

論文内容の要旨

論文題目

Intergovernmental Fiscal Relationships and Their Influence on Development: The Case of Health Development in China

(政府間財政関係とその開発への影響：中国における保健分野の事例)

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The intergovernmental fiscal relationships between the central and subnational governments or between tiers of government below the subnational level are fundamental for social and economic development in developing countries. The fiscal relationships align the assignment of fiscal revenue and expenditure between tiers of government and structure the system of intergovernmental fiscal transfers. Fiscal decentralization is often advocated as a means of improving the efficiency of public service provision. The literature on fiscal decentralization indicates that transferring authority and resources from central to lower tiers of government, bringing policy makers closer to people, or enhancing local participation can improve access to public services and bring allocative benefits to public service provision. There is however a limited number of studies actually examining the impact on development of intergovernmental fiscal relationships in decentralized developing countries based on data of the developing countries. In particular,

little is known about fiscal relationships below the subnational level and their effects on local development.

In this context, the purpose of this study is to provide an empirical analysis of intergovernmental fiscal relationships and their influence on development by taking China as the case study. Particularly, this study econometrically examines the impact on local health development of intergovernmental fiscal relationships below the subnational level by using fiscal data at county level that allows us to address the relation of intergovernmental fiscal structure to health development not in the center-province context, but in the province-county context.

An important factor affecting intergovernmental fiscal relationships in China was the transition from a planned to a market economy. With the transition of the economy, the fiscal system underwent several changes in the 1980s, and was eventually systemized by the comprehensive tax reform in 1994. The 1994 tax reform established a unified tax system and created a framework of fiscal relations between central and local governments. In addition, intergovernmental fiscal transfers became important sources to bridge the fiscal gaps of local governments.

Along with the transition of the economy, the responsibility for public service provision was also realigned between governments and state enterprises or between tiers of government. In this sense, China is peculiar in that the responsibility for public service provision was mostly shifted to local governments. Accordingly, local governments came to bear a substantial fiscal responsibility for financing public service provision such as health services. The fiscal capacity of local governments hence came to have a critical impact on health service provision and health outcomes in localities. In fact, the health outcomes vary considerably across localities in China; in addition, local initiatives to improve accessibility to needed health services also vary significantly.

In the econometric analysis, this study first measures the intergovernmental fiscal structure between province and counties by taking into account both the extent of counties' relative expenditure responsibility and their fiscal autonomy. It then examined the impact of the fiscal structure on health outcomes, i.e., infant mortality rates. One finding is that if the relative expenditure importance of counties is constant, larger fiscal transfers to the counties contribute to better health outcomes, namely lower infant mortality rates. More importantly, a further finding is that increasing the relative expenditure responsibility of counties will improve health outcomes if a greater proportion of the expenditure can be financed from the counties' own revenues. The findings suggest that fiscal decentralization can help to improve health outcomes, if the intergovernmental fiscal structure meets certain conditions. That is, if the intergovernmental fiscal structure is designed to broaden the expenditure responsibilities of lower tiers of government accompanied with strengthening their financing ability, i.e., greater fiscal autonomy, fiscal decentralization is conducive to achieving better health outcomes.

Because of the data limitation, this study could not provide further analysis on the issue of what kinds of fiscal transfers are useful and how they should be designed for local health development. This is an important area for future work. In addition, it would be important for future study to examine the issue raised in this analysis further in the context of other countries to confirm the lessons drawn from this study.