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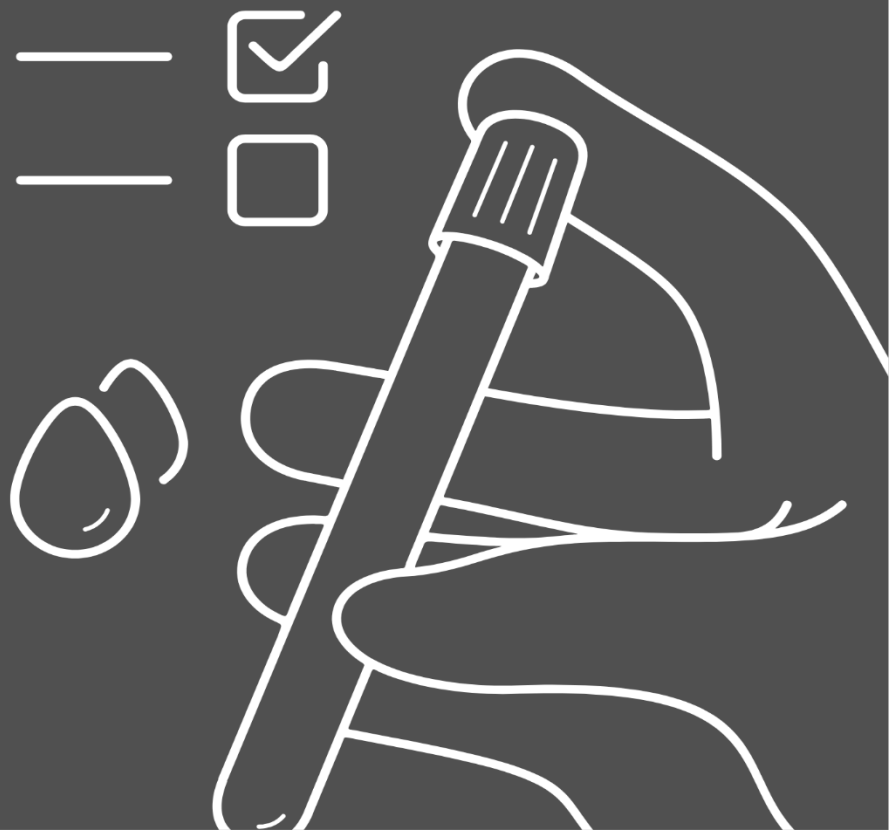
Gallup Pakistan Analysis of Diagnostics and Drug Availability in Punjab (FY 2023–24)



PRESS RELEASE

Gallup Pakistan Analysis of Diagnostics and Drug Availability in Punjab (FY 2023–24)

Punjab Conducts 46.5 Million Diagnostic Tests in FY 2023–24 — OPD Patients Received an Average of 2.1 Tests Each; Strong 96% Medicine Stock Availability but Persistent Gaps in Family Planning Commodities

Islamabad, November 18th, 2025

Gallup Pakistan, under its *Big Data Analysis* initiative, presents findings from Punjab's DHIS2 Annual Report on Diagnostic & Laboratory Services Utilization and Drug Availability for FY 2023–24. All figures represent Punjab provincial totals from public-sector facilities only. Results show very high diagnostic throughput in public facilities and strong overall medicine stock availability, with targeted gaps in specific commodity categories.

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 release examines two crucial components of Punjab's public health performance during FY 2023–24. Diagnostic and Laboratory Services Utilization, detailing trends, facility coverage, and communicable disease testing. Drug Availability and Stock Status, highlighting supply chain efficiency and district-level distribution. Together, these indicators provide insight into system readiness, resource allocation, and continuity of care across the province.

Gallup Pakistan Analysis of Diagnostics and Drug Availability in Punjab (FY 2023–24)

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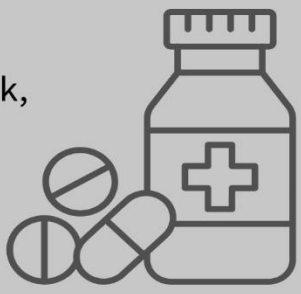
Punjab Conducts **46.5** Million Lab Investigations in FY **2023–24** — **96%** Medicine Stock Availability Indicates Strong Supply Chain Performance but Persistent Gaps in FP Commodities

Diagnostic use remains heavily concentrated in hospitals, as inpatient tests far outnumber outpatient diagnostics, limiting early detection and preventive screening.

Drug availability remained strong, with **96%** of essential medicines and **100%** of vaccines in stock, though family planning commodities lagged at **83%**, signaling supply-chain gaps



Testing for communicable diseases such as **hepatitis**, **malaria**, and **TB** remained high, reflecting robust disease surveillance, though coverage varied across districts.

Top-performing districts like **Khushab**, **Rahim Yar Khan**, and Rawalpindi maintained near-universal stock levels, while a few others faced mild shortages.

Overall, Punjab's public health system shows resilience and progress, yet equitable diagnostic access and FP commodity distribution remain key areas for reform.

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

Key Findings:

1. Punjab conducted 46.5 million diagnostic tests in FY 2023–24 — a 5% annual rise, averaging 2.1 diagnostic tests per OPD patient and nearly 4 tests per indoor admission, showing high diagnostic reliance in public facilities.
2. 77–80% of all diagnostics were laboratory tests, indicating strong lab capacity but also heavy dependence on hospital-based testing.
3. Testing for hepatitis, malaria, TB, and dengue remained high; positivity rates were significant, including Hepatitis C: 6.2%, Malaria (Slide MP+): 0.28%, and Dengue: 10.6%.
4. Medicine stock availability remained strong at 96%, and vaccines remained fully stocked (100%), reflecting robust supply chain performance.
5. Family Planning (FP) commodity availability remained low at 83%, signaling chronic procurement delays, weak forecasting, and structural gaps in program logistics.
6. District performance varied widely: Khushab, Rahim Yar Khan, Rawalpindi, and Lahore exceeded 97% stock reliability, while others like Bhakkar and Sahiwal fell below 90%.
7. Punjab's health system shows strong progress in diagnostics and drug availability, yet FP commodity shortages and hospital-centric diagnostics remain systemic bottlenecks needing targeted reforms.

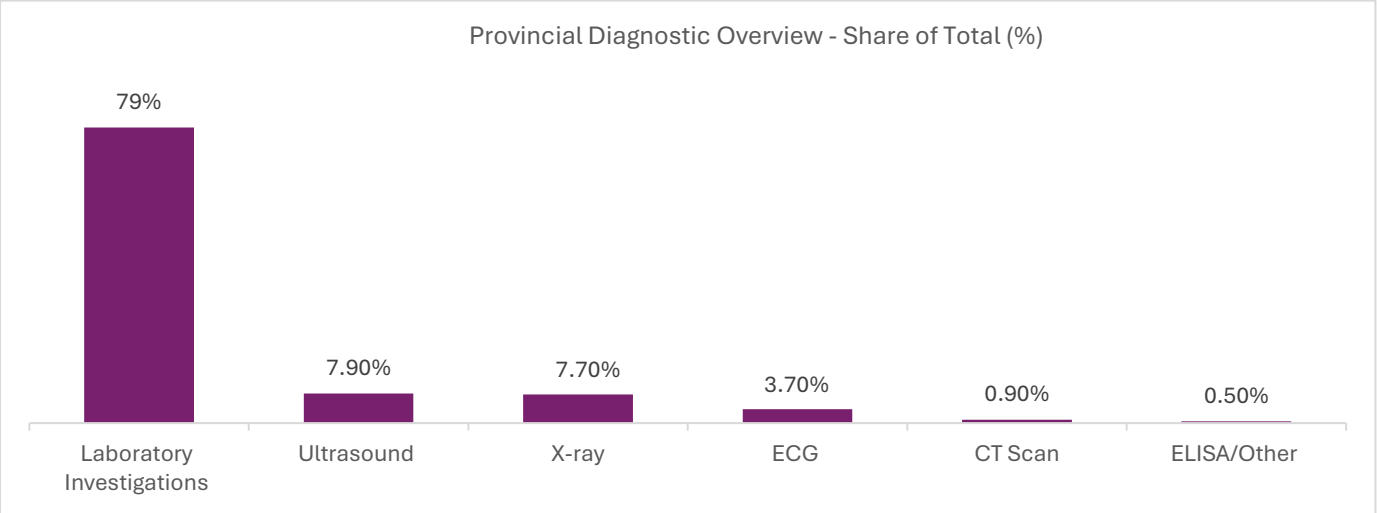
1. Provincial Diagnostic Overview

Punjab's public-sector health facilities collectively reported 46.5 million diagnostic investigations during FY 2023–24, an increase of nearly 5% over the previous year. Laboratory investigations remained dominant, forming almost four-fifths (79%) of all diagnostics, followed by ultrasounds (7.9%), X-rays (7.7%), and ECGs (3.7%).

This high diagnostic volume must also be interpreted in relation to patient flow. During FY 2023–24, Punjab recorded 22.1 million OPD visits, meaning the health system conducted 2.1 tests per outpatient on average. For indoor admissions, the intensity was even higher, averaging nearly four tests per admitted patient, consistent with hospital-based diagnostic protocols.
Several factors can explain the continued concentration of diagnostics within hospitals:

- Hospital diagnostic tests are free or heavily subsidized, making public-sector labs more attractive than private labs where prices have risen sharply in the past two years.
- No major expansion in BHU/RHC lab capacity occurred during FY 2023–24, maintaining reliance on secondary and tertiary hospitals.
- The increase in lab tests also mirrors a broader rise in OPD patient flow (5%), meaning higher diagnostic counts may reflect increased service utilization rather than overuse.
- Unlike laboratory tests, ultrasound, X-ray, and CT utilization remained relatively stable, suggesting growth is driven more by lab investigations than imaging modalities.

Together, these factors indicate both improved diagnostic capacity and persistent structural dependence on hospital-centered services.

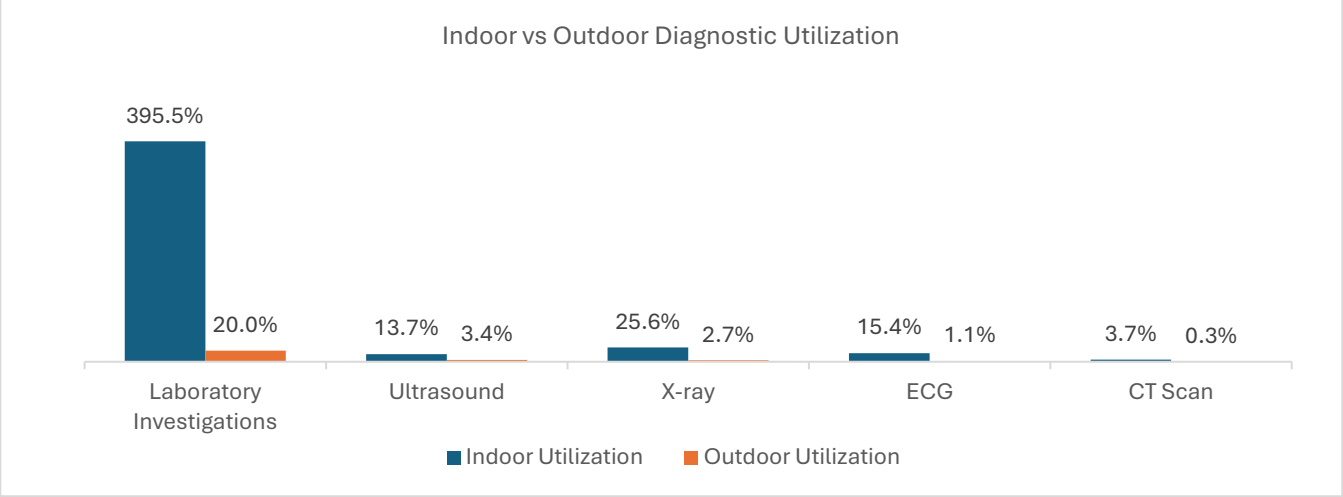


***Source**: DHIS 2 Annual Report FY 2023-24, Punjab Health Department*

2. Indoor vs. Outdoor Diagnostic Utilization

Analysis of indoor versus outdoor diagnostics reveals a clear imbalance: indoor investigations accounted for roughly three-fourths of total diagnostic services, whereas outdoor (OPD) testing remained limited. This gap points to stronger in-patient diagnostic systems and weaker outreach diagnostics at the community level. The DHIS data suggests that most patients accessing diagnostics are those already admitted, meaning preventive and early detection opportunities for outpatients may be missed. This limitation particularly affects non-communicable disease management and routine follow-ups that depend on outpatient diagnostics such as blood sugar or lipid profiling. Expanding diagnostics at the primary-care level would not only ease hospital congestion but also enhance preventive health outcomes and early treatment interventions.

During FY 2023–24, indoor lab investigations averaged nearly four tests per admitted patient (395.5%), reflecting extensive diagnostic reliance within hospital settings.

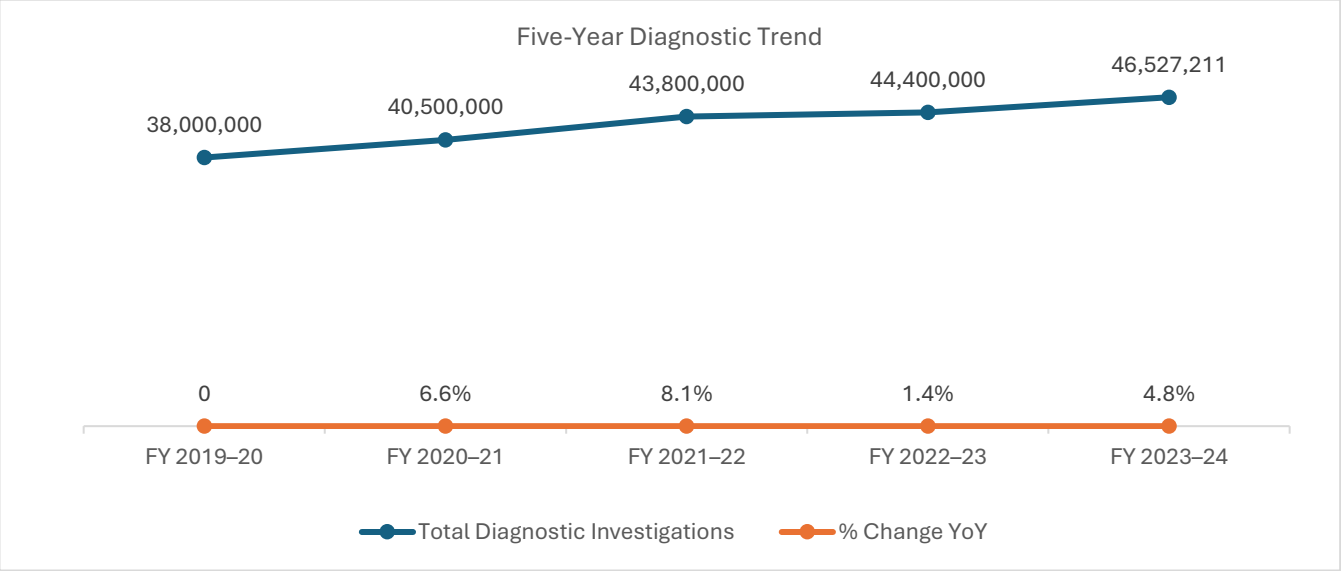


***Source**: DHIS 2 Annual Report FY 2023-24, Punjab Health Department*

3. Five-Year Trend in Diagnostic Activity

Over the last five years (FY 2019–20 to FY 2023–24), Punjab's diagnostic services have shown a steady upward trajectory, growing by approximately 22% overall.

The upward curve corresponds with increased health-seeking behavior, stronger DHIS reporting compliance, and expanded service delivery post-COVID-19. However, growth has plateaued in recent years, indicating that existing capacity may be nearing saturation without further investment in human resources and equipment. Maintaining the current momentum will require upgrading district-level laboratories, ensuring reagent supply stability, and integrating diagnostics with disease surveillance programs for more responsive health management.



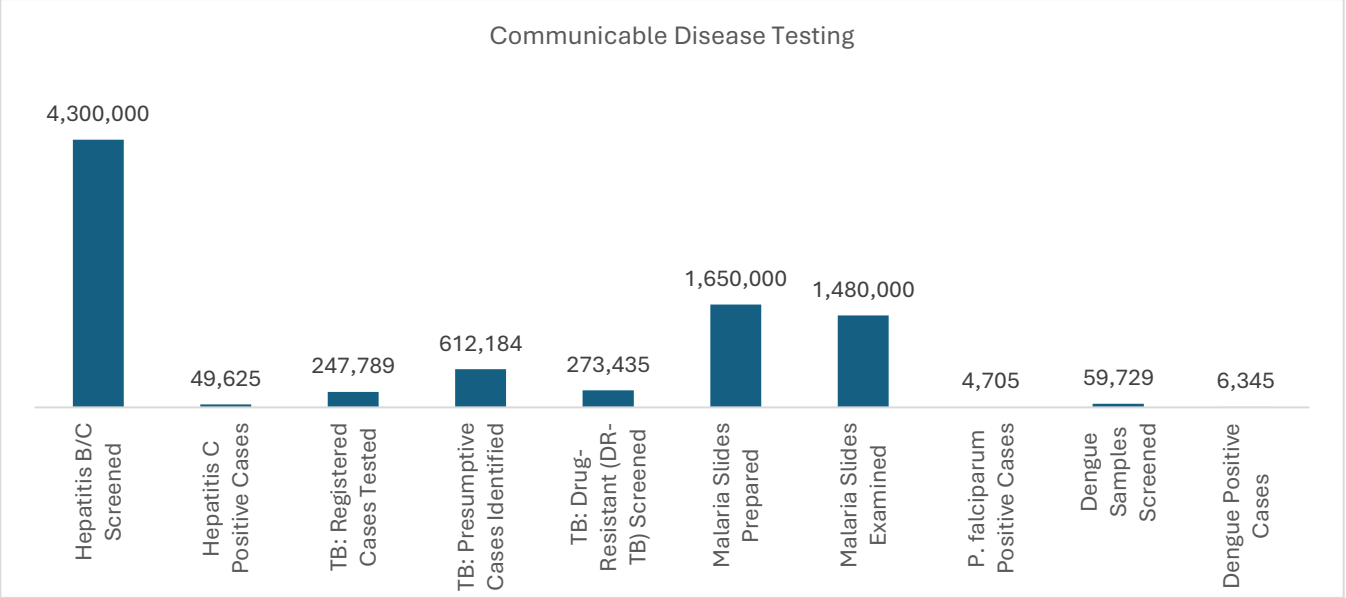
***Source**: DHIS 2 Annual Report FY 2023-24, Punjab Health Department*

4. Communicable Disease Testing Patterns

Laboratory diagnostics for communicable diseases remain central to Punjab's surveillance and control efforts. In FY 2023–24, over 4.3 million individuals were screened for hepatitis B/C, 1.65 million malaria slides were prepared, and 612,000 presumptive TB cases were identified.

However, substantial inter-district variation persists, with southern districts reporting lower testing intensity. This suggests both under-detection in resource-limited regions and inconsistent outreach of surveillance programs. Dengue testing, with 59,729 samples and 6,345 positives, demonstrates Punjab's strong lab response capacity for outbreak-prone diseases. Continued investment in decentralized lab networks and digital reporting can enhance Punjab's early-warning capability and epidemic preparedness.

Positivity rates for major communicable diseases add further insight into disease burden:
• Hepatitis B positive rate: 3,324 / 185,154 = 1.8%
• Hepatitis C positive rate: 409,625 / 6,597,000 ≈ 6.2%
• Malaria Slide MP+ rate: 4,705 / 1,657,438 = 0.28%
• Dengue positivity rate: 6,345 / 59,729 = 10.6%
These figures highlight high circulation of hepatitis viruses and periodic dengue surges, while malaria remains comparatively low but persistent.

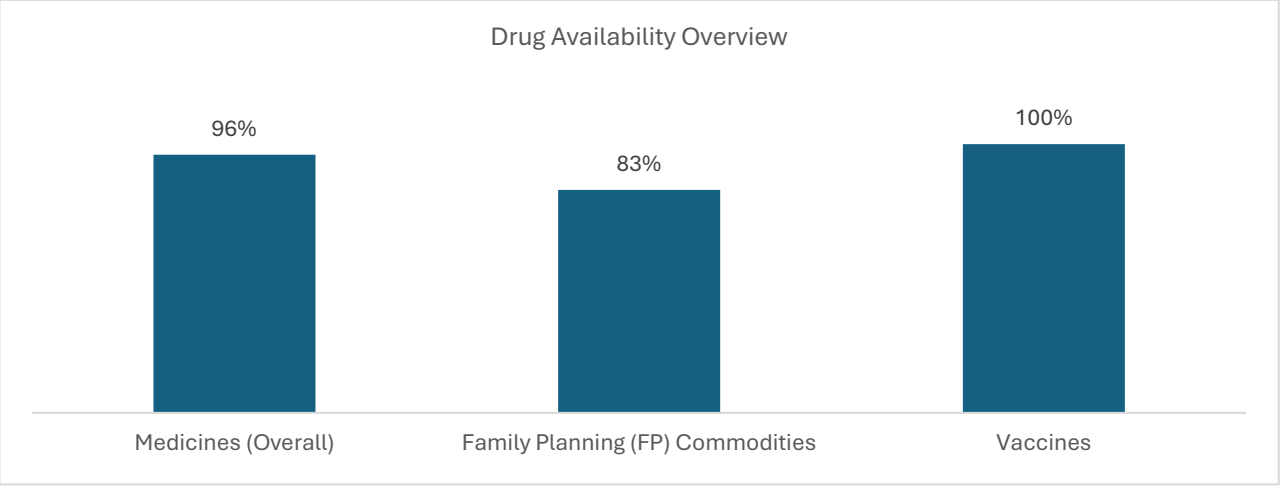


***Source**: DHIS 2 Annual Report FY 2023-24, Punjab Health Department*

5. Drug Availability — Provincial Overview

Punjab maintained a 96% overall medicine stock availability rate, underscoring strong supply-chain performance and procurement efficiency. Vaccine availability remained at 100%, reflecting a robust cold-chain system, while family planning (FP) commodity availability lagged at 83%.

Family Planning (FP) commodities showed significant stock shortages at 83%, making FP the weakest-performing supply category across Punjab. Shortages were concentrated in key methods such as Vasectomy kits, Tubal Ligation kits, and certain injectable contraceptives, indicating structural weaknesses in forecasting and procurement cycles. Unlike essential medicines and vaccines, FP commodities follow separate supply chains, where delays in federal procurement, donor-dependent cycles, and uneven district-level inventory management contribute to recurrent stockouts. These shortages risk reducing contraceptive continuation rates and limit women's method choice—an issue requiring urgent integration of FP commodities into mainstream medicine logistics.

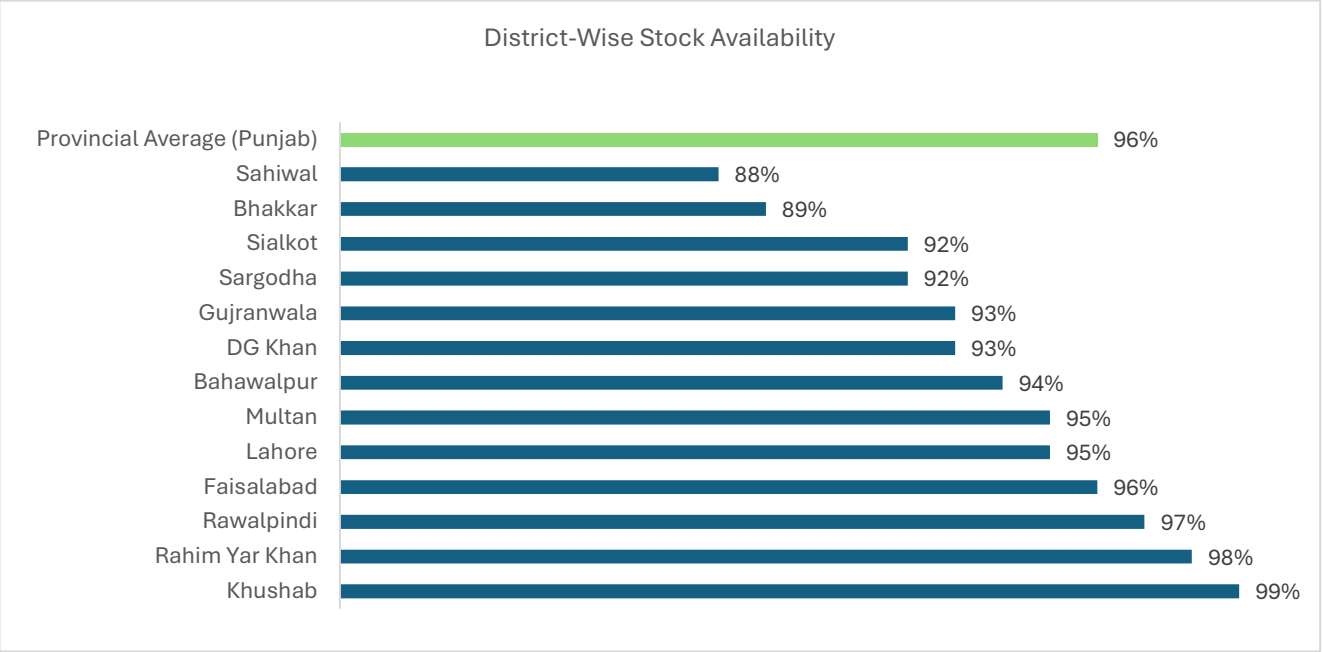


***Source**: DHIS 2 Annual Report FY 2023-24, Punjab Health Department*

6. District-Wise Stock Availability

District-level analysis reveals significant variation, even amid strong provincial averages. Khushab, Rahim Yar Khan, and Rawalpindi led with 97–99% stock availability, reflecting efficient district health logistics systems and robust data reporting compliance. *Note: District-level stock availability reflects all essential medicines, vaccines, and FP commodities combined. FP-specific shortages were widespread across districts, even those with otherwise strong general medicine availability.*

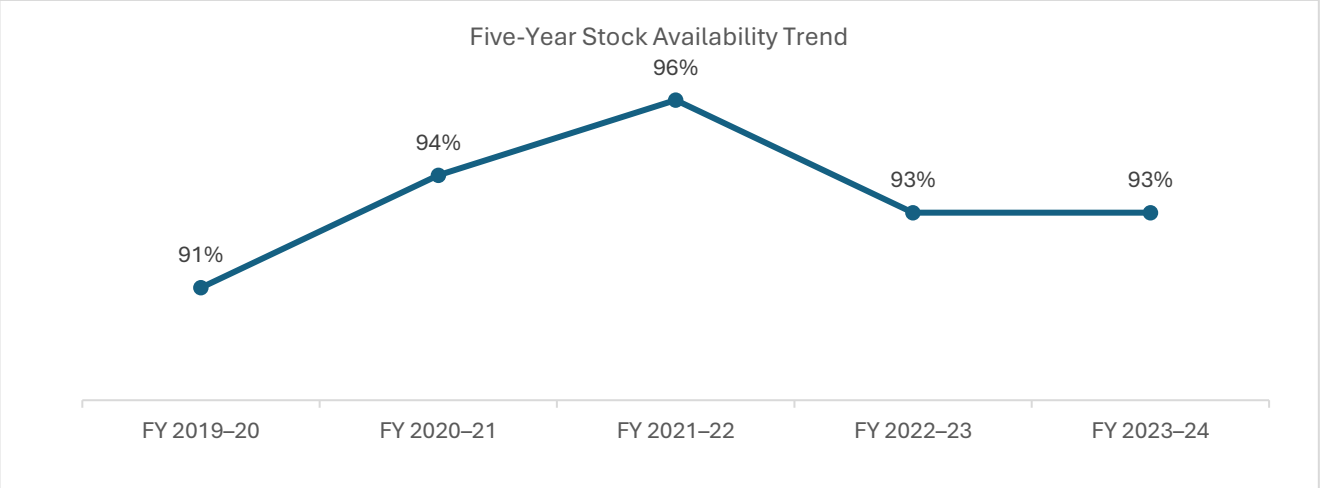
Conversely, Bhakkar and Sahiwal reported availability below 90%, likely due to delayed procurement cycles or distribution lags. These disparities point to the importance of real-time monitoring and redistribution protocols to ensure uninterrupted medicine access across all districts. Regular performance tracking through DHIS can help flag early warning signs of stockouts and strengthen accountability in local health governance.



***Source**: DHIS 2 Annual Report FY 2023-24, Punjab Health Department*

7. Five-Year Trend in Stock Availability

The consistency of high stock availability — maintaining above 90% over five consecutive years — reflects the resilience of Punjab's public health supply chain. However, the stabilization at 93% in the last two years suggests that while procurement systems are reliable, incremental improvement has slowed. Sustaining high performance will depend on integrating digital supply-chain tools, forecasting seasonal demand spikes, and addressing category-specific gaps (especially FP commodities). Long-term supply security will require embedding stock management indicators into district performance reviews and expanding storage infrastructure for temperature-sensitive products.



***Source**: DHIS 2 Annual Report FY 2023-24, Punjab Health Department*

8. Policy Implications

Punjab's public health system demonstrates strong resilience in diagnostics and medicine availability, but two structural gaps persist: hospital-dependent diagnostics and chronic FP commodity shortages.

To build a more equitable and responsive health system:

• Decentralize diagnostic capacity by equipping BHUs and RHCs with basic lab testing equipment, trained technicians, and rapid test kits to reduce pressure on hospitals and enhance early detection.
• Strengthen FP commodity logistics by integrating FP procurement into mainstream medicine supply chains, shifting from donor-dependent cycles to predictable budgeting, and improving district-level forecasting and last-mile distribution.
• Use real-time stock dashboards that link diagnostic demand and commodity consumption, enabling faster redistribution from high-stock to low-stock districts.
• Review patient flow and cost policies, including whether free or subsidized diagnostics in hospitals are increasing public reliance—while evaluating potential expansion of affordable services at primary-care facilities.
• Upgrade district laboratories in low-performing regions, ensuring that diagnostic and FP supply gaps do not disproportionately affect underserved populations.

Improving diagnostic access, ensuring uninterrupted FP commodity availability, and reinforcing supply-chain resilience will be central to meeting Punjab's public 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 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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