GLOBAL HEALTH AND HUMAN DEVELOPMENT IN AFRICA

Guest editorial

Investment in health as a form of human capital development

It has been established that economic growth of any nation or region is mainly determined by the availability of natural resources, growth in physical capital, organization, division of labor and scale production (Smith, 1776). Economic growth of modern day nations has also been affected by transformative structural changes, which have led to the transition from a hunting society, to agricultural society, to industrial society and now to the knowledge economy (Sartori and Tacconi, 2017). For the economic growth to translate into economic development and human development, there has to be a radical transformation of existing institutions, including peoples' social attitudes and motivation to engage in lifelong learning and adapting to change (Gibbs, 2007). The other non-economic factors that affect economic growth, economic development and human development include cultural values, institutions, efficient human endowment, political will, administrative and leadership factors (Wawire and Nafukho, 2006). Thus, healthy people are critical to the growth and development processes.

A functioning and healthy economy must have people who possess critical competencies for human development. Without peoples' skills, knowledge and competencies, physical capital and natural resources remain underused like it is the case in many countries in Africa. However, for people to be productive and optimally use their competencies, they must be healthy, hence the need for investment in peoples' health which is a form of human capital development strategy. In fact, Green (1967) noted that half of the long-term gains in industrial output could be accounted for by improved technology, including labor force skills, rather than by additional physical capital. Green argued further that the existing workforce could acquire new skills through learning that can improve the use of existing equipment and technology and be critical in the successful introduction of new methods of production. This is quite true in the health sector which is ever witnessing use of new equipment and technology in the treatment of patients and in health promotion and disease control and prevention.

Regarding lifelong learning as a form of professional development for personal growth, Sartori and Tacconi (2017, p. 2), correctly noted:

> [. . .] it refers to the idea that it is both possible and necessary for human beings to keep on getting information, knowledge and competencies throughout their lives for either personal or professional reasons (adaptation, improvement, development, etc.).

Lifelong learning is a process through which individuals acquire information, knowledge and competencies in a range of formal, informal and non-formal settings, throughout life (Nafukho, 2004; Nafukho *et al.*, 2005). Thus continued learning may occur as part of schooling, education, training, personal development and professional and through workplace learning (Billet, 2011; Brookfield, 1986; Grant and Stanton, 1998). This continued learning is even more important for health workers and educators including doctors, nurses and public health officers.

Against this background, the first article of the special issue provides a critical analysis of empirical literature on health and human development in high-, middle- and low-income countries to develop a sustainable model for investing in human health. The model is

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necessary in building a comprehensive health-care system that fosters the stakeholders' financial stability, economic growth and high-quality education for the local community. The authors conducted a comprehensive literature review on health, human development and sustainable health investment. Based on the empirical review of literature, a Nexus Healthcare model focusing on human development, social and cultural development, economic development and environmental development in high-, middle- and low-income countries is proposed. The goal of this model is to enhance sustainable development, where wealth creation is accompanied with environmental uplifting and protection of social and material well-being of people. As pointed out in this article, Kenya, like other developing nations, aspires to contribute significantly in improving health through development of health products, but the approaches used have been limited. In most cases, the use of Western theories, lack of empowering the community and dependence on donor support has hindered the country from achieving a comprehensive health and human development. This article proposes a practical model for health-care investment and provides strategies, operations and structure of successful health systems and human development for a developing country such as Kenya.

The second article evaluates health-care quality and access issues in Kenya and provides sustainable solutions that are linked to effective community engagement. It focuses on the role of community engagement in facilitating access and diminishing barriers to quality care services. Health care concerns throughout Kenya and the culture of Kenyan's health-care practices are considered. Findings of the study provide suggestions for community engagement, including defining the community in the Kenyan context. A model for improved health-care delivery introduces community health workers, mHealth technologies and mobile clinics to engage the community and improve health and quality of care in low-income settings. The authors of this article emphasize the importance of community engagement in building a sustainable health-care delivery model. This model highlights the importance of defining the community, setting goals for the community and integrating community health workers and mobile clinics to improve health status and decrease long-term health-care costs. The implementation of these strategies contributes to an environment that promotes health and wellness for all. The article adds to the limited number of studies which explore health-care quality and access alongside community engagement in low-income settings.

The third article discusses and proposes solutions and interventions to some of the major barriers to providing adequate access to health care in Kenya. Specific business models are proposed to improve access to quality health care. In addition, strategies are developed for the retail clinic concept. Relevant business models from other sectors such as business, education and agriculture are considered for potential application to health care and the retail clinic concept. Based on a review of current methodologies and approaches to business and franchising models in various settings, the most relevant models are proposed as solutions to improving quality health care in Kenya. The models reviewed include physician recruitment strategies, insurance plans and community engagement. The findings provide effective strategies for various business and franchising models. The assembling of relevant information specific to Kenya and potential business models provides effective means of improving health delivery through business and franchising, focusing on innovative approaches and models that have proven effective in other settings. Health-care providers in Kenya and other low-income and middle-income countries should find this paper useful.

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