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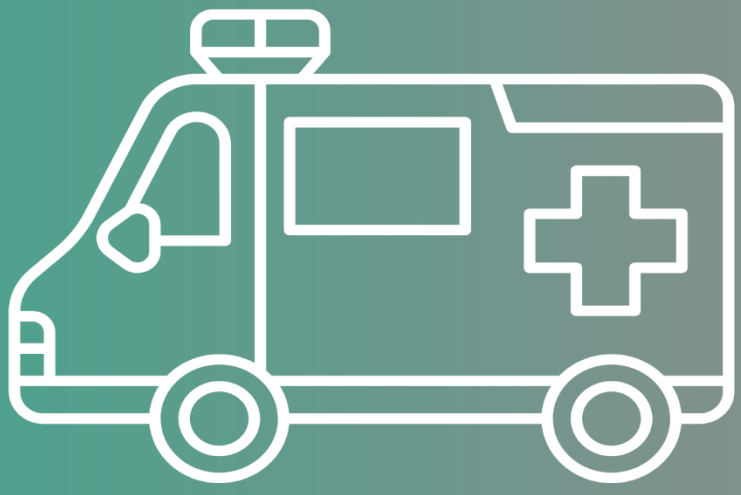
# Trauma Cases in Punjab Hospitals

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



PRESS RELEASE

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

# Over 3.6 Million Trauma Cases in Punjab Hospitals — Road Accidents Lead Emergency Admissions

*Islamabad, November 17th, 2025*

Gallup Pakistan, under its *Big Data Analysis* initiative, presents findings from the Punjab DHIS2 Annual Report 2023–24 on Emergency and Trauma Care Utilization. The data reveal an alarming burden of injury-related emergencies: over 3.5 million trauma cases were reported in the year, including 1.37 million road traffic accidents (RTAs), 922,000 general injuries, 208,000 fractures, and 58,000 burns. These figures underscore both the magnitude of trauma in Punjab's healthcare system and the urgent need to strengthen emergency and referral networks. While communicable and maternal conditions remain key public health priorities, acute injuries and trauma have emerged as a major service pressure across all facility levels.

## 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 summarizes official DHIS2 statistics for Punjab (public sector, FY 2023–24) on emergency and trauma care: yearly and facility-type distribution of emergency cases; leading trauma causes (RTAs, injuries, fractures, burns, dog bites); gender patterns; and a four-year trend in total emergency caseload, followed by policy insights for emergency system strengthening.

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

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## Over **3.6** Million Trauma Cases in Punjab Hospitals — **Road Accidents** Lead Emergency Admissions

### Road Traffic Accidents:

Road Traffic Accidents (RTAs) emerged as the leading cause of trauma, accounting for nearly **1.37** million cases (**38%**) of all emergency admissions.

**1.37 million**
38%

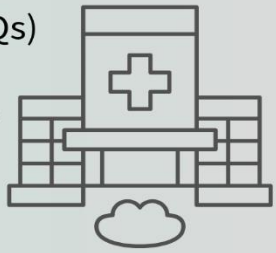
### Emergency Visits:

The overall number of emergency visits rose for the fourth consecutive year, with a **6.5%** increase from FY 2022–23, reflecting both improved reporting and a growing incidence of injuries.

**5.60%**
2022-23

**6.59%**
2023-24

Secondary-level hospitals, particularly District Headquarters Hospitals (DHQs) and Tehsil Headquarters Hospitals (THQs), carried the heaviest burden, managing over two-thirds of the total caseload.



### The data also reveal clear demographic patterns:

Men make up roughly **70%** of trauma cases, while women and children are disproportionately affected by domestic burns and falls.

**70%**

**25%**

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*Source: Pakistan Bureau of Statistics (PBS), National Census Report 2023.*

# Key Findings:

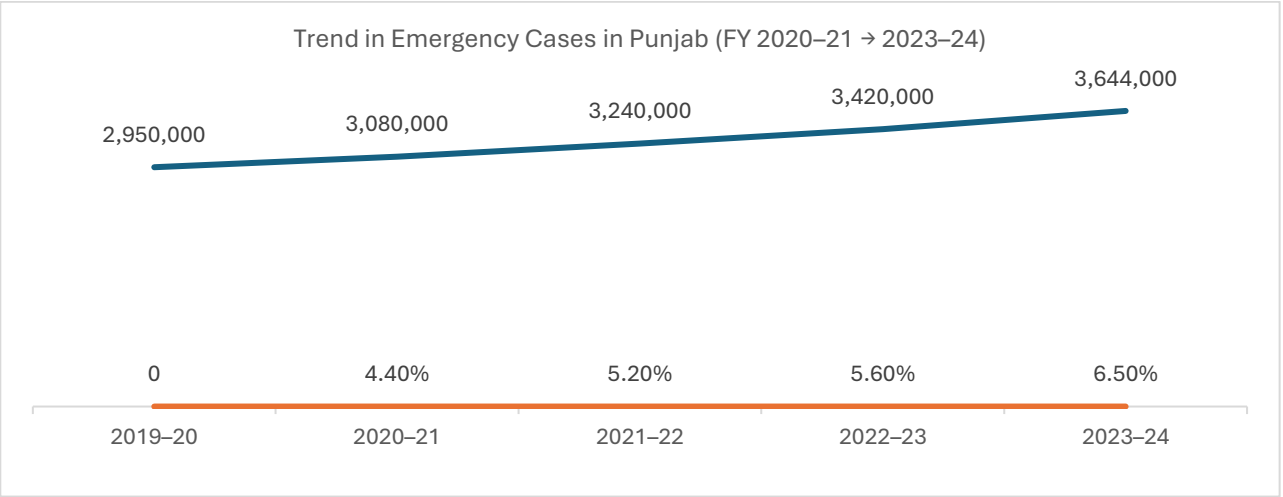
1. Over 3.66 million trauma presentations were recorded across Punjab's public-sector health network in FY 2023–24.
2. Road Traffic Accidents (RTAs) emerged as the leading cause of trauma, accounting for nearly 1.37 million cases (38%) of all emergency admissions.
3. The overall number of emergency visits rose for the fourth consecutive year, with a 6.5% increase from FY 2022–23, reflecting both improved reporting and a growing incidence of injuries.
4. Secondary-level hospitals, particularly District Headquarters Hospitals (DHQs) and Tehsil Headquarters Hospitals (THQs), carried the heaviest burden, managing over two-thirds of the total caseload.
5. The data also reveal clear demographic patterns: men make up roughly 70% of trauma cases, while women and children are disproportionately affected by domestic burns and falls.

## 1. Rising Emergency Caseload Across Health Facilities

Punjab's hospital system continues to experience a steady and sustained rise in emergency visits. Between FY 2020–21 and FY 2023–24, emergency cases grew from just over 3 million to nearly 3.64 million — an increase of approximately 18% over four years. This rise likely reflects multiple population factors which include growth and an expansion in health-seeking behavior, supported by greater accessibility of and trust in public hospitals and improved data reporting through the DHIS2 system.

District Headquarters Hospitals (DHQs) remain the mainstay of trauma and emergency management, absorbing around 42% of all cases, followed by Tehsil Headquarters Hospitals (THQs) with 28%. In contrast, Rural Health Centers (RHCs) and Basic Health Units (BHUs) serve as first-contact points but face capacity limitations for stabilization, emergency care and resuscitation. The steady increase in case volumes suggests growing pressure on these mid-tier facilities, which are now managing both primary and referral emergencies from surrounding rural areas.

The rising caseload also coincides with greater urbanization, vehicular density and affordability. Large metropolitan districts such as Lahore, Faisalabad, and Multan continue to account for the majority of trauma admissions, illustrating how population mobility, industrial growth, and road congestion converge to heighten emergency demand.



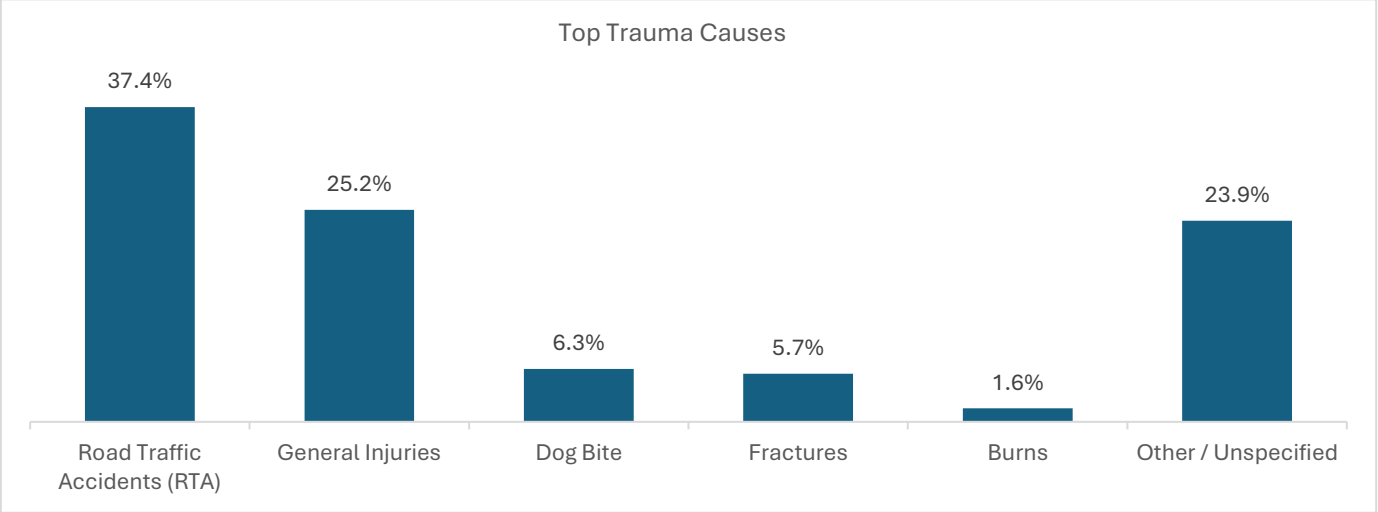

***Source:*** *Punjab Health Department — DHIS2 Annual Report FY 2023–24 (Public Sector Facilities Only). Figures represent Punjab provincial totals.*

## 2. Road Traffic Accidents Dominate Emergency Workload

Road Traffic Accidents (RTAs) remain the most significant source of trauma-related emergencies, with 1,368,504 cases reported during FY 2023–24 — nearly two in every five trauma admissions across Punjab. These cases are heavily concentrated in urban and peri-urban districts, reflecting the risks of rapid motorization, inadequate road infrastructure, and weak enforcement of traffic laws.

Analysis of DHIS2 data shows seasonal fluctuations in RTA cases, with spikes observed during Eid holidays, harvest seasons, and summer months, when inter-district mobility peaks. These patterns emphasize the importance of aligning road safety campaigns with high-mobility periods and enhancing emergency response preparedness during travel surges.

The continued dominance of RTAs in hospital emergencies points to systemic challenges: limited pre-hospital response capacity, delayed referrals, and weak inter-agency coordination between health, traffic, and rescue services. A shift towards integrated prevention — combining behavioral change communication, road safety enforcement, and emergency response upgrades — is critical to reversing these trends.



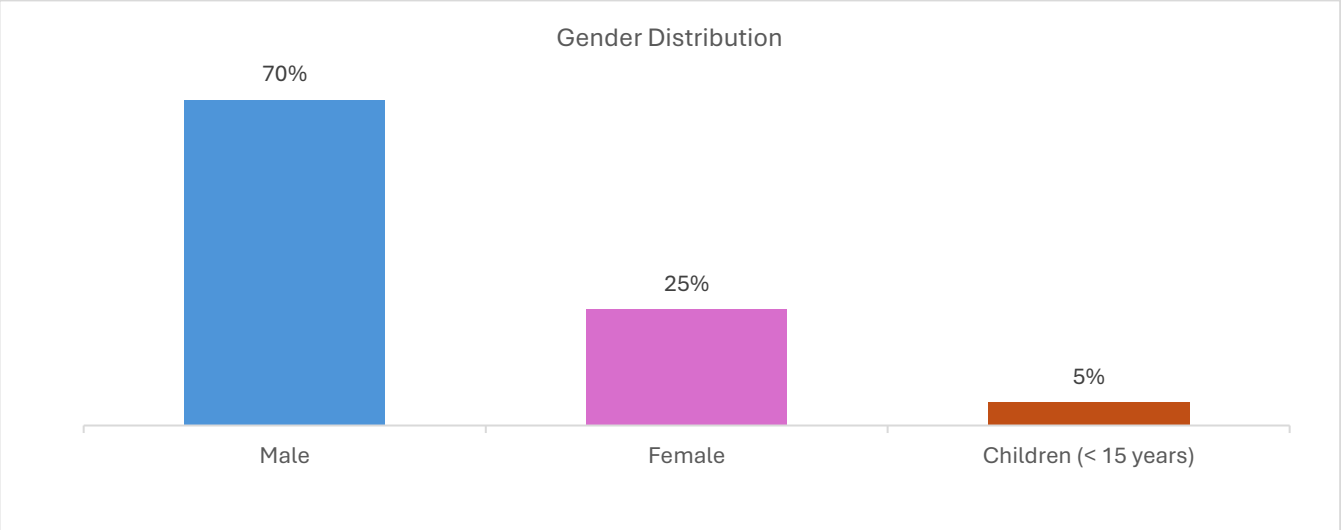

***Source:*** *Punjab Health Department — DHIS2 Annual Report FY 2023–24 (Public Sector Facilities Only). Figures represent Punjab provincial totals.*

## 3. Gender and Age Disparities

Gender-disaggregated data from the DHIS2 system show a strong male bias in trauma admissions, with men constituting about 70% of emergency cases. The overwhelming male representation reflects occupational hazards and higher exposure to road and occupational injuries. In contrast, women and children are more likely to be admitted for domestic burns, fall injuries, and household accidents, highlighting distinct risk environments by gender and age.

The age distribution further reinforces this divide: young adults (ages 15–35) are disproportionately represented among RTA victims, while elderly individuals experience more fall-related injuries. For women, the persistence of domestic burn injuries underscores the need for improved home safety awareness, safer cooking practices, and quicker access to post-burn care.

Addressing these demographic disparities will require multi-sectoral interventions — including road safety programs targeting young men, domestic safety education for women, and child injury prevention initiatives in schools and communities.



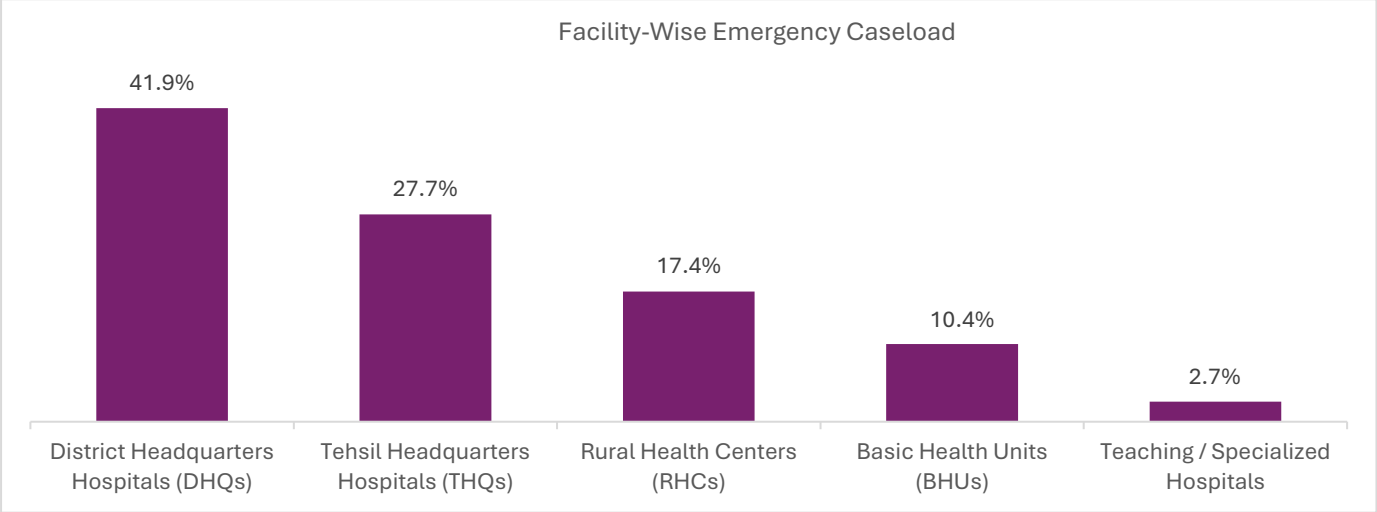

***Source:*** *Punjab Health Department — DHIS2 Annual Report FY 2023–24 (Public Sector Facilities Only). Figures represent Punjab provincial totals.*

## 4. Facility-Wise Emergency Load

The composition of Punjab's emergency workload highlights the central role of secondary hospitals. DHQs and THQs together handle nearly 72% of all emergency cases, serving as the primary referral points for trauma across districts. These hospitals are typically the first facilities equipped with surgical, orthopedic, and imaging capabilities, making them essential to trauma stabilization and definitive care.

Rural Health Centers (RHCs) and Basic Health Units (BHUs), on the other hand, remain the first line of contact for patients in peripheral areas but are often constrained by limited infrastructure, staff, and equipment. Their inability to manage critical injuries locally leads to increased referral pressure on higher-level facilities.

This distribution underscores the urgent need to strengthen trauma readiness at RHC and THQ levels, both to reduce delays in emergency response and to alleviate overcrowding at tertiary hospitals. Upgrading these mid-tier facilities with basic trauma bays, essential supplies, and trained personnel would greatly enhance the province's overall emergency care capacity.




***Source:*** *Punjab Health Department — DHIS2 Annual Report FY 2023–24 (Public Sector Facilities Only). Figures represent Punjab provincial totals.*

## 5. System Gaps and Preparedness

Despite steady improvements in reporting and service delivery, Punjab's emergency system faces persistent structural challenges. At the primary-care level, facilities often lack dedicated emergency spaces, blood storage units, and diagnostic imaging, which are essential for early stabilization. Limited ambulance coverage in remote districts further delays patient transfers, increasing the likelihood of complications and mortality.

At the secondary and tertiary levels, hospitals continue to experience overcrowded emergency rooms and surgical wards, particularly during seasonal peaks in accidents and trauma. While Rescue 1122 has improved first response and transport times in many areas, integration with hospital triage systems remains inconsistent.

To bridge these gaps, a tiered approach to trauma system strengthening is needed — ensuring minimum emergency standards at BHUs and RHCs, 24-hour trauma readiness at THQs and DHQs, and specialized care units at tertiary centers. In parallel, enhanced data integration between Rescue 1122 and DHIS2 can enable real-time case tracking and resource allocation.

## 6. Policy Implications

The findings point to clear priorities for Punjab's health policymakers. Expanding pre-hospital emergency services and GPS-linked referral networks could drastically reduce time-to-treatment for critical trauma cases. Investment in trauma readiness infrastructure, particularly at DHQs and THQs, is essential to absorb rising case volumes and improve survival outcomes.

Enforcing prevention measures like helmet, seatbelt, and speed regulations, combined with sustained public education, can help curb the leading causes of road trauma. Training programs in Basic and Advanced Trauma Life Support (BTLS and ATLS) for doctors and paramedics will also be vital to improving quality of care.

Finally, strengthening the DHIS2 trauma reporting framework to include outcome indicators, referral delays, and mortality data will support more accurate monitoring and evidence-based planning, ensuring that Punjab's emergency system evolves in pace with its growing population and mobility challenges.

## 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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