The Geography and Politics of Kenya's Response to COVID-19

By Donovan C. Chau

On 12 March 2021—the one-year anniversary of the first case of COVID-19 in Kenya—its President Uhuru Kenyatta spoke to the Kenyan people about the past year's events, discussing the highs, the lows, and everything in between. He recounted the loss of 1,879 Kenyans due to COVID-19 and referred to the struggle with the pandemic as a "fog of war," an enemy unseen and undefined. He discussed both the political and the economic challenges that Kenya experienced and might continue to face in the future. In a measured address to the Kenyan people, he ended on a realistic note: "I must remind you that Government will do its part to protect Kenyans; but the first line of defence against an invisible enemy like Covid is the people. If we exercise civic responsibility and act as our 'brother's keeper,' we will have won half the battle against this pandemic."[1] As with most, if not all, political speeches, Kenyatta's words and sentences were filled with both truths as well as partial truths. This article aims to fill in the gaps, adding much needed perspective to the reality of the COVID-19 pandemic in Kenya, its impacts and effects on the political, security, and strategy dimensions of the country.

The article asks several fundamental questions about the pandemic in Kenya, including: What was the impact of COVID-19, immediately in 2020 but also over the course of 2020-2021? How effective was the Kenyan government's response? To what extent was Kenya able to use regional and global networks to respond to the pandemic? How does Kenya plan to change its public policies in the future to deal with pandemics? In other words, how did the pandemic affect Kenya's systems of governance and foreign affairs? As the article will illuminate, governmental responses to the pandemic affected healthcare services as well as domestic security services (e.g., police and law enforcement). Indeed, for a country like Kenya (and for most on the African continent), the former is not possible without the latter.

Furthermore, due to history and geography Kenya remains a strategically vital country in East Africa.[2] It sets an example for the region politically and economically and maintains influence beyond the African continent. To examine the Kenyan government's response to and management of the COVID-19 pandemic requires first an understanding of Kenya's system of governance after the dramatic changes to the

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Constitution in 2010. These changes, ostensibly, resulted in the devolution and decentralization of political authority away from the capital, Nairobi, to outside the capital, introducing more political seats across the country: 67 senators, 47 governors, and 2,526 members of assemblies. This devolution of government in Kenya was intended to promote greater political equality and economic equity among Kenya's people. In reality, however, the devolved Kenyan political system simultaneously opened the door for graft and corruption outside of the usual suspects in Nairobi and the central government as well as further entrenched the long-standing authority of legacy political and commercial/economic elites in the country. The article concludes with key lessons learned from the Kenyan experience with the pandemic as well as policy prescriptions for Nairobi and county governments.

Politics, Healthcare, and Security before COVID-19

Before addressing the core questions, we must understand the political landscape in Kenya prior to the pandemic. In March 2013, Kenyan citizens voted for the first time under the 2010 constitution to elect governors for the newly established 47 counties. These 47 governors were given substantial responsibilities for administration and service delivery in areas such as education, health, transport, and fiscal resource management transferred from the previously centralized government in Nairobi. Based on an analysis of the outcome of the 2013 elections, though, "devolution reflected the existing dynamics of Kenyan politics more than it changed them."[3] The effects of the new devolved government began to take effect by the latter half of 2013. At the same time, "The devolved system faced a lot of challenges that lacked clearly defined structures, processes, guidelines, or role clarity."[4] The pandemic did not alleviate these existing challenges; rather, it exacerbated them, especially the tension between policy

prescriptions coming from Nairobi and service deliveries at county governmental levels.

County governments embarked on rural infrastructure projects such as improving access roads, providing water services, and establishing and improving health care facilities. "In 2014," for example, "transfers to county governments for infrastructure projects to enhance economic growth accounted for about 20 percent of total expenditures."[5] Hopes for meaningful and qualitative change to the nature of the Kenyan government based on the new devolved system of government were high. Unfortunately, by 2016, the reality that emerged revealed more of the same exclusionary politics and the prevalence of corruption that has long plagued the country (and the African continent as a whole). Moreover, "the institutional rot associated with pervasive corruption and ample resources at the center has spread to the country's periphery through devolution."[6] Decentralization resulted in the continuation of ethnic patronage politics and rent seeking, albeit in a restructured devolved manner. Thus, "Decentralization, even when fully implemented, may have limited ability to engender fundamental alterations in the practice of politics, and in this sense achieve[d] reform without change."[7] Progress occurred, but without change. Was this also the case in health services delivery and the healthcare sector?

The 2010 constitution provided specific guidance on services to be provided by county and national governments. In the health sector, essential health service delivery was assigned to county governments (including recruitment and hiring of staff), while the national government was charged with health policy, technical assistance, and management of national health facilities. The public healthcare system was thus organized into four tiers: community, primary, county referral, and national referral. The clear demarcation between county and national level responsibilities, however, belied the

fact that health facilities were unequally distributed across Kenya, both before and after the devolution. For example, post-2010 counties such as Nairobi and those of central Kenya were better resourced, especially in terms of personnel, than rural and marginalized areas of the country, a legacy of healthcare disparities across the geography of Kenya well prior to COVID-19. Critical staffing shortages emerged by 2015 due to "high rates of desertion by medical personnel, lack of proper structures to determine the health personnel requirements and place them accordingly, high corruption rates at the counties and lack of adequate funds to employ health personnel, among other reasons."[8]

The Kenyan government itself recognized some of the problems that had emerged after devolution in the healthcare sector. For example, the newly formed county structures rushed to consolidate their power and hold over the lucrative health sector. Furthermore, transition from the national to county government was marred by inconsistency, poor staffing of the system, management challenges, and lack of coordination between the national and county governments. At the national level, poor management and inefficiencies in resource distribution contributed to poor working conditions at the county level including delays in salary payments.[9] Corruption, once again, was also emerging as an endemic problem even in the devolved system, whether "procuring drugs from unknown sources at great expense" or "suppliers . . . acting in cahoots with corrupt county officials to supply medical supplies of questionable quality at inflated prices."[10] Further complicating the situation was the budgetary environment facing healthcare facilities at the county level. For example, "hospitals were required to place requests for needed goods and services which were then procured and paid directly [by] the county government" and hospital bank accounts were now "operated jointly by representatives of the hospital and county government."[11] These challenges

to the devolved healthcare system complicated rather than simplified matters. In many respects, the domestic security and conflict dimensions in Kenya were similarly altered under devolution.

Land rights long played a significant role in the politics of conflict and insecurity in Kenya, and they continued to do so after the 2010 constitutional changes. Political violence associated with land rights, including ethnically motivated violence, remained a persistent part of politics at the county level, especially in northern Kenya.[12] Types of conflict included "struggles to access county funds" as well as "competition to control borders, enclaves and areas of high exploitive value."[13] Several years into the new devolved system, a patchwork topography of conflict emerged, including: "struggles for county-level political dominance and exclusions of minority groups engendered by patronage politics, tensions around new infrastructure and resource investment, and the Al-Shabaab threat and state security responses that are thought to disproportionately target Muslims and Somalis."[14] These challenges to Kenya's domestic security were not newly created by the devolved government. But "[t]he movement of actors and flows across scales—sub-national, national, and transnational—connects seemingly localised conflict events into longer chains of violence, necessitating multi-level governance of conflict."[15] It was against these political, healthcare, and domestic security backdrops that the COVID-19 pandemic emerged in Kenya. How well did the devolved Kenyan government perform in the face of this national emergency?

COVID-19, Impact and Response

President Kenyatta and the national government responded quickly with a number of public health countermeasures at the onset of the COVID-19 pandemic in Kenya. They included the following:

- On 15 March, cultural, educational, and sporting activities were suspended along with all public rallies and church services;

- On 22 March, local and international flights were suspended;

- Beginning 27 March, a dusk-to-dawn curfew was imposed nation-wide; and

- On 5 April, Kenya's Ministry of Health mandated mask-wearing.

Serving his second and final term, President Kenyatta also focused his pandemic response in the capital, Nairobi, and among Kenya's national institutional structures. This centralized approach immediately called into question the ability of county governors and governments both to impose lockdown measures and to deliver vital health services to their constituents. While the devolved county governments theoretically had primary responsibilities to deliver health services to Kenyans, the reality remained: Nairobi called the health policy shots, especially in cases of national emergency. By late April, meanwhile, "After 7 weeks of the pandemic, the number of confirmed positive cases in Kenya reached 490 with 24 deaths and 144 recoveries."[16] While these figures were quite low relative to other nation-states around the world, President Kenyatta did not relent on imposing further lockdown measures.

Nairobi chose to use domestic security measures rather than health services provisions as the main tool in response to the pandemic. By late May, reports indicated that Kenyan authorities were conducting forced quarantines of numerous groups, including incoming travelers, people who had contacts with travelers, and people who had violated curfew or orders to wear masks in public. According to several nongovernmental organizations, the Kenyan government was "forcefully quarantining tens of thousands of people in facilities that lack[ed] proper sanitation, protective equipment and food."[17] Soon after, the Ministry of Health released guidelines on how people with mild or asymptomatic cases could self-isolate at home, in accordance with World Health Organization recommendations.[18] But enforcement of these government mandates had already taken a serious toll on poor Kenyans and marginalized groups.

In the first months of the lockdown, Kenyan police were accused of a "torrent of violence," with

Empty Nairobi Street. (Photo: World Bank / Sambrian Mbaabu, April 22, 2020)

dozens of Kenyans killed as a result of enforcement of the curfew.[19] Moreover, allegations of shootings, robbery, sexual assault, and harassment were leveled against police. Unfortunately, the culture of impunity and police brutality were present well before the onset of COVID-19. But the circumstances of the pandemic amplified opportunities for more widespread indiscriminate violence and systemic corruption among Kenya's police services. While there were later investigations by nongovernmental organizations and Kenya's Independent Policing Oversight Authority (IPOA) into police-related fatalities, the focus on addressing the pandemic shifted attention away from these human rights abuses.[20] By early January, Ministry of Health data showed 96,802 positive cases and 1,685 deaths.[21] The rising number of cases and deaths in Kenya did not contravene with longstanding problems within the government, namely abuse of power and allegations of corruption.

The governments' response to the pandemic was mired in allegations of corruption and mismanagement. In contravention to the government's lockdown measures, multiple protests took place in and around Nairobi in August 2020 due to reports of irregularities in medical supplies procurement. Police responded using tear gas to disperse the protesting groups. An impetus for the groups' actions was the suspension of three top officials of the Kenya Medical Supplies Agency Board (KEMSA), within the Ministry of Health, and an official investigation of allegations by the country's anti-corruption agency, the Ethics and Anti-Corruption Commission (EACC).[22] More specifically, close examination of orders and suppliers revealed KEMSA paid "grossly inflated prices" for masks and, more broadly, regularly paid above-market prices for drugs.[23] By September 2020, an EACC report asserted: "The investigation established criminal culpability on the part of public officials in the purchase and supply of COVID-19 emergency

commodities at Kenya Medical Supplies Authority (KEMSA) that led to irregular expenditure of public funds."[24] Irregularities totaled nearly $72 million (USD).

While this investigation focused on the national government, county governments were not without fault either. Years before the pandemic began, it was noted: "Corruption is real in county governments as reported by Ethics and Anti-Corruption Commission (EACC 2014) during their 4th Governance Integrity and Investment Conference presentation in Mombasa. This was based on the following evidence: corruption reports received and currently under active investigations at EACC, intelligence information on operations of some county officials currently being processed at EACC, KENAO [Kenya National Audit Office] reports revealing misuse of funds, increasing public outcry and stakeholder concern and investigative media reports."[25] While it was promising to see county governments set aside over $46 million (USD) for the COVID-19 emergency funds, matching the national government's amount, one could easily question the veracity of these figures, especially as health infrastructure and isolation units were becoming more fragile in the face of the pandemic.[26]

While these response measures could be criticized politically, they nonetheless kept the pandemic under a semblance of control within Kenya.[27] Moreover, at no point in time did Kenya's military, the Kenya Defence Forces (KDF), play a major role in the country's response to the pandemic. Rather, in the first months of the COVID-19 response, the KDF was reportedly deployed to Nairobi to play only a supporting role to the police in enforcing the curfew.[28] While this internal role for the KDF did detract from its responsibilities along Kenya's borders with Ethiopia and Somalia, there were no reports of impropriety or abuse on the part of Kenya's military.

International Collaborations and Economic Implications

Kenya's system of governance and domestic responses to the COVID-19 pandemic may be contrasted with its international, diplomatic responses. Traditional Western allies as well as Asian allies and intergovernmental organizations came to the aid of Nairobi, all recognizing the important political and economic roles Kenya serves in the region and on the African continent. The pandemic altered much in the lives of everyday Kenyans, but the country's foreign affairs continued apace, with global powers vying for influence in Nairobi.

The United States was a strong supporter of Kenya during the pandemic. For example, the U.S. Government provided nearly $71 million to Nairobi in direct response to COVID-19. In addition, through the U.S. Agency for International Development (USAID), the U.S. Government donated 200 ventilators throughout Kenya. These donations were of American-made devices with leading-edge technology, and they included "accompanying equipment, service plans, training, and other technical equipment."[29] Significantly, the USAID Mission Director made this comment: "USAID is delivering the ventilators directly to the facilities selected by the Kenyan government and ensuring that the serial numbers are recorded in the inventory books of the counties receiving them."[30] Clearly, the U.S. Government had an understanding of both Kenya's devolved government as well as its past history of corruption.

Like the United States, the United Kingdom (UK) provided staunch support to its Commonwealth partner in the face of the pandemic. In particular, the UK emphasized its aid in support of Kenya's vaccine rollout. UK Foreign Minister Dominic Raab said bluntly, "It is for us not just our moral duty, but in the British national interest to see Kenyans vaccinated just as soon as we physically, logistically can."[31] In addition, the UK Foreign

Commonwealth and Development Office along with the Bill and Melinda Gates Foundation committed to funding studies to monitor, understand, and inform Kenya's response to the pandemic.[32] Unlike the United States, the UK was interested in the longer-term implications of Kenya's response, perhaps due to its legacy relations with Kenya.

While the United States and the UK were nurturing their relationships with Kenya, non-Western nation-states were also leveraging the pandemic to develop closer ties with Kenya. For example, Japan donated three Chinese-made robots to Kenya through the United National Development Programme (UNDP).[33] These robots were deployed to Nairobi's main airport to keep it disinfected and monitor arrivals for signs of the virus. Meanwhile, Dubai demonstrated its support of Kenya, donating eighteen ventilators to Nairobi in the early stages of the pandemic's outbreak.[34] And in a sign of competition between Asian nation-states, Communist Chinese company Sinopharm[35] declared its interest in supplying COVID-19 vaccines to Kenya, having already begun supplying the United Arab Emirates.[36] Thus, nation-states from around the world were demonstrating commitments and desires to aid in Kenya's response to the pandemic.

From an economic standpoint, nation-states and intergovernmental organizations were concerned with Kenya's well-being. Communist China understood clearly what was at stake, as "the leading source of imports for Kenya, accounting for around a quarter of all of Kenya's imports in 2019 before the crisis."[37] Given global interests in providing pandemic relief, it was not a surprise that in February 2021 the International Monetary Fund (IMF) agreed to a 38-month financing package worth $2.4 billion (USD) to support Kenya's post-pandemic economic recovery.[38] This could come at no better time, as months earlier there were fears of the pandemic spreading beyond Kenya's urban center to rural areas, where the public health system was

weak, relevant facilities (like ICU beds) were scare, and geographic distances were becoming fatal.[39] President Kenyatta and the national government understood what was at stake economically, as well as the geographic challenges facing Kenya's recovery efforts. Therefore, emphasis was placed on leveraging the role of the country's information and communications technologies (ICT)[40] and technology in general to keep the government effectively functioning for economic revitalization, growth, and development.

Conclusion

President Kenyatta, in his one-year anniversary speech after COVID-19's outbreak in Kenya, placed the onus of first line of defense on Kenyan citizens. While it was and is absolutely true that individuals in the country must take responsibility for their actions, it is equally, if not more true that the governments of Kenya—national and counties—bear heavy responsibilities in the face of the pandemic. The pandemic brought to the forefront several enduring socio-political challenges facing Kenya as a nation-state: police misconduct, curtailed individual liberties, and, of course, pervasive corruption. Indeed, the 2010 constitution did little to change the environment of graft and patronage. Rather, Kenya's devolved government simply created devolved corruption: "Since the extractive economic and political institutions remain largely intact, though slightly devolved, checks against abuses of power, such as corruption, exist but without proper enforcement mechanisms. In other words, devolution in most of Kenya's forty-seven counties only enabled the creation of another cadre of corrupt elites with the ability, through election, to capture institutions and resources."[41] The COVID-19 pandemic did not fundamentally alter governance in Kenya. For citizens and observers who care, unfortunately, county governments only added another corrupt layer on top of a largely broken system.

Despite these challenging political and economic circumstances, the pandemic did not cause catastrophic damage to Kenya's population,

Empty market stalls due to the COVID-19 lockdown. (Photo: World Bank / Sambrian Mbaabu, April 22, 2020)

economy, or image. Why? The passage of time may reveal more precise explanations, but certainly Kenya's youthfulness was likely a factor, with half of the population younger than 20 and only 4 percent 60 years of age or older.[42] One could also argue that "the history of epidemics and biomedicine demonstrates the long experience and extensive expertise of researchers, caregivers, and ordinary people (in Africa). In addition, the experience of crises, especially health crises, is much stronger in Africa than in Western countries."[43] The geography of Kenya may also help explain the low death rates in the country, with much of the elderly population in rural environments and the youth in more urban ones.

On balance, Kenya weathered the first year of the pandemic well. But the above potential contributing factors do not necessarily speak to the performance of the Kenyan governments, national or county. National government used a combination of public mandates, domestic security enforcement, and diplomatic maneuvers in response to the pandemic. County governments, by and large, followed Nairobi's lead, particularly in the policies dictated by the Ministry of Health. Technological responses played a very minor role, whether at national or county levels. Meanwhile, Kenya's foreign affairs did not dramatically affect its response to the pandemic. Rather, international politics endured through the pandemic, with allies from East and West remaining steadfast in their interests to exert influence on Nairobi. Overall, therefore, the governments of Kenya performed adequately, perhaps even above average, in the face of the so-called invisible enemy, COVID-19.

Nevertheless, there is always room for improvement in terms of effective public policy, especially given Kenya's outsized influence—regionally, continentally, and internationally. Kenya, historically and today, is recognized as a leading African country—politically, economically, and strategically—and

serves as a gateway to East, Central, and Southern Africa. The following are recommendations for Kenya to become a more positive, prudent example for the continent in the face of future national emergencies:

- Promote continued progress toward openness and transparency of governments at both national and county levels;

- Encourage more equitable and accountable healthcare services as well as domestic security policies in both rural and urban settings; and

- Ensure the KDF "stays in its barracks" – to continue to serve as an example of democratic civil-military relations for the region and continent.

Devolution of Kenya's government did not remedy long-standing social, political, or economic challenges facing the country. Kenya's system of governance is a work in progress; that much is clear in the face of the COVID-19 pandemic. Further structural changes to the national and county governments will likely alter little. Rather, what is needed for the country's true progress is national and county leadership with integrity and accountability. Only Kenyans themselves can create and sustain the change that is needed. One can only hope this occurs sooner rather than later, but certainly before the next national emergency. PRISM

Notes

[1] Uhuru Kenyatta, "Covid in Kenya: President Uhuru Kenyatta's full speech," *Daily Nation (Kenya)*, 12 March 2021, LexisNexis, accessed 18 March 2021.

[2] For background and perspective, see Donovan C. Chau, *Global Security Watch – Kenya* (Santa Barbara, CA: Praeger, 2010).

[3] Agnes Cornell and Michelle D'Arcy, "*Plus ça change*? County-level politics in Kenya after devolution," *Journal of Eastern African Studies* vol. 8, no. 1 (2014): 187.

4 Samuel Ngigi and Doreen Nekesa Busolo, "Devolution in Kenya: The Good, the Bad and the Ugly," *Public Policy and Administration Research* vol. 9, no. 6 (2019): 15.

5 Karuti Kanyinga, "Devolution and the New Politics of Development in Kenya," *African Studies Review* vol. 59, no. 3 (December 2016): 163.

6 Brendon J. Cannon and Jacob Haji Ali, "Devolution in Kenya Four Years On: A Review of Implementation and Effects in Mandera County," *African Conflict & Peacebuilding Review* vol. 8, no. 1 (Spring 2018): 12.

7 Michelle D'Arcy and Agnes Cornell, "Devolution and Corruption in Kenya: Everyone's Turn to Eat?" *African Affairs* vol. 115, no. 459 (2016): 272

8 Leah Kimathi, "Challenges of the Devolved Health Sector in Kenya: Teething Problems or Systemic Contradictions?" *Africa Development* vol. XLII, no. 1 (2017): 59.

9 Ministry of Devolution and National Planning, *Improving Healthcare Delivery in Kenya* (Nairobi: Ministry of Devolution and National Planning, 2015): 37.

10 Kimathi, "Challenges of the Devolved Health Sector in Kenya," 62, 67.

11 Edwine W. Barasa, Anthony M. Manyara, Sassay Molyneux, and Benjamin Tsofa, "Recentralization within decentralization: County hospital autonomy under devolution in Kenya," PLoS ONE vol. 12, no. 8 (2017): 7.

12 For a case study on Marsabit, see Patta Scott-Villiers, "Small wars in Marsabit County: devolution and political violence in northern Kenya," *Conflict, Security & Development* vol. 17, no. 3 (2017): 247-264.

13 Jeremy Lind, "Devolution, shifting centre-periphery relationships and conflict in northern Kenya," *Political Geography* no. 63 (2018): 142.

14 Ibid., 140. For more, see Jeremy Lind, Patrick Mutahi, and Marjoke Oosterom, "'Killing a mosquito with a hammer': Al-shabaab violence and state security responses in Kenya," *Peacebuilding* vol. 5, no. 2 (2017): 118-135.

15 Lind, "Devolution, shifting centre-periphery relationships and conflict in northern Kenya," 146.

16 J.K. Wambua, et. al., "Covid-19 Evolution: Analysis of Public Health Countermeasures in Kenya," *International Journals of Applied Sciences and Engineering Development* vol. 1, no. 4 (2020): 1.

17 Human Rights Watch, *Kenya: Quarantine Conditions Undermine Rights: Ensure Access to Health Care, Sanitation, Information*, 28 May 2020, https://www.hrw.org/news/2020/05/28/kenya-quarantine-conditions-undermine-rights#, accessed 8 April 2021.

18 Tenzin Wangmo, "Kenya Stops Abusive Forced Quarantine Related to Covid-19," *Human Rights Watch News*, 31 July 2020, https://www.hrw.org/news/2020/07/31/kenya-stops-abusive-forced-quarantine-related-covid-19, accessed 17 March 2021.

19 John-Allan Namu and Tess Riley, "Nine weeks of bloodshed: how brutal policing of Kenya's Covid curfew left 15 dead," *Guardian*, 23 October 2020, https://www.theguardian.com/global-development/2020/oct/23/brutal-policing-kenyas-covid-curfew-left-15-dead, accessed 9 November 2020.

20 For a view of IPOA's potential for positive change moving forward, see Dorina A. Bekoe, "Coronavirus in Kenya: Pandemic Restrictions and the Resilience of Institutions," *Africa Watch*, Institute for Defense Analyses Africa Program, 2020, 3-5.

21 "Kenya extends night curfew to March to curb COVID-19 spread," *Reuters*, 3 January 2021, https://www.reuters.com/article/health-coronavirus-kenya/kenya-extends-night-curfew-to-march-to-curb-covid-19-spread-idUSL8N2JE01V, accessed 17 March 2021.

22 Mohammed Yusuf, "Kenya Police Fire Tear Gas at COVID-19 Corruption Protesters," *Voice of America News*, 21 August 2020, https://www.voanews.com/covid-19-pandemic/kenya-police-fire-tear-gas-covid-19-corruption-protesters, accessed 17 March 2021.

23 Angela Oketch, "Covid-19: Kenya paid double for protective kits," *Sunday Nation (Kenya)*, 2 August 2020, LexisNexis, accessed 18 March 2021.

24 Humphrey Malalo, "Kenya anti-graft agency slams procurement of COVID-19 equipment," *Reuters*, 24 September 2020, https://www.reuters.com/article/us-kenya-corruption-idUSKCN26F3CC, accessed 9 November 2020.

25 Samuel Ngigi and Doreen Nekesa Busolo, "Devolution in Kenya: The Good, the Bad and the Ugly," *Public Policy and Administration Research* vol 9, no. 6 (2019): 18.

26 Allan Oingo, "Pandemic: The hits and misses in Kenya's fight against Covid-19," 15 March 2021, LexisNexis, accessed 18 March 2021.

27 It is difficult to confirm the veracity of official Kenyan governmental statistics; however, overall, the narrative from Nairobi is somewhat credible. See, for example, the Africa Center for Disease Control and Prevention COVID-19 dashboard: https://africacdc.org/covid-19/, accessed 9 May 2021.

28 Rukaya Mohamed, Ardian Shajkovci, Allison McDowell-Smith, and Mohamed Ahmed, "Youth, Violent Extremist Recruitment, and COVID-19 in Kenya," *Homeland Security Today*, 22 June 2020, https://www.hstoday.us/subject-matter-areas/counterterrorism/youth-violent-extremist-recruitment-and-covid-19-in-kenya/, accessed 9 April 2020.

29 U.S. Embassy in Kenya, "United States Delivers 14 Ventilators to the Coast General Teaching and Referral Hospital in Mombasa to Support Kenya's Response to COVID-19," 1 November 2020, https://ke.usembassy.gov/united-states-delivers-14-ventilators-to-the-coast-general-teaching-and-referral-hospital-in-mombasa-to-support-kenyas-response-to-covid-19/, accessed 16 March 2021.

30 Ibid.

31 "UK helps Kenya prepare to roll-out COVID-19 vaccine," *Reuters*, 20 January 2021, https://www.reuters.com/article/uk-health-coronavirus-kenya-britain-idUSKBN29P11S, accessed 17 March 2021.

32 Foreign Commonwealth and Development Office, "Serosurveillance Studies to Monitor and Understand the COVID-19 Epidemic in Kenya," Research for Development Outputs, 16 February 2021, https://www.gov.uk/research-for-development-outputs/serosurveillance-studies-to-monitor-and-understand-the-covid-19-epidemic-in-kenya, accessed 17 March 2021.

33 "Airport robots give hi-tech boost to Kenya's COVID-19 fight," *Reuters*, 16 February 2021, https://www.reuters.com/article/us-health-coronavirus-kenya-robots/airport-robots-give-hi-tech-boost-to-kenyas-covid-19-fight-idUKKBN2AG100?edition-redirect=uk, accessed 17 March 2021; and Brian Ambani, "UNDP donates robots to help Kenya's Covid-19 fight," *Daily Nation (Kenya)*, 22 January 2021, LexisNexis, accessed 18 March 2021.

34 Morris Kiruga, "Kenya's fight against coronavirus difficult with its two-tiered governance system," *Africa Report*, 20 April 2020, https://www.theafricareport.com/26354/kenyas-fight-against-coronavirus-difficult-with-its-two-tiered-governance-system/, accessed 9 November 2020.

35 Leon Lidigu, "China's Sinopharm wants to supply Kenya with Covid-19 vaccine," *Daily Nation (Kenya)*, 4 February 2021, LexisNexis, accessed 18 March 2021.

36 Leon Lidigu, "India donates 100,000 Covid vaccine doses to Kenya," *Daily Nation (Kenya)*, 11 March 2021, LexisNexis, accessed 18 March 2021.

37 Andrew Mold and Anthony Mveyange, "The impact of the COVID-19 crisis on trade: Recent evident (ce???) from East Africa," Policy Brief, Africa Growth Initiative, Brookings Institution, July 2020, 8.

38 International Monetary Fund, "IMF and Kenyan Authorities Reach Staff-Level Agreement on a Three-Year, US$2.4 Billion Financing Package," Press Release No. 21/40, 15 February 2021, https://www.imf.org/en/News/Articles/2021/02/15/pr2140-imf-and-kenyan-authorities-reach-staff-level-agreement, accessed 17 March 2021.

39 Joseph Akwiri and Maggie Fick, "In Kenya, COVID-19's rural spread strains creaky healthcare," *Reuters*, 7 December 2020, https://www.reuters.com/article/us-health-coronavirus-kenya/in-kenya-covid-19s-rural-spread-strains-creaky-healthcare-idUSKBN28H0J0, accessed 17 March 2021.

40 "Kenyatta – Kenya Hinging on Digital Technologies to Transform Economy Post-Covid," *The Independent (Uganda)*, 9 February 2021, LexisNexis, accessed 18 March 2021.

41 Cannon and Ali, "Devolution in Kenya Four Years On," 13.

42 Olivia Goldhill, "Scientists are trying to explain why so few Kenyans are dying of coronavirus," *Quartz*, 9 September 2020, https://qz.com/1900888/why-kenyas-covid-19-survival-rate-is-so-high/, accessed 9 November 2020.

43 Florence Bernault, "Some Lessons from the History of Epidemics in Africa," *African Arguments – Debating Ideas*, 5 June 2020, https://africanarguments.org/2020/06/some-lessons-from-the-history-of-epidemics-in-africa/, accessed 10 November 2020. For a detailed examination of previous African health crises, see Kim Yi Dionne, *Doomed Interventions: The Failure of Global Responses to AIDS in Africa* (Cambridge: Cambridge University Press, 2018).