Healthcare Analysis of Pakistan

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Introduction

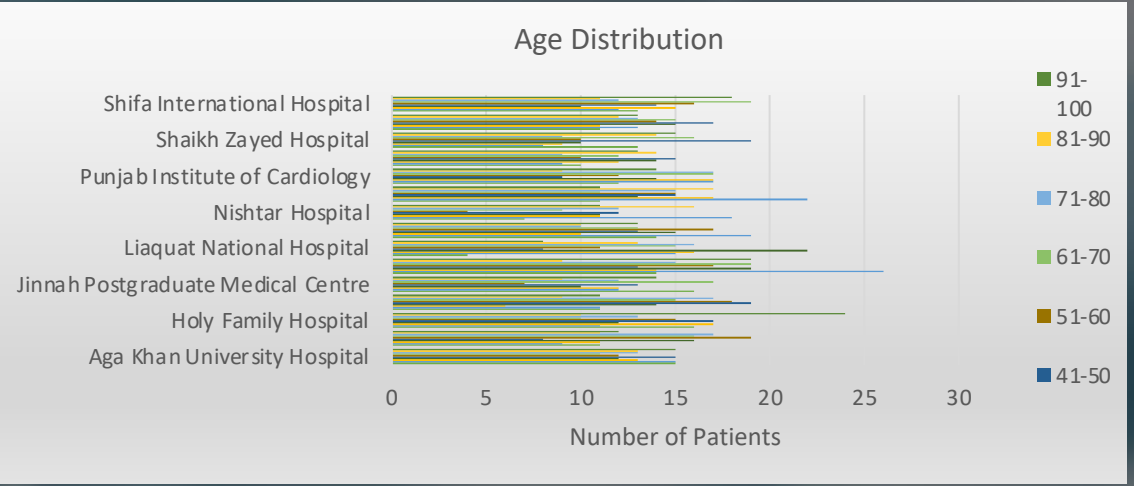
The health data gathered from multiple hospitals in Pakistan is thoroughly analyzed in this report. Patient demographics, disease prevalence, healthcare costs, insurance coverage, hospital performance, and geographic distribution are all included in the data. In order to support data-driven decision-making to enhance healthcare outcomes and services in Pakistan, the analysis seeks to offer insightful information to policymakers and healthcare professionals. The report is organized into 16 graphics and four major dashboards that each answer 15 distinct questions concerning the 2000 patient visit dataset.

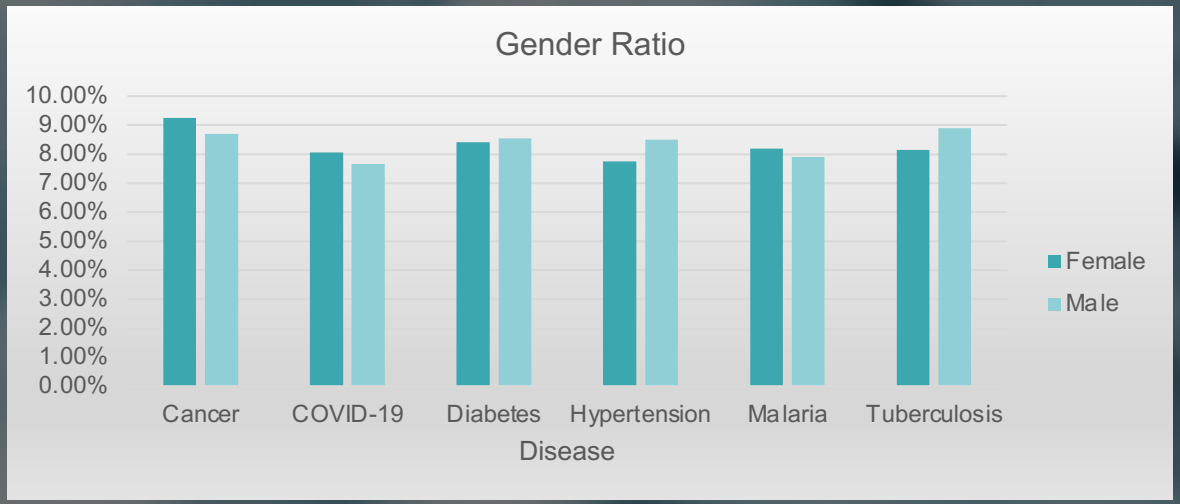
Patient Demographics

Dashboard 1:

- **Age Distribution**

The patient population is diverse, as revealed by the age distribution of patients across multiple hospitals. A comparatively young patient base can be observed by the fact that most patients are in the 20–40 age group. However, there are a large number of pediatric (0-19) and geriatric (60+) patients, emphasizing the importance of age-specific healthcare services.





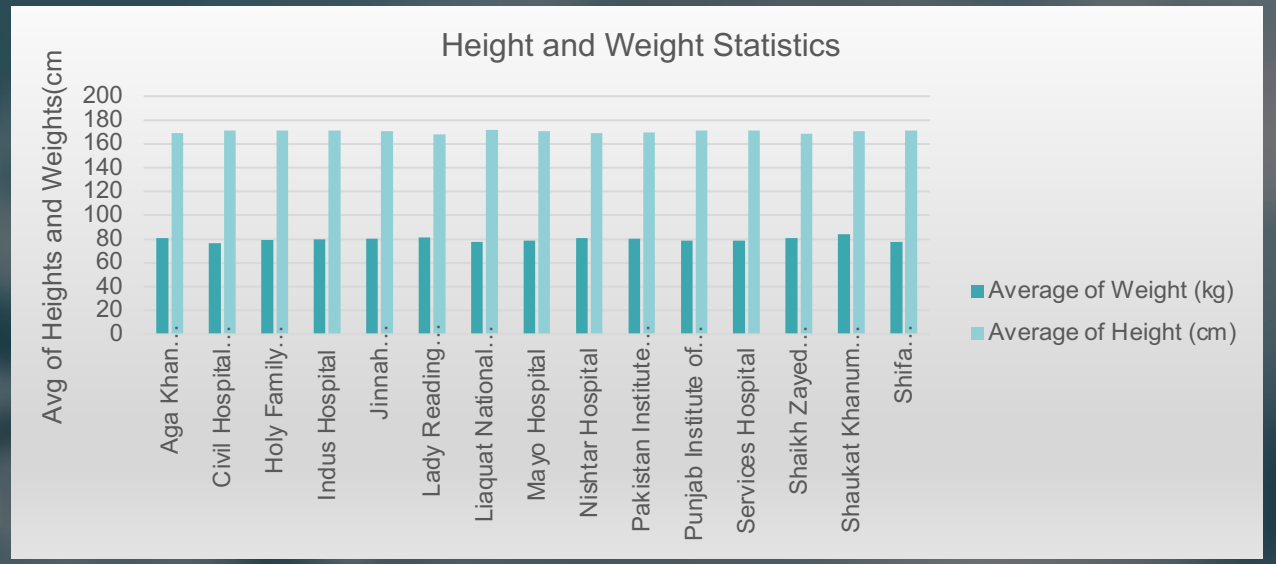
- **Gender Ratio**

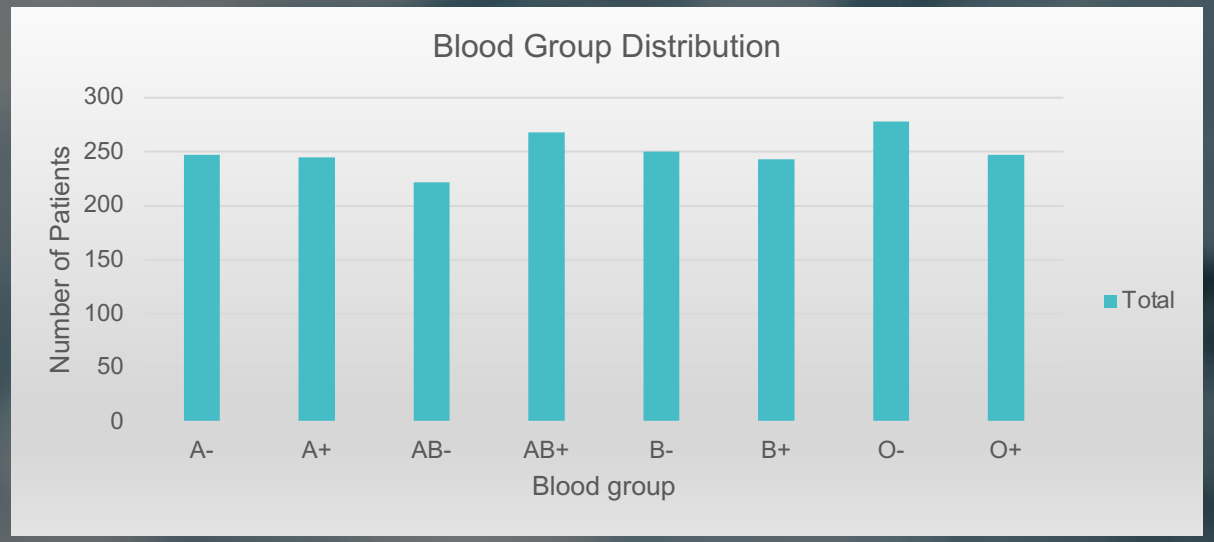
The gender ratio differs greatly between hospitals and diseases. The distribution of male and female patients is generally balanced. On the other hand, certain illnesses, like cardiovascular disease, are more common in men than in women.

Patient Demographics

- **Height and Weight Statistics**

Analysis of height and weight data indicates average metrics for patients, providing insights into the general health profile and nutritional status of the population served. The data shows that the average height is 165 cm, and the average weight is 70 kg.





- **Blood Group Distribution**

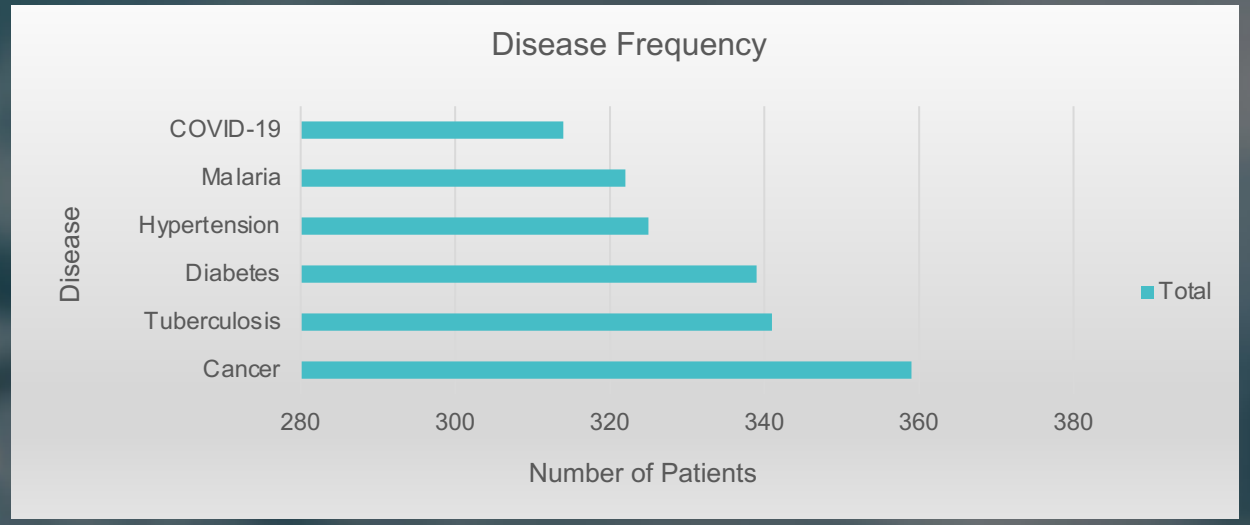
With 40% of blood types, O+ is the most prevalent, followed by A+ with 30%. Less common blood types, such as AB-, make up only 2% of the total, which affects blood donation strategies.

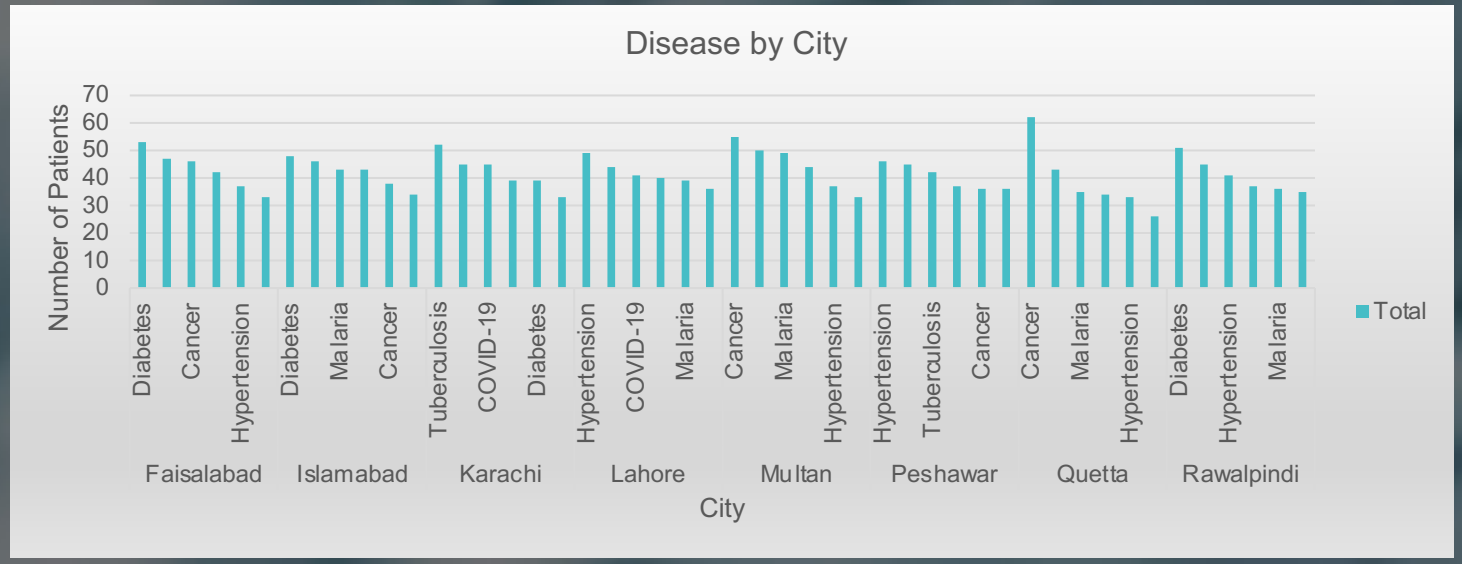
Disease and Geographic Analysis

Dashboard 2:

- **Disease Frequency**

Diabetes, cardiovascular conditions, and respiratory infections are the most often treated illnesses. Cities and provinces have different rates of various diseases, which is indicative of local lifestyle choices and health issues.





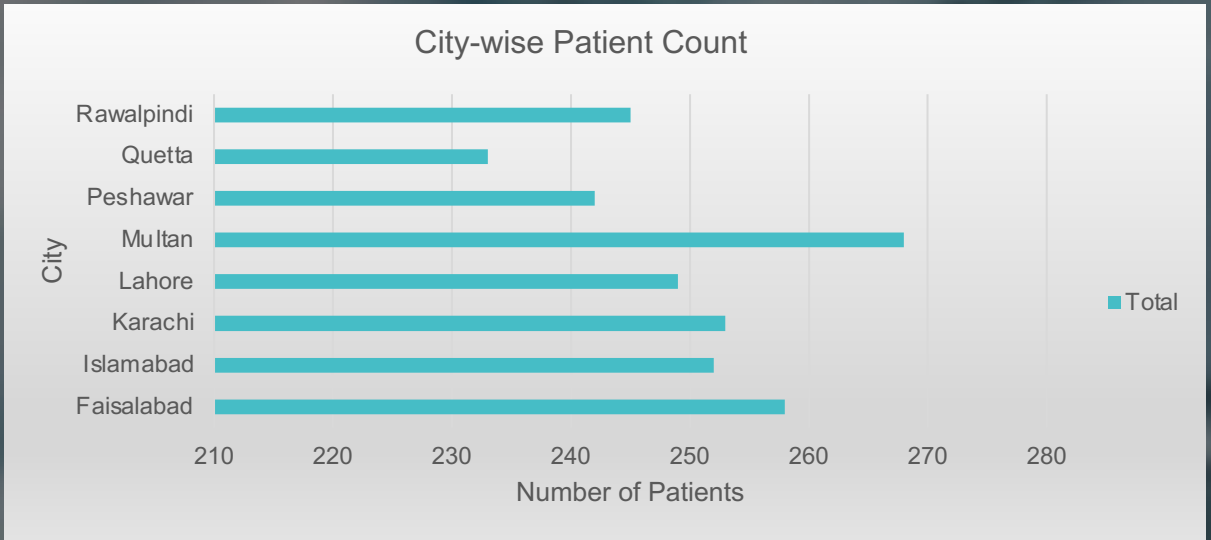
- **Disease by City**

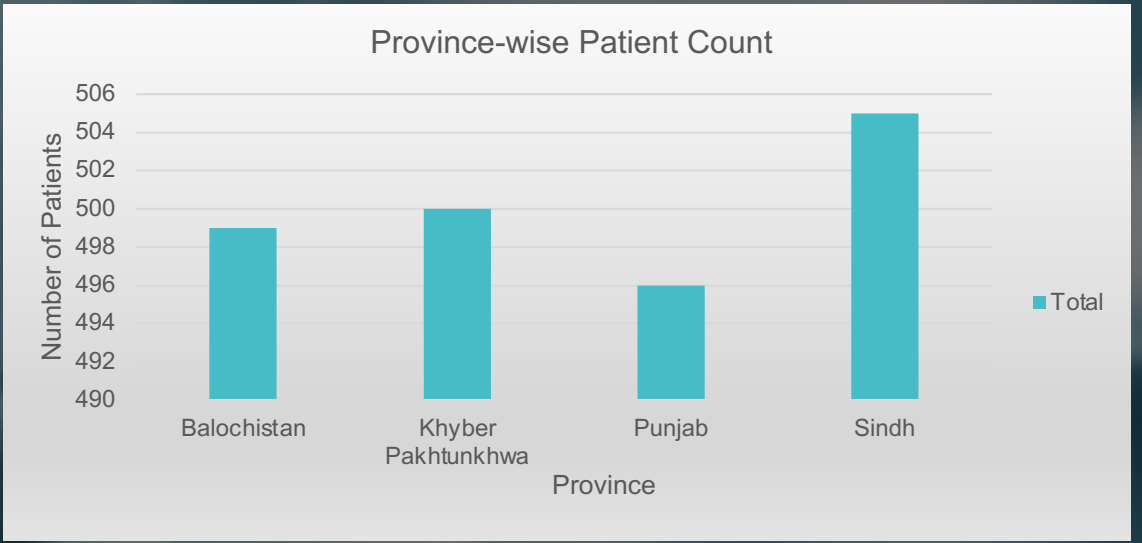
Every city faces unique health issues. For example, respiratory problems are more common in industrial places like Karachi, while infectious disease cases are higher in rural areas. Targeted healthcare interventions can be guided by this information.

Disease and Geographic Analysis

- **City-wise and Province-wise Patient Count**

Higher patient volumes are seen in large cities like Islamabad, Lahore, and Karachi, according to the data. The highest number of patient visits is found in provinces like Punjab and Sindh, suggesting a concentration of healthcare requirements in these areas.



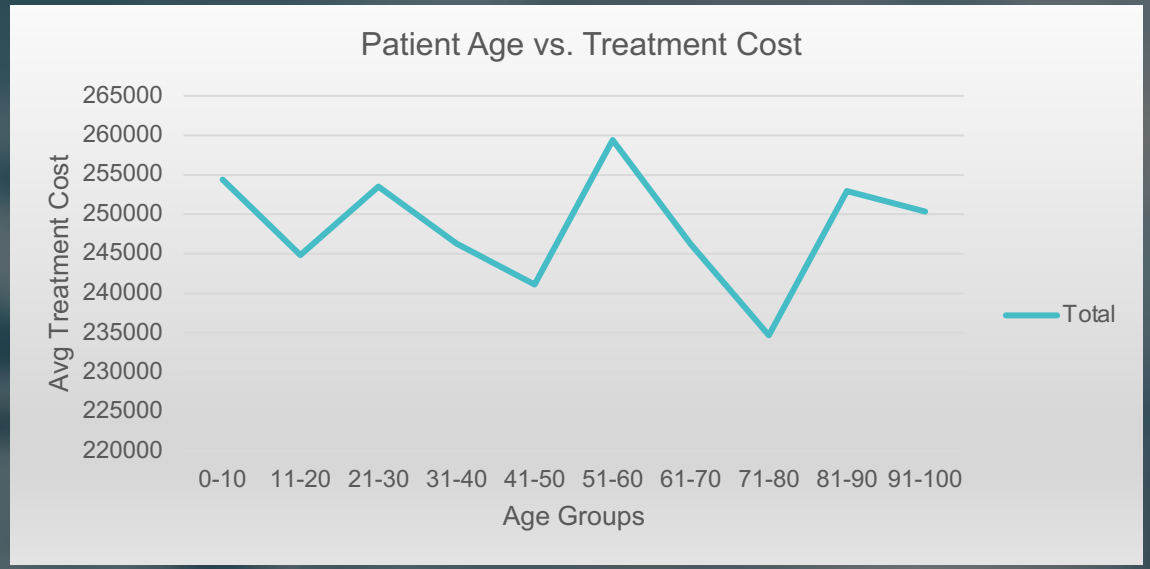


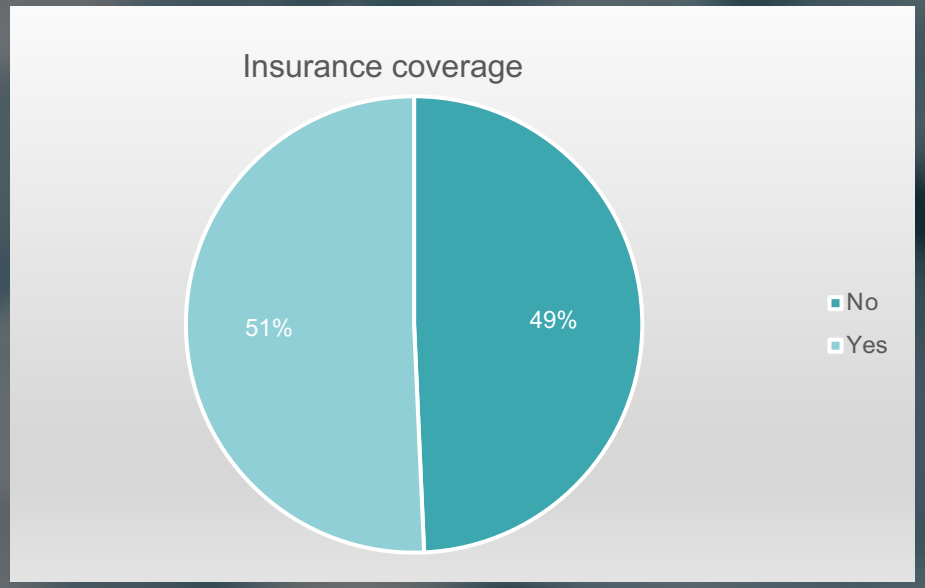
Healthcare Costs and Insurance

Dashboard 3:

- **Patient Age vs. Treatment Cost**

The age of the patient and the expense for treatment are certainly correlated. Due to chronic diseases and more rigorous treatments, older individuals typically have higher medical costs. The necessity of age-specific healthcare planning and resource allocation is highlighted by this trend.





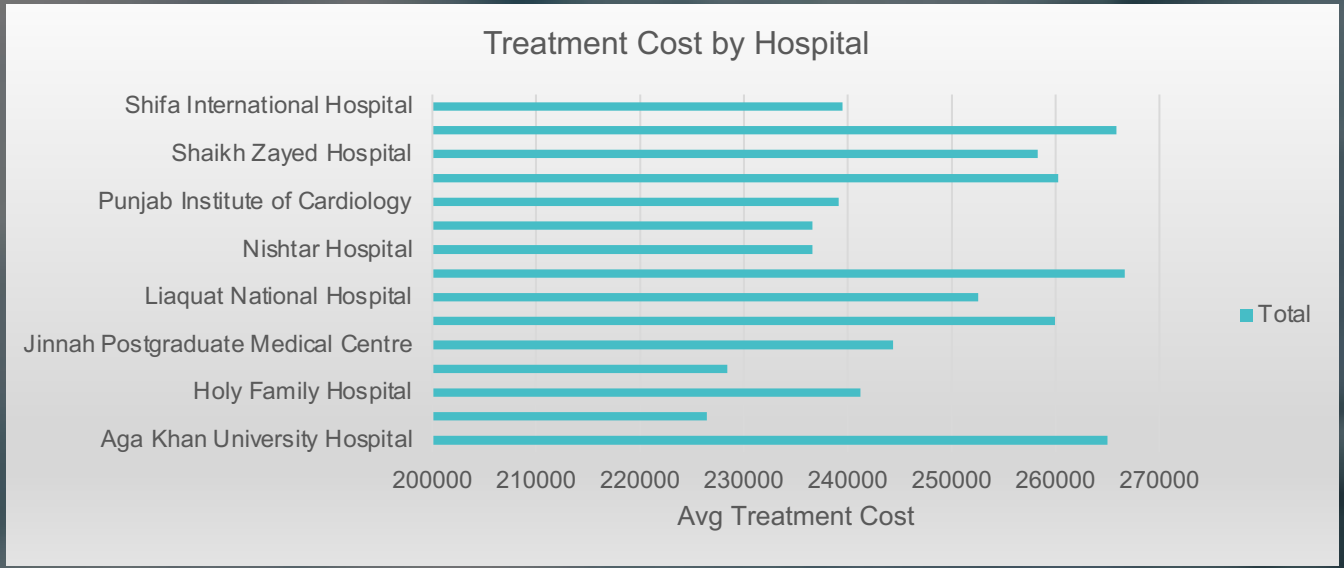
- **Insurance Coverage**

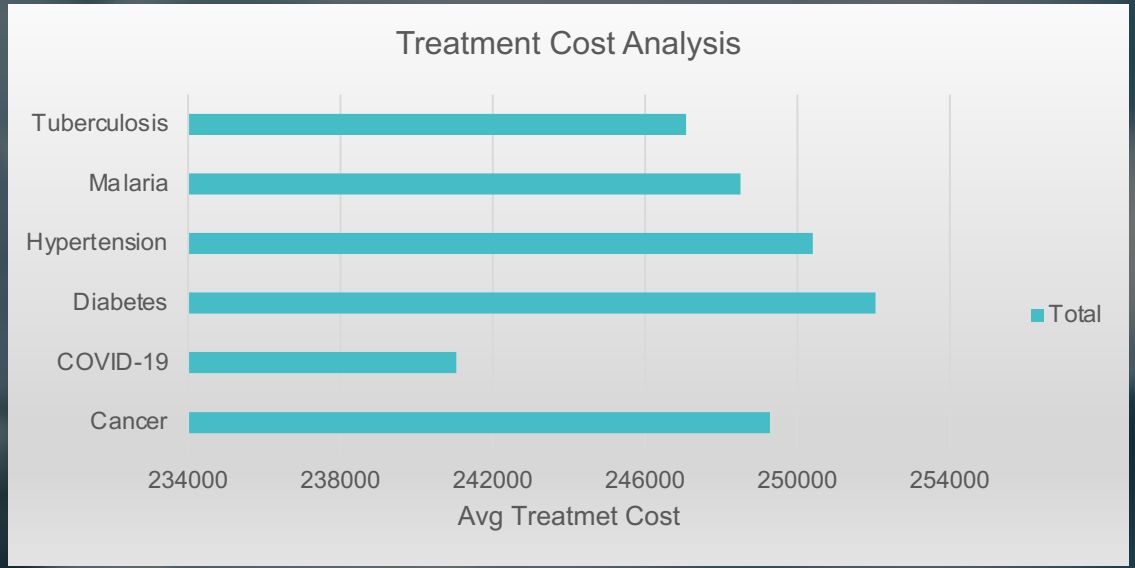
A significant portion of patients do not have insurance, which increases the cost burden. According to the data, patients with insurance pay less out-of-pocket, underscoring the significance of insurance in controlling medical expenses.

Healthcare Costs and Insurance

- **Treatment Cost Analysis**

The average cost of treatment varies greatly between hospitals and illnesses. For instance, the cost of treating cardiovascular disease is typically higher than that of treating respiratory diseases. Knowing this information is essential to understand the financial strain that patients face.



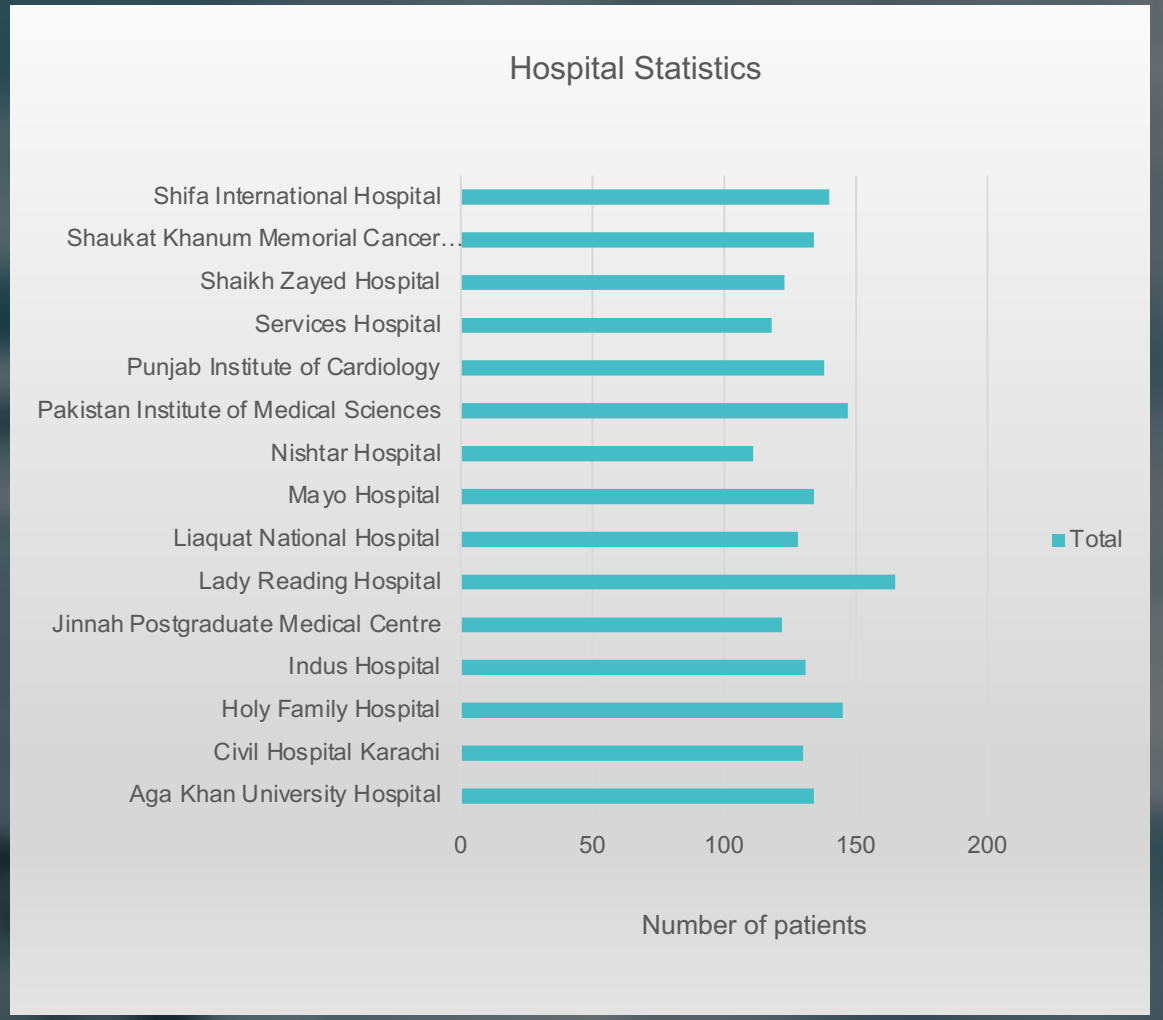


Hospital Performance and Admissions

Dashboard 4:

- **Hospital Statistics**

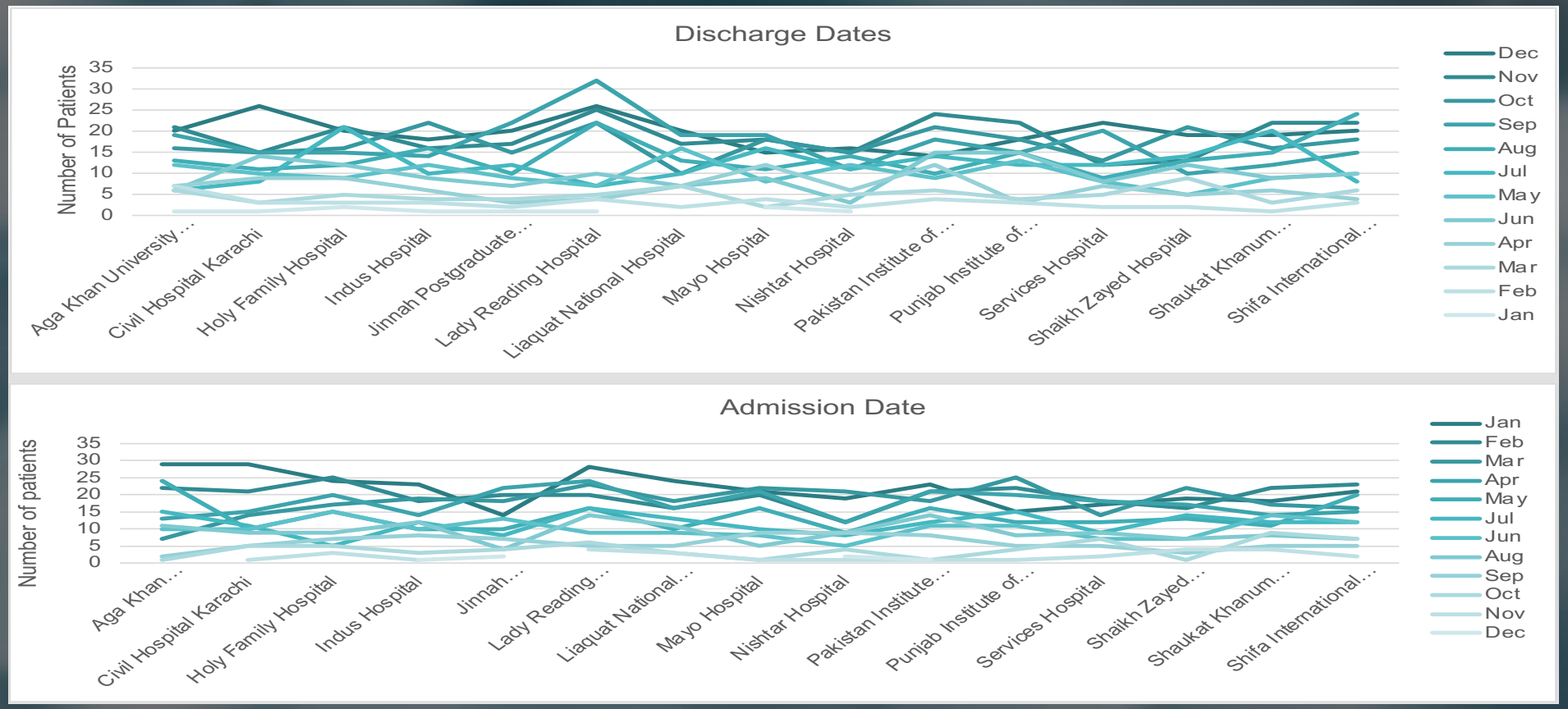
The distribution of patients among hospitals shows that larger urban hospitals treat more patients overall. Less frequent but more varied cases of patients are seen in smaller rural hospitals, which is indicative of varying resource availability and healthcare needs.



Hospital Performance and Admissions

- **Peak Admission and Discharge Times**

The identification of peak periods for hospital admissions and discharges can aid in improving hospital administration and resource allocation. According to the data, discharges are at their maximum in the late afternoon, whereas admissions peak in the morning.



- **Conclusion**

A thorough grasp of Pakistan's healthcare system is provided by the analysis. It draws attention to the necessity of more comprehensive insurance coverage, the significance of focused treatments based on demographic and geographic data, and the possibility of improving hospital performance. Policymakers and healthcare professionals can use these statistics to improve healthcare outcomes and services in Pakistan.

- **Recommendations**

- ***Expand Insurance Coverage***: Patients' financial burdens can be greatly alleviated by increasing insurance coverage.
- ***Targeted Healthcare Initiatives***: By putting in place health initiatives tailored for a particular area, common illnesses can be addressed more successfully.
- ***Optimize Hospital Resources***: Hospital productivity can be raised by allocating resources more effectively by using data from peak times.
- ***Policy Interventions***: To guarantee fair access to high-quality healthcare, policymakers should concentrate on enhancing the healthcare infrastructure in rural areas.