

ROLE OF THE NORTH EAST DEVELOPMENT COMMISSION IN PROMOTING HUMAN CAPITAL DEVELOPMENT IN CONFLICT-AFFECTED COMMUNITIES OF BORNO STATE, NIGERIA

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Abstract

Human capital development is essential for rebuilding lives and communities after conflict, particularly where violence has damaged education, healthcare, and livelihoods. This study examines the role of the North East Development Commission (NEDC) in promoting human capital development in conflict-affected communities of Borno State, Nigeria. The study is guided jointly by Human Capital Theory, the Capability Approach, and Development Administration Theory, used to interpret how NEDC's development activities relate to education, health, and livelihood outcomes. A qualitative documentary research design was used, drawing on NEDC reports, government publications, records from international organisations, academic literature, and statistical databases published between 2017 and 2026. Documents were analysed using thematic content analysis, with themes generated around educational development, healthcare, skills and livelihoods, and implementation challenges. The findings show that the NEDC has undertaken substantial activities in education (school renovation and construction, teacher training, scholarships) and healthcare (facility rehabilitation, equipment provision, health-worker training), and has implemented skills-acquisition and livelihood programmes for youths. However, the documentary evidence available demonstrates programme outputs and activities more consistently than it demonstrates measurable improvements in learning, health, or income, and the study identifies persistent insecurity, limited funding, weak monitoring and evaluation, and coordination challenges as constraints on effectiveness. The study concludes that the NEDC has played a substantial role in resourcing human capital recovery in Borno State, but that stronger institutional capacity, improved monitoring systems, and more rigorous outcome evidence are needed before its impact on human capital can be confidently established. The paper contributes to the documentary evidence base on post-conflict development commissions in Nigeria and highlights the outputs-outcomes gap common to programme evaluation in fragile settings.

Keywords: Human Capital Development; North East Development Commission (NEDC); Post-Conflict Recovery; Borno State.

Introduction

Human capital development is widely recognised as a key driver of sustainable development. Investments in education, healthcare, and skills enhance individual productivity, strengthen social wellbeing, and promote economic growth (Schultz, 1961; Becker, 1964). Beyond economic benefits, human capital enables individuals to participate meaningfully in

society, improve their quality of life, and contribute to community development. Consequently, it has become a central focus of development policy and practice worldwide. The importance of human capital development is particularly evident in conflict-affected societies, where violence disrupts education, healthcare, livelihoods, and social institutions. Armed conflicts destroy infrastructure, displace populations, and weaken public services, creating long-term barriers to development. As Collier et al. (2003) observed, prolonged conflict often traps communities in cycles of poverty and social exclusion. For this reason, post-conflict recovery increasingly prioritises investments in education, healthcare, and livelihoods alongside physical reconstruction to promote resilience and sustainable peace (World Bank, 2020).

North-East Nigeria illustrates the devastating relationship between conflict and human capital development. Since the Boko Haram insurgency began in 2009, the region has experienced widespread destruction of lives, livelihoods, and public infrastructure, with Borno State bearing the greatest impact. The conflict has displaced millions of people, disrupted economic activities, weakened public institutions, and severely affected education and healthcare services (UNDP, 2021). Hundreds of schools have been destroyed, many teachers and learners displaced, and access to quality education significantly reduced. According to UNICEF (2025), a large proportion of children in the North-East remain out of school, with declining learning outcomes threatening future development. The Boko Haram insurgency severely disrupted healthcare service delivery in Borno State through the destruction of health infrastructure, displacement of populations, and disruption of healthcare personnel and services (Abdullahi et al., 2017). In 2017, the Borno State Government reported that 267 health facilities, comprising 19 general hospitals and 248 primary healthcare centres, had been destroyed during the insurgency, while the crisis also contributed to the exodus of medical personnel (Haruna, 2017). Similarly, the World Health Organization's Health Resources Availability Monitoring System (HeRAMS) assessment found that, of 743 health facilities assessed in Borno State, 35% had been completely destroyed and another 29% partially damaged; among the facilities that had not been destroyed, 31% were non-functional, largely because of insecurity (WHO, 2016). Insecurity has also undermined agriculture, trade, and other livelihood activities. In response to these challenges, the Federal Government of Nigeria established the North-East Development Commission (NEDC) through the North-East Development Commission (Establishment) Act, 2017 (Act No. 7), assented to on 25 October 2017. The Act established NEDC as a statutory body responsible for coordinating rehabilitation, reconstruction, resettlement, and sustainable development across the region. Guided by the North-East Stabilisation and Development Master Plan (NESDMP), the Commission has implemented interventions in education, healthcare, livelihoods, infrastructure, and social protection, including school reconstruction, teacher training, health facility rehabilitation, skills acquisition programmes, and youth and women empowerment initiatives aimed at restoring essential services and rebuilding human capital in conflict-affected communities.

Despite these interventions, empirical evidence remains limited, and existing studies have focused largely on infrastructure delivery, humanitarian assistance, and institutional performance rather than on education, healthcare, skills, and wellbeing outcomes specifically in Borno State (Mustapha & Aliyu, 2023). Much of the available evidence describes NEDC's programme activities and outputs; comparatively little documentary evidence links these activities to measurable improvements in learning, health, or livelihoods. This study addresses that gap by systematically reviewing documentary evidence on NEDC's education, healthcare, and skills-acquisition interventions in Borno State, distinguishing programme outputs from outcomes, and interpreting the evidence through Human Capital Theory, the Capability Approach, and Development Administration Theory. In doing so, the study clarifies both what NEDC has done and the limits of what current documentary evidence can establish about its contribution to human capital recovery in Borno State, and it contributes to the broader discourse on development interventions in fragile settings by providing evidence to inform policies and programmes that support sustainable recovery.

Literature Review

Human Capital Development and Development Interventions

Human capital development involves improving people's knowledge, skills, health, and productive abilities to enhance individual wellbeing and societal development (Becker, 1964; Schultz, 1961). Education, healthcare, and skills development not only improve productivity but also strengthen social participation, innovation, and community resilience. However, conflict-affected societies face serious barriers to human capital development. Armed conflict can destroy schools and health facilities, disrupt livelihoods, displace populations, and weaken social cohesion. Consequently, post-conflict recovery increasingly emphasises investment in people alongside physical reconstruction (World Bank, 2020).

Development agencies play an important role by mobilising resources, coordinating stakeholders, and implementing programmes that support human wellbeing and community recovery (Riggs, 1964). Organisations such as the UNDP, UNICEF, World Bank, and USAID have supported education, healthcare, livelihoods, and social inclusion in fragile settings (UNDP, 2021; World Bank, 2020). Recent Nigerian evidence continues to confirm the general relationship between human capital investment and poverty reduction: using national time-series data from 1990 to 2024, Azolike et al. (2026) found that human capital formation significantly reduces multidimensional poverty in Nigeria, lending broad empirical support to Human Capital Theory. However, that study, like most of the literature reviewed here, examines national-level relationships rather than the specific contribution of a regional development commission; it does not examine NEDC or Borno State. However, the success of development interventions depends on local conditions, institutional capacity, effective governance, community participation, and the sustainability of programmes beyond their initial implementation period.

While these studies establish general relationships between education, health, livelihoods, and post-conflict recovery, comparatively few examine these relationships specifically in relation to NEDC's interventions in Borno State, and fewer still distinguish between programme activities and measured outcomes a gap this study returns to in the methodology and findings.

Education, Health, and Skills Development in Conflict-Affected Settings

i. Education as a Foundation for Recovery

Education remains one of the most important dimensions of human capital development, particularly in contexts where conflict has robbed generations of learning opportunities. Research consistently demonstrates that school rehabilitation, teacher training, scholarship programmes, and educational support initiatives can improve access to learning and contribute to long-term development outcomes. In post-conflict environments, rebuilding educational facilities is often accompanied by efforts to strengthen teacher capacity, improve curriculum delivery, and expand opportunities for vulnerable learners, particularly girls and internally displaced children (UNESCO, 2026). However, scholars generally agree that infrastructure alone is insufficient; improvements in educational quality require competent teachers, adequate learning materials, and effective school management. The importance of healthcare to human capital development is equally well established and closely interconnected with educational outcomes. Studies indicate that investments in healthcare infrastructure, primary healthcare services, maternal and child health programmes, and workforce development improve health outcomes and enhance human productivity (World Bank, 2020; WHO, 2025a). Healthy populations are better positioned to learn, work, and contribute to economic development. In conflict-affected regions, restoring healthcare services is particularly important because violence often destroys health facilities, displaces health workers, and increases vulnerability to disease and poor health outcomes. The interdependence of health and education underscores the need for integrated approaches to human capital development in post-conflict settings.

ii. Livelihoods and Economic Recovery

Skills acquisition and livelihood development have emerged as essential components of post-conflict recovery, addressing both the immediate need for income and the longer-term goal of economic reintegration. Vocational training, entrepreneurship support, and employment programmes are widely recognised as mechanisms for rebuilding livelihoods and reducing poverty among conflict-affected populations. According to Kolade et al. (2022), such interventions are most effective when they are linked to labour market opportunities and supported by access to finance, mentoring, and business development services. Beyond economic benefits, skills acquisition programmes can promote self-reliance, strengthen social inclusion, and support community stability; people who can support themselves and their families with dignity are less vulnerable to recruitment by armed groups and more invested in the

peace and stability of their communities. Communities with stronger human capital are often more resilient, better able to adapt to changing circumstances, and more capable of sustaining development gains over time. Consequently, human capital development is increasingly viewed as a foundation for long-term recovery, peacebuilding, and social cohesion (World Bank, 2020), prompting a shift in development thinking away from a narrow focus on infrastructure reconstruction toward a more holistic approach that places people at the centre of recovery efforts.

Theoretical Framework

This study is guided by three complementary perspectives: Human Capital Theory, the Capability Approach, and Development Administration Theory. Used together, the three perspectives allow the study to examine NEDC's interventions along three connected questions: what has been invested in people (Human Capital Theory), what this means for people's real opportunities and freedoms (Capability Approach), and what institutional factors shape implementation and outcomes (Development Administration Theory).

Human Capital Theory

Human Capital Theory, developed by Schultz (1961) and Becker (1964), argues that investments in education, healthcare, training, and skills development enhance individuals' productivity and contribute to economic and social development. The theory views these investments as essential for improving knowledge, health, employability, and income-generating capacity, thereby benefiting individuals, communities, and society as a whole. The theory is particularly relevant to this study because the interventions of the North East Development Commission (NEDC), including educational programmes, healthcare services, and vocational training, are intended to rebuild the productive capacities weakened by years of insurgency. From this perspective, the study examines the extent to which these interventions have contributed to human capital formation in conflict-affected communities of Borno State, and where the evidence permits the quality of that investment, since educational facilities require qualified teachers, healthcare services require adequate personnel and equipment, and skills acquisition programmes must be linked to employment and livelihood opportunities to be effective.

Capability Approach

The Capability Approach, advanced by Sen (1999), expands the understanding of development beyond economic growth by focusing on people's capabilities and freedoms to live the lives they value. It emphasises access to education, healthcare, economic opportunities, and social participation as essential components of human development rather than simply as means of increasing income. This perspective is especially relevant in conflict-affected communities, where insecurity, displacement, poverty, and social disruption often limit people's opportunities. From the capability perspective, the success of NEDC interventions is measured not only by the

number of schools or health facilities provided but also by the extent to which these interventions improve people's wellbeing, expand their opportunities, and enhance their quality of life a standard this study returns to when distinguishing programme outputs from outcomes in the findings.

Development Administration Theory

Development Administration Theory, associated with Riggs (1964), emphasises the role of public institutions in promoting planned social and economic development. The theory argues that effective development depends on institutions capable of mobilising resources, coordinating stakeholders, implementing policies, and delivering public services efficiently and equitably. In conflict-affected settings, where governance structures are often weakened, institutional effectiveness becomes particularly important. This theory provides an appropriate framework for analysing the role of the North East Development Commission as a specialised government agency established to coordinate reconstruction and development in North-East Nigeria, and for explaining the institutional constraints funding, coordination, monitoring capacity that shape what NEDC can implement and evaluate.

Methodology

This study adopted a qualitative documentary research design to examine the role of the North East Development Commission (NEDC) in promoting human capital development in conflict-affected communities of Borno State.

Document selection. Documents were purposively selected from NEDC reports and the North-East Stabilisation and Development Master Plan (NESDMP), government publications, reports from UNDP, UNICEF, UNESCO, WHO and IOM, credible media reports, and relevant scholarly literature published between 2017 and 2026 the period since NEDC's establishment.

Analytical procedure. The data were analysed using thematic content analysis (Braun & Clarke, 2006). Themes were organised around educational development, healthcare, skills and livelihoods, youth and women empowerment, and implementation challenges, and interpreted using Human Capital Theory, the Capability Approach, and Development Administration Theory.

Credibility and triangulation. To strengthen the credibility of the findings, evidence from different document types and sources institutional reports, government publications, international organisation records, and media reports was compared and cross-checked through documentary triangulation (Bowen, 2009).

Scope and limitation. The 2017–2026 window reflects NEDC's period of operation since its establishment by the North-East Development Commission (Establishment) Act, 2017.

Because the study relies on secondary documentary evidence largely institutional reports and media coverage of NEDC's own activities its findings are better suited to describing NEDC's programme outputs and activities than to establishing their causal impact on human capital outcomes; this limitation is addressed directly in the findings and discussion.

Findings and Discussion

The documentary evidence indicates that the North East Development Commission (NEDC) has undertaken substantial activities in education, healthcare, and skills acquisition in conflict-affected communities of Borno State. However, most of this evidence documents programme outputs schools built, equipment supplied, personnel trained rather than measured improvements in learning, health, or income. The subsections below therefore report what NEDC has done and, where available, indicate whether outcome-level evidence exists; they also flag where a cited statistic describes the wider North-East region rather than Borno State specifically.

i. Educational Development

The North East Development Commission has implemented education-focused interventions aimed at improving access to quality learning and strengthening educational infrastructure across the region. Under its North-East Stabilisation and Development Master Plan (NESDMP), the Commission identifies the renovation and construction of primary, secondary, technical and vocational schools, provision of laboratories and libraries, and capacity building for teachers as key education-sector interventions (NEDC, 2022). The Commission established an Education Endowment Fund with an initial seed capital of ₦6 billion to support scholarships and capacity development for teachers, health workers, agricultural extension officers and other professionals (NEDC, 2022). In Borno State, NEDC, in collaboration with the Office of the Vice President, supported the training of 250 Science, Technology, Mathematics and Agriculture (STEMA) teachers in digital skills and modern teaching methods under the Academic Support and Skills Enhancement Programme (ASSEP) (Joseph, 2026). The Commission also collaborated with the National Teachers Institute to train 100,000 teachers across the region and organised workshops for Tsangaya and Islamiyya teachers (Marama, 2025b). Infrastructure has seen major development with the construction of 18 mega schools across the six states described by NEDC as "symbols of hope and catalysts for community transformation" (Muhammad, 2025) and the rehabilitation of many schools damaged or abandoned due to insecurity.

These figures describe programme outputs facilities built, funds committed, personnel trained rather than verified improvements in enrolment, retention, or learning achievement; the reviewed documents did not include evaluation data directly linking these interventions to learning outcomes in Borno State. The scale of the underlying deficit also remains large: at the height of the insurgency, more than 1,400 schools were destroyed and student-teacher ratios

reached 95:1 in some areas. Region-wide, UNICEF (2025) reports that 72 per cent of primary school graduates in Borno, Adamawa and Yobe combined cannot read basic text, and an estimated 2 million children are out of school across the North-East figures that describe the North-East as a whole rather than Borno State alone. Educational recovery remains a work in progress.

ii. Healthcare Development

Healthcare interventions constitute another important component of NEDC's activities. The Commission invested in healthcare in Borno State by providing modern medical equipment to major institutions, including the Umaru Shehu Ultra-Modern Hospital, State Specialist Hospital, Dental Hospital, Eye Hospital, University of Maiduguri Teaching Hospital, and the Federal Neuropsychiatric Hospital. The Maiduguri Eye Hospital was equipped with modern ophthalmology equipment worth ₦3 billion, and the dental and eye hospitals were rehabilitated (Marama, 2025c). Workforce constraints have been addressed through training programmes, with NEDC training ophthalmic nurses, doctors, optometrists and biomedical technicians (Marama, 2025c). The Commission also collaborated with the Nigerian Medical Association to offer free medical services to 1,000 vulnerable residents of Borno State.

These interventions describe investment in healthcare infrastructure and personnel rather than measured improvements in health outcomes; the reviewed documents did not include mortality, morbidity, service-utilisation, or quality-of-care data attributable specifically to NEDC's interventions. Significant gaps also remain in Borno's health system: a HeRAMS assessment covering 927 health facilities across 27 LGAs found that 6% were completely damaged and 30% partially damaged, while among facilities that were undamaged or partially damaged, 16% were non-functional (WHO, 2025a). The January 2026 UNFPA situation report described the humanitarian situation in Borno, Adamawa and Yobe as "critical," citing continuing access and protection concerns. Mental and physical health challenges remain important concerns in conflict-affected communities: evidence from mental health and psychosocial support programmes in Pulka and Gwoza shows substantial mental-health needs among conflict-affected populations, with exposure to traumatic events associated with symptoms of depression and post-traumatic stress disorder (Martínez Torre et al., 2022), and malaria remains a significant public-health concern during pregnancy, with pregnant women particularly vulnerable to malaria-related maternal and fetal complications (Minwuyelet et al., 2025). This broader health context is not directly linked in the reviewed documents to NEDC's specific interventions, but it underscores the importance of integrated approaches that address both physical and mental health needs.

iii. Skills Acquisition and Livelihood Development

The NEDC has implemented skills acquisition and livelihood support programmes aimed at promoting economic recovery and self-reliance. The Commission established ICT

entrepreneurship centres across the six North-Eastern states, targeting 2,400 trainees at 400 per state. In Borno State, 384 of the 400 targeted beneficiaries successfully graduated with ICT-related skills (Marama, 2021). In February 2025, NEDC graduated 300 youths trained in briquette production and waste management, aimed at addressing youth unemployment and developing alternative livelihoods (Offor, 2025). The Centre for Renewable Energy and Action on Climate Change (CREACC-NG), funded by NEDC, conducted solar training for 110 participants across Borno, Yobe and Bauchi, with hands-on training and equipment (CREACC-NG, 2024).

These figures indicate training completion – an output – rather than employment, income, or business-sustainability outcomes; the reviewed documents did not include post-training follow-up data on beneficiaries' employment status, earnings, or business survival in Borno State. Whether these interventions have translated into sustained livelihoods therefore remains an open question, one that will depend on broader economic conditions, access to finance, and market opportunities as much as on the training itself.

iv. Challenges Affecting NEDC Interventions

Several factors continue to affect the effectiveness of NEDC interventions. The review identified persistent insecurity, inadequate funding, weak monitoring and evaluation systems, institutional coordination challenges, and sustainability concerns as recurring constraints in NEDC and partner reports and secondary literature. Development Administration Theory offers a useful explanation for these challenges, emphasising the importance of institutional capacity, effective governance, and coordination in achieving development objectives (Riggs, 1964). More specifically, the theory situates these constraints within NEDC's institutional design: as a coordinating commission that channels federal and donor resources through state governments, ministries, and implementing partners rather than delivering all services directly, its effectiveness depends heavily on functioning intergovernmental relationships and predictable funding flows. Weak coordination or inconsistent federal allocations can therefore stall or dilute implementation regardless of NEDC's own internal capacity – a structural vulnerability common to development commissions operating in fragile, multi-level governance settings. However, the reviewed sources rarely specify how frequently each challenge occurred or which specific programmes were affected, and this review did not identify project-level evidence – for example, of specific delayed, abandoned, or non-functional NEDC projects – that would substantiate the scale of each constraint. The findings therefore suggest that while NEDC has made substantial progress, stronger institutional arrangements, improved stakeholder collaboration, and more granular monitoring evidence are necessary both to improve programme outcomes and to allow those outcomes to be properly assessed.

Discussion

The findings show that NEDC has become an active institution in Borno State's post-conflict recovery process, implementing interventions in education, healthcare, livelihoods, and the inclusion of vulnerable groups. Read through Human Capital Theory, these interventions represent investments intended to rebuild productive capacity. Read through the Capability Approach, they represent an expansion of the services and opportunities available to affected communities, even where evidence of expanded capabilities learning gained, health improved, livelihoods secured remains limited. Development Administration Theory helps explain why implementation has been uneven: NEDC operates as a relatively young institution coordinating interventions across a fragile and insecure environment, and institutional capacity, funding predictability, and inter-agency coordination shape what can realistically be delivered and monitored.

These findings sit alongside, rather than fully confirm, prior research. Kolade et al. (2022) found that skills-acquisition and livelihood interventions in post-conflict Nigeria are most effective when linked to labour-market opportunities, finance, and mentoring; the NEDC documents reviewed here describe the training component of this model (ICT centres, briquette production, solar training) but not the market-linkage, financing, or mentoring components that Kolade et al. identify as decisive, which may help explain why post-training outcomes could not be established from the available evidence. Similarly, Mustapha and Aliyu (2023), in their comparative institutional analysis of NDDC and NEDC, focused on infrastructure delivery and institutional performance rather than human capital outcomes; the present study extends that line of work by examining education, health, and livelihoods specifically, but arrives at a broadly consistent conclusion that institutional performance is easier to document than developmental impact. Where this study diverges from both is in treating that documentation gap itself as a finding, rather than inferring impact from activity.

This output-outcome gap is broadly consistent with Mustapha and Aliyu's (2023) comparative assessment of NDDC and NEDC, which similarly found institutional performance and activity data far more readily available than evidence of outcomes for beneficiary communities. It also complements Kolade et al.'s (2022) finding that skills-acquisition programmes across Nigeria are most effective when explicitly linked to labour-market access, finance, and mentoring; this review could not establish whether NEDC's skills programmes in Borno State were linked to such support, which reinforces rather than resolves the case for post-training follow-up data recommended above. Because this study relies on documentary evidence describing NEDC's own activities and outputs, it cannot establish a causal or counterfactual link between these interventions and improvements in human capital outcomes; it can describe what has been implemented and note where outcome evidence is currently absent. The scale of educational, health, and livelihood deficits accumulated over more than a decade of insurgency also remains substantial relative to the interventions documented, suggesting that current

programming, while a meaningful contribution, is unlikely on its own to close these gaps. Sustainable human capital recovery is therefore likely to depend on continued investment, stronger monitoring systems capable of tracking outcomes rather than outputs, and sustained coordination among government, development partners, and communities.

Conclusion and Recommendations

Conclusion

This study examined the role of the North East Development Commission (NEDC) in promoting human capital development in conflict-affected communities of Borno State. Guided by Human Capital Theory, the Capability Approach, and Development Administration Theory, the study found that NEDC has implemented substantial interventions in education, healthcare, skills acquisition, and empowerment in Borno State. The available documentary evidence more consistently demonstrates what NEDC has done facilities built, personnel trained, beneficiaries reached than it demonstrates measurable improvements in learning, health, or livelihood outcomes; establishing the latter would require outcome-focused monitoring data that fell outside the scope of the documents reviewed.

Persistent insecurity, limited resources, weak monitoring and evaluation, and coordination challenges continue to constrain both the implementation and the evaluability of these interventions. Given the scale of human capital deficits produced by prolonged insurgency, NEDC's documented interventions, while substantial, are unlikely on their own to be sufficient. Sustained funding, stronger institutions, improved coordination, greater community participation, and, critically, outcome-focused monitoring and evaluation systems are needed both to close these gaps and to allow NEDC's contribution to be assessed with confidence in future research.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. Strengthen outcome-focused monitoring and evaluation: NEDC should move beyond output indicators (e.g., number of schools built, trainees graduated) to track outcome indicators such as learning achievement, health service utilisation, and post-training employment or income, so that its actual contribution to human capital development in Borno State can be demonstrated rather than assumed.

2. Institute post-training and post-intervention follow-up: For skills-acquisition and livelihood programmes, NEDC and its partners should track beneficiaries after training to establish employment, income, and business-survival outcomes, addressing the post-training evidence gap identified in this review.

3. Improve funding predictability: The Federal Government should provide adequate and predictable funding for education, healthcare, and livelihood programmes, addressing the funding constraints documented as a recurring implementation challenge.

4. Strengthen institutional coordination: NEDC should formalise coordination mechanisms with the Borno State Government, development partners, and civil society organisations to reduce duplication and address the coordination gaps identified in this review.

5. Expand and document reach to underserved communities: Rural and hard-to-reach communities should receive documented, trackable coverage of education, healthcare, and livelihood interventions, so that equity of reach not just aggregate output numbers can be assessed.

6. Promote sustainability and community ownership: Interventions should build in local participation, maintenance capacity, and institutional handover plans from the design stage, addressing the sustainability concerns raised throughout this review.

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