

**UNIVERSITY OF NAIROBI**

**INSTITUTE OF DIPLOMACY AND INTERNATIONAL STUDIES**

**Factors Affecting Health Diplomacy In Africa: A Case study of Kenya's Health  
Diplomacy**

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**R50/7283/2017**


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**A RESEARCH PROPOSAL SUBMITTED IN THE PARTIAL FULFILMENT OF  
MASTERS OF ARTS IN INTERNATIONAL STUDIES AT IDIS-UNIVERSITY OF  
NAIROBI.**

**2021**

**DECLARATION**

This proposal is my original work and has not been submitted for any degree to any other university.


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## **DEDICATION**

I dedicate this dissertation to my family who encouraged me to pursue this Master's degree. I also dedicate it to the Almighty God for his abundance strength.

## **ACKNOWLEDGEMENT**

The journey to the completion of this proposal has been academically enriching experience, professionally and socially challenging but very exciting.

I wish to also thank my supervisor Dr. Martin Ouma sincerely for his unlimited support, guidance, and cooperation in the process of writing this proposal.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 1.0 Introduction to the study**

This study examines the factors affecting the practice Health diplomacy in Africa utilizing a case study of Kenya's health diplomacy. The study will explore the practice of Health diplomacy in Africa. Moreover, it will examine the challenges hindering the practice global health in Kenya. Finally, it will analyse the policy recommendation measures to enhance the practice of health diplomacy as a tool of foreign policy in Kenya.

#### **1.2 Background**

Global health diplomacy has been carried out since the 19th Century through many international sanitary conferences, it was the Oslo Ministerial Meeting in 2006 that marked a turning point by gathering some WHO Members States' Ministers of Foreign Affairs under the Initiative on Global Health and Foreign Policy.<sup>1</sup> Through the Oslo Declaration stated after the Meetings, Ministers of Foreign Affairs affirmed their engagement and committed to work in close cooperation in order to fight against global diseases, to promote health within societies, to broaden health in their foreign policy agenda and to strengthen global health security. Following this Declaration, WHO General Assembly adopted a comprehensive note on the close relation and coherence between foreign policy and health in 2009 highlighting the urgent need to bring together foreign policy makers and health experts in order to draw common goals within the view to bring global sustainable solutions against global health issues.

While giving some recommendations for Member States' foreign policy makers in order to better understand the necessity to include health issues in foreign policy agenda, the report

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<sup>1</sup> Kickbusch, Ilona, Haik Nikogosian, Michel Kazatchkine, and Mihály Kökény. A guide to global health diplomacy. No. BOOK. Graduate Institute of International and Development Studies, Global Health Centre, 2021.



also finds out seven important key challenges that show the importance of relating and acting in common on global health and foreign policy.

WHO has organized many intra and extra continental activities on health diplomacy through its regional offices with health and foreign policy experts. One of this was the Seminar on Health Diplomacy held on Cairo, Egypt, in 2014, with the participations of experts on health and foreign policies, including personnel from Embassies and Ministries, as well as non-governmental and international organizations.<sup>2</sup> So many similar activities have been organized all around the world by WHO offices in order to broaden the diplomats and health experts' visions and horizons. WHO believes that integrating health issues in foreign policy agenda is also a major duty that will enhance the capacity building of global health security by focusing on common and communicable diseases, care, prevention and research and monitoring. Efforts of WHO are successful within the view of enhancing global health diplomacy but not enough; much more is needed to be done in the upcoming years, considering that health issues are taking a biggest part in UN priority objectives.

### **1.3 Problem Statement**

In the present contemporary international system, the increasing interconnectedness has created a new environment whereby global concerns are interlinked from one region to the other. The interconnectivity brought by globalization has made the world connected in various ways leading to the spread of various concerns like health complications. Global pandemics have increased from one region to the other, demanding more regional cooperation and integration in addressing the issues. Health problems like pandemics continue to jeopardize the smooth operations of nation states thereby making health diplomacy has been advanced by various actors to promote harmonized ways of addressing the concerns.

Despite the collective challenges that are facing the health sector globally, cooperation on strategies of addressing the concerns haven't been agreed even after many rounds of meetings.

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<sup>2</sup> Tella, Oluwaseun. *Africa's Soft Power: Philosophies, Political Values, Foreign Policies and Cultural Exports*. Taylor & Francis, 2021.

There has been minimal cooperation in health diplomacy by states as each nation focus more on their self-interest, health problem transcends national borders and nation states have the obligation to harmonize policies for addressing the health problems. Encouraging the interaction of state and non-state participants to position health issues more prominently in foreign policy decision-making however, the collective cooperation continues to be hindered by contradictions among actors. This study therefore seeks to investigate the factors that affects the health diplomacy in Africa.

### **1.4 1.3 Research questions**

- i. What is the impact of the practice of global health diplomacy in Africa?
- ii. What are the state actors and non-state actors in practice of health diplomacy?
- iii. What are the challenges affecting the practice of global health diplomacy in Kenya?

### **1.5 1.4 Study objectives**

#### **1.4.1 Main objective**

The main objective is to assess the implication of the practice of global health diplomacy in Africa using Kenya's health diplomacy as a case study.

#### **1.4.2 Specific objectives**

- i. To assess the practice of Global Health diplomacy in Africa
- ii. To examine the state actors and non-state actors in practice of health diplomacy
- iii. To challenges affecting the practice of global health diplomacy in Kenya

### **1.6 1.5 Literature review**

This sections reviews both theoretical and empirical literature on the practice of Global Health diplomacy in Africa, factors affecting the practice global health in Kenya and policy recommendation measures to enhance health diplomacy as a tool of foreign policy in Kenya.

#### **1.5.1 Theoretical literature review**

Waltz in his “Man, State, and War” posits that the international system is characterized by anarchy and states have the obligation to fend for themselves against threats including health concerns. On the other hand, Keohane and Nye demonstrated that some threats enhance the formulation of cooperation since they can’t be resolved by states individually.<sup>3</sup> Interdependence of both socio-economic and political issues creates mutual vulnerability to health concerns, and this promotes the intensity for the need to have cooperation between states. States that protect themselves from health concerns for instance Covid-19 while others don’t is most likely to find itself vulnerable to the spread of the pandemics from outside its borders.

No nation state is an island of its own and therefore cannot meet their own demands for dealing with global health concerns through domestic production alone. The integrated global supply chains demonstrate that they will rely on imports for medical supplies, machines, personnel. Other states do not have the capacity to tackle health problems on their own and therefore rely on information that comes from different actors to help in solving the health issues.

## **1.5.2 Literature review**

### **1.5.2.1 Practice of Health Diplomacy Globally**

With its headquarters in Geneva, Switzerland, the World Health Organization operates in 148 countries with a total of 4009 staff members to support its 194 Member States and has 6 regional offices.<sup>4</sup> The countries’ offices are coordinated by the Regional Office, which is itself directed by the headquarter. WHO works accordingly to a country strategy, adopted by prioritizing the needs of the Member State. The budget of WHO for supporting countries are submitted to the General Assembly in order to be voted and approved.

For the period of 2018-2019, the General Assembly approved a budget of 4421.5 million US Dollars as voluntary contributions. The budget is allocated to countries depending on the

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<sup>3</sup> Kliem, Frederick. "ASEAN and the EU amidst COVID-19: overcoming the self-fulfilling prophecy of realism." *Asia Europe Journal* (2021): 1-19.

<sup>4</sup> Chattu, Vijay Kumar, and W. Andy Knight. "Global health diplomacy as a tool of peace." *Peace Review* 31, no. 2 (2019): 148-157.

priorities. This is managed by the Directorate General that reports all financial acts. The budget is distributed among the main issues of areas of works; 805.4 million USD for Communicable diseases; 351.4 million USD for non-communicable diseases; 384.3 million USD for promoting health through the life course; 589.5 million USD for Health systems and 554.2 million USD for WHO Health Emergencies Programme.<sup>5</sup> The main sources of finances come from state and non-state actors and from assessed contributions. Considering their current socio-economic situations, the principal recipient countries are from the African continent.

The main goal of the US Department of Health and Human Services is to develop and ameliorate US citizens' health and to protect national health security; to achieve this, a global strategy was also launched in 2012, taking into consideration that health security is not only about the works conducted within the country's borders, but also abroad.<sup>6</sup>

Global health remains an important issue area that US considers strategically important for ensuring national and international security. Besides its crucial importance on national security interests, health diplomacy is perceived for the American Government as a foreign policy tool that can help to gain "hearts and minds" of people receiving aid and assistance in health. This strategic view has developed the idea to focus on increasing foreign aid assistance in terms of health. Through gaining support of receiving countries, it is also aimed to strengthen national security of US. Thus, projects conducted under the name of improving health of other countries' people and the activities of US on global health serve to the foreign and national security goals of the state.

Through defining a broad strategy in health diplomacy, US believes that making commitments in health is concretized, which gives the state to play the role of leadership in this field. As

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<sup>5</sup> Taghizade, Sanaz, Vijay Kumar Chattu, Ebrahim Jaafaripooyan, and Sebastian Kevany. "Covid-19 pandemic as an excellent opportunity for Global Health Diplomacy." *Frontiers in Public Health* 9 (2021).

<sup>6</sup> Woolhandler, Steffie, David U. Himmelstein, Sameer Ahmed, Zinzi Bailey, Mary T. Bassett, Michael Bird, Jacob Bor et al. "Public policy and health in the Trump era." *The Lancet* 397, no. 10275 (2021): 705-753.

emphasized by H. Gayle, “US have the chance to accelerate its recent historic success in advancing global health. If Americans seize this moment, take the long strategic view, make the commitment with their friends and allies and lives of millions, will be lifted in the coming decades, the world will be safer and healthier.”<sup>7</sup> Thus, US gives a priority to strategies for contributing to global health while pursuing its national and security interests, put at the center of their health diplomacy’s goals.

Aware of the importance of being an influential actor on global health governance, Switzerland has been the first country to integrate health into its foreign policy. Through taking active part on international resolutions conferences on soft issues and conducting healthy negotiations for enhancing international cooperation, Switzerland has a highly reputable value on global health governance. Thus, the principal strategy of Switzerland’ health diplomacy is to upgrade its successful model of public health policy at an international level and make it an example for other countries.

Robert Cooper argued that “diplomacy needs a post-modern perspective; the objective of foreign policy is taken to be peace and prosperity rather than power and prestige, diplomacy opened in the 1950s to economy and trade, enlarged in the 1980s to the environment and starts the 21st century with health as its focus.”<sup>8</sup> Switzerland, aware of the importance of the lack of global health governance, acts within the aim of integrating its national health policy as a model for other countries.

Besides the strategic initiative of the Office of Foreign Health of the Federal Department of Foreign Affairs, the Global Health Center within the Graduate Institute of Geneva is also strongly supported by the Swiss Government, providing necessary options to develop the skills

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<sup>7</sup> Touo, Herman. "The Changing US-Africa Relations: From Offshore Balancer to Offensive Realism?." Available at SSRN 3836681 (2021).

<sup>8</sup> Ibid

of policy and decision makers for negotiations at the international, regional and national level.<sup>9</sup> Among its different pillars, the courses and training on global health diplomacy is an important tool on bringing together health and foreign policy professionals and academics to improve global health through negotiations and international forum. By these different executive courses, training program and case studies, global health issues are handled and how to enlarge the capacity of improving it at national and international level, on the foreign policy scope, by training diplomats on global health, are discussed. This Center contributes to Switzerland on making it a regional and international actor on global health diplomacy and encourages the concerning actors on improving their actions in the way to contribute concretely on solving global health issues.

The outbreak and spread of a disease create a problem that becomes rapidly regional and sometimes global. Considering that health is related with the socio-economic conditions of states, its development and amelioration contribute to all sectors and fragments of societies. Besides this, it plays an important role in states' international relations. The spread of HIV/AIDS is a concrete example of this in that the public health, life quality and economy of Sub-Saharan African countries have been affected and their international relations have deteriorated. Global health issues need global cooperation and coordination; for this reason, to improve health of countries, especially having difficulties to deal with communicable and non-communicable diseases by themselves necessitates a strong collaboration among state and non-state actors as well as multi-stake holders' negotiators. The global initiatives of different regional and international actors, independent of political benefits, have contributed to ameliorate health in different countries.

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<sup>9</sup> Kickbusch, Ilona, Haik Nikogosian, Michel Kazatchkine, and Mihály Kökény. A guide to global health diplomacy. No. BOOK. Graduate Institute of International and Development Studies, Global Health Centre, 2021.

The threat of avian flu pandemics and Ebola and others, has triggered an increased interest in global health within regional integration organizations. The adoption of tobacco control measures by Parties to the WHO FCTC also contributed to the importance of health diplomacy in regionalism. For example, the Conventions labelling, packaging and product regulation requirements which binds Parties also imposes burdens of compliance by non-Parties who wish to export tobacco products to markets within Parties to the Convention

### **1.5.2.3 Policy recommendations to enhance Health diplomacy**

Since then Kenya government ministries have engaged in health diplomacy and below some the conventions & treaties, memorandum of understanding and bilateral agreements negotiated. The Unit of International Health Relations and ministry of Health share the obligation of the implementation status and challenges experienced in a number of these agreements.

Once adopted, Tobacco control protocol voluntary assessed contributions will apply. Parties will be required to establish a reporting mechanism. The challenges faced in the Implementation is mainly orientation of key sectors on the provisions of the Protocol and their role in implementation. Ratification of the Protocol will be facilitated by the Attorney General and Ministry of Foreign Affairs; establishment of a multi-sectoral team to facilitate implementation; regional approach to implementation example EAC; mainstreaming Tobacco control in economic agenda; capacity building for the implementation of the protocol; regional approach to implementation.<sup>10</sup>

The protocol is met with implementation challenges. This includes the tobacco control and trade arguments with some quarters interested in trade benefits. Inadequate nationwide enforcement mechanism is a big challenge. There is emergence of new products including

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<sup>10</sup> e Silva, Vera Luiza da Costa. "Protocol to eliminate illicit trade in tobacco products: the dawn of a new era." *salud pública de méxico* 59, no. S1 (2017): S8-S9.

smokeless tobacco. New nicotine delivery system, example electronic cigarettes and Shisha and increasingly affordable tobacco products associated with liberalization of the economy. Implementation also challenged by finding of alternative livelihoods for tobacco farmers.

The Basel Convention was aimed at strengthening health facilities to undertake proper management of hazardous hospital wastes. The ongoing activities include infection prevention and control policy developed, injection safety developed, IPC guidelines developed, healthcare waste management guidelines developed, healthcare waste management plan undergoing revision; technical working on HCWM formed and operational; infrastructure improvement for waste management, training of personnel on medical waste management, procurement of waste management commodities. There are routine monthly reports and quarterly TWG meetings and quarterly interagency coordinating committee meetings. Challenges include lack of funding and inadequate staff training. Ministry of health suggest more resource allocation to address this component in the ministry, training of staff responsible for implementation of the component and strengthening infection prevention committees in all health facilities.

The Memorandum of Understanding on collaboration in HIV/AIDS research activities including of expertise between research institutions in the two countries. The other areas was training and exchange of best practices in prevention and management of HIV/AIDS between the two countries. This will include models used to scale up the care and treatment devices for people living with HIV/AIDS and capacity building to address the prevention of HIV and AIDS. The reports on the implementation were to be shared among the two countries. The main challenge was the weak reporting systems which required strengthening.

The memorandum of understanding or financing agreement was signed between ECSA-HC and the Ministry of Finance and Ministry of Public Health and Sanitation on 27th September 2010 and Kenya is obligated to contribute USD 125,000 every financial year from that credit



NO. IDA 47320 to support regional activities under ECSCA for the project based on an approved work plan from the five EAC countries. The project is to be concluded on March 30th, 2016. A number of achievements have been concluded including regional trainings, having regional technical working groups, hiring of specialized and technical personnel. ECSCA reports to the countries every end of financial year audited financial statements and there are have two regional committees having oversight authority that is regional steering committee and regional advisory panel. These statements are to be submitted to Kenya. Countries are moving at differing paces however Kenya has done tremendously well here. Procurement delays of specialized equipment and finally approvals for travelling to inter country meetings have been cumbersome as some Governments have stricter bureaucracy thereby derailing regional implementation. In addition the working relationship with EAC is still not at the very best.<sup>11</sup>

### **1.5.2.3 Factors facing the practice of health diplomacy**

The practice of global health diplomacy is associated with many challenges.<sup>12</sup> Most of the times negotiations are long and tiresome and mostly pitting developed against developing countries. This is complicated by the fact that developing countries send only a few negotiators who either do not have the technical knowhow, or have no diplomacy training and are not negotiators. Officers at the international health unit Ministry of Health have no diplomatic training and the no health technical knowledge in the Department of Foreign Affairs and even present cosmopolitan Trade and even Department of East Africa Affairs And Tourism.<sup>13</sup> Due also to the shortage of staff negotiating staff are usually very few unable to represent the state in

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<sup>11</sup> Kumar, Meghan, Joel Lehmann, Aniceth Rucogoza, Claver Kayobotsi, Ashis Das, and Miriam Schneidman. "East Africa Public Health Laboratory Networking Project." (2016).

<sup>12</sup> Fidler, David P. "The challenges of global health governance." (2010).

<sup>13</sup> Luoma, Marc, Julie Doherty, Stephen Muchiri, Tiberius Barasa, Kate Hofler, Lisa Maniscalco, Rosalind Kirika, Charles Ouma, and Josephine Maundu. "Kenya health system assessment 2010." Bethesda, MD (2010).

committee working groups and plenary session, and therefore unable to input and have an impact in the negotiation.

This challenge was experienced in the field of diplomacy, where at independence there were barely a handful of locals in the foreign ministry. They have had university degrees, but no diplomatic training. These small numbers of officials were in charge of running the ministry of foreign affairs which was intricate and challenging due to limited or no proper training. This meant that the government could not release them for any prolonged period of time to enable them to study diplomacy and diplomatic practice.<sup>14</sup>

#### **b) Limited Budget for health diplomacy**

Inadequate funding was found to be the other major challenge for the practice of global health diplomacy.<sup>15</sup> Though health diplomacy was noted as very important it was noted that the international health unit did not have any specific budget for their activities. It was noted that the department is a small unit and not a department or division like other specialties in the Ministry Of Health. The unit is not well staffed with only five officers despite the work load. This not surprising as the budgeted allocation for the ministry is never enough.

#### **c) Health Worker Migration**

The movement of medical practitioner to middle level and high earning is intensifying and this has led to inequities in the distribution of the universal health personnel and additionally causing more of the concession of health policies which are used in some of the necessitous countries in the globe.<sup>16</sup> While in there motherland country, they seem to strain too much and

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<sup>14</sup> Szondi, Gyorgy. Public diplomacy and nation branding: Conceptual similarities and differences. Clingendael Institute., 2008.

<sup>15</sup> Ng, Nora Y., and Jennifer Prah Ruger. "Global health governance at a crossroads." *Global health governance: the scholarly journal for the new health security paradigm* 3, no. 2 (2011): 1.

<sup>16</sup> Geronimus, Arline T., and J. Phillip Thompson. "To denigrate, ignore, or disrupt: racial inequality in health and the impact of a policy-induced breakdown of African American communities." *Du Bois Review: Social Science Research on Race* 1, no. 2 (2004): 247-279.

as well the people around those countries struggle with serious health work inadequacy which is the half capabilities of physician human resource of third world countries currently serves the populations of OECD countries.

The role of health diplomacy is to ensure that health workers recruited from Kenya meet the required professional qualifications. Health diplomacy with ensure they are employed in accordance with the laid down international standard. There are over 150 nurses and 25 doctors working in Namibia through Bilateral agreements concluded by Kenya and Namibia through a technical cooperation on Health, 2002.

### **1.5.3 Gaps in the Literature Review**

Empirical investigations have divergent findings in their quest of the factors affecting health diplomacy role and practice of global diplomacy in Africa and more specifically in Kenya. Most of these studies differ in terms of methodology, geographical location considered for the research, and duration covered. However, numerous studies have established that there are various factors that have influenced health diplomacy both positively and negatively. The lack of existence of a common stand in these findings of previous studies clearly suggests vagueness in existing literature; this has necessitated more enquiries into the factors affecting global health diplomacy in Africa a case study of Kenya.

### **1.7 1.6 Hypothesis**

This study must test the following hypothesis.

1. **H1:** The practice of Global Health diplomacy in Africa is influenced by both state and non-state actors
2. **H0:** The practice of Global Health diplomacy in Africa is not influenced by both state and non-state actors

### **1.8 1.7 Justification of the study**

For every academic research, the justification for it cannot be over emphasized. Consequently, the justification for this study will be viewed from three levels. These levels are the policy, academic and general justification levels.

#### **1.7.1 Policy justification**

This study broadens scope from the above-mentioned premise by critically examining the factors affecting global health diplomacy in Africa. Having a deeper understanding on the practice of health diplomacy the study, challenges and successes to possible recommendations of addressing the subject of the study. The study will dwell onto tangible solutions of strengthening existing policy measures in enhancing health diplomacy in Africa. The study assists policymakers in broadening their scope of information and options when crafting policies geared towards enhancing proper practice of health diplomacy especially in the African continent. The study also intends to build to the body of knowledge on conflict management as a method of enhancing socio-economic security.

With clear policies in place, it will enable policy makers from both International and Africa to make clear decisions and guide their conflict management efforts in the regions.

#### **1.7.2 Academic justification**

This study broadens scope from the above-mentioned premise by critically examining the role of health diplomacy, in addition it also looks at an in-depth analysis of successes and failures of the practice of health diplomacy in Africa. The study also looks on tangible solutions of enhancing the effectiveness of global health diplomacy in Africa.

### **1.8 Theoretical framework**

This study will be informed by Social Constructivist Theory to illustrate health and foreign policy conceptualization. Constructivism primarily seeks to demonstrate how core aspects of international relations are, contrary to the assumptions of neorealism and neoliberalism, socially constructed, that is, they are given their form by ongoing processes of social practice and interaction. Alexander Wendt calls two increasingly accepted basic tenets of Constructivism that the structures of human association are determined primarily by shared ideas rather than material forces, and that the identities and interests of purposive actors are constructed by these shared ideas rather than given by nature.<sup>17</sup>

Social Constructivism appears highly relevant to the collective action element that underpins the Global Health Diplomacy ideal and the importance of involving numerous actors in the processes. The theory demonstrates that realities are constructed socially thus anarchy is what states and non-states actors make of it. The processes of sharing and interaction of various ideas has the capacity to influence the way states and non-state actors formulate their socio-economic and political interests and preferences. The global actors don't operate in a vacuum and therefore there is no international world outside the practices and institutions that they arrange for themselves. Thus, diplomatic processes become how actors intersubjectively construct and express their ideas, interests, and identities.

Constructivists argue that states can have multiple identities that are socially constructed through interaction with other actors. Identities are representations of an actor's understanding of who they are, which in turn signals their interests. The desire of actors to meet their goals advances the need for cooperation with other actors in the international system, thus health diplomacy requires mutual understanding and interaction between and among state and non-state actors in international politics.

## **1.9 1.9 Research Methodology**

### **1.9.1 Research design**

Is a plan that specifically outlines arrangements of conditions to adhere in research is known as a research design. A research design outlines how and in what parameters are data to be collected and analysed to appropriately gather the information that can validly provide answers

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<sup>17</sup> Martel, Matthew. "'They Had, They Thought, Their Champion of Freedom': Social Constructivism and Greek Politics, 217-199." PhD diss., Open Access Victoria University of Wellington| Te Herenga Waka, 2021.

to the broad research question. This study will use a descriptive research design to examine the influence of health diplomacy in Kenya. Secondly, a descriptive research design is not experimental as observations are recorded, as they are to describe the phenomenon. .

### 1.9.2 Study Location

Study location refers to a geography for which data is analysed in a report or study.<sup>18</sup> The study was conducted at Nairobi County in Kenya, as Nairobi County geopolitical location is crucial to the practice of diplomacy as it hosts numerous embassies, diplomatic personnel drawn from global nation states in addition to non-state actors who are crucial in the practice of diplomacy.

### 1.9.3 Target population

Target population can be defined as the total group of persons from which the study samples might be drawn.<sup>19</sup> These are the target research population that the researcher focused on in getting the primary data. They include embassy officials, Ministry of Health officials due to their exposure and knowledge to the practice of global health diplomacy, university students due to their in-depth knowledge, ministry of foreign affairs officers, in order to capture for the official data.

### 1.9.4 Sample for study

The sample for study will narrow down to international relations students due to their in-depth insight in this international relations topic, ministry of foreign affairs officers in order to capture for the official data, Ministry of Foreign affairs officers and Ministry of health officials who

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<sup>18</sup> Denzin, Norman K., and Yvonna S. Lincoln. 2017. The Sage handbook of qualitative research. <https://nls.ldls.org.uk/welcome.html?ark:/81055/vdc>

<sup>19</sup> Daniel, Johnnie. 2012. Sampling essentials: practical guidelines for making sampling choices. Los Angeles: Sage.

will provide accurate information in assessing impacts of global health diplomacy in relation

<b>Target group</b>		<b>Sample size</b>	<b>Sampling technique</b>
Ministry of Health officers (informants)		10	Simple random
Ministry of Foreign Affairs officials		10	Purposive sampling
University of Nairobi academicians		15	Convenience sampling
Embassy officials informants		10	Purposive sampling
Total		45	

with other trading nation states.

### **1.9.5 Sampling procedure**

#### **1.10 1.9.7 Sampling frame**

*Table 1.1 Target population, sample size and sampling technique*

**Source: Researcher, 2021.**

Simple random sampling was used to the staff from the ministry of Health and each member has an equal probability of being chosen and on the other hand simple random sample is meant to be an unbiased representation. Purposive sampling was appropriate towards Ministry of Foreign Affairs staffs and Embassy staffs because it enabled to reach a targeted sample quickly such as the experts officials from the county. Convenience sampling will used towards the

academicians because the subjects will be selected due to convenient accessibility and proximity to the researcher.

#### **1.9.8 Tools for data collection**

The researcher gathered Information from a range of sources hence; there are a variety of tools and techniques that will be used when gathering primary data. These include questionnaires which will be administered to participants from the embassy, and the relevant ministry because of their time limitations, review of existing records and statistics from the Kenya National Bureau as well as focused group discussions from University of Nairobi Academicians, as they see it fit to engage in debate over the subject matter under research.

#### **1.9.9 Data Collection**

This research relied on both primary source of data and secondary sources of information in gathering and measuring information on targeted variables. Primary data was derived from structured interview that is typically formal and organized, unstructured interview and administration of structured questionnaire, unstructured questionnaire, open and closed ended questionnaire. This was conducted on the Ministry of Foreign affairs staffs, selected embassy officials, Ministry of Health as well as International studies academicians. Secondary data was sourced from a collection and review of books, journals, academic and research paper.

#### **1.9.10 Data Analysis and Presentation**

This study adopted qualitative content analysis considering that qualitative data was to be sourced from the area of study. Before data analysis was done, the interviewing notes were cleaned and checked for completeness. The responses were then be interpreted and inferences made.



## **1.10 Ethical Considerations**

Ethical considerations normally placed certain burdens on the researcher. These burdens include ensuring that the respondent is given adequate information to enable him give an informed consent and that the privacy of the respondent is protected while the information he gives is treated with utmost confidentiality. The other burdens include the right of the respondent to remain anonymous without disclosing his identity and the researcher being sensitive to human dignity and well-meaning in his or her intentions. Bearing these ethical considerations in mind, the researcher strove to be guided by the highest form of restraint and utmost discipline towards the respondent in the course of the research.

## **1.10 Chapter Outline of the Study**

**Chapter One:** This will basically be an introductory chapter. Here, the background to the study, statement of the research problem, research questions and research objectives, the justification for the study, literature review, as well as identifying the gaps in literature, the theoretical framework, hypotheses and research methodologies.

**Chapter Two:** In this chapter, a critical analysis of the first objective of the study will be carried out: The practice of Global Health diplomacy in Africa.

**Chapter Three:** The second objective of the study will be critically analysed in this chapter: The challenges hindering the practice global health diplomacy in Kenya.

**Chapter Four:** The analysis of the third and final objective of the study will be the focus of Chapter: Policy recommendation to enhance health diplomacy as a tool of foreign policy in Kenya

**Chapter Five:** The data analysis of primary and secondary data of all the three objectives of the study.

**Chapter Six:** This will be the last chapter of the study. It will contain summary of findings, conclusion and recommendations.

## **Chapter Two**

### **Analysis of the Practice of Health Diplomacy**

#### **2.0 Introduction**

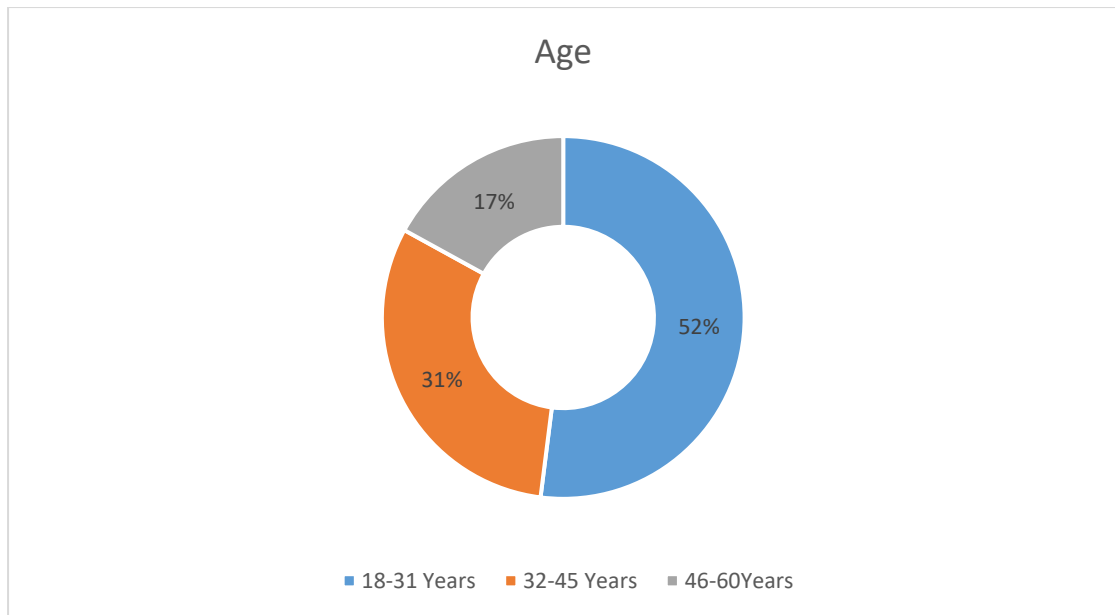
Chapter two of the study will look into the analysis of the practice of health diplomacy global Regional and Kenyan perspective. The study looked into an in-depth analysis of the practice of health diplomacy in Kenya from the respondents who took part in the research.

#### **Demographic characteristics of the respondents**

##### **i. Age**

The respondents to this study involved people of different ages and this can be outlined as follows.

- a) 18-31 years (31%).
- b) 32-45 years (52%).
- c) 46-60 years (17%).



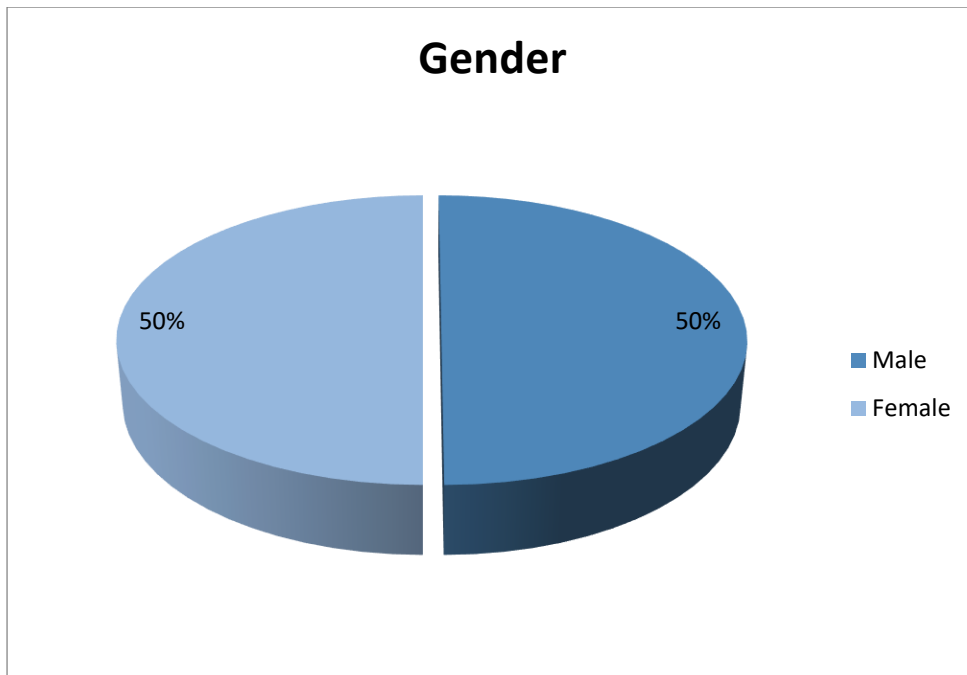
**Source: Field Data, 2021**

A majority of the respondents were between the age of 32 and 45 years. This is attributed to the fact they possessed credible and informative information regarding this research.

**ii. Gender**

Apart from age, gender was also another point of consideration as far as the demography of the respondents was concerned was gender.

- a) Male (50%)
- b) Female (50%).

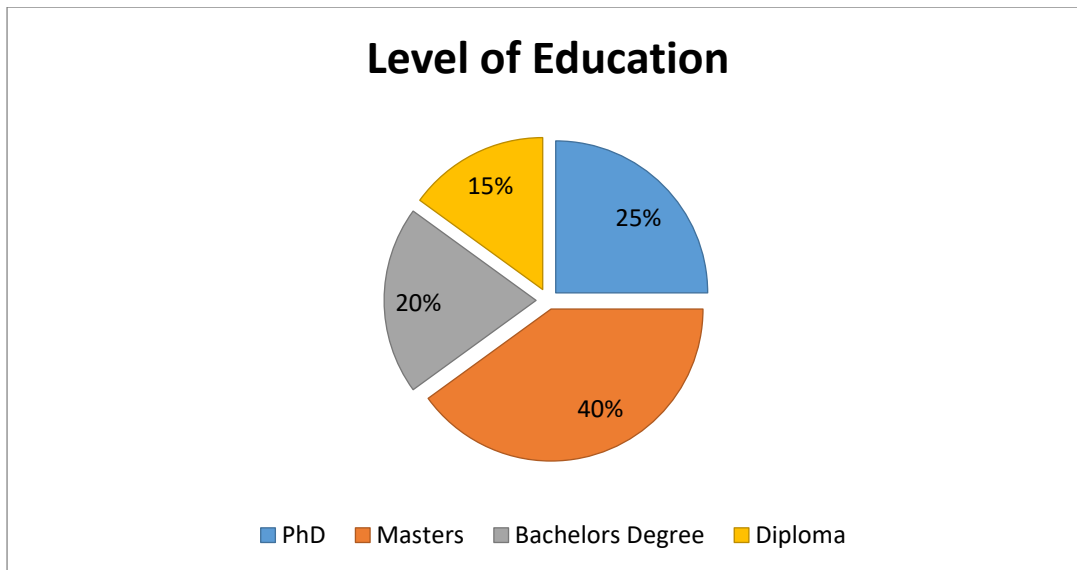


**Source: Field Data, 2021**

Gender aspect was considered important for this study since the dialogue aspect under investigation is perceived to affect different gender groups differently. It was therefore important to get the perception and views of different groups. The reason as to why there was a selection of equal number of male and female is so as to avoid bias.

### **iii. Level of Education**

The other important factor is the level of education. This study comprised people who hold various awards such as PhD (25%), Masters (40%), Bachelor's Degree (20%), and Diploma (15%).



**Source: Field Data, 2021**

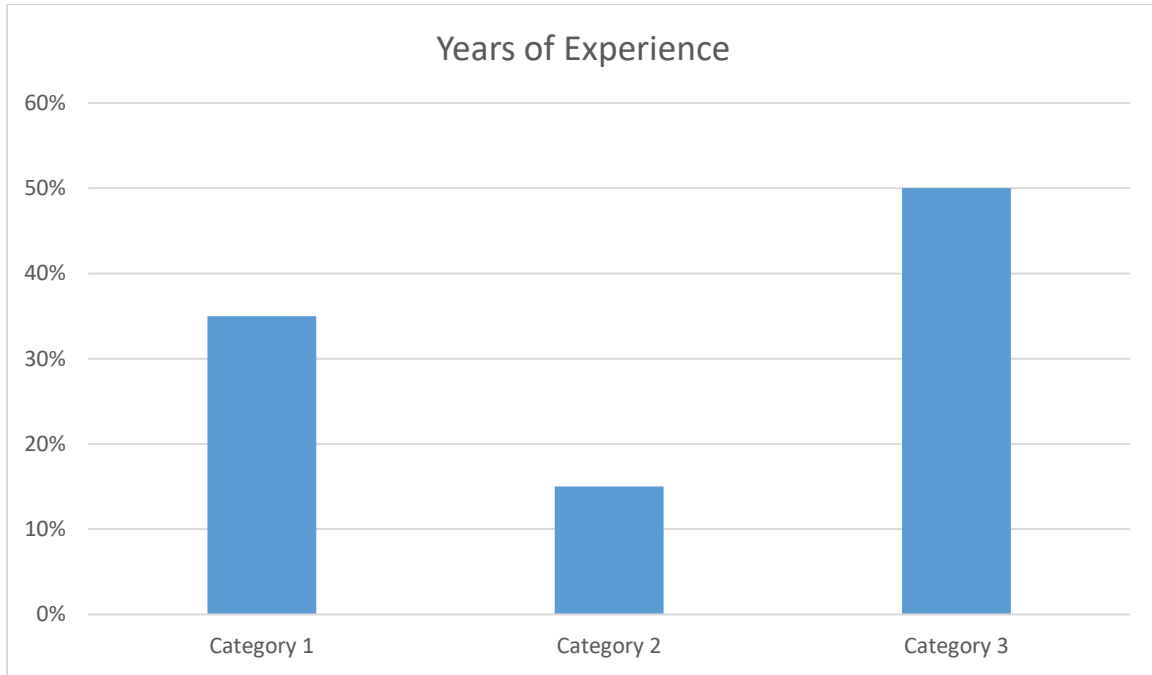
Most of the respondents to this study had master’s degree. The rationale for this choice was that such respondents possessed sufficient knowledge about our topic under research and due to the fact that they were easily accessible.

#### **iv. Years of experience**

Finally, year of experience was the other factor that was put into consideration in this study.

This was outlined as follows.

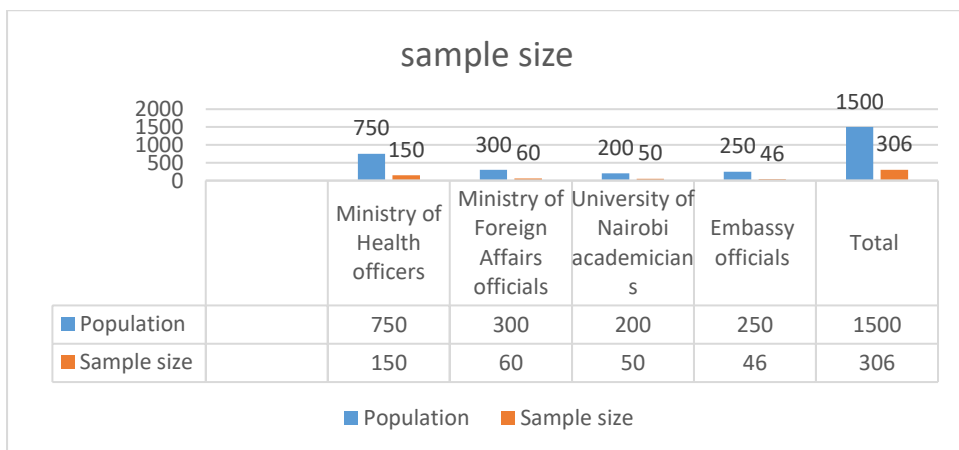
- a) Category 1: 1-3 (35%)
- b) Category 2: 4-6 (15%)
- c) Category 3: 7-10 (50%)



**Source: Field Data, 2021**

A majority of the respondents to this study had between 7 to 10 years of experience majorly drawn from (32-45) and (46-60) age groups bracket. The reason for narrowing down to this was so as to come up with respondents with a wide array of information from their respective fields so as to enrich the quality of the research.

**iv) Careers**



**Source: Field Data, 2021**

A majority of the respondents to this study were drawn from the ministry of health, the main reason is that they are better informed in health practices, while ministry of Foreign Affairs, UON academicians, and selects Embassy officials. The reason for narrowing down to this was so as to come up with more objective findings to the study.

### **1.11 2.1The Role of WHO in Advancing Global Health**

The changing landscape of the international scene, the technological development at the end of the 1900's and the beginning of the 21st Century with also the changing world order have made necessary to cooperate and negotiate not only at state-level and on traditional issues such as war, peace or economy, but also on "new" soft areas that necessitate to be handled separately.<sup>20</sup> As a consequence of this shift, diplomacy has become more global and fragmentary. Various factors such as climate change, effects of globalization induced by new technological research, global social change, migration, displaced people's movement and the spread of diseases affect the direction and goals of governments' foreign policy.

Discussing global health issues and trying to find common solutions to common problems need the coordination and collaboration among not only states but also different actors such as international and non-governmental organizations.<sup>21</sup> This is why global health diplomacy is today an important subject of international politics that deserve to be more studied and analysed in order to be able to develop and better understand global actions and practices of state and non-state actors in an institutional framework. Depending on their priorities, many global

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<sup>20</sup> Brands, Hal, and Francis J. Gavin, eds. COVID-19 and world order: The future of conflict, competition, and cooperation. Johns Hopkins University Press, 2020.

<sup>21</sup> Amaya, Ana B., and Philippe De Lombaerde. "Regional cooperation is essential to combatting health emergencies in the Global South." *Globalization and Health* 17, no. 1 (2021): 1-6.

actors are now actively diplomatizing health at regional and international level. The principal actor in this term is the World Health Organization.

For the period of 2014-2019, WHO has identified some important priority areas for improving global health. The first priority for WHO is to provide universal health coverage for all countries in need, especially the developing ones which are in insufficiency for providing basic healthcare for their population.<sup>22</sup> The second important priority is to facilitate the access to medicines for all individuals; to enhance public health of countries for ameliorating the social, economic and environmental situations of populations and to get under control and diminish the spread of communicable and non-communicable diseases are the other important key points of the agenda.

The Declaration of Alma-Ata adopted in 1978 aimed to make a call for all governments of countries to improve their public health and facilitate the access of healthcare for each individual. Highlighting that primary healthcare is essential for everyone, WHO emphasized that governments are the main responsible authorities in providing this, through the promotion, preventive, curative, and rehabilitative services as appropriate. After this Declaration, WHO adopted in 1981 a global strategy to promote health for all until 2000. Even if this aim has not been globally achieved, it has pushed many states to enhance the capacity of their public health systems and to adopt some health reforms.<sup>23</sup>

In 1996, due to the ineffectiveness of existing programs, UNAIDS, the Joint United Nations Programme on HIV/AIDS was initiated by the mutual efforts of WHO and UN, as well as other

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<sup>22</sup> McCormick, Ian, Islay Mactaggart, Serge Resnikoff, Debbie Muirhead, G. V. Murthy, Juan Carlos Silva, Andrew Bastawrous et al. "Eye health indicators for universal health coverage: results of a global expert prioritisation process." *British Journal of Ophthalmology* (2021).

<sup>23</sup> Klein, Eili Y., Thomas P. Van Boeckel, Elena M. Martinez, Suraj Pant, Sumanth Gandra, Simon A. Levin, Herman Goossens, and Ramanan Laxminarayan. "Global increase and geographic convergence in antibiotic consumption between 2000 and 2015." *Proceedings of the National Academy of Sciences* 115, no. 15 (2018): E3463-E3470.



related UN bodies.<sup>24</sup> Considering that the first case of HIV/AIDS was detected 35 years ago and 35 million people have died from it, it was necessary to implement a major program. Aiming to prevent the spread of the virus, to provide necessary support for all affected individuals and to control the current situation, the program has been implemented in about 155 countries. Operating with an annual budget of 70 million USD, this program has achieved to control the spread of HIV and to provide necessary health supports especially in the most vulnerable societies, majorly in the African continent. WHO also conducts important programs on mother- child health, women's major diseases and other programs on world primary health issues working in close cooperation with UN Bodies and other regional and international organizations as well as states.

### **2.1.1 WHO and Health diplomacy**

Even if global health diplomacy has been carried out since the 19th Century through many international sanitary conferences, it was the Oslo Ministerial Meeting in 2006 that marked a turning point by gathering some WHO Members States' Ministers of Foreign Affairs under the Initiative on Global Health and Foreign Policy.<sup>25</sup> Through the Oslo Declaration stated after the Meetings, Ministers of Foreign Affairs affirmed their engagement and committed to work in close cooperation in order to fight against global diseases, to promote health within societies, to broaden health in their foreign policy agenda and to strengthen global health security. Following this Declaration, WHO General Assembly adopted a comprehensive note on the close relation and coherence between foreign policy and health in 2009 highlighting the urgent

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<sup>24</sup> NYGREN-KRUG "The Joint United Nations Programme on HIV/AIDS." *Human Rights in Global Health: Rights-Based Governance for a Globalizing World* (2018): 281.

<sup>25</sup> Kickbusch, Ilona, Haik Nikogosian, Michel Kazatchkine, and Mihály Kökény. *A guide to global health diplomacy*. No. BOOK. Graduate Institute of International and Development Studies, Global Health Centre, 2021.

need to bring together foreign policy makers and health experts in order to draw common goals within the view to bring global sustainable solutions against global health issues.

While giving some recommendations for Member States' foreign policy makers in order to better understand the necessity to include health issues in foreign policy agenda, the report also finds out seven important key challenges that show the importance of relating and acting in common on global health and foreign policy. At the core of UN policies, where health has gained more importance in recent years, Member States are now aware of the crucial need to make coherence between foreign policy and health.<sup>26</sup> It is within this view that WHO has given particular focus on global health diplomacy and occasionally reiterates the importance of gathering foreign policy makers and health experts in order to draw attention to the need to cooperate and coordinate.

WHO has organized many intra and extra continental activities on health diplomacy through its regional offices with health and foreign policy experts. One of this was the Seminar on Health Diplomacy held on Cairo, Egypt, in 2014, with the participations of experts on health and foreign policies, including personnel from Embassies and Ministries, as well as non-governmental and international organizations.<sup>27</sup> So many similar activities have been organized all around the world by WHO offices in order to broaden the diplomats and health experts' visions and horizons. WHO believes that integrating health issues in foreign policy agenda is also a major duty that will enhance the capacity building of global health security by focusing on common and communicable diseases, care, prevention and research and monitoring. Moreover, considering that health has transboundary dimensions, to strengthen

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<sup>26</sup> Holst, Jens. "Global Health—emergence, hegemonic trends and biomedical reductionism." *Globalization and health* 16, no. 1 (2020): 1-11.

<sup>27</sup> Tella, Oluwaseun. *Africa's Soft Power: Philosophies, Political Values, Foreign Policies and Cultural Exports*. Taylor & Francis, 2021.

the dialogue and cooperation of health experts and diplomats as well as foreign policy makers will enhance, contribute and facilitate health diplomacy.

Efforts of WHO are successful within the view of enhancing global health diplomacy but not enough; much more is needed to be done in the upcoming years, considering that health issues are taking a biggest part in UN priority objectives.

### **2.1.2 WHO and Member States**

With its headquarters in Geneva, Switzerland, the World Health Organization operates in 148 countries with a total of 4009 staff members to support its 194 Member States and has 6 regional offices.<sup>28</sup> The countries' offices are coordinated by the Regional Office, which is itself directed by the headquarter. WHO works accordingly to a country strategy, adopted by prioritizing the needs of the Member State. The budget of WHO for supporting countries are submitted to the General Assembly in order to be voted and approved.

For the period of 2018-2019, the General Assembly approved a budget of 4421.5 million US Dollars as voluntary contributions. The budget is allocated to countries depending on the priorities. This is managed by the Directorate General that reports all financial acts. The budget is distributed among the main issues of areas of works; 805.4 million USD for Communicable diseases; 351.4 million USD for non-communicable diseases; 384.3 million USD for promoting health through the life course; 589.5 million USD for Health systems and 554.2 million USD for WHO Health Emergencies Programme.<sup>29</sup> The main sources of finances come from state and non-state actors and from assessed contributions. Considering their current socio- economic situations, the principal recipient countries are from the African continent.

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<sup>28</sup> Chattu, Vijay Kumar, and W. Andy Knight. "Global health diplomacy as a tool of peace." *Peace Review* 31, no. 2 (2019): 148-157.

<sup>29</sup> Taghizade, Sanaz, Vijay Kumar Chattu, Ebrahim Jaafaripooyan, and Sebastian Kevany. "Covid-19 pandemic as an excellent opportunity for Global Health Diplomacy." *Frontiers in Public Health* 9 (2021).

### **1.12 2.3 Selected Country Global Health Diplomacy**

This section will look into the practice of global health diplomacy in selected countries across the world, including analysis of the US foreign Policy and Health, Switzerland and Global Health, African Health diplomacy, and East African Health policy.

#### **2.3.1 US Foreign Policy and Health**

The main goal of the US Department of Health and Human Services is to develop and ameliorate US citizens' health and to protect national health security; to achieve this, a global strategy was also launched in 2012, taking into consideration that health security is not only about the works conducted within the country's borders, but also abroad.<sup>30</sup> The Global Strategy for 2015-2019 is composed of three main goals and ten objectives to achieve these goals. The Department of Health and Human Services works in strong collaboration with other US governmental agencies and its sub- divisions have all a foreign health goal.

Office of Global Affairs also has the mission to appoint health diplomats around the world. Health attachés are the key point of contact in the countries where they are designated on issues concerning global health and health diplomacy. They play the role of a mediator between US and hosting countries; they share US foreign health policy and try to contribute to health issues concerning the country where they represent US. They also participate to organizations and meetings at national, regional and international levels in order to follow the current situation on world health's and share experience of US through its global health strategy.

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<sup>30</sup> Woolhandler, Steffie, David U. Himmelstein, Sameer Ahmed, Zinzi Bailey, Mary T. Bassett, Michael Bird, Jacob Bor et al. "Public policy and health in the Trump era." *The Lancet* 397, no. 10275 (2021): 705-753.

## **Health Diplomacy Strategy**

Global health remains an important issue area that US considers strategically important for ensuring national and international security.<sup>31</sup> Besides its crucial importance on national security interests, health diplomacy is perceived for the American Government as a foreign policy tool that can help to gain “hearts and minds” of people receiving aid and assistance in health. This strategic view has developed the idea to focus on increasing foreign aid assistance in terms of health. Through gaining support of receiving countries, it is also aimed to strengthen national security of US. Thus, projects conducted under the name of improving health of other countries’ people and the activities of US on global health serve to the foreign and national security goals of the state.

The PEPFAR Initiative explained in details above is one of the clearer examples of American health diplomacy that has great impact on countries where AIDS was very expansive and affecting a huge number of populations.<sup>32</sup> Through these similar initiatives and activities conducted within the view to contribute to global health, US aims to develop further strategies in health diplomacy based on its experiences. US Government has a strong belief in the role played by global health diplomacy in pursuing national foreign interest. Global health activities are perceived as a field in which US can play a global leadership role by its technical assistance and foreign aid.

Through defining a broad strategy in health diplomacy, US believes that making commitments in health is concretized, which gives the state to play the role of leadership in this field. As

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<sup>31</sup> Wenham, Clare, Rebecca Katz, Charles Birungi, Lisa Boden, Mark Eccleston-Turner, Lawrence Gostin, Renzo Guinto et al. "Global health security and universal health coverage: from a marriage of convenience to a strategic, effective partnership." *BMJ global health* 4, no. 1 (2019): e001145.

<sup>32</sup> Asher, Antonia. "From the American People: An Autoethnographic Exploration of South African NGOs' Perceptions of PEPFAR." (2019).

emphasized by H. Gayle, “US have the chance to accelerate its recent historic success in advancing global health. If Americans seize this moment, take the long strategic view, make the commitment with their friends and allies and lives of millions, will be lifted in the coming decades, the world will be safer and healthier.”<sup>33</sup> Thus, US gives a priority to strategies for contributing to global health while pursuing its national and security interests, put at the center of their health diplomacy’s goals.

One of the important challenges on treatment towards diseases is the non- communicable diseases that are the major cause of mortality and morbidity in developed and developing countries. According to the Council on Foreign Relations task force on global health, the non-communicable diseases epidemic will cost approximately USD 21.3 trillion in the upcoming 20 years in losses in developing countries, which “will undercut potential US trade partners and allies and may reduce domestic support for governments of US strategic interest.”<sup>34</sup> Moreover, to prepare appropriately countries to fight against this sort of diseases is a crucial issue and the way to realize it is only through strengthening their health systems. At this point, one of the priorities of the US Strategic Health Diplomacy is to initiate programs on fighting against diseases such as hepatitis C and malaria.<sup>35</sup> To enlarge this initiative from US level to global scale will be an important contribution for global health diplomacy. These specific points provide to US to develop and strengthen its efforts and contributions to global health diplomacy. The sub-divisions of the Department of Health and Human Services have all a foreign health strategy perspective within the view to reach security and national interests.

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<sup>33</sup> Touo, Herman. "The Changing US-Africa Relations: From Offshore Balancer to Offensive Realism?." Available at SSRN 3836681 (2021).

<sup>34</sup> Balik, Burak. "The Estimation of Burden of Chronic Diseases in Turkey." (2021).

<sup>35</sup> Dzau, Victor, Valentin Fuster, Jendayi Frazer, and Megan Snair. "Investing in global health for our future." *New England Journal of Medicine* 377, no. 13 (2017): 1292-1296.

### **2.3.2 Switzerland and Global Health Diplomacy**

Switzerland is a good example of states that tries to adopt new mechanism especially in policy implementation in order to intertwine national and global health issues.<sup>36</sup> The approach of Switzerland is more closed to equalizing its national interests and the global responsibility of contributing to the development of global health. Such an approach, supported by Switzerland, as the leading country in the world having an extended health coverage system with free access to its citizens, has made necessary to study its contribution to global health diplomacy. The national interest driven by Switzerland on global health issue is more probabilistic than self-seeker; it is more concerned by global health security than the politicization of health for foreign policy objectives.

#### **Switzerland and Global Health**

As argued by Slaughter, “understanding domestic issues in a regional or global context must become part of doing a good job. Increasingly, the optimal solution to these issues will depend on what is happening abroad, and the solutions to foreign issues, in a corresponding measure, will depend on what is happening at home.”<sup>37</sup> This is why many scholars consider that national systems are core components of the global system. Switzerland is a good example of this shift, believing that national health policies should be adopted to global health mechanisms, as health is the right for everyone.

The citizens of Switzerland have the right to direct access to health care services through the mandatory health insurance system-MHI-which is mandatory since 1996. Cantons are required to provide subsidies for people on low incomes who cannot afford to insurances by themselves.

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<sup>36</sup> Elbe, Stefan. *Pandemics, pills, and politics: Governing global health security*. JHU Press, 2018.

<sup>37</sup> Reed, A. G., Johanna Pohl, and Marjolein Jegerings. "The four dimensions of the Foreign Fighter threat: making sense of an evolving phenomenon." *International Centre for Counter-Terrorism Policy Brief* 8, no. 1 (2017).

They are also responsible on the implementation of health policies and the conduction of health activities. According to OECD data's, Switzerland's citizens health indicators are highly good and the majority of the population is satisfied on the health care services and insurance system of their country.<sup>38</sup> Either for the view to improve human beings health as health is the right of everyone, or for reaching national interests and foreign policy goals, Switzerland has been the first country to adopt a foreign health policy within the view to prioritize negotiations on global health issues on a strategic framework. Adopted in 2012, Swiss Foreign Health Policy is a common efforts' result of both the Federal Department of Home Affairs and the Federal Department of Foreign Affairs.<sup>39</sup>

### **Health Diplomacy Strategy**

Aware of the importance of being an influential actor on global health governance, Switzerland has been the first country to integrate health into its foreign policy. Through taking active part on international resolutions conferences on soft issues and conducting healthy negotiations for enhancing international cooperation, Switzerland has a highly reputable value on global health governance. Thus, the principal strategy of Switzerland' health diplomacy is to upgrade its successful model of public health policy at an international level and make it an example for other countries.

Robert Cooper argued that “diplomacy needs a post-modern perspective; the objective of foreign policy is taken to be peace and prosperity rather than power and prestige, diplomacy opened in the 1950s to economy and trade, enlarged in the 1980s to the environment and starts the 21st century with health as its focus.”<sup>40</sup> Switzerland, aware of the importance of the lack

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<sup>38</sup> Kilci, Esra N. "A study on financial sustainability of healthcare indicators for Turkey under the health transformation program." *The International Journal of Health Planning and Management* (2021).

<sup>39</sup> Jones, Catherine M., Carole Clavier, and Louise Potvin. "Adapting public policy theory for public health research: A framework to understand the development of national policies on global health." *Social Science & Medicine* 177 (2017): 69-77.

<sup>40</sup> *Ibid*



of global health governance, acts within the aim of integrating its national health policy as a model for other countries.

Besides the strategic initiative of the Office of Foreign Health of the Federal Department of Foreign Affairs, the Global Health Center within the Graduate Institute of Geneva is also strongly supported by the Swiss Government, providing necessary options to develop the skills of policy and decision makers for negotiations at the international, regional and national level.<sup>41</sup> Among its different pillars, the courses and training on global health diplomacy is an important tool on bringing together health and foreign policy professionals and academics to improve global health through negotiations and international forum. By these different executive courses, training program and case studies, global health issues are handled and how to enlarge the capacity of improving it at national and international level, on the foreign policy scope, by training diplomats on global health, are discussed. This Center contributes to Switzerland on making it a regional and international actor on global health diplomacy and encourages the concerning actors on improving their actions in the way to contribute concretely on solving global health issues.

For the period of 2016-2019, the Federal Council has approved Swiss Foreign Policy' strategies based on four main priorities. These are; developing and strengthening relations with the European Union and EFTA member states; bolstering its network on global scale through its relations with global partners; playing an active role in crisis and conflict resolution to sustain peace and security for an equal international order and providing sustainable development and prosperity through contributing to the eradication of poverty.

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<sup>41</sup> Kickbusch, Ilona, Haik Nikogosian, Michel Kazatchkine, and Mihály Kökény. A guide to global health diplomacy. No. BOOK. Graduate Institute of International and Development Studies, Global Health Centre, 2021.

### **1.13 2.4 African and Health Diplomacy**

The outbreak and spread of a disease create a problem that becomes rapidly regional and sometimes global. Considering that health is related with the socio-economic conditions of states, its development and amelioration contribute to all sectors and fragments of societies. Besides this, it plays an important role in states' international relations. The spread of HIV/AIDS is a concrete example of this in that the public health, life quality and economy of Sub-Saharan African countries have been affected and their international relations have deteriorated. Global health issues need global cooperation and coordination; for this reason, to improve health of countries, especially having difficulties to deal with communicable and non-communicable diseases by themselves necessitates a strong collaboration among state and non-state actors as well as multi-stake holders' negotiators. The global initiatives of different regional and international actors, independent of political benefits, have contributed to ameliorate health in different countries.

A number of factors are contributing to the increased engagement of African regional integration organizations in global health diplomacy. The interaction between health and trade has led to a rethink of the role of health diplomacy by African regional integration organizations. The primary objective of much of African regionalism is liberalized trade promotion. However, the realization that public health threats present a danger to trade and investment in Africa has heightened the engagement of regional groupings in health diplomacy. HIV/AIDS and Malaria have shattered communities whose markets are essential to trade expansion in Africa.

The threat of avian flu pandemics and Ebola and others, has triggered an increased interest in global health within regional integration organizations. The adoption of tobacco control

measures by Parties to the WHO FCTC also contributed to the importance of health diplomacy in regionalism. For example, the Conventions labelling, packaging and product regulation requirements which binds Parties also imposes burdens of compliance by non-Parties who wish to export tobacco products to markets within Parties to the Convention

Through diplomacy, regionalism promotes crystallization of health standards and translates global health commitments to the national level. The African countries actively participated in the treaty's negotiations. The African Union (AU) was represented in several of the WHO FCTC meetings.<sup>42</sup> During the multilateral negotiations, State delegations in the treaty were composed of health, foreign affairs, trade, and finance ministries. Moreover, the negotiation process exhibited sectoral tensions between these ministries. Indeed, acknowledging this fact, the treaty calls for comprehensive multi-sectoral collaboration to implement the treaty at the national, regional and global levels. East Africa straddles the Great Lakes and Horn of Africa, regions that experience instabilities, close to the political fragility in Somalia and to an extent, Sudan Democratic Republic of Congo and Burundi.

#### **1.14 2.5 Health Diplomacy in East Africa**

Diplomatic negotiations take place in two main contexts: multilaterally, when they involve more than two parties, and bilaterally, where only two parties are involved.<sup>43</sup> Multilateral diplomatic negotiations often take place in international organizations, including universal organizations such as the United Nations, regional organizations such as the African Union, and sub-regional organization such as the East African Community. However, actors can also engage in multilateral negotiations outside the umbrella of international organizations. The

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<sup>42</sup> Hosli, Madeleine O., Taylor Garrett, Sonja Niedecken, and Nicolas Verbeek, eds. *The Future of Multilateralism: Global Cooperation and International Organizations*. Rowman & Littlefield, 2021.

<sup>43</sup> Teff-Seker, Yael, Peter C. Mackelworth, Tomás Vega Fernández, John McManus, Jungho Nam, Arthur O. Tuda, and Drasko Holcer. "Do Alternative Dispute Resolution (ADR) and Track Two Processes Support Transboundary Marine Conservation? Lessons From Six Case Studies of Maritime Disputes." *Frontiers in Marine Science* 7 (2020): 949.

most important requirement for multilateral negotiations is that they involve three or more actors.

The classic distinction between bilateral and multilateral diplomatic negotiations was done mostly for analytical purposes. In practice, this distinction is not always clear-cut. In practice, it has been demonstrated that often multilateral negotiations become bilateralised; and on the other hand bilateral negotiations become multilateralised. The bilateralisation of multilateral negotiations happens mostly in negotiations such as those between the European Union and African Caribbean and Pacific (ACP) countries. The outward structure of those negotiations is multilateral, because the states involved belong to international organizations such as the EU. In the pre-negotiation stages where for example the agenda is negotiated, the format remains multilateral. But in the negotiation phases the structure of negotiations becomes bilateral, because then only two parties participate. Thus states of the European Union and of the ACP countries (which are made up of many states) negotiate bilaterally.

One of the challenges that Kenya faced at independence was the lack of trained personnel to man its public institutions across board. This challenge was experienced in the field of diplomacy, where at independence there were barely a handful of locals in the foreign ministry. These had university degrees, but no diplomatic training. These small numbers of officials were in charge of running the departments of the ministry of foreign affairs - which was challenging enough with no proper training. This meant that the government could not release them for any prolonged period of time to enable them to study diplomacy and diplomatic practice at any great depth.

The AU adopted a nine year health strategy (2007-2015), to scale up health systems and promote international health partnerships in Africa.<sup>44</sup> The AU and its organs are required to

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<sup>44</sup> Anaemene, Benjamin. "Health and diseases in Africa." In *The Development of Africa*, pp. 207-226. Springer, Cham, 2018.

strengthen cooperation within Africa south-south and north-south collaboration to attain the goals of the strategy. The AU health diplomacy has focused on the adoption of other politico-legal Declarations. For example in 2010, the AU summit in Kampala adopted Decisions on NEPAD and the Group of Eight (G8) Muskoka Initiative on Maternal, New born and Under-5 Child.<sup>45</sup>

### **1.15 2.6 Conclusion**

This chapter explored Health Diplomacy from both an international perspective, African Perspective and finally an East African perspective. The outbreak and spread of a disease create a problem that becomes rapidly regional and sometimes global. Health plays an important role in states' international relations. The spread of HIV/AIDS is a concrete example of this in that the public health, life quality and economy of Sub-Saharan African countries have been affected and their international relations have deteriorated. Global health issues need global cooperation and coordination; for this reason, to improve health of countries, especially having difficulties to deal with communicable and non-communicable diseases by themselves necessitates a strong collaboration among state and non-state actors as well as multi-stake holders' negotiators. The global initiatives of different regional and international actors, independent of political benefits, have contributed to ameliorate health in different countries.

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<sup>45</sup> Miranyi, Winnie M. "An Analysis On The Impact Of Regional Integration In Africa The Case Study Of The East African Community (Eac)." PhD diss., University of Nairobi, 2018.

## **CHAPTER THREE**

### **ACTORS AND POLICY IN HEALTH DIPLOMACY IN KENYA**

### **3.0 Introduction**

The following sections in the chapter give details of the information gathered from key informant from the Ministry of Health, Ministry of Foreign Affairs and International Trade, Ministry of Defence and of East African Affairs and Tourism where the identified other actors both state and non-state actors, detailed the process of health diplomacy negotiation, and detailed the health sector international conventions and treaties, memorandum of understanding and bilateral agreements

#### **3.1 Global Health Diplomacy Stakeholders in Kenya**

The literature review done in this study identified the actors and policies of health diplomacy. The key government ministries were identified as the drivers of diplomacy related to global health issues. This formed basis of primary data collection using participant observation and questionnaire interview of key informant, that is, stakeholders in Health Diplomacy. The face-to-face interviews were used so as to get more facts and minimize the biases. The study targeted senior official, key technical staff and practitioners from the Ministry of Health, Ministry of Foreign Affairs and International Trade, Ministry of Defence and of East African Affairs and Tourism.

By interviewing these key informants the study aimed at meeting the objectives of establishing and evaluating the status of Health Diplomacy as an international issue , determining the policy on health diplomacy, establishing the practice on health diplomacy in Kenya, and looking for evidence of existence and trends on health diplomacy in Kenya.

#### **3.2 The Ministry of Foreign Affairs and International Trade**

Majority (85%) of informants appreciated that global health is an important area in the pursuance of the foreign policy and an emerging interest order under economic diplomacy focusing on Foreign Direct Investments (FDI) and Tourism. Like other issues in the Ministry

of foreign affairs they are guided by the government priorities and currently by the Jubilee manifesto and also articulated in the Kenya Vision 2030.<sup>106</sup> Health is part of the social pillar of Vision 2030 that encompasses basic needs aimed at poverty eradication and development so health issues are rated highly.

75% of the respondents majorly drawn from the Informants noted that the best way the Ministry of Foreign Affairs and International Trade policy can deal with medical/health related issues in its pursuance of Kenyans foreign policy is to support the government competent authority on medical/health issues that is to the extent required to engage beyond the national borders in pursuit of such issues. The ministry of foreign affairs and international trade is privileged with the capacity to engage diplomatically, regionally and internationally. Most informants highlighted the importance of health diplomacy in foreign policy and noted with globalization, trans-nationals have brought about spread of disease like SARS and H1N1 virus which can be costly to government if not well addressed.<sup>46</sup> The ministry is also involved in the MDG which has health as one of the goals.

These goals implementation has made great achievements in Kenya. They further informed that among the emerging threats to national security are diseases which spread due to globalization which has led to easier travel and increased movement of people, Information Communication Technology (ICT). Coupled with terrorism this can be used to spread biological agents which can affect the health of people. Policy helps in keeping Kenya safe from certain preventable communicable diseases such as polio.

74% of the respondents noted that the Government of Kenya established the office of medical counsellor at Kenya permanent mission in Geneva in 2006. The office coordinates Kenya's relation with WHO USAID Global fund to fight AIDS, tuberculosis and malaria, GAVI

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<sup>46</sup> Davies, Sara E., Adam Kamradt-Scott, and Simon Rushton. *Disease diplomacy: International norms and global health security*. JHU Press, 2015.



alliance, UN AIDS and other international organizations working in health. The Kenya mission to United Nation Geneva also covers WHO and as a senior official is charged with handling the docket. Some years back the officer was at the level of ambassador. These missions are coordinated by the directorate of multilateral affairs there the informant has vast experience. Since Kenya is a regional hub for a host of other services the multilateral directorate participates in WHO meetings and advises government accordingly. The Directorate handles most of the health issues with the United Nations in New York and Geneva and other specialized United Nations agencies.<sup>47</sup> The informant from Africa affairs directorate noted that the Horn of Africa has actively participated in IGAD on health matters affecting the region in terms of the health industry as a source of trade and investment flows between Kenya and the world. Through IGAD the mission bilaterally negotiated between Kenya and Djibouti and entered memorandum of understanding to cooperate on matters of health affecting the region. Similarly the Windhoek mission accredited to Angola had pursued aggressively health diplomacy.

Health diplomacy entails negotiations that take place at different levels and are both bilateral and multilateral. The informants stated that at the Ministry headquarters and in the Diplomatic missions abroad there are no specific teams that deal with health matter and negotiations are carried out as issues arise. They informed that bilateral negotiations are handled by specific directorates and diplomatic missions with the assistance and technical input from the ministry of health international health unit. Multilateral negotiations are coordinated by the directorate of multilateral affairs and diplomatic mission in United Nations and Geneva Foreign affairs participate in meetings of health ministry it works closely with the Department of International Health and Ministry of Health. On HIV/AIDS, Global health coalition and global business

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<sup>47</sup> Gagnon, Michelle Leona. Global health diplomacy: Understanding how and why health is integrated into foreign policy. University of Ottawa (Canada), 2012.

coalition against HIV/AIDS based in New York, Kenya is a chapter and the informant who was the resident ambassador was a founding member.

Negotiations are conducted in consultation with ministry of health on technical matters and counsellor of health in Geneva. Ministry of Foreign Affairs and International Trade facilitates Kenya delegation to health related conferences. There was consensus among the informants that issues are not very well coordinated and wished more effective coordination could be done. Informants cited that when there is an out-break, such as, Ebola, Avian flu there is a committee of stake holders that includes Ministry of Foreign Affairs and International Trade and Ministry of Health.

In regards to the training of Health Diplomats, the informants indicated the Ministry of Foreign Affairs and International Trade does not train diplomats on Health Diplomacy. Further information revealed that the current health negotiators do not have health or medical background and they are not trained diplomats. It is only during diplomat's minimal induction that training is given limited to seminar on HIV/AIDS. When there is health attaché like Geneva they undergo training in missions on job training. During negotiations the Ministry would have to borrow from ministry of health and Kenya Bureau of Standards (KEBS) on medical equipment standards issues.

In regards to future development of Global health diplomacy in the Ministry of Foreign Affairs and International Trade and in the Country as a whole, the informants revealed that Global health diplomacy need to be developed beginning from East Africa Community (EAC) region. With globalization and recent epidemics impacting on national and international security, it is inevitable that the government has to consider health diplomacy seriously. The issues of health are very key and they appear on a daily basis in New York, Geneva and Vienna and in order for Kenya to be able to take advantage and benefit, there's need to develop the area of Health

Diplomacy. The developments will go in tandem with health diplomacy. Kenya seems to be adopting health tourism for countries in the region. Kenya has very good health facilities which have been important to the establishment of UN office in Nairobi. Kenya should take advantage and develop medical tourism. Kenya can use its superb medical facilities to promote medical tourism especially in sub-Saharan Africa and growth of health tourism (medical tourism) to step up tourism leading to an increase in FDI through the production of health equipment and pharmaceuticals, including generics, for the regional market. The informants unanimously recommended that Global health diplomacy to be assigned instead to Ministry of Health.

Most of the informants informed that there is coordination of global health issues with the Ministry of Foreign Affairs and International Trade. They mainly collaborate on issues regarding joint commissions of cooperation (country to country agreements), regional and global agendas coordinated by various intergovernmental agencies (example UN, WHO, WTO) through the national office and the officers at the embassies. They have collaborate on issues of 'trips' and of other trade matter related to public health, on issues of illicit trade example Tobacco Products among others. They however informed that Ministry of Foreign Affairs and International Trade does not have an office that specifically deals with Global Health Matters apart from a health attaché who was once based in Geneva, Switzerland. Currently there is no attaché in any of the Ministry of Foreign Affairs and International Trade foreign mission.<sup>48</sup>

Though there is constant interaction between Ministry of Health and Ministry of Foreign Affairs and International Trade there is no formal coordinating body. The informants informed that Global Health issues are handled as part of international sector matters through a Joint Coordinating Commission. The International Health Relations Unit is in charge of coordinating

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<sup>48</sup> Lee, Kelley, Adam Kamradt-Scott, Sungwon Yoon, and Jingying Xu. "Asian contributions to three instruments of global health governance." *Global Policy* 3, no. 3 (2012): 348-361.

all global health affairs for the Ministry of Health provides the link between the Ministry of Health and Ministry of Foreign Affairs and Trade. It was also noted that the mechanisms of cooperation and communication between health and foreign affairs is done through letters, and sharing of agreements letters, email, telephone. Formal communication to ministry of foreign affairs from the ministry of health is through formal letters, credentials meetings and communiqués.

### **3.3 The Ministry of Health**

Majority of the respondents 65% revealed that the ministry of health did not have a policy guiding global health diplomacy. The informants appreciated the need to have a policy and noted that the policy was under development and the ministry is finalizing the process of developing the Kenya Health Policy (2013 -2030) which also includes global health issues.<sup>49</sup> Currently the ministry participates in Health Diplomacy through specific subject matter. On the coordination of global strategy, the informants noted that the ministry uses the overall health sector strategy developed based on specific global issues annual implementation plans. Informants from all directorate interviewed indicated that their directorates were involved in global health issues in one way or other. This included technical directors and heads of administration and finance. The area of convergence included implementation of MDGs, infectious diseases reduction, medical products and management, attendance of meetings on global health; Implementation of specific global issue, global workforce and Human Resource for Health Millennium Development Goals Road safety. The involvement is at national, regional and global level.

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<sup>49</sup> Bilinski, Alyssa, Peter Neumann, Joshua Cohen, Teja Thorat, Katherine McDaniel, and Joshua A. Salomon. "When cost-effective interventions are unaffordable: Integrating cost-effectiveness and budget impact in priority setting for global health programs." *PLoS medicine* 14, no. 10 (2017): e1002397.

Majority of the informants 84% stated that there was coordination of global health issues with the Ministry of Foreign Affairs and International Trade. The Ministry of Health mainly collaborate with the Ministry of Foreign Affairs and International Trade on issues regarding joint commissions of cooperation (Country to Country agreements), regional and global agendas coordinated by various intergovernmental agencies (UN, WHO, WTO among others) through the national office and the officers at the embassies. They have collaborated on issues of 'trips' and of other trade matter related to public health, on issues of illicit trade example Tobacco Products among others. They however informed that Ministry of Foreign Affairs and International Trade does not have an office that specifically deals with Global Health matters apart from a health attaché who was once based in Geneva, Switzerland. Currently there is no attaché in any of the Ministry of Foreign Affairs and International Trade foreign missions. Even though there is constant interaction between these two ministries, however, there is no formal coordinating body. The informants' states that Global Health issues are handled as part of international sector matters through joint coordinating commission and the International Health Relations Unit is in charge of coordinating all global health affairs for the Ministry of Health provides the link. It was also noted that the mechanisms both formal and informal of cooperation and communication between health and foreign affairs is done through letters, and sharing of agreements letters, email, telephone. Formal communication to ministry of foreign affairs from the ministry of health is through formal letters, credentials meetings and communiqués.

In addition 70% of the respondents pointed out that there is the International Health Unit at the ministry of health headquarters headed by an assistant Director of Medical Services. They however also informed that most international health activities involve the senior policy makers (Cabinet secretary, Principal Secretary, Director of medical services, Heads of directorates, division and units). The IHR unit helps coordinate and prepare teams that would be

representing the country in a given agenda and sometimes the unit accompanies the team where necessary. This creates an opportunity for all those participating in global health meeting to actively participate in discussions and influence the content of documents being negotiated in ways that will be beneficial to the country. Other mechanisms of cooperation are done through ministerial and inter-sectoral meetings, training in global health diplomacy, and exchange of materials with the health attaché in Geneva.<sup>50</sup>

The International Health Unit was appreciated by most informants as one of the key bodies when it came to dealing with Global Health Diplomacy matters. It was noted that this is a unit not a department or a directorate. It was downgraded recently to a unit. The study observed that this unit did not have a designated office, instead shared space with other departments. Currently, the unit has five staff three of whom are technical officers. On professional training the unit normally has one week trainings on Global Health diplomacy every two years and all officers currently in the unit have undertaken the training. The officers also have gained experience through on the job training by preparing and participating in local, regional and global meeting in which regional, global health affairs are discussed.

The core functions of International Health Relations Unit include: Establish awareness within the Ministry and the nation on international health related issues and opportunities. Identify opportunities that would promote population's health; facilitate the Ministry's active membership and participation in intergovernmental meetings and negotiations for example World Health Assembly, Joint Coordinating Committees; serve and promote the national health interests regionally and globally, such as, EAC, ECSA, WHO meetings; follow-up on

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<sup>50</sup> Fairman, David, Diana Chigas, Elizabeth McClintock, and Nick Drager. *Negotiating public health in a globalized world: global health diplomacy in action*. Springer Science & Business Media, 2012.

the decisions and resolutions made at the international meetings/forums; and to develop, strengthen and promote the Ministry's role in bilateral technical co-operations in health.<sup>51</sup>

The study thus far observed the achievements of this IHR unit, with included: The operationalization of an IHR Unit within the ministry; the negotiation for the inclusion of public health interests, sharing best practices and benefit sharing in the WHO global strategy and plan of action on public health, innovation and Intellectual property; the curriculum development for Masters programme in GHD and capacity building officers from the ministry of health, foreign affairs and trade in the ECSA region on GHD.

The current challenges facing the unit and hence Ministry of Health, in its pursuit of Health diplomacy include; Lack of funding, poor understanding of the mandate of IHR by other directorates, divisions and units within the Ministry causing lack of support to IHR Unit's activities; lack of awareness of the existence of the IHR unit by other government sectors thus they do not involve the unit in their regional and international activities that may have a direct or indirect impact on health

The study observed that most of the directorates of the ministry of health are involved in one way or other in the process of negotiation. This includes the Directorate of preventive and promotive Health Services, Directorate of Policy, Planning and Healthcare Financing, Unit of international health relations and directorate of finance which get involved there issues of funding and financing are concerned. The negotiations are both bilateral and multilateral. The key informants informed that the bilateral country to country negotiations are spearheaded by the ministry of foreign affairs. Multilateral negotiations are mainly carried out through

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<sup>51</sup> Petersen, Poul Erik. "The World Oral Health Report 2003: continuous improvement of oral health in the 21st century—the approach of the WHO Global Oral Health Programme." *Community Dentistry and oral epidemiology* 31 (2003): 3-24.

regional and global inter-governmental agencies like the UN, WHO, WTO, Commonwealth, EAC, ECSA, AU, IDAD, NEPAD. Finance directorate was involved in Healthcare financing and Output Based Assistance (OBA) programmes in reproductive health and health insurance. Detailed negotiated health sector international conventions & treaties, memorandum of understanding and bilateral agreements articulated below.

The informants revealed that negotiators involved in health diplomacy mainly consist of the relevant technical officers from the relevant units in the ministry health, technical officers from other ministries depending on the issue and the diplomats from the ministry of foreign affairs assigned to participate.<sup>52</sup> Both formal (during the meeting) and informal negotiations (negotiations on the corridor, tea, lunch and dinner breaks or after the meeting) are used. Officers involved at international meetings and negotiators are appointed by the ministry.

The informants further observe that the pre-negotiation stage involves multiple actors that include technical officers, secretariats of the host organization all the relevant technical unit and line ministries technical officers (health). Diplomacy and negotiation at times is composed of the highest level in the ministry involving the cabinet secretaries and the principal secretary especially when preparing for the head of states summit. Other levels include director of medical services with technical directors who give input on the technical issues. Further input is given by the attorney general, national treasury all the relevant technical units and line ministries and the senior policy makers in the relevant line ministries. Once a meeting has been concluded a report is generated by the team that participated in the meeting with clear recommendations and action plan and forwarded to the cabinet secretary for approval. The study observed that as soon as the report is approved it is disseminated to all the relevant

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<sup>52</sup> Ibid



officers for implementation. These include, ministry of health staff technical officers at various departments of the ministry technical offices. The study observed some officers within the Ministry actively participating on GHD agendas that may be directly related to the mandate of their unit. The officers in IHR unit were currently being trained on diplomacy and international relations.

### **3.4 The Ministry Of State for Defence**

Ministry of Defence (MOD) is both a policy Department of State and as military headquarters in Kenya.<sup>53</sup> The Ministries of Defence and the military globally are involved in health diplomacy. The researcher was able to interview senior officers from the medical branch at Defence Headquarters as key informants. They revealed that the ministry does not have a policy on health diplomacy and the issues are usually handled as they arise through the directorate of operations and training. However Kenya has been a recipient of health diplomacy from the international development partners and Kenya troops in various peacekeeping missions have used health diplomacy to with win hearts and minds.

The informants stated that Kenya Defence Forces (KDF) has collaborated with international partners to improve the delivery of her health services. The following are the partnerships KDF entered on health, these include: The United State of America is one of the international partners. Kenya, East African countries and USA have been engaging in biannual joint military training exercises and have major health components through which the community where the exercise is taking place benefit from basic and specialized medical treatment. The USA has on various occasions supported KDF in training medical personnel on operational medical matters including aviation medicine for aviation doctors, field medical course for

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<sup>53</sup> Muhia, Charles Kiiru. "The role of public relations in the public sector: a comparative analysis of communication strategies in the Ministry of Defence and the police department in Kenya." PhD diss., University of Nairobi, Kenya, 2010.

regimental medical officers and combat medic and advanced live support courses. Through military to military cooperation, one exchange programme between military hospital managers was organized between the DFMH and the Walter Reed Hospital for appreciation of practices of health services management between the two militaries. The USDOD assisted the KDF in building and equipping the DFMH Radiology Complex. The HIV Programme is by far the biggest beneficiary of the collaboration with over Kshs 750m invested by USA into the Programme. Genesis: After Presidential declaration of HIV/AIDS as a National Disaster in November 1999, resources were to be mobilized to fight the pandemic. USDOD through (US Army Medical Research Unit, Kenya) USAMRU-K, availed opportunity for collaboration in the formation of a programme to fight HIV/AIDS in the Kenya Military.<sup>54</sup>

They informed that they had made achievements for example the collaboration has enabled the Programme to establish 17 VCT sites, 14 PMTCT sites and 5 Comprehensive Care Clinics; 4 additional laboratories and trained over 1200 personnel in various aspects of HIV/AIDS management. The Programme has enabled the reduction of HIV rates in Kenya military from a high of 14% in 1999 to less than 3% currently. The Chief of Defence Forces (CDF) world aids day message to members of the Kenya Defence Forces on December 01, 2013 commended the development and implementation of the KDF HIV/AIDS. Particular mention must be made in recognition of our international partner the USDOD.

The informants also observes that with assistance of the USAMRU-K Department of Emerging Infectious Diseases (DEID), KDF has established five surveillance sites for disease such as Influence, Viral Hemorrhagic Fevers, Sexually Transmitted illness, Enteric Fevers,

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<sup>54</sup> Brown, Matthew D., Tim K. Mackey, Craig N. Shapiro, Jimmy Kolker, and Thomas E. Novotny. "Bridging public health and foreign affairs: the tradecraft of global health diplomacy and the role of health attachés." *Sci Diplomacy* 3, no. 3 (2014): 1-12.

Malaria and Acute Febrile Illnesses. The capacity in terms of infrastructure, laboratory equipment and training of medical personnel has been enhanced.

The study observed another example of Federal Republic of Germany which as part of their diplomacy has provided specialized training for KDF senior consultants and provided field hospital equipment's in 2006. KDF is currently engaging the Germany government for provision of one mobile Field Hospital. The German Government has also expressed interest in financing of construction of a Premier Military hospital for KDF.

The study also observed United Kingdom's British Army has partnered with the Kenya military since the time that Kenya Army was formed from the Kings African Rifles, a regiment of the colonial British Army. The following are the collaboration KDF has had with the British Army: Training; Exercise Askari Serpent. The British Army carries out biannual combat medic exercises with the KDF. This involves a 5 day training of KDF personnel on field medicine and KDF training the British Medicals on tropical diseases. This is then followed by a two week field simulation exercise. The British trains 240 medics and KDF trains twenty annually through this partnership. The British has been offering KDF at least a slot annually for training of doctors in aviation medicine.

At regional level, the EAC member countries have been working for common health policies to improve on health of member countries. The militaries have been working especially on HIV and AIDS and Travel Health Policies. The Africa Union and KDF have participated in peace support operations. KDF has contributed Medical personnel for staff duties at the Force headquarters and participated in writing operational manuals. KDF also contributes levels II and III Hospitals for the missions.

United Nations - Kenyan troops have used health or medical diplomacy to ensure their success in United Nation Peace Keeping operations. KDF has contributed troops for over 20

Peacekeeping operations. KDF Medical personnel deployed in this operation have participated in civil military operations providing medical assistance to the communities. This was particularly in Sierra Leone and East Timor. In East Timor the Kenyan Contingent though being small was the most successful because it used health diplomacy to endear itself to the community. It provided organized medical outreach clinic and was able offer medical care vaccination, attending to emergencies and health education. Acceptance of KDF troop in AMISON has been enhanced by use of medical diplomacy. KDF has continued to provide limited humanitarian assistance in terms of medical assistance and feeding old and weak Somali people.<sup>55</sup>

Modern warfare involves winning the hearts and minds of the local people. What has the KDF done to empower communities in Somalia, especially with the language barrier? In every town that fell from Al-Shabaab into the hands of KDF, the situation was the same: lack of water, lack of food, no basic medical services, no schools, no access roads, and others. In Dhobley, KDF renovated the existing health facility and upgraded it to hospital status. KDF provided doctors and nurses to treat the local population. African Union Mission in Somalia (AMISOM) has now taken it up and converted it to a Level 2 hospital. Mobile clinics were set up by KDF in areas that had no health facilities. A makeshift facility was set up in the town of Ras Kamboni that had nothing at all despite being home to a large fishing community. KDF in AMISOM provided emergency medical treatment to Somali children during severe drought and humanitarian crisis.

### **3.5 The Ministry of East African Affairs, Commerce and Tourism**

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<sup>55</sup> Kevany, Sebastian. "Global health diplomacy, 'smart power', and the new world order." *Global public health* 9, no. 7 (2014): 787-807.

East Africa Community is the most important regional organization for Kenya. The diplomatic interaction with East Africa community is conducted by the state department of East African Affairs, and health diplomacy is articulated as part of this diplomacy. The study interviewed key informants from the ministry that included the deputy director and head of the health sector, and his assistant- senior assistant deputy director.

The state department of East African Affairs has four directorates namely, economic affairs, political affairs productive services and social affairs. Health is in the directorate of social affair together with education science and technology, labor, culture, gender, youth and sport. All the informants noted that the health section is the most active together with education.

They observed that regional integration policy is under development and therefore has no policy on health diplomacy. The practice is guided by treaties, rules of procedures and the guiding principles and tools of engagement. The sector provides coordination of health issue with the East Africa Community and not involved with implementation. The informants highlighted the following as part of the ongoing issue in the sector.

Centres of research and medical excellence, where East Africa in a regional integration framework will establish a network of centres of excellence in Kenya, Tanzania and Uganda. Kenya will establish a Centre of Excellence in skills and technology focusing on kidney sciences, Tanzania will establish a Centre of Excellence in Cardiovascular Training, Research and Service Delivery; and Uganda will establish a Centre of Excellence in Cancer sciences training and research for prevention and treatment. These centres will serve the whole region and beyond. The projects have not started but proposals and negotiations underway. When complete they will also enhance medical tourism.

The health section work closely with the EAC secretariat and the entire ministry directorate as health issues are cross cutting. The important actor or partners include ministries of education,

devolution and planning, foreign affairs, agriculture, trade, and industry among others. Ministry of health is the key partner especially the department of international health, NASCOP and National Aids council. Pharmacy and poisons board is an important stakeholder especially in Good Manufacture practices (GMP) harmonization, and common registration of drugs and medicines. Kenya medical and dentist's practitioners' board, Nursing council and others medical professional bodies are key partner and are engaged in regional training setting standard and harmonization of the professional practice. Other important actor includes WHO, USAID, World Bank, European Union, NORAD, GTZ, Bill Gates foundation, Rockefeller Foundation.<sup>56</sup>

They informed on the challenges and opportunities. At the level of partner state the decision making process is very good but the implementation on agreed issues was an major challenge, due to limited capacity of implementing ministries. Sometime decision making takes a long time especially crosscutting issues requiring wide consultations with stake holders this is more on donor funded initiatives requiring extensive negotiations. Funding was also noted to be a big challenge as most of the initiatives are donor funded and at times the funding is conditional with changing goal posts. On opportunities it was noted that there is enormous support and political good will from the regional leadership and donors as health issues are commonly shared and diseases have no boundaries.<sup>57</sup>

The state department of East African Affairs has three directorates namely, economic affairs, political affairs productive services and social affairs. Health is in the directorate of social affair together with education science and technology, labor, culture, gender, youth and sport.

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<sup>56</sup> McInnes, Colin, and Simon Rushton. "Health for health's sake, winning for God's sake: US Global Health Diplomacy and smart power in Iraq and Afghanistan1." *Review of International Studies* 40, no. 5 (2014): 835-857.

<sup>57</sup> Fazal, Tanisha M. "Health diplomacy in pandemical times." *International Organization* 74, no. S1 (2020): E78-E97.

They all noted that the health section is the most active together with education. Policy, they noted that regional integration policy is under development so no policy on health diplomacy. The practice is guided by treaties, rules of procedures and the guiding principles and tools of engagement. The sector provides coordination of health issue with the East Africa Community and not involved with implementation. The highlighted the ongoing issue in the sector.

### **3.6 Global health negotiations**

It noted that most of the directorates of the ministry of health are involved in one way or other in the process of negotiation. This includes the Directorate of preventive and promotive Health Services, Directorate of Policy, Planning and Healthcare Financing, Unit of international health relations and directorate of finance which get involved there issues of funding and financing are concerned. The negotiations are both bilateral and multilateral. The key informants informed the bilateral country to country negotiations are spearheaded by the ministry of foreign affairs. This is mainly carried out through regional and global inter-governmental agencies like the UN, WHO, WTO, Commonwealth, EAC, ECSA, AU, IDAD, NEPAD. Finance directorate was involved in Healthcare financing and output based assistance (OBA) programmes in reproductive health and health insurance. Detailed negotiated health sector international conventions & treaties, memorandum of understanding and bilateral agreements articulated below.

They noted that negotiators involved in health diplomacy mainly consist of the relevant technical officers from the relevant units in the ministry health, technical officers from other ministries depending on the issue and the diplomats from the ministry of foreign affairs are assigned to participate. Both formal (during the meeting) and informal negotiations (negotiations on the corridor, tea, lunch and dinner breaks or after the meeting) are used. Officers involved at international meetings and negotiators are appointed by the ministry. At

pre-negotiation stage technical officers secretariats of the host organization all the relevant technical unit and line ministries technical officers (health) and the cabinet secretary and principal secretary are involved in the negotiation process officers at the level of director and senior/ deputy director technical officers, attorney general, national treasury all the relevant technical unit and line ministries and the senior policy makers in the relevant line ministries ministry of health staff implementation stage.

For both policy makers at the national level and the technical officers on the ground, once a meeting has been concluded a report is generated by the team that participated in the meeting with clear recommendations and action plan and forwarded to the cabinet secretary for approval. Once the report is approved it is disseminated to all the relevant officers for implementation by the Ministry of health staff technical officers at various departments of the ministry technical officers MOH staff and other sectors

Dr James Mukabi former Head of the International Health Desk at the Ministry of Public Health and Sanitation, Kenya, presented the experience of Kenya and generally the ECSA Region in Global Health Diplomacy. One of the key assignments undertaken by the Department so far includes participation in the WHO Inter-Governmental Working Group (IGWG) on Public Health, Innovation and Intellectual Property. There was keen interest by ministry since the Working Group was addressing access to essential drugs—a key issue of concern to Kenya and the entire African region. Kenya led the African region in negotiations. The Kenyan delegation initially consisted of two officers from Ministry of Health, but later incorporated support from drug regulatory authority, patents office (Ministry of Industrialization) and Ministry of Foreign Affairs. The negotiations were long and tiresome and mostly pitted developed against developing countries.<sup>58</sup>The key issue was trade interests versus public health interests and all

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<sup>58</sup> Luoma, Marc, Julie Doherty, Stephen Muchiri, Tiberius Barasa, Kate Hofler, Lisa Maniscalco, Rosalind Kirika, Charles Ouma, and Josephine Maundu. "Kenya health system assessment 2010." Bethesda, MD (2010).



manner of tactics were employed to wear down the opponent. The Afro voice was characteristically weak relative to other regions. Some of the lessons learnt include, importance of involving relevant sectors (especially Industrialization/Trade, Foreign Affairs) in health negotiations, Negotiation skills are key in such forums, a strong regional voice strengthens the bargaining power and the need to develop Global Health Diplomacy capacity.

The informants recommended the need to strengthen Global Health in the MOH, by improving negotiation skills for example the recent directive by the Indian government requiring Kenyan travelling to India to take polio vaccination would have been handled better had the ministry of health had well trained and experienced negotiators.

### **3.7 Other Government Ministries**

The informants across the board identified the following government institution involved health diplomacy. Ministry of trade, Ministry of finance, Ministry of East African Affairs, Commerce and Tourism, Ministry of Interior, Ministry of Foreign Affairs, Kenya Institute of Intellectual Property, Attorney Generals (AGs) office, University of Nairobi (School of Public Health and Institute of Diplomacy and International Studies) National Hospital Insurance Fund Kenya Medical Research Institute National Referral and Teaching Hospitals National treasury, Ministry of Education, and Ministry of Agriculture and Environment.<sup>59</sup>

### **3.8 Non-State Actors**

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<sup>59</sup> Ibid

The informants from all ministries identified International organization, intergovernmental and Nongovernmental organization as the key in the practice of health diplomacy in Kenya. These included WHO, UNICEF, UNESCO, UNAIDS, EAC, ECSA, AU, IGAD, JICA, KFW, USAID UNITID Red Cross HENNET, AMREF, KEPSA, EAC, ECSA-HC, WHO MSF, HAI Africa, IAVI among others. Rockefeller Foundation, Bill and Melinda Gates foundation are other organizations engaged in health diplomacy in Kenya

### **3.9 Health sector international conventions and treaties, memorandum of understanding and bilateral agreements**

Documents from the Ministry of Health show that a lot of global health diplomacy has been going since 1949 when the convention on road traffic accident Geneva, of 19th September, 1949 was negotiated.<sup>60</sup> Its aim was to establish nationwide emergency response system, equip emergency providers with adequate means for safety evacuation of casualties, improve health facility capacity to response to casualties of road traffic crashes and enhance data management on road traffic injuries. Since then Kenya government ministries have engaged in health diplomacy and below some the conventions & treaties, memorandum of understanding and bilateral agreements negotiated. The Unit of International Health Relations and ministry of Health share the obligation of the implementation status and challenges experienced in a number of these agreements.

#### **3.9.1 Protocol to Eliminate Illicit Trade in Tobacco Products 5th session of the Conference of the Parties (COP) to the WHO FCTC, 12 November 2012 Seoul, Korea**

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<sup>60</sup> Kott, Sandrine. "Constructing a European social model: the fight for social insurance in the interwar period." ILO Histories. Essays on the International Labour Organization and Its Impact on the World during the Twentieth Century (2010): 173-95.

The Obligation of Government is eliminating illicit trade in tobacco products in accordance with the terms in Article 15 of the Framework Convention on Tobacco Control. Once adopted, voluntary assessed contributions will apply. Parties will be required to establish a reporting mechanism. The challenges faced in the Implementation is mainly orientation of key sectors on the provisions of the Protocol and their role in implementation. Ratification of the Protocol will be facilitated by the Attorney General and Ministry of Foreign Affairs; establishment of a multi-sectoral team to facilitate implementation; regional approach to implementation example EAC; mainstreaming Tobacco control in economic agenda; capacity building for the implementation of the protocol; regional approach to implementation.<sup>61</sup>

The protocol is met with implementation challenges. This includes the tobacco control and trade arguments with some quarters interested in trade benefits. Inadequate nationwide enforcement mechanism is a big challenge. There is emergence of new products including smokeless tobacco. New nicotine delivery system, example electronic cigarettes and Shisha and increasingly affordable tobacco products associated with liberalization of the economy. Implementation also challenged by finding of alternative livelihoods for tobacco farmers.

### **3.9.2 Convention establishing the Great Lakes Initiative on AIDS (GLIA)**

The Obligation to Government is to contribute to the reduction of new HIV infection and to mitigate the socio-economic impact of HIV and AIDS epidemic in the Great Lakes Region Annual Contribution of USD 50,000.00. The Implementation process is ongoing. The Reporting Mechanism is directly to GLIA Secretariat through the Council of Executive

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<sup>61</sup> e Silva, Vera Luiza da Costa. "Protocol to eliminate illicit trade in tobacco products: the dawn of a new era." *salud pública de méxico* 59, no. S1 (2017): S8-S9.

Committee. Challenges faced in the implementation included lack of resources, intermittent remittance of country contributions and staffing challenges. Current status review shows that there is need to relook at the terms in the Convention to reflect the current status as there are no results being obtained.<sup>62</sup>

### **3.9.3 Basel Convention on the Control of Trans boundary Movements of Hazardous wastes and their disposal 1989**

It was aimed at strengthening health facilities to undertake proper management of hazardous hospital wastes. The ongoing activities include infection prevention and control policy developed, injection safety developed, IPC guidelines developed, healthcare waste management guidelines developed, healthcare waste management plan undergoing revision; technical working on HCWM formed and operational; infrastructure improvement for waste management, training of personnel on medical waste management, procurement of waste management commodities. There are routine monthly reports and quarterly TWG meetings and quarterly interagency coordinating committee meetings. Challenges include lack of funding and inadequate staff training. Ministry of health suggest more resource allocation to address this component in the ministry, training of staff responsible for implementation of the component and strengthening infection prevention committees in all health facilities.

### **3.9.4 Treaty Establishing the East African Community**

The aim is to enhance cooperation in the following areas: HIV and AIDS, Child Health and Reproductive Health, Disease Prevention and Control, Medicines and Food Safety, Health

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<sup>62</sup> Kirumira, Edward K. "Multi-sectoral response to HIV/AIDS in the context of global funding: Experiences from Uganda." In *The Politics of AIDS*, pp. 87-96. Palgrave Macmillan, London, 2008.

System, and Research and Policy . Various health programmes are ongoing in: HIV and AIDS; Child Health and Reproductive Health; Disease Prevention and Control; Medicines and Food Safety; Health System, Research and Policy. Reporting Mechanism is to Sectoral Council on Health Ministers Council of Ministers Summit of heads of State. Funds to convene meetings are the main challenge and there is need for coordination and facilitation.

### **3.9.5 Kenya/Brazil Complimentary Agreement to the Agreement on Technical Cooperation for the implementation of the project “Strengthening the HIV/AIDS Response in Kenya” (15th August, 2008)**

The Memorandum of Understanding on collaboration in HIV/AIDS research activities including of expertise between research institutions in the two countries. The other areas was training and exchange of best practices in prevention and management of HIV/AIDS between the two countries. This will include models used to scale up the care and treatment devices for people living with HIV/AIDS and capacity building to address the prevention of HIV and AIDS. The reports on the implementation were to be shared among the two countries. The main challenge was the weak reporting systems which required strengthening.

### **3.9.7 East Central and Southern Africa Health Community and Government of Kenya under the World Bank East Africa Public Health Laboratory Networking Project (EAPHLNP)**

The memorandum of understanding or financing agreement was signed between ECSA-HC and the Ministry of Finance and Ministry of Public Health and Sanitation on 27th September 2010 and Kenya is obligated to contribute USD 125,000 every financial year from that credit NO. IDA 47320 to support regional activities under ECSA for the project based on an approved

work plan from the five EAC countries. The project is to be concluded on March 30th, 2016. A number of achievements have been concluded including regional trainings, having regional technical working groups, hiring of specialized and technical personnel. ECSCA reports to the countries every end of financial year audited financial statements and there are have two regional committees having oversight authority that is regional steering committee and regional advisory panel. These statements are to be submitted to Kenya. Countries are moving at differing paces however Kenya has done tremendously well here. Procurement delays of specialized equipment and finally approvals for travelling to inter country meetings have been cumbersome as some Governments have stricter bureaucracy thereby derailing regional implementation. In addition the working relationship with EAC is still not at the very best.<sup>63</sup>

### **3.10 Conventions, Treaties and Memorandum of Understanding Concluded by Kenya**

The following are other Health Sector International Conventions & Treaties, Memorandum of Understanding and Bilateral Agreements negotiated by Kenya. Conventions & Treaties;

#### **3.10.1 Conventions and Treaties**

Convention on Road Traffic Accident, Geneva, 19th September, 1949; Convention on the Rights of Persons with Disabilities came into force on 3 May 2007, New York; WHO Framework Convention on Tobacco Control 2003; Protocol to Eliminate Illicit Trade in Tobacco Products 5th session of the Conference of the Parties (COP) to the WHO FCTC, 12 November 2012 Seoul, Korea; Convention establishing the Great Lakes Initiative on AIDS (GLIA); Chemical Weapons Convention 1997; Basel Convention on the Control of Trans boundary Movements of Hazardous wastes and their disposal 1989; United Nations

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<sup>63</sup> Kumar, Meghan, Joel Lehmann, Aniceth Rucogoza, Claver Kayobotsi, Ashis Das, and Miriam Schneidman. "East Africa Public Health Laboratory Networking Project." (2016).

Framework Convention on Climate Change 1992; Treaty Establishing the East African Community; Conventions on the rights of the Child, Hague, 2nd September, 1999; Convention on Psychotropic 21, 1971; League of Nations, Conference of Parties World Health Organization 1948; TRIPS agreement (DOHA declaration 2001 and public Health policy); Kenya ILO (Geneva) recommendation 200 on HIV and Place of Work 2010; Convention on the Development of the East, Central and Southern Health Community, Entebbe , 2002.<sup>64</sup>

### **3.10.2 Memorandum of Understanding Concluded by Kenya**

Kenya Burundi Protocol Agreement on Hospital Services (30th March, 2009 Kenya/Djibouti a draft MOU on Cooperation in the field of Health (Initiated by Djibouti in 21 st April, 2010) Kenya/Brazil Complimentary Agreement to the Agreement on Technical Cooperation for the implementation of the project “ Strengthening the HIV/AIDS Response in Kenya” (15th August, 2008), East Central and Southern Africa Health Community and Government of Kenya under the World Bank East Africa Public Health Laboratory Networking Project (EAPHLNP).<sup>65</sup>

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<sup>64</sup> Fidler, David P. "The globalization of public health: the first 100 years of international health diplomacy." *Bulletin of the World Health Organization* 79 (2001): 842-849.

<sup>65</sup> Ndelema, Brigitte, Rafael Van den Bergh, Marcel Manzi, Wilma van den Boogaard, Rose J. Kosgei, Isabel Zuniga, Manirampa Juvenal, and Anthony Reid. "Low-tech, high impact: care for premature neonates in a district hospital in Burundi. A way forward to decrease neonatal mortality." *BMC research notes* 9, no. 1 (2016): 1-8.

### **3.10. 3 Bilateral Agreements Concluded by Kenya**

Namibia Technical cooperation on Health, 2002; Kenya Lesotho Health worker recruitment; Kenya/Ethiopia Cooperation on Public Health

The key informants who were senior officers with wide experience and from all the key ministries gave an insight in the practice of health diplomacy. Articulate well how their respective ministries appreciate global health issues. They regretted the lack of policy on health diplomacy and pointed to various challenges and opportunities. They were also able to identify the other important non-state actors and their impact on the practice of Global Health Diplomacy. there was clear evidence from all the ministries that Kenya has been practicing health diplomacy for a long time and appreciated that a lot need to done improve for the benefit of all Kenya and regional citizens.

### **3.11 Conclusion**

This chapter brings out the data collected from government Ministry Of Health, Minister of Defense, Minister of Foreign Affairs and International Trade and Ministry of East African Affairs and Tourism. The data collected identified the state of the global health policy the actors in Kenya health. The senior offers interviewed included Director medical services, Senior Deputy Directors of Medical Services, Heads of Directorate Chief and Senior Economist head Deputy Head and offices- Unit of international health relations, Colonel public and head of HIV/AIDS program DOD, Head of directorates ministry of foreign affairs, Undersecretary Senior Assistant director Economic Counselor Assistant director/ foreign service, Senior foreign service office. Ambassadors, deputy director and head of the health



sector, and his assistant- senior assistant deputy director Ministry of East African Affairs, Commerce and Tourism among others diplomacy actors both state actors and non- state actors. The study also met the objective by establishing the practice and the evidence of health diplomacy in Kenya that include international conventions and treaties, memorandum of understanding and bilateral agreements. It has also identified the challenges and the emerging issue in global health diplomacy.

## **Chapter Four**

### **The factors affecting the practice global health diplomacy in Kenya**

## **4.0 Introduction**

Due to arising challenges that have resulted to an immediate need to handle the high increase of arrangements of universal health complications that is structured inside organizational institutions that provide a framework as the agenda of the WHO that own and have led to continuous changes and ever evolving and global health diplomacy and the entire process of allowing room for setting its necessary agenda and setting the target negotiations to take process.<sup>66</sup> They are at country, regional and international levels, as well the method and mechanisms of performing or putting to effect are underway and some have been established to coordinate.

The chief principal that is important to note is that the current global health structure, certain parameter and governance schemes as well as the elements of governance that contains the process and the target agenda and other structural institutions such the WHO, prevailing policy initiatives seen to come up as the major role with the attempt to overdo the dominant response is featured to global health problems. Universal health challenges which include conditions within that the given conditions of well-being and even the high rising health and the growing consciousness of international link have transformed the very quintessence of statecraft.

### **4.1 The interaction between health and foreign policy**

There is an interaction that links health and oversees strategy that can be identified in four ways. First, foreign policy can neglect or even hinder health outcomes, it is good to note that there is time when the public health may seriously face some consequences when and this is when there is a failure of diplomacy leading to hard power measures to be applicable, this actions can involve the military actions and as well the increasingly economic actions such as the economic deterrent or the mutual concurrence on issues to with trade or application of

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<sup>66</sup> World Health Organization. "Everybody's business--strengthening health systems to improve health outcomes: WHO's framework for action." (2007).

rational knowledge on the attributes deteriorates the consequences of the consensus on overt health.<sup>67</sup> This is evident when superior countries often tend to seek bilateral accordances specifically with an aim to avoid or evade multinational agreements that might may led to trade strain actions, economic development, and even the security essentials.

Second in situations where Health can be viewed as the main contributory for foreign policy that tend to serve as the national attentiveness aimed at improving connection between different that occurs at different states in separate system. In several cases, some national governments tend to prop up the global health initiatives with an aim of improving their depiction at home and oversees, exceptionally, the multitude European community (such as those of Scandinavia) use the well-being coliseum to demonstrate their dedication to the multicultural systems that tend to provide them with desire and allow them to have a prime role on the universal phase.<sup>68</sup>

Third robustness can be viewed as an intrinsic part of alien approach. This is a connection between health and foreign policy where some proportions like health become a fundamental part of distant policy. The use of health as an instrument of foreign policy to integrating it into foreign system strategies has been termed by the powerful states as termed "smart power." Understanding that disease never chose and even does not realize no borders rampant and bioterrorist censure can worsen national security have become perturb of foreign schemes and security experts , and have hauled health experts into these monarchy.

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<sup>67</sup> Setayesh, Sogol, and Tim K. Mackey. "Addressing the impact of economic sanctions on Iranian drug shortages in the joint comprehensive plan of action: promoting access to medicines and health diplomacy." *Globalization and health* 12, no. 1 (2016): 1-14.

<sup>68</sup> Davies, Sara E., and Clare Wenham. "Why the COVID-19 response needs International Relations." *International Affairs* 96, no. 5 (2020): 1227-1251.

Fourth Foreign policy can be seen as a tool that aid to serves the grails of health and it's addressed as a key issue in abroad strategies.<sup>69</sup> Health is essential to the congregation of the IGAD, East Africa Community, Africa Union, G-7, G-8, G-20, and Group of 77. Health being a scilicet of a major UN agenda, and also being the foremost constituent of the Millennium Development Goals (MDGs). In the Treaty Establishing the East African Community negotiated Cooperation in the following areas was reached ;HIV and AIDS, Child Health and Reproductive Health, Disease Prevention and Control, Medicines and Food Safety and Health System, Research and Policy.<sup>70</sup> As a follow up on this various health programs on going in all the areas and involves Sectorial Council on Health Ministers Council of Ministers and Summit of heads of State

#### **4.2 Global health challenges**

The worldwide jurisdiction of well-being is now facing new challenges that brought about by the reduction of value US the fidelity of the international health pledge under the management of trumps regime.<sup>71</sup> This was expressed first weaknesses that was expresses previously through the look for resume of the foreign backing the funding in 2017 to endure unites nation Centres for Disease Control and obviation and USAID post-Ebola speculation on the readiness to tackle the high rampant diseases, resulting in significant scaling down of CDC's attending other operations such like those that occurred in sub-Saharan Africa.

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<sup>69</sup> Malfait, Simon, Ann Van Hecke, Griet De Bodt, Nele Palsterman, and Kristof Eeckloo. "Patient and public involvement in hospital policy-making: identifying key elements for effective participation." *Health Policy* 122, no. 4 (2018): 380-388.

<sup>70</sup> Fargion, Valeria, and Marco Mayer. "EU development cooperation with Africa: forgetting about health?." In *Revisiting EU-Africa Relations in a Changing World*. Edward Elgar Publishing, 2021.

<sup>71</sup> Koh, Harold Hongju. "The Trump administration and international law." *Washburn LJ* 56 (2017): 413.

#### 4.2.1 Covid-19 Pandemic

The Corona Virus pandemic is the current emerging challenge to face health diplomacy and it has had adverse diplomatic tension greatly affecting the international relations.<sup>72</sup> In addition it has triggered the United Nations Security Council resolution demanding a global ceasefire. Various scholars have held the opinion that COVID-19 pandemic has been a catalyst for nation states to re-evaluate their current global relations with each other thus laying special emphasis on health diplomacy, political crisis and border politics. While other scholars have held a contradictory position in the subject arguing that the pandemic is unlikely to have any major significant alterations in the global arena among nation states. Diplomatic relations among nation states have tremendously been negatively impacted due to the emerging tensions around fundamental issues such as medicine, diagnostic tests and medical equipment utilized to tackle the Corona Virus. Some nation states both developed and developing have been put on the spotlight for not containing the disease by putting into place the set out guidelines by World Health Organization. The United States and Europeans outspend and overstock health kits on the other hand lack of funds and global shortages of testing kits have greatly hindered developing nation states in Latin America and Africa capability to adequately fight the spread of the virus. Diplomacy practice amidst the pandemic has had to readjust to the current situation. Abduazimov outlines that currently diplomatic practice experiencing *"six major trends caused by the pandemic, namely: acceleration of ICTs penetration; reappraisal of information security; ensuring the reliability of public diplomacy; further diversification of responsible duties; the growing role of psychology; and, the emergence of the hybrid diplomatic etiquette and protocol."*<sup>73</sup>

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<sup>72</sup> Taghizade, Sanaz, Vijay Kumar Chattu, Ebrahim Jaafaripooyan, and Sebastian Kevany. "COVID-19 pandemic as an excellent opportunity for Global Health Diplomacy." *Frontiers in Public Health* 9 (2021).

<sup>73</sup> Abduazimov, Muzaffar. "Inside Diplomacy during the Pandemic: Change in the Means and Ways of Practice." *Indonesian Quarterly* 49, no. 1 (2021): 50-66.

### **4.3 Challenges of Health Diplomacy in Kenya**

#### **4.3.1 Complex Negotiation**

The practice of global health diplomacy in Kenya has been associated with many challenges.<sup>74</sup> Most of the times negotiations are long and tiresome and mostly pitting developed against developing countries. This is complicated by the fact that developing countries send only a few negotiators who either do not have the technical knowhow, or have no diplomacy training and are not negotiators. Officers at the international health unit Ministry of Health have no diplomatic training and the no health technical knowledge in the Department of Foreign Affairs and even present cosmopolitan Trade and even Department of East Africa Affairs And Tourism.<sup>75</sup> Due also to the shortage of staff negotiating staff are usually very few unable to represent the state in committee working groups and plenary session, and therefore unable to input and have an impact in the negotiation. One informant noted that where Kenya sends one negotiator state like India send over ten negotiators. In this way Kenya loses out on funding of projects and other support. Kenya foreign diplomatic mission also do not have health attaches and therefore making negotiations a challenging affair. Negotiation skills are key in the practice of global health diplomacy in Kenya.

Diplomatic negotiations take place in two main contexts: multilaterally, when they involve more than two parties, and bilaterally, where only two parties are involved. Multilateral diplomatic negotiations often take place in international organizations, including the universal firm such as the United Nations, regional organizations such as the African Union, and sub- zonally organization like the East African clique.<sup>76</sup> However, actors can also engage in

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<sup>74</sup> Fidler, David P. "The challenges of global health governance." (2010).

<sup>75</sup> Luoma, Marc, Julie Doherty, Stephen Muchiri, Tiberius Barasa, Kate Hofler, Lisa Maniscalco, Rosalind Kirika, Charles Ouma, and Josephine Maundu. "Kenya health system assessment 2010." Bethesda, MD (2010).

<sup>76</sup> Zweifel, Thomas D. International organizations and democracy: Accountability, politics, and power. Swiss Consulting Group, Inc., 2006.

multilateral negotiations outside the umbrella of international organizations. The most important requirement for multilateral negotiations is that they involve three or more actors.

In the East African context, as elsewhere, these levels can be identified as the national, regional, and international levels. In this sense, states of the region must first capture issues of health diplomacy from the level of their national interests, which centre around national security. It is following that process that they will be able to engage in the regional level of health diplomacy, and in so doing establish a regional approach, and identify regional interests in the field of health diplomacy. One of the challenges that Kenya faced at independence was the lack of trained personnel to man its public institutions across board.

This challenge was experienced in the field of diplomacy, where at independence there were barely a handful of locals in the foreign ministry. They have had university degrees, but no diplomatic training. These small numbers of officials were in charge of running the ministry of foreign affairs which was intricate and challenging due to limited or no proper training. This meant that the government could not release them for any prolonged period of time to enable them to study diplomacy and diplomatic practice.<sup>77</sup>

#### **4.3.2 Limited Budget for health diplomacy**

Inadequate funding was found to be the other major challenge for the practice of global health diplomacy in Kenya.<sup>78</sup> Though health diplomacy was noted as very important it was noted that the international health unit did not have any specific budget for their activities. It was noted that the department is a small unit and not a department or division like other specialties in the Ministry Of Health. The unit is not well staffed with only five officers despite the work load. This not surprising as the budgeted allocation for the ministry is never enough. The forecast

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<sup>77</sup> Szondi, Gyorgy. Public diplomacy and nation branding: Conceptual similarities and differences. Clingendael Institute., 2008.

<sup>78</sup> Ng, Nora Y., and Jennifer Prah Ruger. "Global health governance at a crossroads." *Global health governance: the scholarly journal for the new health security paradigm* 3, no. 2 (2011): 1.

allotment that is allocated to health sector and other ministries which are believed to have gathered close to KSh 41.5 bn of regime expedient which is the partly close to 6.5% of the total estimated government budget and 1.5% which amounts to about KSh 1,064 (13.1 USD) which controls the country's economy per capita.<sup>79</sup>

The evolving countries the health lavishing as percentage which makes the developing countries to overspend much of the capital than what is significantly provided by the global averagely ranging between below 6 percent, compared with above 14 percent. Foreign apptence usually accumulates to more than 30 percent of total health disbursement which usually accounts for the high rise of two-thirds in several low-fund countries.<sup>80</sup> To make the matter evolving countries occasionally tend to reduce their domestic health disburses for every dollar they receive in foreign aid the so-called swapping effect. These information gives a clear picture that low-income countries do incur much more in in order to achieve survival and meet needs of the population. Definitely this means that then rich countries and nations have a major role to play in order to help the developing countries to obtain a required system with the required capacity of developing world, but this does not reflect to be true instead the responsibility of governments to meet their population's basic health needs. President Obama's Global Health Initiative views global health speculation as a national security "smart power" strategy that seize all U.S. government influence an "all-of-government" approach. It dispenses occasions that tend to change direction, using global health diplomacy to build up the autonomy and measurements of poor countries to steer their own path.

#### **4.3.3 Health Worker Migration**

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<sup>79</sup> Muga, Richard, Paul Kizito, Michael Mbayah, and Terry Gakuruh. "Overview of the health system in Kenya." Demographic and Health Surveys (2005): 13-26.

<sup>80</sup> Ibid



The movement of medical practitioner to middle level and high earning is intensifying and this has led to inequities in the distribution of the universal health personnel and additionally causing more of the concession of health policies which are used in some of the necessitous countries in the globe.<sup>81</sup> While in there motherland country, they seem to strain too much and as well the people around those countries struggle with serious health work inadequacy which is the half capabilities of physician human resource of third world countries currently serves the populations of OECD countries.

The role of health diplomacy is to ensure that health workers recruited from Kenya meet the required professional qualifications. Health diplomacy with ensure they are employed in accordance with the laid down international standard. There are over 150 nurses and 25 doctors working in Namibia through Bilateral agreements concluded by Kenya and Namibia through a technical cooperation on Health, 2002.<sup>82</sup>

#### **4.3.4 Globalization**

Informants appreciated that globalization has brought health challenge associated with emergence of new epidemics that spread rapidly international. Terrorism, international crime and use of chemical weapon act health of citizens globally. The approach of “globalization” has been generally used to describe and also give some prescription on multinational trade the,

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<sup>81</sup> Geronimus, Arline T., and J. Phillip Thompson. "To denigrate, ignore, or disrupt: racial inequality in health and the impact of a policy-induced breakdown of African American communities." *Du Bois Review: Social Science Research on Race* 1, no. 2 (2004): 247-279.

<sup>82</sup> Dambisya, Yoswa M., Nancy Malema, Charles Dulo, Sheillah Matinhure, and Patrick Kadama. *The engagement of east and southern African countries on the WHO Code of Practice on the International Recruitment of Health Personnel and its implementation*. EQUINET Discussion Paper 103. Harare: 2013.

social, and even the political aspects that tend to appear and prevail today in the world according to UNDP in the year 1997.<sup>83</sup>

As a descriptive theory, it's often associated with the intention of illuminating the global propagation that occur crucifix-border glide of commerce, endow, at same time other information which may exigency of sole and even the progressively the desegregated the global lucrative. The existence of same time when the term can be a pre-owned prescription, and occasionally calls for the slackening or even the decriminalisation of national markets in the belief that the unregulated of unrestricted and as well the free glide of trade, speculation, and avail over boundaries will lead to facilitation of overseas amalgamation and fabricate the most stable economic, social, and political results for human life. These results that occur from the outcomes or as well the consequences globalization they are usually identified with rate at which an economic growth, increased personal incomes, improved living surroundings and liberal democracy occur in a certain level . According to the terms used the term Globalization can be conferred as an air of inescapable, virtuous ascendancy and even the enormous sentence according to UNDP 1997.<sup>84</sup> At many times the idea of the word globalization has been used repeatedly to delineate enlarge and overall "interconnectedness" or global affiliation of humanity in nearly all domains of human venture including health. Globalization includes the "diffusion of practices, principles as well the automation application of technology that have direct impact on people's lives the entire globe worldwide. Inspecting some of this contemporarily globalization that appreciates this global procedure transferal which involves costs, risks, challenges, tensions, and conflict as well as much potential satisfactions.

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<sup>83</sup> Wade, Robert Hunter. "What strategies are viable for developing countries today? The World Trade Organization and the shrinking of 'development space'." *Review of international political economy* 10, no. 4 (2003): 621-644.

<sup>84</sup> Ibid

Certain parameters of global economic and technological incident have “enhanced health and life expectancy in many populations,” while other facet of modernity “jeopardize population health through the elimination of social and other prevailing conditions, including the global division of labour, the worsening of the rich-poor space between and within nations , and these speeds up the consumerism rate ” the engrossment in global well-being health aspects are increasing at both the national and global spheres. Due to this then, as a result, then a “steady growth of global health-related projects which are crucial to health institution. Some consequences of global are “population-level health influences” (environmental health risks, infectious diseases, availability of hazardous products, and social/cultural practices); effects on “health related sectors;” and effects on the inputs, through inputs, and outputs of the national “health care system. Globalization cause an influence the directives and regulations of the General Agreement on Trade in Services (GATS) and the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that are implemented by the WTO; the marketing and sales and master plan of the transnational tobacco companies; the international functioning acts of the pharmaceutical corporations; and the transferal of infectious diseases through international travel, migration, and tourism.

The global impact of high-speed forms of transportation and the increasing movement of people around the world have made it possible for the microbes that accompany them to move faster around the world. This acceleration in the movement of people has had far-reaching health effects.<sup>85</sup> It has given rise to new patterns in the spread of infectious diseases, and facilitated the rapid transmission of these diseases. With globalization, a single microbial sea washes all of humankind” and as sequel “there are no health sanctuaries”<sup>86</sup>

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<sup>85</sup> Seid, Melinda, and Richard Harris. "Globalization and health in the new millennium." *Perspectives on global development and technology* 3, no. 1 (2004): 1-46.

<sup>86</sup> Katz, Rebecca, Sarah Kornblet, Grace Arnold, Eric Lief, and Julie E. Fischer. "Defining health diplomacy: changing demands in the era of globalization." *The Milbank Quarterly* 89, no. 3 (2011): 503-523.

This speed up manoeuvre of human which is exposes them to more risk of contracting the rampant diseases health effects. It has led to rise to new design in the spread escalate of contagious diseases, and this has eased the rapid transference of these diseases. The international response to the rapid spread of Severe Acute Respiratory Syndrome (SARS) offers a recent example of this inflate capacity to collude in the observation and the jurisdiction of the spread of a menacing contagious disease. Globalization has increased the “health gap” that links the expansion of developing countries. Health-centred (as well people-centred) writ of globalization is attained only by ensuring that the engrossment of the developing countries and endangered populations are fully constituted in all international resolution that involves the global health accoutre.<sup>87</sup>

#### **4.4 Conclusion**

Due to the various challenges affecting the practice of health diplomacy there is a need to build up the existing policies of worldwide health diplomacy as well anchoring the well-being in policy as effects these health risks have great impact on human security, national security and international security.

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<sup>87</sup> Shaw, Christopher A. "The Age of COVID-19: Fear, Loathing, and the “New Normal”." *International Journal of Vaccine Theory, Practice, and Research* 1, no. 2 (2021): 98-142.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Summary of the findings

This study sought to establish the impact of the practice of Health Diplomacy in Africa , with the main focus being on Kenya. In order to attain this end, the study was guided by three objectives, and these were; to assess the practice of Global Health diplomacy in Africa; to analyze the actors and policies to enhance health diplomacy as a tool of foreign policy in Kenya; to examine the factors affecting the practice global health diplomacy in Kenya. Moreover, two hypotheses also guided the study, and these were, **H1**: The practice of Global Health diplomacy in Africa is influenced by both state and non-state actors; **H0**: The practice of Global Health diplomacy in Africa is not influenced by both state and non-state actors.

This study was aimed to highlight on new knowledge and evidence that exists on the effectiveness of Health Diplomacy strategies that could be sufficiently applied by public health experts. This study aimed to help step-up Health Diplomacy within Kenya and the concerned Ministries in particular, raise awareness on international health-related issues and opportunities, including strengthening the Kenya International Health Relations Department's capacity in Global Health Diplomacy.

#### 5.2 Conclusion

The study successively met the set objectives and noted the urgent need of a health diplomacy policy. It has detailed out how health diplomacy is practiced in Kenya and also brought out the evidence of global health diplomacy dating back to 1940s. The conceptual and theoretical framework was well articulated. The concepts were operationalized and clearly identified the

main actors both state and non-state and brought out the relationship between actors and in global health engagements. On the link between global health diplomacy and international relations, Fidler highlighted that historically international relations theorists have shown little interest in health and health scholars and practitioners have not been engaged with international relations theory; concluding that there is scant theoretical literature to draw on in thinking about the conceptual and theoretical aspects of global health diplomacy. This study has however successfully linked the theoretical framework to global health diplomacy practice in Kenya and developing world. The liberalist theory of international relations recognizes the role played by non-state actors in the international system. United Nations and WHO are major actors in all global health issues.

Healthcare is highly advanced in the developed countries as compared to the situation in Kenya and other developing countries. Healthcare in developing countries still focuses on primary health care and treatment of communicable disease. Communicable diseases like malaria, tuberculosis diarrheal diseases remain a big burden to the economy and lifestyles of the citizens. This is further complicated by the HIV/AIDS epidemic. Likewise as noted in the study the focus of health diplomacy in developed countries is different from developing countries like Kenya. Their focus is mainly geared at protecting their citizens from communicable diseases and other health hazards from outside their borders. They therefore spend money to control emergence of diseases in developing countries.

Developing countries are weak politically and economically with weak national institutions incapable of dealing with the endemic diseases and emerging epidemics. Because of this, international donors, inter-governmental organizations like United Nations, WHO, and non-governmental organizations and other funding agents becomes

important in provision of health care. Global health diplomacy in developed countries like UK, Switzerland and China is driven by the state and state agencies. The study noted that Kenya and other developing countries are recipients of health diplomacy. Liberal institutions become very important for negotiations of aid and financial assistance and therefore Non-state actors have become the main drivers of health diplomacy. The theoretical framework therefore anchors global health diplomacy in the liberalist theory of international relations.

The relationship between policymakers and the non-state actors was an important enabling factor that contributed to the integration of health into foreign policy in a number of ways. The noted government health actors relationship with the academic community particularly university and medical schools will help establishment of the global health diplomacy training program in Kenya and the region. Health as a human right is enshrined in Kenyans constitution and as such provides a strong base for arguing for health issues in all policies. Health therefore became an overriding normative value and along with development, an ultimate goal of foreign policy health. The way forward in Africa's economic development and away from dependency is through regional integration. The study has identified health sector as key to East African community. The rationale for integrating health into foreign policy enhances country's economic interests by working with its neighboring countries to eliminate transnational diseases and keep patent drug prices low and increasing accessibility to generic equivalents. Kenya leadership in global health, and in global health diplomacy, is way to promote and strengthen the country's national reputation on the world stage. It was also observed that integration of foreign affairs and strengthened global health security in the interest of the state focusing on implementing the MDGs anchored health in the desired outcomes of development.

This study has helped to fill identified knowledge gaps through rigorous, primary research which was focused on understanding the global health diplomacy process from the perspectives of those who are involved in its practice in Kenya. It provided further empirical support and critical analysis to advance understanding of the key arguments for health in foreign policy, including global health security and connecting health to human security, and hence National Security. It opens the field for further enquiry on the practice, negotiation process, analysis on negotiation cycle – context, content, process, actors and the impact. Questions into the role, power, authority and influence of the different actors in the process, including policy entrepreneurs, policy communities, epistemic communities and various state and non-state actors that are relevant and important. Since global health diplomacy will continue to involve a diverse array of state and non-state with varied interest.

### **5.3 Recommendations**

Based on the findings, the study concludes that; the government through concerned ministry to develop a clear and specific policies regarding Global Health Diplomacy in Kenya. This will ensure establishment of strong international health institution that will manage global health issue effectively bring all stakeholders together. The global health actors to synergize their efforts, in order to enhance the growth and development of Global health diplomacy in Kenya. Government should embrace new opportunities presented by technological advancements in the medical space. In addition the government should create frameworks and incentives not only to develop but retain human resource essential in enhancing healthcare.

Government ought to form partnerships with state and non-state actors such as the private sector, non-governmental organization, development partners and international organization in enhancing the health sector so as to ensure maximum outreach to its citizens. This is informed by the fact that government cannot solely fully satisfy the health needs of its population due to



limited resources.

#### **5.4 Areas for further study**

Further study is recommended on the practice, negotiation process, and analysis of Health diplomacy on the negotiation cycle; context, content, process, actors and their impact.

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