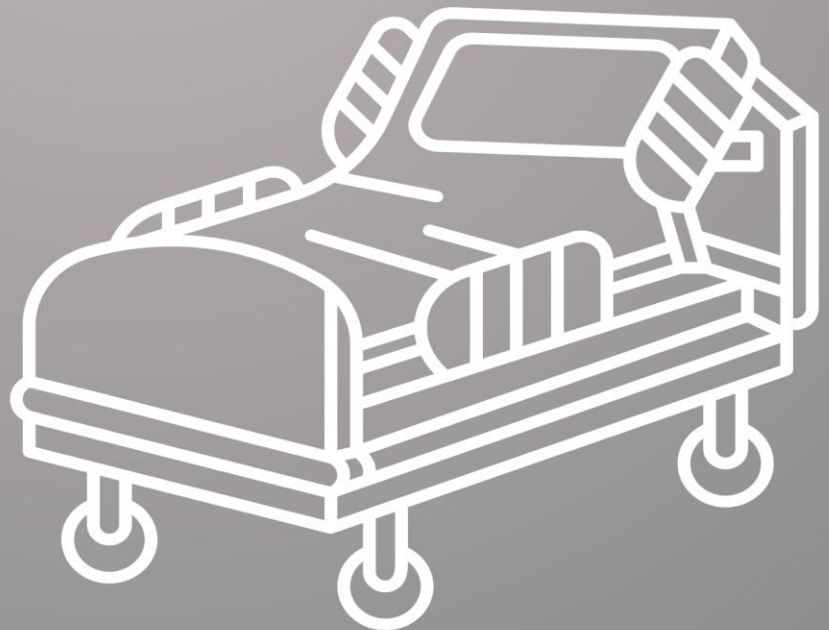




# Punjab's Public Hospitals Management

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



## PRESS RELEASE

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### **Punjab’s Public Hospitals Managed Over 6 Million Admissions and 1.1 Million Surgeries in FY 2023–24, With High Bed Occupancy and Persistent Mortality Burdens in Tertiary Care**

*Islamabad, October 27<sup>th</sup>, 2025*

Gallup Pakistan, as part of its Big Data Analysis initiative, presents an analysis of Punjab’s inpatient disease burden for FY 2023–24. Drawing on official DHIS2-based health statistics, this release highlights inpatient admissions, surgeries, bed utilization, and mortality across Punjab’s hospitals. The findings reveal both strengths in service delivery and key challenges, such as high death rates in teaching hospitals and significant variations in bed occupancy and average length of stay across facilities.

#### **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 [District Health Information System 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 focuses on hospital services and utilization in Punjab, covering inpatient admissions, surgeries and anesthesia patterns, emergency care, bed occupancy rates, average length of stay, district-level admissions and deaths, and a comparison of hospital death rates with previous years according to DHIS report for FY 2023-2024.

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

Punjab's public hospitals admitted **6.05 million** patients, with **167,000** deaths (**3%** of admissions) recorded in **FY 2023–24**.

## Tertiary Hospitals Bear the Heaviest Burden:

Teaching Hospital Admissions  
**2.4m**



Teaching Hospitals managed **2.47** million admissions with a **5.3%** mortality rate, far higher than DHQs (**2.6%**) and THQs (**0.5%**).

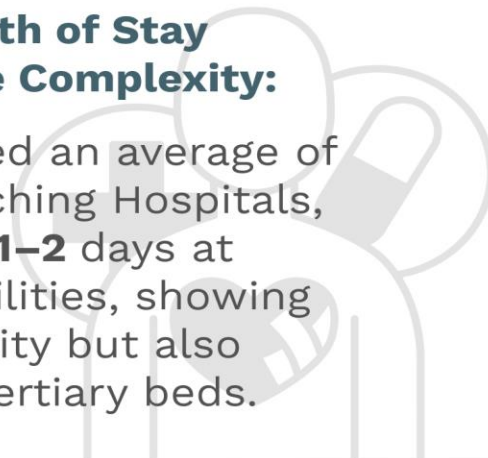
## Beds Under Strain at Higher-Level Facilities:

With **63,000** beds across Punjab, Bed Occupancy Rates (BOR) exceeded **90%** at DHQs and Teaching Hospitals, compared to just **45%** in RHCs.



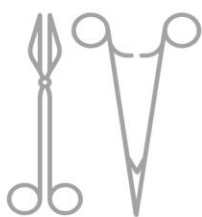
## Average Length of Stay Reflects Case Complexity:

Patients stayed an average of **3** days at Teaching Hospitals, compared to **1–2** days at lower-tier facilities, showing case complexity but also pressure on tertiary beds.



## Surgeries Cross 1 Million Cases:

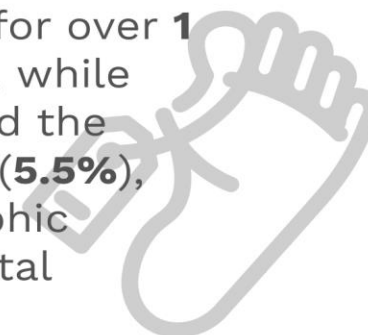
Surgeries  
**1.094m**



A total of 1.09 million surgeries were conducted; nearly half (49%) under local anesthesia, while only 19% required general anesthesia.

## District Inequities Persist:

Lahore accounted for over **1 million** admissions, while Rawalpindi reported the highest death rate (**5.5%**), pointing to geographic disparities in hospital outcomes.

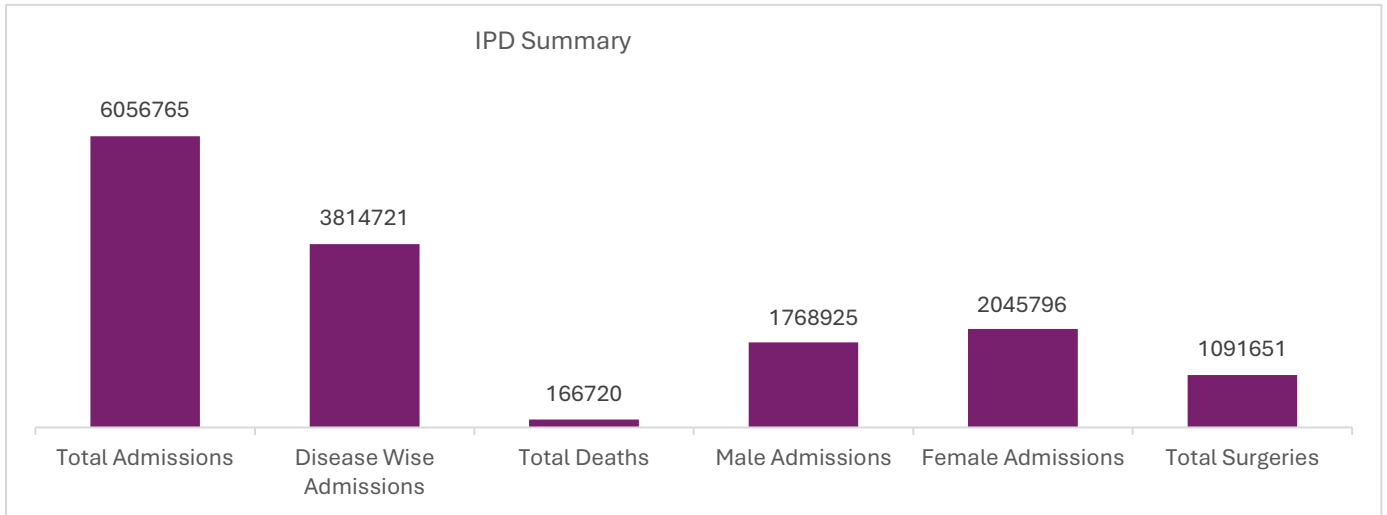


## **Key Findings:**

1. **Over 6 Million Admissions:** Punjab's public hospitals admitted 6.05 million patients, with 167,000 deaths (3% of admissions) recorded in FY 2023–24.
2. **Tertiary Hospitals Bear the Heaviest Burden:** Teaching Hospitals managed 2.47 million admissions with a 5.3% mortality rate, far higher than DHQs (2.6%) and THQs (0.5%).
3. **Surgeries Cross 1 Million Cases:** A total of 1.09 million surgeries were conducted; nearly half (49%) under local anesthesia, while only 19% required general anesthesia.
4. **Beds Under Strain at Higher-Level Facilities:** With 63,000 beds across Punjab, Bed Occupancy Rates (BOR) exceeded 90% at DHQs and Teaching Hospitals, compared to just 45% in RHCs.
5. **Average Length of Stay Reflects Case Complexity:** Patients stayed an average of 3 days at Teaching Hospitals, compared to 1–2 days at lower-tier facilities, showing case complexity but also pressure on tertiary beds.
6. **District Inequities Persist:** Lahore accounted for over 1 million admissions, while Rawalpindi reported the highest death rate (5.5%), pointing to geographic disparities in hospital outcomes.
7. **Hospital Mortality Remains a Challenge:** While Teaching Hospital mortality declined slightly from 5.7% to 5.3%, it remains significantly higher than lower-tier hospitals, underscoring persistent gaps in critical care capacity.

## 1. In-Patient Department (IPD) Summary

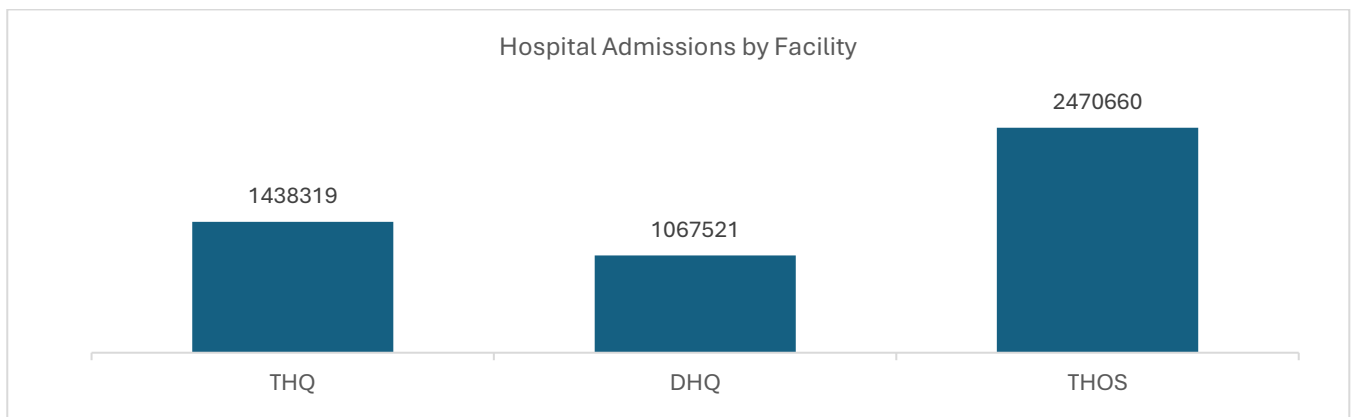
Punjab's hospitals admitted over 6.05 million patients in FY 2023–24, of which 3.8 million cases (63%) were disease-specific admissions. Deaths totaled 167,000, representing about 3% of admissions. The gender distribution shows a slightly higher share of female patients (54%) compared to males (46%). This reflects both the high demand for maternal and reproductive care, as well as the general reliance of households on public hospitals for major illnesses. The scale of admissions underlines the centrality of government hospitals as the backbone of healthcare in Punjab.



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

## 2. Health Facility Type Wise Detail

Teaching Hospitals (THOS) carried the heaviest burden with 2.47 million admissions and 5.3% mortality, while District Headquarters Hospitals (DHQs) admitted 1.06 million patients with a 2.6% mortality rate. Tehsil Headquarters Hospitals (THQs) admitted 1.44 million patients, but with much lower mortality (0.5%). These disparities highlight differences in patient case mix and quality of care. Tertiary centers handle the most complex cases, which partly explains their higher mortality, but also points to systemic bottlenecks in referral pathways that push critical patients to larger hospitals.



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

### 3. Bed Strength, Admissions & Outcomes

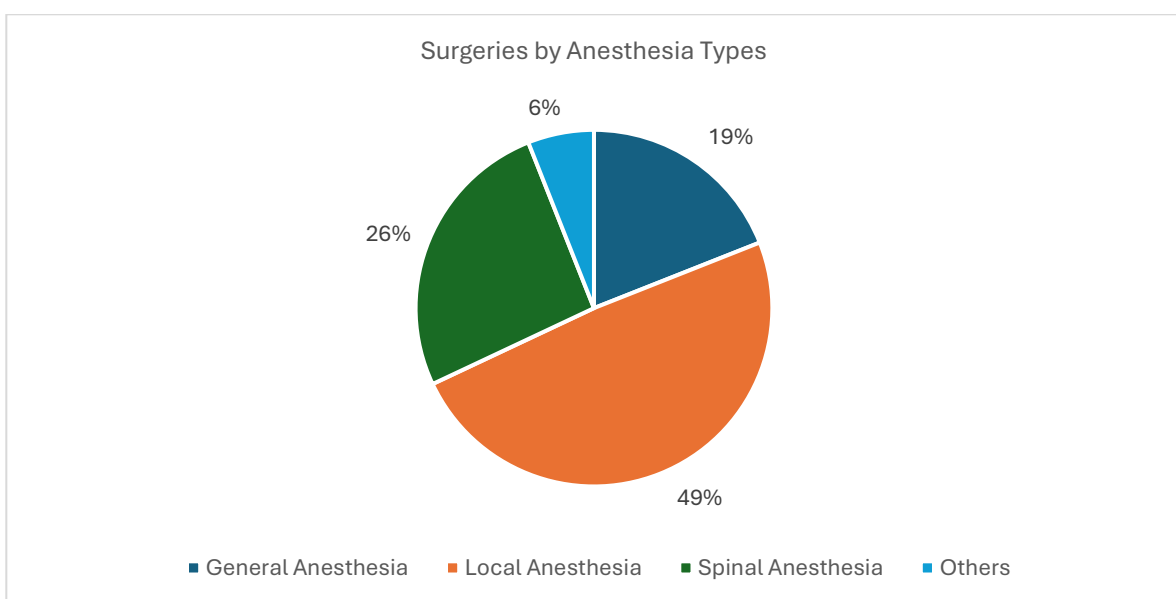
Punjab's 63,000 hospital beds supported over 6 million admissions. Out of these, 5.5 million patients were discharged as cured, while 129,000 left against medical advice (LAMA) and 68,000 were referred onward. The ratio of cured to referred patients indicates that while hospitals resolve most cases effectively, gaps in specialist services and overburdening result in many patients being shifted elsewhere. This highlights the dual challenge of both high demand and uneven service capacity across facilities.

### 4. Age and Gender-wise Admissions

The largest share of hospital admissions came from the 15–49 years age group, with females accounting for nearly half (49%) of cases in this range. This reflects a high demand for obstetric, maternal, and reproductive health services, alongside the growing incidence of non-communicable diseases in working-age adults. Children under five (especially boys) also represented a significant burden, consistent with high rates of pediatric infections. Elderly patients (70+) comprised a smaller share but showed disproportionately high mortality risks, emphasizing the need for improved geriatric care.

### 5. Surgeries by Anesthesia Type

Out of 1.09 million surgeries, nearly half (49%) were performed under local anesthesia, reflecting the large number of minor but essential procedures. Spinal anesthesia accounted for 26%, often linked to obstetric and orthopedic cases, while general anesthesia made up 19%, used in more complex surgeries. This pattern demonstrates the wide coverage of surgical services but also highlights the growing workload of tertiary hospitals for advanced procedures. Expanding anesthesia and surgical training at the district level could help reduce the concentration of complex cases at teaching hospitals.



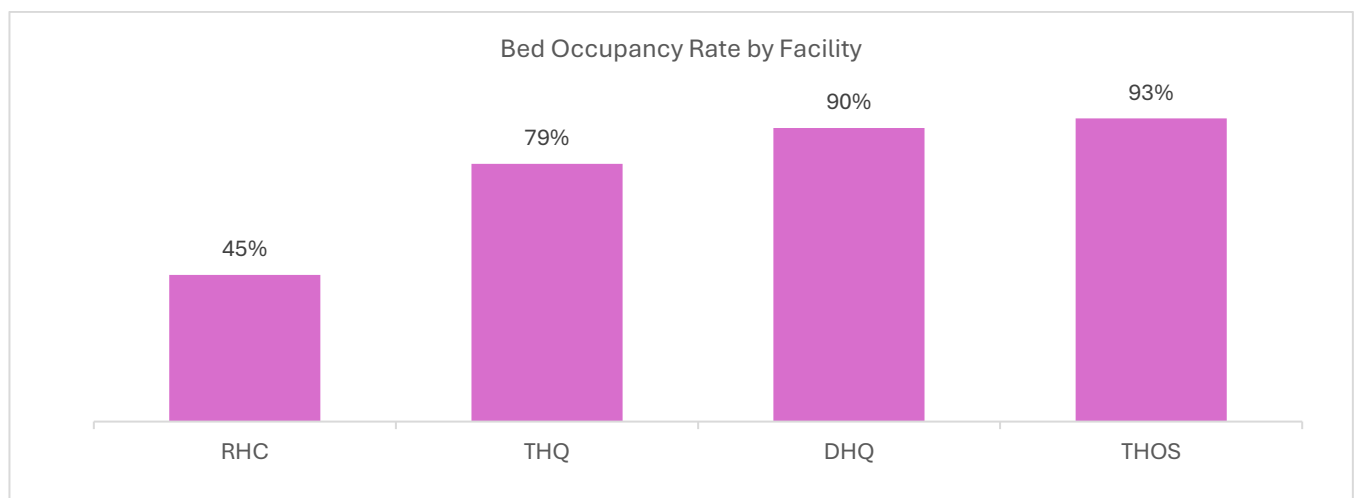
Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).

## 6. Surgeries by Facility Type

Teaching Hospitals performed the bulk of surgeries, averaging 1,261 per month, while DHQs averaged 376 and THQs just 104. This reflects the concentration of surgical infrastructure at higher-level hospitals, leading to bottlenecks in urban centers. Decentralizing surgical care, particularly for mid-level complexity cases, could ease the load on tertiary hospitals and improve patient access in smaller districts as half of them are using local anesthesia which inevitably means there will be minor cases.

## 7. Bed Occupancy Rate (BOR)

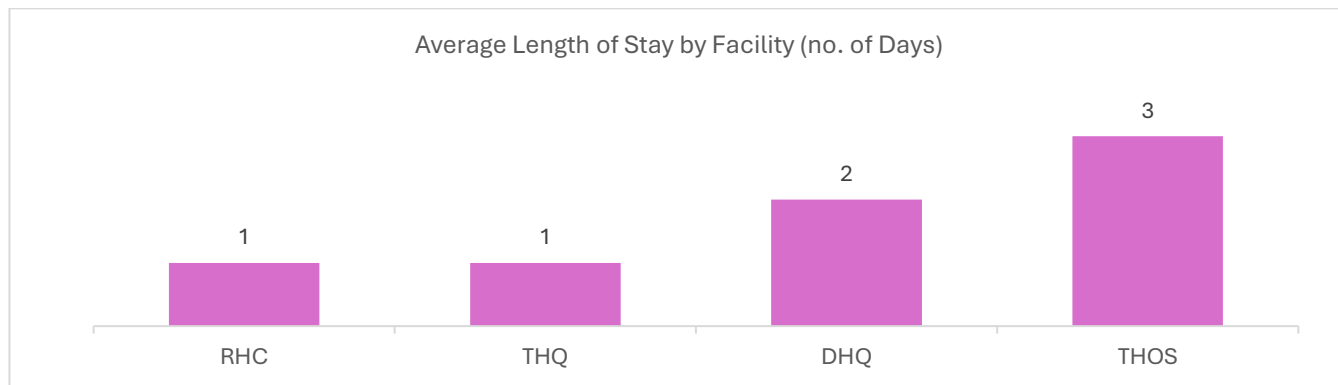
BOR exceeded 90% in Teaching Hospitals and DHQs, compared to 79% in THQs and 45% in RHCs. Such high occupancy at tertiary facilities indicates sustained over-utilization, with little buffer for emergencies or disease outbreaks. Meanwhile, lower occupancy at primary facilities suggests underutilization and potential inefficiencies. This is particularly alarming, as patients traveling long distances from remote districts to tertiary care hospitals face heightened risks in emergency situations such as stroke, shock, heart attacks, and accidents. This imbalance underscores the need to strengthen lower-tier facilities to absorb more patient load and reduce pressure on large hospitals.



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

## 8. Average Length of Stay (ALS)

Patients stayed on average 3 days in Teaching Hospitals, 2 days in DHQs, and only 1 day in THQs and RHCs. The longer ALS in tertiary hospitals reflects the complexity of cases they handle, but it also ties up limited bed resources. Shorter stays at secondary-level facilities may indicate efficient patient turnover but could also suggest premature discharges in resource-constrained settings. Addressing this requires better discharge planning and follow-up systems.



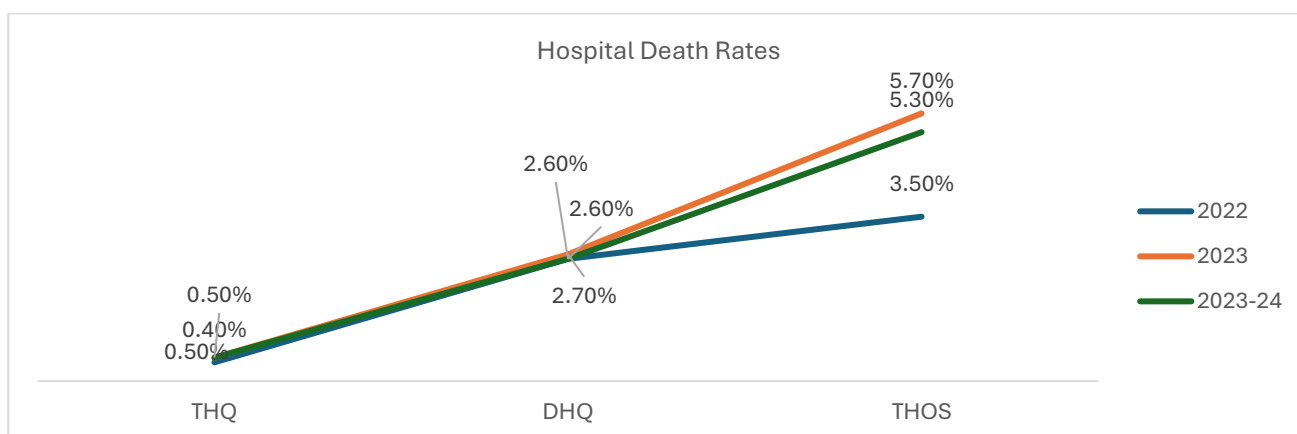
Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).

## 9. District-wise Admissions and Deaths

Admissions were highest in Lahore (1.07 million), reflecting its large population and concentration of tertiary hospitals. Mortality rates, however, were highest in Rawalpindi (5.5%), suggesting both a heavier case burden and potential systemic issues in case management. These district disparities show how healthcare outcomes are shaped by both demand and quality of care. Districts with fewer hospitals or lower-capacity facilities lag behind, reinforcing the inequities in Punjab’s healthcare landscape.

## 10. Hospital Death Rate Trends

The overall hospital death rate in Teaching Hospitals improved slightly, dropping from 5.7% in 2023 to 5.3% in 2023–24. DHQs held steady at around 2.6%, while THQs consistently reported the lowest rate at 0.5%. These trends underline that while tertiary hospitals are improving, mortality levels remain high compared to secondary facilities. This reflects both the severity of cases referred to THOS and gaps in intensive care and emergency preparedness, risking the life of patients due to unavailability of ICUs or appropriate emergency services near to home.



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

## **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 Inpatient Department (IPD) disease patterns.

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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