

Linking Policy and Engaging Cross-Sector Institutes in Meeting Global Health Goals with Partner Countries - Public-Private Partnerships for TaiwanICDF's Overseas Health Projects

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Abstract:

Official Development Assistance traditionally is provided by official agencies; however, ODA will not be sufficient to achieve the development goals of Agenda 2030. Among stakeholders, the private sector is potentially the most significant source of finance and skills for development. Yet integrating the efforts from cross-sector institutes is a challenge, for which policy intervention will be needed to provide the right incentives. This means that redefining the relationship of social responsibility and sustainable development is critical for ODA to play the strategic role of supporting the transition needs of developing countries.

Taiwan's government has been dedicating its efforts to assist the international community and encouraging the engagement of health institutes in its ODA initiatives as well. As the leaders in Taiwan's health care system, medical centers have been expected to demonstrate a high level of social responsibility, adding on the function of utilizing medical resources and conducting advanced research and development in sustainable way. In appreciation of their contributions, the Ministry of Health and Welfare has embedded participation in international health care as a criterion to accredited medical centers. Consequently, around 26 Taiwanese hospitals and medical institutes have proactively and spontaneously participated in overseas medical and health care services.

TaiwanICDF is an official agency for international aid of Taiwan, and meeting global health goals is one of its main priorities. In alignment with the health policy mentioned above, the TaiwanICDF has expanded the scale of its health programs and sought cooperation opportunities with Taiwan domestic medical centers. To date, nine out of 26 medical centers in Taiwan have built partnerships with the TaiwanICDF to carry out development projects and produce sustainable impacts since 2013. This paper presents the importance and impact of policy intervention and partnership model of development cooperation abroad. An analysis of the results chain is emphasized to outline incentives and barriers for the private sector to engage in development efforts. Finally, the paper presents some possible steps to bring the partnership model to other sectors and industries in order to include all stakeholders in counting overall contributions and support to sustainable development.

Background

Engagement for Achieving Global Health Goals

Since the Sustainable Development Goals (SDGs) were announced in 2015, governments from both developed and developing countries put a lot of efforts to be on track to achieving these goals. Official Development Assistance (ODA) traditionally is provided by official agencies to developing countries; however, ODA will not be sufficient to achieve the development goals of Agenda 2030 for all. United Nations Conference on Trade and Development (UNCTAD) has estimated that, in developing economies, the annual shortfall in domestic and international resources to meet the SDG targets stands at US\$2.5 trillion (UNCTAD 2014). The approach suggested by UNCTAD to fill that gap was to increase financing from all sources, including external public and private funds (UNCTAD 2017).

For better engagement in achieving the SDGs, efficiency in health investments would yield enormous results. The Global Strategy for Women's, Children's and Adolescents' Health pointed out that increased sustained financing over the next 15 years would yield at least a ten-fold return on investments from social and economic benefits, as well as at least US\$100 billion in demographic dividends from investments in early childhood and adolescents. Undoubtedly, the SDG 3 (healthy lives and wellbeing) is one of the key elements to achieving all the SDGs. Currently, 100 million people annually are pushed into poverty because of direct out-of-pocket health payments. The key to reducing out-of-pocket expenditures is to increase public funding for health. And although public health spending has been increasing (from 3.4 to 4.1 percent of GDP across 190 countries between 1995 and 2013), there is a long way to go. According to the World Health Organization projections for 67 low-income and middle-income countries from 2016 to 2030, the estimation of an additional US\$274 to 371 billion in spending on health is needed to reach SDG 3 targets, leaving a financing gap of US\$20 to 54 billion per year. Should funds be made available and used as planned, the ambitious scenario would save 97 million lives and significantly increase life expectancy by 3.1 to 8.4 years, depending on the country profile (WHO 2017).

The International Cooperation and Development Fund (TaiwanICDF), a professional development assistance agency, is a key player in Taiwan's international health aid. It shoulders part of the responsibility for organizing and operating Taiwan's overseas cooperation projects. Drawing on Taiwan's comparative advantages, the TaiwanICDF shares Taiwan's successful experiences in five core areas, including agriculture, public health and medicine, information and communications technology (ICT), education, and environment, to assist allied and friendly countries around the world. Although the TaiwanICDF has NT\$ 12.5 billion (around US\$ 400 million) in funds and implements a portion of the international aid projects from the Taiwan Ministry of Foreign Affairs (MOFA) every year, the annual budget is still insufficient to meet the needs of partner countries.

Research Methods

In order to foster the achievement of the SDGs by 2030, the Taiwan government has dedicated itself to multiple strategies. In terms of health, successful Project-Oriented Partnerships (POP) have been established in Taiwan, which is worth sharing with countries worldwide. Accordingly, this article, with insight into the linkage of public and private interests, construction of cooperation process, and outcome of executing projects, presents how an official agency has successfully played a critical role in international health aid campaign.

Case study, as a qualitative analysis, is adopted in this article. The trend of Taiwan's health policy is presented through research of references and the linkage between the interests of hospitals and international health investment is explained. In addition to the support from the health policy in Taiwan, how the ODA plays a catalytic role within the POP process will be discussed as well. The experience of pooling and integrating all the resources for Taiwan's international aid by the TaiwanICDF will also be demonstrated. Moreover, a before and after comparison of the new cooperative relationship between the TaiwanICDF and Taiwan hospitals will be made. According to the findings and results of the comparison, the benefits of this win-win-win strategy will be clear. Finally, the role of the TaiwanICDF and advantages of the POP will be summarized for further reference.

Taiwan National Policy for International Health Aid

The development of Taiwan's health policy is a key factor to the partnership between hospitals and the TaiwanICDF. Taiwan has four levels of health care institutions including clinics, district hospitals, regional hospitals, and medical centers defined based on their medical services, quality, beds, and obligations. To improve the quality of health care institutions, a hospital accreditation system was proclaimed and implemented in 1986, and the Ministry of Health and Welfare (MOHW) began to conduct hospital accreditation for all levels across Taiwan in 1988. Later on, the Joint Commission of Taiwan (JCT) was entrusted by the MOHW and has taken up this mission since 1999.

Instead of one accreditation standard for all levels of health institutions, the JCT, in 2000, assisted the MOHW in establishing an innovative accreditation procedure especially for the medical center, which is the highest level of health care institution in Taiwan. In order to qualify, the applicant hospitals need to fulfill five major missions, including:

1. Providing medical service for difficult diseases with continual improvement of medical quality;
2. Developing special medical service and improving the quality of affiliated hospitals in the region;
3. Conducting holistic healthcare education;
4. Developing innovative research for advanced medicine and promoting the medical technology;
5. Energetically aligning with the national health policy and participating in international health campaigns.

As a result, engagement in international health aid has been recognized as one of the critical indicators differentiating the hospitals' performance.

Besides the accreditation, the National Health Insurance (NHI) program, another critical factor to the partnership, was launched by the National Health Insurance Administration (NHIA) under the MOHW in 1995. It is a publicly financed health insurance and the rate of enrollment, which is mandatory for all citizens and for foreigners residing in Taiwan for longer than six months, was an astounding number of 99.9 percent of the population in 2016 (Cheng, 2018). In addition, the medical services including inpatient and outpatient care, prescription drugs, dental care, traditional Chinese medicine, etc., covered by the NHI is enviously equal and comprehensive. The NHI is predominantly a social health insurance system, which consists of revenue derived from payroll-based premium, supplementary premiums such as wages from second jobs and incomes from dividends, interests and rents, and from tobacco tax and lottery gains. Nevertheless, the NHI system was considered unreliable until 2010 because of its high expenditures which had nearly always exceeded revenues during most of the first 15 years. To achieve balance, the nationwide global hospital budget was developed to reduce expenditures, which resulted in more intense competition for revenues among the hospitals. Based on this budget system, the NHIA designed various payment mechanisms for the hospitals at different levels. The medical center, of course, could obtain the largest part of the budget and be able to charge the highest copayment for each visit. Linking to the NHI payment system, the hospital accreditation bridges the engagement of international aid to the hospitals' finance.

Taiwanese Hospitals' Participation in International Health Aid

Motivated by the incentives of the health policy mentioned above, hospitals have been dispatching an increasing number of short-term medical missions (STMMs) for fulfilling the task of the accreditation (Chiu et al. 2012). Basically, there are three types of STMMs: emergency, surgical, and mobile services. Emergency-response services provide post-disaster medical relief care anywhere in the world (Dupuis 2004); surgical services usually provide dental and surgical aid in regions where such services are generally unavailable; mobile services provide clinics to the outlying households. With assistance and arrangement by Taiwan Ministry of Foreign Affairs (MOFA), more public and private hospitals have provided overseas health care services. Through cooperation with governments of the recipient countries, the STMMs can study cases of overseas patients beforehand. In accordance with their needs, the STMMs are able to plan the number of members, working days and supplies, including drugs and medical equipment, required for the mission.

Currently more than a quarter of 26 medical centers in Taiwan have continually dispatched medical missions overseas. For example:

1. Cathay General Hospital, a private medical center with more than 1,800 beds located in

northern Taiwan, has undertaken this responsibility and has dispatched six STMMs, with a total of 48 specialists specialized in ENT, Infectious Diseases, Cardiology, Orthopedics, Radiology, Dermatology, and Endocrinology and Metabolism, to Fiji and provided surgery and medical services since 2014.

2. Shin Kong International HealthCare Center, another medical center located in the capital city of Taiwan, has sent medical missions since 2011 and served more than 1,655 domestic patients.

Disadvantages of Short-Term Medical Mission to Both Beneficiaries and Health Providers

STMM is a supply-driven model (SDM) which provides assistance from the providers' point of view instead of recipients'. Based on this model, hospitals can select a medical subject and decide the medical services they are capable to serve overseas. Although more hospitals have participated in the STMMs, concerns have been raised regarding the long-term impact of STMMs on recipient communities (Bishop and Litch 2000. Green et al., 2009. Jesus 2010). Constraints against such missions include a lack of follow-up care, the short duration, too many patients, linguistic and cultural barriers, limited medication and supplies, and a lack of support services from local authorities. Besides, the STMM was the only choice for the Taiwanese hospitals to achieve their social responsibility and the mission of medical center accreditation, but a hospital is not guaranteed to be in charge of the particular STMM every year. The unstable relationship among the partner country, the hospital, and the TaiwanICDF results in low engagement by all parties.

Learning from Experience and Finding New Opportunities

Contrarily, an understanding of partnerships between the humanitarian organization and its host country is beneficial to reduce the risks to aid workers and the potential harm to recipients (Suchdev et al. 2007). The TaiwanICDF recognizes its own advantages and the opportunities of health policy, and believes that long-term health projects could be attractive to the hospitals. Accordingly, it started linking their overseas health aid to the task of medical center accreditation and lobbied for more weight to be given to hospitals' international engagement, particularly with TaiwanICDF projects, for the qualification of medical center. Through the partnership, the TaiwanICDF is not only a coordinator but also an organizer for international medical assistance resources and projects. On the other hand, with long-term commitment from the hospitals and the TaiwanICDF, the relationship among partner countries, hospitals and the TaiwanICDF is strengthened, and hospitals are willing to take the responsibility of taking care of partner countries by providing holistic health services to their people.

Establishment of a Wide Integrative Platform for International Medical Assistance Resources

The public-private partnership (PPP) concept was initially promoted to make up for the inadequacies of the build-operate-transfer (BOT) model and to enhance private sector involvement in government-led public construction. In recent years, the application of PPP has been extended into different areas (Maynard 1986; Zheng et al. 2008; Mahoney et al. 2009; Anderson 2012).

Utilizing health policy and international aid projects as incentives to hospitals for achieving medical center accreditation, this new PPP form has been created for a better contribution to the health arena. Learning from the SDM experience, the TaiwanICDF emphasizes that new PPP projects are project-oriented and also transferrable to the recipient countries upon completion. This project-oriented partnership (POP) is supposed to be capable of producing comprehensive projects for the partner countries. In order to find a right partner for a right project, the TaiwanICDF's Public Health and Medical Project Matching Information System was developed for invitation of joint investment from those hospitals willing to build long-term and stronger relationships with overseas countries. Before becoming a partner for a new project, hospitals have to register on the matching system and fill in their information, including hospital's name, medical fields of interest and intentions of international aid, priority of assisting countries, overseas experience, and the proportion of the total budget they are willing to invest. Once a health demand from the partner country has been identified, registered hospitals, as partner of the potential project, will be selected accordingly.

Forging Closer Partnerships and Creating More Valuable Outcomes for Long-Term Impacts

Benefitting from the matching system, the TaiwanICDF is able to actively engage the hospitals and manage the foreseeable resources for the international public health and medical projects. The Taiwanese hospital, as a partner, is usually invited to be part of a delegation before project implementation. The partner hospital will participate in the planning and preparation of the project, providing their professional medical input. This process ensures the full involvement of the hospital and a well-planned project. Following project identification, preparation and appraisal, a defined project is then agreed jointly by the government of the partner country, the Taiwanese hospital, and the TaiwanICDF.

More so than the SDM, these POP projects can create long-term impacts on the partner countries because they usually provide health care personnel training, health promotion to villagers and students, procurement of health equipment, and quality improvement of health administration. Health treatment might be provided but is usually demonstrated for teaching purpose. Rather than just an actor for the STMMs, a partner hospital is a project consultant, designer, and also the implementer. Besides that, it allows partner countries to have a better understanding of Taiwan's strengths and advantages in the health sector as a whole, and stronger trust could be established during the process. As a result, this partnership model has become well-known and been more popular among the health institutions.

Even though the partnership requires hospitals to invest more in overseas medicine, most of them recognize that it is a more meaningful task than an accreditation checklist that is required of them. For pursuing SDG health targets together, nine out of 26 medical centers in Taiwan have built partnerships with the TaiwanICDF to carry out development projects and to produce sustainable

impacts since 2013, including the Health Information Management Efficiency Enhancement Project in Paraguay with Cathay General Hospital, the Maternal and Infant Health Care Improvement Project in the Kingdom of Eswatini with Chia-Yi Christian Hospital, and the Capacity Building Project for the Prevention and Control of Chronic Renal Failure in Belize with Far Eastern Memorial Hospital. The TaiwanICDF keeps initiating new projects to expand the scope of public health and medical partnerships and would not be able to attain these remarkable results without the commitment from the partnering hospitals and countries. The following two cases will show the preparation progress, achievement and expectation of the projects as best practices of POP for international health aid.

Results

Case 1: Capacity Building Project for the Prevention and Control of Chronic Renal Failure in Belize

The 2009 Pan American Health Organization survey shows that Belize has a very high number of chronic disease cases as a result of the prevalence of hypertension and diabetes. There is a general shortage of technology and human resources for renal disease care, cost of dialysis is very high and only a limited number of citizens are receiving government subsidies for treatment. In view of this, the TaiwanICDF started a Public-Private Partnership program in 2013. Far Eastern Memorial Hospital (FEMH), one of the Taiwanese medical centers, is famous for its quality medical care to more than 4,800 outpatients per day. The FEMH is very willing to cooperate with the TaiwanICDF and registered on the matching system at the very beginning. According to its capability, willingness, and interests on the system, the FEMH became the first partner of the POP model. During project preparation, the FEMH and the TaiwanICDF dispatched delegation teams on project identification and appraisal missions. After a careful analysis of the situation, the FEMH promised to input their experts and other in kind, equal to around 20 percent of the total budget of the project.

The purpose of the project, jointly defined by the Belize government, FEMH and TaiwanICDF, was to introduce Taiwan's experience and know-how in renal disease prevention to Belize and establish a basic system for prevention and control of chronic renal failure (CRF). This project, Capacity Building Project for the Prevention and Control of Chronic Renal Failure in Belize, was expected to reduce the numbers of CRF patients entering the stage of dialysis through four strategies, including strengthening chronic disease prevention and public health capacity through education, enhancing renal disease care through building professional competence, implementing effective management of chronic disease cases through improving the health information system, and facilitating analysis and policy recommendation through community screening and establishment of a database.

Long-term Commitment as Motivation to Advance Value of International Engagement

The TaiwanICDF chose to initiate the POP in 2013, which was the perfect time for FEMH. Even though the hospital had sent many STMMs to the overseas countries, FEMH still expected to

differentiate its international health engagement from the other applicants for medical center accreditation. With the hospital's engagement, three investigation teams consisting of FEMH health personnel, including the president of the hospital, and TaiwanICDF staffs were jointly dispatched during the project preparation. Moreover, the hospital not only fully sponsored all medical members participating the investigation teams but also spontaneously donated dialysis supplies to Belize. With long-term commitment, the FEMH took the responsibility of taking care of the Belizean people and paying more attention to their actual health needs and the relationship among the Belizean public, government, and the TaiwanICDF as well. While implementing the project, the FEMH regularly dispatched nephrologists to Belize to help the local physicians, nurses, and public health workers develop competence in renal disease prevention and case tracking and management.

By the end of the project, the expectation of outputs includes completion of professional training for at least 62 Belize health professionals and health education for at least 200 local public health promoters. In the future, with Taiwan's ample experience in chronic disease prevention, Belize will gradually establish its own CRF prevention system and the concept and technology of renal disease prevention will gradually become part of Belize's health care system. The overall system development is expected to effectively reduce the burden on Belize's public health system caused by chronic diseases.

Case 2: Health Information Management Efficiency Enhancement Project in Paraguay

Paraguay is geographically a vast territory. In terms of health, people living in the rural areas have limited access to hospitals and medical specialists. Accordingly, the Paraguay Ministry of Public Health and Social Welfare (PHSW) initiated a telemedicine project and invited the TaiwanICDF to investigate the health needs of Paraguay. In order to provide a holistic perspective, Cathay General Hospital (CGH), a medical center with ample expertise in health information system, was also invited.

The consultant team of the TaiwanICDF and CGH visited Paraguay on many occasions over a period of two years and discovered that even if patients can eventually obtain health services in the local areas, the unstable supply of medicine in local hospitals remains another problem for both patients and local doctors. Patients usually need to wait several weeks for the medicine to be shipped, or they have to look for the medicine at pharmacies far from their residence. Moreover, doctors are not aware of the hospital's medical inventory and feel frustrated when the hospital cannot provide the medicine that they prescribe to patients. Based on the agreed findings among the PHSW, CGH, and the TaiwanICDF, the establishment of a hospital information system (HIS) was defined as a key factor for improving hospital management and national health administration. To achieve the desired project outcome in health information management efficiency enhancements, the project comprised of three tiers: strengthening hospital information system functions, promoting e-learning courses, and establishing health administration regulations.

Achieving the Mission of Medical Center Accreditation through the Contribution from Health Personnel Other than Physicians and Nurses

With experience of sending several STMMs to Paraguay, CGH, which was actively seeking medical center accreditation, was interested in building a sustained and trustworthy relationship with Paraguay. Having learned from the Taiwan health policy, National Health Insurance, and hospital accreditation programs, the hospital has extensive experience in the project components. Besides the country, another incentive is that CGH was interested in maximizing the contributions of its ICT department and sharing the responsibility for accreditation with the engineers, especially when the physicians and nurses were highly occupied. To date, an information system consisting of registration, clinics, and pharmacy sub-systems has been constructed, and it has successfully reduced the waiting time, from registration to completion, for 70 percent of outpatients completing their visits in three hours and increased the number of registration from 200 to 366 patients per day. Moreover, the system is customized and user-friendly, with feedback from 94 percent of the physicians who are willing to use it.

These two ongoing cases show that the POP model creates a robust connection among the partner country, the hospital and TaiwanICDF. Through the joint efforts in supporting disease prevention, health education and quality administration, the projects are more relevant, effective, efficient, and sustainable for beneficiaries as well.

Conclusion

For achieving the SDGs, even if developed countries scale up their contribution, international development financing sources will remain scarce. The 0.7 percent ODA/GNI target accounts for around US\$311 billion, which is clearly the tip of the iceberg for the estimated average US\$3.9 trillion SDG target (UNCTAD 2014). In addition to actions from the public sector, resources from the private sector are critical and shouldn't be ignored. As every country has its own development plan and priority, private sector contributions also come in many forms. To bring more opportunities for cooperation, policy is a strong support to the SDGs.

Taiwan's health policy, including the accreditation system and National Health Insurance, was designed for quality control and health financing in Taiwan. International aid was a relatively ignored part of the hospitals' service in the past. However, awareness of public health has risen and the TaiwanICDF, as an official aid agency, has noticed the trend of development of health services and the potential of the health policy. With its international health aid projects, the TaiwanICDF utilizes the Public Health and Medical Project Matching Information System as an integrative platform to pool together long-term, sustainable, cross-sector resources and investment, and guarantees partner countries can benefit from the cooperation. Particularly, project-oriented partnerships for

health projects bring more valuable impacts than the supply-driven model. A comparative analysis between the SDM and the POP model is presented in the following table:

Table. Comparison of SDM and POP model

Stakeholders	Comparison items	SDM	POP
TaiwanICDF	Role		
	-Coordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	-Designer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	-Implementer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Resources		
	-Fund	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	-Manpower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospitals	Role		
	-Coordinator	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	-Designer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	-Implementer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Resources		
	-Fund	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	-Manpower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Incentives		
	-Philanthropy and CSR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	-Medical Center Accreditation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	-Long-term impact for beneficiaries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	-Participation in international health aid by hospital physicians, nurses, and even other medical personnel	<input type="checkbox"/> ¹	<input checked="" type="checkbox"/>
Beneficiaries	Patients/Public		
	-Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	-Disease Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	-Health Education/Promotion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Medical Personnel		
	-Training and Workshops	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	-Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Medical Institutions		
-Procurement of Medical Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

(Table provided by Chien-Yao Tseng)

¹ Other medical personnel have no chance to participate in the SDM.

The two cases above show how the TaiwanICDF has successfully linked the health policy to the interests of the health providers and strengthened the appeal and value of international health assistance. The matching system will become more reliable for mapping resources from the private sector as it accumulates more hospitals on the system. At the same time, the selected hospitals are attracted by a robust relationship with both the partner country and the TaiwanICDF for a regular and stable participation in international aid, which might bring them extra competencies for medical center accreditation. Learning from the cases, the TaiwanICDF could play a catalyst role in connecting given resources of ODA and leveraging private funding from hospitals, which are in line with the National Health Insurance payment structure and accreditation system. The key factors to successfully engaging business in development cooperation projects include:

1. Designing development projects comprehensively in line with national policies to provide incentives for potential partners, especially private actors.
2. Reaching out to health institutions that have interests in new areas, and engaging health providers in project identification, planning and appraisal for recommendations and creation of a higher potential of win-win scenario for the public and private sectors bilaterally.
3. Combining funds, technology and human resources, to ensure both tangible and intangible assets are utilized and results are shared.

These key factors and experience are worth duplicating and applying to future cooperation between public and private sectors. Even though the health policy and financing motivation mentioned above are particular for hospitals, there might be other policy and economic values to be discovered for further engagement of other actors in the private sector. Good governance of the private sector in relation to the SDGs is a key, and this includes commitment of the business sector to sustainable development, commitment specifically to the SDGs, and partnership with government on maximizing co-benefits of investment, etc. (UNCTAD 2014).

In recent years, governmental financial institutions have started emphasizing the importance of Corporate Social Responsibility (CSR) to companies. CSR is not only driven by philanthropy and reputation but also by the governmental policy and the companies' own interests. Applying POP model in different arenas of international aid would bring more possibilities to achieve the SDGs. We hope all stakeholders including the private sector, governments, development agencies, NGOs, local communities and so on may be inclusive and integrated, not only for sustainable development planning, but also the creation of their own values of sustainability.

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