

Gallup Pakistan Analysis of Household Integrated Economic Survey (HIES) 2024-25 Communicable Disease Burden



PRESS RELEASE

Gallup Pakistan Analysis of Household Integrated Economic Survey (HIES) 2024-25

43 per 1,000 with Malaria, 600 per 100,000 with Hepatitis C: Pakistan's Disease Burden Is Deeply Uneven

Islamabad, April 1st, 2026

The PSLM/HIES 2024–25 Social Indicators reveal that Pakistan's communicable disease burden is not defined by a single epidemic, but by multiple overlapping disease risks that vary sharply by province and by rural–urban residence. Fast-spreading infections such as malaria and dengue continue to place pressure on households and local health systems, while tuberculosis remains a persistent background burden. At the same time, hepatitis B and C represent a slower-moving but far larger chronic exposure—affecting hundreds of thousands per 100,000 population—signaling deep structural weaknesses in prevention, infection control, and long-term disease management. Together, these patterns suggest that Pakistan faces both an immediate disease-control challenge and a long-run public health crisis.

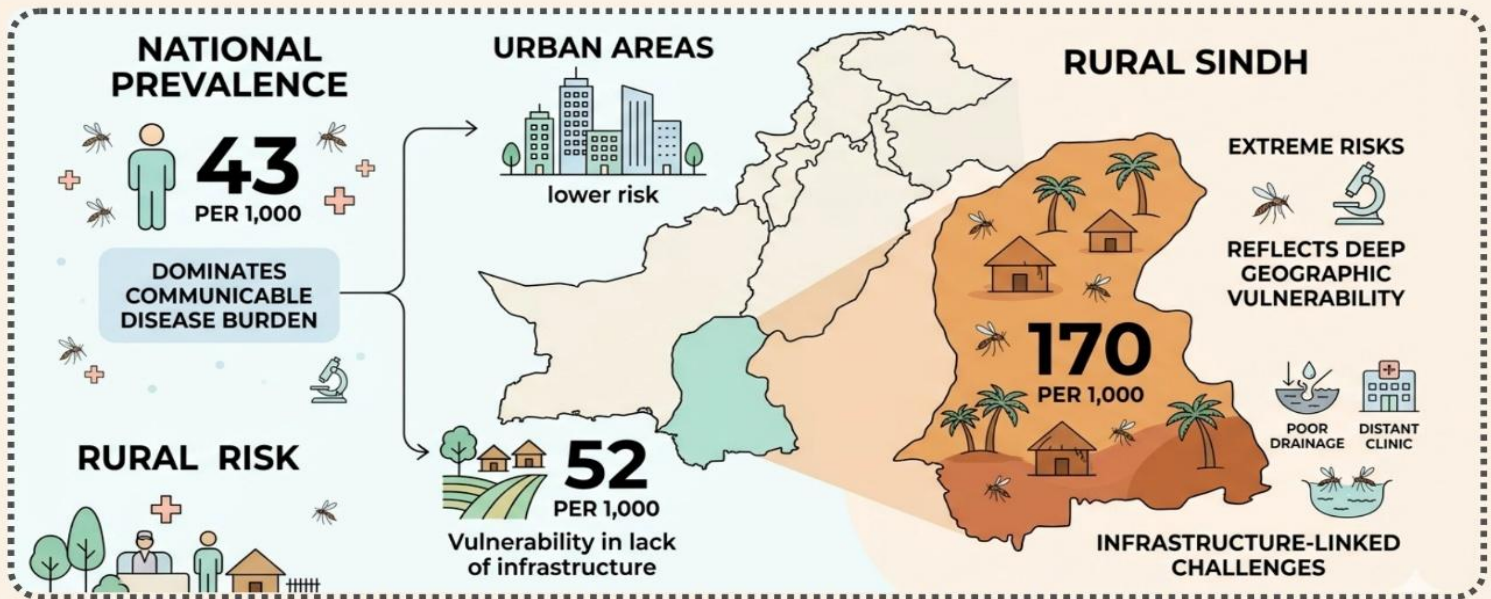
What is the Big Data Analysis Series by Gallup?

Gallup Pakistan's Big Data series was initiated by Bilal I. Gilani, Executive Director of Gallup Pakistan. As he explains: *"Pakistan does not suffer from a lack of data, but from limited accessibility and weak translation of numbers into understanding. Gallup Pakistan bridges this gap by analyzing large, often under-used datasets — from PSLM and Labour Force Surveys to Economic Surveys and National Census data — so these statistics can meaningfully inform policy and public discourse."*

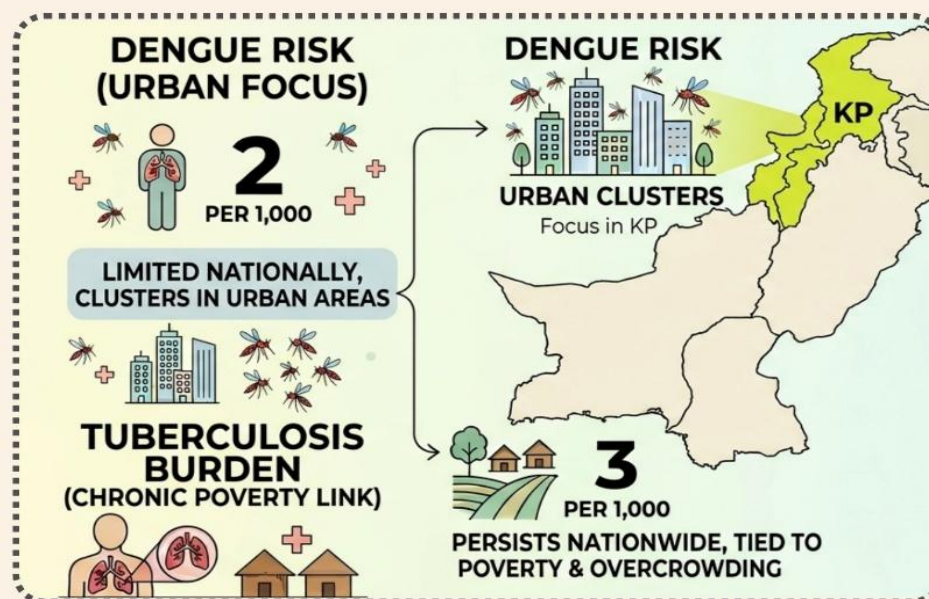
What data points this current edition covers:

This edition draws on data from the Pakistan Social and Living Standards Measurement / Household Integrated Economic Survey (PSLM/HIES) 2024–25, focusing on self-reported prevalence of major communicable diseases, including malaria, dengue, tuberculosis, and hepatitis B and C. The analysis covers national, provincial, and rural–urban disaggregation, allowing for a comparative assessment of disease exposure across population groups and geographies. Prevalence is reported per 1,000 population for malaria, dengue, and tuberculosis, and per 100,000 population for hepatitis B and C, reflecting differences in disease scale and measurement conventions.

Communicable Disease Burden

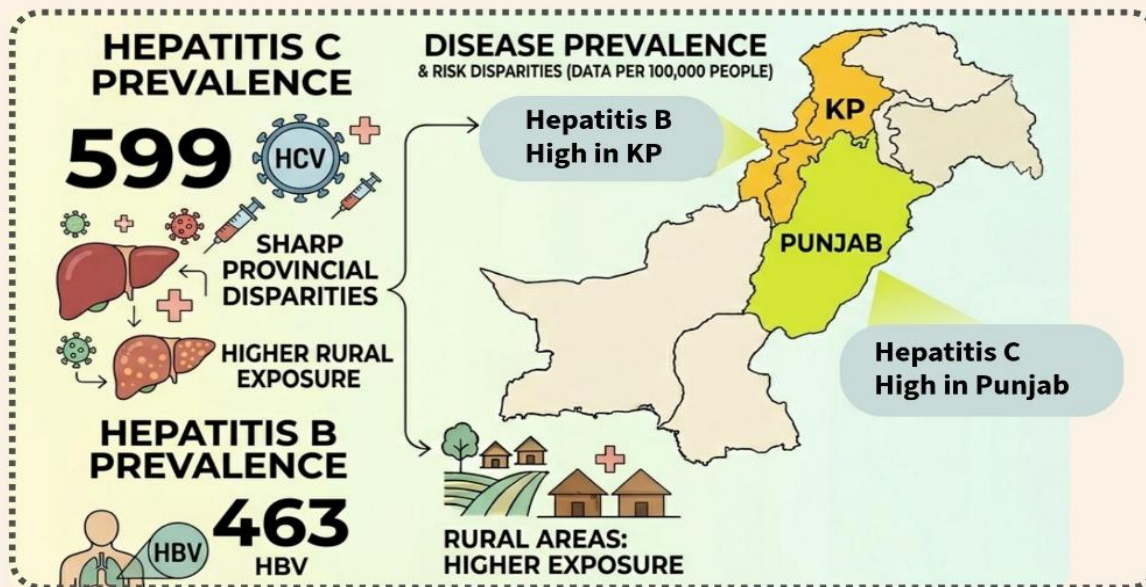


Malaria dominates Pakistan's communicable disease burden, with a national prevalence of 43 per 1,000. The risk is heavily rural (52 per 1,000) and extreme in rural Sindh, where prevalence reaches 170 per 1,000, reflecting deep geographic and infrastructure-linked vulnerability.



Dengue and tuberculosis show lower prevalence but distinct risk patterns. Dengue remains limited nationally (2 per 1,000) yet clusters in urban areas, especially in KP (10 per 1,000). Tuberculosis persists at 3 per 1,000 nationwide as a chronic burden tied to poverty and overcrowding.

Communicable Disease Burden



Hepatitis B and C represent Pakistan's largest silent health crisis. Hepatitis C affects 599 per 100,000 people and Hepatitis B 463 per 100,000, with higher rural exposure and sharp provincial disparities—particularly high Hepatitis C in Punjab and Hepatitis B in KP.

Disease risk varies sharply by province, underscoring major health inequality. Sindh and Balochistan face severe malaria exposure, Punjab and KP carry disproportionate hepatitis burdens, and KP's urban centers face elevated dengue risk.

Pakistan's disease burden reflects structural vulnerability rather than isolated outbreaks. While malaria and dengue require immediate control, hepatitis B and C pose long-term health and economic costs without sustained investment in prevention and health-system reform.

Key Findings:

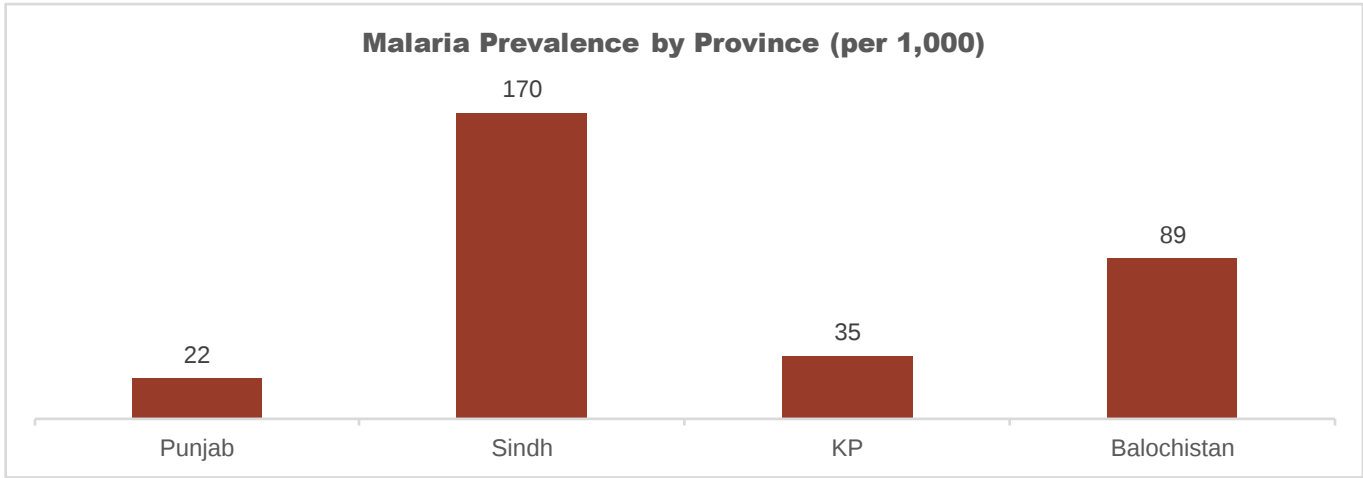
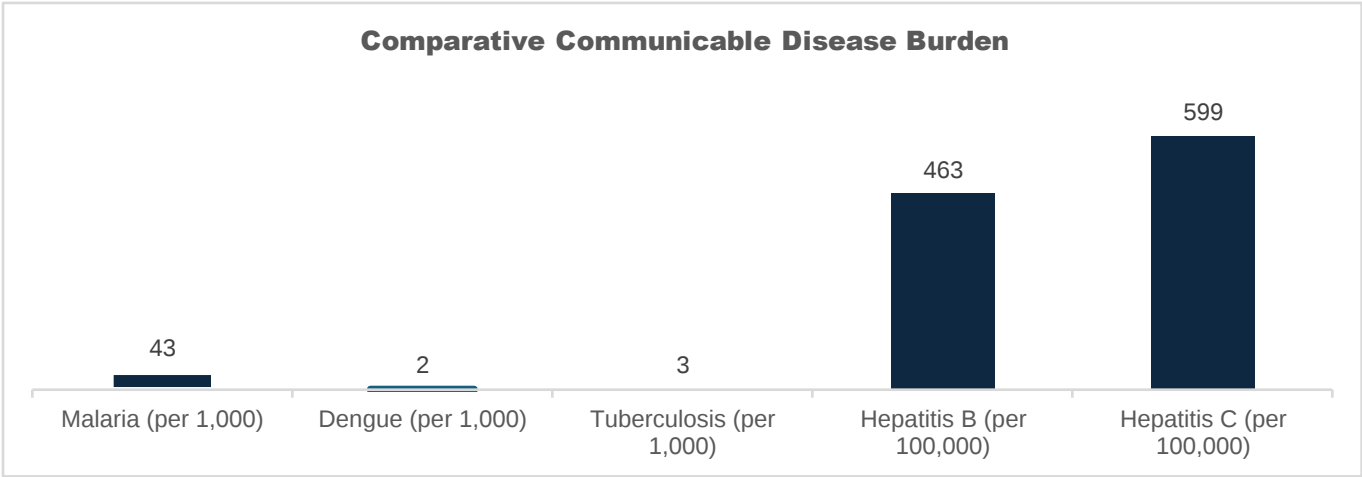
1. Malaria dominates Pakistan's communicable disease burden, with a national prevalence of 43 per 1,000. The risk is heavily rural (52 per 1,000) and extreme in rural Sindh, where prevalence reaches 170 per 1,000, reflecting deep geographic and infrastructure-linked vulnerability.
2. Dengue and tuberculosis show lower prevalence but distinct risk patterns. Dengue remains limited nationally (2 per 1,000) yet clusters in urban areas, especially in KP (10 per 1,000). Tuberculosis persists at 3 per 1,000 nationwide as a chronic burden tied to poverty and overcrowding.
3. Hepatitis B and C represent Pakistan's largest silent health crisis. Hepatitis C affects 599 per 100,000 people and Hepatitis B 463 per 100,000, with higher rural exposure and sharp provincial disparities—particularly high Hepatitis C in Punjab and Hepatitis B in KP.
4. Disease risk varies sharply by province, underscoring major health inequality. Sindh and Balochistan face severe malaria exposure, Punjab and KP carry disproportionate hepatitis burdens, and KP's urban centers face elevated dengue risk.
5. Pakistan's disease burden reflects structural vulnerability rather than isolated outbreaks. While malaria and dengue require immediate control, hepatitis B and C pose long-term health and economic costs without sustained investment in prevention and health-system reform.

1. Malaria Dominates the Communicable Disease Landscape—Especially in Rural Pakistan

Malaria emerges as the single largest communicable disease burden measured in the PSLM/HIES 2024–25. Nationally, malaria prevalence stands at 43 per 1,000 population, far exceeding dengue (2 per 1,000) and tuberculosis (3 per 1,000). This scale alone places malaria at the center of Pakistan’s infectious disease challenge.

Crucially, malaria is also highly ruralized. Rural prevalence reaches 52 per 1,000, compared to 34 per 1,000 in urban areas, reflecting environmental exposure, limited vector control, weaker primary healthcare access, and delayed treatment-seeking in rural communities. Provincial disparities are even starker. Sindh records an exceptionally high malaria prevalence of 118 per 1,000, rising to 170 per 1,000 in rural Sindh, making malaria not just a health issue but a defining rural vulnerability in the province. Balochistan follows with 72 per 1,000, again concentrated in rural areas.

These figures indicate that malaria in Pakistan is not episodic—it is structurally embedded in certain geographies. Without sustained rural-focused vector control, surveillance, and treatment coverage, malaria will continue to absorb health-system capacity and household resources year after year.



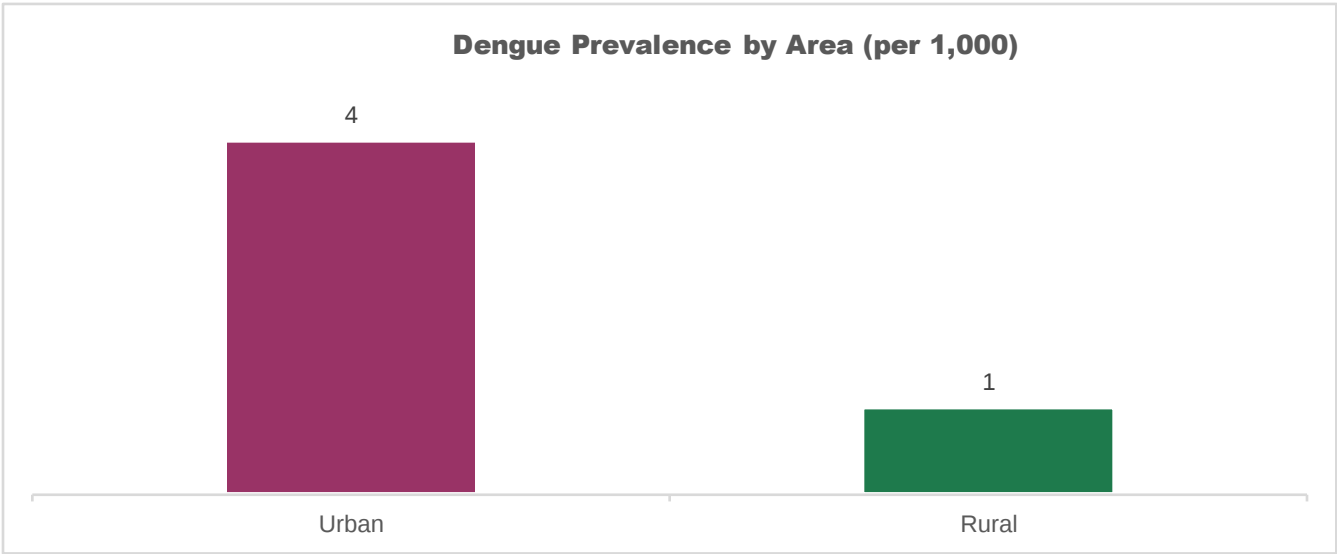
Source: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

2. Dengue and Tuberculosis: Lower in Scale, but Persistent and Uneven

While malaria dominates in magnitude, dengue and tuberculosis represent distinct and persistent secondary risks. Dengue prevalence is relatively low at 2 per 1,000 nationally, but this masks strong urban and provincial concentration. Urban prevalence doubles rural levels (4 vs 2 per 1,000), consistent with dengue’s dependence on dense settlement patterns and urban breeding environments.

Khyber Pakhtunkhwa stands out, with 5 per 1,000 overall and 10 per 1,000 in urban KP, underscoring how dengue risk intensifies where rapid urbanization meets weak municipal services. Dengue’s low national average should therefore not be mistaken for low risk; rather, it reflects localized but intense exposure, often with outbreak potential.

Tuberculosis presents a different challenge. At 3 per 1,000 nationally, TB does not show the dramatic spikes seen in malaria, yet its persistence across provinces makes it a steady, long-term burden. Sindh and KP record higher prevalence (4 per 1,000 each), compared to Punjab (2) and Balochistan (1). The relatively small rural–urban gap suggests that TB risk is less about geography and more about crowding, poverty, nutrition, and health-system reach—factors that cut across settlement types.



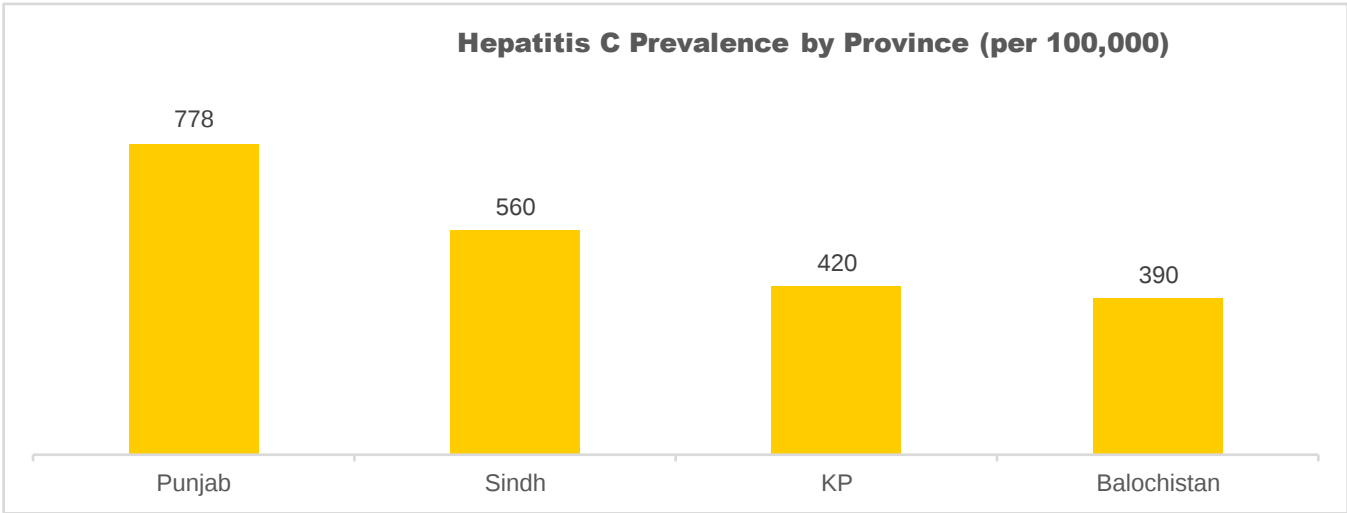
Source: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

3. Hepatitis B and C Signal a Silent, Long-Run Epidemic

Perhaps the most striking finding in the PSLM/HIES data is the scale of hepatitis exposure. Unlike malaria or TB, hepatitis B and C are reported per 100,000 population, yet their levels remain alarmingly high. Nationally, Hepatitis B affects 463 per 100,000, while Hepatitis C affects 599 per 100,000—figures that dwarf most other communicable disease indicators.

Rural populations bear a disproportionate share of this burden. Hepatitis C rises from 514 per 100,000 in urban areas to 664 in rural areas, while Hepatitis B increases from 402 to 501. These gaps point toward systemic prevention failures—unsafe medical practices, inadequate screening, reuse of syringes, and limited awareness—rather than short-term outbreaks.

Provincial patterns again diverge sharply. Punjab records the highest Hepatitis C prevalence at 778 per 100,000, while Khyber Pakhtunkhwa records the highest Hepatitis B prevalence at 671 per 100,000. These patterns do not align with malaria or dengue maps, reinforcing that hepatitis risk is driven by health-system quality and infection control, not ecology alone.



Source: Pakistan Social and Living Standards Measurement Survey (PSLM) / Household Integrated Economic Survey (HIES) 2024–25; Pakistan Bureau of Statistics.

4. Pakistan’s Disease Burden Is Not One Crisis—but Many

Taken together, the PSLM/HIES findings show that Pakistan’s communicable disease challenge is multi-dimensional. Malaria represents a high-volume, geographically concentrated burden that strains routine services. Dengue reflects urban outbreak vulnerability. Tuberculosis persists as a background disease of inequality and deprivation. Hepatitis B and C represent a long-term epidemic of prevention failure, with consequences that extend far beyond immediate illness into liver disease, productivity loss, and long-term healthcare costs.

The policy implication is clear: no single intervention will suffice. Disease control strategies must be disease-specific and geography-sensitive—vector control and rural outreach for malaria, urban environmental management for dengue, sustained TB detection and treatment, and aggressive hepatitis prevention through safe medical practices and screening. Without such differentiated responses, Pakistan risks continuing to fight yesterday’s diseases while tomorrow’s health costs silently accumulate.



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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