

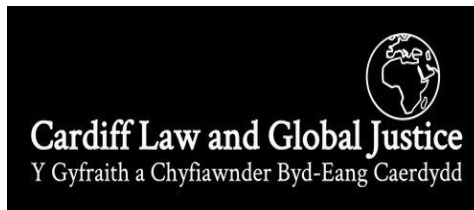
Vaccine Diplomacy & Covid-19

A New Departure for Kenyan Foreign Policy?

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**African Population and
Health Research Center**



Collaborative Research Project





Research Questions

- To what extent has Kenya relied on bilateral and multilateral approaches to facilitate vaccine acquisition, distribution and uptake?
- Does COVID-19 mark change or continuity in Kenyan foreign policy, especially as regards health?
- Is there evidence of an increase in the capacity/agency of African states on the international level?

Kenya's Foreign Policy and Diplomacy

Evolution, Challenges and Opportunities

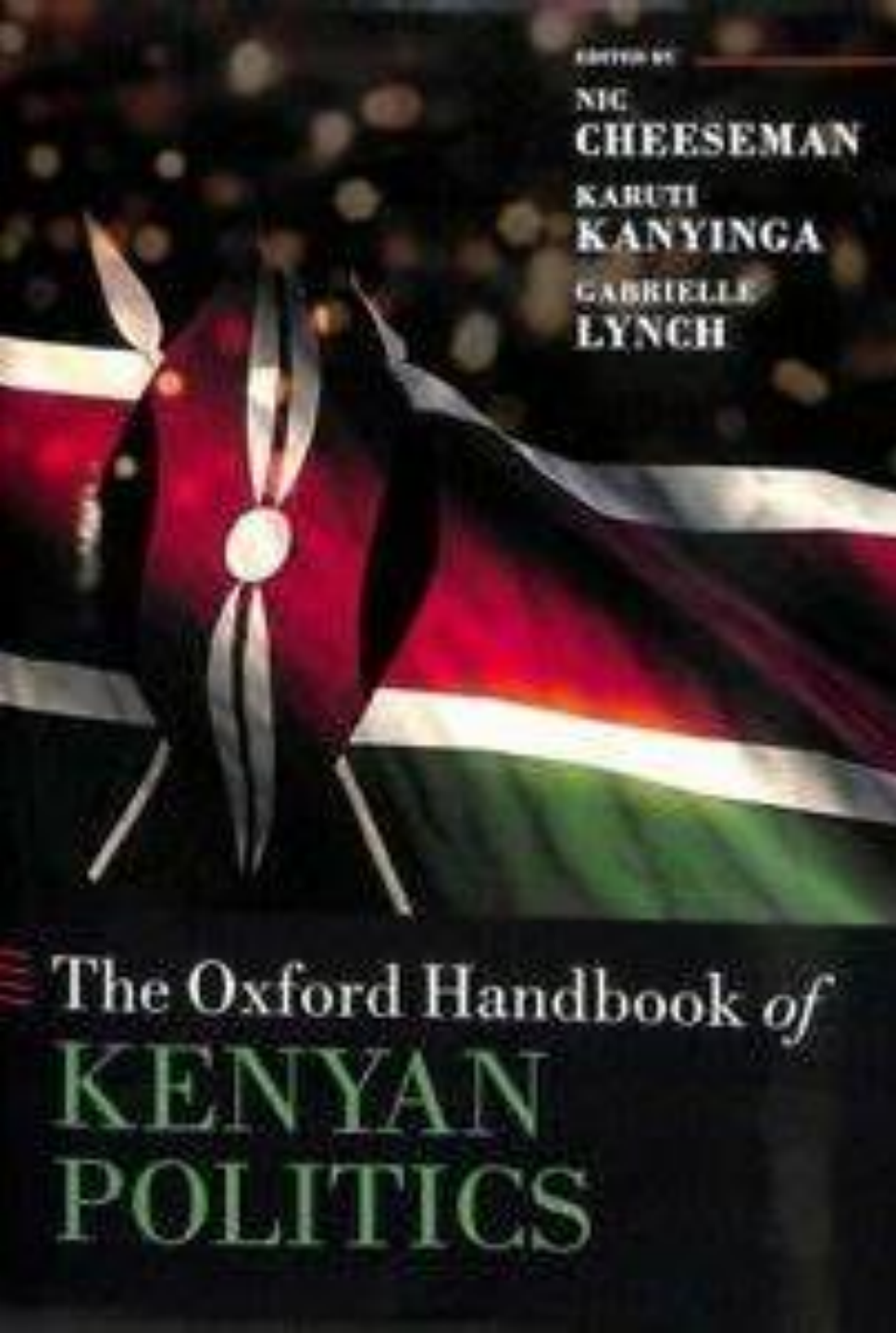


Boaz K. Mbaya

Health in Foreign Policy I

- J Kenyatta/ Sessional Paper No.10 of 1965
- Quiet Diplomacy, Non-Aligned but Looking West (Mbaya)
- Economic interests & regional dominance prioritized
- Health Care Entitlements/ Social Spending; Aid Required

- Moi Governments
- Structural Adjustment, user fees for health care
- Conflict with West (esp. post-Cold War): aid conditionalities
- HIV/AIDS; contest over TRIPS implementation/ access to medicines (2001)



Health in Foreign Policy II

- Kibaki/ NARC
- Opening to China, mainly infrastructure eg. SGR (Kaburu)
- Deeping involvement of donors/ global agencies in health sector
- Constitution 2010: embeds Kenya in international human rights regime, including right to health

- U Kenyatta/ Jubilee
- ICC: Pan-Africanism/ Anti-colonial rhetoric/ China support (Wanyeki)
- 2014 Foreign Policy Statement – health not mentioned
- Continuing reliance on Western donors for health, eg UHC



Vaccine Procurement

- 1.2 million doses of Astra Zeneca through COVAX
- Small transfers of unused vaccine from DRC, South Sudan.
- Donations from India (<100k), Denmark (350k).
- Sputnik imported commercially from Russia for a period
- Current distribution: One dose: 1.22 million; Two doses: 222K
- At least one dose: Kenya 2.8%; UK = 67%
- Predicted third wave of COVID/ new variants



Bilateral I: China

‘Extraordinary China-Africa COVID Summit’, June 2020

Philanthropic donations of PPE

Western anxiety about ‘Health Silk Road’;

Sinopharm donations in N Africa, Zimbabwe

But... not sought by Kenya due to lack of WHO approvals



Bilateral II: Russia/ India

- Sputnik V supplied commercially.
- Claim: state faction backing/ profiting (Gathara)
- Banned by Ministry of Health since WHO had not approved.

- AstraZeneca through COVAX produced by Indian Serum Institute. Supply threatened by domestic crisis.
- Modi government's vaccine diplomacy largely limited to South Asia.

G7

United Kingdom 2021



Bilateral III: the West

- Vaccine nationalism/ imperialism: access for own populations first
- Trump: racism & isolationism
- Reluctance to waive patent rights under TRIPS
- Shifts with Biden/ G7: though continuing charitable model
- Biden also concerned with terrorism in East Africa,
Kenya threat to close Dadaab camp linked to vaccine donations
- Kenya Ministry of Foreign Affairs accuses UK of ‘vaccine apartheid’
& links this to ‘red listing’ of Kenya



Regional

- EAC Heads of States adopted a harmonized system of certification and sharing of COVID-19 Test results
- Declaration prioritizing regional value/supply chains to support local production of essential medical products, masks, sanitizers etc
- Consistent with Kenya's historic interest in maximizing regional free trade
- EAC inactive in vaccine acquisition



Continental

- Africa CDC established after Ebola (2016)
US technical support, China resources.
- AU approvals based on WHO standards
- Afreximbank funds 400m vaccine purchase
- More cooperation/ norm of African solidarity,
an advance on HIV/AIDS in 2000s (Patterson/ Balogun)
- But still a work in progress



Multilateral

- Kenya convened Extra-Ordinary Summit of the Organisation of African, Caribbean and Pacific States (OACP) affirming multilateralism & calling for assistance (May 2020).
- President urges foreign ambassadors to support global vaccine equity.
- Endorsed COVID-19 Technology Access Pool (C-TAP)
to allow pooling of knowledge, intellectual property & data.
- Allied with India, S Africa, other African states seeking
TRIPS patent waiver at World Trade Organization.



Discussion I

- China not engaged by Kenya on COVID-19; less important than expected
- India/ Russia not significant diplomatic partners for Kenya in pandemic
- Verbal commitment to Pan-Africanism; scientific cooperation through AU
- Western engagement slow and reluctant until G7 and still insufficient
- Nonetheless Kenya maintained its orientation to the West & multilateral organizations in health matters.
- Why?

Health, State, and Society in Kenya

George O. Odigo



Discussion II

- Structural power of the West, shaping institutions and rules on health, and related areas like intellectual property (Makinda)
- Epistemic communities linking ministries with donor agencies (eg. US CDC), and multilateral agencies (eg. WHO).
- Ties in health date back to colonial period, eg. professional models; research ties
- Faith in multilateralism: African/ Kenyan leadership in WHO, UNAIDS, WTO, WHO Executive Board



Discussion III

- By contrast: China meets popular resistance, eg. as source of virus; discrimination against Africans
- More generally: labour practices/ debt issues on SGR, concern about counterfeits/product quality.
- Less 'history': Kenya outside Chinese influence in 1970s unlike Tanzania eg. barefoot doctors
- Tactical alliance with China for infrastructure, ICC
 - but not comprehensive



Conclusions I

- Health is a discrete sector of Kenya foreign policy
– often overlooked.
- Not closely entwined with national image & values
of sovereignty/ security/ prosperity
- Deeper donor involvement than in traditional
foreign policy areas, eg. military/ trade.
- This feeds back from domestic into foreign policy
action/ inaction



KENYA FOREIGN POLICY

NOVEMBER, 2014

Conclusions II

- IR : Africa ignored, or treated as limit, eg. ‘failed states’
- Global Health: Africa as a security threat/ object of humanitarianism
- When COVID-19 threat originated in the Global North,
Africa was ignored
- African ‘agency’ is possible, but often ‘in tight corners’ only
- Limited materially by resource dependence; rule-taking position
- International order is a ‘caste system’,
a racialized class hierarchy (Mazrui)



Conclusions III

- Moral and political appeals of limited use;
more traction in Western anxiety about China
- Alternative/complementary strategies:
 - Diplomatic/ scientific collaboration through AU
 - Greater national production/ research capacity (Kyobutungi et al)
 - Africa CDC production initiative; Kenyan CS Health discussing with KEMRI
- Domestic Pressure
 - Kenya People's Vaccine campaign: demanding government act internationally
 - Parliamentary debates on Sputnik
- Non-state Diplomacy: Global Civil Society: People's Vaccine Alliance



Asanteni Sana!

Thank You!



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