

Equity and Governance Mechanisms of Health Technical Personnel Allocation in Public Tibetan Hospitals from a Supply-side Reform Perspective

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Abstract

Background: Tibetan medicine is a unique component of China's healthcare system, and its human resource allocation is the core of supply-side reform in medical services. With the advancement of "Healthy Tibet," the hardware facilities of public Tibetan hospitals have significantly improved; however, the equity of health technical personnel allocation still restricts the governance efficiency of public hospitals. Objective: To support the formulation of the 15th Five-Year Plan for Tibetan medicine, this study aims to quantify the spatiotemporal evolution and sources of disparities in health technical personnel allocation across seven prefecture-level cities, explore deep-rooted governance bottlenecks, and provide local evidence for building an autonomous knowledge system of health policies with Chinese characteristics. Method: A mixed-methods approach was employed. Quantitatively, based on the Dagum Gini coefficient decomposition model and annual health commission data, the overall, intra-regional, and inter-regional differences, along with transvariation density, were calculated. Qualitatively, semi-structured interviews were conducted with managers and technicians in seven cities, and thematic analysis was utilized to extract key influencing factors. Result: From 2020 to 2024, the overall Gini coefficient showed a trend of initially rising and subsequently falling, peaking at 0.6599 in 2021 and dropping to 0.5894 in 2024, indicating a converging disparity that nevertheless remains at a high absolute level. Dagum decomposition revealed that inter-regional differences were the primary contradiction, with the Gini coefficient between the capital and extremely remote areas consistently exceeding 0.7. Transvariation density fluctuated downward, while intra-regional differences were relatively small and continuously decreasing. Qualitative analysis identified themes such as geographical and economic constraints, misalignment of medical insurance payment and performance mechanisms, and limited career development, revealing that the difficulty in attracting and retaining talent caused by high-altitude costs and lagging compensation is the core institutional cause of inter-regional disparities. Conclusion: The equity of health technical personnel allocation in public Tibetan hospitals in Tibet is generally improving, but inter-regional imbalance remains a bottleneck for supply-side reform. It is recommended that policy focus during the 15th Five-Year Plan period should shift to structural optimization, innovating public hospital governance and medical insurance performance mechanisms, and implementing precise compensation through targeted training and special allowances for high-altitude remote areas to narrow regional gaps and promote the equalization of Tibetan medicine services.

Keywords

Public Tibetan Hospitals, Health Technical Personnel, Allocation Equity, Dagum Gini Coefficient, Supply-side Reform