in the top 10.



Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).

2. Communicable vs Non-Communicable Burden

When grouped, communicable/acute conditions account for more than 90% of the top 10 OPD caseload. However, hypertension and diabetes together contribute nearly 9%, which is significant given their chronic nature. This shift points to an epidemiological transition in Punjab, where lifestyle and metabolic conditions are making their way into frontline outpatient care. The health system — originally designed to manage acute, episodic conditions — must now adapt to the continuous care model required for NCD management, including routine monitoring, medication adherence, and counseling.

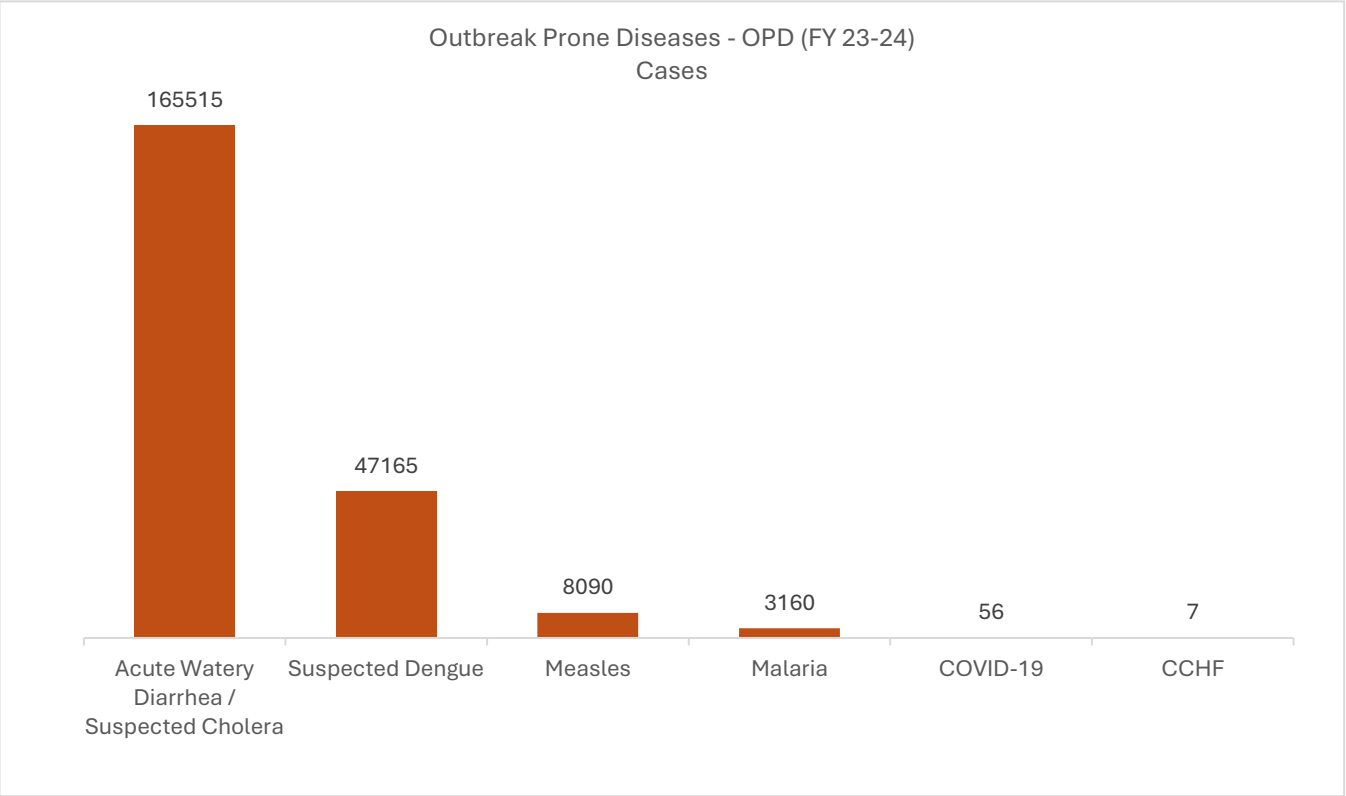


Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).

3. Epidemic & Outbreak-Prone Diseases

Though smaller in absolute volume compared to respiratory and GI diseases, outbreak-prone diseases remain critical from a public health and preparedness perspective.

- AWD/Cholera (165k cases) and Dengue (47k) highlight waterborne and vector-borne threats that surge seasonally and strain emergency response.
- Measles (8k cases) reflects gaps in immunization coverage despite nationwide EPI programs.
- Malaria (3k cases) continues to linger in localized pockets, though at a lower volume compared to past years.
- COVID-19 and CCHF were negligible in 2023–24 but demonstrate the need for vigilant surveillance for emerging or re-emerging infections.
  This section signals that while burden is numerically smaller, the risk and resource demand during outbreaks is disproportionately high.



Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).

4. Policy Implications

- Integrated surveillance: Respiratory, GI, and skin conditions dominate, requiring predictive seasonal monitoring and targeted interventions (air pollution control, safe water, hygiene programs).
- NCD response: With nearly 9% of OPD visits tied to hypertension and diabetes, Punjab's health system must expand chronic care services at the primary level, including diagnostics and long-term follow-up.
- Outbreak readiness: AWD and Dengue numbers show that Punjab cannot relax on epidemic preparedness. Vector control, clean water access, and rapid-response stocks of ORS, IV fluids, and diagnostic kits are critical.
- Equity in burden: While this press release uses aggregate provincial data, future district-level analyses (using rates per 10,000 population) will allow policymakers to identify hotspots and underserved districts, guiding more equitable allocation of resources.

About the DHIS FY Report

This press release is based on the Annual Health Report FY 2023–24, compiled by the Punjab Health Department using the District Health Information System (DHIS2) platform. The DHIS2 reporting system consolidates data from all public sector health facilities across the province, ranging from Basic Health Units (BHUs) and Rural Health Centers (RHCs) to Tehsil and District Headquarters Hospitals (THQs and DHQs) and tertiary care institutions.

The report serves as the official record of Punjab's health system performance, capturing patient volumes, disease patterns, maternal and child health indicators, emergency services, diagnostic use, medicine availability, human resources, and immunization coverage. For this edition, Gallup Pakistan extracted and analyzed the sections specific to Outpatient Department (OPD) disease patterns, including the top 10 reported conditions, communicable and non-communicable disease shares, and outbreak-prone illnesses.

All data points presented here are directly sourced from the provincial DHIS2 system and reflect cases reported during FY 2023–24. No estimations or extrapolations have been introduced. Where comparisons across years or districts are not available in the report, related sub-sections have been omitted to maintain accuracy. Gallup Pakistan's contribution is the restructuring, visualization, and interpretation of the data for wider public, policy, and media use.

Wish to Contribute to Gallup Big Data Analysis?

Gallup Pakistan is looking for collaboration with researchers to expand the Big Data Analysis project. If you have any ideas, please write to Bilal I Gilani, Project Director, Big Data Analysis at Gallup Pakistan.

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Contact Details:
Islamabad: +92 51 2655630
Email: isb@gallup.com.pk
www.gallup-international.com
www.gallup.com.pk