Role of Kenya's Foreign Policy in Addressing National Health Security

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ABSTRACT

The Covid-19 pandemic of 2020 accelerated the rising profile of national health security, given its indiscriminate devastation of economies and livelihoods. Health has thus become an issue of strategic importance in global discourse. The study sought to explore the mechanisms that are in place for cooperation between the two sectoral dockets of foreign affairs and health in Kenya in the implementation of foreign policy towards achieving health security objectives. It adopted a desktop review of secondary data, which was subsequently analyzed thematically. The study found that health interests are contemplated within the broader framework of cooperation with other states and organizations. However, the absence of a "health diplomacy" pillar in Kenya's foreign policy exposes an existing gap in operational clarity among the foreign policy practitioners. This notwithstanding, existing cooperation has brought about tangible health benefits, including the campaign and efforts to rollback major diseases, while bilateral frameworks have provided for investments in the sector, exchange of personnel and expertise, and transfer of technology. The foreign affairs and health ministries have a significant level of interaction towards delivering the national health security agenda, albeit in silo-like manner. As the prominence of health as an issue of strategic importance ascends, a case is being made for the addition of "health diplomacy" pillar, into the Foreign Policy to alleviate the identified gap.

Key words: Health Security, Foreign Policy, Health Policy, Health Diplomacy and Cooperation

INTRODUCTION

The profile of health security has risen significantly within the international agenda with the advent of global pandemics, as to warrant attention on the specific intervention strategies that may be necessary for countries to effectively cope with them. This is more so given their now obvious potential to extensively and indiscriminately devastate economies and livelihoods.

In the past, security threats were primarily posed by entities outside of countries, and protecting national security meant safeguarding the state's territorial boundaries and sovereignty, which were seen as absolute. The change in paradigm meant that emerging security issues, such as health, joined the broader security framework, and secured a place as an emerging and integral part of global geopolitics and diplomacy.

The discourse on global health now covers a broad range of topics that involve health and its various determining factors. This is because health has transcended the confines of the medical field and has become a significant aspect in foreign relations, security measures, and trade policies. Essentially, health diplomacy has moved to address issues that transcend national boundaries and would consequently call for concerted action.[1]

Furthermore, at the United Nations level, the 2030 Agenda for Sustainable Development identified health as

a priority through the third Sustainable Development Goal (SDG3) which aims to improve overall health and well-being for everyone worldwide.[2] This neatly ties in with the African Union's "Agenda 2030: The Africa we Want" which identifies health and nutrition as a priority area for the continent.[3]

At the national level, health is part of the prioritized agenda in both the national and county governments. However, despite Kenya having published its foreign and national health policies, the response to the Covid-19 pandemic in 2020 was seemingly *ad hoc* and reactionary. The two domestic entities that are responsible for foreign affairs and health matters, which are critical and indispensable in response to the occurrences of such nature or any other global health challenges, appeared to be apparently unprepared for the pandemic and disjointed in their response. It suggested inadequacy or a lack of appropriate and cohesive policy direction and/or coordination framework at the national level to guide the response. The question would then be asked as to why exactly the country would be caught unprepared, even as the pandemic had been ravaging other parts of the world before spreading to Kenya. Was there a lacuna in the nexus and interplay between foreign and national health policies and practice?

This study thus sought to explore the mechanisms that are in place for cooperation between the two sectoral mandates, particularly within the framework of implementation of the foreign policy towards achieving health security objectives.

BACKGROUND

At the dawn of the 21st century, the World Health Organization (WHO), under the direction of Gro Harlem Brundtland, the then Director-General, played a significant role in recalibrating the discussion on health by its member states. The amendment of the International Health Regulations (IHRs) and the adoption of the Framework Convention on Tobacco Control (FCTC) significantly enhanced the political authority of the Secretariat of the WHO to advocate for health, in the midst of other competing priorities.[4] Management of subsequent pandemics, such as the Severe Acute Respiratory Syndrome (SARS) outbreak of 2002–2003 further entrenched the political authority of the WHO, following which the IHRs were reviewed, giving the Director-General the latitude to declare any health emergencies that were of global concern.

The Oslo Declaration of 2006, which arose from the initiative on Global Health and Foreign Policy by Ministers of Health of South Africa, Thailand, France, Norway, Brazil, Senegal, and Indonesia, provided a significant boost to the then emerging notion of 'global health diplomacy'[5]. The concept envisions "a set of relationships in which foreign policy is used as a means towards realizing health objectives, with the reverse being also true"[6]. In this regard, health policy is equally utilized to attain foreign policy goals.

While health has long been a subject of contemplation within the foreign policies of different states, it is only lately that related matters have earnestly ascended to the pinnacle of global politics and become acknowledged as valid foreign policy issues[7].

This elevated political priority is beneficial to the global cause for health, as it has brought with it additional funding and raised the profile of various health issues. This view however has often been narrowed down to concentrate on the connection of health to trade, aid and economy. For each of these aspects of foreign policy, discussions center on current and historical issues, as well as how foreign-policy interests have either aided or impeded global and national health efforts. However, there has been inadequate examination of the tensions that are inherent in the linking of health and foreign policy.

Globalization would require that health ministries adopt a multi-sectoral approach that involves, among other things, a foreign policy that is in tandem with their national health goals. Countries, including Japan, UK, Canada, China, Cuba, Switzerland, Norway, Brazil and USA have already established frameworks that

entrench the relationship between health and foreign policy goals.[8] Hence, they seem to be way ahead in terms of embracing and articulating health as a foreign policy priority.

The increasing interdependence has meant that health issues at the national level are frequently affected by intrinsically global health issues. Attention that would ordinarily be paid to health at the domestic level is moved to addressing foreign policy priorities that enhance health in multilateral fora[9]. Health and foreign policies are closely interlaced at the global level, utilizing health as a tool for advancing other foreign policy goals, such as using health aid as an incentive for mitigating against conflict, or vice versa. The latter involves using other foreign policy goals to advance health (e.g. adjusting trade policy with a bias towards promoting healthy foods, among others[10], and thus making a strong case for the inclusion of health-related objectives in all policies. Nevertheless, there is the fear that a lot of economic policies do not prioritize health parity as they lean excessively towards extractive industries, trade and investment[11].

Some scholars similarly advocate for the broader-based inclusion of health as a component of all national policies as part of the government's responsibility for the overall wellbeing of their citizens[12]. This approach, while acknowledging that assurance of a healthy nation is not a preserve of the health ministry, seeks to integrate health components into all policy making processes within different sectors. This disaggregation however would spread the focus thinly on the ground, while creating the assumption that all sectors contribute to health and wellbeing equally. Others have opted to avoid carrying out the broader analysis, instead choosing to isolate and explore specific aspects of health, such as that which relates to access to medicines, generally, and anti-retrovirals (ARVs) in particular, within the BRICS (Brazil, Russia, India, China and South Africa).

The role of foreign policy in advancing national health is generally well-articulated, but in certain cases is limited to how it relates to economic, social and other related sectoral issues. While it is clear that many developed countries have adopted various health frameworks within their foreign policy, not much literature exists with regard to similar initiatives by African countries on the matter, with the exception of South Africa. Furthermore, no such analysis appears to have been done with regard to Kenya. This study therefore seeks to contribute to this discourse, by focusing specifically on Kenya.

Conceptual Framework

The conceptual framework that guided the study integrates two theories, the bureaucratic politics model and institutional theory, to examine and explore how bureaucratic processes within their institutional contexts can impact policy formulation and interpretation.

The institutional theory was developed by John Meyer and Brian Rowan in the late 1970s, and was used to investigate how organizations, including government entities, interact with and are shaped by their societal, national, state, and global environments. It delves into how organizations adhere to the norms and values of their surroundings and adapt accordingly. It highlights that all organizations operate within institutionalized contexts, necessitating a focus on managing operations while considering their impact. Emphasis is placed on traditional government organization, including duties, department configurations, constitutional provisions, administrative and common law, and judicial decisions. Institutional theory posits that bureaucratic agencies are embedded in a broader institutional context, influenced by factors like political norms, cultural values, and legal frameworks.

According to Graham's Bureaucratic Politics model of 1972, a government's actions primarily result from negotiations among government players holding hierarchical positions. Negotiations follow established patterns and are significantly constrained by organizational procedures and shared beliefs. Bureaucratic theory asserts that the government comprises various bureaucratic agencies, each with specialized expertise

and authority, especially pertinent in the context of national health security.
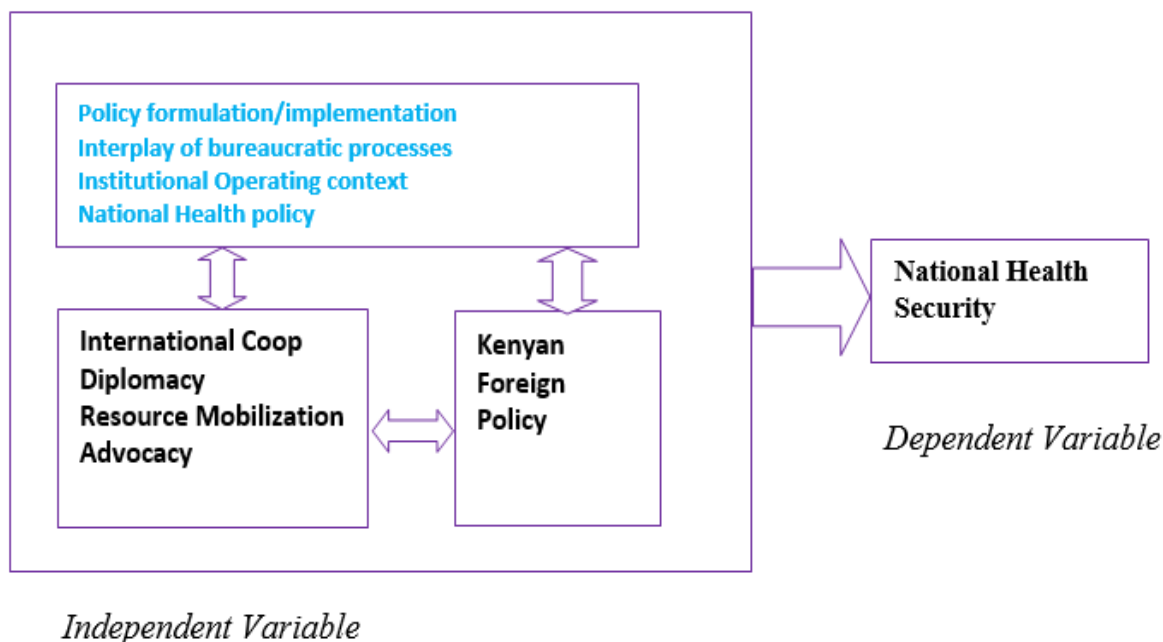
This approach challenges the realist perspective, which views the state as a singular entity acting rationally in international affairs. It seeks a more comprehensive understanding of foreign policy-making by highlighting that it's a political result of bargaining processes involving different government departments, military services, and subdivisions. The foreign policy decision is shaped by the consensus or support of the main participants, and the bureaucratic politics model analyzes the organizational structure and processes involved.

Foreign policy ideally results from an inclusive negotiation process that involves actions by bureaucrats, potentially affecting matters beyond the country's borders. The ever-changing nature of foreign policy means that it must adapt to various global actors and complex issues on the global agenda. This study focuses on the interactions, or lack thereof, among government institutions that authoritatively determine, implement, and enforce policies.

Hence, a conceptual framework integrating bureaucratic and institutional theories is used to identify how foreign policy can impact health security, and the following areas are identified as being among areas of influence:

- International cooperation: Foreign policy can foster collaboration in disease surveillance, research, and the development of vaccines and treatments, necessitating coordination among various government agencies.
- Diplomacy: Foreign policy can facilitate diplomatic relations and negotiations on international health regulations, standards, and protocols, involving coordination between agencies like the Ministries of Health and Foreign Affairs and the National Security Council.
- Resource mobilization: Foreign policy can enable resource mobilization from international donors, development partners, and aid agencies to support health security initiatives, requiring coordination among agencies responsible for resource management.
- Advocacy: Foreign policy can advocate for global health security policies and practices at the international level, necessitating coordination with different government agencies and engagement with international organizations like the WHO and UN.

Fig. 1.1 Conceptual Framework

Thus, combining bureaucratic and institutional theories provides insights into how foreign policy can impact national health security in Kenya, particularly by safeguarding the health of citizens and preventing the cross-border spread of diseases through promoting international cooperation, diplomacy, resource mobilization, and advocacy.

METHODOLOGY

The study adopted desktop review methodology, which reviewed secondary data and subsequently analyzed it thematically.[13] It entailed a detailed analysis of the existing policy documents, primarily the foreign and national health policies as published by the government of Kenya, as well as other relevant national documents. The study adopted a desktop review of secondary data that entailed reviewing the existing government policies as well as other available and relevant data that is available within existing sources. The data was subsequently analyzed thematically.

Health Security and Foreign Policy

Health security gained in stature as an area of interest in International Relations following its inclusion as a key component of the human security domain as expounded in the United Nations Development Program (UNDP) Human Development Report of 1994.[14] Human security elevated the focus of security to the level of the individual, rather than states, signifying a new paradigm for sustainable human development. Traditionally, security threats were mainly comprised of sources that emanated from outside the state, and national security revolved around the state security as sovereignty and territorial borders were considered inviolable. The change in paradigm meant that emerging security issues, such as health, joined the security framework.

The realization of the optimum standards of health possible as basic rights for all persons irrespective of ethnicity, race, socio-economic conditions or religion, as is the goal of the WHO was re-emphasized[15]. This "universalization" of health across the entire spectrum of human security and diversity situated health as a matter of deliberation in the international system, as challenges were no longer viewed as only being capable of being dealt with by the individual countries or agencies. The global response to the Covid-19 pandemic, for instance, clearly illustrated this point. The non-selective prevalence patterns of the pandemic re-focused the dependence of health security on all nation-states globally as all were affected in one way or another, and had to come together and acted collaboratively. Health issues that go beyond national boundaries and which necessitate collective action are at the heart of health diplomacy, as health moves beyond the medical domain to claim a place as an important component in foreign policy.[16]

The WHO recognizes diplomacy and foreign policy as critical tools in tackling policy-making at inter-sectoral and multilateral levels, while at the same time complementing national policy efforts. It is important to ensure that foreign policy supports health particularly with regard to development and investment strategies.[17] The advent and rapid spread of the Covid-19 pandemic globally progressively validated these assertions.

In Africa, the continental and regional approaches to matters of common interest serve to complement the national efforts of member states, given their disparity in capacity and development levels. The heads of state and government, the Chairperson of the Commission of the AU, among others, play various and complex roles in propagating Africa's international relations.[18] The AU represents continental interests when it negotiates and implements agreements on issues such as international trade, law, security and other important issues, and therefore occupies an important role and position in foreign policy agency, while at the same time coalescing the regional/continental efforts to support domestic policies.[19] Thus, the response to the Covi-19 pandemic within Africa was the result of collaborative effort and high-level

coordination by the continent's Head of State and Government, with the support of the African Centre for Disease Control (CDC).

In Kenya, Part 1 of the Fourth schedule of the Constitution of Kenya (2010) designates foreign affairs, foreign policy and international trade[20] as functions of the national government, and which are guided by the Foreign Policy.[21] The same national function is stipulated for the formulation of health policy, and by which the Ministry of Health formulated the Kenya Health Policy (2014 – 2030).[22] Additionally, provision of universal and affordable health care has been prioritized by the national government under the Big-Four agenda[23] and the Bottom-up Economic Transformation Agenda (BETA).[24]

Furthermore, the Executive Order No. 1 of 2023 on the Organization of the Government of the Republic of Kenya delineates the mandate of the Ministry of Foreign Affairs as being, among other things, the "management of Kenya's Foreign Policy" while that of the Ministry of Health includes "Health Policy and Standards Management".[25] Superficially, the distinctiveness of the two roles suggests straight-jacket kind of operations that are stuck in their respective institutional mandates. Yet it is clear that national health security goals have been transacted beyond the country's borders, as part of the diplomatic agenda. Therefore, there is need to increase understanding about what nations are doing to create and manage policy at the intersection of the domains of health and international relations.[26]

Kenya's Foreign Policy

Kenya's national interest, internationally accepted principles and obligations arising from international treaties and conventions inform and define Kenya's foreign policy framework.[27] Furthermore, the Constitution of Kenya provides the anchor upon which the foreign policy operates, by articulating the national values, in addition to the additional direction that is given through Executive Orders that are issued from time-to-time by the government of the day, ruling party manifestos, government circulars and national symbols.

Kenya published its current and first written Foreign Policy in 2014. Kenya's foreign relations and diplomatic activities in the modern international environment are broadly outlined in the Foreign Policy booklet. The Policy describes the development of Kenya's diplomacy since independence and provides information on the strategic direction taken to advance Kenya's interests at home and abroad. Clearly, the overarching goal of Kenya's foreign policy stems from a shared desire for a peaceful, united, and successful nation as expressed in the national anthem of Kenya, the Constitution of Kenya 2010, and the country's development strategy, "Vision 2030"[28]. Prior to the publishing, the three administrations that had governed the country since its independence in 1963 had largely presided over a "paperless' policy. The perceptions and personal idiosyncrasies of the former presidents Jomo Kenyatta, Daniel arap Moi and Mwai Kibaki largely shaped and determined the national interests and foreign policy priorities of the country, as well as how foreign policy would be conducted, in the absence of the published document.[29] Notably, the current and the two previous administrations have had the provision of Universal Health Coverage (UHC) as a key priority in their development agendas.

Foreign Policy Pillars

Five interconnected pillars serve as the foundation of Kenya's foreign policy and define both her bilateral and international participation. Peace, the economy, diaspora, environment, and culture comprise the pillars.

Kenya's peace and security diplomacy is pegged on the understanding that stability and peace are essential prerequisites for growth and prosperity. This is related to Kenya's belief that the stability of the subregion, Africa, and the rest of the world are all necessary for its own stability and economic well-being. The

economic diplomacy pillar presupposes that the region's and Kenya's socioeconomic progress and prosperity are both dependent on a peaceful and stable environment. A strong economic engagement is required to ensure the realization of Kenya's regional and national economic goals in line with the Kenya Vision 2030.

The Kenyan government seeks to leverage on the enormous untapped potential of Kenyans living abroad towards supporting Kenya's national development strategy. The Diaspora pillar therefore seeks to make use of the various abilities, skills, information, and resources that are possessed by nationals living outside the country.

The growing importance of managing the world's, the region's, and Kenya's own natural resources sustainably underwrites the environmental pillar. Therefore, the foreign policy, under the auspices of the pillar, stands out for its considerable focus on environmental issues. The sustenance of the global headquarters of the United Nations Environmental Program (UNEP) in Nairobi, the successful implementation of Multilateral Environmental Agreements (MEAs), such as the Convention on International Trade in Endangered Species (CITES), are among major concerns emphasized by the environment pillar.

The cultural history of Kenya has immense potential, and its exploitation is necessary for the growth of the nation. Throughout the years, Kenya has placed great importance on promoting cultural acceptance and tolerance as the basis for effective communication. Cultural activities are seen as the most effective means for a country to express its identity. The cultural diplomacy of Kenya aims to generate interest in the country's cultural heritage and promote an understanding of its diverse cultural traditions.

As the global environment continues to evolve, there may be need to review the policy to cater for emerging trends including information technology, among other current and emerging topical issues of international interest.

Kenya's Foreign Policy and Health Security

Kenya's foreign policy does not overtly provide for "health diplomacy" as it does not have an explicit health diplomacy pillar.[30] Health matters are therefore dealt with and are included in the diplomatic agenda together with and amongst other sectors, within the broader framework of cooperation with other states and organizations, for instance in bilateral and relevant multilateral agreements. Overall, the promotion and protection of health is presumed to be included in the overarching promotion and protection of national interests in the foreign policy. However, the advent of Covid-19 and the seemingly *adhoc* policy-level responses exposed the oversight in this scenario as there was no specific framework within which the national response could be seamlessly and efficiently coordinated in the face of a global emergency.

At best it is only fleetingly implied under the peace, economic and environmental pillars. Communicable diseases and epidemics are considered a threat to the wellbeing of the citizens and hence a threat to peaceful existence, while medicines and vaccines are treated as commodities in terms of trade and investments under the economic pillar. This has been so despite health being a big part of the multilateral agenda that warranted the formation of the WHO, to which Kenya has permanent representation, in Geneva. A significant proportion of FDI to Kenya ends up in the health sector and other social services sectors, which all go towards promoting efforts towards growing a healthy population.[31] Promotion and attraction of FDIs to include development projects such as hospitals, medical equipment, and research and technology therefore take place ostensibly within the framework of economic diplomacy. As does the promotion of Kenya as a destination for health tourism within the region.

The environment pillar can be alluded to contribute to health security in so far as climate change and

mitigation factors are concerned. Malnutrition resulting from declining agricultural yields, in terms of food crops and livestock, is deemed to impact negatively on health security. The nuance is that a healthy environment contributes to a healthy nation.

Hence, the pursuit of health diplomacy and security can be said to be disaggregated among and within the existing pillars of the foreign policy.

Foreign Policy Achievements in the Health Sector

Despite the unfocused approach alluded to above, there has been apparent cooperation between Kenya and foreign actors such as states at the bilateral level, with some tangible health benefits realized. These include the campaign and efforts to rollback malaria, TB, HIV/Aids, cholera and other communicable diseases, in cooperation with USA, EU, Japan and Australia, as well as support for the fight against the spread of Ebola that was ravaging West Africa by sending three hundred medical personnel to Liberia, Guinea and Sierra Leone.[32]

Bilateral frameworks have provided for the promotion of investments in the health sector, exchange of personnel and expertise, transfer of technology in health sector, mobilization of COVID-19 vaccines, as well as deployment of Cuban doctors to provide medical services in Kenya.[33] Further, a bilateral agreement between Kenya and the United Kingdom provided for the recruitment and deployment of twenty thousand skilled medical personnel to the UK hospitals to bridge a skills deployment gap, and devoted to enhancing Kenya's medical training institutions' capacity to produce more nurses.[34] Kenya was equally among three African nations selected by WHO to host a Centre of Excellence and medical logistics hub, in order to support countries in the Eastern Africa region that are experiencing emergencies. This hub would be stocked with emergency medical personnel, supplies, and equipment.[35]

Through international partnerships and collaborations – such as the Global Fund to Fight AIDS, Tuberculosis and Malaria – Kenya has managed to cut down the TB prevalence rates by 46%, reduced HIV death rates by 67%, and raised the number of people on ARVs to 83%.[36]

In 2020, Kenya collaborated with WHO to fight the Covid-19 pandemic. The country also deployed its diplomatic machinery to enhance access to Covid-19 vaccines through bilateral arrangements with Canada, China, India, Qatar, UAE and USA, as well as health equipment and capacity building in cancer management from India.[37] Furthermore, Kenya, through the foreign ministry, created networks of like-minded members of the UN from the Global South to agitate and work for fair distribution of diagnostic, preventive, testing equipment and vaccines in the global value-chain, despite rising nationalism and hoarding of Personal Protection Equipment (PPEs) and vaccines. Engaging regional countries in managing cross-border movement to deal with health concerns is expected to be a continuous preoccupation.

Overall, the implementation of the foreign policy for the success of the health sector is apparent cannot be understated.

Institutional Collaboration

The Foreign and Health ministries have their statutory mandates clearly-cut and enshrined in law as well as in the Executive Orders that are issued from time to time. However, in view of all the activities outlined in the previous section, it would be presumed that there exists a distinct interface by which the two ministries interact, and facilitate collaboration between their functional mandates. It can therefore be argued that the lack of an explicit reference to health in the foreign policy subjects the implementation of related activities to interpretation and preponderance of the implementing authority.

Granted, it is clear that there exists some significant level of interaction between the two ministries in terms of delivering the national health security agenda. However, the apparent absence of clarity on modalities for implementation and coordination implies the lack of an established channel of interaction, and hence could be indicative of the *adhoc* manner in which this critical agenda is accomplished, with the responses to the Covid-19 pandemic reinforcing this perception. Bureaucracy and the silo-mentality that pervades government institutions could be responsible for hampering collaboration and partnership that could ease the achievement of health security goals. It would not be surprising to find that practitioners of foreign policy may not be familiar with the contents of the health policy, with the reverse being equally true.

It is indisputable that the rise in profile and prominence of health as an issue of strategic importance is likely to preoccupy the national and global health intercourse for a while. The existing level of cooperation with external actors would require that the diplomatic interface be more active to deliver all types of health solutions. Health-related issues, particularly those transcending borders, demand careful diplomatic and political attention, as much as other conventional and developing threats. It would therefore follow that the trajectory of national health goals should be well understood and implemented by all relevant stakeholders. Therefore, a strong case could be made for the preparation and inclusion of a specific pillar to deal with the "health diplomacy" in the Foreign Policy, as the sixth pillar, should a review of the policy be initiated. This could bring precision in the coordination of health matters with the country's interlocutors at bilateral, regional and international level,

CONCLUSION

Globalization and the change in paradigm from focusing on traditional security threats to embracing the human security concept have elevated the stature of health security and diplomacy globally. There have been tangible benefits arising from the interaction of the foreign affairs and health in addressing the national health security agenda, as health diplomacy has continued to claim a prominent place in the global agenda. There is also a significant level of activities and interactions taking place under the auspices of the foreign policy to achieve national health security goals. However, the foreign policy as presently published appears insufficient in handling national health security effectively. Clarifying the operational and interaction framework at the bureaucratic implementation level could likely facilitate even more gains. This would nonetheless only become obvious should the proposed inclusion of the "health diplomacy" pillar in Kenya's Foreign Policy be considered, and the impact of its implementation tested through subsequent studies.

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