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NATIONAL IDENTITIES IN GLOBAL HEALTH: KENYA'S VACCINE DIPLOMACY DURING THE COVID-19 PANDEMIC

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Abstract

How do national identities matter in global health? Our paper addresses this question through a study of Kenya's vaccine diplomacy during the Covid-19 pandemic. It combines critical perspectives, challenging the neglect of African agency in international relations (IR), with constructivist approaches highlighting the importance of discourse in the exercise of agency. The insight that identity is an important resource in the realization of foreign policy goals is confirmed by our review of interventions by senior Kenyan leaders, as well as ministries and official bodies, concerned with vaccine procurement during the pandemic. Moreover, this material shows that identity is not pre-given, but rather performed in discourse, being adapted and renewed in speeches, briefings, policy documents, and so on. Identities are plural, not singular, drawing on historic and cultural resources proper to individual states. This allows us to link the range of identities performed during the Covid-19 pandemic to earlier moments in Kenya's diplomatic history, noting the continued pertinence of its image, variously, as 'an island of stability', 'a good global health citizen', 'a member of the pan-African community of states', and 'an active contributor to IR'.

SINCE THE RISE OF GLOBAL HEALTH IN THE 1990s, Multilateral Organizations, Bilateral Donors, and Philanthropies have significantly

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shaped the internal and external landscape within which African countries promote the health of their populations. Scholarship on global health governance has mapped this regime, anchoring it in a normative cosmopolitanism that sees the nation-state at best as a means to realizing internationally secured rights to health and at worst as an obstacle to achieving health outcomes. Global health's post-Westphalian order and the purchase of this strand of scholarship were severely challenged, however, during the Covid-19 pandemic. Great power tensions played out over the scope and justifiability of cross-border travel restrictions and the reluctance of some states to share relevant scientific information. Scarce medical resources were pre-emptively bought up and hoarded by wealthier countries. Global health governance was repudiated, at least initially, by the very states, which had sponsored its development from the 1990s in, particularly, the USA.¹ Instead of cooperation in addressing the health challenges that face 'all of humanity', a 'narrow nationalism' had prevailed, according to several commentators.² Underpinning these justified criticisms was an assumption that only the states of the global north and their major rivals in Asia were capable of exercising agency during the pandemic. African and other global south states remained innocent of the charge, lacking the significant capacity to define and advance their own national interests in global health.

This assumption leaves a significant gap in our understanding of how states in fact responded to the spread of Covid-19, one which we seek to address in this paper through a close study of Kenya's vaccine diplomacy during the pandemic. Our review indicates that the Kenyan authorities actively engaged with partners in Africa and internationally, in order to obtain vaccines in scarce supply. 'Vaccine nationalism', understood broadly as the strategic pursuit of state interests in this context, was not limited to the global north and other powerful regions. It also featured in the procurement strategies of African states like Kenya. This finding is consistent with critical scholarship, which affirms the capacity of African states to exercise agency in international relations (IR) in the face of its enduring omission from orthodox accounts of the field.³ It also confirms the salience of the 'national' as a category for understanding domestic politics and the foreign policy of what has often been stigmatized as 'failing' or merely 'quasi-states'.

1. David Fidler, 'SARS: Political pathology of the first post-Westphalian pathogen', *Journal of Law and Medical Ethics* 31, 4 (2003), pp. 485–505.

2. David Fidler, 'The World Health Organization and pandemic politics. The good, the bad and an ugly future for global health', *Council on Foreign Relations*, 10 April 2020, <The World Health Organization and Pandemic Politics | Think Global Health> (16 May 2023).

3. For an introduction, see William Brown and Sophie Harman (eds), *African agency in international politics* (Routledge, London, 2013).

If the agency of African states in global health is real, how is it exercised? This article addresses this question by drawing on constructivist approaches to IR, which emphasize the performative nature of diplomacy and foreign policy. We argue that the pursuit of health goals, including vaccine procurement, involves their articulation as a matter of national interest and their alignment with national identities. Such interests are contingent and constructed rather than given and unchanging.⁴ They are fashioned discursively out of ideational materials, including domestic and international policies, and articulated in discrete contexts, addressed to specific audiences with a view to securing the state's strategic objectives. Furthermore, thus understood, interests are shaped by more encompassing state identities. These are similarly plural and constructed, though they may attain a certain degree of stability over time.

In recounting Kenya's vaccine diplomacy during the Covid-19 pandemic, therefore, we document the manner in which national interests and identities were articulated by state leaders and other key actors. We highlight significant resonances with the country's previous diplomatic engagements, as well as attend to the specific fora in which claims were made and the audiences to which they were addressed. Our investigation is based on a wide survey of policy literature, complemented by a close reading of key interventions during the Covid-19 pandemic. We draw on communiqués and formal reports of the proceedings of international organizations, the reported statements of leaders and officials, and a range of media comments. These show that the Kenyan authorities followed the World Health Organization's (WHO's) guidance, accepting the need for states to procure supplies of vaccines adequate to the size of their populations. In making the case needed to obtain sufficient vaccines, they reproduced a variety of distinct state identities, articulated by earlier leaders in the decades since independence in 1964. This study, thus, provides evidence that national identities, realized discursively, need to be taken seriously in accounting for African agencies in global health.

Vaccine diplomacy and African agency

Vaccine diplomacy is a specific form of 'health diplomacy', which, as Tanisha Fazal argues, can involve either of two types of engagement: (i) the use of diplomacy to attain health-related outcomes and (ii) the use of health to attain (other) diplomatic outcomes.⁵ Both types of intervention are usually shaped by strategic concerns, for example, agreement on stopping

4. Glenn Chafetz, Michael Spirtas and Benjamin Frankel, 'Introduction: Tracing the influence of identity on foreign policy', *Security Studies* 8, 1 (1998), pp. 7–22, 14.

5. Tanisha Fazal, 'Health Diplomacy in Pandemical Times', *International Organizations* 74, 21 (2000), pp. E78–E97, E79.

the cross-border spread of infection or distributing medical aid to secure support for positions at the United Nations (UN) or World Trade Organization (WTO), respectively.⁶ Until the Covid-19 pandemic, most scholarly attention had been paid to ‘global’ health diplomacy, as distinguished from that traditionally pursued by nation-states in their own interests. Consistent with the post-Westphalian orientation of the field, global health diplomacy aims at promoting the well-being of all mankind and is capable of being executed by non-state and supra-state actors, as well as by states.⁷ It can include both vaccine diplomacy, seeking to spread access widely across countries and populations, and vaccine science diplomacy, where agencies co-operate in research and development on a transnational basis for the greater good.⁸ Though the globalist orientation of these initiatives may be morally desirable, they lead practitioners and scholars to overlook the crucial ‘national’ contexts out of which health diplomacy emerges and the enduring role of the state therein.⁹

This analytical deficit became clear during the Covid-19 pandemic, which was marked by a return to overt Westphalianism in global health.¹⁰ States sealed borders and implemented lockdowns more or less coercively in the name of protecting the health of their own populations.¹¹ The pandemic also saw a re-orientation of vaccine diplomacy, deployed by countries not only in the first instance to meet their own needs but also secondarily to project ‘soft power’ elsewhere to promote their own interests. Multilateral initiatives, most notably the Covid-19 Vaccine Global Access (COVAX) scheme, established by the WHO and GAVI, the Vaccine Alliance to ensure equitable distribution of vaccines across the world, were underfunded and frequently bypassed by global north states unwilling to pool resources and risk.¹² As regards vaccine science, national interests also tended to prevail, with China accused of withholding or delaying the release of essential data, while global north states exploited the good faith notification of new strains by scientists in the global south to exclude travellers from those countries.¹³

The renewed emphasis on the state in studies of health diplomacy, with a particular emphasis on vaccine diplomacy, has been a welcome correction

6. Chattu Vijay Kumar and Kevany Sebastian, ‘The need for health diplomacy in health security operations’, *Health Promotion Perspectives* 6, 9 (2019), pp. 161–163.

7. Peter Hotez, ‘Vaccine diplomacy: Historical perspectives and future directions’, *PLoS Neglected Tropical Diseases* 8, 6 (2014), pp. 1–7.

8. Hotez, ‘Vaccine Diplomacy’, p. 2.

9. Richard Horton, ‘Offline: Facts are not enough’, *The Lancet* 395, 10, 224 (2020), p. 546.

10. Fidler, ‘SARS: Political pathology’.

11. John Harrington, ‘Indicators, security, and sovereignty during Covid-19 in the Global South’, *International Journal of Law in Context* 17, SI2 (2021), pp. 249–260.

12. Markus Kornprobst and Stephanie Strobl, ‘Global health: An order struggling to keep up with globalization’, *International Affairs* 97, 5 (2021), pp. 1541–1558.

13. These include Kenya, UK, South Africa, and Brazil.

to the dominance of normative globalism. But it is limited by an assumption that only the Western powers and their eastern competitors (i.e. China, Russia, and India) are significant state actors in global health.¹⁴ Only they can be guilty of ‘vaccine nationalism’ in contravention of the moral duty of solidarity.¹⁵ By contrast, the possibility of vaccine diplomacy being actively pursued by global south states is hardly canvassed. Put bluntly, they are figured as victims, bystanders, and recipients, but not agents in health diplomacy, a lopsided view that is well-established in wider IR scholarship.¹⁶ This view has been challenged by critical scholars who note the descriptive blindspots which it produces and who argue that African agency in IR is real.¹⁷ Of course this agency has historically been constrained in important ways by the asymmetric structures of the global economy and the security interests of global north states. Nonetheless, as Anderson and Patterson argue, the agency is possible even in ‘tight corners’, through ‘extraversion’, for example, where domestic health problems in African countries are represented as threats to the wider international community or by blocking domestic implementation of global health measures.¹⁸ Indeed, the agency can also involve in an active contribution to reshaping global norms, as demonstrated by the contribution of an alliance of African states to the achievement of the WTO’s 2001 Doha Declaration on intellectual property and access to essential medicines.¹⁹

Constructivist scholars have shown that state capacity is not simply an instrumental matter of being able to ‘do’ things.²⁰ Rather discourse, including identities constructed through discourse, is a key medium for the exercise of agency as exercised by all states in IR generally and in global

14. Eric Olander, ‘This graphic shows the huge diplomatic opportunity for China if it can provide Africa with sufficient supplies of COVID-19 vaccines’, *China Global South Project*, 14 December 2020, <<https://chinaglobalsouth.com/2020/12/14/this-graphic-shows-the-huge-diplomatic-opportunity-for-china-if-it-can-provide-africa-with-sufficient-supplies-of-c19-vaccines/>> (16 May 2023).

15. For a powerful statement of this charge, see Clare Wenham, Mark Eccleston-Turner, Maike Voss, ‘The futility of the pandemic treaty: Caught between globalism and statism’, *International Affairs* 98, 3 (2022), pp. 837–852.

16. Jo-Ansie van Wyk, ‘Africa in International Relations: Agent, bystander or victim?’, in Paul Bischoff, Kwesi Aning and Amitav Acharya (eds), *Africa in global international relations: Emerging approaches to theory and practice* (Routledge, Abingdon, 2016), pp. 108–120.

17. Karen Smith, ‘Africa as an agent of international relations knowledge’, in Scarlett Cornelissen, Fantu Cheru, and Timothy Shaw (eds), *Africa and international relations in the twenty-first century: Still challenging theory?* (Palgrave Macmillan, Basingstoke, 2012), pp. 21–35.

18. Emma-Louise Anderson and Amy Patterson, *Dependent agency in the global health regime: Local responses to donor AIDS efforts* (Palgrave MacMillan, Basingstoke, 2016); see also William Brown and Sophie Harman, ‘African agency in international politics’, in Brown and Harman (eds), *African agency in international politics* (Routledge, London, 2013), pp. 1–16, 2.

19. See Peter Yu, ‘Building ICP4D to promote access to essential medicines’, in Obijiofor Aginam, John Harrington, and Peter Yu (eds), *Global governance of HIV/AIDS: Intellectual property and access to essential medicines* (Edward Elgar, Cheltenham, 2013), pp. 223–231.

20. John Ruggie, ‘What makes the world hang together? Neo-utilitarian and the social constructivist challenge’, *International Organizations* 52, 4 (1998), pp. 855–885.

health, in particular. Thus, for example, global south states may identify themselves with values, like development, originating in institutions dominated by their global north counterparts, in order to advance their positions in trade talks.²¹ Indeed, diplomatic tactics like extraversion are inherently discursive, playing on colonial stereotypes of tropical dangerousness and European fears about porous borders, in order to secure medical aid for African states. As this suggests, the interests advanced by states matter to an understanding of African agency in global health, but so do their identities, as constructed by themselves and others.

National identity in IR

Identities have been usefully defined in the context of IR as ‘prescriptive representations of political actors themselves and of their relationship to each other’.²² Identities matter in so far as they provide a relatively stable source for interests, according to the maxim that ‘we cannot know what we want unless we know who we are’.²³ Taken as shorthand for ideas about the nature and purpose of a specific state, they also provide discursive support for the realization of these interests.²⁴ For example, Zimbabwe’s imposition of sanctions against apartheid South Africa during the 1980s was grounded in an anti-racist identity.²⁵ Identities may be constituted through faithful adherence to specific international norms, like racial equality or infection control.²⁶ Such adherence betokens membership of a community that may be universal (e.g. human rights) or functional (e.g. global health). This is not simply a matter of passive affiliation. Identities may also be constructed out of domestic resources, including the narrated history of the state itself (e.g. memories of Zimbabwe’s own independence struggle).²⁷

There is a significant relational dimension to identity in IR. Statehood is, to a significant degree, an effect of mutual recognition, where a given state does what all states are expected and entitled to do.²⁸ Identity can also be denoted through self-subjection to global governance systems.²⁹

21. Smith, ‘Africa as an agent of international relations knowledge’, p. 67.

22. Paul Kowert and Jeffrey Legro, ‘Norms, Identity and their Limits: A theoretical reprise’, in Peter Katzenstein (ed.), *The culture of national security: Norms and identity in world politics* (Columbia University Press, New York, NY, 1996), pp. 451–497, 453.

23. Linus Hagström and Karl Gustafsson, ‘Japan and identity change: Why it matters in international relations’, *Pacific Review* 28, 1 (2015), pp. 1, 14.

24. Marc Lynch, ‘Abandoning Iraq: Jordan’s alliances and the politics of state identity’, *Security Studies* 8, 2–3 (1998), pp. 347–388, 349.

25. Audie Klotz, *Norms in international relations: The struggle against Apartheid* (Cornell University Press, Ithaca, NY, 1995), pp.130ff.

26. Martha Finnemore, *National interests in international society* (Cornell University Press, Ithaca, NY, 1996).

27. Klotz, *Norms in international relations*, p. 135.

28. Kevin C. Dunn, ‘There is no such thing as the state: Discourse, effect and performativity’, *Forum for Development Studies* 37, 1 (2010), pp. 79–92, 83.

29. Ruggie, ‘What makes the world hang together?’, p. 863.

Thus, in the field of health, benchmarks and indicators are implemented internally (e.g. in public hospitals) and read externally (e.g. through international ranking). How states are perceived, and how they represent themselves to each other, is not the same in all cases, but rather marked by asymmetries of power and hierarchies of representation.³⁰ This is evidently so in the post-colonial context, with many African states being stigmatized as failed or failing and enjoying only ‘quasi- or juridical sovereignty’.³¹ Relational identity can also be achieved by affiliation with regional or pan-African blocs. Alternatively, it may be realized by contradistinction with undependable neighbouring states.³²

Identities are not singular or fixed. States may represent themselves in a variety of ways at different times and to different audiences. Sometimes earlier identities are wholly repudiated, like that of apartheid South Africa, with the fact of repudiation itself constituting a new identity.³³ More often, however, diverse inherited identities are selectively redeployed in current contexts. These plural identities are unlikely to be wholly congruent, nor can they be read off from a state’s location in international structures.³⁴ Rather, they are iteratively produced through speeches, policies, and practices.³⁵ State identities are evolving cultural artefacts, co-constituted by the international and the domestic, instantiated and adapted as they are performed in specific moments. Their articulation is itself an exercise of agency, in global health as in other sectors.³⁶

Identity and health in Kenyan foreign policy since independence

Kenya’s vaccine diplomacy involved the exercise of agency, in a manner overlooked by mainstream scholarship. We have argued that agency in such cases is realized discursively in important respects. In particular, it includes the performance of state identity as a discursive anchor for specific interests. In the next section, we will show that a range of identities was elaborated in the course of key interventions by Kenyan state actors aimed at securing vaccines. But it is worth recalling that such interventions are never merely

30. David L. Blaney and Arlene B. Tickner, ‘International relations in the prison of colonial modernity’, *International Relations* 31, 1 (2017), pp. 71–75.

31. Siba Grovogui, ‘Regimes of sovereignty: International morality and the African Condition’, *European Journal of International Relations* 8, 3 (2002), pp. 315–338.

32. See Kevin C. Dunn, ‘Imagining Mobutu’s Zaïre: The production and consumption of identity in international relations’, *Millennium: Journal of International Studies* 30, 2 (2001), pp. 235–258.

33. Klotz, *Norms in international relations*, p. 151.

34. Maya Zehfuss, ‘Constructivism and identity: A dangerous liaison’, *European Journal of International Relations* 7, 3 (2001), pp. 315–348.

35. Roxanne L. Doty, *Imperial encounters: The politics of representation in north-south relations* (University of Minnesota Press, Minneapolis, MN, 1996), p. 151.

36. Jeremy Shiffman, ‘A social explanation for the rise and fall of global health issues’, *Bulletin of the World Health Organization* 87, 8 (2009), pp. 608–613.

a matter of ad hoc, present-bound ‘moves’. Rather, as we have suggested, they are cultural products, drawing on current international norms, while also mobilizing historic understandings of the purpose of the state. Accordingly, in order to grasp the ways in which Kenya exercised agency during the Covid-19 pandemic, it is necessary to attend to the plural sources of its state identity. We offer an overview of these sources here, tracing them to three consecutive phases in the history of Kenyan diplomacy and related policy-making, with a specific focus on health. Across these phases, we are able to isolate four key identities which, as will be seen in subsequent sections, also anchored Kenya’s pursuit of vaccines during the pandemic.

Quiet diplomacy and stability (1963–1978)

At independence in 1963, Kenya inherited a racially skewed and geographically uneven health system. Public health initiatives and the location of facilities were focused on securing an adequate labour supply and protecting settlers and administrators against infectious diseases.³⁷ In response to this deficit, the first government’s landmark Sessional Paper Number 10 of 1965 committed Kenya to an ambitious social programme that would guarantee the provision of medical and hospital services.³⁸ The manner in which this was to be realized depended on factional struggles in the ruling party, which were themselves related to the geopolitics of the Cold War. While the Sessional Paper claimed non-alignment between the USA and the Soviet Union, in practice Kenya’s orientation was decidedly towards the West.³⁹ The economy would be run on capitalist lines, Britain’s considerable economic interests protected, and military cooperation continued.⁴⁰ Notwithstanding a formal commitment to ‘African socialism’, the welfare programme would be rolled out gradually, allowing a mix of public and private facilities.⁴¹

The left opposition challenged this ‘look West’ policy, cultivating ties with the Eastern Bloc and arguing for rapid social change.⁴² To that end its leader, Jaramogi Oginga Odinga, attracted Soviet support for the

37. George Ndege, *Health, state and society in Kenya: Faces of contact and change* (University of Rochester Press, Rochester, NY, 2001), p. 134.

38. Republic of Kenya, ‘Sessional paper number 10 of 1965 on African Socialism and its application to planning in Kenya’, (Republic of Kenya, Nairobi 1965), <<https://repository.kippra.or.ke/handle/123456789/2345>> (16 May 2023).

39. John Okumu, ‘Some thoughts on Kenya’s foreign policy’, *The African Review: A Journal of African Politics, Development and International Affairs* 3, 2 (1973), pp. 263–290.

40. Faith Mabera, ‘Kenya’s foreign policy in context (1963–2015)’, *South African Journal of International Affairs* 23, 3 (2016) pp. 365–384.

41. Ndege, ‘Health, State and Society in Kenya’, p. 134.

42. Boaz K. Mbaya, *Kenya’s foreign policy and diplomacy: Evolution, challenges and opportunities* (East African Educational Publishers, Nairobi, 2002), p. 54.

construction of a new hospital in his political base in Kisumu.⁴³ Ironically, the final crushing of this faction was triggered by a bloody confrontation between government forces and opposition supporters on the occasion of President Jomo Kenyatta's visit to open the hospital in 1968.⁴⁴ Until the 1980s, Kenya practised what Samuel Makinda has labelled as 'quiet diplomacy'—carefully cultivating its image as a safe haven for investors and a secure destination for tourists, in a region otherwise beset by instability and conflict.⁴⁵ Its official ambivalence in the Cold War allowed it to attract the broad international support needed to secure Nairobi as the headquarters of two UN agencies: Environmental Programme (UNEP) and Human Settlements Programme (UN-Habitat).⁴⁶ Their establishment marks Kenya as 'an active contributor to IR' and followed intense diplomacy by Kenya arguing for the decentralization of UN agencies away from the North American and European centres, with the support of global south countries like India and Mexico. Generally, the promotion of health domestically, as a 'fruit of liberation', featured among Kenya's national interests. But this was subordinated to the more fundamental interest in good relations with the West and the preservation of the market economy, presenting Kenya as an 'island of stability' in the wider region and on the continent.

Adjustment, antagonism, and security (1978–2002)

The presidency of Daniel Arap Moi saw an economic crisis and acute tensions in Kenya's relations with former patrons and allies. Health was an important focus for these interrelated developments. Global economic shocks in the early 1980s curtailed the state's ability to deliver accessible health care and other social goods, making it dependent on foreign and International Monetary Fund loans, which came at the price of implementing harsh structural adjustment programmes.⁴⁷ Sessional Paper Number 1 of 1986 accordingly broke with the universalist aspirations of its 1965 predecessor, mandating the imposition of 'cost-sharing' in public health

43. Charles Hornsby, *Kenya: A history since independence* (Tauris & Company, London, 2011), p. 105; see also, *The Standard*, 'Jaramogi Oginga Odinga Teaching and Referral Hospital—Where only Russians were allowed to change bulbs', 30 March 2017, <standard-media.co.ke> (16 May 2023).

44. Ruth Prince, 'From Russia with love: Medical modernities, development dreams, and Cold War legacies in Kenya, 1969 and 2015', *Africa* 90, 1 (2020), pp. 51–76.

45. Samuel Makinda, 'From quiet diplomacy to cold war politics: Kenya's foreign policy', *Third World Quarterly* 5, 2 (1983), pp. 300–319; see also, Claire Mc Evoy, 'Shifting priorities: Kenya's changing approach to peacebuilding and peacemaking', *Norwegian Peace Building Resource Centre* (2013), <ethz.ch> (16 May 2023).

46. Mbaya, 'Kenya's foreign policy and diplomacy', p. 39; see also UNEP, 'How Nairobi came to Host UNEPs Headquarters', <<https://www.unep.org/news-and-stories/story/how-nairobi-came-host-uneps-headquarters>> (16 May 2023).

47. Ndege, 'Health, state and society in Kenya', p. 158.

facilities, which led to a notable decline in use and a widening of health inequalities.⁴⁸ This challenge was multiplied by the spread of HIV/AIDS later in the decade.⁴⁹ Moreover, with the end of the Cold War, the Western powers felt free to challenge Moi's one-party system and massive corruption, making bilateral aid for health and other sectors conditional on political and constitutional reforms.⁵⁰

As a result, Kenya's identity as a safe haven was eclipsed for a period by a more openly antagonistic stance vis-à-vis donors and international bodies, which traded on its 'anti-colonial origins and pan-African connections'.⁵¹ For example, British media reporting on the spread of AIDS, as well as UK government travel warnings, were denounced as racist and malicious for the threat they posed to Kenya's tourist industry.⁵² Defiance of the West was also evident during the implementation of the WTO's agreement on Trade-Related Intellectual Property Rights (TRIPS) in 2001.⁵³ With crucial support from senior ministers, the Kenyan parliament opted to exploit flexibilities in the agreement in order to maximize access to medicines, facing down intense lobbying by multinational pharmaceutical companies, as well as the US and EU missions in Nairobi. The pro-access campaign's rhetoric of anti-colonialism and national sovereignty clearly resonated with the more assertive posture of the Moi government.

Notwithstanding these disputes, by the mid-1990s, the health sector was dependent on non-state sources, including donors and international agencies, for over 50 percent of total expenditure.⁵⁴ These transfers were augmented from the early 2000s by the Global Fund for AIDS, Tuberculosis and Malaria ('Global Fund'), the US President's Fund for AIDS Relief ('PEPFAR'), and the GAVI vaccination programme, among others. Governance arrangements for these initiatives brought civil society organizations to the fore, as direct recipients of health aid and privileged interlocutors, and thus as important actors in Kenya's health diplomacy.⁵⁵

48. *Ibid.*, p. 165; See also Germano Mwangi, 'Health care reform in Kenya: A review of the process', *Health Policy* 32, 1–3 (1995), pp. 245–255.

49. Lori Bollinger, John Stover and David Nalo, 'The economic impact of AIDS in Kenya', *The Policy Project/USAID*, September 1999, <kenya.PDF (usaid.gov)> (16 May 2023).

50. Hornsby, 'Kenya: A history since independence', p. 478.

51. Mercy Kaburu, 'Decision making and Kenya's foreign policy behaviour: The Moi and Kibaki presidencies in perspective', *Journal of Language, Technology and Entrepreneurship in Africa* 11, 1 (2020), pp. 14–28.

52. Paul Kurgat, Alice Kurgat, and Thomas Juma, 'The impact of infectious diseases on Kenya's health diplomacy: An inter-state phenomenon', *Archives of Business Research* 8, 2 (2020), pp. 169–189, p. 183.

53. John Harrington, 'Access to essential medicines in Kenya: Intellectual property, anti-counterfeiting, and the right to health', in Michael Freeman, Sarah Hawkes and Belinda Bennett (eds), *Law and Global Health: Current Legal Issues Volume 16* (Oxford University Press, Oxford, 2014) pp. 94–118, p. 95.

54. Ndege, 'Health, State and Society in Kenya', p. 186.

55. Sima Barmania and Lister Graham, 'Civil society organisations, global health governance and public diplomacy', in Ilona Kickbusch, Graham Lister, Michaela Told, and

Increasingly, if fitfully, Kenya profiled itself as a ‘good global health citizen’. They also led to an intensification of external involvement in domestic health policy-making, with consultants from the WHO, UNICEF, and the World Bank, taking key roles in planning and delivering schemes for infant nutrition, domestic hygiene, safer sex, and other health programmes.⁵⁶ At the same time, the ‘Global War on Terror’, initiated by the US, allowed the state to reassert its long-established identity as ‘an island of stability’, a dependable security partner in a troubled region.⁵⁷ The Al-Qaeda attack on the American embassy in Nairobi in 1998 led to increased inflows from the USA, including funding for the first national blood transfusion system.⁵⁸ Equally, fears that terrorists would ‘weaponize’ harmful pathogens, available in unsecured African laboratories, led to a further round of investment and standard setting by the Centers for Disease Control and Prevention and US arms control initiatives.⁵⁹

New allies and the pan-African turn (2002–2020)

The administration of Mwai Kibaki, who succeeded Moi in 2002, sought to restore Kenya’s tradition of ‘quiet diplomacy’, cultivating Western allies, while engaging with China as an alternative partner for trade and development.⁶⁰ In practice, aid and loans from Beijing were concentrated on infrastructure projects, while the US and the European Union states continued to be of greater significance for health and social provision, as well as military affairs.⁶¹ The new approach put economic interests at the heart of foreign policy and aimed to reduce the country’s dependence on donors.⁶² These aspirations were undercut, however, by the persistence of grand corruption, and by the civil breakdown which followed the disputed presidential election of December 2007.⁶³

Nick Drager (eds), *Global health diplomacy: Concepts, issues, actors, instruments, fora and cases* (Springer, New York, NY, 2013), pp. 253–268.

56. Francis Mweya, ‘A case study of aid effectiveness in Kenya: Volatility and fragmentation of foreign aid, with a focus on health’, *Wolfensohn Center for Development Working Paper*, 8 (2009), <1-14-08.indd (brookings.edu)> (16 May 2023).

See also Mwabu, ‘Health care reform in Kenya’.

57. Hornsby, ‘Kenya: A History Since Independence’, p. 567.

58. John Harrington, ‘#weareone: Blood donation, terrorism and dreams of inclusion in Kenya’, *Africa* 90, 1 (2020), pp. 112–131.

59. John Harrington, ‘“We can’t wait for the bugs to spread”: Rhetorics of time, space and biosecurity in global health law’, *Transnational Legal Theory* 9, 2 (2018), pp. 85–109.

60. Mumo Nzau, ‘The strategic art of appeasing old lovers while courting new friends: Kenya’s Foreign Relations in Retrospect’, in Michael Kithinji, Mwanzia Koster and Jerono Rotich (eds), *Kenya after 50: Reconfiguring historical, political, and policy milestones* (Palgrave Macmillan, New York, NY, 2016), pp. 137–166.

61. Michael Chege, ‘The political economy of foreign aid to Kenya’, in Nic Cheeseman, Karuti Kanyinga and Gabrielle Lynch (eds), *The Oxford handbook of Kenyan politics* (Oxford University Press, Oxford, 2020), pp. 547–561, p. 557.

62. Mercy Kaburu, ‘Decision making and Kenya’s foreign policy behaviour’, p. 18.

63. Mbaya ‘Kenya’s foreign policy and diplomacy’, p. 76.

The post-election violence and its aftermath were significant for Kenya's IR in three ways. First, the immediate political impasse was resolved by the intervention of leaders from other African states, performing the kind of mediation which Kenya itself had pioneered in the wider region. Second, in response to the deeper crisis of legitimacy, a reform process was launched, leading to a new Constitution, endorsed by the people. This set parameters for the conduct of foreign policy, making international law applicable domestically and creating a catalogue of fundamental rights enforceable against the state, including the right of citizens to the highest attainable standard of health. The latter gestures towards Kenya's sometime identity as 'a good global health citizen'. As Mbaya has argued, the terms of the Constitution and its (hoped-for) implementation could help Kenya project 'the image of a responsible state' in its foreign policy.⁶⁴ Third, senior politicians and officials were indicted by the International Criminal Court (ICC) for their alleged role in directing the violence, including Uhuru Kenyatta and William Ruto, who were elected President and Deputy-President, respectively, in 2013. In power, they used diplomatic instruments to resist the charges, presenting Kenya, not as the West's 'blue-eyed boy in Africa', or a model global citizen, but as a victim of neo-imperialism.⁶⁵ Deploying an overtly 'anti-colonial and pan-African identity', the new government rallied its continental peers and secured crucial Chinese support at the UN Security Council in an ultimately successful attempt to frustrate the ICC process.⁶⁶

Kenya's plural identities in IR

Our discussion has revealed not one, but a series of identities underpinning Kenya's foreign policy since independence. In summary, these are (i) an 'active contributor to IR', hosting UN bodies and brokering regional peace; (ii) the 'inheritor of anti-colonial struggle' with a 'pan-African identity'; (iii) responsible subject of global governance, in particular, 'a good global health citizen'; (iv) reliable partner of the West and 'an island of stability' in a troubled region. Articulated at different moments, in response to external pressures and internal crises, each now forms part of Kenya's diplomatic repertoire. Admittedly, health was not forefront of definitions of the national interest that stemmed from these different identities. Indeed the government's Foreign Policy document of 2014 almost completely

64. *Ibid.*

65. Njoki Wamae, 'International relations and the International Criminal Court', in Nic Cheeseman, Karuti Kanyinga and Gabrielle Lynch (eds), *The Oxford handbook of Kenyan politics* (Oxford University Press, Oxford, 2020), pp. 562–575, p. 570.

66. L. Muthoni Wanyeki, 'Foreign policy and regional relations', in Nic Cheeseman, Karuti Kanyinga and Gabrielle Lynch (eds), *The Oxford handbook of Kenyan politics* (Oxford University Press, Oxford, 2020), pp. 589–601, p. 596.

neglected health as a thematic focus.⁶⁷ Nonetheless securing resources for public health remains a key task of government. In this section, we track its efforts to do so during the Covid-19 pandemic, investigating the manner in which the identities highlighted earlier shaped Kenya's vaccine diplomacy.

Reproducing Kenyan identities during the Covid-19 pandemic

Kenya's effort to secure vaccines against Covid-19 was conducted across different institutional settings and addressed a variety of audiences. It was also led by a range of state actors, who pursued the question of access more or less directly. In some cases, Kenya's stand in global communities was affirmed in general terms, as in the President's speeches to the UN Security Council and to foreign diplomats in Nairobi. In others, a straightforward claim was made, for example, during a dispute with the UK over travel restrictions and vaccine supply. Procurement strategy was shaped by domestic controversies, as in the conflict between politicians and national regulators over the admission of Russian-made vaccines. But it was also pursued in formal inter-state fora, including bilateral and multilateral summits, as well as meetings of the African Union. In this section, we examine each of these four 'moments' of the Kenyan agency in global health during the Covid-19 pandemic. Building on the theoretical insights from constructivist IR and the historical review set out earlier, we clarify the specific identities which were articulated as part of these interventions. As will be seen, each involves a re-articulation of at least one (and in some cases more than one) of the state identities established over the course of Kenyan diplomatic history discussed in the previous section.

An island of stability: addressing the international community

Kenya became a non-permanent member of the UN Security Council (UNSC) for the second time in its history in June 2021 at the height of the controversy over pandemic control and vaccine hoarding in the global north. Unsurprisingly, Kenya committed to focusing on vaccine equity, in tandem with the African Union's peace and security agenda, as well as climate change, for the period when it held the rotational chairmanship of the UNSC in October 2021.⁶⁸ In his speech as chair delivered on 12 October 2021, President Uhuru Kenyatta dramatized Covid-19 as a threat to the stability of the weak and unstable states which, he implied, were typical of

67. Ministry of Foreign Affairs, 'Kenya's Foreign Policy', (Nairobi, 2012), <Kenya-Foreign-Policy.pdf (kippra.or.ke)> (16 May 2023).

68. Ministry of Foreign Affairs, 'Kenya Assumes the Presidency of The UN Security Council', 4 October 2021, <<https://mfa.go.ke/kenya-assumes-the-presidency-of-the-un-security-council-unscc/>> (16 May 2023).

the continent.⁶⁹ The latter failed to measure up to the conventional requirements of international law and politics at a time of urgency when ‘the most dangerous challenges facing countries have multiplied’. As he put it during the UNSC open debate on the maintenance of international peace and security:

In Africa, the capacity of the state, in the most fragile situations, has not grown sufficiently to effectively control every part of its territory. Its ability to deliver public goods to all citizens has also been limited.⁷⁰

Echoing dominant academic and policy thinking regarding security on the continent, he argued that ‘competence and reach’ in this regard ‘is the single most important national and global asset in maintaining peace in fragile situations’ such as the pandemic. In doing so, he rejected the popular contrast ‘between Eastern and Western approaches’ to controlling the pandemic. Rather the

biggest difference [was] between states that can provide a strong bridge to allow their citizens and economies to successfully navigate extreme crises versus those that cannot muster such an effort.⁷¹

This allowed the President to make an explicit link between pandemic control and insecurity. He warned that

If fragile countries do not get prompt access to the vaccine, their economic problems will likely turn into political and security challenges. Affordable and quick access to the COVID-19 should, therefore, be regarded as a valuable investment in peace.⁷²

This securitization of vaccine access, which omits any reference to human rights or global justice, is familiar from earlier debates on access to antiretroviral therapy for HIV/AIDS.⁷³ Beyond the immediate context of the UNSC, its wider audience is composed of policymakers in wealthy states, whose anxieties about state fragility are informed by long-established

69. *The Star*, ‘President Kenyatta’s speech during UN Security Council debate on peacebuilding, sustainable peace’, 12 October 2021, <<https://www.the-star.co.ke/opinion/2021-10-12-president-kenyattas-speech-during-un-security-council-debate-on-peacebuilding-sustainable-peace/>> (16 May 2023).

70. The Presidency, ‘Statement by HE Uhuru Kenyatta, CGH, President of the Republic of Kenya during the United Nations Security Council open debate on maintenance of international peace and security: Challenges of maintaining peace and security in fragile contexts, 6 January 2021 [copy on file with authors].

71. *Ibid.*

72. *Ibid.*

73. See Colin McInnes and Simon Rushton, ‘HIV/AIDS and securitization theory’, *European Journal of International Relations* 19, 1 (2013), pp. 115–138.

tropes about Africa's ungovernability. The identification of Kenya with this developed country audience is achieved through the use of the first-person plural: 'we must not let the COVID-19 pandemic be a major driver of insecurity'.⁷⁴ As such, it affirms a community of responsible states, constituted by norms of internal stability and for supporting other states in achieving this stability. It also trades on Kenya's identity as 'an island of stability' in its region and in Africa more widely, articulated strongly during the first two decades of independence, and reprised during the US 'global war on terror' from the late 1990s. This relational identity was also evident in the President's annual address to the Nairobi diplomatic community in March 2021. Highlighting the country's initiatives in response to the pandemic, he affirmed that

Kenya remains an anchor for regional peace and security... inspired by an understanding that conflicts are rarely isolated occurrences confined within national borders... Unfortunately, our region remains in a state of constant flux with volatility triggered by security challenges ... [even before] the COVID-19 pandemic struck.⁷⁵

Kenya's identity as a haven in a troubled region was also forefront of its bilateral engagement with the USA. Admittedly, the historically close cooperation on security and trade between the two countries had been neglected under the isolationist policies of President Donald Trump, which spanned the first year of the pandemic. But Trump's replacement by the avowedly internationalist Joe Biden allowed Kenya to securitize Covid-19 effectively, linking it to US concerns about terrorism in the East African region and prompting an American commitment to accelerate vaccine donations.⁷⁶

The inheritor of anti-colonial struggle: challenging vaccine apartheid

The UK, as the former colonial power, remains an important partner for Kenya in the areas of trade, tourism, and military cooperation. The partnership is also extensive in health care and health sciences, most notably through the longstanding cooperation between the Kenya Medical Research Institute (KEMRI) and the Wellcome Trust.⁷⁷ KEMRI's Kilifi facility hosted early trials of the Oxford University-AstraZeneca vaccine

74. Emphasis added.

75. The Presidency, 'Statement by His Excellency Hon. Uhuru Kenyatta, C. G. H, President of the Republic of Kenya and Commander-in-Chief of the Defence Forces during the Annual Presidential Briefing to the Diplomatic corps', 4 March 2021 [copy on file with authors].

76. Kevin Cheruiyot, 'Kenya to receive share of Biden's 55 million Covid vaccine donation', *The Star*, 22 June 2021, <<https://www.the-star.co.ke/news/2021-06-22-kenya-to-receive-share-of-bidens-55-million-covid-vaccine-donation/>> (16 May 2023).

77. Harrington, 'Indicators, security, and sovereignty'.

against Covid-19. It also provided a resonant site, at the height of the pandemic, for the signing of a high-level trade and health partnership by the UK Foreign Secretary, Dominic Raab, and Kenyan Cabinet Secretary for Health, Mutahi Kagwe, in January 2021.⁷⁸ This was the context for an extended engagement between Nairobi and London over travel restrictions and vaccine access, which showcased established identities on the Kenyan side. Thus, in April 2020 the government sent a planeload of flowers for distribution to staff working in Britain's National Health Service.⁷⁹ In response to domestic criticism which pointed to the poor state of health care at home, the President was open about the government's motive, namely to sustain trade with one of the chief importers of cut flowers and more generally 'to show the world our product and when the coronavirus pandemic dust settles, we can do business'.⁸⁰ A similar warmth, proceeding from Kenya's identity as 'an island of stability', and a reliable partner of the West, for trade and tourism as much as security, was apparent in Kenya's initial decision not to ban UK flights as the 'alpha' variant of Covid-19 began to spread from Britain in December 2020.

The warmth did not last, however, as the UK imposed harsh restrictions in April 2021 on air passengers arriving from Kenya, along with other states mostly in Africa and Latin America.⁸¹ Even where these travellers could show that they had been inoculated using WHO-approved vaccines, they would still be required to spend two weeks in quarantine after landing. The Kenyan government responded by banning UK travellers from entry. The Ministry of Foreign Affairs justified this stance in a lengthy statement. The text served as a medium for Kenyan 'vaccine science diplomacy' vis-à-vis the UK, referencing the AstraZeneca trials at Kilifi, and the dependence at that time of many British citizens on the resulting vaccine. But it also moved beyond the immediate bilateral context, noting that Kenya's

performance in managing, combating and containing the spread of COVID-19 [had] been singled out and lauded by many partners, including the WHO, as being exemplary and worthy of recognition and

78. Stela Njunge, 'KEMRI Hosts High-level Bilateral Agreement Meeting between Kenya and UK', *KEMRI*, 20 January 2021, <<https://www.kemri.go.ke/2021/01/28/kemri-hosts-high-level-bilateral-agreement-meeting-between-kenya-and-uk/>> (16 May 2023).

79. Hillary Kimuyu, 'Think before you talk nonsense on social media, Uhuru tells critics of his flowers to UK medics', *Nairobi News*, 1 March 2020; see also Rasnah Warah, 'What COVID-19 has revealed about our callous and clueless leaders', *The Elephant*, 15 May 2020, <<https://www.theelephant.info/op-eds/2020/05/15/what-covid-19-has-revealed-about-our-callous-and-clueless-leaders/>> (16 May 2023).

80. Kimuyu, 'Think before you talk nonsense'.

81. Department of Transport, 'Countries added to red list to protect UK against variants of concern', 2 April 2021, <<https://www.gov.uk/government/news/countries-added-to-red-list-to-protect-uk-against-variants-of-concern>> (16 May 2023).

support... Kenya remains a responsible actor, nationally, regionally and globally.⁸²

This claim harkens back to Kenya's identity as an island of stability, as discussed earlier. But we submit that it also evokes the image of an actor constituted by adherence to legal and scientific norms. Kenya here is figured as 'a good global health citizen'. This image is contrasted not with the failures of weak states in the region, but with the UK's unwillingness to limit itself to measures, which 'reflect prevailing logic and scientific understanding of the disease or the spread of the pandemic'.⁸³

Noting that 'this virus did not originate in Africa', the Ministry suggested that British measures seemed 'to be motivated by a discriminatory policy against certain countries and peoples'. Moreover, it linked this response with the UK's failure, like that of other producer countries

to share vaccines which it possessed in greater quantities than it had use for... This vaccine apartheid, coupled with the reckless calls for vaccine passports while not making the vaccines available to all nations, widens existing inequalities and makes it near impossible for the world to win the war against the pandemic.⁸⁴

This evokes the broad Third World challenge to neo-colonial exploitation and unfair terms of trade in the 1970s.⁸⁵ As such, it represents contemporary Kenya as 'the inheritor of anti-colonial struggle' for independence partaking of a collective African identity most recently articulated during the ICC controversy. It is worth noting that these challenges to the UK had a favourable outcome, with London donating 817,000 vaccine doses and lifting restrictions on arrivals in June and October 2021, respectively.⁸⁶

82. Copy on file with authors; see also Ministry of Foreign Affairs, 'Press statement on the decision by UK to Red List Kenya', *Twitter*, 3 April 2021, <<https://twitter.com/ForeignOfficeKE/status/1378411618535677953>> (16 May 2023).

83. Africa Centres for Disease Control and Prevention, 'Statement on UK travel restrictions', 24 September 2021, <<https://africacdc.org/news-item/statement-on-uk-travel-restrictions-september-24-2021/>> (16 May 2023).

84. Ministry of Foreign Affairs, 'Press statement on the decision by UK to Red List Kenya.' See also Sarah Dean, 'Kenya warns of "vaccine apartheid" as it hits back at the UK over travel ban move', *CNN*, 7 April 2022, <<https://edition.cnn.com/2021/04/07/africa/kenya-vaccines-apartheid-uk-cmd-intl/index.html>> (16 May 2023).

85. For an overview, see Nils Gilman, 'The New International Economic Order: A reintroduction', *Humanity* 6, 1 (2015), pp. 1–16.

86. Foreign Commonwealth and Development Office, 'UK to send Kenya 817000 COVID vaccines as Prime Minister Johnson meets President Kenyatta', 28 July 2021, <<https://www.gov.uk/government/news/uk-to-send-kenya-817000-covid-vaccines-as-prime-minister-johnson-meets-president-kenyatta>> (16 May 2023).

A good global health citizen: the controversy over Russian vaccines

The thwarted attempt to import the Russian vaccine, Sputnik V, provides a further ‘moment’ in the conduct of Kenya’s diplomacy during the Covid-19 pandemic, but this time one which played out domestically rather than in international fora. During the development of Sputnik V in 2020, the Kenyan government had expressed its openness to taking the vaccine, which was being promoted worldwide as a mode of ‘soft power’ in Russia’s search for renewed influence across the global south.⁸⁷ Its ambassador to Nairobi, thus, reminded readers of *The Star* newspaper that the Soviet Union had led in the development of vaccines against smallpox, plague, polio, and other diseases affecting the Third World,⁸⁸ a message of solidarity which chimed with previous reminders by the Russian Foreign Minister Sergei Lavrov of Soviet support for liberation struggles across Africa.⁸⁹ An opening for Russia seemed to emerge as Western states hoarded scarce vaccines in early 2021. Thus, by March, Kenya had received a limited amount of the AstraZeneca vaccine through the COVAX facility, only enough to begin dosing frontline health workers and the elderly according to a Ministry of Health priority list.

In a bid to outflank the under-resourced global system, a Kenyan pharmaceutical company obtained ‘emergency use approval’ for Sputnik V from the Pharmacy and Poisons Board (PPB). Delivery at the end of March 2021 became embroiled in political factionalism within the governing coalition.⁹⁰ While the President, his family, and cabinet allies had taken AstraZeneca, the Deputy-President and a number of sympathizers in the legal profession were photographed receiving Sputnik V, flanked by a banner proclaiming its ‘91.6 percent efficacy’.⁹¹ An outcry over queue-jumping followed in the media and in parliament.⁹² The Russian vaccine was being

87. Simon Ndonga, ‘Kenya to engage Russia in seeking Covid 19 vaccine as cases drop’, *Capital FM*, 11 August 2020, <<https://www.capitalfm.co.ke/news/2020/08/kenya-to-engage-russia-in-seeking-COVID-19-vaccine-as-cases-top-27425/>> (16 May 2023).

88. Dmitry Maksimych, ‘COVID 19: Russian Sputnik flies again’, *The Star*, 18 August 2020, <<https://www.the-star.co.ke/opinion/columnists/2020-08-18-covid-19-vaccine-russian-sputnik-flies-again/>> (16 May 2023).

89. Quoted in Sergey Sukhankin, ‘The Kremlin’s controversial soft power in Africa (Part one)’, *Eurasia Daily Monitor* 16, 168 (2019), <<https://jamestown.org/program/the-kremlins-controversial-soft-power-in-africa-part-one/>> (16 May 2023).

90. Patrick Gathara, ‘What is going on with Kenya’s COVID-19 vaccine drive?’, *Al Jazeera*, 3 April 2021, <<https://www.aljazeera.com/opinions/2021/4/3/what-is-going-wrong-with-kenyas-covid-19-vaccine-drive/>> (16 May 2023).

91. Mate Tongola, ‘President Uhuru, First Lady Margaret Kenyatta get Covid-19 vaccination’, *The Standard*, 30 June 2021, <<https://www.standardmedia.co.ke/nairobi/article/2001407585/president-uhuru-gets-covid-19-vaccination>> (16 May 2023); see also Silas Kiplagat, ‘DP Ruto Vaccinated with Russia’s Sputnik V’, *Capital FM*, 30 March 2021, <<https://allafrica.com/stories/202103310033.html>> (16 May 2023).

92. See for example, Japheth Ruto, ‘Otiende Amollo challenges gov’t to come clean on Russian Sputnik V vaccine’, *Tuko*, 1 April 2021, <<https://www.tuko.co.ke/407495-otiende-amollo-challenges-govt-come-clean-russian-sputnik-v-vaccine-its-total-fraud.html>> (16 May 2023).

supplied on a commercial basis only, with recipients being charged up to US \$70 for the full dose, causing the daily ‘Taifa Leo’ to label it ‘chanjo ya masonko’ (‘vaccine of the rich’).⁹³ On 5 April 2021, the controversy was settled as the Ministry of Health (MoH) effectively overruled the PPB by banning further use of Sputnik V.⁹⁴ Cabinet Secretary Kagwe justified the ban on the basis that private sector involvement undermined state control over vaccine supply and quality, risking the importation of counterfeit vaccines. As he put it ‘[t]he only agent for vaccination in Kenya will remain the government of the republic of Kenya until further notice’.⁹⁵ Moreover, Sputnik V had not been pre-qualified for emergency use by the WHO due to the reluctance of its producer, Moscow’s Gamaleya Institute, to publish full trial data.⁹⁶ The MoH’s refusal to grant authorization was in accord with that of South African regulators and echoed the African Union’s rejection of 300 million doses in February 2021.⁹⁷

It could be argued that we are concerned here with a purely internal bureaucratic dispute, leading only to the refusal of a given vaccine supply, and thus not capable of comparison with the formal diplomacy of set-piece speeches and foreign ministry communications. However, this would be to overlook the capacity of African states to exercise agency negatively as well as positively.⁹⁸ In fact Kenya’s unwillingness to engage on the terms proposed by Russia and its local commercial intermediaries was itself a mode of vaccine diplomacy, realized discursively through a combination of identities. By overriding the PPB, the government projected the image of a unified state providing for the health of its population and exercising authority over its internal components. No doubt Kenyan citizens, concerned with fairness and safety, were an important audience for this performance. But it was also directed outwards, sustaining the image of Kenya as ‘a good global health citizen’. As such the country could be

93. Leon Lidigu and James Murimi, ‘Chanjo ya masonko yafika’, *Taifa Leo*, 25 March 2021, p. 1.

94. Abdi Latif Dahir, ‘Kenya blocks private Covid vaccine imports on fear of fakes’, *New York Times*, 3 April 2021, <Kenya Blocks Private Covid Vaccine Imports on Fear of Fakes—The New York Times (nytimes.com)> (16 May 2023).

95. Quoted in Amina Wako and Hellen Shikanda, ‘State bans importation of vaccines as 1851 more test positive’, *Nation*, 2 April 2021, <State bans importation of vaccines as 1851 more test positive | Nation> (16 May 2023).

96. See David Ngira and John Harrington, ‘COVID-19 vaccine safety and compensation: The case of Sputnik V’, *The Elephant*, 18 June 2021 <<https://www.theelephant.info/oped/2021/06/18/covid-19-vaccine-safety-and-compensation-the-case-of-sputnik-v/>> (16 May 2023).

97. See Ian Hill, ‘Russia and China’s Vaccine Diplomacy: Not Quite the Geopolitical Slam Dunk’, *Australian Institute of International Affairs*, 14 September 2021, <<https://www.internationalaffairs.org.au/australianoutlook/russia-and-chinas-vaccine-diplomacy-not-quite-the-geopolitical-slam-dunk/>> (16 May 2023).

98. See Samuel Ramani, ‘With Sputnik V Russia shot itself in the foot’, *Foreign Policy*, 24 June 2021, <<https://foreignpolicy.com/2021/06/24/russia-sputnik-v-vaccine-diplomacy-africa-prices-delays/>> (16 May 2023).

relied on to follow WHO standards regarding vaccine sourcing and distribution, as well as a more general norm of political non-interference in the implementation of health policy. To this end, the strong Kenyan state, so often associated with security and the exercise of force, was figured as an indispensable node in the international health network, guaranteeing fairness and scientific defensibility. This identity was given an important continental inflection as it was revealed that the MoH had been advised by the Africa Centres for Disease Control and Prevention (Africa CDC) during the controversy. Its Deputy Director, Dr Ahmed Ogwel Ouma confirmed the importance of state control, adherence to African and global standards, and the non-commercialization of vaccine access.⁹⁹ It should also be noted that the SputnikV controversy marked the limits of the 'Looking East' policy, which had marked the Kibaki presidency and the period of the ICC trials, when Moscow, along with Beijing, had provided cover for the Kenyan accused. Covid-19 saw the 'pan-African identity' disarticulated from the anti-Western stance and instead aligned with a globalist approach to health.

An active contributor to IR: multilateral summits and African institutions

Kenya's vaccine diplomacy has also been pursued in and through multilateral fora. As Siphamandla Zondi has argued the development of common positions between states in such contexts exemplifies agency and permits the articulation of values and interests in IR.¹⁰⁰ Thus, in April 2022, the Cabinet Secretary for Health pledged support for the pandemic treaty under development at the WHO.¹⁰¹ For him the treaty, a response to the deficiencies in global health governance revealed during the Covid-19 pandemic, would allow the world to 'work like a single army defending ourselves against a common enemy with each member state being the other's keeper'.¹⁰² Kenya made a more concrete intervention, though with similar intent, in relation to the waiver of intellectual property (IP) obligations (ultimately) agreed upon at the WTO. This allows states to override their duty, under the Trade Related Intellectual Property Agreement (TRIPs)

99. Angela Oketch and Leon Lidigu, 'CDC Africa had warned Kenya against SputnikV vaccine', *Nation*, 4 April 2021, <<https://nation.africa/kenya/news/cdc-africa-had-warned-kenya-against-sputnik-v-vaccine-3348282>> (16 May 2023).

100. Siphamandla Zondi, 'Common positions as African agency in international negotiations: An appraisal', in Brown and Harman (eds), *African agency in international politics*, pp. 19–34, p. 21.

101. Hannon Elliot, Hanbali Layth, Lehtimaki Susana, Schwalbe Nina, 'Why we still need a pandemic treaty', *Lancet Global Health* 10, 9 (2022), pp. e1232–e1233.

102. John Muchangi, 'WHO seeks views of Kenyans on new pandemics treaty', *The Star*, 3 April 2022, <<https://www.the-star.co.ke/news/2022-04-03-who-seeks-views-of-kenyans-on-new-pandemics-treaty/>> (16 May 2023).

Agreement, to enforce patents on vaccines for the duration of the pandemic.¹⁰³ Costs will, it is hoped, be reduced, thereby helping to increase accessibility worldwide.¹⁰⁴ Repeating the stance it adopted during the controversy over IP rights and access to HIV/AIDS treatments in the early 2000s, Kenya co-sponsored the waiver which was proposed by India and South Africa in recognition of the need for ‘a global response based on unity, solidarity and multilateral cooperation’.¹⁰⁵

The African Union (AU) gained prominence during the Covid-19 pandemic as an essential forum and actor in global health.¹⁰⁶ Active in vaccine procurement, the AU augmented supplies from the WHO’s COVAX facility, enabling Kenya, for example, to procure 13 million doses of Johnson and Johnson vaccines through its African Vaccine Acquisition Trust Programme.¹⁰⁷ It also promoted the development of manufacturing facilities on the continent, in order to counter vaccine hoarding by global north states.¹⁰⁸ President Kenyatta linked these initiatives with the market-led approach to development, which has historically marked Kenyan foreign policy. In a speech to the Africa Health Agenda International Conference in March 2021, which evoked Kenya’s ‘pan-African identity’, the President argued that in realizing the vision of

our forefathers [of] an African continent free of poverty ignorance and disease [we] need to harness the innovative energy and creativity witnessed in Africa in response to the COVID-19 pandemic.¹⁰⁹

The AU has also increased continent-wide collaboration in scientific and technical matters through the work of the Africa CDC, as noted earlier in relation to the Sputnik V controversy. Moreover, as Balogun and Patterson

103. World Trade Organization, Ministerial Decision on the TRIPs Agreement, 17 June 2022 WT/MIN(22)/30. See further, Siva Thambisetty, Aisling McMahon, Luke McDonagh, Hyo Yoon Kang and Graham Dutfield, ‘Addressing vaccine inequity during the Covid-19 pandemic and beyond’, *Cambridge Law Journal* 81, 2 (2022), pp. 384–416.

104. Fernando Dos Santos, Caroline Ncube and Marisella Ouma, ‘Intellectual property framework responses to health emergencies – options for Africa’, *South African Journal of Science* 118, 5/6 (2022), pp. 1–7.

105. World Trade Organization, ‘Waiver from certain provisions of the TRIPs agreement’.

106. Babatunde Fagbabiyo and Udoka Owie ‘Crisis as opportunity: Exploring the African Union response to COVID-19 and the implication for its aspirational supranational powers’, *Journal of African Law* 65, S2 (2021), pp. 181–208.

107. See The Presidency, ‘President Kenyatta asks Africa CDC to issue harmonised COVID-19 protocols for AU meeting’, 24 December 2020 [copy on file with authors].

108. Africa CDC, ‘African Union and Africa CDC launch Partnership for Vaccine Manufacturing, Framework to Achieve it and Signs two MOUs’, (AU Communiqué 16 April 2021), <<https://africacdc.org/news-item/african-union-and-africa-cdc-launches-partnerships-for-african-vaccine-manufacturing-pavm-framework-to-achieve-it-and-signs-2-mous/>> (16 May 2023).

109. The Presidency, ‘Remarks by His Excellency President Uhuru Kenyatta during the opening of virtual fourth edition of the Africa Health Agenda international conference’ 8 March 2021 [copy on file with authors].

have noted, participation in AU initiatives and discussions has promoted ‘a shared language of diplomatic persuasion’ and the performance of a collective, pan-African identity in global health.¹¹⁰ In this vein, the President explained that he was

particularly proud to have had the opportunity to serve as a member of the Bureau of the Chairperson of the African Union under the leadership of [South African] President Cyril Ramaphosa [and] to coordinate strategic and innovative African solutions to the challenges we faced with the COVID-19 pandemic in Africa.¹¹¹

Beyond the established multilateral institutions, Kenya also participated in summits addressing the pandemic. Thus, it joined an Extraordinary China-Africa Summit on COVID-19 in April 2020 at which Beijing pledged support for willing African states in the form of loans and the donation of material needed for the pandemic response.¹¹² Much academic and diplomatic attention was focused on the likely extension of Chinese influence beyond its traditional sphere of infrastructure to ‘social areas’, such as health, traditionally associated with Western countries. Attention was also drawn to the manner in which President Xi Jinping linked such aid with African support for Chinese policy in Hong Kong, Xinjiang, and Taiwan.¹¹³ Several African states subsequently accepted donations of Sinovac and other Chinese vaccines, though not Kenya, which, as we have seen, preferred Western over Eastern producers. Covid-19, thus, confirms Soulé’s argument that summits are more than simply moments in a new ‘scramble for Africa’ directed by outsiders.¹¹⁴ As well as facilitating the pursuit of material interests like vaccine procurement, they also function as theatres for the performance of African agencies.¹¹⁵ They facilitate the reproduction of relational identities, enabling states to do ‘what other states do’. This

110. Amy Patterson and Emmanuel Balogun, ‘African responses to COVID-19: The reckoning of agency?’, *African Studies Review* 64, 1 (2021), pp. 144–167; Bronwyn Bruton, ‘African agency in the new Cold War: Traditional power competition in the Post-COVID-19 African landscape’ (Atlantic Council, Washington, DC, 2020), p. 4.

111. The Presidency, ‘Statement by his excellency Hon. Uhuru Kenyatta’.

112. Forum for China-Africa Cooperation, ‘Xi Jinping chairs the extraordinary China-Africa summit on solidarity against COVID-19 and gives keynote speech’, FOCAC, 17 June 2020, <Xi Jinping Chairs the Extraordinary China-Africa Summit On Solidarity Against COVID-19 and Gives a Keynote Speech (china-embassy.gov.cn)> (16 May 2023).

113. See for example, Sam Morgan, ‘Macron urges Europe to send vaccines to Africa to combat Chinese and Russian influence’, *The Telegraph*, 18 February 2021, <<https://www.telegraph.co.uk/news/2021/02/18/macron-urges-europe-send-vaccines-africa-combat-chinese-russian/>> (16 May 2023); Kirk Lancaster, Michael Rubin and Mira Rapp-Hooper, ‘Mapping the health silk road’, *Council for Foreign Relations*, 10 April 2020, <<https://www.cfr.org/blog/mapping-chinas-health-silk-road>> (16 May 2023).

114. Foloshade Soulé, ‘Africa+1’ summit diplomacy and the “new scramble” narrative: Re-centering African agency’, *African Affairs* 119, 477 (2020), pp. 633–646.

115. See Carl Death, ‘Summit theatre: Exemplary governmentality and environmental diplomacy in Johannesburg and Copenhagen’, *Environmental Politics* 20, 1 (2011), pp. 1–19.

effect is enhanced when states organize high-level meetings. For example, Kenya convened the Extraordinary Summit of the Organisation of African, Caribbean and Pacific States (OACPS) on COVID-19 in June 2020, confirming its identity as ‘an active contributor to IR’ in the context of the pandemic.¹¹⁶

Conclusion

Kenya’s vaccine diplomacy during COVID-19 has been anchored by a set of national identities established through the articulation of foreign policy in the decades since independence in 1963. Attending closely to key ‘moments’—high-profile interventions and controversies—we have emphasized the identity-driven nature of vaccine diplomacy. This works in both instrumental and symbolic ways. The articulation of identities supports the realization of the state’s material objectives, such as securing an adequate vaccine supply for the population. Judged against that ambition, Kenya enjoyed some, though limited, success. Multilateral engagement, through the WHO’s COVAX scheme, provided the bulk of vaccines obtained. Bilateral donations were secured from the USA and the UK, for example. But even taken together, these fell far short of meeting Kenyan needs, affording a much lower level of coverage than that achieved in European and North American countries in the first year and a half after the vaccine roll-out. While this gap has since narrowed, the pandemic has highlighted the pervasive inequality of material outcomes and the asymmetry of power which marks global health. The universalist ambitions of the latter, focused on medical needs regardless of location, continue to be undercut by the particular interests of powerful states. Their preponderant economic, legal, and diplomatic resources are sustained by the legacy of the empire.¹¹⁷ They have been equally resistant to the health-focused challenges of Third World nationalism in the 1970s and the health and human rights movement in more recent decades.¹¹⁸ South-south initiatives which Kenya has supported, most notably the waiver to the TRIPs agreement, concluded in 2022, have not as yet led to increased supply. Attempts to increase vaccine manufacturing capacity, under the auspices of the African

116. OACPS, ‘Communique on the 1st Extraordinary Inter-Sessional Summit of OACPS Heads of State and Government’, 3 June 2020, <[Communique on the 1st Extraordinary Inter-Sessional Summit of OACPS Heads of State and Government—OACPS](#)> (16 May 2023).

117. John Harrington, ‘Between nation and empire: How the state matters in global health’, *Legal Studies* 43 (2023) <<https://doi.org/10.1017/lst.2022.48>>

118. See Sharifah Sekalala, Lisa Forman, Timothy Hodgson, Moses Mulumba, Hadijah Namyalo-Ganafa, and Benjamin Mason Meier, ‘Decolonising human rights: How intellectual property laws result in unequal access to the COVID-19 vaccine’, *BMJ Global Health* 6 (2021), e006169.

Union, show similar promise but are not yet able to ensure continental self-sufficiency.¹¹⁹

The discursive performance of identities also tends to bolster the symbolic authority of the state in the eyes of domestic and international audiences. Identities express a sense of common history and shared national goals, which may serve to coordinate and discipline institutions and interest groups within a state. Thus, Kenya's international reputation as an 'island of stability', vaunted by the President in his speech to foreign diplomats during COVID-19, has been articulated domestically as an 'ideology of order' deployed to quieten internal dissent.¹²⁰ This identity was bolstered internally through the MoH's refusal to sanction the importation of Sputnik V from Russia. Identities also denote the belonging of states to relevant international communities, from general groupings (e.g. through participating in the UNSC) to those focused on specific fields or regions (e.g. through the WHO and multilateral summits on vaccine procurement). Symbolic authority is, thus, asserted in the face of persistent scepticism about the reality of African statehood and the possibility of African agency, in IR broadly and in global health specifically.

Our review of 'moments' in Kenya's vaccine diplomacy confirmed the theoretical insight that identities in IR are plural, subject to articulation in specific contexts, and informed by the cultural and historical trajectories of different states. Sometimes more than one identity was at stake in a single 'moment'. Disputes with the UK over travel restrictions and vaccine access were framed in terms of both 'anti-colonial' and 'good global health citizen' identities. The controversy over Sputnik V also saw a performance of 'good citizenship', but this time in tandem with Kenya's identity as a 'reliable' state. Participation in multilateral fora performed Kenya's identity as 'an active contributor to IR' and its membership of the pan-African community of states. In each case, we highlighted resonances with identities elaborated in the different phases of post-independence foreign policy, such as the Cold War, the structural adjustment period, and the ICC trials of national leaders. Past identities do not disappear, then, but neither do they wholly determine the present. Rather they are available for re-articulation in new contexts to specific audiences. Thus, Kenya's image as a stable state, developed with reference to the 'high-politics' of international security, was redeployed for use in the 'low-politics' of health during the pandemic. Moreover, these interventions involved a range of state actors, from the President to the health minister, from the MoH to the Ministry

119. Emmanuel Arakpogun, Ziad El Sahn, Karla Prime, Paolo Gerli, and Femi Olan, 'Africa's Resilience in the Face of COVID-19 Pandemic: Let's Talk about It!', (SSRN Working Paper Series 1 July 2020), <<https://ssrn.com/abstract=3640311>> (16 May 2023).

120. E. S. Atieno-Odhiambo, 'Democracy and the ideology of order in Kenya', in Michael Schatzberg (ed.), *The political economy of Kenya* (Praeger, Westport, CT, 1987), pp. 177–201.

of Foreign Affairs. This contingency and multiplicity facilitated creativity and responsiveness and taken together demonstrate the exercise of Kenyan agency in IR.

Agency in IR is not limited to the projection of force or the assertion of economic power. It also involves the ability to shape and deploy discursive resources, including the capacity to create and sustain fora and speaker roles, as well as images and ideas. We have sought to show the explanatory potential of this insight in relation to Covid-19. More generally, as regards methods for studying 'Africa's IR', we suggest that our approach allows the histories and cultures of diplomacy and foreign policy to be taken seriously in their own terms and as active elements within contemporary IR. Experience during the pandemic confirms that African states are not purely passive recipients of blandishments or coercion on the part of external powers. Nor are they merely hollow 'juridical' entities that mimic their more fully realized peers in Europe or Northern America. Rather they are the objects and originators of ideational efforts to define interests and identities.