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Vaccine Diplomacy and the Agency of African States: What Can We Learn from Kenya?

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The politics of access to vaccines against COVID-19 has been discussed in terms of vaccine nationalism and imperialism by the Global North. However, the implication of the pandemic on the ability of African states to act internally and externally to protect the health of their citizens has been obscured. In this blog, we share research findings which address that question with a particular focus on Kenya.

On March 3, 2021, Kenya received 1.2 million doses of AstraZeneca vaccines sourced through the WHO's COVAX facility (World Health Organization 2021a). It was complemented by a separate supply of Sputnik V vaccine delivered through private facilities whose availability was short-lived as the government moved to ban its distribution (Reuters 2021d). This procurement mix and the limited quantity of vaccine which it made available has been shaped by the vaccine nationalism of Global North states which have prioritized the needs of their own populations before releasing supplies to the Global South (Katz et al. 2021). Although India has recently acted in the same way, its subsequent move to ban exports is explained by the spread of the more contagious "Indian variant" which has devastated that country's health system (DW 2021). Prior to the emergence of the variant,

India had expressed and demonstrated its commitment to share vaccines especially with countries in the Global South (Vinayak 2021) and the Indian Serum Institute has been central to the production of vaccines for the COVAX facility.

Availability of doses has also been influenced by rival powers seeking to win Kenya, like other African states, as an ally through donations and sales of vaccine. For instance, the UK promised to provide technical support towards Kenya's vaccine roll-out (Reuters 2021a). China, which declared COVID-19 vaccines to be global public goods, initially promised to give vaccines to African countries-including Kenya (Embassy of China in Kenya 2020) while the EU has promised to join Kenya's post-covid recovery (The Presidency 2021b). None of these initiatives have resulted in a significant increase in the availability of doses in Kenya.

It must be admitted that the impact of vaccine nationalism in the Global North on access to vaccines has been exacerbated by vaccine hesitancy in Kenya itself (Kyobutungi 2021). This is due in part, to the failure of the government to mount a comprehensive information campaign and mobilization programme. It is also a consequence of the reports linking AstraZeneca to blood clots (Koybutungi 2021) and a widespread belief that COVID-19 is a disease of the affluent, while less high profile conditions like malaria are more immediate threats to the poor (Schellekens 2021). Ironically, the latter misunderstanding is fostered by the skewed distribution of vaccines worldwide in favour of the global north.

Commentators in the US and Europe have criticized their own governments for missing an opportunity and allowing competitor states to gain diplomatic advantage (Smith 2021). We agree that COVID-19 is a key moment in the "great game" of strategic humanitarianism being played out in Africa and the rest of the Global South. However, we challenge the assumption that it is only the superpowers (new and old) who have the capacity (or "agency") to shape global health outcomes in this way.

Our research shows that African states like Kenya can no longer be considered merely passive aid recipients and rule-takers in global health (Anderson 2018). Certainly, Kenya was the object of bilateral approaches, but these were met with caution from responsible state bodies who preferred to rely on multilateral guidance. Thus, Chinese vaccines were avoided by the government as they lacked WHO approval (Reuters 2021b). The same reason was given by the Ministry of Health for its refusal to deploy Sputnik V (Ayega 2021) even though Kenyan diplomats in Russia had been given the vaccine (The Presidency 2021a).

Kenya also made its own direct overtures to South Korea and India (Kahenda 2021). This bore fruit with the delivery of 100,000 doses through India's Vaccine Maitri programme as a "gesture of friendship" above and beyond what has been procured through COVAX (Mutambo 2021a). Western ambassadors and the EU Council President were sufficiently concerned to pledge their support for Kenya's vaccination efforts (KTN 2021). As well as "diplomacy for health," obtaining economic and medical help from both the United States and Cuba, Kenya itself took first steps in doing "diplomacy through health," sending medics to assist the Seychelles Government deal with COVID-19 (Ministry of Health 2020). That initiative contributed to both countries efforts to build regional partnership and cooperation in the areas of trade and technical cooperation (Office of the President of the Republic of Seychelles 2017). Kenya also offered to vaccinated foreign diplomats in the country (Reuters 2021c).

Bilateral engagement with Western states to procure vaccines has been more uneven. The United States has been to the fore among donors in funding and developing Kenyan health capacity in recent decades (Kunzler 2016). However, the Trump administration refused to contribute to COVAX and made no specific commitments to Kenya. President Biden has signalled a return to multilateral and bilateral engagement (US Embassy in Kenya 2021), but this has not yielded additional vaccine donations.

By contrast, Kenya has been a key target for the United Kingdom's post-Brexit diplomacy. Trials of the Oxford-AstraZeneca vaccine were conducted at Kenya Medical Research Institute and the British Foreign Minister visited in February 2021 to sign a health-focused partnership agreement as part of a wider trade deal (Foreign, Commonwealth & Development Office 2021). This has not been without friction, however. Kenya responded to a ban on its citizens entering the UK with a reciprocal exclusion of British citizens, forcing Britain into negotiations (Mutambo 2021b). The Johnson government's successful domestic vaccine roll-out was achieved largely without regard to the needs of African and other states.

Reprising its stance during the campaign for access to essential drugs in the early 2000s, Kenya joined India and South Africa in co-sponsoring a resolution at the WTO seeking the waiver of certain patent protection provisions in the TRIPS agreement in a bid to increase vaccine availability in developing countries (World Trade Organization 2021). It has also endorsed the WHO's COVID-19 Technology Access Pool (C-TAP) which seeks to realize equitable access to COVID-19 health technologies (World Health Organization 2021b).

This proactive multilateral diplomacy has also been evident at regional and continental levels. Reflecting its status as East Africa's anchor power, Kenya hosts the Collaborating Centre which coordinates the African CDC COVID-19 strategy (Africa CDC 2020) in the region and President Kenyatta has proposed a joint regional vaccine acquisition strategy for the continent. As a member of the Bureau of the Chairperson of the African Union, Kenya has influenced procurement and distribution strategies (The Presidency 2021a).

The Kenyan government's interventions in response to the pandemic, thus, show clear evidence of renewed diplomatic agency. This is consistent with trends and opportunities identified by L. Muthoni Wanyeki (2020) and Samuel Makinda (2020). The unipolar world of the post-Cold War decade has been replaced by one in which rival powers can be courted and played off against one another. State capacity has developed particularly in the health sector, in particular, through three decades of the HIV pandemic. The current heads of the WHO, WTO, and UNAIDS, as well as the UN Special Rapporteur on the Right to Health are all Africans.

It is important not to overstate the room for manoeuvre of states like Kenya (Anderson 2018). Global health governance, including the rules and practices of pandemic control and vaccine access, is preponderantly shaped by the Global North, their philanthropies and the international organizations which depend on them for funding, (Franklyn and Sehovic 2020). The Global North exercises "structural power" within that system (Strange 1987). Nonetheless, COVID-19 has seen a notable extension in the efforts of African states at regional, continental and international levels to protect the health of their citizens.

Although the outcome of Kenya's diplomatic initiatives to secure vaccines has been modest to date, the diplomatic capacities we have identified has highlighted its increasing agency.

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