GALLUP PAKISTAN
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Punjab Health Workforce

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

PRESS RELEASE

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Punjab's Health Workforce Under Strain: Major District-Level Gaps Persist Despite Expanding HR Capacity

Islamabad, November 20th, 2025

This press release is part of Gallup Pakistan's Big Data Analysis Series, which transforms administrative datasets — including the Punjab DHIS2 Annual Report FY 2023–24 — into actionable insights for policymakers, journalists, researchers, and the public. This last edition focuses on Human Resources for Health (HRH), one of the foundational pillars of Punjab's health system. By analyzing district-wise staffing patterns, filled-versus-sanctioned posts, population-adjusted workforce ratios, and coverage of frontline workers such as Lady Health Workers (LHWs), this release highlights the strengths and bottlenecks shaping the province's health workforce capacity.

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 analysis uses DHIS2 (Government of Punjab) data on sanctioned and filled health workforce positions across all districts, combined with 2024 population estimates to calculate doctors and nurses per 1,000 population. It also assesses gaps—especially among LHWs—and highlights how workforce distribution and shortages affect service delivery across Punjab.

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Critical Gaps in Punjab's Health Workforce: Over **30%** Doctor and Nurse Vacancies Reported in Several Districts

Doctor shortages remain critical:

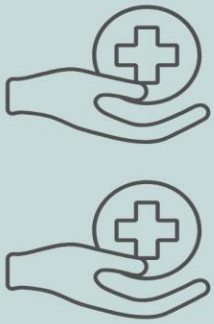
In several districts, more than **30%** of sanctioned doctor posts are vacant. Even in major urban centers like **Lahore** and **Faisalabad**, filled posts fall below sanctioned strength, pointing to distributional inequities.

Nursing workforce under pressure:

Top 10 districts record nurse vacancy rates exceeding **25%**, weakening frontline capacity for inpatient and maternal-child services.

Lady Health Workers (LHWs):

While Punjab maintains the largest LHW network nationwide, several high-population districts still have large gaps between sanctioned and filled posts, limiting primary healthcare and outreach coverage.



Vaccinators:

EPI vaccinators show significant vacancy rates in multiple districts, undermining immunization campaigns and threatening herd immunity goals.

Midwives:

High vacancy rates in several districts directly affect safe delivery services, particularly in rural and underserved areas.

Punjab faces a dual challenge – filling vacant posts where sanctioned capacity exists, and rationalizing deployment to match population need and disease burden.

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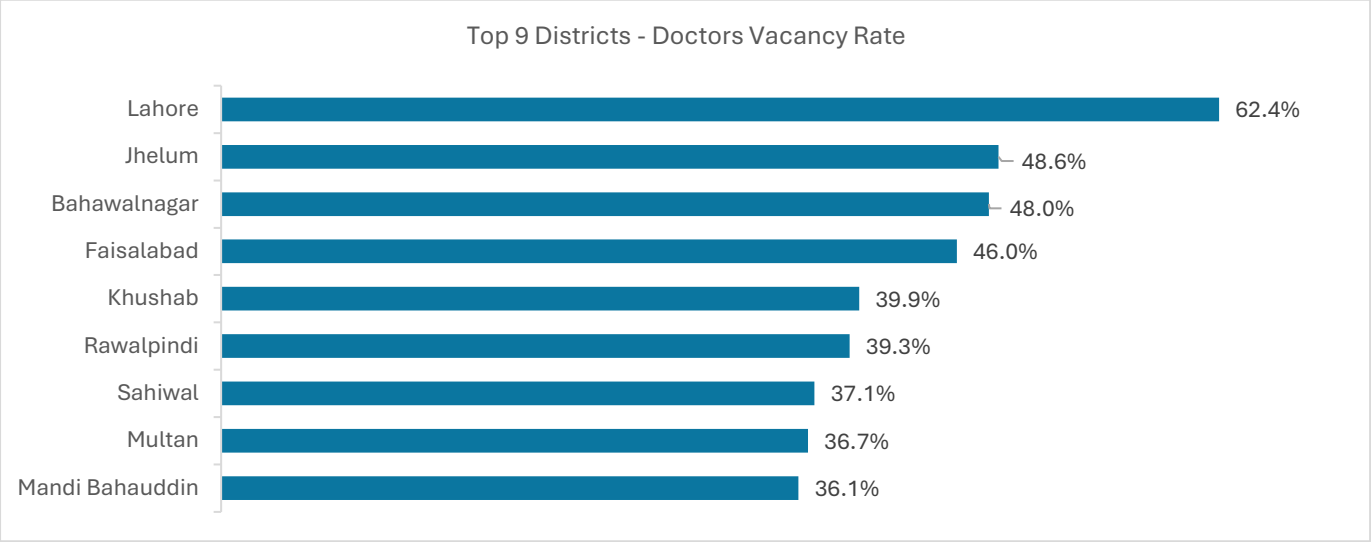
Source: PBS, National Census Report 2023 (Digital Census).

Key Findings:

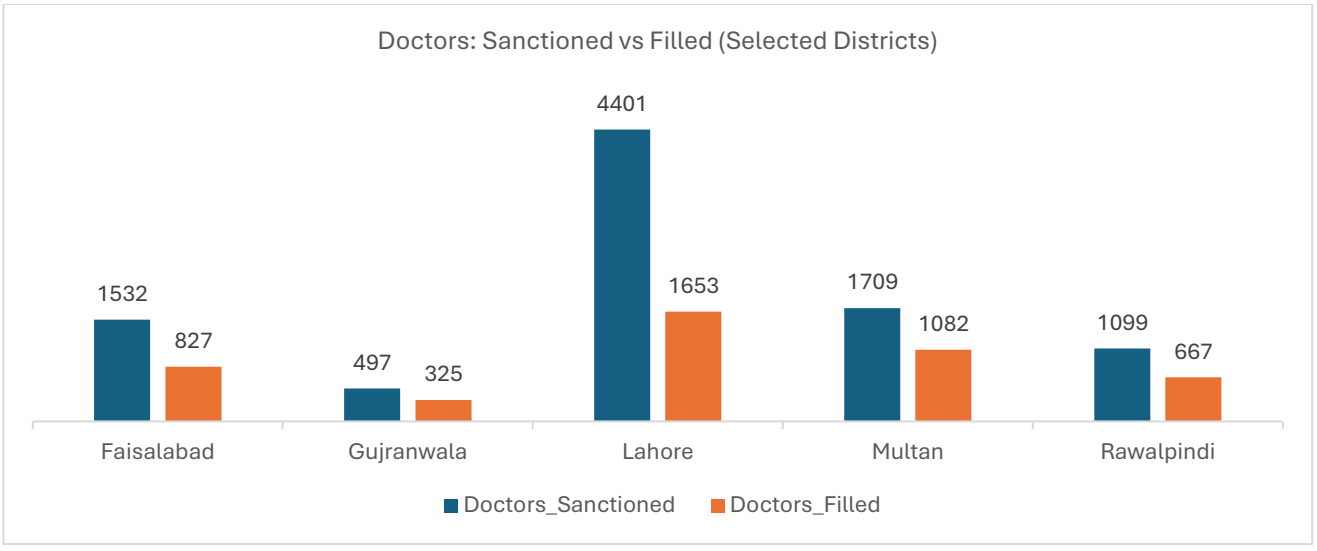
1. Punjab's public health system employs over 112,000 sanctioned HRH positions, of which approximately 78% are filled.
2. Medical officer (doctor) availability remains uneven, ranging from 0.23 doctors per 1,000 population (Rajanpur) to 0.93 per 1,000 (Lahore).
3. Nursing ratios vary sharply, from 0.14 nurses per 1,000 (Rajanpur) to 0.56 per 1,000 (Lahore) — far below WHO's recommended 3 nurses per 1,000.
4. LHW coverage is uneven across districts, with a total sanctioned strength of 29,680 LHWs but 26,460 filled — a gap of 3,220 LHWs (≈ 11% shortage).
5. Districts like Lahore, Faisalabad, and Rawalpindi have the highest numbers of doctors and nurses, while southern districts such as Rajanpur, D.G. Khan, and Muzaffargarh show critical shortages.

1. Doctors – Vacancy Rates and Sanctioned vs Filled

The shortage of doctors remains one of the most pressing concerns for Punjab's health system. In several districts, more than one in three sanctioned doctor posts remain vacant, creating a major service delivery gap. Smaller and rural districts are the hardest hit, where sanctioned posts exist but remain unfilled due to poor retention and lack of incentives. Even in large, resource-rich districts such as Lahore, Faisalabad, Multan, Rawalpindi, and Gujranwala, filled posts fall below sanctioned strength. This highlights a distributional inequity: Punjab has invested in sanctioned posts, but the actual availability of doctors lags behind, especially in primary and secondary facilities. The result is overcrowded tertiary hospitals, underutilized rural health centers, and a widening gap in equitable access to healthcare. Without targeted recruitment drives and better incentives for rural placements, these vacancy rates will persist, undermining public confidence in the health system.



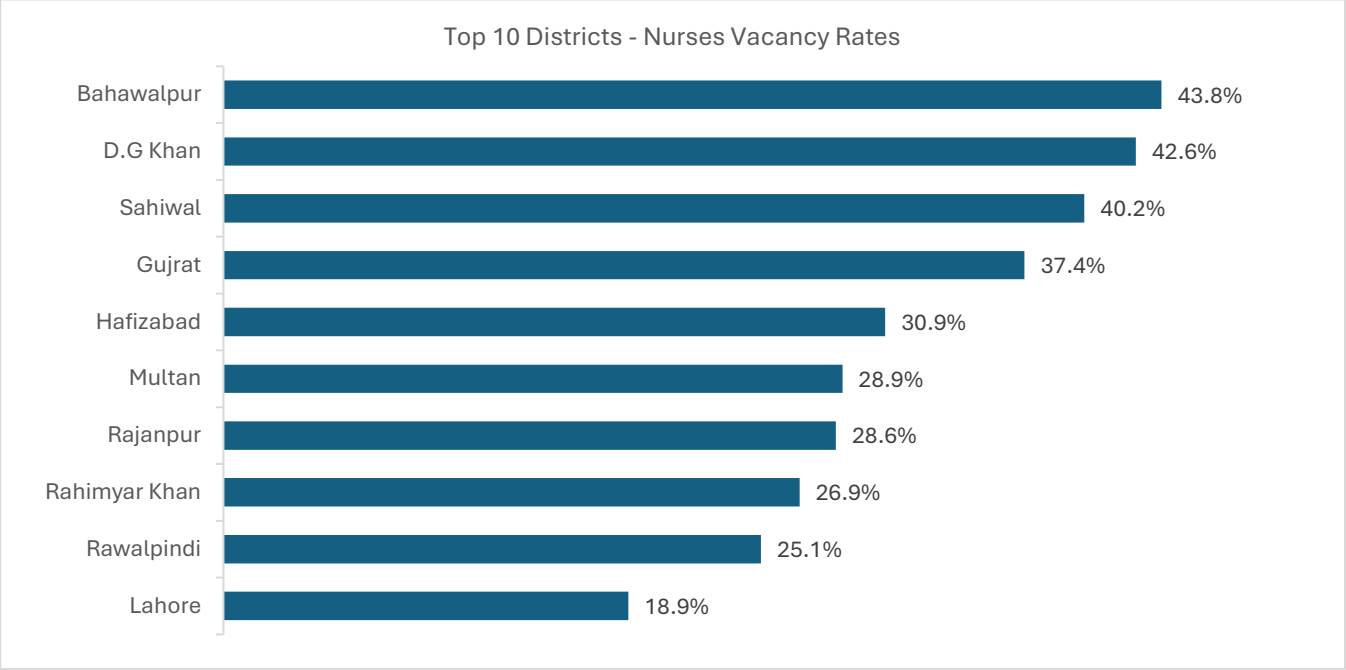
Source: Punjab Health Department, DHIS2 – Annual Report FY 2023–24 (Gallup Pakistan compilation).



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

2. Nurses – Vacancy Rates

Nurses form the backbone of inpatient, maternal, and child health services. The analysis shows that the top 10 districts face nurse vacancy rates exceeding 25%, with some even higher. This is particularly concerning because nurses are essential for round-the-clock patient monitoring, safe deliveries, surgical support, and infection control. In the absence of sufficient nurses, hospitals become increasingly dependent on understaffed shifts, which heightens the risk of medical errors and lowers the quality of care. Shortages also limit the ability to scale up specialized programs like neonatal intensive care units (NICUs) and maternal health initiatives. In districts already reporting high disease burdens, the lack of nurses compounds existing challenges and contributes to longer patient wait times, staff burnout, and reduced capacity to handle emergencies.



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

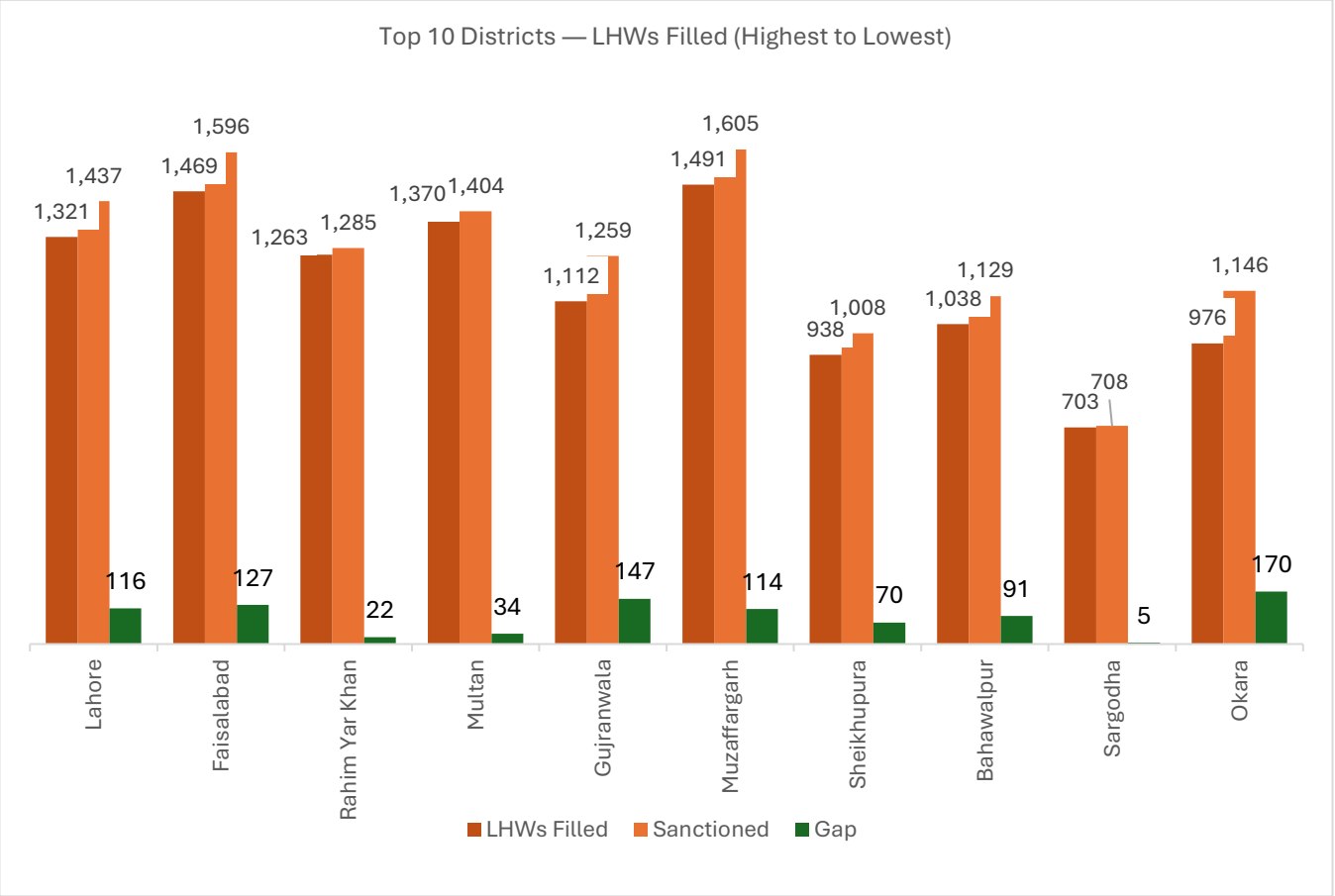
3. Lady Health Workers (LHWs) – Sanctioned vs Filled

The LHW program remains one of Punjab's most important community-based health initiatives, designed to extend healthcare into rural and underserved households. However, the data shows persistent gaps between sanctioned posts and filled positions, especially in high-population districts where demand is highest. In some cases, hundreds of sanctioned posts remain unfilled, leaving large communities without proper LHW coverage. These gaps reduce the reach of services such as family planning counseling, antenatal and postnatal care, nutrition guidance, and child immunization referrals. Evidence from the program has shown that where LHW coverage is strong, maternal and child health outcomes improve significantly. The current shortfalls risk reversing these gains and threaten Pakistan's ability to meet its SDG commitments on maternal and child mortality reduction. Addressing these shortages requires recruitment, improved training, and performance-based incentives to retain LHWs in underserved areas.

LHWs are the backbone of Pakistan's primary health outreach, especially for maternal, neonatal, and child health. However, DHIS data shows a significant gap:

- 29,680 sanctioned LHW posts
- 26,460 filled
- Gap = 3,220 LHWs (10.8% shortage)

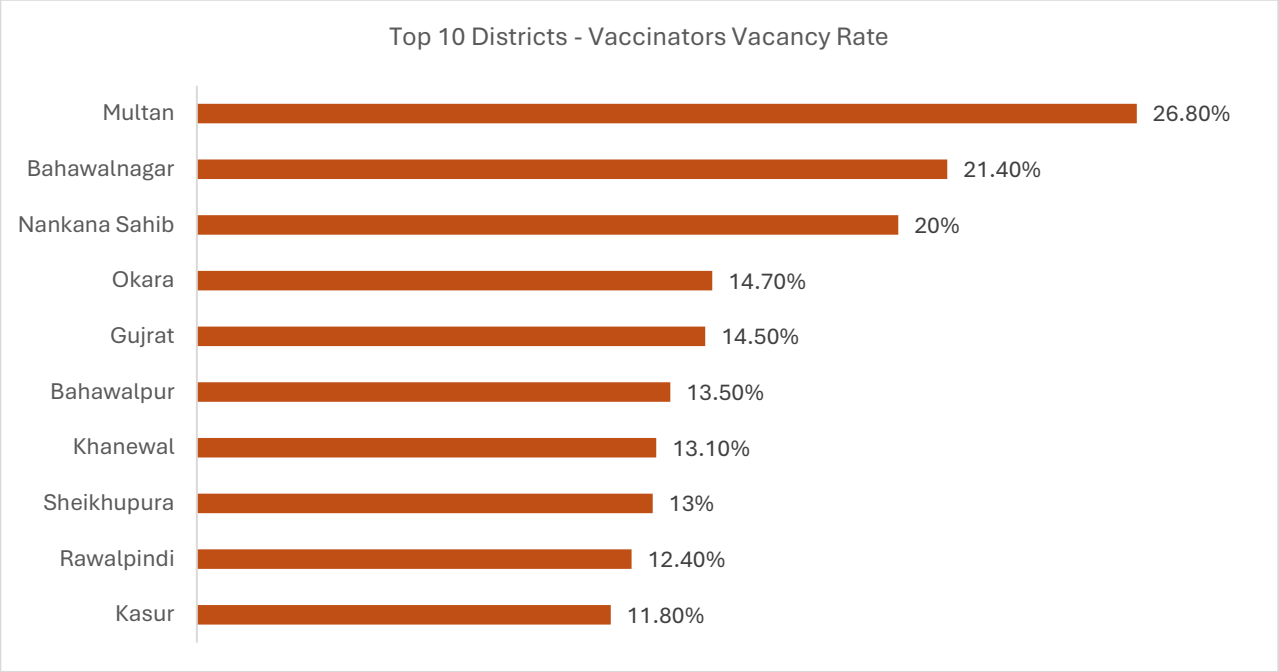
This shortage reduces the capacity to deliver door-to-door maternal health guidance, family planning counseling, early disease detection, and vaccination follow-ups.



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

4. Vaccinators – Vacancy Rates

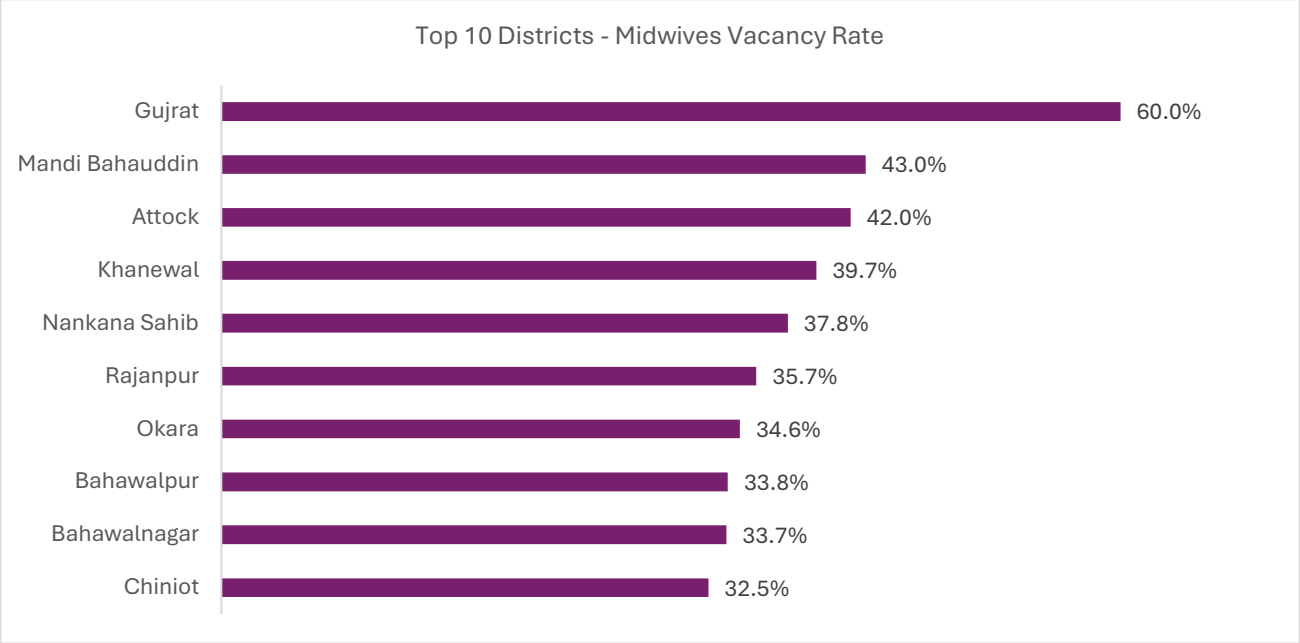
The Expanded Programme on Immunization (EPI) relies heavily on vaccinators for both routine immunization and large-scale campaigns such as polio eradication. The report highlights double-digit vacancy rates in several districts, raising red flags for immunization coverage and disease prevention. Shortages in vaccinators directly translate into missed immunization sessions, lower coverage rates, and a higher risk of outbreaks of vaccine-preventable diseases like measles, polio, and diphtheria. In districts with weaker community outreach, these shortages are particularly devastating, as they create gaps in herd immunity. The implications are not just health-related but also economic, since vaccine-preventable outbreaks impose significant costs on households and the health system. Strengthening the vaccinator workforce is therefore a high-return investment, and closing these gaps should be a top provincial priority.



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

5. Midwives – Vacancy Rates

Midwives play a crucial role in ensuring safe deliveries, especially in rural areas where obstetricians and gynecologists are often unavailable. The analysis shows high vacancy rates in multiple districts, signaling a severe threat to maternal and newborn health outcomes. Without midwives, rural women face higher risks of complications, unassisted deliveries, and preventable maternal and neonatal deaths. The shortage of midwives also reduces the uptake of skilled birth attendance, a key SDG indicator. Given that Punjab already faces challenges with maternal mortality, these HRH shortfalls exacerbate existing vulnerabilities. Expanding the midwifery workforce would not only save lives but also reduce pressure on tertiary hospitals by managing routine deliveries safely at the community and secondary facility level.



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

6. Overall HRH Burden

Punjab's HRH profile reflects a dual challenge:

1. Persistent vacancy rates across almost every cadre, despite sanctioned capacity existing on paper.
2. Inequitable deployment, where major urban centers attract more staff while rural districts remain chronically underserved.

The result is a two-tier system where urban residents enjoy relatively better access to skilled staff, while rural communities face severe service gaps. This inequity reduces trust in the public health system and pushes many households toward private providers, often at higher out-of-pocket costs. To address these challenges, Punjab needs a comprehensive HRH strategy combining recruitment, rural service incentives, transparent postings, and performance-based monitoring. Such reforms would not only strengthen day-to-day service delivery but also build resilience for managing epidemics, disasters, and long-term population health goals.

About the DHIS FY Report

This press release is based on the Annual Health Report FY 2023–24, compiled by the Punjab Health Department through the District Health Information System (DHIS2).
The DHIS2 HRH module captures monthly staffing updates from all public-sector facilities — BHUs, RHCs, THQs, DHQs, tertiary hospitals, and community outreach programs including LHWs and vaccinators.

For this edition, Gallup Pakistan extracted and analyzed the HRH-specific sections, including:

- Sanctioned posts
- Filled posts
- Vacancies
- District-level staffing patterns
- Population-adjusted staffing ratios

All figures used are direct DHIS2 administrative counts reported by districts during FY 2023–24. No projections or estimates have been added.

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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