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COVID-19 AND MEASURES-NTBS TO COMBAT SPREAD OF DISEASE IN KENYA

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Abstract

This paper describes the onset of COVID-19 in Kenya and the measures the government put in place to stop the spread of the diseases. It also describes the measures Kenya's trading partners in East Africa, Africa and the rest of the world took to control the spread of the disease. Some of these measures were trade facilitative while others were trade restrictive hence turning into Non-tariff barriers (NTBs). These led to rise in trade costs and acted as stumbling blocks on trade flows in the local and global economy. The measures also led to a disruption in supply chains of essential commodities such as testing kits, private protective equipments (PPEs) and other medical equipment leading to low testing capacities, diagnosis and treatment. This paper recommends the Kenya Government to come up with strategies to stop the spread of COVID-19 while at the same time protecting lives and livelihoods of its citizens. The East African Community (EAC) as well as other African countries should prioritize vaccination in the short term to stop the spread of the COVID-19. Kenya and other African countries should start thinking of how they can become producers as well as consumers of their own products and more so those products that are essential for human life such as pharmaceuticals and vaccines.

Keywords: COVID-19; Non Tariff Barriers; Non Tariff Measures, Trade Restriction; Trade Facilitation

INTRODUCTION

This paper describes the onset of COVID-19 in Kenya and the measures the government put in place to stop the spread of the diseases. It also describes the measures Kenya's trading partners in East Africa, Africa and the rest of the world took to control the spread of the disease. Some of these measures were trade facilitative while others were trade restrictive hence turning into Non-tariff barriers.

WHO (2021) says that all viruses evolve over time and the virus that causes COVID-19, that is SARS-CoV-2 has also evolved over time. The virus goes through a process of replicating or making copies of itself and in the process changes a little bit from what it was originally. The changes are called mutations and a virus that has one or more mutations is known as a variant of the original virus.

The likelihood of a virus mutating is dependent on whether it is circulating widely in the community and causing a lot of infections. This gives the virus a lot of opportunities to spread giving it a chance of replicating giving it more chances of undergoing changes. This mutation, depending on where the change is located in the virus's genetic material can change the virus's rate of transmission or severity of disease. The mutation can also affect the performance of vaccines, diagnosis as well as the medicines used to treat the disease the virus causes. Other effects of the mutations could be in public health and social measures.

The WTO labeling of new variants is usually using the Greek Alphabet which is easier and more practical to be discussed by not scientists. The earliest documented samples of SARS-CoV-2 were in the United Kingdom in September 2020 and was labeled Alpha on 18th December 2020; South Africa in May 2020 and was labeled Beta on the 18th of December 2020; Brazil, November 2020 and was labeled Gamma on the 11th of January 2021 and in India October 2020 and was labeled Delta on the 11th of May 2021. The Delta Variant was first diagnosed in Kenya in May 2021 and is highly contagious and spreads much faster than other the other variants and now contributes to 96.7% of all COVID-19 reported cases.

The first COVID-19 case was reported in Kenya on the 12th March 2020. By the 12th July 2021, Kenya had tested 1,183,212 people. Both the number of cumulative COVID-19 confirmed cumulative death cases has been increasing but at a slower rate than it was in the 1st quarter of 2020. By 12th July 2021 the number of COVID-19 confirmed cases was 188754 and 3722 fatalities as shown in Table 1.

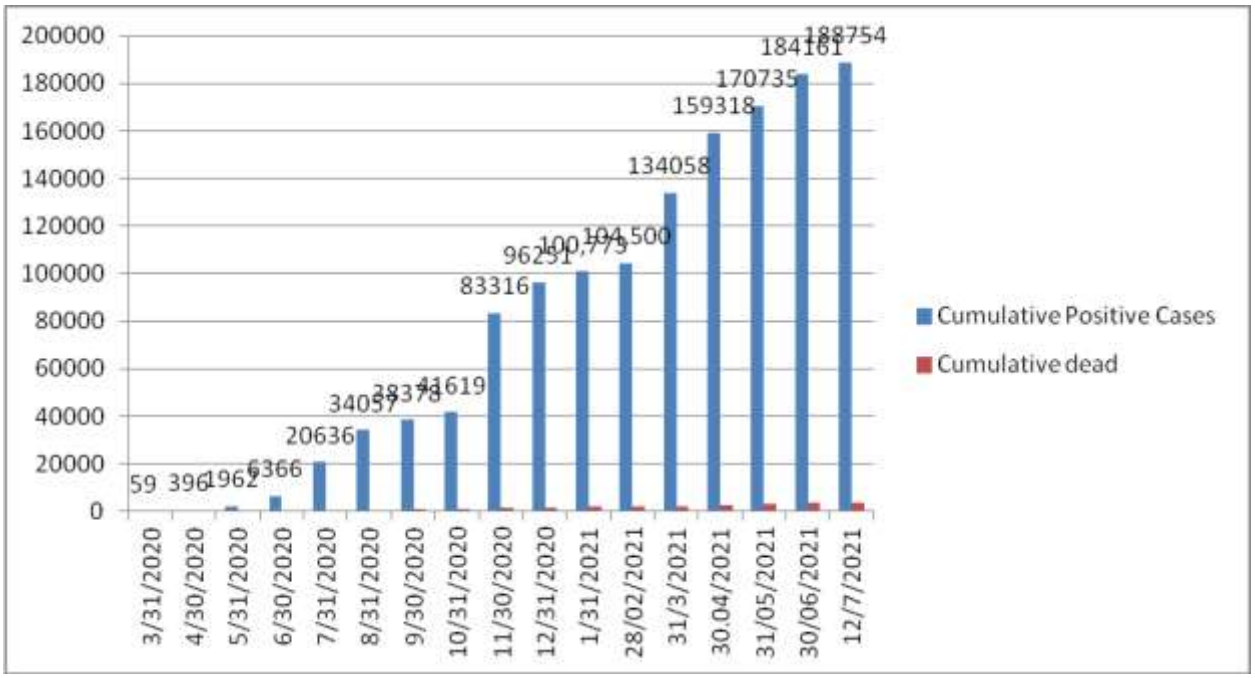
Table 1: COVID-19 Confirmed & Death Cases in Kenya
March 2020-July 2021

Months	Date	Cumulative Positive Cases	Cumulative Deaths
March	3-31-2020	59	1
April	4-30-2020	396	17
May	5-31-2020	1962	64
June	6-30-2020	6366	144
July	7-31-2020	20636	341
August	8-31-2020	34057	574
September	9-30-2020	38378	707
October	10-31-2020	41619	981
November	11-30-2020	83316	1452
December	12-31-2020	96251	1667
January	1-31-2021	100,773	1,755
February	2-28-2021	104,500	1,856
March	3-31-2021	134058	2153
April	4-30-2021	159318	2724
May	5-31-2021	170735	3172
June	6-30-2021	184161	3634
July	7-12-2021	188754	3722

Data Source: https://www.worldometers.info/coronavirus/country/kenya/

The number of COVID-19 positive, death and recoveries cases has been rising since March, 2020 as shown in Figure 1. By the end of October 2020, the number of COVID-19 confirmed cases were 41,619 and 981 deaths. By the end of 2020 the number of positive cases had risen to 96,251 and 1,667 persons had died of illness. This figure rose to 188,754 as at 12th July 2021 with the number of deaths rising to 3,722. Figure1 shows the monthly reported cases of COVID-19 in Kenya comprising cumulative positive and cumulative deaths up to 12th July 2021.

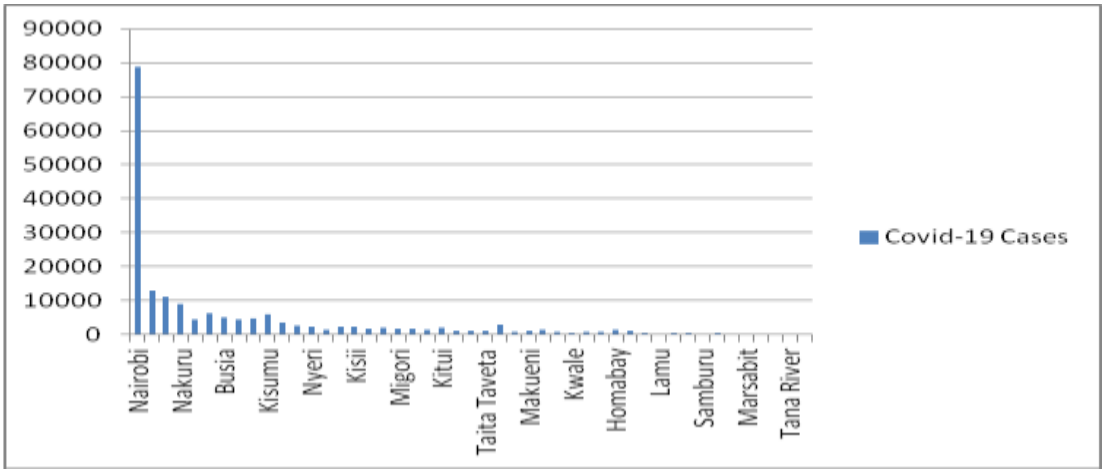
Figure 1: Cumulative Positive & Cumulative Death Cases in Kenya as at 12th July 2021



Data Source: https://www.worldometers.info/coronavirus/country/kenya/

The total number of recoveries and discharges for COVID-19 was 180,000 as of 13th July 2021 (Ministry of Health (MoH), 2021). The number of COVID-19 positive cases differs by counties with some counties such as Nairobi accounting for majority of cases at 78,593 while Wajir had the least number of positive cases at 103 as shown in Appendix 1 and Figure 2.

Figure 2: Distribution of COVID-19 Cases by County as at 13th July 2021



Data source: *https://www.statista.com/statistics/1136519/cumulative-coronavirus-cases-in-kenya-by-county/*

Figure 2 shows the distribution of the COVID-19 cases by county on the 16th of February 2021. It is clear from Figure 2 that Nairobi had the highest proportion of COVID-19 cases accounting for 42.1% of the total number of positive cases. Nairobi is followed by Mombasa and Kiambu which accounted for 86.9% and 5.9% of all COVID-19 cases in Kenya while Wajir had the least.

KENYA GOVERNMENT'S RESPONSE TO COVID-19 PANDEMIC

Many sectors have been affected in one way or another, some of them adversely since the reporting of the first COVID-19 case in Kenya and especially more by the measures the Government of Kenya (GoK) took to contain the spread of the pandemic. One of measures was restriction of movement to and from certain counties such as Nairobi and Nairobi Metropolitan, Mombasa, Kilifi, Kwale as well as putting some estates in Nairobi on lockdown. A 7pm to 5am nationwide curfew was imposed for people except those offering essential services such as those offering medical services, transporting food and medical supplies. Places of work (both public and private) were closed, and workers instructed to work from home except for those offering essential services such as hospitals. Travel was also restricted for nonresidents and those who happened to arrive in Kenya immediately after this period were supposed to be quarantined for 14 days in identified isolation facilities. At the same time, all vehicles offering public services were supposed to adhere to Ministry of Health guidelines on hand washing and social distancing. All Kenyans were advised by the Ministry of Health to wear masks and practice hand washing. To decongest the health facilities, home based care of COVID-19 positive and asymptomatic patients was later introduced. Valid COVID-19 certificates were supposed to be produced at border crossings especially for track drivers ferrying goods throughout the East African region.

Non Tariff Barriers (NTBs)

International trade flows had been on the increase before the outbreak of the COVID-19 pandemic. This was as a result of reduction in tariff and non tariff barriers (NTBs), transport costs and transaction costs. However, it is important to note that while tariff and non tariff barriers were reducing, non tariff measures (NTMS) were increasing both in terms of the number of products covered and the number of countries utilizing them.

NTBs are restrictions that are unrelated to tariffs (United Nations Conference on Trade and Development (UNCTAD)(2013) & World Trade Organization (WTO)(2012). These restrictions can be in the form of quotas, embargoes, sanitary measures, import licensing, conditions or specific market requirements that make exportation or importation services and

goods difficult or costly. UNCTAD classifies NTMs into two: those that are trade facilitating and those that are trade restrictive as shown in Table 2.

Table 2: UNCTAD's Classification of Commonly Used NTMs

Trade Facilitating Measures	Trade Restricting Measures
* Tax and duty exemptions, reductions or other fiscal incentives that reduce burden of taxes due	Export ban
Regulations concerning terms of payment for imports	Requirements of license, permit or registration to export
* Licensing for the protection of public health	Prohibitions for SPS reasons
* Certification requirements for SPS reasons	Temporary ban, and suspension of issuance of licenses
Transfers of funds (monetary transfers) by the Government (to an enterprise) – Grants	Export quotas
* Anti-dumping duties	Requirements for export monitoring and surveillance
* Certification requirements for (technical barriers to trade TBT reasons	Prohibition for the protection of public health
Support for consumers or producers not elsewhere specified	Other pre-shipment inspection formalities that are specified elsewhere
E325 Prohibition for the protection of public health	Authorization requirements for importing certain products TBT reasons
* Product quality, safety, or performance requirements for TBT reasons	
* Authorization requirements for importing certain products TBT reasons	

* Implies that measures can be relaxed to facilitate trade

Data Source: UNCTAD (2021),

https://unctad.org/topic/trade-analysis/non-tariff-measures/COVID-19-and-ntms

Some of the NTMs help expedite trade of such goods, thus ensuring adequate supplies for the source country. For example, exemptions from paying duties and taxes; relaxing SPS requirements and easing of non-automatic licensing requirements on imported medical supplies. However, export bans; quotas; requirements of licenses, permits or registration to export on medical supplies an adversely affect trade and in the process impact negatively on the

availability of essential goods in import-dependent countries, more so the most vulnerable ones. In majority of cases, NTMs are imposed without coordination with trading partners and they end up disrupting global value chains and in the process act as barriers to the smooth flow of trade in goods and services. Some NTMs such as requirement for export monitoring and surveillance help ensure that the exported product is safe and of high quality but they end up delaying exports due to the additional inspections and checks imposed.

Most of the NTBs were largely premised on domestic law citing public health and safety as a reason to institute measures which ended up impacting not only internal trade but also cross border and international trade.

Many countries imposed non-tariff barriers such as closure of borders to movement of persons, banning the crossing of borders by persons using such means as bicycles, motorcycles, and wheel carts, restricting border crossing to only transit cargo trucks, mandatory COVID-19 screening at the borders, 14 day quarantine of new arrivals, closure of the non-essential businesses, curbing meetings, social gatherings and night curfews. These acted as stumbling blocks on trade flows in the local and global economy. The additional border controls, disruption in transport and associated logistics led to a rise in trade costs estimated to account for up to a third of the decline in world trade of from 12% to 32% (Organization for Economic Cooperation and Development (OECD), 2020).

Also some governments channeled traffic through fewer border crossings; reintroduced border controls that had previously been removed and even conducted at-the-border health checks. The six partner states of the East African Community failed to harmonize COVID-19 measures. These NTMs placed additional demands on border control agencies that were also carrying out their usual functions while at the same time implementing containment measures such as social distancing (OECDa, 2020). The measures also caused massive traffic snarl-ups at border crossings. For example, at the Kenya-Uganda border towns of Malaba and Busia during the initial stages of COVID-19, long queues of trucks stretched up to 65km on the Kenyan side as the Ugandan authorities imposed compulsory COVID-19 tests on Kenyan truck drivers before they entered the country. At the Rwanda-Tanzania border crossing of Rusumo, Tanzanian truck drivers were forced to hand cargo over to Rwandan counterparts who took it onwards to Kigali.

In some cases, flights were cancelled, ships stopped in high seas as sea and inland ports were considered super spreaders of COVID-19 infections. While borders remained open for freight transportation, there was a slowdown in logistic flows as drivers were subjected to border controls for quarantine purposes.

The enhanced border checks led to border delays at the in most countries with the East African Community counties included. Before COVID-19, it had taken cargo around 3.5 days to be transported from Mombasa to Kampala, 7 days to Kigali, 10 days to the DRC and 14 days to South Sudan. The NTMs taken by the authorities more than doubled the amount of time taken to transport goods. For example, the measures increased the amount of time taken to transport goods from Mombasa to Kampala from 3.5 to 7-10 days while it took 21 days to Kigali and far longer to the DRC and South Sudan leading to an increase in the cost of moving goods around the region (Collins, 2020).

To enter the Schengen region of the European Union from 1st of July 2021, a traveler is now required to have a COVID-19 Vaccination certificate which should clearly show the type of vaccine the traveler has been vaccinated with. The European Medical Agency (EMA) has a list of vaccines accepted in the European region. AstraZeneca manufactured by the Serum Institute of India is not one of the approved vaccines in the Schengen region. However, the European Union has issued an advisory to Member States to issue and verify certificates for all those vaccinated with one of the vaccines approved by EMA but also permitted the Member States to issue such passports and accept them for those vaccinated with vaccines by other manufacturers. The differences in the vaccines accepted by the European Member States have created confusion among travelers and will act as an NTB for those travelers from countries that are not eligible to enter the European Union if the vaccine received is deemed not acceptable to the particular destination country.

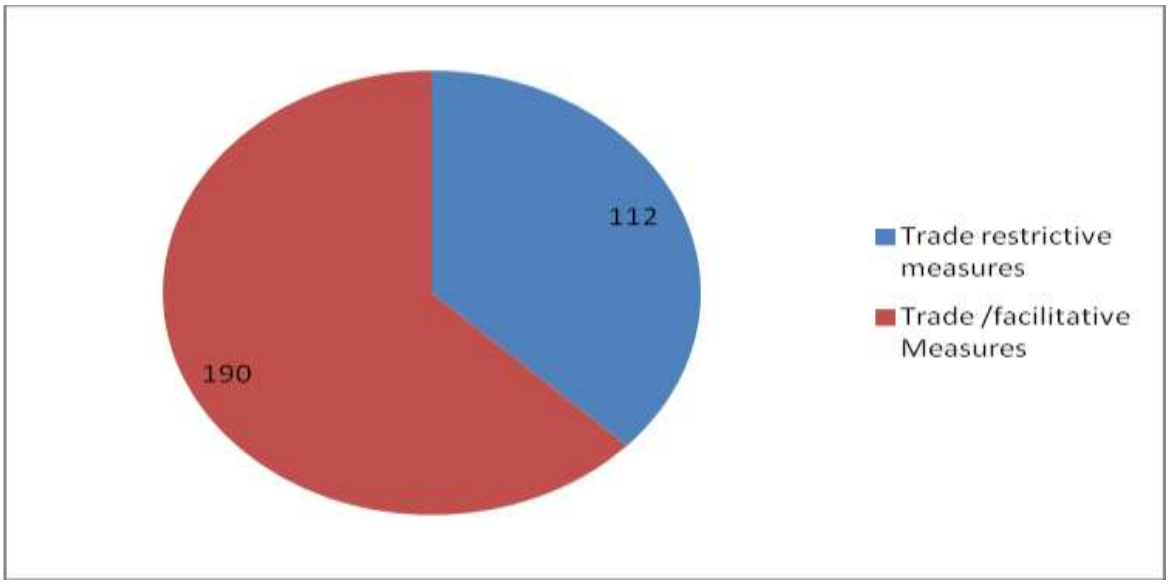
The measures have also led to a disruption in supply chains of essential commodities such as testing kits, private protective equipments (PPEs) and other medical equipment leading to low testing capacities, diagnosis and treatment. For example, Kenya used to source the automatic testing kits reagents from the United States. On the 6th of September 2020, United States government placed an embargo on exportation of any reagents for Roche and Abbott machines. This stoppage forced Kenya to scale down testing for COVID-19 resulting to running two systems, a manual system and an automatic Polymerase Chain Reaction (PCR) system.

The COVID-19 pandemic measures also brought about disruptions in supply chains all over the world especially pharmaceutical supplies for reproductive health; Antiretroviral drugs (ARVs), hypertension, diabetes, medical equipments including PPEs, masks, and vaccines among others. The disruption led to increased demand worldwide and developing countries like Kenya found themselves cut off from their suppliers who also needed the same products and they preferred satisfying local demand first. Developed countries also placed huge orders for these products leaving little for the poor and developing countries.

For example, most large scale vaccine manufacturers are the United States, European Union and the India sub-continent. The regions imposed restrictions on exports of vaccines as well as raw materials and equipments for its production which disrupted the entire vaccine production and distribution process. These regions also stockpiled more than 60% of the world's vaccines before they were even approved for use (Peters and Prabhakar, 2021).

Export restrictions were not just on vaccines. More than 80 countries placed embargoes on exports of personal protective and medical and goods especially in the initial months of the COVID-19 pandemic leading to severe supply chain disruptions. UNCTAD (2021) found that almost 40% of all trade restrictive NTMs had been terminated by March 15, 2021 but about 60% of these measures were still in place even in 2021. Figure 3 shows the trade restrictive and trade facilitative measures between December 2019 and March 2021.

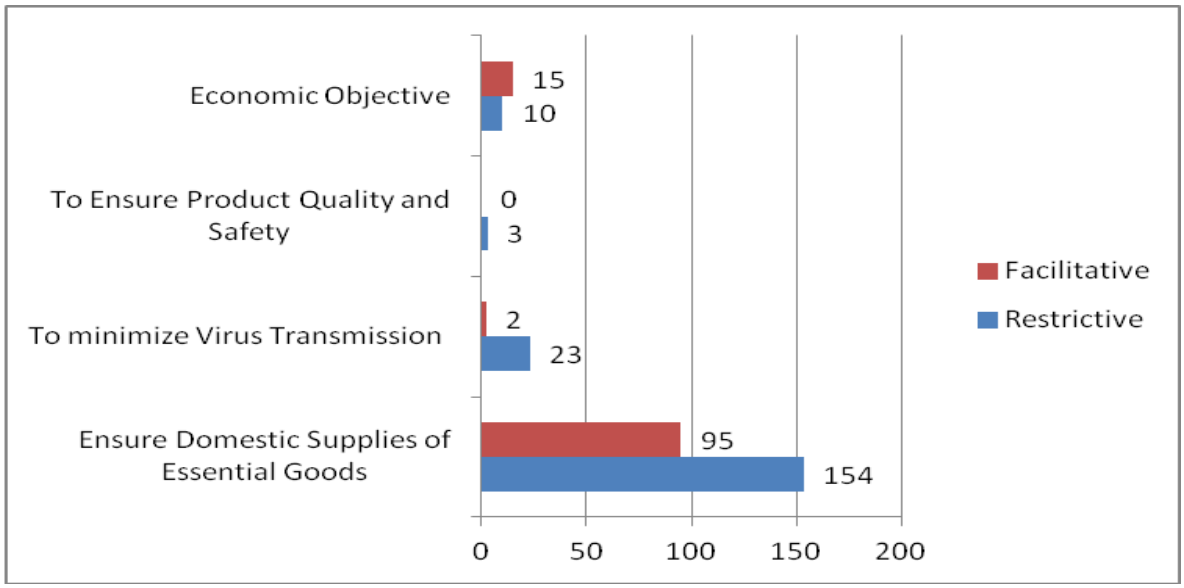
Figure 3: Trade Restrictive and Trade Facilitative Measures (December 2019-March 2021)



Data Source: UNCTAD (2021),
https://unctad.org/topic/trade-analysis/non-tariff-measures/COVID-19-and-ntms

As Figure 3 shows, there were 190 trade restrictive (barriers) measures compared to only 112 trade facilitative measures imposed by various countries in the world between December 2019 and March 2021. According to UNCTAD 2021, the objectives of these measures are shown in Figure 4.

Figure 4: Objectives of Trade Measures



Data Source: UNCTAD (2021),

https://unctad.org/topic/trade-analysis/non-tariff-measures/COVID-19-and-ntms

As Figure 4 shows, majority of the measures were taken with the objective of ensuring domestic supplies of essential goods.

CONCLUSION AND KEY MESSAGE

The measures taken by different government to combat the spread of COVID-19 translated to NTBs which disrupted trade not only in the East African region, but also the whole world. It is therefore important that the Kenya Government comes up with strategies to stop the spread of COVID-19 while at the same time protecting lives and livelihoods of its citizens.

EAC as well as other African countries should prioritize vaccination in the short term to stop the spread of the COVID-19.

Trade restrictive measures which have translated into NTBs requires Kenya and other African countries to start thinking of how they can become producers as well as consumers of its own products and more so those products that are essential for human life such as pharmaceuticals and vaccines.

RECOMMENDATIONS

There is need for continued campaigns to rally the citizens to observe basic hygiene such as wearing of masks, washing of hands and keeping social distance.

The Government of Kenya needs to consider reduction of taxes on essential medical products and equipment as well as strengthening the quality of and access to health services. There is also need for support for firms' liquidity and digital capabilities and also improved access to information to safeguard them from permanent closure.

So far Kenya lacks an e-commerce legal and policy framework hence the need to develop and implement a policy and legal framework for ecommerce

Also of important is the need to take advantage of the opportunities presented by being a member of regional and multilateral groupings to collaborate on managing challenges such as those occasioned by the COVID-19 pandemic.

Finally, Kenya and other African countries need to fully implement the WTO Trade Facilitation Agreement to ensure free flow of goods in the region.

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