KENYATTA UNIVERSITY

SCHOOL OF LAW, ARTS AND SOCIAL SCIENCES

DEPARTMENT OF PUBLIC POLICY AND ADMINISTRATION

POLICY TRANSFER BETWEEN INTERNATIONAL ORGANIZATIONS AND NATIONAL GOVERNMENTS: A CASE STUDY OF WORLD HEALTH ORGANIZATION'S TRANSFER OF COVID-19 INFECTION PREVENTION AND CONTROL POLICY TO THE GOVERNMENT OF KENYA

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A THESIS SUBMITTED TO THE SCHOOL OF LAW, ARTS AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN PUBLIC POLICY (POLICY TRANSFER SPECIALIZATION) OF KENYATTA UNIVERSITY

OCTOBER, 2025

DECLARATION AND RECOMMENDATION

I do solemnly declare that this document is a product of my academic effort. It is my original contribution to knowledge. Therefore, it has not been presented for the award of a degree honors at any level in any other university.

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DEDICATION

To my late uncle, Baba Askira

And

To my late son, Ba'ari Babamaragana

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ABBREVIATIONS AND ACRONYMS

AGO: Attorney General Office

AI: Artificial Intelligence

APP: Advocacy and Policy Project

AU: African Union

AUCDC: Africa Union Center for Disease Control

AVAT: African Vaccine Acquisition Trust

BFP: Bolsa Familia Program

CAQDAS: Computer Assisted Qualitative Data Analysis

CCT: Conditional Cash Transfer

CDC: Center for Disease Control

CE: Community Engagement

CERC: Contingency Emergency Response Component

CESA: Continental Education Strategy for Africa

CH: Community Health

CSH: Cabinet Secretary of Health

CIPDCR: Center for Infectious and Parasitic Diseases Control Research

COVAX: COVID-19 Vaccines Global Access

COVID-19: Coronavirus Disease 2019

CP: Community of Practice

CPLP: Portuguese-speaking Community of Countries

CRT: COVID-19 Response Team

DCHS: Division of Community Health Services

DP: Delta Plan

DPHWS: Division of Patient and Healthcare Worker Safety

DRR: Disaster Risk Reduction

EAC: East Africa Community

EACFTA: East African Commission Free Trade Agreement

EAIPCN: East Africa Infection Prevention and Control Network

EIA: Economic Impact Assessment

EM: Electronic Monitoring

EPI: Environmental Policy Integration

EU: European Union

FAO: Food and Agriculture Organization

FF: Family Farming

GAAHP: Global Alliance Against Hunger and Poverty

GAVI: Global Alliance for Vaccines and Immunization

GHS: Ghana Health Service

GMA: Ghana Medical Association

GoK: Government of Kenya

HCWs: Healthcare Workers

HiAP: Health-in-All-Policy

HP: Health Products

HPIC: Health Problem of International Concern

HPS: Head of Public Service

HRH: Human Resources for Health

IAR: Intra-Action Review

ICACTP: International Center for AIDS Care and Treatment Programs

ICU: Intensive Care Unit

IDA: International Development Association

IEC: Information, Education, and Communication

IHR: International Health Regulation

IMF: International Monetary Fund

IMT: Incident Management Team

IO: International Organization

IPC: Infection Prevention and Control

IPCC: Infection Prevention and Control Committee

IPCM: Infection Prevention and Case Management subcommittee

ISTC: International Standards for Tobacco Control

IT: Information Technology

JCM: Joint Containment Measures

KCERP: Kenya COVID-19 Emergency Response Project

KEMRI: Kenya Medical Research Institute

KENITAG: Kenya National Immunization Technical and Advisory Group

KEPI: Kenya Expanded Program on Immunization

KIIs: Key Informant Interviews

LMD: Licence-Maitrise-Doctorat

LMICs: Low and Middle Income Countries

MBR: Management By Results

MDGs: Millennium Development Goals

MfR: Management for Results

MoH: Ministry of Health

MoH-DPHWS: Ministry of Health Division of Patient and Healthcare Worker Safety

MoU: Memorandum of Understanding

NCCRCP: National Coordination Committee on the Response to the Corona Virus Pandemic

NCIPCC: National COVID-19 IPC Committee

NCP: National Contingency Plan

NCRCTF: National COVID-19 Response Coordination Task Force

NCTCBC: National COVID-19 Training and Capacity Building Committee

NCVDVT: National COVID-19 Vaccine Deployment and Vaccination Taskforce

NDP: National Development Plan

NDPC: National Development Planning Commission

NERC: National Emergency Response Committee

NHIA: National Health Insurance Authority

NHIF: National Health Insurance Fund

NIAG: National Immunization Advisory Group

NIC: National Influenza Centre

NIIDZs: China National Innovation Demonstration Zones

NIPCAC: National IPC Advisory Committee

NTF: National Task Force

NPF: Narrative Policy Framework

NPHLs: National Public Health Labs

NPM: New Public Management

OECD: Organization for Economic Cooperation and Development

OH: One Health

OPEC: Organization of Petroleum Exporting Countries

OPGSCPR: Operational Planning Guidelines to Support Country Preparedness and Response

PAF: Plan Act Follow up (Plan, before COVID-19 breaks; Act during COVID-19 infection; Follow-up after COVID-19 infection)

PCR: Polymerase Chain Reaction

PET: Punctuated Equilibrium Theory

PHCWSD: Patient and Health Care Worker Safety Division

PHEIC: Public Health Emergency of International Concern

PHSM: Public Health and Social Measures

PIFC Public Internal Financial Control

PISA: Program for International Student Assessment

PLW: Pregnant and Lactating Women

PLWD: People Living with Disability

PPB: Pharmacy and Poisons Board

PPE: Personal Protective Equipment

PS: Principal Secretary

PSG: Pharmaceutical Society of Ghana

R and D: Research and Development

RCCE: Risk Communication and Community Engagement

RES: Renewable Energy Sources

RIA Regulation Impact Assessment

RJ: Restorative Justice

RMC: Resource Mobilization Committee

SAP: Structural Adjustment Programs

SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2

SCT: Social Cash Transfers

SDGs: Sustainable Development Goals

SEA: Strategic Environmental Assessment

SPRP: Strategic Preparedness and Response Plan

SSA: Sub-Saharan Africa

STEP: Skills Toward Employment and Productivity

TA: Thematic Analysis

TB: Tuberculosis

ToT: Training-of-trainers

THS-UCP: Transforming Health Systems for Universal Care Project

T&T: Test-and-treat

UK: United Kingdom

UN: United Nations

UNICEF: United Nations Children's Fund

UNISDR: United Nations International Strategy for Disaster Risk Reduction

UoN: University of Nairobi

US: United States

USCDC: United State Center for Disease Control

VAT: Value Added Tax

WB: World Bank

WHAC: World Health Assembly Conference

WHO: World Health Organization

WHO-AFRO: World Health Organization's Regional Office for Africa

WHO-FCTC: World Health Organization's Framework Convention on Tobacco Control

WTO: World Trade Organization

90-90-90: By 2020, 90% of all people living with HIV will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

OPERATIONALIZATION OF KEY TERMS

Actor-Multiplicity: a situation where the domesticating space of policy transfer consists of varied individuals and organizations involved in the reception of the exported model

Capacity: the ability of a political system to be able to successfully mobilize and utilize the needed resources in the design, formulation, implementation and review of policy. In the case of this thesis, capacity of Kenya is measured on what the country had at the outset of COVID-19 pandemic, how it compares with its contiguous countries, what operational challenges affected its response to COVID-19 pandemic as well as how its Task Force overcame these challenges

Competing interests: it is a clash in choice between/among varying policy visions held by policymakers in a health subsystem. In this study, it is the conflict of interest among the Task Force members which could manifest in the form of how actors opposed to the transfer could cause deliberate hindrance to the policy borrowing by refusing to avail themselves or even by refusing to cooperate with the WHO altogether

IPC measures: (Handwashing, Social Distancing, Face-masking and Vaccination)

Infordemics: the proliferation of unsubstantiated information among people consequent to the proliferation of communication tools and devices which can be used and/or misused to spread misinformation harmful to officially adopted policy

Interviewer: a person conducting an interview

Interviewee: the person being interviewed in an interview

Learning: a process that enables policymakers to gain information and/or inspiration on how to go about making a desired policy. In the context of this thesis, it involves how the transfer actors (Task Force members) utilized the policy suggested to them by the WHO and how they integrated it with alternative policies they obtained from alternative sources

MOH-CHANJO: an application set up by Kenya's Ministry of Health to record health data of Kenyan nationals and all other residents in Kenya with the view to using the data in COVID-19 response

Motivation: motive, rationale, stimuli that plays influential role in the policy preference of policymakers in a health subsystem. Within the context of this study, motivation means the motives for the participation of the Task Force members in the policy transfer, which in turn

influences their perception of the policy exporting actors (the WHO) and consequently, possibly, counter any unwanted policy offer from them

Policy: Any official decision announced to be carried out with the view to safeguarding the health of the public

Public health emergency of international concern: the WHO defines a PHEIC as an extraordinary event that constitutes a public health risk to other states through the international spread of disease

Resource availability: the core capacity (personnel, information, institutions, disposition of the populace, fund, etc.) that influences policy choice

Transfer: the spread or movement of policy ideas from one political set up to a different political system with agents from the sending and receiving environments (directly or indirectly) interacting to achieve the movement

Transfer Time: a specific period node in which a decision can be made or a policy can be borrowed. Therefore, it is the particular time in which transfer takes place. Typically, it refers to the First wave, Second wave and Third wave of the COVID-19 pandemic

Transfer Timing: how time is used to make decisions and borrow policy. It includes how policy actors (Task Force members) choose to act early or late. It also refers to how decisions are sequenced to follow different timelines with some actions designed to be taken after other designed actions

Transfer Tempo: this refers to speed of the decisions and transfer. It is the rigor of transfer in terms of rapidness of actions or their lack thereof

Transferee: any receiver of a policy, or facilitator of reception of the policy, in an environment which is secondary to the policy

Transferer: any sender of a policy, or a facilitator of sending a policy, with the view to exporting the policy for adoption in a different milieu

Translation: The process of idea comprehension and alteration during the broader transfer process based on the roles of agents, frames and institutions. As used in this study, translation specifically refers to the localization of policy guidelines and protocols on how to prevent and control the infection of COVID-19. This localization is achieved through the comprehension, alteration and utilization of the learned lessons

ABSTRACT

The practice of using ideas from the experience of others in the making and implementation of policy locally is not new. It can be an effective way for governments to learn what to pursue and what to avoid. Governments discovered that instead them to engage in the slow process of learning by doing, they can simply learn by observing the policy experience of others. Therefore, it should be possible for one government to pick policy ideas, in whole or parts, with the view to using it to help solve an existing policy challenge in their own system. Scholars have ascribed different names to explain this process. These include diffusion, transfer, lesson drawing, policy mobilities and translation among various cognates. While slightly different, what these related fields of studies have in common is that they attempt to trace the movement of policies from one setting to another, helping to address questions such as: why and how policies move, who is involved in this movement, what actually is moved, and who is involved in this process. However, despite the extensive nature of the literature, gaps still exist in relation to the capacity of the policy receptors to incorporate borrowed lessons. Similarly, agency, motive, cognition, capacity and time are all in need of further development. This thesis is designed to help fill these gaps. It draws on Punctuated Equilibrium Theory to complement the Policy Transfer heuristic to provide a theoretical prism to investigate the phenomenon. Inductive-interpretive method was used to extend Critical Realism research to study the interaction of agency and structure. Thus, two main data collection approaches were used: primary document review and semi-structured interviews. Based on interviews with 24 Task Force members, sourced through purposive and snow-ball techniques (complemented primarily by official publications of Kenya's Ministry of Health, and the World Health Organization), this study inductively conducted Braun and Clarke's Six-Step thematic analysis. The findings showed that lessons have been offered to Kenya Task Force by the WHO, the former utilized the lessons in coming up with Kenya's COVID-19 measures; and that the WHO advice was combined with ideas borrowed from other sources. The study also found that the Task Force members actively (and willingly) participated in the transfer process; thus they had a positive relation with the WHO. Furthermore, despite some delays in declaring the pandemic and in generating Kenya's initial responses, the WHO was generally prompt in guiding Kenya to enact national guidelines. This study discovered that, after the initial transfer, the transfer actors have improved their response time for the integration of lessons in the second wave. However, it slowed in the third. Other findings were: there were

varied choices among Task Force members on specific choices, the Task Force members had the needed agency to determine the transfer and no conflict was found between the sending actors and the receiving actors of the IPC. Finally, the study also found that the capacity of Kenya at the outset of the pandemic was mixed: it had a pre-existing IPC but suffered the dearth of key infrastructure and supplies. Despite this, Kenya provided support to its contiguous neighbors (Seychelles, Somalia and South Sudan) who were in much dire needs. The study thus concluded that the transfer of the IPC measures from the WHO was instrumental to Kenya's COVID-19 policies. Therefore, this thesis recommends reducing the number of Task Forces in future pandemics, sustaining the voluntary nature of international health regulation, making timely decisions, encouraging accountability and transparency within Task Force membership and robust investment in Kenya's health sector.

CHAPTER ONE: INTRODUCTION

1.1 Background to the study

A practical approach adopted by governments in both ancient and modern eras is the act of utilizing ideas generated and/or implemented elsewhere to solve a problem within the scope of their jurisdiction. Aided by late-twentieth century's pivotal revolutions in transportation and communication, the spread of policy had attained an unprecedented normality (Walker, 1989). Various academic fields developed their discipline-appropriate lenses to study this activity. One of these fields is the diffusion research. As an academic specialization, policy diffusion is the process of adopting a government's policy based on the influence of an initial decision in a different political milieu (Stone, 2012).

Accounting for it from broader perspective, any "process via which innovated new ideas spread through certain communication channels over time among the members of a social system" (Rogers, 2004: p13) can be regarded as diffusion. This opens up Rogers' diffusion framework, and, indeed, the original 1943 framework based on the seed corn study by Ryan and Gross, to potentially be applicable to many fields including (but not limited to) agriculture, education, geography, management, mass communication and sociology. In fact, in the first three decades of its conception, the diffusion framework had influenced the field of anthropology more than politics (Walker, 1973) and, thus, political science.

However, when narrowed to governance, policy diffusion refers to a law adopted by a state based on an innovated idea that is new to its system (Gray, 1973). This qualified perspective clarifies diffusion to refer to "…a program or policy which is new to the states adopting it, no matter how old the program may be or how many other states may have adopted it (Walker 1969: 881).

The earlier attempt to study policy diffusion sought to establish four main elements: a) whether an individual perceives an innovation as novel; b) whether one individual has communicated the innovation to another; c) the channel of transmitting the idea; and d) the time at which the innovation was adopted (Rogers, 1962). The latter element is important. Owing to the fact that the exact time a state became familiar about a particular policy is invariably unknowable, the observable element in diffusion research is the adoption time by the state (Gray, 1973) as well its relative speed (Walker, 1969). However, despite the usefulness of the model, diffusion

framework received criticisms for its inadequacies. Thus, critics attempted to extend its logics and improve its tools (Rogers & Adhikarya, 1979).

In this, scholars shifted attention away from diffusion to a new approach labeled *lesson drawing*. This trend commenced in early 1990s with the initial efforts by Richard Rose, Colin J. Bennett and Harold Wolman (Bennett 1991a; Bennett 1991b; Rose 1991, 1993; Wolman 1992) among others.

Lesson drawing literature updated the diffusion literature by introducing precision to the guiding questions for studying policy movement. Thus, this new lens focused on contents, approach, agents and transfer medium. The lesson drawing approach successfully demonstrated that not only could instruments (goals, contents, outcomes and policy styles) be drawn, based on the preference of the actors involved, the lesson drawers could also choose to imitate, emulate, hybridize, synthesize lessons from many sources or even simply draw inspiration from an implemented policy (Rose, 1991). Thus, the lesson-drawing prism depicts the lesson drawers as rational actors equipped with agency and making rational choices on behalf of their own polity (Bennett, 1991a).

The present study draws on this literature by, first, observing that lesson drawing takes place across time and space. Second, it captures the role of actors (beyond states) who shape the lessons they engage in drawing. Thus, individuals, international institutions, and epistemic communities engage in competition and cooperation with states in the process of lesson drawing (Rose, 1991). In this, powerful receiving actors apply their power by determining the source, timing and nature of both the evidence drawing and its eventual utilization in the new environment (Bennett, 1991a). In a situation where more than one transfer source was available, they choose the source most preferable to them. As a further sign of their power, they could judge a preferred policy lesson as effective by spinning the records and evidence. This could allow them to put it on policy agenda of their own system by demonstrating the example of its success. Thus, the test of their power is in how successful they are in assuaging political pressure, among other political interests (Bennett, 1991a). Timing is another way the powerful actors exert their influence in the transfer process. They choose to accelerate or decelerate the localization process (Dolowitz 2020; do Vale Helder 2022; Moran et al. 2019; Stubbs 2018), invent punctuations in the process (Nachbagauer, 2022) or even elongate (Dolowitz, Plugaru &

Saurugger 2020; Mccarthy-Jones & Turner 2015) or slow down (Capano et al. 2020; Peci, González & Dussauge-Laguna 2023) the transfer duration, if it serves their interest.

The mid-1990s ushered in a new line of inquiry, termed policy transfer. It more explicitly focused on agents who are central to the transfer activities. Policy transfer argues that by focusing on the agents involved, research observation pertaining what exporters offered and what importers learned in the process, how the actors' motives shape the outcome and how the structures within which they operate affect their agency in the process, research can accurately examine policy movement.

Policy transfer usually employs qualitative methodology and tends to involve longer period than the previous methods discussed above. This allows active learning to take place at deeper and intensive levels (Dolowitz, 2017a). Thus, it offers more rigorous inquiry beyond the focus on inspiration of the policy spread that diffusion framework advocates.

The present study chooses policy transfer as the framework to investigate the adoption of the World Health Organization's (WHO) measures of Infection Prevention and Control (IPC). It supplements its choice of policy transfer approach with focus on translation research. The policy translation assumption enables transfer scholars to view the process as a means, and not an end in itself. This *directionalist* as opposed to *destinationalist* treatment of policy transfer allows observation into the reception, adaption and development of a policy in a new setting. Thus, it is useful in monitoring the reception of a policy as well as its transitioning in its new setting. In this, the roles of actors, frames and institutions are particularly influential (Stone, 2017).

The translation paradigm is a particularly suitable complement of policy transfer in its emphasis on two important possibilities as outcomes of a transfer. First, it can produce a bricolage consequent to tinkering with existing local as well as borrowed policy instruments and practices to generate new or hybrid policy formations. However, second, it cautioned that scholars should not expect to observe some form of identical policies as exactitude or clones of a policy between different political systems. Rather, they should expect to observe both deviation and difference in studying policy translation (Stone, 2017).

However, the relationship between transfer and translation is both cyclic and linear. Cyclic because policy translation enables policy transfer and depends on it; hence, they are mutually

reinforcing. It is linear because the transfer of a policy takes place before its translation. Thus, the present study utilizes these two frameworks in an eclectic manner. It utilizes the instruments of both models by exploring the transfer of IPC measures from the WHO and the eventual translation of the measures in Kenya.

However, despite its efficacy, the policy transfer research suffers from three major limitations. First, most studies have concentrated on policy transfers between nation-states, a focus on dynamics within the nation-state and comparison of sovereign units. Thus, phrase 'policy transfer' hints towards a direct exchange process between exporting and importing countries with an implicit tendency to assume a bilateral relationship (Stone, 2012). Such approaches suffer from methodological nationalism, and (wrongly) push the policy transfer heuristic to the embrace of realist theory of international politics. Second, traditionally, Global North experimentation has dominated policy transfer literature. In particular, the United Kingdom (UK), United States (US) and European Union (EU) formed its main grounds (Pal 2017; Stone 2004). Third, initial efforts of scholars using the transfer framework were laden with process reductionism. This means policy transfer research has traditionally depicted the process as a situation where when policy makers are faced by challenge 'A', they can scan system 'B' for a useful lesson. Consequently, they can draw 'C' from 'D'. From this then outcome 'E' will be produced as a result of implementation of 'F' (Dolowitz, 2021). In reality, this depiction is an inaccurate representation of the transfer process. However, many of these issues are no longer the case, as this thesis will clarify in the ensuing parts.

The present study participates in the policy transfer debate by seeking to contribute in addressing the three limitations highlighted. First, it approaches policy transfer from the angle of international organization (IO) and nation-state interaction. In this way, it adds to the growing literature on the subject. Second, it contributes evidence to the changing pattern of relationship between IOs and nation-states (Dolowitz et al. 2020b) as a contrast to the erstwhile power domination. Moreover, third, by weaving transfer and translation tools in examining the borrowed IPC measures, the study seeks to trace the transformation and mutation of the lesson drawn.

Indeed, the global umbrella of IOs networks and actors has grown and thickened, and they very much remain in the transfer business (Pal, 2017). Their influence in policy transfer is not new.

Since the 1980s, IOs have promoted and recommended programs such as Social Cash Transfers (SCT), Regulation Impact Assessment (RIA), Public Internal Financial Control (PIFC) and Skills Toward Employment and Productivity (STEP). These programs aimed to guide regional, national and local political actors in solving problems (Dolowitz, Hadjiisky & Normand, 2020a). Actors involved in promoting these policies assumed different role. They employ subtle tactics that deviate from the erstwhile coercive approach of engagement between the IOs and less powerful states. Thus, the relationship is no longer that of principal-agent and, instead, more of partnership. Similarly, oblique influence, instead of raw power is the means of co-design, co-adoption and co-production of internationally transferred and diffused policies (Dolowitz, Hadjiisky & Normand, 2020b).

This trend became the norm. Since 2000, IOs continued to herald the notion that reforms are necessary in countries and that the potential changes involve inevitable, painful, but necessary, experiences (Stone, 2017). In particular, economic IOs -such as the International Monetary Fund (IMF), the Organization for Economic Cooperation and Development (OECD), the World Trade Organization (WTO) and the World Bank (WB)- have been strengthened by the Washington Consensus of 1989. This gave a boost to the mandate and legitimacy of these economic IOs. Thus, these IOs suitably well placed to champion and shape major economic reforms and initiatives in the twenty first century (Dolowitz et al. 2020a).

Indeed, policy transfer involving IOs is an interesting phenomenon. The IOs and their transnational policy partnerships muddy policy transfer processes beyond that of a simple duopoly of bilateral relationships between exporting and importing settings to a more complex, multilateral and multi-actor environment (Stone, 2012). Thus, governmental agents are not the only actors involved in policy transfer. Policy actors representing organizations participate as partners along other counterparts to amplify messages, monitor standards, best-practices, and benchmarks. Thus, the Bill and Melinda Gates Foundation, Ayala Consulting Group, McKinsey the Rio+ Center (Stone, Pal & Porto de Oliveira, 2021) and numerous commissions have emerged to serve as expert resources for governments and IOs (Stone & Schmider, 2023).

These agents have realized that collaborating with IOs can provide them with two benefits: legitimacy for policy instruments, and official patronage (Stone, Pal & Porto de Oliveira, 2021). Although their participation could both facilitate and scupper the transfer, it is undeniable that

they successfully defy the sender-receiver reductionism of the process (Minkman, 2023). This creates new spaces for making global policy not only inside IOs themselves but also in their interactions with other milieus (Stone, 2020b).

Importing systems retain some agency in the process. They can identify policy failures or shortcomings within their systems through processes of evaluation and learning, as well as peer review. Consequently, they can seek solutions and adopt reforms based on useful lessons elsewhere (Stone, 2020a). Thus, the erstwhile coercive approach to policy transfer is no longer the norm for the international spread of policies (Gudders, 2019).

Indeed, despite the implicit rational stance of both lesson drawing and policy transfer, scholarly thinking on policy convergence suggests that transfer is less the consequence of agency and more the outcome of structural forces. That is, factors such as industrialization, globalization or regionalization play influential role and force a pattern of increasing similarity in economic, social and political organization between countries (Stone 2012; Walker 1989). Globalization, in particular, has accelerated the circulation of inspiration, instruments institutions and ideas (Porto de Oliveira, 2020) by providing influential routes of facilitation (Walker, 1989). However, instead of emasculating the powers of IOs, globalization has only helped to enhance the importance of these institutions (Dolowitz et al., 2020b). They adapted to the new era by adjusting their power application from hard to soft, from force to influence, and from instructors to partners.

Thus, this draws attention to soft forms of transfer (such as the spread of norms) as a necessary complement to the, erstwhile dominant, hard transfer of policy tools, structures and practices. In the new trend, soft transfer, non-state actors play a more prominent and benign role (Stone, 2004). A benign power application is any subtle form of power or soft coercion observable in the transfer of policies and programs from an IO to a recipient system, directly or through transnational agents and networks (Dolowitz et al., 2020b).

Indeed, transnational networks are an important vehicle for the spread of policy and practice both cross-nationally and in emergent venues of global governance (Stone, 2004). Typically, they are involved in the production and spread of epistemic instruments on common and shared problems (Dolowitz et al., 2020b). By leveraging on the influence of their knowledge in governance as

experts (Stone, 2020b), IOs have gained power and legitimacy in the understanding of complicated problems and in participating towards devising solutions to these challenges (Dolowitz et al., 2020a). This makes them a valid source and a partner in international policy transfer (Dolowitz, et al., 2020a; Stone, 2020b). Thus, the literature of policy transfer would be remiss for failing to pay keen attention to international actors and their proxies in the spread of policy (Dolowitz, 2017b) as source, destination and mediators.

The transfer literature would also be remiss for failing to recognize the participation of Global South countries in the spread of policies. Indeed, countries from Global South can become a source of transfer not only to Global North country but also to IOs. For instance, Leite and Porto de Oliveira (2022) observed this in the case of Brazil's Family Allowance Program. The country's success in the implementation of this policy, Bolsa Familia Program (BFP) of 2004, earned it legitimacy from the World Bank. Thus, the policy became a candidate for policy transfer across the world, including to Global North countries. The IO involved found new experience of best practices, which renewed the Bank's portfolio of policy instruments (Leite & Porto de Oliveira, 2022).

Interestingly, countries and organizations are not the only sources of transfer in the global response to COVID-19. New transfer sources (such as commissions) have emerged to serve as expert resources for governments and IOs (Stone & Schmider, 2023).

Indeed, international institutions' promotion, suggestion, and even imposition of policy initiatives had underscored policy transfer as a common outcome of the forces of globalization. Thus, IMF and the WB imposed a range of policies under the guise of Structural Adjustment Programs (SAP) in the 1990s, on developing nations needing international financial support (Lippi & Tsekos, 2017). This type of policy transfer takes place under an asymmetric power relation between the source of the policy reform and its destination. On the one hand, the policy-pushers assume the role of rescuers, while on the other hand the policy-receptors are assigned the role of defaulters; hence the need for bailing them out through the instrumentality of the transferred policy.

However, as hinted above, not all transfers from IOs are laden with imbalance. Both IMF and WB have evolved: first, by exchanging policy experience with nation-states aimed at mutual learning; and, second, by softening their conditionality (Stone, 2017). This is not without

significance; it makes it more likely for mutual learning to take place outside the traditional approach of 'Aidland', and, thus, possibly, sets the stage for transfer to reverse direction: South-North (Constantine & Shankland 2017; Leite & Porto de Oliveira 2022).

The latest illustration of this development is the initiation developed by the new Brazilian President at the July 2024 G20 meeting. President Lula Da Silva launched the Global Alliance Against Hunger and Poverty (GAAHP) as an extrapolation to the world stage of the Brazil's model of fight against the two challenges: of hunger and poverty (World Bank Group, 2024). The partnership seeks to accelerate the attainment of Sustainable Development Goals [SDGs] goals 1 and 3 (G20 Brazil, 2024). The unique features of the alliance are that, on the one hand, the participating countries generate nationally determined plans towards fighting hunger and poverty. On the other hand, alliance members such as OECD, WB, IMF and the WTO had pledged to fund the plans (Watkins, 2024).

Empirical studies have documented experiences of policy transfer across the world. At the level of nation-states, Tarlau (2017) provides evidence of policy transfer in the education sector. His study traced how transfer actors moved a rural education program (Escuela Nueva) in 1997 from Columbia to the Northeast of Brazil. The policy's aim is the attainment of better outcomes in multi-grade classrooms. Similarly, another empirical study, which documented evidence from the health sector, reveals that Switzerland's tobacco advertisement ban shows transfer of policy can be complex as opposed to the conventional notion of senders and receivers interface (Mavrot, 2017). In 2004, the government of Switzerland adopted the International Standards for Tobacco Control (ISTC). Therefore, its signing of the WHO's Framework Convention on Tobacco Control (WHO FCTC) is indicative of the transfer of the policy from one milieu to the other.

Mavrot's study is similar to the present study, to the extent that it focuses on translation of control standards from an IO to a nation-state. However, it differs from the perspective of the present study: it fundamentally reveals evidence that sub-national governments do leapfrog their national counterparts in enacting international public policies, in this case, by securing the international protocol. Furthermore, in Honduras, the work of Hare (2017) strengthens the evidence of this type of policy transfer. However, Hare's study remarkably differs from the present study and from the studies of both Tarlau (2017) and Mavrot (2017): Hare's research reported transfer of policy from sub-national government to a nation-state. Honduras, as the

policy borrower, implemented the policy from the inspiration of its success in the city of Los Angeles, California (Hare, 2017).

In the continent of Africa, the African Union (AU) plays a role similar to those of IOs in general and economic IOs, in particular. For instance, it casts its Vision 2063 as a common destination, through which it incentivizes and supports its member-states to adopt its recommended policies. For illustration, in the field of education, the AU suggests indigenous policy measures, via its Continental Education Strategy for Africa [CESA] meant for implementation at country level. However, the point of departure between the AU and the economic IOs is that the former's policy recommendations accord due agency to African people (Takyi-Amoako & Assié-Lumumba, 2018) and their governments to experiment the implementation of the continental standard. Thus, this is a potential source of policy transfer.

In terms of transferred evidence within the African context however, Jules and Bouhlila (2018) observed transfer of education policy in Tunisia based on interdependence driven by shared externalities. Their evidence shows governments' participation in regional and global initiatives in civil service reforms. Another study reported evidence of policy exchange between West African countries and the United Nations International Strategy for Disaster Risk Reduction [UNISDR] (Soremi, 2019). The former borrowed the Disaster Risk Reduction (DRR) policy instrument from the latter. Although the phenomenon of policy transfer in Africa is presumably as common as in other parts of the world, research on such phenomenon is rare as evidenced by Jules and Bouhlila (2018) for North Africa, and Soremi (2019) for West Africa [as particular exceptions].

In East Africa, there is paucity of empirical studies on policy transfer. The transfer of the UNAIDS' 90–90–90 Global Targets from the WHO to Uganda is however among such limited research efforts. McRobie et al. (2018) reported the domestication of the 90-90-90 in Uganda and Ghana as evidence of policy movement between these countries and an IO.

Taken together, these studies illustrate that transferring policy to mitigate an emergency is a daunting task. This is because disasters and crises come in many shapes and sizes. They range from hurricanes, global financial crises to tsunamis; from bushfire, volcanic ash clouds and flood; from terror attacks, pandemics to famine and critical infrastructure failures (McConnell, 2020). In the case of COVID-19 pandemic, the unprecedented challenge it caused was urgent, global in scale, and massive in impacts (McConnell 2020; Weible, et al. 2020); hence,

catastrophic. It affected education, living standards, health, and gender equality in both scope and scale (Miguel & Mobarak, 2022).

Containment measures such as mask-wearing, lockdowns, social distancing school closures have been adopted and avoided with equal conviction by decision makers who believe their measures were appropriate (McConnell & Stark, 2021), necessary and suitable. Kenya's response to COVID-19 was a case of rapidly responding state (Akanji, 2022) in contrast to the response efforts of other governments across the globe (McConnell & Stark, 2021).
Kenya was leading East Africa with 250,000 cases of COVID-19 as of October 30 2021 (Omari, Kurniawan & Ramdhan, 2023). This was despite the adoption of stringent measures (Akanji, 2022) handled by multiple ad-hoc committees of experts and the COVID-19 Task Force (Omari et al., 2023). Thus, the literature of policy transfer would greatly benefit from further empirical evidence on East Africa in general, and Kenya in particular. Hence, the present study.

1.1 Statement of the Problem

COVID-19 disease has spread all across the globe. Kenya is not an exception. Indeed, authorities have detected cases of COVID-19 in Kenya. The country's first case was from a traveller who tested positive on March 12 whilst coming into Kenya from the United Kingdom. Soon after, the cases swelled rapidly. Thus, the country was required to respond.

On the one hand, Kenya needed a guideline on how to treat this unprecedented disease. On the other hand, the country needed containment measures for curbing the spread of the disease. Thus, the country was in need of both curative and preventive measures. In order to achieve this, it synergized with the WHO. This thesis argues that it is possible to study this synergy between the WHO and the government of Kenya through the lens of Dolowitz and Marsh's Policy Transfer Heuristic.

Although policy transfer seems to be an obvious phenomenon, there is an inherent difficulty in scholarly examination of the movement of public policies. Indeed, the questions of what aspect of the transfer scholars could to investigate and how to even measure it are among the puzzles that have continued to elude researchers in their attempts to study how policy transits from one political setting to another. For instance, Bhamidipati, Haselip and Hansen (2019), in their attempt to study the transfer of GETFiT energy policy to Uganda, left out the influence of

motivation and time on the outcome of the transferred policy. Similarly, this limitation is also characteristic of Foli, Béland and Fenwick's (2018) study where they omitted key variables in investigating the transfer of Conditional Cash Transfer (CCT) from Brazil to Ghana.

These limitations help to remind transfer scholars that: "no researcher…will ever be presented with a simple choice between studying the nature of the…[transfer] or the behavior of the adopters. Policy…[transfer is] much too complicated to allow anyone to ignore one side of the process altogether…(Walker 1973: 1189). Thus, any effective examination of policy transfer is only possible with the research being anchored in the perspective of those involved (importers and/or exporters). To achieve this, Dolowitz and Marsh (2000) proposed a set of questions to guide researchers. These include the motive of transfer, the core individuals involved, the issues of time, timing and tempo, processes involved in the movement and transformation of the transfer, and ultimately the different types of transfer (Dolowitz & Marsh, 2000).

These questions helped to frame the conceptual framework for policy transfer studies for the ensuing two decades. However, while scholars have diligently tested these questions and provided answers for them, there still has not been adequate attention to the relevance of transfer agents in the process of policy transfer. Therefore, empirically testing the role of actors involved in policy transfer using time, agency and motives could propel the research base of policy transfer to "Policy Transfer 2.0" (Dolowitz 2017b).

The present study is an empirical work that sought to test this idea using in-depth interviews, invoking the questions clouding the literature of policy transfer heuristic. Therefore, it intended to provide answers to the prior three questions raised by Dolowitz (2017a) and the latest questions that he proposed on transfer agents' power (Dolowitz 2020; Dolowitz et al., 2020) and the capacity of the system (Dolowitz 2024; Dolowitz & Xiong, 2024).

This study explored these issues through an examination of the nature of the content learned, the core motivations of transfer agents, the way time/timing/tempo impacted the overall transfer process and outcomes, the role of competing views, and the role that resource availability played in the domestication of WHO's IPC measures as policy protocol for COVID-19 control in Kenya. Therefore, the aim was to fill the existing gaps in the current literature related to policy transfer.

1.2 Objectives of the study

The general objective of this study was to explore policy transfer between International Organizations and National Governments by focusing on World Health Organization's transfer of COVID-19 Infection Prevention and Control policy to the Government of Kenya. The specific objectives were to:

i. Examine the influence of content learnt on the policy transfer from WHO to Government of Kenya;
ii. Establish the influence of motivational factors on the policy transfer from WHO to Government of Kenya;
iii. Explore the influence of transfer timing on the policy transfer from WHO to Government of Kenya;
iv. Assess the influence of competing interests on the policy transfer from WHO to Government of Kenya; and
v. Investigate the influence of resource availability to the transfer agents on the policy transfer from WHO to Government of Kenya.

1.4 Research Questions

This study sought to answer the following questions:

i. How has nature of content learnt influenced the policy transfer from WHO to Government of Kenya?
ii. How have motivational factors influenced the policy transfer from WHO to Government of Kenya?
iii. How has transfer timing influenced the policy transfer from WHO to Government of Kenya?
iv. How have competing interests influenced the policy transfer from WHO to Government of Kenya? and
v. How has resource availability influenced the policy transfer from WHO to Government of Kenya?

1.5 Justification and Significance of the Study

1.5.1 Justification

The translation of the WHO's IPC measures into Kenya's health care system is the decision process this thesis primarily sought to explore. It traces the localized IPC related measures and seeks to explain how transfer actors arrived at such decisions. Thus, the study interrogates this translation process by examining the activities of policy actors in, or representing, the Kenya Ministry of Health (MoH).

The selection of MoH is justifiable on the ground that th Ministry was the body that released the policy guidelines for IPC in Kenya. The choice of the transfer agents as the units of analysis was informed by the established fact that policy transfer can only be examined effectively if the agents involved in the transfer are the central focus of the research (Dolowitz 2017b; Dolowitz 2020; Porto de Osmany, 2017). Therefore, the Kenyan COVID-19 Task Force members are the actors examined by the current study.

1.5.2 Significance

This study is significant in at least two ways. On the one hand, it hedges on the observations of extant studies in arguing that nature of content learned (Dolowitz et al. 2020; Dunlop & Radaelli 2017; Karini 2018; Minkman 2023; Rose 1991), motives of transfer actors (Dolowitz 2003; Dolowitz 2017a; Dolowitz & Maderis 2009; Dolowitz et al. 2012; Lippi & Tsekos 2017; McRobbie et al. 2018; Stone 2020a; Stone & Schmider 2023; Zavala et al. 2022), time (Brand et al. 2021; Dolowitz 2017a; Dolowitz 2020; Dolowitz et al. 2020; Dussauge-Laguna 2012; Nunn 2019; Pierson 2000; Porto de Oliveira 2020; Schmitter & Santiso 1998; Shedler & Santiso 1998; Stone 2017) power (Dolowitz 2017a; Dolowitz 2020; Nasong'o 2022; Omari et al. 2023) and capacity (Dolowitz 2017b; Dolowitz 2024; Dolowitz & Xiong 2024; Dolowitz & Xiong 2025; Maina et al. 2020; McConnell & Drennan 2006; Morais de Sá e Silva 2022; Nasong'o 2022; Varjú 2021) can influence the translation of transferred policies. Thus, it builds on these foundations by adding novelty to the transfer literature. It achieved this through contributing empirical evidence on the role(s) played by the agents involved in the transfer of international standards from the WHO and translated it into the Kenya's health care system with the view to preventing and controlling COVID-19 infection.

On the other hand, the findings of the study will be of particular benefit to health policymakers in Kenya (and other interested countries, sub-national bodies and organizations). By revealing the worth or otherwise of the implementation of COVID-19 policy, prospective policy-makers will

potentially be equipped with a guiding framework on how to handle policy decision making in times of novel pandemics.

1.6 Scope and Limitation of the Study

1.6.1 Scope

This research is a cross-sectional study that interrogated COVID-19 related policies in Kenya from February 28 2020 to December 19 2022. The former date was the moment the Task Force was established. The latter date was the last day of the conduct of interview with the final interviewee (R24) of this study. The thesis sought to examine the translation of transferred COVID-19 control measures from the WHO to Kenya. The COVID-19 control measures are in the form of guidelines for domestication by the policy adopters of respective nation-states. Thus, the role of individuals responsible for domesticating the policies into their countries is critical. The study considered the setting, institutional factors, policy windows, and promptness of need and the nature of the Task Force's relationship with the WHO as influential elements of the IPC translation.

1.6.2 Limitations

This study was constrained by time and timing. Due to restrictions necessitated by the COVID-19 pandemic and the resultant containment measures, collection of data from the respondents was cumbersome. The researcher faced daunting challenge in persuading the respondents to consent to providing responses. Specifically, owing to the high caliber of the respondents, some of them apparently perceived their status too important to participate in a student's research (sub-committee members postponed interviews severally; others refused to participate, albeit they snowballed the interview to other committee members).

Another limitation of this study was the nature of Task Force in Kenya. These ad hoc teams kept changing as the Task force continued to draft in new members and release others. In some instances, records of participants were sketchy. Therefore, it was difficult to trace some of the transfer actors who had served and left such sub-committees. However, to overcome this particular limitation, the researcher relied extensively on snowballing technique. This approach enabled the researcher to obtain email addresses and mobile phone numbers of the departed

committees members. The researcher successfully traced and interviewed eight (8) participants consequent to the snowballing method: hence, its effectiveness in this thesis.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter examines some of the literature associated with transfer, translation and mobility in light of the Kenyan government's response to the COVID 19 pandemic. In doing so, the chapter begins with translation. It subsequently reviews content learned, motivation, transfer timing, competing views and resource availability. The chapter also presents the theoretical framework

that anchors the thesis as well as the conceptual framework that concisely captures the elements and indices under investigation.

2.1 Translation of COVID-19 Control Measures

Scholars interested in the spread of policies have assigned different labels to this process of receiving a transferred policy and actualizing it in its new environment. These include, among other terminologies: translation (Stone 2012; Stone 2017), localization (Croese, et al. 2021; Croese, Green & Morgan 2020; Croese & Duminy 2023) and domestication (Alasuutari & Alasuutari, 2012). Translation research focuses on how actors understand and alter deas/policies as they move around the international arena and as they interact with domestic actors in this process. Mobility is concerned about localization of policy while domestication is preoccupied with the question of how local actors alter/shape policies. The present study's predilection tilts to the side of translation.

A related term to these elements is co-production. It relates to, and goes beyond, policy translation. It argues that although historically public managers have long been the principal purveyors of public value (including policy), this trend has flipped as many policy actors nowadays seek reassessment of the kinds of activities and efforts they are engaged in (Wellstead et al., 2022) with the view to measuring their impact and outcome. Thus, at its base, it is a concept that recognizes that policy-making and its implementation is no longer a purely top-down process but rather as a negotiation among many interacting policy systems (Bovaird, 2007). In this regard, the concept of co-production emphasizes that policies, including transferred policies, should be for and by public service users (Osborne et al., 2020). Therefore, it connotes a process of wider engagement with public service management (Hodgkinson et al., 2017).

When it is successful, co-production ensures participation (Oliver et al., 2019) as an integrating mechanism and an incentive for resource mobilization (Bovaird, 2007). Its extensive themes stretch to co-design, co-creation, co-experience, co-construction, co-implementation, co-consumption and co-evaluation (Osborne et al., 2020). Although co-production is useful in capturing the nuances of policy implementation, its precondition of establishing two sides means that it is unsuitable, as a primary concept, for this study. This is because the present study

focuses on one set of actors, Kenya Task Force members. Thus, the thesis chooses translation as the more useful concept.

Translation is a combination of art, episteme and judgment. It is the recognition of deviation and difference in a policy that sets it apart from its original form in a manner that the perfect cloning of the policy in two settings is impossible to observe (Stone, 2017). Thus, policies are transformed when they arrive in new settings, often combining elements from distinct places/experiences in order to produce adaptations of models regarded as innovative (Porto de Oliveira & Pimenta de Faria, 2017). Yet, the process can also be a more haphazard dynamic. This is because policy translation as bricolage involves tinkering with existing local as well as borrowed policy practices to formulate and construct new or hybrid policy (Stone, 2017).
Transfer of policies involves efforts by actors to translate a shifted policy. Hasan, Evers and Zwarteveen maintained that laying emphasis on the translation is useful for at least two reasons. First, for enabling the recognition and accordance of credit to initiators and all actors involved; and, second, it allows the analysis of agency in the transfer process between the senders and receivers (Hasan, Evers & Zwarteveen, 2020). To overcome policy churn (a term used to refer to policy turnover), transfer actors could imbibe what Dussauge-Laguna calls codification strategy. Codification connotes policymakers try to integrate policy changes into the legal and regulatory frameworks of their jurisdiction with two main objectives. One is to protect the borrowed policy in the system's agenda; and the other is to reduce the chances of future policy reversals on the subject (Dussauge-Laguna, 2017).

A group of researchers drew the attention of policy transfer scholars to switch focus from the exporters of the lent policy to importers of the borrowed policy (Alasuutari & Alasuutari 2012; Eriksson 2019; Mthembu & Nhamo 2021 & Rautalin 2013) thereby, ultimately, emphasizing policy borrowing instead of policy lending. Thus, the concept of domestication (used in this thesis as a form of translation) challenges the traditionally dominant conception of how global actors (individuals and institutions) create trends and fashions. The latter seems to assume that they create convergence by a top-down mechanism in which donors transfer policy models to recipients in a mechanical fashion (Alasuutari & Alasuutari, 2012). The recipients are conventionally developing countries, such as SSA countries.

Thus, instead of the image of the global to be framed as somehow above the local (Alasuutari & Alasuutari, 2012), the phenomenon could be studied from the perspective of the transferees. Thus, domestication research calls attention to how local actors apply their agency to assert their own understanding of functioning. Moreover, therefore, how they seek to borrow from desirable systems when considering the state of their own respective systems and how this then serves to propagate global policies (Rautalin, 2013). This has the advantage of wrestling the transfer phenomenon away from depicting the active role of local actors as potential barrier to successful policy transfer or convergence (Alasuutari & Alasuutari, 2012) to instead accord due emphasis to the various operational patterns of recipients of the transferred policy (Eriksson, 2019). Indeed, local actors sometimes actively block transfer initiatives (Dolowitz, Keeley & Medearis 2012; Dolowitz & Medearis 2009; Stone 2017), other times they facilitate it (Dussauge-Laguna 2017; Porisky 2019; Rautalin 2013; Senninger & Bischof 2017) and yet in other instances they transform it in ways that are both (Stein et al., 2017).

Therefore, incorporating the domestication lens into translation is useful. This approach would allow scholars to spin the narrative of WHO's IPC transfer from the perspective of the COVID-19 Taskforce launched by the Kenya MoH. Since the Task Force's roles involves implementing the initial prevention and mitigation measures (Abuya, 2020), this framework puts Kenya's public –the people that are the target of behavioral public policies (de Jonge, Zeelenberg, & Verlegh, 2018)- as the subject of the study, by extension. Although, assessment of policy performance is in many ways the most difficult dilemma in the policy transfer process (Powell & King–Hill, 2020), focusing on the local agents (Dolowitz, 2017b) in terms of how they integrate IPC protocol would enable measurement of their behavior in the policy enactment.

COVID-19 pandemic offers a natural experimental setting wherein the policy problem governments faced was the same but the responses they oversaw were different. This creates the opportunities for studying both the kinds of policy tools used by the transfer actors and the factors that accounted for their varied choices (Capano, Howlett, Jarvis, Ramesh & Goyal, 2020). In the first peak of COVID-19 pandemic, governments across the world have faced daunting challenges of unprecedented nature. The response of the leadership of countries was primarily to restore order. They sought to achieve this by formulating strategies that their implementers executed at considerable economic, societal and political costs (mainly because some of the

measures were unpopular). Therefore, they abandoned orthodox approaches of policymaking, as conventional toolkits and contingency plans proved ineffective (Boin, Lodge & Luesink, 2020). This was evident in the experience of Kenya's COVID-19 response.

For an empirical evidence of translation, a number of studies provide useful illustrations. First, Rautalin (2013) provided an account of how actors utilized their agency in the translation of the Program for International Student Assessment (PISA) principles in Finland. The adopters translated the measures in manners that suited the Finish institutions (Rautalin, 2013). Second, Mauti et al. report how IOs promote and guide the adoption of global programs at national level. They demonstrated that in 2013, the WHO Regional Office for Africa (AFRO) led discussions on how national level policy actors could implement Health-in-All-Policy strategies (HiAP) in their countries. Thus, Kenya, as a constitutive member of the WHO, has committed itself to the adoption of HiAP. The country included the strategy in its 2014–2030 health strategic planning (Mauti et al., 2019). In addition, third, Mthembu and Nhamo have shown how domestication and naturalization of global policy works in countries. They did this by exploring the integration of SDGs into South Africa's national policy framework. Therefore, external models should ideally not just be adopted, but rather when implemented, they should be incorporated and integrated within local conditions –which may be different from the original blueprint under which they were formulated (Mthembu & Nhamo, 2021).

Thus, taken together, these studies lead this thesis in recognizing the interaction between IOs and nation-states in translation of policy measures and instruments. The content of what moves between the IOs and the countries varies: hard components of policies like definitions of problems, objectives or instruments, as well as softer aspects like ideas, ideologies and concepts (Moyson & Scholten, 2018) could be the subject of the transfer. Beyond the content, its nature is also important: voluntary and coercive transfers generate different outcomes (Minkman, van Buuren & Bekkers, 2018).

Paying attention to these dynamics could enable the recognition of setbacks involved in transfer and translation of policies. For instance, Mauti et al. show that arbitrary inter-sectoral coordination by policy actors has affected Kenya's adoption of the HiAP. Thus, other government ministries knew only little about HiAP, owing to poor communication, mobilization and collaboration (Mauti et al., 2019). Similarly, Mthembu and Nhamo report an intriguing

observation. They showed that although South Africa had taken strides in a bid to domesticate and implement the SDGs, initiatives that existed before its adoption SDGs also played a part. Specifically, the country's National Development Plan (NDP) had aided SDGs' assimilation in South Africa. Similar to Mauti et al., the South Africa's SDGs localization also showed institutional challenges in the form of bureaucratic complexities that have led to criticism. Thus, it was only very recently (2019) that South Africa created the institutional mechanisms to implement the SDGs. However, the mechanisms are ineffective. Another setback reported is funding. Efforts by South Africa to tie the SDGs financing to the country's NDP had effectively made finances inaccessible (Mthembu & Nhamo, 2021).

Joining these studies, Stein et al. reported a different nature of failure in policy translation. Based on urban governance policy, they show how resistance and contradictions could lead to different outcomes in the translation. Thus, their research shows actors can learn from failed policies as evidenced by the failed policy transfer to Germany in which attempts to globalize neoliberal modes of urban governance did not achieve the intended objectives (Stein et al., 2017).

However, policy translation does not always result in failure. Instead, Rautalin reports how the process could avoid unnecessary setback. First, evaluation of information proffered by the sender (OECD) of the policy content (PISA) enabled translators (various actors relevant to Finland's policy milieu) to become aware of the state of the systems in their own country. Thus, it depicts to the Finnish observers how their own system fared in relation to other systems evaluated. Such rankings of the PISA are significant. On the one hand, they served to disseminate notions of desirable systems as well as how the country's policy actors accepted them. On the other hand, they show how the Finnish national policies synchronized with global trends.

Second, this local adoption of global policy ideas is not about ritual of enactment. Instead, the processes involved the application of international yardstick by local actors in the generation and development of their own context-specific approach. Thus, the local actors did not simply react to external policy models in order to promote the best interests of their own country. Rather, they resort to international comparative data to advance their own objectives in domestic politics.

Third, via considered rhetoric, local players directed their fellow citizens' attention to policies in operation in other countries or to practices already existing in their own country's context, thus constructing unique models or presenting evidence of their success. Therefore, through these local accounts, global policy ideas are integrated with the interest and motives of the local actors

whereby the exogenous source of the idea originally advanced in the global context disappears and they come to be seen primarily as domestic: hence, translation. Importantly, policy actors could even consider the new policy as a distinct feature of the nation and, thus, promote it to other countries: co-produced double loop exchange (Rautalin, 2013).

In response to COVID-19, the Kenya MoH has created a national COVID-19 Task Force with several technical committees, one of which was the Infection Prevention and Control [IPC] (Kimani et al., 2022). However, this was not an entirely new structure. Indeed, before the advent of COVID-19 pandemic, Kenya has had a designated IPC focal person in the MoH and a well-established national IPC unit with dedicated staff, budgets, and strategic action plans (Gomes, et al., 2022). With the advent of COVID-19, however, the country revamped and strengthened the pre-existing IPC. Thus, the MoH tasked the IPC committee with developing strategies of preventing and controlling the spread of COVID-19 in health facilities and among the members of the public (Kimani et al., 2022).

To respond promptly, the committee decided to build on an existing IPC program within the MoH's Division of Patient and Healthcare Worker Safety (DPHWS). This division oversaw the development and dissemination of IPC-related guidelines, policies, and strategic plans; implementation of IPC training and surveillance activities; and formation of IPC committees (Kimani et al., 2022). It did not execute this unilaterally. Instead, the IPC Task Force synergized with regional partners in the response. In fact, Gomes et al, report that:

> The East Africa Infection Prevention and Control Network (EAIPCN) established a regional IPC Community of Practice (CP); supported training, capacity building, knowledge sharing and joint learning; and implemented quality improvement projects. The main goal of this initiative was to reduce the incidence of COVID-19 and healthcare-associated infections by improving compliance with IPC standards at the participating hospitals. The network comprises 22 hospitals across the four participating East African countries: Ethiopia (five hospitals), Kenya (six hospitals), Tanzania (five hospitals), and Uganda (six hospitals). The Ministry of Health of each country, the International Center for AIDS Care and Treatment Programs (ICACTP) at Columbia University, and the United State Center for Disease Control (USCDC) cooperated in choosing the beneficiary health institutions (Gomes et al., 2022).

Throughout the COVID-19 response efforts, other structures created by Kenya have supported the EAIPCN and the Kenya IPC Task Force. Some of the technical COVID-19 Task Forces at the national level, under the MoH, are: the National COVID-19 Response Coordination Task Force (NCRCTF), National COVID-19 IPC Committee (NCIPCC), National COVID-19 Training and Capacity Building Committee (NCTCBC), and the Resource Mobilization Committee [RMC] (Kimani et al., 2022). Thus, these structures along with USCDC assisted the National COVID-19 Vaccine Deployment and Vaccination Taskforce (NCVDVT) to implement systems for screening, triage, and patient isolation in the country's 238 healthcare facilities across 13 priority regions through quality improvement processes. In addition, in order to improve early recognition and isolation of inpatients and Healthcare Workers (HCWs) who had suspected COVID-19 cases, the IPC Task Force prioritized establishing inpatient surveillance and HCW monitoring in a smaller cohort of facilities. Consequently, Kenya started a system for inpatient surveillance at 10 hospitals (Gomes, et al. 2022).

The timing of the establishment of the Task Force was also significant. The MoH created the NCVDVT in March 2020 with the mandate to provide leadership in IPC implementation across all levels of the healthcare system. The committee met weekly, harmonized operations with other COVID-19 committees, and reported to the National Task Force (NTF), the steering committee of ministers. It also advocated that the government and the private sector devote resources in order to create an environment conducive to IPC interventions, including infrastructure improvements, supplies, equipment and staffing (Kimani et al., 2022). Thus, the private sector and other partners responded to the invitation to partake in Kenya's COVID-19 response:

> The implementing partners provided technical assistance to frontline HCWs and focused on effectively establishing standard, droplet, and airborne precautions. In addition to these COVID-19 prevention activities, training addressed accurate use of Personal Protective Equipment (PPE) by using videos and demonstrations on donning and doffing. Furthermore, facility-level mentorship focused on establishing an appropriate triage process, ensuring adherence to recommended isolation practices, and instituting HCW and inpatient monitoring for COVID-19. Finally, implementers carried out a biweekly IPC webinars to build IPC capacity at the facility level (Gomes, et al., 2022).

This was not a random activity. Instead, it was borne out of an intensive assessment. Kenya conducted a rapid national healthcare facility evaluation for COVID-19 IPC in all of its 47 counties by using mobile applications. It utilized the outcomes of this estimation in rapid planning and resource mobilization. Therefore, its health workers used a triage-monitoring checklist, developed by USCDC, to audit and collect data on the screening and triage activities in the 238 supported healthcare facilities. Leveraging on the support of the USCDC and implementing partner support, the targeted Kenya's healthcare facilities also dedicated efforts on monitoring and ensuring the appropriate use of PPE, with specific attention to mask use during healthcare delivery (Gomes et al., 2022). Thus:

> the IPC committee developed a COVID-19 training curriculum for healthcare workers from existing IPC training materials and led a national training-of-trainers (ToT) during March–April 2020. The national trainers trained county trainers who then cascaded the information to health facilities. The training consisted of a comprehensive 3-day practical workshop and abbreviated 1-day training. It prioritized health facilities in areas with high infection risk for the 3-day trainings. Training topics included introduction to IPC; standard and additional precautions; donning and doffing of personal protective equipment (PPE); waste management; overview of COVID-19, screening, and management; specimen collection, packaging, and transportation; and surveillance of COVID-19. To avoid group gatherings, the committee implemented biweekly IPC webinars on topics identified as facility gaps. The webinars incorporated subject matter experts, panel discussions, and county presentations to share experiences (Kimani et al., 2022).

From these meetings, Kenya generated customized protocols and guidelines. These were in the form of information, education, and communication (IEC) materials. Thus, by the beginning of March 2020, both the WHO and USCDC had provided support to Kenya on this initiative. The Task Force came up with repurposed isolation posts and quarantine centers as creative IPC inventions for Kenya (Kimani et al., 2022). The country did this parallel to (but also in synergy with) the EAIPCN. Indeed, Gomes et al. elaborated that:

> The EAIPCN learning activities included weekly case-based learning sessions, monthly webinars, and trainings on quality improvement methods and science. Activities focused

on professional development for facility IPC focal persons who received direct, in-person supportive supervision from local IPC mentors. This hands-on support enables an exchange of best practices; skills building; innovation; and rapid dissemination of tools, case studies, and implementation strategies. Moreover, a regional IPC advisor provides oversight and support to all four countries (Ethiopia, Kenya, Tanzania and Uganda). Topics covered by the facilitators during the learning sessions, webinars, one-on-one mentorship, and supplemental trainings. They prioritized these based on results from IPC focal person self-assessments and facility IPC assessments. The network also supports a moderated Telegram group (instant messaging communication platform) to share documents and resources, conduct polling, and connect IPC focal persons across the region with one another with the view to improving communication amongst the stakeholders (Gomes et al., 2022).

Beside the specific IPC measures by the IPC Task Force, the government of Kenya also announced some parallel measures to enhance the success of the IPC measures. Indeed, since February 2020, Kenya had put in place several precautionary measures to mitigate the pandemic in its early stages (Aluga, 2020). Although the policies were mostly in the form of tight restrictions, the government kept most of the country operational (KEPSA, 2020). Specifically, on 19 February 2020 Kenyan Government through the MoH had put several measures in place to safeguard public health safety including (but not limited to) a multi-agency approach to deal with the threat of COVID-19. Soon after, on 28 Feb 2020, the country established the National Emergency Response Committee (NERC) through an executive order No. 2 of 2020. At its meeting on 20 March 2020, the government resolved and directed Kenyans of taking of the following additional pre-cautionary measures:

A, All entertainment, bars and other social spaces, were to close their doors to the public by 7:30pm every day until further notice, effective Monday, 23rd March 2020. The citizens should observe social distancing of 1.5 meters during allowed periods. B, all supermarkets were required to limit the number of shoppers inside the premises at any given time, in a manner that conforms to the social distance requirements of at least 1.5 meters apart. C, the management of local markets should ensure the regular disinfecting of premises to maintain high standards of hygiene. D, the County Governments should

prioritize garbage collection and cleanliness of all markets as well as ensure provision of soap and clean water in all market centers. E, wherever possible, corporations and businesses should allow and encourage employees to work from home. F, to ensure business continuity for the manufacturers and industries, factories should operate using minimum workforce possible on a 24-hour shift rotation system. G, to reduce the risk of transmission in the public transport system, individuals should (as much as possible) stay at home unless on essential business. Public service vehicle operators should observe high levels of hygiene during this period. Operators of vehicles should maintain 60% maximum of seating capacity. H, all hospital management in public and private hospitals should restrict patient visitation to family and relatives of patients who the hospital's management have expressly contacted; and, I, the GoK will only allow travelling into Kenya by Kenyan nationals and foreigners with valid residence permits. These permitted travellers must also self-quarantine for a period of 14 days (MoH, 2020p).

These stick polices were also complemented by some carrot measures. On 25 March 2020, the President of Kenya announced a stimulus package to cushion the severity of coronavirus on the economy. These included first, a 100 per cent tax relief for individuals with a gross income of up to KES24, 000. Second, the GoK slashed income tax from 30 per cent to 25 per cent. Third, the GoK lowered the Value Added Tax (VAT) from 16 per cent to 14 per cent. Fourth, it proposed cash support of up to KES10b for orphans, the elderly and other vulnerable members of the society (Aluga, 2020) among other measures.

These swift measures were necessary to curb infections (Kimani et al., 2020). Indeed, COVID-19 had put governments across the world to the test as they struggle with the fast and wide spread of the disease (Moon, 2020). Thus, Kenya was not alone in this. Instead, at the behest of the WHO, countries have implemented large scale Public Health and Social Measures (PHSM), including movement restrictions, closure of schools and businesses, geographical area quarantine, and international travel restrictions (WHO, 2020f). These lockdown or shutdown measures have succeeded in reducing the spread of the disease.

In a crisis, almost-instant choices about who to trust or distrust could make a difference between life and death. Trust is necessary for policy actors to cooperate, coordinate, engender social order, and to reduce the need for coercive state imposition. During a pandemic, people need to

trust experts to help them understand and respond to the problem, governments to coordinate policy instruments and make choices about levels of coercion, and citizens as they cooperate to minimize infection (Cairney & Wellstead, 2020).

However, for trust to be achieved between the policy makers and the general public, clear communication about new COVID-19 measures needed to be used (Houghton et a., 2020). Due to the changing nature of the pandemic and scientific knowledge, not only were policy-related initiatives required but so too were agile adaptive approaches were needed in order to illustrate how policies were being designed to reduce the risks of catching the virus to the population. The belief being that this communication strategy would lead to people's voluntarily cooperating with the control measures (Moon, 2020). After all, people do not passively accept intrusive government interventions without first seeing the necessity of the actions.

Therefore, although the government moved swiftly to curb the spread by putting in place a raft of measures, ranging from suspension of public gatherings to a dusk to dawn curfew (Were, 2020), it was the collaboration which it pursued with members of the public that helped to soften the severity of these measures. The Study of Hasan, Evers and Zwarteveen reinforces the importance of citizens' participation in the Delta policy adoption. Hassan and colleagues reported that the transfer actors of their study utilized network of allies and partners. These prior relationships became useful to them in the actors' implementation of the transferred policy, the Delta Plan. They also show that in the course of the transfer processes, and because of the negotiations and contestations that it entailed, the 'Delta Plan' (DP) became something else altogether (Hasan, Evers & Zwarteveen, 2020). Similarly, domestication of SDGs in South Africa revealed positive result owing to close-knit participation of the public (Mthembu & Nhamo, 2021).

However, the translation of IPC in Kenya was not without setbacks. The USCDC collaborated with the MoH of Kenya and implementing partners to identify IPC gaps and priorities. This was meant to develop tailored work plans to rapidly build capacity in priority areas, broaden existing IPC initiatives, and strategically plan and implement COVID-19 prevention activities (Gomes et al., 2022). The result revealed both systemic and operational inadequacies. First, at the national level, the HCW became confused in the face of uncertainty regarding ambiguity of the guidelines. The frequent changes and updates in regulation made them unable to keep pace with the policies (Houghton et al., 2020). Second, the GoK did not have any active surveillance on the HCW to gauge COVID-19 spread amongst them. Thus, the country's list of COVID-19

infections only contained individuals who had exhibited the symptoms of SARS-CoV-2, and, thus, who have been confirmed in a laboratory (Kimani et al., 2022). Third, they also pointed out that operating some of the IPC requirements were difficult. The PPE was particularly difficult to maintain. Due to shortage of the equipment, they have had to wash them for reuse. Thus, despite the supports provided to the HCW by the GoK and international partners, the HCW largely operated with insufficient tools and facilities (Houghton et al., 2020).

At the county level, these inadequacies were worse. First, the county level HCW describe a lack of training about the infection itself and about how to use PPE. They also thought it was a problem when training was not mandatory (Houghton et al., 2020). Second, IPC facility readiness assessments revealed that many county-level IPC focal persons were not functional (Gomes et al., 2022). And, third, isolation center, PPE and other vital equipment were either lacking altogether or were of poor quality, when available (Houghton et al., 2020).

Thus, unsurprisingly, the mortality rate amongst the HCW relates to these inadequacies. Indeed, in 2020 HCW made up 3.2% of all SARS-CoV-2 infections in Kenya, which was lower than the global percentage of 3.9% (May, 2020); however, the infection rate among HCWs in Kenya was 12 times higher than the general population's (Kimani et al., 2022). The poor quality of healthcare facility at the county level, limited IPC knowledge and practices amongst HCWs, shortages of PPE; and inadequate facilities for sanitation, hygiene and ventilation (Gomes et al., 2022) are the direct cause of such numbers of mortality amongst the HCW.

To make sense of these revelations, it is useful to refer to an earlier study on translation. In an empirical study of the transfer of Dutch flood management policy from the Netherland to Indonesia, Minkman (2023) reports interesting insights on policy translation. Three perspectives are particularly noteworthy. First, transferring policy involves iterative and disjointed engagement often with stagnation as a feature. Second, the transfer process may require political leadership to break the impasse. In Minkman's case study, this leadership was lacking on the sides of both the Netherland and Indonesia. Instead, conflict of interest only helped to prolong the stagnation. Moreover, third, in the policy transfer process, the initiative to delegate policy strategy to outsourced consultants had a delimitation effect on the translation of the policy. Therefore, this muddied the transfer process as a tangle between transferers and transferees. In

Minkman's case, third party actors (outsourced consultants) were decisive in the transfer outcome.

These empirical studies, highlighted above, show the study contexts which the sample of translation studies drawn in this study have covered. The ways of making sense of a context are theme and population. In terms of the theme, education policy (Erickson 2019; Rautalin 2013) health policy (Mauti et al., 2019), management practices (Dussauge-Laguna, 2017) planning practices (Hasan, Evers & Zwarteveen, 2020), and SDGs (Croese et al., 2021; Mthembu & Nhamo 2021) have all been covered in translation research. This shows a wide range of areas that researcher could use in investigating policy translation.

In terms of the other component of context, population, the current study's empirical review indicated that Kyrgyzstan (Erickson, 2019), Dutch and Bangladesh (Hasan, Evers & Zwarteveen, 2020), South Africa (Croses et al., 2020; Mthembu & Nhamo, 2021), South Africa and Kenya (Croese, et al., 2021), Finland (Rautalin, 2013) and Chile and Mexico (Dussauge-Laguna, 2017) have all been covered.

From the empirical studies reviewed, the present thesis discerned that scholar could draw a range of methods to study the translation process of a transferred policy. These methods range from policy review (Croses et al., 2020) to constructivism (Rautalin, 2013) and to pure interviews (Erickson 2019; Hasan, Evers & Zwarteveen, 2020; Mauti et al., 2019). It also shows interviewing as a technique (when mixed with a complementary method) could enable the observation: for instance, mixed method of surveys and interviews (Mthembu & Nhamo, 2021) and a mixed method of document analysis and interviews ((Dussauge-Laguna, 2017) have been effective. Thus, the studies showed that qualitative approach based on interview is the dominant method of studying policy translation.

The present study observes that theories used in explaining policy translation range from the agenda model of Kingdon (Mauti et al., 2019) to policy transfer framework (Dussauge-Laguna, 2017; Hasan, Evers & Zwarteveen, 2020) and Pertti Alasuutari's domestication framework (Erickson 2019; Mthembu & Nhamo 2021). The thesis also observed that a mixture of complementary theories could enable studying policy translation: Rautalin's (2013) dissertation used a mix of new institutionalist world polity theory and domestication framework. The present

study used a similar eclectic modeling: it draws on the policy transfer framework and explained the IPC borrowing through the lens of Punctuated Equilibrium Theory (PET).

2.2 Nature of content learned by transfer agents and policy transfer

In order for scholars to claim that a policy transfer has taken place, they need to prove that the receiving system was aware of, and subsequently drew upon, the lesson of the policy (Cairney, 2019). This means that they need to establish the involvement of the domesticating policymakers in the in their study (Stone, 2017). Although policy actors at the receiving end of a transferred policy could simply borrow lessons without learning, the ideal policy learning situation involves the domesticators' efforts to cognitively learn the policy instruments offered from its originating source (Dunlop, Radaelli & Trein, 2018), in the case of transfers emanating from source. In the case of transfer initiated from the borrower, whose key drivers usually include routine searches for useful models set by other governments and IOs (Cairney, 2019), the receiving setting needs to commit to learning the instrument it sought. Either, way, researchers investigating this phenomenon need to establish the centrality of lesson learning in the transfer process (Dolowitz, 2017a).

Scholars often perceive policy learning as a rational and technical process. Rational because they view the actors involved as people who know what they want as an outcome and they retain the agency to try to get it. It is technical because it involves process of interaction with the transferers in a power tussle. Although the latter is true, the former is not absolute; even if it is present, it is often limited. Thus, instead of viewing the transfer actors as rational individuals involved in policy movement, at best the processes should be viewed as similar to their attempts to eliminate their predilection through eliminating their irrationality (Caplan, 2001) by attempts to overcome the bounds of their rationality (Simon, 1986). Since evidence has shown that decision makers use mental shortcuts, known as heuristics, to reach judgments (Shafer et al., 1984), actors involved in policy transfer are not immune from this practice.

Cainey (2019) builds on these foundations to advance two ways in which transfer actors engage in heuristic. On the one hand, they rely on policy translation that serves them in the negation of uncertainties inherent in the policy they transferred. Moreover, on the other hand, they limit tendencies of complexity in the candidate policy. They achieve this through influencing how

other involved actors utilize this episteme to interpret policy problems and concerns (Cairney, 2019) as well as solutions to these.

Researching policy translation in its new environment is full of difficulties. First, transferred lessons can end up in misinterpretation, misapplication and willful misrepresentation (Burdett & O'Donnell, 2016). On the one hand, established institutional practices, negative or positive, are hard to change (Dolowitz & Medearis 2009; Karini 2018) and, on the other hand, misunderstanding between the sending and receiving actors could hamper the outcome (Minkman et al. 2018; Soremi 2019).

Second, a similar factor related to policy learning pertains to its outcome: not all transfers culminate in positive policy changes. Some transferred policies succeed while others fail. As such, observers should only claim a transferred policy is successful when the senders transmit the content and the receiving actors enact the exact or mutated content with satisfactory feedback (Minkman et al., 2018). The present study is open to understanding which of these adoption scenarios was characteristic of Kenya's domestication of the WHO's IPC.

To overcome the difficulty of studying the learning process, the literature of policy learning developed layers of focus each requiring attention on how learning takes place. These layers are: the individuals, groups and systems -each of which could learn a policy snippet or a desirable practice. In the transfer literature, scholars refer to as micro, meso and macro learning, respectively.

The first is crucial. Transfer is only possible when the individuals involved having learned the lessons and experience of the policy snippet they draw. However, in attempting to explain mobility of policies, transfer studies are guilty of ignoring the micro-interactive effects of actors (Dolowitz et al., 2020). In fact, there is a relationship between individual learning, learning in groups and the macro-dimension of learning (Dunlop & Radaelli, 2017). This is because power of actors interacts in the policymaking processes to influence outcomes over time and in light of policy learning (Dolowitz et al., 2020).

Researchers need to observe the interactive effects that occur between agents attempting to shape the transfer process. This allows them to establish how it connects back into the transfer picture. This is because power flows and the flowing can alter the shape and outcome of the transfer process (Dolowitz et al., 2020). The way it ideally occurs is by completion of what learning

literature establishes as bath-tub. The bath-tub analogy captures how ideas about policies or practices are received and learned by individuals involved in the transfer. This step is representative of the side frame of the bath-tub. Thus, when the individuals, who are in receipt of the transferred ideas, interact in their groups to share their knowledge, the group learns; this is micro learning. Not only is the group now in receipt of aggregate of separate learned ideas, the group also mutates and adapts the ideas into distilled information and norm. This is represented by the base of the bath-tub and labeled in the policy learning literature as meso-learning. Finally, learning by different groups involved in the process merged with existing episteme in the system or the polity represents higher level of learning. This is the other frame of the bath-tub's side; hence, macro learning (Dunlop & Radaelli, 2017). However, macro learning could be very weak. It has the tendency of involving little knowledge development beyond simple replication. Since, learning has to involve new knowledge development, which typically occurs at the individual level, micro learning is the most critical step of the bath-tub.

Crucially, since policy transfer is not only about transferring lessons across space but also across time (Rose 1991a; Rose 1991b; Dolowitz & Marsh 2012), policy actors could draw learning from their previous experience and apply it in solving a current problem (Dolowitz & Marsh, 1996). Capano et al. (2020) echoed in their study that observed that countries' opportunities and capacities have shaped their national responses to the COVID-19 pandemic. Thus, the capacity relates to the ability to learn from the previous response lessons of other systems during the past pandemics. Similarly, the governments needed to possess the wherewithal that could enable them mobilize support for the policies adopted in mitigating the crises. Relatedly, Corredor Jimenez et al. (2023) emphasized that countries in Africa were in a position of strength in the response to COVID-19. They argue that the bottom-up community inclusiveness developed during the Ebola outbreak played pivotal role in enhancing pandemic preparedness, and thus how community resilience was improved through sustainable entrepreneurs implementing One Health [OH] policies (Corredor Jimenez et al., 2023). Thus, the punctuation engendered by COVID-19 became a window for utilizing past lessons as potential transferable solutions.

In sum, important studies that influenced scholarship on the nature of content learn in policy transfer include (Dolowitz et al. 2020), Dunlop and Radaelli (2017), Karini (2018), Minkman (2023) and Rose (1991). From these, it is intriguing to note that what some of these empirical studies displayed is that qualitative methods (Dolowitz et al. 2020; Karini 2018) are useful in exploring policy

learning in the transfer process. It is equally effective when mixed with questionnaire (Dolowitz et al., 2020). The present study deemed interviews sufficient, especially when complemented by document review.

2.3 Motivation of transfer actors

The nature of transfer influences the general motives of policy translators and their particular response to a transferred policy. Thus, direct coercive, indirect coercive and voluntary transfers (Bazbauers, 2018) generate different responses from the receiving actors of the policy. Voluntary transfer is the form of policy spread in which the transferees have an agency to choose what their system needs. It mostly commences by conscious search of useful models set by other governments and IOs (Cairney, 2019). It could commence from:

> identification of a problem by policy actors, in the form of public or professional dissatisfaction with existing policy. Factors that give rise to this include poor performance; a new issue of policy agenda that policy actors introduced due to a change in government, minister or the management of a public organization. Additionally, a political strategy that is aimed at legitimating conclusions that have already been reached; or an attempt by a political manager to upgrade agenda items by promoting their political allies and neutralizing political enemies (Evans, 2017: 3) are all possible causes.

The indirect coercive transfer concerns situations where externalities compel actors to adopt new policies (Bazbauers, 2018). Thus, direct coercion typically reflects the experience of less powerful (mostly developing) countries of the world.

Scholarly evidence regarding the influence of motivation of actors on the eventual outcome of transfer is limited (Soremi, 2019). Nevertheless, some existing evidence indicates that such factors are vital to the transfer outcome. For example, Montero (2017) shows that policy transfer spaces are important avenues for agents to seek to offer lessons while other actors seek to accept lessons and contents of policies (Montero, 2017).

Relatedly, McRobie et al. (2018) studied the transfer of health policy from the WHO to Ghana and Uganda. The 90-90-90 policy reveals that in both Ghana and Uganda, the motives of the policy recipients have influenced the outcome of the transferred policy from the WHO (McRobie et al., 2018).

However, the agency of the transfer agents is not only visible in top-down transfers. Rather it also occurs in other types of transfers. In illustration of how bottom-up influence can lead to transfer of policy, the empirical effort of Mavrot (2017) showed how actors at subnational level governments of Switzerland influenced the national (confederate) government in the adoption and domestication of the Framework Convention on Tobacco Control (FCTC), a policy initiated by the EU and promoted by the WHO. Although the key revelation of Mavrot's study is not indicative of the extent transfer agents' motives shape the transfer outcome, it is nonetheless important in adding evidence that policy transfer does occur consequent to local actors' search and shopping for potential lesson: hence, bottom up transfer.

Lippi and Tsekos (2017) studied the transfer of austerity policy. The study illustrates that motif of transfer agents varies at different levels: at local stage, national level and international scale. They reported evidence of the influence of transfer agents' motivation in framing austerity policy first at international stage, second at the stage of national adoption, and third at domestication to sub-national levels (Lippi & Tsekos, 2017). Although their study's coverage areas is not health policy, nonetheless, their result is important to the present study to the extent that it reveals that variations across subnational authorities are a factor of motive of the respective domesticators of the austerity policy.

Bazbauers (2018) shows how IOs as actors could influence the transfer of policy: supranational organizations such as the United Nations (UN), the WHO, IMF, and the WB are actors capable of spreading ideas, programs, and institutions between governments and non-state groups due to their specialization and perceived legitimacy. Usually, the international development assistance (IDA) handles this. However, this is an unbalanced arrangement of an unequal relationship between donors and recipients. Thus, agency becomes a crucial factor in such transfer and the response it generates. This is palpable owing to the reality that those who can offer financial and technical assistance reside in a disproportionately elevated structural position compared to those seeking to receive the assistance. Therefore, the movement of development policy between these parties involved in this exchange necessarily defined by inequality and in practice exhibits the tension between coercion and consent (Bazbauers, 2018). This determines the motives of actors involved.

Jules and Bouhlila (2018) show that indirect coercive transfer through copying is multidimensional (global, supranational, and local), based on interdependence, and driven by shared externalities. Based on their study of education policy in Tunisia, they report that the transfer involved:

> processes of policy mobilization, local articulation and ownership, structural factors, and path dependence. In the current example, this occurred, first, through emulating a specific global reform that transfer actors view as synchronistic with global norms and benchmarks. Second, it quells fears at home and abroad with regard to government control. Moreover, third, it spurs a competitive advantage through the preparation of a new cadre of workers for external labor markets as the home market stagnates (Jules & Bouhlila, 2018: 103-104).

Thus, their case study is illustrative of the consequence of pressure for developing countries to participate in regional and global initiatives through the process of indirect coercive transfer. They infer that global forces often do not take into consideration whether the local context, not least of a developing country, is ripe and suitable for the transfer (Jules & Bouhlila, 2018).

Related to the type of the transfer, the translators' cognition (as a perceptive cue) influences the response generated by the transfer. For instance, since policy actors are constrained by the environment: limited amount and quality of available information (Simon, 1986), their cognitive capabilities in processing these limited information is important. However, their cognition is also invariably imperfect: limited capacity to collect, acquire and translate the available information (Simon, 1986). In addition, policy learning is not only a cognitive process of calculations, but also a social dynamic according to Moyson and Scholten (2018). This means that actors' update of policy beliefs results from their interactions with the other actors of the policy process. Their exchange with these actors helps shape their beliefs. Thus, if policy learning focuses on the role of ideas in politics, it must not neglect the role of power and (inter-)subjectivity (Moyson & Scholten, 2018).

For instance, decision makers responding to disasters, such as COVID-19, seek to make sense of a highly uncertain and dynamic threat: solve wicked problem in the midst of complexity. They also aim to craft credible narratives about deeply unsettling events (Boin, McConnell, & 't Hart, 2021) with the view to garnering the cooperation of their citizenry. Doing this requires solid judgment through interaction with actors on their side as well as across the divide. Indeed, crises

management requires planning and institutional preparedness. However, McConnell and Drennan observe that governments and institutions rarely prepare adequately: these disasters are cost intensive yet have a low probability of occurrence; they similarly pit policy makers in a competition against front-line service provision in such a response. Thus, accurate contingency planning to such events requires sequencing and coherence of possible threats. It also requires the mobilization and integration of relevant actors and networks (McConnell & Drennan, 2006).

Therefore, the question is why should scholars study policy transfer in the context of COVID-19 pandemic? The answer to this poser is that in response to COVID-19, some countries, as potential policy translators, handled it with due seriousness, others treated it with skepticism and yet others dismissed it as a hoax (McConnell & Stark, 2021). On their part, policy exporters seek input, process and output legitimacy (Stone & Schmider, 2023) in the domestication of these measures. This invariably pitted COVID-19 policy makers around the world in the politics of problem framing and solution generation (McConnell & Stark, 2021). Thus, it is only by studying the policy responses of countries that we can begin to make sense of choices and actions that countries accepted and rejected in their interaction with the WHO and third-party actors. The present study is an attempt to participate in this endeavor.

Policy transfer researchers have adequately interrogated the motives of transfer actors (Dolowitz 2003; Dolowitz 2017a; Dolowitz & Maderis 2009; Dolowitz et al. 2012; Lippi & Tsekos 2017; McRobbie et al. 2018; Stone 2020a; Stone & Schmider 2023; Zavala et al. 2022). The cases that formed the present study's review of motives in the transfer process lead this thesis to assume the following. First, the theme of actors' motivation in the transfer process has received wide coverage: education (Jules & Bouhlila, 2018), disaster risk (Soremi, 2019), transport (Montero, 2017) and health (McRobbie et al., 2018). It has also been covered across varied populations: Latin America (Montero, 2017), North Africa (Jules & Bouhlila, 2018), West Africa (Soremi, 2019), and East Africa (McRobbie et al., 2018).

Second, in terms of theoretical lens, although Advocacy and Policy Project framework is useful theorization when deployed to complement policy transfer as a theory (McRobbie et al., 2018), studies tend to focus on Narrative Policy framework (NPF) as lens of interrogating motivation of policy translators (Montero 2017; Soremi 2019).

Moreover, third, methodological preference in interrogating motives of translators is typically interview (Jules & Bouhlila 2018; McRobbie et al., 2018; Montero 2017; Soremi 2019). Thus, the present study is consistent with these studies on the data collection approach.

2.4 Timing and policy transfer

The role of national governments in global policymaking and its administration continues to assume great importance. National policymakers perform the task of reception and translation of global policies in their countries. They equally lead the efforts of cascading these policies to subnational bodies. Still, importantly, they mediate the upward and downward mobility of the policies between the subnational and the global (Jessop, 2002). Time is critical in how they do this.

Time is an important element for decision-making. At general level, Shedler and Santiso (1998) proposed two ways of making sense of time in political, and –thus- policy action. The first is time as a horizon. By this, they mean the future, the present and the past. This horizon reflection of time allows observation of action on a continuum. The second is time as a resource. By this, they mean a fixed resource that is nonrenewable and scarce which can deplete and be exhausted. Thus, the former could be a timetable frame during which they carry out an action while the latter is a resource that they can deploy in the discharge of the action. Drawing upon this, Schmitter and Santiso (1998) extend that when political actors carry out a decision, in what sequence they carry it out and with what speed they do it are important elements of consideration. To them, these questions are even more important than whether or not they carry out the action at all. Thus, with these, they advanced three ways of factoring time in political decision: time, timing and tempo (Schmitter & Santiso, 1998).

The specifications of time such as durations, rhythm, tempo, sequencing and timing are amenable to strategic calculation and tactical variability. Policy makers can manipulate these to alter outcomes (Shedler & Santiso, 1998). Thus, time and temporality are at least as important as, if not more important than, space and spatiality in the logic of global operations and spread of decisions (Jessop, 2002) leading to policy transfer.

The rhythm of an action (tempo) can be a subject of efficiency. Actors can manipulate it to achieve less or more. They can accelerate or decelerate it. Acceleration means doing more within

the same time, or the same within less time, and deceleration means doing less within the same time, or the same within a longer time frame (Shedler & Santiso, 1998). Thus, it hints at the length of time taken to carry out a particular task, or, in other words, it indicates the ratio between action and time.

Dussauge-Laguna (2012) stakes the claim of being the first scholar to apply the temporal dimension raised by the papers of Schmitter and Santiso (1998) and Shedler and Santiso (1998) to the field of policy transfer. He sought to illustrate how policy transfer and translation processes evolve and why cross-national policy learning happens in the first place (Dussauge-Laguna, 2012). Drawing on some empirical illustrations from the transfer of Management by Results (MBR) practices to Chile and Mexico, Dussauge-Laguna pointed out how the experiences of these two countries throughout the decades 1990s and 2010s instantiate the nature of cross-national policy learning (Dussauge-Laguna, 2012).

Related to Dussauge-Laguna (2012), Dolowitz (2020) extends this insight by noting that time is not the only element amenable: its related concepts of timing and tempo are equally applicable to the study of policy transfer. However, he adds that, power is the missing link that plays a crucial role in the reinforcement of the time dynamics. To Dolowitz (2020), thus; first, time is important in explaining when an idea or policy can travel; and, second, time is significant in enabling the tempo at which transfer occurs. Therefore, Dolowitz drew on Schmitter and Santiso (1998) to define time and timing, in terms of flow of history, as:

> the chronological period shaping past, present and future decisions. Joined to transfer, time is the period through which a transfer occurs and the time it takes the transferred information to enter and work its way through the policymaking and implementation processes. Timing, on the other hand, is the sequencing of events leading to a specific decision. When connected to the transfer process, we can see timing as the moment a transfer occurs or the moment a transferred policy is implemented (Dolowitz, 2020: 577).

Tempo, the last of the trio, is the rhythm of the policy process. In policy transfer, the rhythm is the speed at which a transfer occurs and the efforts of agents to accelerate/decelerate (speed-up and/or slow-down) this process to conform their needs, windows, and other factors that may emerge during the policy process. If the question is why transfer actors could potentially slow the

process, then the answer is not straightforward. Indeed, conventionally, all political systems can make policy decisions quickly when needed; however, many systems require considerable timeframes in the passage and implementation of legislation.

Many of the key concepts needed to undergird analyses of time and the temporal processes, such as path dependence, sequencing, duration, critical junctures, events, time horizons, timing, and unintended consequences, have received only very fragmented and limited discussion (Pierson, 2000a). Consequently, understanding of the modalities of these elements is limited. Therefore, Pierson (2000b) suggests path dependence as a social process grounded in a dynamic of increasing returns. Thus, specific patterns of timing and sequence matter for policy because a wide range of social outcomes may be possible. Since large consequences may result from relatively small or contingent events, particular courses of policy action, once introduced, can be almost impossible to reverse: hence path dependence. As a result, critical moments or junctures punctuate political development and consequently both mark and shape the basic contours of social life (Pierson, 2000b).

Similarly, in an attempt to define sequencing, Pierson (2000a) pointed out that the temporal ordering of events or processes has a significant impact on outcomes. These are instances in which we wish to know not just what the value of some action or decision is, but also the order in which these decisions and policy actions appeared (Pierson, 2000a). Thus, sequence and timing of actions play a role in influencing the outcomes of the translation process of a transferred policy (Blanc & Cotella, 2023). This is because both the chain of related events as well as time duration, mark actions in the making and execution of policy (Pierson, 2000a).

As a horizon, scholars view time as the route of when and why different agents can enter and/or leave the transfer process or stay active throughout the transfer/policymaking process. It similarly enables its observation as why these influential agents can guide a solution through to its final implementation. As a resource, agents seeking to influence a transfer often need to, if possible, utilize time in order to modify the policy environment in ways that alter existing power configurations to better reflect their needs. Therefore, time (and tempo) becomes a resource that policymakers can manipulate, especially when windows of opportunity open to enable them to affect a transfer by accelerating/decelerating it (Kingdon, 1995). Thus, powerful agents and organizations play crucial role in relation to control of time, timing and tempo in shaping the

movement and transformation of foreign policies. As institutions and coalitions who are interested in the transfer of a policy, these actors work with and attempt to shape opportunities provided by time and timing (Dolowitz, 2020). The actors have developed effective use of time by elongating their presence in the scheme of the process. Thus, the power of an agent often depends on his/her ability to remain in the transfer and policy process for extended periods.

Actors take advantage of time and power to advantage their ideas and solutions, embed key individuals in core position in the policy process and work at discrediting alternatives. In this, it is clear that both time and power are elements that affect one another. Actors change and adjust their positions as time and circumstances change. Similarly, one set of policies may empower (or disempower) agents who are operating in the same or overlapping policy areas, to attempt to utilize time in translating a policy. Therefore, when, why, and how these actors choose to use their power to structure the game matters.

However, the elongation of policy transfer process as well as activities contained therein has the potential to affect the outcome. It has an inherent risk and/or opportunity of paving the space for the involvement of new actors (Dolowitz et al., 2020). Thus, timing could become an element over which transfer agents compete during the transfer process. Indeed, transfer actors with relatively superior capacity would be interested in controlling the timings involved in the transfer, and thus shaping the object of transfer in tune with their preferences. For illustration, Dolowitz and colleagues have noted that in both Ukraine and Moldova the elongation of the transfer timing was beneficial to actors: it enabled new players to participate in the reform process of hospital development.

Furthermore, an interesting aspect of timing in policy transfer is pertaining to its length. The length of active involvement of transfer sender is one factor in the wholesale adoption of the object of the transfer, or its adoption with slight adulteration. Other important observations are: a) the lengthy involvement of sender strengthens bond with receiver, and b) for successful adoption, this interaction needs to be kept and sustained at all stages of the transfer. Thus, the process of policy transfer is not static. Instead, it involves variations: throughout the transfer process, fluidity of the pace and direction is common feature of the process (Dolowitz et al., 2020).

Similar to Dolowitz and colleagues, Nachbagauer observes that influential actors involved in transfer process can be synchronized as well as diachronic. His study of disaster management indicated that timing is not simply a given externality but rather an important element that actors can tweak in enacting events and urgency. The synchronic perspective of time, to Nachbagauer, relates to how they handle coordination. His observation led him to argue that decision-makers do this best by organizational improvisation and fragmentation. On the other hand, the diachronic perspective of time relates to how the tempo is dictated and determined. To him, actors' ability to seize opportunities possibly, and plausibly, influences the temporal rhythm. They do this by deliberately inducing punctuations and interruptions to generate transfer pace that suits their interest (Nachbagauer, 2022). However, transfer actors can play the reverse role: fast-tracking decisions, if intense tempo is in their interest.

Indeed, powerful transfer actors influence the speed of transfer. They determine whether the pace of the transfer should move fast or slow (Stubbs, 2018). Based on the study of the adoption of austerity measures in 2015, Stubbs reports how actors in the Greek Government's negotiation of the 'troika principles' imposed adoption pace that particularly suits them (Stubbs, 2018).

Together, Nachbagauer (2022) and Stubbs (2018) reported a common pattern of observation: the influence powerful transfer actors exert in shaping the pace of the transfer and its translation. However, what these studies were not able to do is to assign a definition or term to explain this particular phenomenon that captures their attention. Thus, do Vale Helder (2022) contributes by assigning a meaning to it.

To make sense of this practice, do Vale Helder proposed the term temporal strategy. He argues that temporal strategy captures the crafted plan through which politicians and their allies act in shaping the sequence and tempo of policy movement. Thus, politicians try to influence outcome by deploying the modality of de/centralization processes (do Vale Helder, 2022) to suit their agenda and interest. In particular, this case study shows that Brazil's Federal Government utilized two different tactics: they fast-tract decision when it suits them, and they slowed the process when it was the better interest (do Vale Helder, 2022).

What is apparent here is that this trajectory depended on the tempo and sequence of the de/centralization. This implies that these temporal modalities determine the distribution of power

between national and subnational politicians. Interestingly, speed and sequence influenced recentralization first via the lopsided promotion of federal, state, and municipal agenda and preferences. Thereafter, it is also impacted through the triggering of causal mechanisms that benefit the subnational governments initially and the federal government eventually (do Vale Helder, 2022). Thus, this illuminates our understanding of the tactic of power manipulation to shape timing of policy transfer and translation.

Adding empirical evidence to the notion of time as a resource, McCarthy-Jones and Turner observed that time, as a resource, gives a sense of order to the transfer. This is because policy actors can delineate the selection and translation of the object. They do this at different periods in the transfer process. McCarthy-Jones and Turner demonstrated this in their case of the adoption of Bolivarian Revolution in Venezuela during the Chavez era. They report that political actors adopt a four-step process of policy transfer over an elongated period. The prolonging of the transfer, they observed, was for the purpose of regime legitimation. Thus, the four steps utilized by President Chavez, are: identification, appropriation, interpretation, and consolidation (Mccarthy-Jones & Turner, 2015).

On the other hand, demonstrating empirical evidence for tempo of policy, the speed of implementation has its attendant consequences. Moran et al. (2019) drew on the experience of Zimbabwe's adoption of the policy of test-and-treat (T&T) to explain this. The policy was based on the WHO's 2013 recommendation of 'Option B+' for HIV control. The adopters of the 'Option B+' not only adopted it successfully, but they also translated it with intense tempo.

In this, Moran et al. (2019) observed three features of the test-and-treat adoption. First, the accelerated pace of translation was aided by previous policies that laid background to the 'Option B+'. Thus, the latter became the natural successor of those initial local policies. Second, the rapid nature of change brought about by the new policy had created mixed message for both service providers and the HIV patients. In addition, third, the sustenance of this rapidly implemented policy is resource intensive, and by implication, resource-dependent. This highlights how the capacity of the receiving system affects both time and timing of policy localization.

Overall, these studies indicate that the particular time transfer actors domesticate a transferred policy as well as the sequencing of the decision time, and decision speed are key determinants of whether or not the policy could be successful. Timing is, therefore, crucial in policy transfer. For illustration, Stone (2017) observes that transferers and transferees of public policies utilize transfer time to send and receive the policy ideation. She noted this common exchange not only existing between states but also involving IOs and their proxies. Hence, timing enables the spread of policies across the space. However, factors and forces of global connectivity also intensify and accelerate the time dynamics (Gudders, 2019).

Moving forward, sequencing is another important part of the transfer process. Since decision-makers operate clusters in terms of positions, the absence or inability of a particular transfer agent could affect the next decision makers' choices (Dolowitz, 2017a) and, thus, affect the domestication process. In such a scenario, although their system had used the transferred idea, the actors have also delayed the utilization. Therefore, scholars developed interest in speed (pace) of utilizing transferred policy.

The third component of transfer time is the decision tempo. Pace or rhythm of a policy decision could determine the success or failure of its adoption. For instance, the pace of transfer during normal policymaking time cannot be the same with the pace needed in times of emergency. Nevertheless, Nunn (2019) adds important factor of consideration: transfer pace may not be optional to agents. This is especially the case during competition in which actors are required to fast-tract their decisions (Nunn, 2019). Therefore, this heavily influences whether or not adoption is possible and successful (Peck & Theodore, 2015) because sometimes domestication has a window within which policy actors must enact the proposal (Nunn, 2019). Similarly, speed within which senders offer the lesson and the receivers assimilated is a key determinant of outcome (Dunlop et al. 2020; Nunn, 2019).

For illustration, the empirical study by McRobie et al. (2018) revealed that in both Uganda and Ghana, decision-makers rushed the 90-90-90 policy from the WHO for quick adoption (McRobie et al., 2018) to the detriment of details. Similarly, empirical research by Feng and Qing (2017) indicates that pace and intensity were two elements characteristic of the China National Innovation Demonstration Zones [NIIDZs] (Feng & Qing, 2017).

Furthermore, Dolowitz (2020) subjected the concepts of power to empirical test. In investigating how time influences environmental policy, he discovered intriguing realities: that it is a significant determinant of a range of environmental transfers. Although Dolowitz's foci illuminate all elements of time, there is a caveat in timing of policy: evidenced from state retrenchment, there is growing need for the sequencing of the choices and decisions to be established (Nunn, 2019). However, how this is relevant to COVID-19 policy domestication in Kenya requires interrogation.

All told, policy transfer researchers have invested considerable attention to time as an element of policy transfer (Brand et al. 2021; Dolowitz 2017a; Dolowitz 2020; Dolowitz et al. 2020; Dussauge-Laguna 2012; Nunn 2019; Pierson 2000; Porto de Oliveira 2020; Schmitter & Santiso 1998; Shedler & Santiso 1998; Stone 2017). Taken together, what these studies suggest is that the particular time (window) a transfer occurs, the manipulation of the time to yield desired outcome coupled with its sequencing as well as the rhythm with which actors translate it are crucial elements in policy transfer research.

Added to these insights, modeling investigation carried out by Brand et al. noted that Kenya had experienced three waves of COVID-19 spread. It also revealed that although the first wave relates to the importation of the disease from traveler(s), the post-lockdown reopening of schools led to a minor increase in transmission between the second and third waves (Brand et al., 2021). On the one hand, the spike was associated to decision errors: in part, owing to dithering in decision; and in part, owing to poor communication (Zavala et al., 2022). On the other hand, socioeconomic forces and urban–rural population structures have had a critical influence on the viral transmission in the country (Brand et al., 2021). Thus, this reinforces the fact that the process of policy transfer is time oriented: it also operates at different tempos of the transfer; some slow, others fast. Thus, invariably, sequencing of the transfer activities is important (Dolowitz, et al., 2020).

2.5 Competing interests and policy transfer

Moving a policy from one political entity to another is not a simple, linear or even predictable process. It is rather a complex and complicated task. Among other factors, interests usually clash whenever a policy moves. However, because interests of the actors involved may not appear

apparent, observers should note that movement of the policy is not a straightforward endeavor. Instead, power plays crucial role in determining what policy actor transfer and who the policy actors are (Cairney, 2019). This is because people in power utilize their positions to frustrate, block, influence and change policy options (Dunlop et al., 2018).

Indeed, in the process of the transfer of polices, individuals, organizations and systems play roles in shaping the adoption and translation of instruments borrowed (Porto de Oliveira & Koga, 2023). In their many manifestations, international and domestic actors utilize their expertise in the movement and translation of policies (Dolowitz, 2017b). Therefore, the nature of their intent can shape the result of the transferred policy. However, their action is neither its own catalyst nor an end in itself. Instead, interaction among policy actors shapes the outcome of the policy process (Dolowitz et al., 2020). Therefore, the outcome of the interactions changes consequent to change in power status between actors as the more influential participants usually determine the outcome.

Thus, reflecting on the power of IOs is interesting in studies investigating policy borrowing involving an IO. Despite their relatively disproportionate power, domestic actors often oppose these IOs. Therefore, this creates a tussle between them and the opposed local actors. The more powerful between the two sides determines which of the two sets of actors prevail in determining whether policy transfer takes place at all and what the outcome of its translation would be (Dolowitz et al., 2020).

However, even when IOs have not faced opposition from the domestic power holders, the object of transfer may not reflect the desired format and mode of the IOs actors. In other words, even when policy actors at national level accept the initiatives of IOs, as offered, they usually use their agency to modify the transferred object based on their preference. Thus, the biggest predictor of outcome is power asymmetry: when IOs are more powerful than national actors are, transfer is likely to take the mold of IOs preference. Conversely, when national actors are more powerful than the IOs, the transfer is likely to follow the interests of these domesticators. However, the situation is actually more complicated than that, because the agency at the disposal of the less powerful agents to pursue alterations also results in changes in the transfer outcome (Dolowitz et al., 2020).

As an illustration, Jules and Bouhlila (2018) found empirical proof on intensity of competition among policy actors in Tunisia's education sub-system. Their study revealed that the implementation of the Licence-Maitrise-Doctorat [LMD] was reflective of both internal and external power play to initiate and adopt the policy (Jules & Bouhlila, 2018). Moreover, the empirical effort of Soremi (2019) in dramatizing the power competition between United Nations International Strategy for Disaster Reduction (UNISDR) and West African countries further supports the result of Jules and Bouhlila. Indeed, Soremi (2019) found competing interest between the exporter of the policy (UNISDR) and the recipients (West African nations).

The policy of Disaster Risk Reduction (DRR) thus became the result of the competition between the former and the latter. She pointed out that power tussle was the main characteristic of the domestication (Soremi, 2019). Instead, the transfer agents used available incentive to convince the transfer recipients to adopt the transfer object (DRR). On their part, the transfer recipients also utilized means at their disposal to indicate whether they acceded to the proposition by the transfer agent through exchanges with transfer agents. Thus, by implication, whether they accept the proposed transfer object offered to them. In this case, the West African countries sent negative feedbacks to UNISDR to demonstrate contested parts of the policy proposal. Thus, her study indicates that domestic transfer agents had an added dual task: on the one hand, they were required to pass the policy, on the other; they needed to remain discreet in hiding identities of opponents to the proposed adoption (Soremi, 2019) because transfer process is not competition-free. Therefore, in concordance with Soremi, the present study shows such competition took place between both the WHO and Kenya's policy makers, on the one hand, and on the other hand, among local policymakers of Kenya based on the diverse interests. Although the thesis raises both competitions, it focuses mainly on the latter competition, and, leaves the former for other scholars to explore.

Power, as element of influence, plays determining role in policy adoption. The empirical study of Chung, Park and Wilding (2016) lends weight to this argument by revealing that power clash was largely responsible for the failure in the Korean government's transfer of English standards. Thus, transfer studies could enhance the theoretical lens of policy transfer heuristic by reflecting on such variations. It is interesting, therefore, to examine the pattern of interactions among power holders involved in a transfer (Gilardi & Wasserfallen, 2018).

Koduah, van Dijk and Agyepong (2015) sufficiently illustrated this in a study from Ghana. In studying Ghana's maternal fee exemption policies, they identified some crucial categories of actors. Policy actors and contextual factors affect policy from agenda setting, formulation to implementation. They found that the first group, policy agenda directors, to be the top-level political actors in Ghana, comprising of figures such as heads of state. These actors wield power in two ways: they established the maternal fee exemption or they modified existing framework. The second group is the policy agenda approvers. These individuals are the high and middle level politicians such as heads of state and ministers of health who gave approval for the sustenance or modification of the existing maternal fee exemption policies.

The third group, policy agenda advisers, is the government and non-government individuals and organizations who advised agenda directors and approvers (Koduah et al., 2015). The Policy agenda advisers included institutions such as the Ministry of Health and its agencies such as the Ghana Health Service (GHS) and National Health Insurance Authority (NHIA). Other actors belonging to this category are players outside the health sector such as the Attorney General Office (AGO) and National Development Planning Commission (NDPC) as well as Non-governmental policy actors such as international bilateral and multilateral donors. What these advisers contribute is the provision of technical expertise in varying capacities to push and/or keep particular ideas on or off the agenda. Some of them have provided financial resources to support their ideas and in some cases, set the agenda, similar to the twin concepts well recognized in policy literature as policy brokers and policy entrepreneurs.

The fourth group, in Koduah and colleagues' study is the policy agenda advocates. These are the policy actors who have supported and campaigned both indirectly and directly to maintain maternal fee exemption policies: thus, discharging the role of policy entrepreneurship. Examples include the members of the public, the Ghana Medical Association (GMA), and the Pharmaceutical Society of Ghana (PSG).

From these four categories of actors, the context and policy actors were the major influencers of the ebbs and flows of the maternal fee exemption policies. They originated from a mix of several factors. For the political, it included representations such as Nkrumah's ideology, change in government, and election year. For its economic component, the economic crises and austerity measures were the factors. For health and demographic indicators, forces such as historical

events, social unrest; and international agendas such as the Millennium Development Goals (MDGs) were all influential. Together, these contextual factors served as a source of power for policy actors to influence maternal fee exemption as a policy agenda item (Koduah et al., 2015). They also leveraged on their power to justify their choices in terms of actions and inactions.

For illustration of the influence of the policy agenda advocates, advisers, directors, setters, and approvers, Koduah and colleagues report that these actors acted within interrelated contextual factors, which sometimes worked as constraints and sometimes opened opportunities. Specifically, the interrelating context, whether a constraint or an opportunity is used by specific policy agenda setters to influence the timeous manner in which policy content is made and how closely it is linked to the intended agenda. Moreover, in varied ways and capacities, they strived to maintain maternal health issues on the agenda.

Similar to the study by Koduah et al. (2015), Gudders expounds on the nature of actors that shape the translation of transferred policies. Based on two policies (Electronic Monitoring, EM, and Restorative Justice, RJ), Gudders (2019) interrogates if hard transfer or soft transfer generates opposition from domesticators. The former refers to wholesale transfer of programs or policies while the latter means shared ideas, ideologies, attitudes and discourse.

The five categories of actors found by Gudders are (former) policy entrepreneurs, academic experts, politicians, (former) criminal justice professionals and commercial companies who have been particularly important in initiating, implementing and further developing EM in Belgium (Gudders, 2019). Crucially, in the spheres of both EM and RJ it Gudders observed that actors were instrumental to the outcome. These networks of actors, both transnational and local, were involved in the dissemination of RJ and EM, not only in Europe but also across the world (Gudders, 2019).

However, contrary to both the study of Koduah et al., and that of Gudders, conventional power still holds sway. In studying two policy instruments: Environmental Policy Integration (EPI) and the Strategic Environmental Assessment (SEA), Varjú (2021) found that hierarchical governance structure played influential role in determining the outcome of the transfer: higher-level power holders shaped the substance of the EPI. Thus, this demonstrates the role of power in the outcome of the policy transfer and its translation in Hungary.

At the local level, environmental policy transfer faced challenge due to the low capacity and the lack of the financial means and human resources. Therefore, this undermines the spirit of EU's decentralization, in general, but principles of subsidiarity in particular. Thus, Varjú's case shows that the processes of translation of the two policies were the results of both local values and structure of governance unique to the system (Varjú, 2021).

Drawing an illustration from renewable electricity support schemes in Central Europe, Ürge-Vorsatz, Rezessy and Antypas sought to explain how power could lead to incomplete transfer of policies. They used Czech Republic, Hungary and Poland to measure how the transfer and translation of Renewable Energy Sources (RES) support schemes suffered from some weaknesses that are a function of the means by which actors import renewable energy objectives into the region. They found that the preparations for accession to the EU encouraged a process of transfer of policies negotiated and designed elsewhere. Consequently, technical deficiencies, lack of political support, implementation and enforcement obstacles sometimes hindered the policies (Ürge-Vorsatz, Rezessy, & Antypas, 2004).

Context could also be a barrier to the movement of policy. For instance, France's nature of state is naturally challenging for transfer of policy, according to Normand. The country's tradition of centralized governance had a history of resisting to neo-liberal influences and travelling policies. Normand interrogates an ongoing policy translation in France's ministry of education that is implementing reforms akin to French "Third way" modeled after the New Public Management (NPM) and accountability principles.

Normand's case shows policy transfer processes by which high councils and national commissions have affected national policy-making and adjusted recommendations and directives from IOs to the national context under limited local regulations (Normand, 2020). What Normand uncovers is that this policy transfer reveals different ways for taking ownership and policy borrowing from international standards and frameworks. The emergence of national agencies in this new landscape is at stake while the French education ministry regularly meets challenges to reduce the implementation gap (Normand, 2020).

The adoption of this standard reveals not only an implementation gap due to bureaucratic guidelines and the lack of local autonomy but also attempts from interest groups and professional bodies to buffer international influences according to their own values and ideologies (Normand, 2020). These actors pose oppositions and resistances to the policy. Unsurprisingly, Normand

found that, French *techno-structure* in education is unique: various representations of national interests, republican ethics and a sense of equality all influence it. In further evidence of how actors frustrate transfer and translation, Peci, González and Dussauge-Laguna uncovered how Presidential policy narratives led to the misuse of scientific expertise in domestication of COVID-19 control measures in Brazil, Colombia, and Mexico. They showed how powers of the president influence policy: narratives favored and promoted by the presidents influenced, often negatively, the policies adopted. The respective responses of Brazil, Chile and Mexico indicated that the leaders' narratives sidelined (Bolsonaro), leveraged (Duque), or limited (López-Obrador) the role of scientific expertise in policy responses to COVID-19 (Peci, González & Dussauge-Laguna, 2023).

However, contrary to how Ürge-Vorsatz et al. (2004) showed how a combination of factors could pose barrier to policy transfer, how Normand (2020) illustrated the rigidity of state in discouraging transfer, and how Peci et al. (2023) documented the powers of presidents in frustrating the transfer, Dussuage-Laguna (2019) highlights how agents' actions ensure lessons from abroad stick at home.

By leaning on the transfer of Management for Results (MfR) policies into Chile and Mexico, Dussauge-Laguna explains that using the two strategies of policy building and policy institutionalization, agents could succeed in making borrowed policies work. The former relates to the continuous process of (re)designing policy elements, including the establishment of favorable implementation conditions. The latter mainly focuses on taking care of political and long-term policy sustainability issues (Dussauge-Laguna, 2019).

Transposing these insights to IOs would reveal intriguing dynamics in the transfer of policy. For illustration, in underscoring the role played by IOs in global policy transfer, Hadjiisky notes that the IOs are complex actors in this process. She contends that the proliferation of IOs is traceable to the 20th century. In particular, institutionalization of a new international system structured around multilateral organizations marks the post-Second World War period. At the global stage, the United Nations shapes the agenda. At the regional level, the organizations such as European Union, the Mercado Común del Sur, Association of Southeast Asian Nations hold sway. And at the sectorial domain, the specialized organizations of the UN system, such as the Food and Agriculture Organization (FAO), or sectorial and regional intergovernmental associations like the Organization of Petroleum Exporting Countries [OPEC] are all influential (Hadjiisky, 2021).

Thus, the diversification of forms of multilateralism characterizes, she argues, the early twenty-first century. Typical illustration of this is the consolidation of organizations whose center of gravity is not in the old developed and institutionalized Global North. Also important is the fact that internationalization of phenomena is no longer restricted to matters of peace, war, economic and trade exchanges. Instead, they now extend to the internal organization of states and governmental policymaking processes. Notably, since the mid-2000s, she contends, the consolidation of movements and governments championing an exclusive brand of nationalism has tended to impact the practical modalities and some of the objectives of multilateralism, and to make global policy transfer paths more diverse and uncertain (Hadjiisky, 2021).

These dynamics make the study of the role of these variant IOs interesting in policy transfer studies. Specifically, there is an attendant urgent need to investigate the impact of IOs on phenomena that pre-existed them, such as policy borrowing and lending, institutional and governmental mimicry, peer learning and socialization and translation. The question is therefore whether IOs favor diversification or standardization of policy transfer processes? Alternative question should be: do the IOs act as levers in imposing a unified model or as channels for the expression of diverging interests, including those of the less powerful stakeholders? (Hadjiisky, 2021).

Hadjiisky argues that as long as they have the support of a strong coalition of member states, IOs act as controllers and enforcers of reform diffusion in a vertical top-down relation. This is especially on developing, non-Western countries. However, IOs' roles in policy transfer processes are both complex and diversified. Both support activities as well as by analyses and policy solution proposals complement power negotiations at the international stage. Therefore, IOs usually prefer to use persuasion methods and incentive instruments rather than direct binding power. In this regard, IOs choose to serve as umbrellas facilitating multilateral policy learning and transfers and training arenas centralizing and circulating expert specialized knowledge and core skills and among national actors.

In doing so, Hadjiisky advances that IOs have acquired an organizational autonomy that calls for expanding analysis of their resources and role in the transfer of policies. Thus, they have not developed merely as scrutineers of the implementation of ratified international agreements. Instead, IOs have successfully built their own agendas and their own ideas of what actors at the

global level should promote. This enabled the IOs to produce (or commission) and diffuse public policy ideas and principles which actors designed use as legitimate frames and templates during policy transfer processes. Thus, the modern IOs continue to develop sites where different knowledge actors converge: academics (data, methods and theories), civil servants (specialized knowledge and expertise), consultants (project management), International Non-Governmental Organizations -INGOs (data, testimonies and grassroots knowledge) and other important participants in the process whose roles defy classification (Hadjiisky, 2021).

The complexity of IOs role in the spread of policies allows them to affect outcomes both negatively and positively. On the positive realm, they make multilateralism work by leveraging on their roles as global agenda shapers, evidence-based comparative expertise, and politically neutral advisers. Conversely, their role as both channels of global 'economism' and prompters of disconnected generic models as well as serving as channels of the Global North's hegemony shows how they affect the outcome negatively. What is the implication of this overlap?

Initial indications suggest that it happens at the expense of the entrenched legitimacy of the UN's sectorial organizations, like the WHO or the FAO, as the dominance of generic economic knowledge progressively downgrades specialized and sectorial knowledge. Thus, IOs as agents of production and dissemination of global standards remain an unpredictable force: leading to top-down policy transfers in a generic and technical manner (Hadjiisky, 2021).

What these studies are drawing attention to is the fact that policy transfer literature has neglected resistance to transfer (Pal, 2017). Hence, this implicitly connotes that transfers are a straightforward exchange between transferers and transferees. However, if actors left transferred ideas not distilled locally to enhance its chances of fitting into its new environment, it is likely to fail (Pal, 2017) and certainly have deficit of legitimacy. Crucially, this modification is neither automatic nor interest-free.

Transfer involving paradigm shift is more likely to generate resistance than transfer of tools or instrument (Pal, 2017). In any case, the changes resulting from transfer can create winners and losers, and can potentially upset existing configurations of power. Those who lose through transfer will almost certainly resist, block, or try to blunt it (Pal, 2017). Management of crises,

such as COVID-19, could also have accompanying challenges of political fallout and societal fears (McConnell, 2020).

The general interaction pattern and the particular communication approach utilized by the participants in Karini's study offers illuminating insights. Manifestation of a closed culture that was characteristic of Western Balkan public institutions during the implementation of most capacity-building programs had affected the communication between bureaucrats and the donors. This led to miscommunication. The (mis)communication between the bureaucrats and the donors as aid recipients followed some typified patterns: inappropriate timing, lack of consultation prior to implementation as well as poor stakeholder engagement during the implementation of the capacity-building initiatives affected the transfer (Karini, 2018).

Karini's study on the constraints and facilitators of the transfer and translation of administrative capacity and principles in the Western Balkans demonstrates how actors influence policy transfer. What the study pointed out is that various actors foster policy learning. These actors – NGOs, contractors and consultants- join the more established actors such as donors and bureaucrats to constitute the policy community or the policy networks (Karini, 2018). The latter group of actors benefit from fascinating role played by the former group, Karini found. Thus, "the informal networks toward policy learning are…instrumental…in aiding the accession of the Western Balkan countries as potential full members in the next few years" (Karini, 2018: 85).

What Karini hints is that although we are aware of the barriers posed by transfer actors more than facilitating roles they play, instances are also abound where the latter occurs. Milhorance (2020) builds on this and strengthen the assumption with similar empirical evidence. In demonstration of how Global South countries could utilize diplomacy to influence transfer of ideas to IOs, Brazil's actors leveraged on the country's reputation of fighting food crisis to advocate for policy transfer. Policy actors advocated the policy practice, Family Farming (FF), to both the UN Food and Agriculture Organization (FAO) and Portuguese-speaking Community of Countries (CPLP). These institutions in turn pushed the practices to other countries (Milhorance, 2020).

However, studies in Kenya related to COVID-19 pandemic and the government's response provided evidence that strengthen the trend of constraints, instead of facilitation of transfer. For instance, empirical observation by Ochieng'-Springer found that despite the devolution of power

in Kenya in 2010, centralization tendencies continue to present a challenge to the country's health sector. This manifested itself in the making and implementation of policies for the COVID-19 pandemic response (Ochieng'-Springer, 2022). The two-tiered devolved governance structure has affected Kenya's COVID-19 pandemic response in its early stages. On the one hand, county-level policy actors engaged in pull and push forces emerged during COVID-19 response. On the other hand, national-level policy makers countered them with centralization tactics and resistance action (Ochieng'-Springer, 2022).

A similar empirical finding elaborates the preceding submission. Nasong'o reports that power politics, opportunism, exclusivist centralized management corruption, and a 'personalistic' policy style characterized the Kenya government's response to the COVID-19 pandemic (Nasong'o, 2022). Nasong'o argues that the country has failed to learn from its past failings in the health sector. He recalled that the country's National Health Insurance Fund (NHIF) was a subject of massive scandal in the past. Following a sustained campaign from both experts and the citizens, the country's leadership committed itself to reforming the health system in general and the NHIF in particular.

However, COVID-19 response vividly showed that the country at large and the health system in particular did not grow from the past scandals. This is because they centralized their response strategy to the COVID-19: reserved for the same top bureaucrats and political operatives at the national center to the exclusion of other stakeholders (Nasong'o, 2022).

Another empirical report, by Omari, Kurniawan and Ramdhan, echoed the revelations of Nasong'o. These observers focused intriguing insights on IPC guidelines. They found that Kenya's COVID-19 response had a deficit of leadership. Specifically, coordination and collaboration from the different sectors for the COVID-19 response was lacking (Omari, Kurniawan & Ramdhan, 2023). Instead, the response was exclusionary and centralized: the country's elite influenced policy and ensured investment went to only areas where their interest resides (Omari et al., 2023).

In sum, what these studies illustrate is that different kinds of actors are involved in policy transfer. These actors exhibit different forms of powers to obtain what they desired. Their power usually shapes what they can aspire to attain during the transfer. Whether as local or international

actors the powers and interests of transfer agents influence the alternative that the system endorses, the option that transfer actors move how implementers eventually translate and execute it in the new political milieu.

The transfer literature has shown that the role of power in the transfer and translation of policies cannot be overstated (Dolowitz 2017a; Dolowitz 2020; Dolowitz et al. 2020; Nasong'o 2022; Omari et al. 2023). Reviewing these sampled studies of power and conflict of interests in policy transfer show that themes already serviced include: United Nation's Food and Agricultural Organization (Milhorance, 2020), strategic environmental assessment (Varjú, 2021), renewable energy sources (Ürge-Vorsatz et al., 2004) and COVID-19 (Peci et al., 2023). Related aspect of context is the population serviced. Thus, Brazil, Mexico, and Colombia (Peci et al., 2023), Hungary (Varjú, 2021), Czech Republic, Hungary, and Poland (Ürge-Vorsatz et al., 2004) have been used in illustrating the role of power in policy transfer and translation. Method typically utilized in exploring power in the context of transfer and translation include survey (Varjú, 2021), qualitative technique (Peci et al., 2023) as well as mixed methods (Milhorance, 2020). This means studying power is amenable to many methodological approaches.

The present study sought to reveal that the final adoption of the WHO's IPC protocol is the consequence of the competition between and among the aforementioned actors. Thus, by interrogating the influence of the competing interests in the Kenya health subsystem, the present thesis reveals (in the findings chapter: Chapter Four) that competition of interests has had an influence over the adoption of the WHO's IPC policy.

2.6 Resource availability to transfer agents and policy transfer

The capacity of the system to borrow the lesson and integrate it in its setting determines whether the system's transfer actors could transfer and translate a particular policy. This is because lack of adequate resources is a factor in the reluctance of policymakers to transfer -in- policies to their political systems (Dolowitz, 2020). Therefore, prior to engaging in transfer, potential adopters of policy would critically reflect on the merit of the candidate policy. They ask questions such as whether it was actually successful from its original setting; and reflect on their own capacity, i.e., whether their own system can actually translate and implement the policy (Nicholson-Crotty &

Carley, 2016). The latter question is important because a potential transferable policy is less useful if the system lacks the necessary capacities of implementing it.

In response to COVID-19 pandemic, capacity of countries played an important role in terms of determining the adequacy of response, including integration of borrowed lessons into the countries' settings. Thus, measures implemented by governments in terms of national responses to the COVID-19 pandemic were dependent on the capacity each government had (Capano et al., 2020). Countries respond to the challenge of managing extraordinary threats, such as COVID-19, by adopting extraordinary measures that break from conventional policy implementation approach (McConnell, 2020). However, due to the scale of such problems and the speed of solution it commands, efforts of countries, especially developing countries, fall short. Therefore, the global public health dynamics needed the global institutions to fill the gap.

However, COVID-19 response has shown that these institutions are sometimes ineffective. For instance, the failure to ensure widespread vaccine coverage in many Low and Middle Income Countries (LMICs), including Kenya, is a major failure of global policy and administration framework (Miguel & Mobarak, 2022). Global structures such as COVID-19 Vaccines Global Access (COVAX) and Global Alliance for Vaccines and Immunization (GAVI) have been unable to secure COVID-19 jabs to the vulnerable countries. Elite countries that control these institutions further exacerbated the dilemma by pursuing isolationist policy response to COVID-19 pandemic (Muna, Babamaragana, & Lawan, 2020).

Despite their shortcomings, though, institutions at global level are relevant in the context of policy transfer. Beyond the source and destination in the policy exchange, interested actors can also modify policy transfer during the process (Porto de Oliveira, 2020). Indeed, they have the capacity to serve as facilitators or inhibitors (Dolowitz, Keeley & Medearis 2012; Dolowitz & Medearis 2009; Stone 2020b). However, the influence some of these commissions wield in domestication of COVID-19 control measures was limited (Stone & Schmider, 2023). The present study sought to explore whether the influence of these third-party entities in Kenya's translation of IPC is limited or robust.

Moving to the object of the transfer, not all transferred policies are the same. Neither do all transferred policies require similar resources in the processes of adoption. Policy actors are more likely to pass policies requiring little expenditure compared to cost intensive programs

(Dolowitz, 2017b). However, transferred policies or candidate policies for transfer, for instance, the WHO's protocol guidelines for curbing COVID-19 threats, are not simple changes to existing situations. Instead, they are major changes that require total breakaway from existing policy tradition. Thus, in order to translate such guidelines at a national level, there is the need for sustained commitment in equipment, personnel, financing and other heavy-duty requirements (Hare, 2017).

Scholars are fond of depicting transfer of policy as a rational exercise between equal partners. In reality however, the process is usually far from that. Among other factors, capacity plays a crucial role in determining the outcomes. Initiation process and the reception process of the transfer are reflective of such capacity. For instance, global governance actors delivering technical assistance are both policy entrepreneurs and supranational organizations (Bazbauers, 2018) whose strengths enable them to influence policy movements. They utilize the forum to initiate and seek to find acceptors to policy solutions (Porto de Oliveira & Pal, 2018).

Importantly, studying the existence of ideal capacity is also important in illuminating our understanding of how resources and capacity affect policies. In their study of organizational capacity and institutionalization of monitoring and evaluation in government agencies in the Ministry of Health in Kenya, Jackson and Kimutai found that resources had significant positive influence on institutionalization of monitoring and evaluation. Attributes pertaining ethics and mindset were important resource to governance, and, thus, had a positive significant influence on institutionalization of monitoring and evaluation (Jackson & Kimutai, 2018). Therefore, they conclude that ethics could be a decisive resource in determining the institutionalization of both monitoring and evaluation of policies and practices.

Drawing on Simon's established framework of capacity in decision making, the study of Moyson and Scholten (2018) argues that transfer actors are constrained by the environment (limited amount and quality of available information) and that their cognitive abilities are imperfect: limited capacity to collect, acquire and translate the available information. Although these notions are not new to policy studies (Simon, 1986), they are nonetheless useful application to transfer studies. Moyson and Scholten (2018) were the first to raise this perspective. However, other transfer enquiries soon resonated with it. Some of these supportive studies are the empirical work of Duin BA (2017), Soremi (2019) and McRobie et al. (2018).

Duin BA found out that there are limits to what policy transfer can accomplish in relation to urban household energy consumption in the European Union. The limits were due to the complexities associated with the energy arena (Duin BA, 2017). On her part, Soremi's (2019) study revealed that transfer choices and outcomes were reflective of the -weak- capacity of West African countries to domesticate the policy measure (Soremi, 2019). In addition, McRobie and colleagues' study indicates that acute shortages in financial and human resources have affected the transfer of the WHO's 90-90-90 to Ghana and Uganda (McRobie et al., 2018).

Although Duin BA, Soremi and McRobie et al. have illustrated the influence of capacity on the ability of states to utilize foreign models, their studies have not answered the question of whether states could deliberately weaken their systems to avoid transfer, whether incapacity could lead to immobility and ultimately how transfer actors augment their system's capacity.

Morais de Sá e Silva addressed the first of these questions. Her study highlighted the processes followed by Brazil's Jair Bolsonaro in the reduction or termination of existing policies. She argues that his efforts, along with his associates, were systematic techniques of manipulating the country that culminated in the reduction and elimination of policy capacities. At the individual policy capacity level, she found that, Bolsonaro's aggression against the country's bureaucracy has resulted in fear and lack of confidence. This was the consequence of his mistrust and contempt for career civil servants, through bureaucratic reshuffling. In this, either he removed bureaucrats from their original positions or they resorted to exit in fear of persecution (Morais de Sá e Silva, 2022). Thus, the intimidation and disarrangement of the federal bureaucracy in Brazil, she concludes, were signs of deliberate attempts to manipulate and dismantle the capacity of the country.

For the second question, McLean and Borén explore the barriers to the translation of transferred policies. Their study seeks to answer the question of policy immobility. In Capital Regional District and its 13 municipalities in British Columbia of Canada, McLean and Borén (2015) discovered that both resource constraints and procedural complexity of the policy have hampered implementation of sustainability at local levels. The study highlights the fact that capacity of government, in their case, in terms of its broken governance structure adds to difficulty in policy transfer. Weaknesses in governance, as they report, manifested in the lack of clear leadership to the municipalities, inability to set competitiveness spirit among the municipalities and ineffective

support provision for municipalities (McLean & Borén, 2015) proved to be vivid barriers to the transfer of sustainability in the British Columbia: hence, policy immobility.

For the third question, Obosi's interrelated studies show that, with right motivation and intention, it is possible to enhance the capacity of the public sector through partnerships. He argues that policy actors can solve the weakness of governments exhibited in the form of ineffective service delivery. To him, in fact, the inadequacies of the existing institutional arrangements provide space for fluid and flexible public-private partnerships (Obosi, 2018). This has proven effective as a solution to public sector reform failures: by enhancing accessibility, quality service, and affordability (Obosi, 2021).

Indeed, public institutions that have adopted more private sector participation tend to perform better (Obosi, 2013). Although Kenya, similar to other African countries, has increasingly enabled the participation of private actors in governance across all its sectors, the operational space accorded them is full of challenges (Obosi, 2021). Thus, better flexibility with regard to attracting and interacting with partners make the participation meaningful and effective (Obosi, 2018).

Obosi's points (2013; 2018 & 2021) resonate with other important perspectives in policy transfer. On the one hand, in order to create effective complementary capacity to the public sector, background resources from the potential partners in the form of technologies, infrastructures and sound practices are required (Heyen et al., 2021). Moreover, on the other hand, the ability to implement an innovative partnership for complementing the public sector is a component of the learning process (Nicholson-Crotty & Carley, 2016).

Sizeable empirical evidence had emerged on Kenya's COVID-19 response. Among these, studies related to capacity of the country in policy making have indicated that official corruption in the management or mismanagement of funds earmarked for COVID-19 response has led to what Kenyans on social media have dubbed 'COVID-19 millionaires' (Nasong'o, 2022). This has contributed significantly in the proliferation of vaccine hesitancy among the population (Zavala et al., 2022).

Other reports pertain to policy inequity. On the one hand, Kenya's enforcement of COVID-19 measures was occasioned by police brutality, extortion and assault on civilians, vulnerable

violators such as the poor and women and girls (Akanji, 2022). On the other hand, people living with disability (PLWD) had a sense that they were not part of the priority categories of the state (Zavala et al., 2022).

In particular, one of these empirical studies, produced by Maina et al. contextualized the operational capacity of Kenya's public hospitals in the height of the pandemic's response. These scholars report that inadequacy of finance was a general characteristic of all hospitals. While some hospitals had accessed additional funds to improve infection prevention and control, they tended to be small amounts of money (Maina et al., 2020).

Another limitation of the hospitals was inadequacies of vital tools needed in the response to infections. These prevention materials were a longstanding gap, even before COVID-19 pandemic. With the outbreak of the pandemic, however, the system further reduced its supply of the PPE. This led to fear and anxiety among health care personnel (Maina et al., 2020).

Another setback encountered by Kenya's healthcare system was the persistence of low staff morale. Due to unavailability of tools needed to respond to the pandemic, absence of government policy to prioritize their own welfare and regular exposure to infected patients, the healthcare workforce was demoralized and unmotivated (Maina et al., 2020).

In all, the section shows that scholars' efforts in investigating the role of capacity in the translation of transferred policy is sizable(Dolowitz 2017b; Dolowitz 2024; Dolowitz & Xiong 2024; Dolowitz & Xiong 2025; Maina et al. 2020; McConnell & Drennan 2006; Morais de Sá e Silva 2022; Nasong'o 2022; Varjú 2021). These studies, taken together, influenced the present thesis in two ways. First, they lead the thesis in assuming that resource availability could influence the translation of the COVID-19 IPC protocol in Kenya. Moreover, second, they aided the thesis in establishing the state of the art of the literature on the capacity of actors, institutions and systems to transfer and translate policies. Thus, they show that areas such as sustainable development (McLean & Borén, 2015), renewable energy (Nicholson-Crotty & Carley, 2016), disaster risk reduction (Soremi, 2019) and HIV care (McRobbie et al., 2018) have been serviced by scholarship. Populations covered include the United States (Nicholson-Crotty & Carley, 2016), Canada (McLean & Borén, 2015), West Africa (Soremi, 2019) and Ghana and Uganda (McRobbie et al., 2018).

Methods employed in such studies include qualitative approach (Dolowitz 2024; McLean & Borén 2015; Soremi 2019), quantitative technique (Nicholson-Crotty & Carley, 2016) as well as mixed approach (McRobbie et al., 2018). The studies also demonstrate that although it is possible to rely on policy transfer framework as the sole theoretical lens for exploring the influence of capacity and resource in the translation of transferred policies, complementing the policy transfer heuristic with suitable theory adds to the precision and depth of the study. Thus, theories such as Policy Project Framework (McRobbie et al., 2018), theory of mobility and immobility (McLean & Borén, 2015) and Narrative Policy Framework (Soremi 2019) are useful complements to Dolowitz and Marsh's policy transfer model. Therefore, this thesis follows the lead of these studies by utilizing Punctuated Equilibrium theory to aid the policy transfer heuristic in studying the capacity of Kenya's Task Force as well as the country's system in translation of the WHO's IPC measures.

2.7 Theoretical Framework

2.7.1 Policy Transfer Heuristic

The dominant framework that anchors the development of this study is the policy transfer heuristic. Dolowitz and Marsh developed it in 1996 as a heuristic framework for examining and explaining the movement of public policy from one or more political system(s) to another or other political settings. Thus, policy transfer is a framework of policy development that seeks to guide scholars and students as they systematically study the movement of policy.

They do this focusing on the set of processes in which knowledge about institutions, policies or delivery systems in one sector or level of governance is used in the development of institutions, policies or delivery systems in another sector or level of governance in a different country (Dolowitz & Marsh 1996; Evans 2017). It provides critical reflection on power, political dilemmas, and policymaking context (Cairney, St Denny & Mitchell, 2021) and the resultant modification of the transferred instrument (Stone, 2017). Application of this model requires not only a researcher to study how the borrowing system use a policy but also an analysis of the potential application of that policy in the local context (Hare, 2017). Thus, the policy transfer heuristic is most useful in enabling scholars and students of policy to understand what they had observed in the policy spread.

Despite the usefulness of this framework, some critiques have attempted to point out weaknesses. Monios (2017) observes that the dilemma with policy transfer is that it is difficult to ascertain when a policy has actually been transferred (as opposed to a natural evolution in the policy making process). Similarly, it is unclear how to determine that a transferred policy has failed as opposed to a situation where implementers have failed to invest adequately in its implementation. However, 'what is the motive behind the policy itself' is a good question in relation to capacity of a system. It might be for spreading power on behalf of development issues because of manufacturing globalization. Similarly, it has been seen as a double-edged sword with a relative stability of ideas in imposing inertia on decision-making on the one hand and dynamism of ideas in how ideas are collected, selected, assembled, arranged, and then communicated, advocated, or abandoned on the other (Moyson, Scholten & Weible, 2017); hence, creating two contradictory forces of politics. Critics have also blamed policy transfer framework for granting incentives for policy-makers to rush towards importing policies without sufficient attention to why the previous policy failed or how the potentially imported policy may likely succeed, cultivating a policy churn (Monios, 2017).

Perhaps, the chief criticism of the policy transfer framework is that even if its creators' questions are still fundamental for the definition of a research design, it is nonetheless insufficient. Relatedly, even if the proponents' framework focused on some of the most important aspects of the phenomenon, such as the motivations for transfers, actors engaged in the process, the origins and elements of transfer, as well as the effects of policy transfer, critics continue to reduce it to a mere label. Some of them argue that the framework portrays transfer processes as essentially linear, usually taking place from one government to another. Recent empirical evidence suggests that these are complex movements, which involve different directions, as well as actions for translating or adapting the underlying meanings of public policies and the importance of their policy instruments. The so-called "sociology of public action" has been important to fulfill these questions (Porto de Oliveira & Pimenta de Faria, 2017 p17-18). However, the classic transfer theorists have debunked the linear depiction of policy transfer processes as unrepresentative of their (Dolowitz, 2017b; Dolowitz 2020; Dolowitz & Marsh 2012).

Nevertheless, other critics have also observed that most approaches to policy transfer are unclear in their specification of independent and dependent variables and clumsy in their theorization of the relationship between variables and between levels of enquiry (Evans, 2017). This is largely

because most explanations of policy transfer emerge from inductive reasoning rather than deductive formal modeling (Evans, 2017). To overcome this common limitation of policy transfer research, the present thesis anchored its theorization on the PET theory. However, transfer could be either a dependent or an independent variable, depending on how it is being used (Dolowitz & Marsh, 1996) and what elements form the foci of its interrogation. This thesis uses policy transfer as independent variable and thus translation of the transferred policy forming the dependent variable of the study.

2.7.2 Punctuated Equilibrium Theory (PET)

Jones and Baumgartner proposed the PET in 1993. It began with a long-term analysis of American national policymaking. A crucial realization by this theory is that policy change, which is the main phenomenon the theory seeks to explain, takes a long time (Cairney, 2023). However, the features of PET have been useful in understanding public policymaking more generally (True, Jones & Baumgartner, 2007). Having started out as a theory of agenda setting, PET has evolved into a general theory of information processing in politics and policymaking (Green-Pedersen & Princen, 2016). The policy process is complex and dynamic, but pace of change is not always constant or linear (Smith & Larimer, 2009). In this way, PET has remained an agenda setting theory, but rather than limiting itself to explaining the allocation of political attention to issues (that is, the political agenda), it has brought the concept of attention to the core of a theory of policymaking and politics more generally (Green-Pedersen & Princen, 2016).

The theory focuses on the interaction of political institutions, interest mobilizations, and boundedly rational decision-making. Thus, through the dynamics of the interplay among institutions, interests, and attentiveness, policy actors have applied the PET to other advanced democracies as well as a variety of other policymaking venues (True, Jones & Baumgartner, 2007). These arenas encompass discussing system stability and change in terms of agenda-setting processes, evidenced by instances of punctuated equilibrium through which rapid changes to the system are achieved (Koliba, Meek & Zia, 2010). Therefore, its theorists posit that many governments in the twenty-first century shoulder a wider variety of responsibilities and face an array of problems and policies seeking space on their institutional agendas. They have coped by evolving into interactive, complex systems of several levels (True, Jones & Baumgartner, 2007) owing to the overwhelming scale of policy-making (Cairney, 2023). Therefore, the PET is an

analytical tool that attempts to integrate explanations of incremental and non-incremental policy change into a single perspective.

Imported from paleontology, the PET challenges incremental perspectives in which policy exclusively takes the form of a gradualist evolutionary process from one period to the next (Bakir & Jarvis, 2018). The strength of the PET is in its potentiality in explaining policy change. It is particularly useful in predicting the sequence of processes contingent to the conjectural causation in relation to the interplay of constraining environments and policy entrepreneurship (Bakir & Jarvis, 2018). Indeed, neither incrementalism nor global rational theories of preference maximization fit well with the joint observations of stasis and dramatic change that are the dual foci of the PET (True, Jones & Baumgartner, 2007).

Equilibrium

Baumgartner and Jones postulate a condition of monopolistic control of the agenda in an issue area by established interests (Bardach, 2006). The actors dominating the policy sub-system constitute a policy monopoly. Policy sub-systems provide stability or equilibrium around policy questions (Green-Pedersen & Princen, 2016). An older imagery describing the same phenomenon is the iron triangle (also sub-government) of the interest group, executive agency, and congressional appropriations and policy committees. If this triad agreed on policy, no one else can creep into the game. In addition, even if they disagreed, they had a stake in keeping others out while they settled matters among themselves.

Knowing this, few only few actors try to break the triangle (Bardach, 2006); and they invariably fail. Therefore, changes from within the sub-system are mainly incremental, such as minor adjustments to policy instruments. These actors interpret new information about the relevant policy question to fit the existing policy image and therefore only leads to incremental change. This process is what Baumgartner and Jones term negative feedback (Green-Pedersen & Princen, 2016). Thus, they call this condition equilibrium, even though it does not in fact equilibrate anything. At best, it is equilibrium only in the same sense that death is a state of peace (Bardach, 2006). Therefore, a health subsystem such as Kenya's could remain under the radar: with no major changes or shifts in policy direction for a long period.

Punctuation

If an analyst only focuses on sub-systems, s(he) could easily come to the conclusion that public policy was extremely stable and politics could find a general equilibrium composed of all the

equilibria that develop around specific policy questions. However, political systems are more complex than simply the sum of distinct policy sub-systems. Any political system also contains macro-politics in which political actors such as presidents, prime ministers, party leaders and the general news media wield influence. These important players shift around attention to different policy questions; a sudden burst in attention generated by macro-politics is one source of sudden change; that is, punctuation.

Therefore, once macro-political actors who do not necessarily share the existing policy image get involved, positive feedback mechanisms operate and a new policy image may establish itself within a short time span. Crucially, macro-politics may turn to a policy question for many reasons. For instance, a newly elected President may be one such reason. Another may be new information about a policy problem, perhaps due to a focusing event (Green-Pedersen & Princen, 2016). Outbreaks and pandemics could also force the subsystem to adopt radical policy measures that shifts away from tradition. This thesis shows that responding to major shocks and stresses to the system such as COVID-19 would necessitate a subsystem to break away from incremental policies; hence, punctuation occurs.

Change

If there is indeed novelty, there is nothing substantive to punctuate. The punctuated change is only with respect to the pace of change itself (Bardach, 2006). Therefore, the big question, of course, is what punctuates equilibria? What forces disrupt the process of incremental policy change and precipitate a radical shift in policymaking? Baumgartner and Jones argue that underlying these shifts are the breakdown of traditional policy subsystems through an important policy loop called feedback (Smith & Larimer, 2009). They integrated systems analysis within a public policy framework by drawing on negative and positive feedback concepts to describe systems dynamics (Koliba, Meek & Zia, 2010).

For illustration of this, PET documents how shifts in macro political attention result in both negative and positive feedback cycles in policy-making (Boushey, 2013). Policy processes involve longer periods of incrementalism with negative feedback making policy changes to the status quo relatively minor and difficult to sustain (Bakir & Jarvis, 2018). Thus, negative feedback cycles emerge consequent to the delegation of routine policy-making to policy sub-governments -as core groups of institutional actors make marginal adjustments to policy in response to a dominant policy image (Boushey, 2013).

The latter (positive feedback) is equally discernible in policy subsystems. Large policy changes do periodically occur, reflecting processes of positive and assertive feedback, often in response to sudden changes in opinion, event development, or shocks (Bakir & Jarvis, 2018). Positive feedback cycles occur when intensive political attention focuses system-wide attention on a new dimension of a policy problem. When this occurs, policy change develops rapidly as new political actors and new jurisdictions become absorbed into policy-making (Boushey, 2013). A quintessential example is the spread of COVID-19 and how all health systems (Kenya's included) needed to respond to the positive feedback in the form of drastic emergency policy changes.

From the change, it becomes obvious that to understand forces leading to both policy stability and rapid changes in a single political system, PET approaches the study of public policy longitudinally by exploring how focusing events, institutional venues, policy ideas and policy entrepreneurs interact to produce policy change. The allocation of government attention is unpredictable, yet PET identifies systematic processes that lead to the dynamic processes of policy change over time through the study of comparative issue dynamics across institutional and historical contexts (Boushey, 2013). Therefore, despite the relevance of PET to this thesis, its focus on longitudinal policy analysis makes it unsuitable as the main theoretical lens. This study's main preoccupation is the instant policy translation from the WHO to Kenya. Similarly, because it does not explain the transfer of the IPC policy from the WHO –its relevance only begins after the COVID-19 Task Force moved the IPC policy to Kenya. Hence, the thesis utilized this theory limitedly, as a supportive theoretical prism.

2.8 Conceptual Framework

Independent Variables **Dependent Variable**

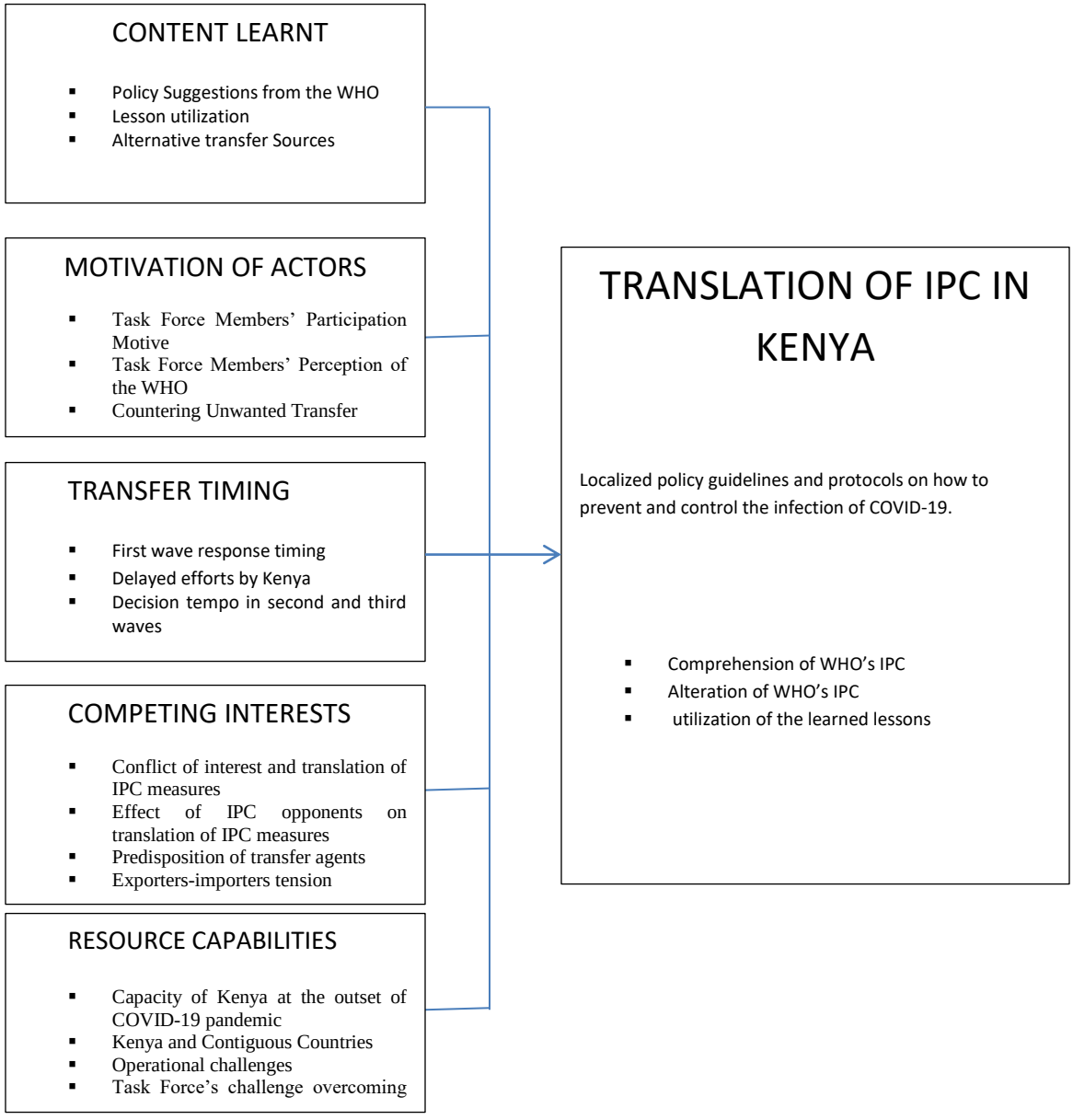

Fig 1: Conceptual Framework

The figure above shows the conceptual framework that guided this thesis. It seeks to illustrate the relationship between the independent variables (IV) and the dependent variable (DV). Although strict conceptual frameworks seek to establish causality between the IV and DV, this thesis regards such precise modeling as a property of quantification. Thus, because the study's design is interpretivist design (based on inductive approach and qualitative strategy), this conceptual framework aims towards establishing relationship between the IV and DV through explorative objectives of aiming to understand the meanings behind the lived experience (decisions and actions) of the study's subjects. Thus, inductive reasoning influences both its a priori and a posteriori logics and conceptions.

Therefore, the conceptual framework shows that the nature of the content learned, the motivational factors of actors involved in the transfer, the timing of the transfer, the power relation among the transfer actors in terms of conflict of interest as well as resource availability of Kenya may have had an influence over the translation of the WHO's IPC in Kenya. What this thesis suggests is that these five factors were relevant in the translation process. Thus, it sought to explore how influential they may have been.

Specifically, therefore, the conceptual framework indicated content learnt via the indicators of: policy suggestions from the WHO, lesson utilization, and alternative transfer sources. Similarly, it represented motivation of the transfer agents through the indices of: Task Force members' participation motive, Task Force members' perception of the WHO, and countering unwanted transferred measures. Regarding time, the conceptual framework represented it by the proxies of: first wave response timing, delayed efforts by Kenya, decision tempo in second and third waves. Furthermore, it indicated the conflict of interest among transfer agents by questions on: conflict of interest, IPC opponents, predisposition of transfer agents, and exporters-importers tension. Moreover, finally, it represented resource capability through the indices of: capacity of Kenya at the outset of COVID-19 pandemic, Kenya and contiguous countries, operational challenges, and Task Force's challenge overcoming tactics.

Regarding the DV, translation of the WHO's IPC measures took the form of the localized policy guidelines and protocols issued out by MoH on how to prevent and control the infection of COVID-19.

Thus, the indicators of the translation are: comprehension of the IPC measures, alteration of the received IPC to generate context specific guidelines for Kenya, and utilization of the learned lessons in Kenya.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research philosophy, research design and the phenomena of analysis. It also contains the description of the site of the study, target population, sampling techniques and sample size. Other contents of this chapter include details of the research instruments, validity and reliability, data collection procedures, and data analysis procedures, as well as logistical and ethical considerations.

3.1 Research Philosophy

This thesis draws its philosophical foundation from Critical Realism. Indeed, Yang, Zhang and Holzer (2008) have called for policy studies to wrestle out of the positivist paradigm that does not reflect reality in policy settings. Similarly, Gabrielian, Yang and Spice (2008) argue that attitude and substantive focus should be the hallmark of policy research rather than quantification of policy outcome.

On the other hand, Critical Realism (alternatively termed transcendental or complex realism) is a philosophy amenable to both qualitative and quantitative research methods. It is most closely associated with the early works of the philosopher Roy Bhaskar (Clark, 2008). As a general philosophy of science, Critical Realism is a philosophy concerned with ontology (the philosophical study of being).

In its first move, it reinvigorated ontology by arguing that a researcher cannot reduce statements about the world (ontology) to the statement about the knowledge of the world (epistemology). Any attempt to conflate the two amounts to an epistemic fallacy (McGrath, 2006). Thus, critical

realism simultaneously recognizes the existence of knowledge independent of humans but also the socially embedded and fallible nature of scientific inquiry (Clark, 2008).

In its second move, it argues against the implicit ontology of the mainstream philosophy that pictured the world as unstructured, undifferentiated and unchanging. Thus, it countered this by putting forth the view of reality as structured, differentiated and changing. Indeed, critical realism views reality as complex and recognizes the role of both agency and structural factors in influencing human behavior (Clark, 2008).

Critical Realism, as a philosophy of social science however, advances the supposition that social structure was a necessary condition that always preexists in and around agency. In turn, human agency was necessary for the reproduction and transformation of social structure. The concept of agency itself is crucial to Critical Realism. This is the case because its philosophers view the mind as an emerging part of matter and reasons as causally efficacious in producing actions.

In its third move, it developed the conception of society through the notion of four planes of social being. Thus, all social events simultaneously occur through these four planes: material transactions with nature, social interactions between people, social structure, and the stratification that embody personality. The human's mind conceives being in seven layers:

> At layer 1, we think being as such, and as non-identity and as structured,…at layer 2, next we think being as process, as involving absence, negativity and change,…while at layer 3 we think being as together, as a whole or a totality. At layer 4, however, we think being as incorporating transformative praxis,…at layer 5, we think being as incorporating reflexivity and inwardness, and spirituality,…while at layer 6 we think being as re-enchanted,… and, finally, at layer 7 we think being as incorporating the primacy of identity over difference and unity over split, and as non-duality (Bhaskar, 2020: 115).

The early work of Bhaskar attempted to divide these 7 layers of being into three realms of reality: the actual, the real, and the empirical (Clark, 2008). Thus, he reconceived these realms as phases and represented as: (i) basic critical realism; (ii) dialectical critical realism; and (iii) the philosophy of meta-reality (Bhaskar, 2020: 115).

First, the actual domain refers to events and outcomes that occur in the world. This represents the basic property of critical realism. Second, the real domain refers to underlying relations, structures, and tendencies that have the power to cause changes in the actual realm. Most often, these causal influences remain latent. However, under the right circumstances, elements in the real domain can act together to generate causal changes in the actual domain. These causal changes are neither uniform nor chaotic but are somewhat patterned. Bhaskar developed this as a retort to the doctrine of ontological malevolence. Moreover, third, the empirical dimension refers to human perspectives on the world, i.e., of the actual and real domains (Clark, 2008). Critical realism argued that the world that it refers to as demi reality (world of illusion and apprehension) actually contains, tacitly, realm of trust and solidarity. Thus, critical realism argues that these qualities and actions at meta-real level sustain the whole of social reality. Exploring the world at the meta-real level allows observers to identify, here and now, a world that can form the basis of a society of universal human flourishing.

All told, the process of knowing culminates in what the explorers come to know. Roy Bhasker is interested in the social location of knowledge. His key point is that ontology determines epistemology: the way things are, affects the way we know them and the extent to which we can know them.

This philosophy holds that an observer cannot use a single methodology and hope to reveal everything; it cannot. Because ontologies are different, epistemologies are also varied. Because different layers of reality exist, investigators should frame different to observe these layers. Therefore, this doctrine argues against reductionism (McGrath, 2006). Indeed, critical realism adherents unite on the common ground of seriousness (unity of theory and practice). Critical realism thus provides a philosophy that enables humans can act upon, meaningfully. Other philosophies fail to do this.

Within the Critical Realism philosophy, this thesis chose inductive approach to data treatment. The inductive method is reliable in investigating a phenomenon designed qualitatively (Barakso, Sabet & Schaffner 2014; Bazeley 2013; Bhattacherjee 2012; Flick 2018; Leavy 2017; Nutt & Wilson 2010). The goal is to generate meaning through rich, descriptive data designed to produce patterns from observed data (Bhattacherjee 2012; Leavy 2017). Thus, rather than presuming to know how the world works and test hypotheses, inductive research starts by

observing the natural world and then derives hypotheses and theories from these observations (Barakso et al. 2014; Bhaskar 2020).

Small n research is particularly amenable to inductive approaches (Barakso et al. 2014; Leavy 2017; Nutt & Wilson 2010) owing to its ability to better study a social phenomenon from the perspective of individuals and small groups (Leavy, 2017). Although this is the case for all demographics, it is especially more so in studies whose subjects are politically powerful, such as the COVID-19 Task Force. Nutt and Wilson (2010) have found that studies that utilize small sample based on an inductive approach are more likely to yield valid and reliable results than large-sample deductive studies conceived on hypothesis.

Indeed, inductive researchers avoid ontological fallacy (Bhaskar, 2020) by not presuming to know all relevant variables causing the expected influence (Barakso et al., 2014). Instead, they adopt an approach of seeking an insider view of the social world, using an emergent approach, and working intensively with small samples (Bazeley, 2013). Therefore, these approaches are particularly helpful for exploratory research anchored on unaddressed questions or questions that existing scholarship has not sufficiently tackled (Barakso et al., 2014). This thesis seeks to contribute to the latter.

The inductive framework allows a researcher to build the knowledge production from data-up. This way, it enables them to ground the focus on meaning in the data itself. The explicit responses of the study's subjects formed the interpretive framework of the approach (see 3.2 below). This is a stark contrast with the deductive approach, in which a researcher draws a theoretical orientation to the data. The latter's hallmark is in the reliance on particular questions that are driving the analysis, rather than paying keen attention to the data for it to influence the direction of the analysis (Bhaskar, 2020).

3.2 Research Design

This study chose Interpretivist design to enable the exploration of the matter under its investigation. This design is an appropriate choice to complete the study's philosophy (Critical Realism). Indeed, the mixture of the philosophical lens of Critical Realism and the design of interpretivism lends this thesis an effective base that gleans together its perspectives. Thus, the present study uses these orientations more in terms of what they unite in opposing: positivism.

Indeed, the scholarship of public policy methodology has increasingly been advocating for interpretivism as an ideal design to support research in public policy (Gabrielian et al. 2008; Yang et al. 2008). The preoccupation of interpretive research on attitude enhances the attractiveness of interpretivism to policy studies. Attitude reflects the actions/inactions of policymakers. This study abstracts its substantive focus of the attitudinal dimensions to enable contextualizing its measures in the policy setting. Thus, the thesis anchored its design on the interpretivist prism.

In the application of the interpretivist design (within Critical Realist doctrine) to the present thesis, the study mesh-matched some core divides (inductive versus deductive reasoning, experiential versus critical orientation to data collection, and realist versus constructivist theorization) by integrating the elements of both. Thus, although it leans more on inductive orientation (please see 3.1 above) in terms of the treatment of the data and the analysis that ensued, its conception was influenced by deductive reasoning. Specifically, it mapped its literature gap, in the statement of problem, to aid answering some certain questions that remained limitedly serviced by scholars. Crucially, it demonstrated the study's necessity on these gaps. Therefore, these questions: transfer timing, agents' power within the transfer structure as well as the motivational factors influencing their actions (Dolowitz 2017a; Dolowitz 2020) guided the question framing of the present study. Hence, this gives it some deductive orientation. However, to limit the deductive influence, the study ensured that the questions asked in the interview did not instruct the analysis of the data. This approach was effective: it ensured that the inductive reasoning prevailed.

Experiential orientation to data allows researchers to capture people's meaning, life and reality in terms of what is going on around them. The study grounds its interpretation around what is going on in the lives of the study's subjects. On the other hand, it anchored its critical orientation as a more questioning orientation of the interrogation. Thus, through these two approaches, it sought to uncover what is going on with the study's subject. How is it possible and what sense to make out of data are some of the orientations of the critical approach. Thus, it treats the account narrated from the data not as an end-point of the observation but as a means to deeper interpretation of unpacking what is going on. The present study adopts both.

The interpretive design treats data as a means of granting the discoverer to some kind of reality and located truth about experience, meaning and practices that the study's subjects are engaged in. Constructive theoretical perspective is an approach which scholars use to ensure that the topic of their research specifically, and their field of enquiry broadly, is understood, framed and conceived. Thus, it is concerned with how investigators make and construct certain reality in the data at hand. The present study designed its method to sit on this continuum.

All told, this study's doctrine sits on these three continua. It leans more to the side of inductive, experiential and realist orientation. Thus, it is less deductive in terms of the coding and analysis of the data, less critical orientation in terms of the collection of the data and less constructivist in terms of theoretical perspective.

3.3 Phenomena of Analysis

The phenomena of interest in this study are the elements that operate each objective. Thus, they are the measurable components for these objectives. In this study, the elements are: learning content, motivation, time, competition, and resources. This study does not assume each of these elements to be positive or available. Rather, it assumes that their presence, absence as well as changes in them can affect the translation of IPC measures in Kenya. Thus, the thesis sought to explore how they may have influenced (positively or negatively) the domestication of the transferred policy, or its non-domestication.

Regarding the variable learning, the study paid attention to: i) policy suggestions from the WHO, ii) lesson utilization, iii) and alternative transfer sources. On the variable motivation, the study focused on: i) Task Force members' participation motive, ii) Task Force Members' perception of the WHO, iii) and countering unwanted transferred policies. Regarding the variable time, the study chose to pay attention to: i) first wave response timing, ii) delayed efforts by Kenya, and iii) decision tempo in second and third waves. On the variable power, the choices of the study were: i) conflict of interest and translation of IPC measures, ii) effect of IPC opponents on translation of IPC measures, iii) predisposition of transfer agents, and iv) exporters-importers tension. In addition, finally, regarding the variable capacity, the study paid attention to: i) capacity of Kenya at the outset of COVID-19 pandemic, ii) Kenya and contiguous countries, iii) operational challenges, and iv) Task Force's challenge overcoming.

3.4 Site of the Study

The Kenya Ministry of Health (MoH) is the site for this study (see appendix J and appendix K). The core mandates of the MoH are designing, implementing, and designating: a) health policy, b) health regulation, c) national health referral facilities, d) capacity building, and e) technical assistance to counties (Muathe & Nyambane, 2017).

The ministry has six departments: i) Department of Preventive and Promotive Health ii) Department of Curative and Rehabilitative Health Services, iii) Department of Standards and Quality Assurance and Regulation, iv) Department of Planning and Health Financing, v) Department of Health Sector Coordination and Inter-Governmental Relations, and iv) Department of Administrative Services. In all, the Kenya Ministry of Health had a population of 425 employees (Muathe & Nyambane, 2017) in the pre-pandemic period.

3.5 Target Population

This thesis considered each individual that had any potential influence on decisions vis-à-vis COVID-19 containment measures in Kenya as a unit of analysis in this study. Therefore, the aggregate number of the policy actors involved in the translation of the IPC measures served as the population of this thesis. Hence, the target population of the study is the combination of the twenty-five members of the MoH main Task Force for COVID-19 preparedness and policy response, the nine subcommittees for MoH COVID-19 response and the six staff members of the Department of IPC of the Kenya MoH. Thus, the population of this research comprises of all the policy actors who were involved in the MoH-led translation of the WHO's IPC to Kenya. The total number of these policy actors is 40 individuals.

3.6 Sampling Techniques and Sample Size

In the bid to select the appropriate participants for this study, the researcher chose a combination of sampling techniques to recruit the right respondents. This is because no single sampling design was adequate in recruiting. Therefore, the study utilized two (2) sampling techniques, namely, purposive and snowballing.

On the one hand, the study used purposive sampling in selecting one (1) respondent from each of the nine COVID-19 subcommittees. This choice was because there was the need for the study to

incorporate the input of each of the sub-committees. Thus, the selection of the sub-committees' representatives was justifiable on the ground that the recruited member would be able to provide insights about the sub-committee's experience and choices. Further, the thesis carried out purposive sampling to select four (4) employees from the department of IPC in the MoH.

On the other hand, the researcher utilized snowballing sampling as an ideal approach for conducting interview with eleven (11) members of the main Task Force (NCVDVT). The snowballing design was preferred, in this, because some of the Task Force members had already left the Task Force at the time of the commencement of this study's interview (June, 2022). Thus, the study relied on the Chairman of the main Task Force and other willing members to provide contact information about the departed members. This approach was effective because up to five (5) of the eleven (11) participated members of the main Task Force were selected via the snowballing technique.

All told, through the combination of purposive and snowballing sampling, the researcher successfully selected 24 respondents to participate in the study (see Table 1).

Table 3.1: Sampling Frame

POPULATION	TOTAL ELIGIBLE	SELECTED SAMPLE
COVID-19 TASK FORCE MEMBERS	25	11
IPC DEPERTMENT	6	4
NINE SUBCOMMITTEES	9	9
	40	24

3.7 Research Instruments

This thesis utilized the Key informant interviews (KIIs) guides as the main instruments for collecting the study's primary data. These tools were pilot-tested on four (4) policy actors who had near-exact characteristics with the would-be participants. The pilots were Task Force members from Pharmacy and Poisons Board (PPB) of Kenya, AMREF Africa and two (2) staff of MoH.

Importantly, at the eventual selection, these pilot interviewees were not allowed to partake in the actual study (please see 3.9.2). The researcher later used these tested KIIs guides in the interviews with the actual Task Force members who participated in the study.

The study chose the KIIs as ideal tool of collecting its data. This is owing to the fact that the study's participants are relatively powerful (its membership included an Adviser to the Kenya's

President and other heads of departments of the MoH). Alternative tools, such as questionnaires, would have been limiting in collecting esoteric information from such strategically placed policy actors.

The researcher used the instruments in two ways: onsite and online administration. All the respondents were given the option to choose whether they prefer been interviewed in-person or online. The in-person interviews took place mostly within the premises of the MoH.

The study conducted its online interviews via Google-meet. The participants chose the time of the interviews (the researcher gave them the option to reject or accept the recording of their participation: all yielded approval). The approach of combining the onsite and online interviewing proved effective in this study (please see 3.9.3 below).

3.8 Validity and Reliability

3.8.1 Validity

Validity connotes logic and well-grounded principles of evidence (Giannatasio, 2008). It is an important criterion in research methodology. It indicates the degree to which an instrument adequately represents and measures the underlying construct that researchers seek to measure (Bhatterjee 2012; Kothari 2004). In qualitative approach, it implies that the researcher should check for the efficacy of the findings by utilizing certain tested procedures (Cresswell, 2014).

The validity of the present study's instruments is justified because it designed its data collection instruments to test the constructs they ought to measure. It tailored the instruments around the elements and parameters that are central to the research problem. This gives the researcher the confidence to believe that the KIIs will succeed in collating the values which the thesis intended to investigate: hence, valid responses.

3.8.2 Reliability

Reliability of a measure is the actual extent to which the measure of a construct is dependable and trustworthy (Bhatterjee 2012; Giannatasio 2008). Thus, observers judge a measuring instrument as reliable if it provides consistent results across different measurements (Kothari, 2004). In qualitative studies, it suggests that an investigator's approach is consistent within the field when compared to different researchers' and different projects' approaches (Cresswell, 2014).

The present study also believes that applying the study's instruments (interview schedules) to review policy transfer in different loci has the potential of generating similar outcomes. Indeed, recent empirical studies by Soremi (2019) and Dolowitz (2020) have demonstrated the effectiveness of interview schedules in studying the transfer phenomenon.

3.9 Data Collection Procedures

3.9.1 Design of the Structure of the Data Collection Instrument

This study structured the interview schedule in a manner that accords ample (not less than six line) space for each question. This is meant to tacitly indicate to the participants the length of response expected from them. The researcher carried blank papers and displayed them visibly, for capturing extensive answers that exceeded the six-line response space provided.

The study designed the flow of the questions in a logical manner. Thus, it structured the questions into six sections. Each section contained related questions. Moreover, the researcher logically arranged the organization of the questions in each section, with one question leading to the next question.

However, despite the placement of demographic questions as the first section of the interview schedule, the researcher asked questions about the demographic information of the participants at the end of the interview. The logic behind this approach was to establish cordiality between the interviewer and the interviewees before asking the latter the questions which some of them may perceive as sensitive. This approach has proven to be effective.

In line with the inductive strategy chosen by this thesis, the researcher ignored the structure of the questions in the interview schedule whenever possible. The aim of this was to allow fluidity in the responses of the interviewees. Thus, the question partitioning did not pose barrier to the responses of the participants. Instead, the researcher used the structure only as a guide. Therefore, he allowed the participants to go back, whenever necessary, to change their answers. Many respondents utilized the chance of updating their responses. A particular advantage of this technique was that it gave the interview process both logical order and flow.

Another creative strategy used in this study was the use of introduction, section summation and interview wrap up. First, the researcher explained to the participants what the study meant by

policy transfer. After this induction, he asked questions section by section. Section B was the starting point in almost all the interviews. Second, the researcher explained what each section was going to inquire beforehand. After the section introduction, specific questions were asked: questions 6-11 for section B, questions 12-15 for section C, questions 16-18 for section D, questions 19-23 for section E, questions 24-28 for section F and questions 1-5 for section A. At the end of each section, the participants were encouraged to comment freely on any additional information that they might want to add regarding the theme. Moreover, third, at the end of the interview, the interviewees were granted chance to give any additional information on the subject which the researcher might have failed to anticipate. Up to 17 interviewees have added to their initial responses by utilizing the end of interview wrap up remarks.

3.9.2 Design of the Content of the Data Collection Instrument

This study has used some standard interview etiquettes in collecting the data. The researcher has utilized approaches such as listening more and talking less, following up on participants' responses whilst not interrupting them, and requesting participants to reconstruct their answers without pushing them into remembering (Seidman, 2006). Indeed, the hallmark of an in-depth qualitative interviewing is learning how people construct their realities: how they view, define, and experience the world (Taylor, Bogdan & DeVault, 2016). Therefore, speaking in modest amount during interviews has become the standard of maintaining neutrality, being nondirective and importantly maintaining rapport with the participants (Yin, 2011). Indeed, establishing rapport with the participants is the goal of every field researcher (Taylor et al., 2016).

Other protocols recommendable in qualitative studies are for the interviewers to try to develop an open and honest relationship with informants without exaggerations and distortions in their informants' stories (Taylor et al., 2016). Thus, the researcher has observed practices such as keeping participants focused by posing concrete questions to them; limiting the researcher's interaction and tolerating the interviewees silence (Seidman, 2006) in this thesis.

In fact, in the present study, the researcher encouraged engagement by steering the respondents towards the questions' possible outcomes. First, he engaged reluctant respondents deeper; and, second, he led back to the question those respondents who veered off the questions: the researcher achieved all these carefully while minimizing his intervention and respecting

respondents' pace. These were necessary because a qualitative interviewer needs to find ways of getting people to start to talk about their perspectives and experiences without overly structuring the conversation and defining what the interviewee should say (Taylor et al., 2016).

This study intended to ensure that the research instructions were clear to the participants. Thus, the researcher checked repeatedly to establish whether the questions were clear. Therefore, he informed and reminded the respondents that their participation was voluntary: they could refuse to answer specific questions they were uncomfortable with; and that they could terminate the interview whenever they wanted to do so.

Although the study aimed to maintain openness in the questioning, the researcher chose to remain careful by minimizing ambiguity while maximizing precision. For instance, he explained policy transfer phenomenon to the respondents. Similarly, the researcher sought to establish precision in the specific questions asked. He handled the mode of posing the questions in a way that removes ambiguity. The intention was to ensure clear questions based on a fluid open-ended format.

The length of the questions the researcher asked was within the standard range of interview requirement. In a qualitative research, the standard recommendation is a range of 25 to 30 questions (Clarke & Braun, 2013). This study asked 28 questions. The length of these questions was effective in generating both depths of responses as well as breadth in terms of variation of answers. These interviews lasted one hour two minutes on average (R1, 39 minutes; R2, 1 hour 18 minutes; R3, 1 hour 1 minute; R4, 52 minutes; R5, 1 hour 32 minutes; R6, 57 minutes; R7, I hour 11 minutes; R8, 1 hour 9 minutes; R9, 1 hour 12 minutes; R10, 37 minutes; R11, 48 minutes; R12, 1 hour 4 minutes; R13, 56 minutes; R14, 1 hour 1 minute; R15, 1 hour 49 minutes; R16, 1 hour 31 minute; R17, 49 minutes; R18, 37 minutes; R19, 1 hour 10 minutes; R20, 58 minutes; R21, 39 minutes; R22, 1 hour 21 minutes; R23, 49 minutes; and R24, 1 hour 8 minutes). These coded identifications will be explained (in 3.10) below.

The researcher adhered to the 3Ps of qualitative data collection (preparation, piloting and proofreading). As discussed in the reliability and validity section (3.8) above, he conducted piloting to test the research instruments. In doing so, he recruited four pilot participants. Two of these pilot respondents were staff members of the MoH who were not in the Task Force. The

other two pilot participants were Task Force members from outside the MoH: one from the Pharmacy and Poisons Board (PPB) and the other from AMREF Africa. Therefore, the pilot participants had near exact characteristics with the actual participants that the researcher eventually recruited. Crucially, he did not allow the pilot interviewees to participate in the actual interviews eventually conducted.

The piloting yielded feedbacks. Consequent to feedbacks received from the pilot participants, the researcher adjusted the study's questions and, thus, improved them with more precise questioning. Therefore, the interview schedule attained clarity and better flow.

3.9.3 Administration of the Instrument

The study conducted the 24 KIIs with the policy actors who influenced the transfer and translation of the IPC policy protocol. Owing to the social-distancing requirements, the researcher gave the interviewees the options to choose between onsite and online interviews. In consequence, 10 respondents chose online and 14 preferred onsite. Thus, the study used Google-meet for the online interviews. However, only 3 out of the 14 onsite interviewees consented to their answers being recorded, electronically, on the interviewer's mobile phone. Therefore, the interviewer had to rely solely on note-taking to collect the responses of 11 of the onsite participants. However, all 10 online interviewees gave their consent for the researcher to record their responses on Google Drive, on the researcher's computer.

The researcher assured all the respondents that he would use the information solely for the research purpose. This persuaded them to participate and answer questions that ordinarily may not be for public consumption.

3.10 Data Analysis Procedures

The study used descriptive narrative to analyze the data generated via interviews. The intention of this was to identify and generate themes for analysis. The qualitative exploration termed as Thematic Analysis (TA) has many variants. However, in general, any TA approach shares the common features of data reduction and analysis strategy by which scholars segment, categorize, summarize, interpret and reconstruct qualitative data in a way that captures the important concepts and meanings within the data set (Ayres, 2008). The specific TA model that this thesis

adopted is the Braun and Clarke's Six-Step TA approach, which they conceived as "a method for identifying, analyzing and reporting patterned meaning -themes- within data" (Braun & Clarke, 2006: 79). At its base, this particular analysis model organizes and describes richly obtained data. However, when done appropriately, it goes beyond this: it can be effective in offering interpretation, deep thinking about the significance, meaning and implication of the patterns that researchers identify.

Nonetheless, the bane of thematic analysis, in general, is that researchers "poorly demarcate it, rarely acknowledge it and poorly use it" (Braun & Clarke, 2006: 77). This means that scholars are guilty of claiming to use TA even when actually they only identify themes and failed to explain how they generated and created the themes. Therefore, they omit both the procedures they draw on as well as the theoretical assumptions inform their work. Thus, to avoid these deficiencies, the present study carried out the analysis of its KIIs using the six-step analysis process.

Thematic Analysis is uniquely flexible in its orientation. It does not rely on any particular theoretical framework. Therefore, researchers can use it different ways. First, they can do it in either inductive or deductive coding of the data and its analysis. In the latter, they apply theory in both the initial data treatment and the eventual analysis. Second, they can do it in an experiential or critical orientation to the data. Moreover, third, they can do it in a critical realist versus constructionist theoretical perspective. These broad categorizations (as raised earlier in 3.1, above) are not binary, not 'either-or'. Rather, they are continua within which the TA scholars can design and execute their research.

Critical researchers view cultural life as a constant tension between control and resistance, and they frame language as a type of power. Thus, ideas and knowledge can both control and liberate a phenomenon. Therefore, they construct knowledge through communication and historical power relations. Indeed, "what holds together critical approaches is the idea that research has an ethical obligation, such as helping to emancipate or liberate those who find themselves in situations that are immoral, unfair, unethical, violent, or generally 'not nice'" (Tracy 2013: 42-43). However, the present study does not aim, as its objective, to emancipate the participants – Task Force- from any power relation and in the process help to liberate them by granting them a voice. Thus, despite the focus of the study on the agency of the Task Force members within their

structure of operation, the construct of this research is less critical. Therefore, on this continuum, it tilts more on the side of experiential study.

Experiential research signifies a way of knowing about and understanding things and events through direct engagement (Berg, 2008). Experiential research has two layers. On the one hand, it summons the experience of the participants to experience the phenomenon. On the other hand, it taps into the prior experience of the researcher. It, thus, joins the two to shape the researcher's production of knowledge (Berg, 2008). However, the present study uses experiential research limitedly: as the lens of understanding the choices and actions of the Task Force members.

Constructivism is part of interpretive philosophy of research. It assumes that reality is not something out there, which a researcher can clearly explain, describe, or translate into a research report. Rather, both reality and knowledge are constructed and reproduced through communication, interaction, and practice. Therefore, the researcher takes an active role to mediate knowledge about reality (Tracy, 2013). Indeed:

> interpretivists view knowledge as socially constructed through language and interaction, and reality as connected and known through society's cultural and ideological categories. Thus, they do not regard human activity as a tangible material reality they can discover and measure. Rather, they consider as a text that they can read, interpret, deconstruct, and analyze (Tracy 2013: 44).

At philosophical lens, this study does not assume that the outcome of the Task Force members (translated version of the IPC) is a value that a scholar can construct. Instead, it considers it as real. In addition, the study does not assume the world as demi-world of illusion. Instead, it views it as both actual and meta-real experience that a researcher can experiment. Therefore, on this continuum, the study tilts more towards critical realism.

This study adopts an active approach to the conduct of TA. Thus, the researcher grounded the study in reflexive exploration. Reflexivity involves turning back on oneself in order that processes of knowledge production become the subject of investigation (May & Perry, 2014). Research evidence has shown how useful it is to maintain a part of researcher's attention on the processes involved in analysis—from the selection of research questions through coding, the creation of displays, data entry, conclusion drawing, and verification. Only through such

sustained awareness can regular self-correction occur—not just during specific analysis episodes but over time, as the methods themselves iterate and develop (Miles et al., 2014). Therefore, a reflexive approach to analysis requires navigation between the paths of scientism and relativism and deconstruction and reconstruction (May & Perry, 2014).

First, this thesis' emphasis towards inductive design has enabled the coding of the data to be rich and nuanced. This led to the generating of interesting themes that the researcher eventually analyzed. Second, its leaning towards experiential data collection has enabled the researcher to ask questions regarding the experiences, agency, choices and constraints of the Task Force members within their structure of decision-making. Moreover, third, its leaning towards critical realism allowed the ontological exploration that generated the responses as epistemic realities of the Task Force members. In particular, it enabled question probing regarding the nature of the Task Force decision setting as a structured body with varied components in the form of main Task Force (NCVDVT) and its sub-committees. These entities continued to change throughout the pandemic's response effort. In doing this, the researcher ensured ontology -his belief about the nature of the Task Force's context- that determined the epistemology -the type and quality of knowledge he produced-: not the other way round.

Braun and Clarke's Six-Step Thematic Analysis

This thesis used Braun and Clarke's six-step TA model. Although it is convenient to discuss data familiarization, coding, the development and refinement of themes, and the identification of patterns across the data as though they occur sequentially, like steps in a chain-based process, in practice this sequencing is far from reality. Instead, all of these activities occur throughout the research project, albeit with more emphasis on coding and data management at the beginning of the analysis. This is consistent with the established standard of TA: at the initial stage of a research project, the emphasis is usually on identification of patterns as the collection of data process winds down and, therefore, the researcher's focus turns to the process of data analysis (Ayres, 2008).

This study engages TA in both straightforward and sophisticated ways. It commences with the simpler analysis by describing, summarizing and interpreting the responses of the participants. In doing these, it gives voice to the Task Force members. The analysis then proceeds with the

thorough evaluation: making sense of the data within the wider social and political contexts in which the participants are located. Therefore, it devoted attention to the interpretation of the influence of these contexts on the participants' agency to argue the implication of the social stratification from the perspective of the critical realism.

The researcher conducted the analysis reflexively. He paid attention to the core of the study's substance: why it chooses its approaches and how it carries out its observation. In addition to the study's reflection on how the researcher's active engagement shapes the observation and the analysis, he carried out the entire processes of data analysis reflectively, influenced by the supervisors of this thesis. Thus, the remarks and feedbacks from the supervisors have been a constant source of critical scrutiny of the unfolding analysis.

Therefore, the thematic approach adopted in this study is active. For example, the scholar anchored the study's rationale not on the expectation that themes will emerge, as other TA models permit. He views this reasoning as a passive logic in which the themes lay sitting in the data with the researcher waiting for them to emerge. Instead, the present study actively generated the themes through the analysis processes.

Familiarization with Data

The first step is the familiarization with the data and identification of items of potential interest. The present researcher immersed himself in the data with the view to getting to know the data. Here, he was at an advantage for two reasons: first, he conducted all the interviews in English language; the interviewer did not therefore need translation and transliteration of the interviewees' answers. Second, he conducted all the 24 interviews by himself. Thus, he directly collected the data. In addition to collecting the data personally, the researcher took notes on each interview item in preparation of treating the data.

This notation process allowed noting items of interest. He read each data item individually. Following this, he severally read the items again. He carried out this initial reading with an inclusive intentionality. The aim of the researcher here was to accommodate as much part of the data as possible. Therefore, at the initial stage, he did not reject and expunge any data item. Instead, the researcher intended to allow the data guide the observation in an inductive manner.

However, the more the researcher read, the more he started reading the data items in more active, analytical and critical ways.

In the initial familiarization with the data, an anxiety that gripped the researcher was the worrying thought that the data may not be containing any worthy meaning. However, as he carried out rounds and rounds of reading, the researcher swung to the other side of the problem: the data seemed too rich and complex to the extent of worrying whether it could be possible to summarize it into meaningful patterns.

Thus, what this step handled was an intensive reading of the transcripts. The researcher repeatedly read all the transcripts from the KIIs to take stock of initial impressions. This step also involved the indexing of the respondents. Owing to the present researcher's decision to not analyze results using respondents' primary identities (i.e., name, gender, and position), coded index identity was allotted to all the respondents in the KII categories. Thus, he labeled the participants as R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23 and R24. He did this labeling simply in terms of sequencing of the interviews. The latter 'R' denotes respondent. The roman numeric 1-24 denote the sequence ordering of the interviews. Thus, R1 was the first respondent; and R24 was the final respondent.

Generating Codes

A code is a pithy label that captures what is interesting about the data. As labels, codes assign symbolic meaning to both the descriptive, in the case of qualitative studies, and inferential information, in the case of quantitative research, which scholars compile during a study (Miles et al., 2014). At its simplest, coding enables researchers to quickly retrieve, collect and collate together all the text and other data that they have associated with some thematic idea so that they can be examined together and different cases can be compared (Roulston, 2014). Thus, coding is a data condensation task that enables researchers to retrieve the most meaningful material. First, they do this by assembling chunks of data that belong together. Then, second, they condense the bulk further into readily analyzable units (Miles et al., 2014).

The present study avoided one-word label as codes; instead, it used phrases for labeling the codes. The intention of the study to immerse itself deeply into the data makes one-word codes less likely to capture complex and nuanced observation.

This study conducted its coding inclusively, comprehensively and systematically with the view to preparing the data for thematic treatment. Thematic coding is the strategy by which researchers segment and categorize data for thematic analysis (Ayres, 2008). This thesis' researcher conducted systematic observation by viewing the latter data items through the lenses of the earlier ones. Systematization of the coding also involved a fluid orientation of anchoring it in a recursive approach.

In qualitative studies, the research questions usually influence the initial coding scheme. However, it develops and iterates steadily as the researcher carries out further coding. This wrestles a study away from deductive orientation to a more inductive approach. In addition to research questions, the study's interim analyses also shape the codes in the initial stages. Most often, if researchers contemplate interim reports, they design a format at this point, and thus feed the interim summaries into it (Miles et al., 2014). The present study's reflexive orientation necessitated the revisiting of both research questions and the notary journaling documented at the data familiarization stage (the first step of Braun and Clarke's Six-Step TA).

The study allowed the codes to evolve inductively. Thus, he allowed them to get bigger or smaller, depending on meanings captured. Indeed, in some instances, he joined the codes that were not rich enough. This way, he formed some new single, robust codes. In other instances, he broke into two (and in other instances even three) a single code that became too complex. Thus, the codes that the research began with were not the codes that the study adopted at the end of the analysis. Indeed, the researcher conducted a series of coding sweeps to filter the codes. The sweeping of the codes allowed mutation and variations in the codes: the present thesis considers the mutated and varied codes as richer and more analytical evolution of the codes.

All the while, he design and eventually integrate two types of codes. These are the semantic codes and the latent codes. The semantic codes captured obvious and surface meanings in the study. While the latent codes captured ideas that are underlying, implicit and underneath. This was derivative of the Freudian logic of the unconscious.

The study used the semantic-latent coding in different ways. Some of the codes are fully semantic. Some codes were fully latent. Other codes have elements of both, albeit not on equal measure. Wherever it is possible, the researcher integrated the two. First, the researcher did this

by recounting description and summary of the surface observation. Then, second, he dug the tacit meaning to uncover what is not obvious.

This approach was particular effective in this study. The semantic codes relied on the latent codes. Most of the responses of the Task Force members fall under the semantic responses. However, the implications of their surface meanings are dependent on the implicit (the structure of decision-making they operate within, which determines their agency). As such, the researcher conducted comparison of this throughout the data analysis.

The thesis did not rush into preempting themes. Instead, it linked the data items with the notes jotted in the notary documentation (of step one) to commence developing the initial codes at superficial level. Upon intense reflections, the researcher began to produce more interpretive and complex codes. This was because the present study did not conceive its codes as a mere process. Instead, it views the codes as analytical entities. He applied the same assumption to the themes. In fact, the study approached the codes as mini themes. The eventual themes were thus the aggregates of codes. In other words, he clustered together codes to build and generate themes.

As already indicated above, the researcher utilized two types of coding: the sematic coding and the latent coding. These were in some cases coarse in nature while in some other cases finely captured. The researcher coded each data item equally: albeit he devoted time in terms of need; he gave time and attention that they required. The researcher culminated the coding technique with a list of codes and by collating all the data relevant to each code (he did this in preparation for the next step: the third step).

He managed the coding process by integrating the 24 transcripts on a computer. This process involved neither the usage of the traditional approach of the card system nor the use of Computer Assisted Qualitative Data Analysis (CAQDAS). Although the researcher has trained on IN-vivo qualitative visualization and analysis, this thesis' choice for active, analytical and reflective interpretation necessitated the researcher to adopt a manual management of the coding. This enabled him to immerse in the data. Thus, the researcher created 24 separate files, each containing the transcript of a whole interview item. Each item was compared with its corresponding note (from step one) in order to generate its key patterns. These patterns formed the shapes that he conceived as pithy labels to anchor the codes.

Thus, this step initiated the initial codes of the potential themes from the responses. Here, the researcher repeatedly read the transcripts. Upon thorough reading, the researcher identified recurring themes from the responses of the respondents: this forms the initial coding. Consequently, he colored themes of interest (e.g., actions, decisions, opinions, activities, differences etc.) reflecting the emphasis of respondents' responses, or illuminating theories and concepts used in this study. These were the codes. Following this, he highlighted numerous codes at this stage.

Generating Themes

One challenge faced by qualitative researchers is that of reducing data sets in order to interpret and distill the essence or meaning of participants' descriptions (Roulston, 2014). To overcome this difficulty, this thesis adopted a shrewd approach: the logic used in the generating of codes was same as the saturation logic the study adopted in the participants scouting stage of the data collection. Here, the researcher continued the coding recursively until he reached a level of satisfaction and, thus, until when it was unlikely for the researcher to enrich the codes beyond what they had already attained. Therefore, after sweeping the codes to ensure they were rich, complex and nuanced, the study commenced the analytical exercise of weaving the codes to form themes.

He handled the theme generation as an active process. He did this in contrast to other TA approaches that view this step as 'searching for themes'. Thus, this is a deliberate choice in this study to move beyond the passive orientation of expecting the themes to be readily available for the researcher. The subtle weakness of the avoided approach is that a researcher only needs to search and obtain the themes which were available and only waiting for them to be searched and obtained: hence, discovery research. Instead, the present study's approach is active. The researcher predicated it on themes development. Therefore, it intentionally generated the study's themes through reorganizing, classifying, and categorizing the data. This built into the generating of assertions about topics by reassembling and reorganizing the data, codes, categories and narratives that enabled effective development of themes. Indeed, consistent with established standards, researcher might assemble findings through sorting and comparing data, codes, and categories, and considering the links between these via memo writing (Roulston, 2014) in TA.

The present study handled the theme generation actively through some careful steps. First, it organized codes into potential themes. Thus, it promoted bigger codes to themes, cluster similar codes together, and reviewed the coded data to help identify potential themes. The researcher did this in an attempt to establish whether the coded data are consistent with both the codes and the interview items.

Second, the study used thematic table to map the data. The mapping technique was to aid the researcher to see the map-out of the patterns that the study developed. Another benefit of this was to engender the relationships between the different themes. This enabled the gauging of whether or not the analysis of the themes was helping to contribute in answering the study's research questions and in shaping the study's conclusions.

Third, the researcher sought to establish relationships between themes in a bid to picture the overall story. The study targeted conceiving themes that are both distinctive and part of a larger whole. This was a critical stage. Thus, he thoroughly looked at the codes and compared them with the research questions. Therefore, he sieved and discarded codes that did not fit into the study's central organizing concept. However, he moved the relevant data under the discarded codes to other more relevant codes. This was important because the orientation of the study is to avoid bucket themes as a domain summary of everything that the respondents said in relation to it.

The intention of the study is to generate themes that form a central key point that serves as an organizing idea. The aim was to generate themes that become a core idea that narrates a patterned meaning from the responses of the participants. Thus, the researcher gathered all the coded data that are relevant to each other (this prepared the analysis for the next phase: reviewing potential themes).

In the theme generation, the present study thus loosely grouped the initial codes into common categories. Thus, at this particular stage, the scholar sorted the initial categories into coherent compartments. The final stage of the coding is the further harmonization of the sorted codes into final themes for description and narration. The table below shows the processes followed in doing this:

Table 3.2: Initial Theme Generation (Objective One)

Table 3.2: Initial Theme Generation (Objective One)		
S/No	ANCHOR CODES	CODES
1	Policy Suggestions from World Health Organization to Kenya's COVID-19 Task Force	▪ Nature of Interaction with World Health Organization ▪ Multiple Transfer Loops ▪ Effectiveness ▪ Many Task Forces ▪ Challenges
2	Policy Learning	▪ Series of Contacts ▪ Lessons Learned ▪ Task Force Members' Roles
3	Lesson Utilization	▪ Variation in Utilization ▪ Adoption ▪ Adaption
4	Alternative Transfers	▪ Centers for Disease Control ▪ Different Political Systems ▪ East African Countries ▪ Not Sure
5	Difficulty in Utilization of Transferred Ideas	▪ Biding for Utilization Opportunity ▪ No Difficulty Faced ▪ Biding for Utilization Window
6	Adaption of IPC into Local Episteme	▪ Local Institutions ▪ Pre-COVID-19 IPC ▪ No Localization

The table above shows the initial coding of data that the researcher collected on objective one (and, thus, research question number one). It first shows five related codes (nature of interaction with World Health Organization, multiple transfer loops, effectiveness, many Task Forces, and challenges) which are captured under the anchor code labeled as 'policy suggestions from world health organization to Kenya's COVID-19 Task Force'. The intention behind the anchor code itself was to metamorphose into a theme.

Following this, it also shows three initial codes (series of contacts, lessons learned, and Task Force members' roles) presented under the anchor code named 'policy learning'. This was followed by another group of three codes (variation in utilization, adoption, and adaption) captured under the anchor code labeled 'lesson utilization'.

Next, it shows four codes (Centers for Disease Control, different political systems, East African countries, and not sure) presented under an anchor code entitled 'alternative transfers'. Following this, it shows three other codes (biding for utilization opportunity, no difficulty faced, and biding for utilization window) under the unifying anchor code of 'difficulty in utilization of transferred ideas'. Then, finally, it presents three other initial codes (local institutions, pre-COVID-19 IPC, and no localization) captured under the anchor code named 'adaption of IPC into local episteme'.

Table 3.3: Initial Theme Generation (Objective Two)

Table 3.3: Initial Theme Generation (Objective Two)		
S/No	ANCHOR CODES	CODES
1	Nature of Participation in the Transfer of Infection Prevention and Control Measures from World Health Organization to Kenya	▪ Duty ▪ WHO as a Model ▪ Discretionary Participation ▪ Support ▪ Proactive Invitation of WHO's Active Involvement ▪ Agency to Explore Alternative Shopping Avenues ▪ Opposition to Measures
2	Participant's Motive on Policy Transfer	▪ Positive ▪ Common Agenda ▪ Effectiveness of IPC ▪ Skepticism
3	Countering Unwanted Transferred Measures	▪ Opposed to the Transfer ▪ Not Opposed to the Transfer
4	Blocking Implementation of Opposed Measures	▪ Task Force's Position on the Measures ▪ Clarity and Evidence

Table 3.3 above contains the initial coding vis-à-vis objective number two. First, it presents seven different codes (duty, WHO as a model, discretionary participation, support, proactive invitation of WHO's active involvement, agency to explore alternative shopping avenues, and opposition to measures) which were captured under the anchor code entitled 'nature of participation in the transfer of infection prevention and control measures from World Health Organization to Kenya'. Then, it shows four codes (positive, common agenda, effectiveness of IPC, and skepticism) captured under a broad code labeled 'participant's motive on policy transfer'.

Following this, it presents two initial codes (opposed to the transfer, and not opposed to the transfer) captured under 'countering unwanted transferred measures', as the anchor code. Finally, it shows two codes (Task Force's position on the measures, and clarity and evidence) presented under 'blocking implementation of opposed measures', as the anchor code. The researcher expected all these four anchor codes to grow into themes.

Table 3.4: Initial Theme Generation (Objective Three)

Table 3.4: Initial Theme Generation (Objective Three)		
S/No	ANCHOR CODES	CODES
1	MoH Late	▪ How Slow ▪ Other Delays
2	WHO Late	▪ How Slow ▪ Other Delays
3	MoH Early	▪ How Fast
4	WHO Early	▪ How fast
5	Timing	▪ Social-Distancing ▪ Face-Masking ▪ Hand-Washing
6	Tempo	▪ Positive Tempo ▪ Negative Tempo ▪ Poor Initial Tempo ▪ Poor Eventual Tempo

Table 3.4 presents six anchor codes. These unifying codes capture different codes under them. First, it shows two different codes (how slow, and other delays) presented under the anchor code named 'MoH late'. Moving on, it depicts two further, albeit identical, codes to the preceding codes (how slow, and other delays) under the label 'WHO late', as the anchor code. It also shows the sole code (how fast) under the anchor code of 'MoH early'.

As a sign of difficulty faced by the researcher in generating the initial codes, the next code was also a sole code identified as 'how fast' presented under the anchor code of 'WHO early'. This is followed by three activity-inspired codes (social-distancing, face-masking, and hand-washing) under the unifying code of 'timing'. Then, finally, it presents four codes (positive tempo, negative tempo, poor initial tempo, and poor eventual tempo) under the anchor code named 'tempo'.

Table 3.5: Initial Theme Generation (Objective Four)

Table 3.5: Initial Theme Generation (Objective Four)		
S/No	ANCHOR CODES	CODES
1	Conflict of Interest and Translation of IPC Measures	▪ Structure ▪ Intra-Task Force Conflict of Interest ▪ Curfew and Lockdown ▪ Vaccination ▪ Funding ▪ External Interests ▪ No Conflict of Interests
2	Effect of IPC Opponents on Domestication of IPC Measures	▪ Manifestations of Conflict of Interests ▪ Vehicular Movement ▪ Public Gathering ▪ General Decision Making ▪ How we Solved Conflict of Interests ▪ Opponents not Affected IPC Translation
3	Predisposition of Transfer Agents	▪ Factors Aiding Availability ▪ Online Opportunity
4	Policy Exporters By-Passing the Importers	▪ Reasons for Not By-Passing World Health Organization ▪ By-Passing World Health Organization
5	Policy Importers By-Passing Exporters	▪ Bypassing ▪ No Bypassing

Table 3.5 presents the initial coding on data related to objective number four. To start with, it shows six related codes (structure, intra-task force conflict of interest, curfew and lockdown, vaccination, funding, external interests, and no conflict of interests) under the unifying anchor code entitled ‘conflict of interest and translation of IPC measures’. Following this, it captures another group of six codes (manifestations of conflict of interests, vehicular movement, public gathering, general decision making, how we solved conflict of interests, and opponents not affected IPC translation) under the label ‘effect of IPC opponents on domestication of IPC measures’, as the anchor code. Following this, it presents two codes (factors aiding availability, and online opportunity) under the name ‘predisposition of transfer agents’, as the anchor code.

Similarly, it shows two other initial codes (reasons for not by-passing World Health Organization, and by-passing world health organization) under the label ‘policy exporters by-passing the importers’. Then, finally, it shows two codes (bypassing, and no bypassing) under

'policy importers by-passing exporters', as the anchor code. The intention of the researcher was to facilitate the metamorphosis of these codes into themes.

Table 3.6: Initial Theme Generation (Objective Five)

CODES GENERATION: OBJECTIVE FIVE		
S/No	ANCHOR CODES	CODES
1	Capacity of Kenya at the Outset of COVID-19 Pandemic	▪ Systemic Inadequacies ▪ Other Difficulties Faced
2	Operational Inadequacies	▪ Preparedness ▪ Coordination ▪ Stakeholder Engagement ▪ Risk Communication ▪ COVID-19 Hesitancy ▪ External Reliance ▪ External Threat
3	How we Overcame the Challenges	▪ Budget ▪ Repurposed Operations ▪ Communication
4	COVID-19 as a Silver-Line	▪ Maximum Resource Utilization ▪ Improved Communication ▪ Healthy Practices
5	Kenya's COVID-19 Response Compared to Other Countries	▪ Countries Whose COVID-19 Responses Were Better Than Kenya's ▪ Countries Kenya Compared Better than ▪ Areas Kenya Fared Better ▪ Areas Kenya Compares Worse-off ▪ Do Not Compare

Table 3.6 presents five anchor codes. It starts by depicting two codes (systemic inadequacies, and other difficulties faced) under the name 'capacity of Kenya at the outset of COVID-19 pandemic', as the anchor code. Next, it shows seven codes (preparedness, coordination, stakeholder engagement, risk communication, COVID-19 hesitancy, external reliance, and external threat) under the anchor code of 'operational inadequacies'.

Following this, it captures three codes (budget, repurposed operations, and communication) under the anchor code of 'how we overcame the challenges'. Next, it captures three initial codes (maximum resource utilization, improved communication, and healthy practices) under 'COVID-19 as a silver-line', as anchor code. Then, finally, it presents five codes (countries whose COVID-19 responses were better than Kenya's, countries Kenya compared better than,

areas Kenya fared better, areas Kenya compares worse-off, and do not compare) under the anchor code of 'Kenya's COVID-19 response compared to other countries'.

Reviewing Potential Themes

This thesis used the 'reviewing potential themes' step as a review and refinement phase. This thesis' researcher began the step by identifying the nature and character of the potential themes. He did so by paying intensive attention to the themes he developed in the previous step. He subjected each theme to critical interrogation. He revisited each theme and pondered with critical questions. These questions included 'is this a theme?' 'Is there a central organizing concept around this theme?' 'is this theme better off enlarged or reduced?'

Here, the aim of the researcher was to gauge the boundaries of each theme. Thus, the thesis paid due considerations such as whether there are enough (meaningful) data to support the theme and whether the data is diverse enough and wide-ranging were some of the hallmarks of reflexivity at this step. These considerations were important in establishing whether each specific theme works in relation to (a) coded extracts and (b) the entire dataset.

From these critical processes, the study discarded two themes that failed to satisfy the above scrutiny. These themes did not contain more than one idea. Neither did they contain more than one manifestation of the study's central idea. Therefore, the researcher demoted them to code status and subsumed them under two separate themes.

From this, the researcher finalized the study's thematic mapping. The aim here was to ensure that he did not slice the analysis thinly. Instead, he targeted rich and diverse themes. The aim here was to achieve the objective of generating distinct themes that also belong to a unified single idea. After this, the researcher conducted the next step of the TA: defining and naming the themes.

All told, this step handled the analysis and presentation of the results of the KIIs based on the adopted themes. Here, the researcher used neutral (but active) voice in the narration of the findings. He did not add interpretation to the results. The tables below show the themes refinement process.

Table 3.7: Refined Theme (Objective One)

Table 3.7: Refined Theme (Objective One)		
S/No	ANCHOR CODES	CODES
1	Policy Learning	▪ Helpful interactions with WHO ▪ Series of Contacts ▪ Lessons Learned ▪ Task Force Members' Roles
2	Lesson Utilization	▪ Variations in Lesson Utilization ▪ Adoption ▪ Adaption
3	Alternative Idea Shopping Venues	▪ Africa Union Center for Disease Control ▪ United States Center for Disease Control ▪ Center for Infectious and Parasitic Diseases Control Research (CIPDCR) ▪ Different Political Systems
4	Biding for Utilization Opportunity	▪ No Difficulty Faced ▪ Difficulties
5	Local Epistemic Institutions and WHO's IPC	▪ Local Institutions ▪ Contributions of Local Institutions
6	Adaption of WHO's IPC into Kenya's IPC	▪ Nature of Kenya's Pre-existing IPC ▪ Integration of WHO's IPC into Kenya's IPC

Table 3.7 shows six anchor codes with their respective codes. The researcher intended to guide the growth of the anchor codes into themes. First, it shows four codes (helpful interactions with WHO, series of contacts, lessons learned, and Task Force members' roles) under 'policy learning', as an anchor code. Second, it presents three codes (variations in lesson utilization, adoption, and adaption) under the anchor code labeled 'lesson utilization'. Third, it captures four codes (Africa Union Center for Disease Control, United States Center for Disease Control, Center for Infectious and Parasitic Diseases Control Research (CIPDCR), and different political systems) under an anchor code named 'alternative idea shopping venues'.

Fourth, it presents two codes (no difficulty faced, and difficulties) under the anchor code of 'biding for utilization opportunity'. Fifth, it shows another set of two codes (local institutions, and contributions of local institutions) under 'local epistemic institutions and WHO's IPC', as the anchor code. And, sixth, it shows two codes (nature of Kenya's pre-existing IPC, and integration of WHO's IPC into Kenya's IPC) under 'adaption of WHO's IPC into Kenya's IPC', as an anchor code.

Table 3.8: Refined Theme (Objective Two)

Table 3.8: Refined Theme (Objective Two)		
S/No	ANCHOR CODES	CODES
1	Task Force members' motives for participating in the transfer	▪ Duty ▪ Responsibility to counties ▪ Rational Model
2	Task Force Members' Perception of WHO	▪ Effectiveness ▪ Common Agenda ▪ Not Opposed to WHO
3	Countering Unwanted Transferred Measures	▪ Skepticism ▪ Clarity Evidence ▪ Policy Change

Table 3.8 shows three anchor codes related to objective number two. It starts by presenting three codes (duty, responsibility to counties, and rational model) captured under the anchor code of 'Task Force members' motives for participating in the transfer'. Following this, it captured three other codes (effectiveness, common agenda, and not opposed to WHO) under the anchor code of 'Task Force members' perception of WHO'. Then, finally, it shows three codes (skepticism, clarity evidence, and policy change) under 'countering unwanted transferred measures', as the anchor code.

Table 3.9: Refined Theme (Objective Three)

Table 3.9: Refined Theme (Objective Three)

S/No	ANCHOR CODES	CODES
1	Timing of World Health Organization	▪ Alarm ▪ System activation ▪ Demand for action ▪ Guidance
2	First Wave Efforts by Kenya	▪ February and March ▪ March and April ▪ April and May ▪ May and June
3	Delays in the First Wave of Kenya's Response	▪ Slow Start ▪ WHO ▪ The Task Force ▪ Demography ▪ Wicked Problem
4	Decision Tempo in Second and Third Waves	▪ Communication ▪ Meetings ▪ Vaccination ▪ Home-Based Care
5	Low Tempo in Third Wave	▪ Inconsistency ▪ Funds ▪ Modeling Imprecision ▪ Decision Execution
6	Temporal Variations in Kenya's Decision	▪ Poor Start-Good progress ▪ Good Start, Poor Progress, Good Third Wave ▪ Poor start, good progress, poor ending

Table 3.9 presents six anchor codes inspired by objective number three (and, thus, research question number three). It starts by showing four codes (alarm, system activation, demand for action, and guidance) under the anchor code of 'timing of World Health Organization'. It follows with the presentation of four other codes (February and March, March and April, April and May, and May and June) under the unifying anchor code of 'first wave efforts by Kenya'. It followed this by showing five codes (slow start, WHO, the Task Force, demography, and wicked problem) under 'delays in the first wave of Kenya's response', as the anchor code. Following this, it presents four other codes (communication, meetings, vaccination, and home-based care) under the label 'decision tempo in second and third waves', as an anchor code. Then, it captures four further codes (inconsistency, funds, modeling imprecision, and decision execution) under 'low tempo in third wave', as the anchor code. The, finally, it shows three codes (poor start-good progress, good start, poor progress, good third wave, and poor start, good progress, poor ending) under 'temporal variations in Kenya's decision', as anchor code. The researcher's intention was to facilitate the metamorphosis of the anchor codes into themes.

Table 3.10: Refined Theme (Objective Four)

Table 3.10: Refined Theme (Objective Four)		
S/No	ANCHOR CODES	CODES
1	Inter-structural Conflict of Interests	▪ Ministries ▪ MoH Administrators ▪ COVID-19 Task Forces ▪ Counties
2	Intra-Task Force Conflict of Interest	▪ Lockdown ▪ Vaccination ▪ Funding ▪ External Interests
3	Influence of IPC Opponents on Adoption of IPC Measures	▪ Lockdown ▪ Vehicular Movement ▪ Public Gathering
4	Predisposition of Task Force members to Decision Setting	▪ Team Work ▪ Leadership ▪ Quorum ▪ Virtual Meetings
5	Disengagement Between Importers and Exporters in the Transfer Process	▪ Not Aware of Task Force Boycotting the WHO ▪ Aware of Task Force Boycotting the WHO ▪ Not Aware of WHO Boycotting the Task Force ▪ Aware of WHO Boycotting the Task Force

Table 3.10 presents five anchor codes under objective four. It starts by presenting four codes (ministries, MoH administrators, COVID-19 Task Forces, and counties) under an anchor code entitled ‘inter-structural conflict of interests’. Following this, it captured four other codes (lockdown, vaccination, funding, and external interests) under an anchor code labeled ‘intra-task force conflict of interest’. Then, it presents three codes (lockdown, vehicular movement, and public gathering) under ‘influence of IPC opponents on adoption of IPC measures’, as an anchor code. Then, it shows four further codes (teamwork, leadership, quorum, and virtual meetings) under the anchor code named ‘predisposition of Task Force members to decision setting’. Then finally, it shows four codes (not aware of Task Force boycotting the WHO, aware of Task Force boycotting the WHO, not aware of who boycotting the Task Force, and aware of who boycotting the Task Force) under ‘disengagement between importers and exporters in the transfer process’, as an anchor code.

Table 3.11: Refined Theme (Objective Five)

Table 3.11: Refined Theme (Objective Five)		
S/No	ANCHOR CODES	CODES
1	capacity at the Outset of COVID-19 pandemic	▪ Kenya Expanded Program on Immunization (KEPI) ▪ Robust Data ▪ Technical Capabilities
2	Gaps in Health Workforce	▪ Limited Expertise ▪ Numerical Inadequacy ▪ Dual Challenges of Routine Healthcare and COVID-19
3	Funding	▪ Inadequate Funding ▪ Emergency Budget
4	Dearth of COVID-19 Response Facilities	▪ Isolation Centers ▪ Personal Protective Equipment
5	Poor Health Planning and Emergency Preparedness	▪ Preparation ▪ Contingency Plan ▪ Ebola Experience
6	Internal Difficulties Faced by the Task Force Members	▪ Coordination ▪ Stakeholder Engagement ▪ Risk Communication
7	External Difficulties Faced by the Task Force Members	▪ COVID-19 Hesitancy ▪ External Reliance ▪ External Threat
8	Task Force Members' Strategies for Overcoming Difficulties	▪ Repurposed Operation ▪ Targeted Communication ▪ Revamped Capacity
9	Available Capacity and Task Force's Decision Choices	▪ Capacity Determined Decisions ▪ Non-capacity Determined Decisions
10	Task Force members' choices had Kenya's capacity been better	▪ Different Outcomes ▪ Same Outcomes
11	Big Lessons Learned From the COVID-19 Pandemic	▪ Recurrence of Health Emergencies ▪ Balance Between Current and Future Health Needs ▪ Adherence to International Health Guidelines ▪ Information Sharing ▪ Importance of IPC

Table 3.11 presents eleven anchor codes inspired by objective five (and, thus, research question five). It starts by showing three codes (Kenya expanded program on immunization [KEPI], robust data, and technical capabilities) under 'capacity available to the task force members at the

outset of COVID-19 pandemic', as the anchor code. Following this, it shows three codes (limited expertise, numerical inadequacy, and dual challenges of routine healthcare and COVID-19) under the unifying anchor code labeled 'gaps in health workforce'. Then, it captures two codes (inadequate funding, and emergency budget) under 'funding', as an anchor code. Then, next, it captures two other codes (isolation centers, and personal protective equipment) under 'dearth of COVID-19 response facilities', as an anchor code.

Following these, the table continues with other codes (preparation, contingency plan, and Ebola experience) presented under the anchor code of 'poor health planning and emergency preparedness'. Then, it shows three codes (coordination, stakeholder engagement, and risk communication) under 'internal difficulties faced by the Task Force members', as the anchor code. Following this, it presents three codes (COVID-19 hesitancy, external reliance, and external threat) under 'external difficulties faced by the Task Force members', as anchor code. Then, it also shows three further codes (repurposed operation, targeted communication, and revamped capacity) presented under the anchor code entitled 'Task Force members' strategies for overcoming difficulties'.

Other codes presented in the table are: capacity determined decisions, and non-capacity determined decisions that the table captured under 'available capacity and task force's decision choices', as an anchor code. Following this, it captures two codes (different outcomes, and same outcomes) under 'Task Force members' choices had Kenya's capacity been better', as an anchor code. Finally, the table shows five codes (recurrence of health emergencies, balance between current and future health needs, adherence to international health guidelines, information sharing, importance of IPC) presented under 'big lessons learned from the COVID-19 pandemic', as the unifying anchor code. The intention of the researcher was to guide all the eleven anchor codes in becoming themes. However, the next table (Table 3.12) shows that this was not the case: the researcher submerged some of the anchor codes under other anchor codes to form richer themes.

Defining and Naming Themes

After reviewing the themes, the study assigned labels to name the themes. The researcher considered and measured the labels to ensure suitability and accuracy. Thus, in the naming step,

the study aimed to capture the key idea which each theme represents. Therefore, the aim of these names was to be part of the central organizing concept of this thesis.

Next, the researcher defined and described the themes. The definition of the themes aimed to link the themes' names with the themes boundaries. The study aimed to ensure that the researcher got clarity regarding what the substance of the theme. Therefore, it was similar to an abstract of the themes.

This was a careful exercise. The researcher refined the specifics of each theme. He refined nuances and the specificities of the themes. Thus, he revisited the overall story of the analysis to establish consistent flow of ideas. In the end, he defined and named 17 rich themes based on broad and logical boundaries. The researcher eventually named the following themes. First, 'content learnt' (policy suggestions from the WHO, lesson utilization, and alternative transfer sources). Second, 'motivation' (Task Force members' participation motive, Task Force members' perception of the WHO, and countering unwanted transferred measures). Third, 'timing' (first wave response timing, delayed efforts by Kenya, decision tempo in second and third waves). Fourth, 'conflict of interest and translation of IPC measures', (effect of IPC opponents on translation of IPC measures, predisposition of transfer agents, and exporters-importers tension). Fifth, 'resource capability' (capacity of Kenya at the outset of COVID-19 pandemic, Kenya and contiguous countries, operational challenges, and the Task Force's challenge overcoming tactics).

The step of defining and naming of the themes involved the interpretation of the results of the KIIs. At this step of the analysis, the researcher discussed the results of the present study by weighing its evidence in light of theoretical framework of policy transfer heuristic. He revisited the particular gaps identified in the previous step. Here, the researcher discovered the extent to which the present study has filled the initial voids identified by the prior researches. The table below shows the final themes generated from the analysis.

Table 3.12: Adopted Themes

Table 3.12: Adopted Themes

Objectives	Themes
Content learnt	▪ Policy Suggestions from the WHO ▪ Lesson utilization ▪ Alternative transfer Sources
Motivation	▪ Task Force Members' Participation Motive ▪ Task Force Members' Perception of the WHO ▪ Countering Unwanted Transferred measures
Timing	▪ First wave response timing ▪ Delayed efforts by Kenya ▪ Decision tempo in second and third waves
Competing interests	▪ Conflict of interest and translation of IPC measures ▪ Effect of IPC opponents on translation of IPC measures ▪ Predisposition of transfer agents ▪ Exporters-importers tension
Resource capabilities	▪ Capacity of Kenya at the outset of COVID-19 pandemic ▪ Kenya and Contiguous Countries ▪ Operational challenges ▪ Task Force's challenge overcoming tactics

Table 3.12 shows the eventual themes generated from the coding analysis all through to the step of the generation of initial themes and refinement of the generated themes (steps 2, 3 and 4 of the Braun and Clarke's Six-Step model). It starts by showing three themes (policy suggestions from the WHO, lesson utilization, and alternative transfer sources) which the researcher generated under the inspiration of research question one: content learnt. Following this, the study presents three themes (Task Force members' participation motive, Task Force members' perception of the WHO, and countering unwanted transferred measures) under research question number two: motivation. It then shows three themes (first wave response timing, delayed efforts by Kenya, and decision tempo in second and third waves) under objective three: timing.

Following these, the table also shows four themes (conflict of interest and translation of IPC measures, effect of IPC opponents on translation of IPC measures, predisposition of transfer agents, and exporters-importers tension) under the inspiration of research question number four:

competing interests. Then, finally, it shows four other themes (capacity of Kenya at the outset of COVID-19 pandemic, Kenya and contiguous countries, operational challenges, and Task Force's challenge overcoming tactics) under research question number five: resource capabilities.

Therefore, the analysis generated seventeen (17) themes. The quantity of these themes is in line with the standard requirement of TA: eight thousand to ten thousand word-counts produce six themes (Braun & Clarke, 2006). Thus, the present study's eighty eight thousand words for seventeen themes is a balanced ratio for a standard TA.

The researcher generated these themes inductively. Although the inspiration provided by the research questions in framing the structure of the questions, in the interview schedule, gives it some deductive orientation, the study conducted all the coding, theme development and the analysis processes inductively. This ensures that the researcher maintained the inductive orientation of the study.

Producing the Report

In qualitative studies, writing is an activity that researchers carry out throughout the process. It is not something that they commence at the end of the study. Thus, this study used this step simply to pull the existing writing together in order to narrate a relevant story. Indeed, qualitative research is not about giving a total picture of everything that the participants said about the study. Instead, it is about a rich and robust story in relation to it.

The analysis conducted consisted of analytical commentary, data extracts and themes. Thus, the study analyzed and reported the data in two ways. On the one hand, it used the data to illustrate its analytical narrative. However, on the other hand, it did analytical work that narrates to the reader what is going on in the study's data extracts. Wherever necessary, the researcher cited strong, compelling data as examples to illustrate and demonstrate the rigor of each of the themes. To ensure wide-range representation of the participants, the study quoted across the interviewees to demonstrate both breadth and diversity.

Throughout the building of the notating documentation, journaling, drafting and towards the final writing, the researcher anchored the analysis on the research questions, literature and wider

context. The intention here was to establish relation and grounding of the data analysis to both the gap established in the problem statement and broader issues related to the study.

Then, finally, the researcher finalized the ordering of the themes. He revisited the themes through intensive reading to establish consistent flow of ideas and logic. Thus, he adjusted the initial ordering of the themes to allow consistency and flow.

The production of the report involved the coherent evaluation of the findings tailored in the inductively generated themes. Here, the researcher ensured that the analysis is not the summary of what all the respondents said on all the questions asked. Rather, it was a measured and logical representation of the analysis of findings rooted in the themes.

However, all told, the researcher did not follow these steps as a straightforward sequence of activities. Instead, the analysis was fluid, messy, complex and flexible. The researcher had to go forwards and backwards severally in a bid to make progress and improve the observation. The approach was not linear; instead, it was recursive. In other words, the researcher did not adhere to strict procedualism. Instead, he prioritized engagement with the data to permit the data to shape these processes: hence, inductive reasoning (Clarke & Braun, 2013).

3.11 Logistical and Ethical Considerations

This thesis observed all research ethical protocols. First, the researcher sought (and secured) the consent of the potential respondents before partaking in this research. Second, he allowed potential respondents who decided that they did not want to yield any response to this study to withhold their agency. In total, four subcommittee members, in particular, refused to participate. One of them simply refused to respond to emails, text messages and phone calls; another member gave appointments for her availability before deciding not to participate; and 2 members had kept the interviewer waiting for months before pulling out of the study owing to frequent travels overseas (to support the Task Forces of other countries).

Third, the researcher respected the privacy of the respondents. As noted in section 3.9 (above), he handled the analysis based on a coded index. Therefore, he assured the anonymity of the respondents. Then, finally, he used the collected data collected only for this thesis' purposes (including article publications in reputable journals and as part of books chapters). The

researcher did not use the confidential data of the respondents in any other way beyond what the respondents permitted him to do.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter provides the presentation of data, its interpretation and analysis. It focuses on content learned, motivation, timing, and conflict of interests as well as capacity of the transfer agents. Five sub-sections formed the themes under which this chapter's analysis is organized. Each theme has a number of subthemes under it which present different manifestations of ideas based on several related codes that were grouped together to form anchor-codes. A sub-theme therefore is the coherence of related anchor-codes. Table 4.1 (below) shows the mapping of the theme development.

Table 4.1: Themes Mapping

Table 4.1: Themes Mapping	
Objectives	Themes
Content learnt	▪ Policy Suggestions from the WHO ▪ Lesson Utilization ▪ Alternative Transfer Sources
Motivation	▪ Task Force Members' Participation Motive ▪ Task Force Members' Perception of the WHO ▪ Countering Unwanted Transferred Measures
Timing	▪ First Wave Response Timing ▪ Delayed Efforts by Kenya ▪ Decision Tempo in Second and Third Waves
Competing interests	▪ Conflict of Interest and Translation of IPC Measures ▪ Effect of IPC Opponents on Translation of IPC Measures ▪ Predisposition of Transfer Agents ▪ Exporters-Importers Tension
Resource capabilities	▪ Capacity of Kenya at the Outset of COVID-19 Pandemic ▪ Kenya and Contiguous Countries ▪ Operational Challenges ▪ Task Force's Challenge Overcoming Tactics

4.1 Influence of Content Learnt

Transferring policy from one setting to another involves difficulties. The sending system could offer one lesson while the receiving system adopts, or in the case of this study, translates something entirely different. Thus, it is important that the influence played by the content offered on the content translated is established and explained in a research that investigates the transfer and translation of a policy. Therefore, in an attempt to achieve this, the present study posed questions that generated three subthemes under this theme of influence of content learnt. One of these subthemes is policy suggestions from the World Health Organization. This also includes policy learning by Kenya's Task Force. Another subtheme is lesson utilization. This also includes adaption of the IPC into local episteme as well as the pre-existing IPC. And the third subtheme is alternative transfer venue.

4.1.1 Policy Suggestions from World Health Organization

This study inquired to know from the respondents if the WHO had offered to them any policy guidelines on the control and prevention of COVID-19 infections. Thus, the intention of the researcher here was to establish if the WHO had offered the members of the Task Force any form of policy lessons in their bid to generate the Kenya-based policy measures for COVID-19 prevention and control.

Some 11 (44 per cent) of the participants were of the view that the WHO had offered policy guidelines to Kenya. For instance, respondent R19 indicated that Kenya had adopted the WHO's international guidelines and principles for containing COVID-19. Participant R2 expressed a similar view by stating that the Task Force has interacted with the WHO. Similarly, R3 added that the WHO had helped the Task Force in shaping the policy responses the team. This shows that Kenya's COVID-19 Task Force had interacted with the WHO officials to learn lessons as measures for COVID-19 mitigation.

These findings have implications to the transfer and learning literatures. Specifically, the findings strengthen the notion that learning should take place before policy transfer occurs (Dunlop, Radaelli & Trein, 2018). Similarly, they reinforce the fact that the receiving systems need to be involved before learning takes place (Cairney 2019; Stone 2017) and, thus, transfer eventually happens.

In light of the above findings, 7 (about thirty per cent) of the participants responded to the nature of interaction the Task Force had had with the WHO. On his part, R5 argued that the model of policy domestication they had was that of constant interaction with the exporter. Thus, the WHO

provided them the support needed in adopting COVID-19 policy measures most suitable for the context of Kenya. Similarly, R15 affirmed that what sustained this intense interaction with the WHO was the mutual commitment that existed between the two parties. This suggests that there was commitment on the sides of both the transferers and the transferees. Indeed, to avoid hurdles in the transfer situation, cooperation between transferers and transferees is inevitable (Burdett & O'Donnell, 2016) and, thus, effective transfer to take place (Dolowitz, 2017a; Stone 2017).

Some other 7 participants (over 30%) also revealed that multiple transfer loops existed in their response to COVID-19. For example, R14 drew attention to the fact that there are different approaches to Kenya's translation of COVID-19 IPC. First, there was a WHO representative in Kenya's Task Force, who provided internal insights and continued guidance. Second, the Task Force members studied the WHO guidelines and all other related materials with the view to adopting and domesticating these guidelines. Respondent R5 agreed with this and added that the Task Force referred to the WHO's website and retrieved policy recommendations for countries. On the other hand, (third) he noted that there was a weekly bulletin by the WHO's Director General that served as the media update to the whole world. Task Force members, thus, used to tune into it and update their knowledge on the most current policy recommendations. These responses are indicative of the fact that the IPC domesticators utilized different avenues to learn lessons. These actions are consistent with the literature's observation that domesticators could combine three or more loops and, thus, synthesize the lessons into an integrated policy (Rose, 1992).

Some 25% (6) of the respondents emphasized the effectiveness of the WHO's IPC in the prevention and control of COVID-19 in Kenya. The response of R11 highlight this view clearly when he pointed out that the WHO officials supervised Kenya's IPC translation by guiding the Task Force in decisions and actions to ensure that they are up to par with the standards of the WHO. This implies that the policy transferers had remained active in the process to ensure the transferees completed the process. This action by the WHO signifies the commitment of the policy exporter to the transfer process (Dolowitz, 2017b).

The researcher further enquired on the number of Task Forces involved in Kenya's COVID-19 response. The aim of this inquiry was to gauge the multiplicity of actors' participation in the transfer and translation. Respondent R14 led responses to this theme by pointed out that, the Task Force she belonged to was actually just one among the Task Forces established in Kenya.

The Task Force, she added, reported to a bigger security strategic committee on COVID-19 that resided in the cabinet. Participant R15 echoed that the MoH had nine (9) subcommittees, some of which included: the Infection Prevention and Case Management subcommittee (IPCM), the Human Resources for Health subcommittee (HRH), and the Health Products subcommittee (HP). Therefore, this suggests that there were layers of task forces, with each focused on specific mandate but all geared towards IPC domestication.

Policy transfer literature is split on the outcome of the effect of actors-multiplicity: a term that this thesis refers to as the crowding of the transfer scene with various actors, both individuals and organizations. On the one hand, actors interactions is crucial to the learning and eventual transfer (Dolowitz et al. 2020; Dunlop 2017; Dunlop & Radaelli 2017; Dunlop, Radaelli & Trein 2018a) and on the other hand, the crowding of the transfer space has been reported to create impasse to the policy being borrowed (Minkman, 2023). Thus, at best, the evidence indicates that actor-multiplicity is capable of both constraining and facilitating the transfer (Koduah et al., 2015): depending on context and motive.

The transfer of the WHO's IPC in the participants' experience was not without challenges. The respondents disclosed that responding to health challenge such as the COVID-19 could not be without setbacks. First, 10% (3 participants) reported that the generic nature of the measures was a challenge. Among these, participant R14 revealed that the main challenge with the WHO's guidelines was that they are generic, not specific to Kenya as a system. Therefore, to account for all the uniqueness of Kenya and its situations, the Task Force had had to come up with Kenya-based domesticated versions of the guidelines based on supportive data and evidence. Therefore, the generic nature of the WHO guidelines made direct utilization unsuitable, thus, necessitated the Task Force to localize these measures. The localization of the transferred policy is not a guarantee for effective transfer. Because a different lesson could be offered and entirely different one is learned (Dolowitz, 2017a) especially when transfer actors failed to learn the lesson appropriately (Dunlop, 2017).

Second, the challenge of utilization of the IPC measures by Kenya's healthcare workers was raised by 4 (15 per cent) of the participants. For instance, participant R16 disclosed that Kenya, as a country, had a low public education on vaccine literacy. She went on to elaborate that in one of the many surveys she and her colleagues from AMREF had conducted for the MoH, they found out that some of the country's healthcare workers had zero knowledge about the utility of

the vaccines. Thus, implementation of vaccine protocol has not been completely effective. This is especially because some caregivers exhibited low knowledge on vaccination. She ascribed this problem to the disconnect that existed between the policymakers and the policy implementers and Kenya's citizens. Thus, policymakers adopt policies that are beyond the capacity of the implementers' execution: hence, lack of synergy.

Moreover, thirdly, about 25% (6) of the study's participants reported the non-binding nature of the WHO measures as a challenge. One of the interviewees (R5) lamented that international health regulation (IHR) was not binding on nation-states. He further expounded that that was why Tanzania avoided sanction despite failing to adopt COVID-19 recommended measures. The implication of this, affirmed participant R10, was that it affected bilateral relation with neighbors because Kenya locked itself down completely while the neighbor did not. Therefore, Tanzania's initial refusal to adopt the WHO measures had hampered the gains of Kenya Task Force.

A similar research to the present study reported how Kenya's IPC committee members had trained health workers on infection prevention and control procedures. These included the proper use of PPE and in addition, providing technical support to hospital decision makers and managers (Maina et al., 2020).

Prior studies have noted the difficulties involved in domesticating transferred policies. For instance, useful transferred lessons can end up in misinterpretation, misapplication and willful misrepresentation (Burdett & O'Donnell, 2016). Hence, precision of learning the transfer snippet by individual actors is instrumental in domestication. This adds up, as noted by the literature: there is a relationship between individual learning, learning in groups and the macro-dimension (Dunlop & Radaelli, 2017) of lesson drawing and learning. Such a synergy enables the co-creation of the policy and, thus, helps reduce tension (Wellstead et al., 2022) between adopters and implementers of the transferred policy.

Some recent studies, by McConnell and Stark (2021), on the one hand, and Omari, Kurniawan and Ramdhan (2023), on the other, have reported similar difficulties to the ones observed by the present study. Their revelations that COVID-19 exposed the limits of an evidence-based approach (McConnell & Stark, 2021) and societal values have influenced policy decisions (Omari et al., 2023) suggests policy transfer during emergencies has an inherent added difficulty compared to normal setting transfer.

Still on the theme of policy suggestion from the WHO, the researcher sought to establish what the content learned by Kenya's Task Force. In response to the researcher's inquiry, the participants recounted their experience of policy learning through their engagement with the WHO. A quarter (25%) of the Task Force's membership revealed that there was a series of contacts throughout the pandemic between their decision making body and the WHO officials in Kenya. For instance, interviewee R5 recalled that the WHO had supported them in response to COVID-19. The WHO provided the supports during series of interactions.

On this, the interviewed Task Force members also brought up the specific roles they played in these interactions. Participant R17 revealed that he was the person in charge of training the counties as well as preparing the modules for training health care workers. Interviewee R11, on his part, remarked that he was the Task Force officer in charge of coordinating all the counties responses. Participant R23, on her part, reported a number of duties. She was the IPC Department's officer leading the policy strategy adoption for COVID-19 control, she disclosed. Other functions she performed included coordinating the IPC for designated quarantining centers as well as facilitating sub-committees' engagements. Another Task Force member who disclosed to the present researcher the portfolio he held in the Task Force was respondent R21. He revealed that his role was to make sure the Task Force had the budget available to acquire the needful. Therefore, the Task Force members performed different important roles in the transfer process. These responses provide evidence that the aggregate of specific interactions among transfer agents that combine to become macro learning (Dolowitz, et al., 2020).

About 60% (15) of them characterized these interactions as helpful. For instance, Participant R9 characterized this relationship as akin to dependence on the WHO. Respondent R1 espoused the point and explained that because COVID-19 was a new disease that the transfer actors were trying to get grip of, the WHO had more ideas than any other country. He went on to add that the WHO was, therefore, in a position to offer helpful recommendations on how to respond to its threats.

One respondent, (R24), reported that the WHO officials took part in the production of IPC policy documents needed by the Task Force. Interviewee R23 agreed and further disclosed that another specific outcome of these interactions was the updating of Kenya's IPC. She added that the

WHO helped them to update the country's pre-existing IPC structure to suit COVID-19 mitigation. Interviewee R19 further espoused that:

> yes, specifically on IPC, we developed our RCCE (Risk Communication and Community Engagement) based on heavy WHO involvement: there was standard WHO document which countries adapted to develop their own guidance. The WHO was also involved when we had to review the implementation of our guidelines. Our Intra-Action Review (IAR) involved halting the activities and learning from what has been happening. The WHO was very involved in this mechanism that required countries to observe their own response critically with the view to seeing if there was the need to change any parts of the response...The whole IAR process was a WHO programming [initiative]. Thus, countries adopted it and domesticated it. Therefore, this tool in itself is a form of policy transfer (R19).

These views indicated that the Task Force members believed that the WHO was in possession of valuable COVID-19 control episteme worthy of borrowing and domesticating in Kenya. Their findings also showed that they have learned valuable lessons that were useful for COVID-19 control.

How do these findings compare to the findings of previous work. As already established in the literature review (Chapter Two), lesson learning is crucial to the transfer process (Dolowitz, 2017). Despite this, transfer studies have ignored the micro-interactive effects of actors in the attempt to explain how policies move (Dolowitz et al., 2020). The present study contributes in filling this void.

The present study's revelation that the WHO has contributed in updating Kenya's pre-COVID IPC lends support to Karini's (2018) result which reports policy transfer can take place in domesticating measures to update administrative capacity. However, unlike the difficulties observed by Karini in integrating the lessons owing to established institutional practices in the Western Balkans, the present study reports no constraints in updating Kenya's IPC.

Similarly, the WHO's involvement in generating RCCE and sustaining IAR for decisional reviews on the domestication of IPC measures is a significant finding. It corroborates the literature's already observation that interactive engagements among transfer agents can have dynamic effects on the outcome of the learning (Dolowitz et a., 2020).

4.1.2 Lesson Utilization

The researcher was interested in finding out how the Task Force members utilized the lessons they drew from the WHO. The intention of this inquiry was to ascertain whether the participants used the lesson learned directly or they tailored it to suit Kenya's context. A quarter (25%) of the respondents reported direct utilization of measures. For instance, participant R17 stated the Task Force adopted the whole of some of the guidelines from the WHO. Interviewee R20 provided an elaboration. She pointed out that there was not much dilution regarding some of the COVID-19 control measures. She went on to explain that the MoH disseminates the exact guidelines as inspired by the WHO. This indicates that the Task force directly used some measures, exactly as received from the WHO. Such direct utilization of transferred policy is common (Stone, 2020a) albeit it can result in failure (Thompson, 2018).

However, about 60% (15) of the participants provided account of remolding lessons from the WHO to suit Kenya's system. One participant disclosed that they modified the IPC protocols. Another (R13) affirmed that the Task Force merged the transferred snippet with Kenya's local evidence. Indeed, participant R5 also commented on the theme of local evidence. The respondent maintained that the policymakers did not just apply verbatim the transferred ideas from the WHO. Instead, they processed the information against Kenya's background before coming up with the eventual COVID-19 containment guidelines.

The Task Force members explained that modification of the WHO's measures was not a contradiction to the lessons drawn from the transfers, it was rather a complement. For instance, interviewee R4 stated that the WHO's measures are generic guidelines, not tailored to a specific context. Therefore, the Task Force has had to contextualize them for relevance and practicality. Another respondent (R21) elaborated this and went on to expound that the MoH sticks to the WHO guidelines and advices, albeit in some instances it made changes. The respondent went on to illustrate that measures such as social distancing, hand-washing and face-masking required the adopters to decide where to mount the hand-washing site or to even substitute it with sanitizer. This shows, she maintained, that domesticators enjoyed some degree of agency, albeit to the extent that does not deviate from the WHO –hence, adaption. It also shows that the Task Force's decisions were the result of the lessons learned (Moyson, et al., 2017) from the WHO, upon which changes to Kenya's health policy were made (Thompson, 2018).

Some responses from about 15 per cent (4) of the Task Force members underscored the logic behind the differences in the modes of utilization. For instance, participant R23 pointed out that ideas from the WHO were diverse; the Task force domesticated some of them into Kenya's setting; others merely inspired the Task Force to generate evidence-based measures for COVID-19 prevention and control. A similar opinion (from interviewee R3) elaborated that straight forward guidelines were used seamlessly by the Task Force while contentious recommendations were referred to specialized committees to help in tailoring it towards the national framework. This was not only a necessity but also a requirement, as illustrated by another respondent:

> we have had to contextualize every one of the guidelines. For example, one of the guidelines specifically suggests that it was up to a country to decide whether it wants to recommend vaccination for pregnant women: because there was no sufficient evidence on whether or not COVID-19 vaccines were safe on pregnant women, the WHO refused to commit itself; and instead, left it for the individual countries to decide for themselves…To solve this dilemma, our Task Force consulted the National Immunization Advisory Group (NIAG); we looked at the available evidence (including effect of vaccines on the pregnant women and the number of death) jointly and decided that pregnant women should be vaccinated (R14).

These responses show that the Task Force members used different approaches to utilizing the WHO lessons. They distilled the technical lessons before usage; they directly applied the simpler lessons. The WHO was aware of this; it also encouraged it in some situations.

There are similarities between the strategy chosen by this study's participants and those described by Minkman (2023) and Dolowitz et al. (2020). In the former's case, in resolving impasse among transfer agents, different approaches are available as Minkman observed in the case of transferring Dutch flood management policy to Jakarta, Indonesia. These perspectives are direct implementation, and further modification of ideas (Minkman, 2023). The present study chose adoption and adaption to represent unchanged and modified transfer of the IPC instruments by the Kenya's Task Force.

However, unlike Minkman's observation which pointed out that in the policy transfer process outsourcing of strategy making and planning to consultants delimits the space for translation (Minkman, 2023), the present study found no impediment in the Task Force's outsourcing vaccination decisions to the NIAG. Indeed, Dolowitz et al. (2020) also observed this practice.

They showed how power of actors interacts in the policymaking processes to influence outcomes in light of learning. Therefore, it lends credence to the agency of transfer agents to delegate or outsource decisions they are not in best condition to make. This is especially the case since power flows and that the flowing alters the shape and outcome of the transfer process (Dolowitz, et al., 2020). The present study suggests that the Task Force's practice of delegating these decisions was an exercise of its power in the domestication process. The interaction between the Task Force and the NIAG had an influence in the transfer outcome: some of the adopted measures were the result of local evidence utilized by NIAG before advising the Task Force of what choice was most suitable for Kenya.

On the subtheme of lesson utilization, the researcher invited the participants to share their experiences on the fusion of learned lessons into Kenya's existing IPC setting. The respondents introduced the roles local epistemic institutions played in their response efforts before addressing the question of the pre-existing IPC structure.

About 60 per cent (15) of the interviewed Task Force members raised the theme of local institutions. They indicated that these institutions were instrumental to their translation of the WHO's IPC. One of the interviewees (R1) reported that in the initial stage of the COVID-19 outbreak, the Task Force had representation from key institutions both within Kenya and from international bodies. He went on to specify that domestically, the University of Nairobi (UoN) was heavily involved while the United Nations Children's Fund (UNICEF) was the example of international institutions to partake in the country's COVID-19 response. Other interviewees identified the numerous institutions that supported the Task Force. These include: KEPI (R19), KENITAG (R14 and R21), private sector and NGOs (R15 and R19), AMREF (R11, R15, R16 and R19), KEMRI (R9, R11 and R14), Kenya CDC (R4 and R13), the National Security Advisory Council (R9), National Public Health Labs [NPHLs] (R9 and R10) and academic institutions such as UoN and Kenya Medical Training College (R10 and R14). Participant R3 emphasized that the Center for Infectious and Parasitic Diseases Control Research (CIPDCR) has provided the Task Force with local data throughout the pandemic which was always been used to complement the recommendations of the WHO. These responses strengthen the observation that the transfer process is replete with various actors and organizations –whose combined interaction produce the translated version of the policy (Dolowitz et al. 2020; Dunlop et al. 2018).

Reponses from 14 (over 55 per cent) of the participants highlighted the nature of contributions made by the local institutions to the Task Force's COVID-19 response. Interviewee R4 noted the role Kenya CDC played. She stated that the CDC was part of the national IPC sub-committee, and it served as source of existing policy in terms of organizational learning and development. Two interviewees (R5 and R11) recounted the relevance of the Kenya Medical Research Institute (KEMRI) in the IPC translation. KEMRI played a big role in modeling and projections as well as many other research inputs, stated interviewee R11. Similarly, participant R5 described KEMRI as the main local institution for producing such proposals that the Task Force considered and mixed with any externally imported ideas before reaching policy guidelines.

AMREF has played an important role in the COVID-19 response, according to three (3) interviewees. For instance, a Task Force member (R16) who was coopted from the institution disclosed that AMREF worked together with the MoH towards domesticating the COVID-19 measures from the WHO. Other participants agreed and affirmed "AMREF had contributed in the health guidelines we adopted" (R15) and "AMREF was instrumental at community level sensitization and advocacy; in getting the citizens understand the threat of COVID-19" (R11).

The respondents also lauded the role played by the Kenya National Immunization Technical and Advisory Group [KENITAG]. For instance, interviewee R21 stated that KENITAG was instrumental in advices pertaining to vaccination. Participant R19 agreed and expounded that KENITAG was the technical voice in whatever the Task Force did pertaining to vaccination. She further added that KENITAG's background of the Kenya Expanded Program on Immunization (KEPI) of handling child immunization has equipped it with enormous experience. This experience became vital during our COVID-19 vaccination. These responses, therefore, showed the key roles played by some of these local institutions have been instrumental to the success of the Task Force's COVID-19 response.

The findings of the current study are consistent with those of Omari, Kurniawan and Ramdhan (2023) who pointed out that societal value in Kenya had influenced policy decisions in COVID-19 domestication. It is similarly consistent with the revelation of Maina et al. who revealed that Kenya's COVID-19 response was a system wide approach. It involved the provision of technical support by the Task Force to the country's health institutions. In return, other institutions had also supported the response of the Task Force (Maina et al. 2020).

This is not new. Instead, it is the norm in policy transfer literature. Stone (2017) has earlier established that lack of involvement of domesticating policymakers is a sign of transfer failure (Stone, 2017). Similarly, the domesticators need to learn the policy instruments offered from its originating source (Dunlop, Radaelli & Trein, 2018) before claiming that lesson learning had taken place. The present study has established that these local institutions assisted the Task Force by releasing their relevant experts to participate in the Task Force. Other functions performed by the local institutions in relation to the domestication of the IPC measures included modeling, proposal development, and sensitization of citizenry and direct implementation of the IPC measures.

The participants further raised pre-existing IPC structure, in relation to the above. Some Twenty-five per cent of the participants pointed out that Kenya did not commence its COVID-19 response from the scratch. This is because the country had a pre-existing IPC. Interviewee R2, who hails from the IPC department of the MoH stated that his unit deals with infection control. Thus, prior to COVID-19 outbreak, an IPC guideline had been in place as far back as 2010. Therefore, the new policies in fact became only updates to these preexisting guidelines, he maintained. A similar view (from R23) echoed this perspective:

> I work in the IPC Department of the MoH, and I can confirm that as a country we already had our IPC measures that we established in 2010, and revised it in 2015. Actually, when COVID-19 struck we were in the process of revising our IPC guidelines by creating its third edition (based on five-year rolling plans: 2010, 2015, and 2020). We revised the initial IPC guidance in October 2015: we were planning to update it in October 2020 before COVID-19 scupper the plan; we are now adopting 2022-2027, so the trend has changed (R23).

About 44 per cent (11) of the Task Force members disclosed that the WHO's IPC measures were integrated into the country's pre-existing IPC framework. Interviewee R17 suggested that the members of the Task Force did not do everything based on the WHO's framework, neither did they mimic what the developed countries were doing. Instead, he added, Kenya's approach was one of customizing some of the best standards from the WHO into an adaptable form for the country's system. Respondent R18 affirmed this view and remarked that the Task Force added and subtracted from the WHO's IPC guidelines, depending on Kenya's context. She added that

the members could not just copy and paste the measures; policies that worked in other system may fail in Kenya.

The same opinions emerged from the responses of participants R12 and R22. The latter stated that the Task Force contextualized and customized the lessons in the transfer process. She further revealed that they adopted an effective public participation process based on a chain of reviewers. It involved sending the ideas borrowed down to the users and stakeholders before adoption, she added, with the view to enhancing both internal and external validity. Interviewee R12 recalled an example of this pre-existing capacity:

> The MoH has had locally generated knowledge on what nutrition is best in building immunity among ailing people. Therefore, when COVID-19 struck, that local knowledge was brought forth to advise Kenyans on what to eat whilst infected with COVID-19 and also what food reduces chances of severe potential COVID infection (R12).

This shows that Kenya has had IPC as far back as 2010. The structure had been in operation. With the advent of COVID-19, the initial structure was adapted for COVID-19 control.

The present findings seem to be consistent with Karini's study, which found that transfer actors update existing structures through lesson drawing (Karini, 2018). However, unlike Karini's observation that found difficulty in integrating the transferred policy owing to the established negative institutional practices that were hard to change in the Western Balkan, the present study found no difficulty reported by the Task Force members in incorporating the WHO's IPC measures into Kenya's pre-COVID19 IPC.

4.1.3 Alternative Transfer Sources

The researcher also wanted to explore if the Task Force had utilized other venues to shop for alternative lessons. Thus, he probed the respondents on whether or not they had sought COVID-19 policy lessons from other systems apart from the WHO.

A third of the interviewees (33%) disclosed that the Task Force had utilized ideas from the Africa Union Center for Disease Control (AUCDC). Response from interviewee R21 suggested that the Task Force relied on the WHO for containment measures. However, for vaccination, the AUCDC and GAVI had interacted a lot with the Task Force, and, thus, influenced the specific vaccine decisions taken by Kenya. A respondent (R23) who agrees with this assessment added

that data from AUCDC was a key to Kenya's response because ideas learned from the institution became instrumental to the country's COVID-19 performance. She went on to instantiate this claim by citing decision on face-covering: while the WHO took time to recommend usage of one face mask, she recalled, the AUCDC stepped up and suggested usage of two masks if and when necessary. Therefore, AUCDC became an important source of guidance to the Task Force's response. This was especially the case on decisions pertaining face-masking and vaccine acquisition.

Another alternative shopping venue revealed by 20 per cent (5 individuals) of the respondents was the United States Center for Disease Control. Participant R5 recalled that the Task Force had borrowed extensively from the USCDC. Similar response from R13 held that the USCDC's disease surveillance served as a model for the Kenya's Task Force in its COVID-19 tracking. Thus, it can be understood that the Task Force had learned disease surveillance techniques from the USCDC to complement some of the WHO's measures for COVID-19 control.

Almost 50 per cent (11) of the participants reported that they shopped for ideas from other countries. Interviewee R14 began by pointing out that the Task Force had looked at evidence from different systems and ranked the evidence based on its source, its quality and the expected action. The procedure utilized in scanning for these potential ideas was through e-learning, says a respondent (R19) who revealed that the Task Force has had some e-learning engagements with other countries for experience sharing. The technical term used, for it was "eco-program", she clarified.

The Task Force monitored Italy, South Africa, Uganda and Tanzania. For instance, participant R17 noted that at the beginning of the pandemic Italy was on the news all over the world. Thus, it served as the benchmark for the worst-case scenario that every country was aiming to avoid. On the other hand, the Task Force monitored good lessons, pointed out a respondent (R4), during regional exchanges of experiences in the eco-program of the best practices, opportunities and challenges. She added that this exchange has enabled Kenya to borrow best practices from East African countries, not least, Uganda. These meetings begun in mid-2020 and were kept ever since as a routine practice, she further added. Participant R17 detailed that:

> We followed three countries very closely. First, we kept abreast with a lot that was going on in South Africa; because it has had a severe COVID-19 outbreak. Second, we also kept keen attention on our neighbor, Tanzania, which decided that COVID-19 was a

hoax. And, third, we used Uganda as a model; because it pursued a much stricter response strategy than Kenya (R17).

Therefore, the Task Force members kept themselves abreast about COVID-19 performance of different countries with the view to learning good lessons and avoiding unwanted lessons. They monitored countries across Africa and Europe. This was in addition to utilizing ideas from the centers of disease control in Africa and the US.

In accordance with the present findings, previous studies (Dolowitz 2021; Rose, 1991) have demonstrated that transfer process is not merely a linear process of mimicry. Dolowitz observes that the traditional approach in policy transfer research that depicts the process as policy makers faced by challenge X, can scan system Y for a useful lesson. Consequently, they draw Z from Y. Consequently, implementing measure Z would produce outcome V. Thus, this linear depiction is an inaccurate representation of the real transfer process (Dolowitz, 2021). Similarly, Rose established that alternative ways of drawing a lesson are: copying, emulation, hybridization, synthesis and inspiration (Rose 1991 p22). Hybridization and synthesis are of interest to the present study. The hybrid lesson drawing is when transfer actors merge two sources of transfer. The synthesis is when they draw lessons from three or more sources. The Kenya's Task Force has drawn lessons from multiple sources to complement its lessons from the WHO. This suggests that transfer agents have continued to uphold this practice since Rose's observation.

To recap, this subsection intended to answer the research question: what is the influence of content learned by the Transfer Agents on the translation of the WHO's IPC measures? The responses of participants revealed that the WHO has offered to Kenya some policy guidelines in relation to COVID-19 prevention and control. The Task Force members utilized some of the measures directly while they customized some measures to suit Kenya's setting. The pre-existing IPC structure that had been in place since 2010 became particularly useful to the Task Force's COVID-19 response: it was adapted for the pandemic control. Other than the WHO, the Task Force utilized lessons from other sources to complement the WHO's guidelines.

Now the study will turn to the secondary data. Analysis takes the form of the comparison of the secondary data to the interview data. The secondary data shows that Coronavirus disease 2019 (COVID-19) was defined as an acute respiratory infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Thus, SARS-CoV-2 belongs to the Sarbecovirus

subgenus of the Coronaviridae family, and is the seventh coronavirus known to infect humans (MoH, 2020p). Available records indicate that the 2019 novel CoV (SARS-CoV-2) originated in Wuhan China. It caused outbreaks globally including Kenya. The main drivers of the outbreak seem to be symptomatic and asymptomatic humans infected with SARS-CoV-2 from whom the virus can spread to others through respiratory droplets or direct contact with contaminated surfaces (MoH, 2020j). The confirmed case of COVID-19 is when a person had a laboratory confirmation of COVID-19 infection, irrespective of whether clinical signs and symptoms are manifest (MoH, 2020e).

The Sub-Saharan Africa (SSA) region was among the most vulnerable areas. Al least, 56 per cent of its urban population is living in overcrowded, congested and poorly serviced slum dwelling. Thus, the SSA region is vulnerable. Inaccessibility has exacerbated it: only 34 per cent of the households have access to basic hand washing facilities (United Nations Economic Commission for Africa, 2020b). Kenya, owing to its reliance on tourism, is among the hardest hit countries (United Nations Economic Commission for Africa, 2020a) in the SSA region. However, globally, Kenya was on level three, moderately between the two extremes on the scale levels 1-5 (WHO, 2020a). Within the country, Mombasa and Nairobi had the highest attack rates of COVID-19 (MoH, 2020n).

4.2 Influence of Motivational Factors of Transfer Agents on the Adoption of COVID-19 Control Measures in Kenya

An accurate study of transfer and translation requires focus on the agents domesticating and translating the transferred policy. In doing so, investigating their motivational factors is crucial in establishing why they participate and how their motives shape what they do. This researcher posed questions that generated three themes vis-à-vis the research objective on the motivational factors of the transfer agents. These themes are: the Task Force members' participation motive, the Task Force members' perception of the WHO, and countering unwanted transferred measures.

4.2.1 Task Force Members' Participation Motive

The researcher was interested in uncovering what factors motivated the Task Force members to participate in the transfer of IPC from the WHO. This inquiry yielded a range of responses. The

Task Force members revealed that sense of duty, responsibility to counties and rational model to have been the motivating factors for their partaking.

Close to 30 per cent (7) of the interviewees raised sense of duty as a factor that influenced their participation. Respondent R2, for instance, stated that his participation was not just voluntary but he also saw it as patriotism -a duty to his country. A participant (R22) who shared the same opinion commented that she works in the IPC department and she cherishes the act of developing policies and reviewing documents. Therefore, for her, it gives joy to work on a document that she knows will yield benefits to patients and community. As such, her participation in the policy transfer process was voluntary, she maintained. Similar opinion came from an interview with a Task force member, R17, who detailed that:

> I voluntarily offered my services to the Task Force. My University (University of Nairobi) seconded me to participate in the national response to COVID-19 pandemic. I chose to participate in a pro bono manner -I did not receive any payment for my services. I am a national authority on health policy. Therefore, when I received the call to come and help the country, I did not hesitate to help. It is a national calling. When the Task Force invited me to join it, I found a good number of the membership were actually my former PhD students; it gladdened me to see that: I cracked joke to them that 'so you mean you actually learned something in the class? In fact, they joked back that 'so these abstract concepts you teach, you can actually do them practically?' ...As a motive, I was motivated to accomplish the task; it gave me personal pleasure that I was able to get the task done. My university has also benefitted from my participation in the sense that it has raised the institution's profile (R17).

Therefore, it is obvious that some Task Force members participated in the transfer process owing to a sense of patriotism. They viewed their participation as a duty on them to help their country.

Other respondents totaling 10 (40%) Task Force membership pointed to responsibility to counties as the reason behind their involvement. One of the interviewees (R1) stated that the Task Force staked everything to ensure that Kenya's response to the pandemic was successful. Such a proper response requires concerted approach, hinted another Task Force member (R17) who claimed that the Task Force served as a bridge that healed the rifts between the national government and the counties' leadership. He further clarified that the COVID-19 Task Force achieved this by creating a very strong coordination between the counties and the politicians at

the national level. Participant R19 suggested that the county level health systems would not have otherwise been able to cope with COVID-19:

> The devolved health structures at the county level would not have known what to do had our Task Force not stepped in. It is the role of the national government to provide that kind of guidance. Therefore, I would say, first, it is a responsibility of the national team. Thus, I voluntarily engaged myself in the Task Force because we needed to provide guidelines, including vaccination; failure to do this would have rendered everything else haphazard and in disarray (R19).

From the above, it is clear that responsibility towards subnational tier of the nation is an element that provided some of the Task Force members with motivation to participate in domesticating the IPC measures from the WHO. This echoes earlier findings in the transfer literature. Specifically, it agrees with Bazbauers's (2018) observation that local actors involved in the transfer have the power to determine outcome. Similarly, it strengthened the argument made by Lippi and Tsekos (2017) that domesticate actors' perception and interpretation of the transfer can determine its success or failure.

Over 45 per cent (11) of the respondents attributed their involvement to what they referred to as the rational nature of the transfer. Participant R9, for instance, pointed out that she participated because she liked its usefulness in preventing the spread of the infection. She added further that domesticating the WHO measures was good for Kenya as the country was able to address its needs at that time. A similar response (from R21) characterized the WHO's advices as actually helpful. How could one argue against an advice to acquire PPE or to use masks, he questioned? The WHO officials were trying to help Kenya, he further asserted.

On the same theme of rational model, respondent R4 declared that she compelled to participate. Instead, Kenya already had an existing advisory committee for IPC, which was effective. Therefore, "I was motivated to join them, there were people in place who were motivated to commit towards controlling any impending infection" (R4) the interviewee maintained. A similar response came in an interview with respondent R5 who recounted that:

> My participation was voluntary. The transfer was a rational process because the WHO and AUCDC have the roles of supporting nations in the process of external support. Thus, the WHO's attempt to guide nations in the pandemic response was meant to strengthen countries' capacity in coming up with evidence-based policies. Therefore, I

did not see anything wrong about importing policy from the WHO. Every single cell in my being is convinced that it is a great idea to seek the support (in terms of policy ideas) of the WHO during COVID-19 outbreak" (R5).

These responses indicate that the WHO has the capacity to guide national health systems in their respective responses to COVID-19. Consequently, this makes it rational for countries to draw ideas from the institution. Some Task Force members indicated that this provided them with motivation to engage in the transfer.

How do these specific findings (of this study) compare to the findings of previous work. To start with, the literature of policy transfer has established that as a practitioner's guide to policy transfer, agents involved should pay attention to what motivates them to get involved in the transfer of the policy (Dolowitz, 2003). By implication, researchers studying the transfer process have to focus on the motives of the agents involved. This has already been demonstrated by McRobie et al. (2018) in their study of the responses of Ghana and Uganda to the UNAIDS '90–90–90'. They found that the motives of the policy recipients in Uganda and Ghana heavily influenced the policy's transfer from the WHO.

Another finding of the present study that resonates with the existing literature is the finding that suggests the Task Force members participated in the transfer owing to the need to rescue the healthcare system at the sub-national level of Kenya. Similar research has already reported that at the outset of the outbreak of the COVID-19 pandemic in early 2020, Kenya's sub-national healthcare system was ill-equipped to handle the crisis (Nasong'o, 2022). Mavrot (2017) and Lippi and Tsekos (2017) had earlier reported how sub-national concerns can affect policy transfer.

In illustration of how bottom-up influence can lead to transfer of policy, the empirical effort of Mavrot (2017) showed how actors at subnational level governments of Switzerland influenced the national (confederate) government in the adoption and domestication of the Framework Convention on Tobacco Control (FCTC), a policy initiated by EU and promoted by the WHO. Although the key revelation of Mavrot's study is not indicative of the extent to which the motive of transfer agents shapes the transfer outcome, it is nonetheless important in adding evidence that policy transfer can take place because of local actors' interest to adopt policy: hence, bottom up transfer. On their part, Lippi and Tsekos (2017) studied the transfer of austerity policy. The study

illustrates that motif of transfer agents differs at local stage, national level and international scale. They reported evidence of influence of transfer agents' motivation in framing austerity policy first at international stage, second at the stage of national adoption, and third at domestication to sub-national levels (Lippi & Tsekos, 2017). Although their study is not within health policy sector, nonetheless, their result is important to the present study to the extent that it reveals variations across subnational authorities are a factor of motive of the respective domesticators of the austerity policy.

The present study found related, but reversed result to both Mavrot (2017) and Lippi and Tsekos. Kenya's COVID-19 Task Force is a national structure, not a sub-national body. Therefore, unlike Mavrot's and Lippi and Tseko's report of the motives of actors at sub-national level influencing the transferred policies, in the case of the present study it was actors at national level choosing to participate in the domestication of IPC owing to the need to help out the sub-national health system.

4.2.2 Task Force Members' Perception of the WHO

The researcher was interested in gauging the Task Force members' perception of the WHO. The intention here was to establish if members held unfavorable view of the WHO and, consequently, if this had influenced how they engaged the institution in the process of the lesson drawing.

Close to 50 per cent (11) of the respondents characterized the WHO as an effective institution. For instance, participant R3 stated that the guidelines for IPC were largely good. Interviewee R1 agreed and opined that it was good especially in a pandemic where everyone was learning the severity of the disease and the best containment measures. Another participant implied that Kenya's health policy makers were among those to have learned from the WHO. He went on to add that the WHO's IPC measures had helped the country both in preventing infections and in lowering fatality rate. This was possible, contributed interviewee R24, owing to the suitability of the guidelines:

> The IPC measures (Handwashing, Social Distancing, Face-masking and Vaccination) were suitable to Kenya…the effectiveness of the measures can be understood from the fact that Kenya had a huge infection rate. Since these infections resulted in relatively few fatalities, the conclusion to draw therefore is that the IPC measures were the factor responsible to those low deaths (R24).

Thus, the participants have lauded the efficacy of the IPC measures they translated into Kenya's system. The efficiency of the measures made it suitable for translation.

Some 10 (42 per cent) of the interviewees portrayed the WHO as a partner that shared a common agenda with Kenya. Participant R19 recalled that there was a national support for the containment measures. She characterized the flavor of the support as a 'clamor' or 'drive' for the Task Force to come up with containment measures. However, because the Task Force could not do it on its own, she said the Task Force had to collaborate with the WHO, with whom they had common agenda and commitment. This was further emphasized by another respondent (R7) who affirmed that Kenya, as a member of the WHO, is in agreement with most of the WHO's policies. Interviewee R4 has further detailed this point:

> The WHO has been very helpful. In fact, it has always been the standard: if policymakers were to come up with any policy, they must look at evidence that would guide the decision. In the case of COVID-19, because there was no satisfactory evidence at countries' level, we (Kenya) as well as all other countries had to rely on the WHO to provide the recommendations. Indeed, the WHO was in the best place to lead the global response to COVID-19. Therefore, we kept abreast with all the changes after the initial response all through to the vaccination decisions (R4).

From the foregoing, the Task Force members held that they were not at cross-purposes with the WHO. Instead, they understood that they and the WHO had a common agenda. This sort of perception is significant in the transfer literature: the importing setting's perception of the exporters as allies, not foes, enhances the success of the transfer (Stone & Schmider 2023).

Moving on, more than 55 per cent (13) of the interviewed Task Force members declared that they were not opposed to the WHO. For instance, respondents R2 and R4 stated that as individuals, they were not opposed to any specific policies from the WHO. Two of their fellow Task Force members (R10 and R15) chose to speak for the whole team when they stated that none of the decision makers in their committees was opposed to the transferred measures. This is because, as participant R23 indicated, none of the measures was bad. She further specified that at her level, she and her fellow domesticators did not see anything wrong with these measures, and thus she was not opposed to them. One Task Force member (R14) explained that it was almost impossible to oppose such measures, anyway:

> In a government, very few individuals can veto policy. Our Task Force operates on consensus. We are a group of experts that advises the MoH on the best-recommended policy options. Only strategic officials such as the Principal Secretary (PS) of the MoH can turn down our policy recommendation. But even the PS, as the budget holder for the MoH and our Task Force, would do so on the ground that there was no fund to support proceeding with such a particular policy, but not rejecting it on the technicality or practical processes of the policy per se (R14).

This indicated that the Task Force members were not opposed to the WHO's IPC measures. However, what is palpable from the responses is that they also lacked the agency to oppose transferred policy. These findings have implications to the transfer literature.

For instance, Nasong'o (2022) has reported low trust among the Kenyan citizens in their government. This trust deficit relates to how the government handled COVID-19 pandemic. This lack of trust started in a health sector scandal involving embezzlement of the National Health Insurance Fund (NHIF). The nature of the pandemic response, particularly the manner in which the resources mobilized for mitigating the pandemic were misused, only helped to heighten the level of government mistrust on the part of the ordinary citizens (Nasong'o, 2022).

The present study's revelation on the effectiveness of the IPC as well as positive perception of the WHO by the Task Force also resonates with previous findings. Stone and Schmider (2023) have reported that policy exporters in the context of COVID-19 pandemic seek input, process and output legitimacy in the receiving system. As such, they make extra efforts to pose as allies, not foes, in the domesticating setting. This reflects the standard assumption of transfer studies in which international policy transfer involves the sending of superior standard or best practice to recipient systems (Stone, 2020a). Similar to Stone's (2020a) observation, in the case of the present study, the agents involved in domesticating the measures perceived the WHO as authority or superior partner from whom valuable lessons could be drawn.

4.2.3 Countering Unwanted Transferred Measures

In relation to the preceding enquiry, the researcher wanted to know if the Task Force members had countered any transfer ideas that they opposed. This enquiry was answered by 18 (75 per cent) of the respondents.

About 28 per cent (7) of the participants raised the issue of skepticism, instead of countering WHO measures which the researcher asked them. Respondent R17 commented that there were

decision makers who were skeptical to some of the measures. He cited the fact that: first, there has always been distrust surrounding the government of Kenya; second, COVID-19 was a new disease and third Tanzania, the next-door neighbor, opposed the WHO altogether. Therefore, he added, some decision actors had legitimate grounds to doubt measures adopted from the WHO. Another Task Force member (R19) shared this perspective. She stated that she was not personally opposed to any of the measures from the WHO albeit she confirmed that there were strong individuals who although were supportive of the WHO measures but insisted that any of the measures the Task Force adopted must be well suited to the country's context. One respondent who held personal reservation is interviewee R21 who remarked that the WHO's policies have helped in saving lives, so they were effective on this front. However, on the socio-economic sides of it, there were negative disruptions.

Moving on, more than a third of the interviewees brought up the theme of clarity and evidence. One participant (R1) stated that his committee delegated all decisions pertaining immunization to the Kenya National Immunization Technical Group (KENITAG), which gauges the available evidence and data. In turn, he added, KENITAG gave them feedback before the committee would adopt the WHO's policies. Similarly, respondent R3 declared that she participated in changing the guidelines and protocols in one way: by insisting that the team should gauge local evidence before adopting any of the WHO measures. Moreover, whenever the local evidence does not support a particular measure, she and her fellow policy makers become setting sensitive and err on the side of caution, she added. This suggests that the Task Force consults local evidence for clarity on measures that are contentious. The consultation of local evidence is a common practice among transfer actors (Minkman, 2023).

A third of the interviewees discussed the theme of policy change. Participant R1 remarked that he and the team he led were opposed to vaccinating young children until if two requirements were satisfied. First, if adequate data was available. Moreover, second, if it indicated that it was safe and decisive to do so. The Task Force implied that it had the agency to do so. Participant R9 recounted an example of this. She explained how she and her team members rejected vaccines imported from Russia. This demonstrated their agency. Indeed, the transfer literature has established that importing agents retain agency to reject, when necessary, parts of the imported lessons (Dolowitz 2017a; Dolowitz & Maderis 2009; Dolowitz, Maderis & Kelley 2012; Stone 2020a).

Related to complete rejection of policies was the Task Force's practice of modifying the measures. Participant R15, for example, affirmed that the Task Force had the complete leeway to adjust measures to conform to Kenya's setting. She further disclosed that there was no coercion against them at all. Instead, she recalled that the Task Force had operationalized home-based care earlier than the time the WHO came up with recommendation for it. Interviewee R2 has similarly echoed the same opinion. He opined that as a group of transferees, the Task Force did not adopt the WHO guidelines 100%. He further stated that the WHO guides nations at global scale. Thus, there is room to change the guidelines to suit countries' environment. He went on to add that in fact, sometimes local forces make it inevitable but for countries to tweak the transferred ideas from the WHO. Respondent R14 agreed and elaborated that:

> We picked and chose the measures; they were advisory (the ones that were good for Kenya were adopted; the ones less so were ignored, and where we needed to go beyond the WHO, we did do that). For example, the WHO recommended paper based documentation of the uptake of vaccine; in our case, Kenya went contrary to their approach and, instead, adopted full digital method that was not on the WHO radar (R14).

This same opinion also featured in other respondents' narration of their experience in translating the WHO's measures. For instance, participant R1 stated that the Task Force had reviewed and modified recommendations it did not agree with. Respondent R22 provided the reason behind this practice:

> When a particular policy is against the interest of our country, we do not adopt it; and, instead we go ahead with what we know is the best measure for Kenya. Policies (Global Development Goals) coming from international institutions are modeled on the developed countries, and as such developing countries like Kenya are not being factored in during the formulation of the policies. Therefore, there are WHO measures we do not accept, and instead, we look at our fellow African countries and tap the lessons of their experience (R22).

This shows that the approach adopted by the Task Force was of picking and choosing measures most suitable for Kenya. Therefore, it has rejected some measures that it disagreed with. One instance was vaccination of children. Another example of its agency was in its decision to reject vaccines from Russia.

Comparing these particular findings to the transfer literature reveals some interesting facts. For instance, Zavala et al. (2022) have reported that in Kenya, the national policy made pregnant and lactating women [PLW] ineligible to receive COVID-19 vaccines until August 2021. Reason given for this ineligibility was due to vaccine safety. Indeed, safety was always a primary concern for administering COVID-19 vaccines to PLW. This is similar to what the present study found: the Task Force actively decided against vaccinating children for COVID-19. This was despite the WHO recommending that children can take the COVID-19 jabs. Indeed, the literature of policy transfer has noted the agency of domesticating actors in rejecting or modifying the transferred snippet (Dolowitz, 2017a). In fact, importing systems can identify policy failures or shortcomings within the package of the measures offered to them. They can then seek solutions based on successful experience elsewhere (Stone, 2020a) to bridge the gap and complement the deficits.

All told, this sub-section aimed to answer the research question, what is the influence of transfer agents' motivational factors in the translation of IPC measures in Kenya? Participants' answers indicated that they participated in the policy transfer due to their sense of duty, responsibility to counties and their perception of the transfer as rational model. Regarding their perception of the WHO as a transfer source, the respondents ascribed it as effective, pursuing common agenda as them and, as such, they were not opposed to it. In terms of establishing whether the Task Force had countered unwanted policies, answers indicate that the Task Force was aware that there was some skepticism among Kenyans regarding some of the measures from the WHO. However, whenever such skepticism was present among the Task Force membership, the Task force demand clarity and evidence before adoption of the affected policy. However, in some cases, the Task Force had countered some policies. Two examples of this were the rejection of the WHO's policy recommendation for child vaccination, and also the rejection of sputnik vaccines from Russia.

4.3 Influence of Transfer Period on the Translation of COVID-19 Control Measures in Kenya

Successful study of policy transfer requires focus on the timing of such transfer. This is especially crucial in studies investigating transfers during emergencies. Thus, this study designed questions in relation to the study's objective of time, timing and tempo. This particular inquiry

yielded three themes. These are: first wave response timing, delayed efforts by Kenya, and temporal variations in second and third waves.

4.3.1 First Wave Response Timing

The researcher aimed to know the first time the WHO offered Kenya the policy guidelines towards COVID-19 control. The rationale behind this enquiry was to know whether the WHO had sought to support Kenya early enough in the COVID-19 response effort.

Close to 50 per cent (11) of this study's subjects suggested that raising alarm was an important issue in the WHO's response timing. Participant R10, for instance, pointed out that the WHO was prompt. The WHO was the body that declared the spread of COVID-19. As such, this is an indication of a prompt response. Participant R20 expressed a similar view. She clarified that in the beginning, the WHO sets it as a global alarm instead of contacting the individual countries. The intention was to get all countries readied for COVID-19. Thus, the raising of alarm about COVID-19 by the WHO was an important first step towards COVID-19 prevention and control.

Other participants brought up the issue of system activation in their responses. This was especially notable in interviewee R21's response. The respondent commented that the WHO's activation of its system was crucial for two reasons. First, to make it possible for information to flow to countries; and, second, for its surveillance system to detect any signs of COVID-19 spread across countries. Therefore, activation of system by the WHO enabled countries to access vital data from it for an effective response.

Related to the above, the respondents noted that the WHO went on to demand action from countries. Some 17 per cent (4) of them shared views on this. Respondent R2 recalled that the WHO demanded that countries put in place containment measures to slow its spread. Respondent R16 elaborated this point by commenting that the WHO notified every nation about COVID-19. This was, she added, to prompt countries to put some measures to contain the spread of the disease. Therefore, the WHO had fulfilled its mandate, according to her, by sounding the alarm, providing information (including data on policy responses from different countries), and where there was need for resources, by equipping countries with the needed resources. Therefore, the demand put on countries by the WHO was clear.

The participants also discussed the early guidance provided by the WHO. Responses from 6 (25 per cent) Task Force members indicated that the WHO has provided guidance to Kenya. One of the interviewees (R3) who spoke on this theme pointed out that as soon as COVID-19 was

declared a pandemic the WHO contacted all countries, Kenya inclusive, on how to position them in a good state of response to the disease. Specifying this process, another respondent (R14) explained that the WHO's guidance involved advice on how to monitor the disease and its symptoms, for detection. It offered this guidance to Kenya very early into the pandemic, according to participant R24. He stated that Kenya received the WHO's guidance even before recording its first COVID-19 case. The respondent went on to comment further that the WHO has its different officers within the MoH. One of the activities carried out by the officers, according to him, is preparedness. Therefore, discussions pertaining to the adoption of IPC measures commenced as soon as COVID-19 started spreading out of China, and –thus- before it reached Kenya, added the respondent. This suggests that the WHO has provided guidance to Kenya on how to mitigate COVID-19 infections.

What are the implications of these findings to the literature? Two publications (Schmitter & Santiso 1998; Shedler & Santiso 1998) established the earliest focus on time in political decision-making. These scholars argued that when something happens, in what order and with what intensity, can be as important as whether it happens at all or not. However, their contribution is generic to politics and policymaking.

Thus, the first claim to apply their logic to policy transfer research came from Dussauge-Laguna (2012). His application suggests that scholars can interrogate the question of how cross-national policy transfer processes evolve through temporal dimensions. Building on his work, Dolowitz reports that time, timing and tempo of policy exportation and reception are the missing links (Dolowitz 2017a; Dolowitz 2020) in policy transfer studies. Therefore, incorporating these into research on policy mobility is essential in explaining time as a variable.

The present study finds the time the WHO raised the alarm on COVID-19, activates its system, guided the countries to respond to the disease as well as demanded actions from the countries as prompt. A previous study that reported prompt action in policy transfer is the work of McRobie et al (2018). These scholars revealed that policy actors, in both Uganda and Ghana, rushed the 90-90-90 policy from the WHO for quick adoption; this had a detrimental outcome on the transfer. Unlike McRobie et al. (2018), the present study found no detriment in the prompt alarm to COVID-19 by the WHO. On the contrary, some of the respondents suggested that the WHO should have moved quicker (R1, R16 & R17).

Related to the timing of the WHO, the researcher also invited the respondents to share their perspectives about the timing of Kenya's initial response to COVID-19. The intention ere was to establish whether the country has responded early enough to the pandemic. This generated a range of responses. On the one hand, some responses emphasized the speed of the Task Force's initial measures. For instance, interviewee R13 remarked that as soon as the declaration of the pandemic, the Task Force started working together with the WHO. Similarly, participant R6 echoes the same point and went on to add that there was no time wasted between the time the WHO gave the team guidelines and the time it customized these guidelines. Thus, the gap in timing between the outbreak and mandate to use mask was not large, suggested another participant (R8), who hinted that Kenya's initial response was swift.

On the other hand, some 38 per cent (9) of the responded Task Force members chronicled the decisions of the team within the months of February and March of 2020. Participant R17 implied that the Task Force did not waste time. He expressed the thoughts that within the month of COVID-19 declaration, the team has taken actions. This was despite COVID-19 came when the MoH was undergoing leadership changes, he stated before going on to add that the new leadership adjusted well to this unprecedented disease and put swift response plan. Another interviewee (R2) agreed and disclosed that within two months of the outbreak, Kenya's initial guidelines were in place.

Other Task Force members echoed these views. For instance, interviewee R15 revealed that the Task Force started putting measures in February, and in early March, it jumped onto action to contain COVID-19. On his part, participant R21 contributed that by March, the Director General and the management of the MoH had already been in contact with the WHO. At that time, he added, they had already contacted him (as the budget officer of the Task Force) to ensure that money was readied for the response. These remarks show that the Task Force's initial actions towards enacting containment measures for Kenya came as soon as the pronouncement of COVID-19 as a pandemic.

Another time node highlighted by the Task Force was the period March-April 2020. Although from 3 (just over 10 per cent) of the respondents, these accounts revealed details about the decision making of the team within the period. One of the participants (R4), for example, expressed that in March and April the Task Force was doing development of guidelines based on

what other countries were doing. This implied that policy benchmarking formed the core of the Task Force's strategy in April.

April and May 2020 also served as a decision node. Some 20 per cent (5) of the interviewees expressed views pertaining to the Task Force's decisions within this period. One example of this is the revelation in an interview with participant R19. This respondent recalled that in April 2020 she and her colleagues had carried out a range of decision activities on Kenya's COVID-19 deployment plan. One of these was the development of IPC curriculum for the training of Kenya's health care workers. The team did this was done on time, she pointed out. The WHO influenced the early decision, she affirmed further. This implies that the interim measures for COVID-19 prevention and control came into effect in April 2020.

Another decision node was May-June. Some 6 (25 per cent) of the interviewees responded to this. One interviewee (R9) revealed that, in May and June, the Task Force engaged in a series of interaction with the WHO focal person for Kenya. Participant R4 agreed with this assessment. She pointed out that, in fact, the initial measures influenced the subsequent processes of the transfer. She further disclosed that it was around May/June 2020 that she and the rest of the team started engaging the WHO fully on the transfer of the formal IPC measures. This shows that the Kenya's COVID-19 Task Force produced the revised version of its interim guidelines with the assistance of the WHO.

Previous results on the sequencing of decision-making came first from Pierson (2000). Pierson's approach to timing in politics and policy is the recognition of patterns of timing. To him, sequence of choices and decision matter on outcomes and consequences -hence, path dependence. Nunn (2019) advances this approach to policy transfer study.

In explaining speed of the transfer of neo-liberalization policy to manage labor market services, Nunn found speed in timing of state retrenchment that also involved sequencing of the choices and decisions (Nunn, 2019). The present study mirrors Pierson and Nunn in the sense that the Task Force adopted different decisions from February to June 2020, based on the priority of Kenya and the possibility of what the Task Force could accomplish.

4.3.2 Delayed Efforts by Kenya

In contrast to the above, comments from 12 (50 per cent) of all Task Members interviewed touched on delays in decisions regarding Kenya's COVID-19 policy response. They disagreed

that Kenya's response to COVID-19 was timely. They pointed to several setbacks in the country's response to COVID-19 as their reasons.

First, some 6 (25 per cent) of the participants characterized the country's response as a slow start. One of the respondents (R5) kicked these responses off by commenting that decision to restrict local movement was not prompt. Similar view form interviewee R16 held that Kenya failed to shut its airports when most other countries had already done it. To her, the eventual timing of the airports' closure was late: infected persons had already flown into the country during the rush hours. Another interview (with R11) disclosed that decision on stopping of airplanes from flying into Kenya was among the earliest setbacks to the country's COVID-19 mitigation measures. He further added that the Task Force wasted excessive time to decide to close the land boarders and Mombasa ports. These responses indicated that the initial decisions on infection prevention were not prompt. These include movement into Kenya as well as movements within Kenya.

Second, close to 30 per cent (7) of the participants chose to relate the WHO's role vis-à-vis delayed actions by Kenya. Interviewee R17, for instance, remarked that the declaration by the WHO was not optimal. He further added that ideally there should have been stages of warnings before abruptly declaring the disease as pandemic. Therefore, the WHO could have done better, he further added. Participant R1 detailed a similar view:

> Our initial response was slow but the WHO was responsible: it took longer than necessary time to determine whether COVID-19 was airborne. Had the WHO declared COVID-19 as Health Problem of International Concern (HPIC) as early as possible, we would have responded more decisively. Instead, it dithered too long. Mask decision also came very late; countries waited for too long before the WHO determined that face-masks were effective remedies for COVID-19. Another problem with the WHO pertaining to time was on vaccine policy. Until today, the organization has not pronounced itself on whether or not vaccination passport was a recommendation; therefore, countries do not know whether to impose vaccination as a requirement for entry and exit (R1).

Thus, according to these respondents the WHO has contributed in Kenya's slow response to COVID-19 in the first wave. This mostly pertains to indecisions and dithering on the side of the world's health institution.

Third, some 38 per cent (9) of the subjects revealed opinions about the role of their own Task Force in the delayed efforts. Speaking in broad terms, participant R5 implied that Kenya has some blames of its own to take. He explained that the country took too much time to decide on some of the important measures. Interviewee R11 echoed this response when he stated that the country waited until its first case in March to spring into serious action. Despite this generic tone, the respondents were referring to the Task Force's delays, not delays by Kenya's politicians. Task Force decided on behalf of the country, after all.

Other respondents were more specific in conceding blame to their own Task Force. Respondent R22 lamented that the Task Force was busy having meetings and meetings and meetings without any tangible guidelines and implementation plan. The meetings did not yield much outcomes, implied another participant (R15) who disclosed that there were drafts and drafts, as interim measures that the Task Force updated after every two months. She added that it took too long for the authorities to approve the drafts and, thus, make it the country's initial document. Therefore, this is indicative of the fact that the Task Force took long to generate its interim draft. Even after the Task Force's initiation of the plans, it took time to articulate it.

Fourth, the nature of Kenya's demography was also a factor, in the judgment of 3 (10 ten percent) of the interviewees, that played part in the initial delays. For instance, interviewee R20 suggested that despite the formation of a Task Force, Kenya was not able to calm the early worries about COVID-19. This struggle was owing to the inherent difficulty in controlling humans, she added. Therefore, although the Task Force had been trying to reach timely decision, the populace frustrated the decision, hence, there were challenges pertaining to timing, she further lamented. Respondent R18 elaborated this thought:

> When COVID-19 started in China, the general population thought it was far away and it may not reach us here. Also, based on the population's recollection of the earlier flus (MARS, ZIKA, SARS), we were not affected by those; thus, we as a country never comprehended that COVID-19 was a different virus and that it could actually reach us here. Therefore, we only took it seriously when we reported our first local case. After reporting our first case, we closed schools and imposed curfew. We carried out these actions to stop the community transmission. I think that was a good decision because we succeeded in decreasing the degree of community transmission and it gave us time to study the disease's transmission to see what other countries were doing, what measures

were working, what measures weren't working and therefore come up with policies in line with evidence (R18).

This indicates that getting the Kenyan population to appreciate the gravity of COVID-19 as well as to cooperate in its mitigation was a challenge faced by the Task Force. They believed that this has affected what they were able to achieve, as a team of decision makers.

Fifth, close to 40 per cent (9) of the participants held the view that COVID-19 was a difficult problem. They implied that they knew that they would inevitably encounter delays. For illustration, interviewee R12 commented that COVID-19 was not a planned outbreak; as such, it caught the country flatfooted in the beginning. Even after taking initial actions, progress was slow, according to participant R22. She elaborated that:

> COVID-19 being a new disease, we have had so many Task Forces put together for it. These Task Forces needed to study it, understand it and deliberate on best measures to domesticate for its control. Although all these are good structures for successful response, the collateral was that time was squandered in the process before the actual response begun; so we did not response early enough (R22).

Respondent R7 agreed with this assessment. He suggested that the disease dictated the initial pace of progress. As a new disease, the Task force made decisions based on facts and it must therefore take time, he further added and went on to state that, decisions were made when there was sufficient evidence to take such decisions. Similarly, interviewee R19 recalled that the policy was barely ready before the Task Force needed to implement it. Therefore, she added, the team had not had enough time to sensitize the healthcare workers; nor was there time to communicate the risk. From the foregoing, the Task Force members implied that the nature of decision-making in emergency requires studying the problem anew instead of rushing to take the wrong measures. Thus, this results in inevitable delay.

4.3.3 Decision Tempo in Second and Third Waves

The participants discussed the tempo in the decisions taken by the Task Force in the second wave of COVID-19 pandemic. First, communication as a subtheme was raised by 8 (about 33 per cent) of the Task Force members. One of the interviewees (R17) pointed to the unprecedented daily bulletin and press conferences by the MoH as instrumental to keeping the nation informed. Participant R6 noticed this and remarked that the daily updates by the government's Cabinet

Secretary for Health was effective. She further added that the Cabinet Secretary made sure that the tempo was consistent by adhering to daily press conferences. This way, Kenya maintained optimum decision tempo throughout all the waves.

A respondent explained what the Task Force members understood as a wave. He (R24) stated that a COVID-19 wave means the disease is infecting more people than usual. This means there are spikes in community cases, which therefore require keeping surveillance officers on alert. The Task Force, he added, was timely in most of its decisions. These decisions are evidence based, the Task Force receives data on a daily basis, and it makes decisions based on the data the team had. Therefore, he further revealed, when the threshold of a new wave is crossed, directive is being issued based on the existing domesticated IPC to lay emphasis on what school settings, work place, households could do more to flatten the curve. The responses of the Task Force members who commented on this particular subtheme implied that daily bulletin helped to keep the members of the public updated regarding COVID-19. Thus, Kenyans knew whenever a new wave was crossed.

Second, some nine (38 per cent) of the study's subjects discussed the tempo of meetings in the second wave. Interviewee R18 started by asserting that the Task Force did very well in the general tempo of the waves of the decisions it had had to make. Consequently, she added, Kenya's mortality rate was not as high as in the western world. Specific to the second wave, participant R5 revealed that the team had monthly meeting with the WHO. He further explained that these meetings were not exclusive to COVID-19. Health challenges such as cholera, polio and other tropical non-emergency diseases have been in focus too, he added.

Respondent R4 built on this and specified that there were frequent meetings with the WHO: some committees had weekly engagement while others had it monthly. The resultant outcomes of these meetings, she added, were that we: a, developed the guidelines, b, reviewed them, and c, implemented them. Thus, these responses revealed that the Task Force interacted with its WHO counterparts.

Third, tempo of vaccination was a subtheme discussed by 6 (25 per cent) of the Task Force members. Participant R13 implied that Kenya's vaccination was speedy. She pointed out that on vaccinations, the Task Force moved so well, people now come on their own and get vaccinated: next week, [this interview took place on 11th October 2022] the country will be commencing its booster program, she added. Respondent R18 agreed with this characterization. She stated that

for vaccination, the Task Force used the existing structure of the routine immunization infrastructure. This made the rollout of COVID-19 vaccine easier, she added. The tempo of this decision was timely; she also maintained and went on to add that, the country received its first vaccine consignment in March 2021. Albeit the consignment of the vaccine was limited, she hinted, owing to scrambling for those vaccines. These responses show that the decision on vaccination was swift. An existing vaccination structure that was adapted for COVID-19 further helped the process of its rollout.

Fourth, tempo of decision regarding home-based care was raised by 7 (around 30 per cent) of the Task Force members. Interviewee R24 remarked that the Task Force did not develop decision fatigue. He insisted that because he and the team were needed to continue making life saving decisions for the country, they had to make sure they did all that it requires at their level. Therefore, he added, there was no any fatigue at the policy level vis-à-vis COVID-19 pandemic. However, there was public fatigue, as Kenyans have had to juggle fear, boredom, and loss of livelihood. One decision area the rhythm was intense, according to participant R13, was in the guidelines for home-based care. The Task force and the implementers pursued it timely and rigorously.

The political leadership has aided the decision tempo, according to respondent R1. The political leadership of the country was interested to curb it, he remarked, and went on to explain that, as such, his Task Force had full support to issue out containment measures in earnest. Interviewee R17 agreed and contributed that although the basis of the Task Force's operations was on the accuracy of predicting the waves, there was added pressure by the President of Kenya. He recalled that it was common for the President (Uhuru Kenyatta) to interject and set challenge on the Task Force. This kept the Task Force on its toes while enjoying the full support of the President, he further added. These responses indicated that the Task Force's decision tempo was high in some decision areas. One of these areas was in its home-based guideline decision. Because of the political support it enjoyed from the presidency, it was able to reach these decisions smoothly.

How do these findings compare to existing knowledge in the literature of policy transfer? The policy transfer literature has already demonstrated that time influences the transfer and translation of public policies. Dolowitz (2020) leads the dialogue on the importance of time in

the transfer process. To him, time is a missing link that transfer scholars need to pursue in investigating spread of policies.

Building on Dolowitz (2020), Minkman's (2023) empirical work demonstrates how time can affect the adoption of policy. She showed that a lack of political leadership from Indonesia coupled with conflict of interests of the Dutch government has affected the transfer of the Dutch food management policy to Indonesia. Specifically, Minkman found that there was a prolonged stagnation in the transfer owing to dithering among powerful actors (Minkman, 2023). A similar study in Kenya conducted by Omari et al. (2023) interrogates how power affects timing of decision. They found that power could slow decisions or accelerate it, depending on interest: Kenya's political elites concentrated COVID-19 decisions to areas that suit them (Omari, et al., 2023). This lends support to the present study that the Task Force's success in the implementation of the home-based care approach has benefitted by political support of the country's leadership. Therefore, this mirrors the initial observation that power affects the timing of policy transfer (Dolowitz, 2020).

Third Wave of the pandemic was particularly different. Thus, the researcher probed the respondents about their experience in the third wave. Unlike the first wave that revealed mixed outcome and the second wave that saw high tempo, the third wave had a dip in decision rhythm. Respondents attributed this drop in tempo to a number of factors. To start with, inconsistency was pointed out as a factor by some 10 (42 per cent) of the Task Force membership. The respondents displayed awareness about the importance of timely decision. For instance, interviewee R18 remarked that pandemics are time bound, and thus decisions require timely actions. Participant R7 also pointed out that prevention is better than cure. Thus, the best way to handle COVID-19 was by preventing it from spreading rather than curbing it after outbreak.

Respondent R4 also underscored the importance of time when she asserted that during crises timing was something policy makers cannot take for granted. It was an emergency, she stated, and all of the decision makers ought to prioritize timing in the responses the team has been adopting. However, that was not the case, implied interviewee R11 who pointed to the time Kenya's first COVID-19 case was detected (March 2020) to make the case that the country had enough time to put together a cogent approach. Although response plan was set in the first wave,

decision-makers did not sustain it. This was the case especially in the third wave decision pertaining to vaccination, remarked participant R18. Therefore:

> Despite the enactment of IPC guidelines early and its consistent application, when it came to vaccination the tempo did not match other measures: we started vaccinating later than developed countries and we encountered logistical challenges that slowed the tempo of our decisions. We carried out our vaccination decisions based on some important questions on mind: who should be vaccinated, the particular vaccine to use, what is the scheduling of vaccine, where are we going to record the vaccination, who is administering, where would it be administered, who is going to train, what information are we going to give the people? (R3).

Thus, some responses indicated that despite the awareness of the importance of timing, the decision tempo of the Task Force was low. This amounts to inconsistency, according to the views of these Task Force members.

Next, 17 per cent (4) respondents raised the subtheme of funds. Among them, interviewee R15 remarked that some of the decisions were resource based. Thus, delays are natural when Kenya lacked the money needed to execute decisions, she added. Similarly, participant R3 expressed that some policy responses required resources, so of course the Task Force would have adopted different measures had it been in stronger capacity. She added that maybe Kenya would have deployed vaccines earlier since the country's main problem was late timing of vaccination and erratic decisions on its deployment. This indicated that funding had affected the Task Force's decisions. This was especially because it had to wait for finance to execute some policies.

Next, modeling imprecision was pointed out as among the factors that led to poor tempo in the third wave. Some 5 (21 per cent) of the Task Force members discussed this. One of them, interviewee R23 said as a country, Kenya's subsequent speed was not good enough while participant R16 agreed and remarked that yes, there were delays in the subsequent decisions we adopted. She went on to cite the example of vaccine development that upon its availability the MoH was indecisive to make decisions, she added. One reason for this indecision, according to another participant (R17) was imprecision by the modeling sub-committee. He remarked that there was a sub-committee in charge of modeling which involved institutions such as KEMRI,

Oxford University and Washington group. The sub-committee, he added, predicted the first wave well. However, from second wave it lost accuracy, hence the Task Force lacked clarity on whether or not Kenya was now in third wave or fourth wave. These views indicated that inaccuracy in determining waves of COVID-19 has affected policy decisions.

Then, about 38 per cent (9) of the respondents raised the issue of decision execution. Among them, interviewee R19, for instance, stated that the Task Force has experienced some delays. She went on to add that the delay pertains to execution of the policies, not the making of it. Participant R21 echoed her view when suggesting that the team had made its decisions timely, but implementations were not. External factors precluded the Task Force's implementation, he stated, and went on to illustrate that on vaccination, the vaccine Task Force came into being in November of 2020 and Kenya received its first vaccine in March 2021. Therefore, it took time to get the first batch of vaccine supply. This was a typical example of how the Task Force could make a decision early while its execution taking longer than necessary time -to get the vaccines, he lamented.

Respondent R15 built on these opinions when she stated that even when countries had resources and capacity, inappropriate implementation timing would still lead to failure. Her view was crystalized by another interviewee:

> Firstly, we did not have enough vaccines. We relied on India [Serum]; but they chose to prioritize their population and eventually ban exportation of the vaccines. Western countries stockpiled most of the vaccines. Therefore, this left countries such as Kenya in a dilemma. Secondly, test kits were not sufficient in our country, and no producer was ready to sell to Kenya as wealthy countries had already over-ordered and hoarded the kits. The Government of Kenya allocated over KES200, 000,000 ($20,000,000) to procure COVID-19 vaccines but there were no vaccines available. Despite timely decision and release of fund, some factors were beyond our control (R14).

The preceding responses indicated that despite timely decisions in the third wave, execution became a challenge. This was especially on issues beyond the control of the Task Force.

Why was there temporal variation in the second and the third waves? To find this answer, the researcher invited the respondents to assess the tempo of their decisions from the outset of COVID-19 outbreak to the time of the interviews (second half of 2022). Some 9 (38 per cent) of

the Task Force members characterized their team's decision rhythm as a poor start, good progress. For instance, interviewee R23 remarked that as a country, immediately Kenya realized there was COVID-19 elsewhere it ought to commence taking actions pertaining to quarantining. The absence of this meant that the country's initial response was poor, corresponded participant R9. Respondent R16 shared this assessment when she opined that the initial response of the Task Force was slow, but once it picked up, it got the decisions right. Interviewee R9 agreed that there was an improvement. She attributed this progress to lesson learning. She said when Kenya learned from the WHO and other political settings especially the case of police enforcing the mandate through fines and jail terms, the response sped up.

Other respondents who noted this improvement are interviewees R11 and R12. The latter pointed out that despite the Task Force's slow setting of quarantine measures, latterly the team got prepared on all specific standard policy responses. Participant R11 agreed and pointed out that they took timely and firm decisions. This was especially the case when Kenya picked up and started daily announcement by the Minister of Health to the public on COVID-19 status and the measures that Kenya continued to adopt. These responses are indicative of the fact that the Task Force's initial response was poor. However, it learned lessons from its mistakes. Thus, its performance improved.

Contrary to the preceding category of respondents, some 10 (around 40 per cent) of the responses suggested that Kenya's initial response was good, the progress after the first wave was poor and that the third wave was decent enough. Interviewee R17 sets this off with the comment "the initial response was timely but later on actions were not carried out timely and on scientific guidance" (R17). One example of this was exit from lock down, according to respondent R14. He suggested that easing of lockdown should have been a bit slower to allow vaccination to reach a good number before people were let loose again.

Participant R11 relay opinion similar to the above Task Force members. To him, things started relaxing later on (in 2022) when vaccines where acquired. After the citizens received the vaccination jabs, they thought COVID-19 can no longer affect them, this was especially when the infections and fatality numbers started declining, narrated the respondent. He similarly pointed to vaccine apathy that he characterized as systemic. On the part of the citizenry, risk perception among the population became low in 2021 compared to 2020. Thus, people became

relaxed on adherence. On the part of the government, there was laxity in imposing the measures compared to the initial government commitment, he remarked. As an illustration of this, when the Minister of Health stopped the daily press conference and COVID-19 matters were now only reported as part of television news, people became relaxed also, he further lamented. Interviewee R22 who shared the same judgment contributed that it did not help also when the MoH made vaccination optional, not compulsory. She elaborated that those who decided to take the vaccine also made an implicit decision of refusing to adhere to all IPC measures. They thought that the protection that the jabs gave would mean there is no longer the need to adhere to the protocols, she explained. These responses indicate that by the second wave, Kenyans developed COVID-19 fatigue. On its part, the Task Force made two mistakes: it rushed its easing of lock-down, and when Kenya acquired vaccines in 2021, it made vaccination voluntary.

Another segment of the interviewees characterized the temporal curve of decisions in Kenya as poor start, good progress and poor ending. Up to 6 (25 per cent) of the Task Force members who responded to this enquiry remarked on this curve. Participant R11 started with the comment that Kenya's initial timing in terms of adoption of the measures was very slow but it picked up, and then things relaxed when the cases subsided. Respondent R18 agreed and admitted that much later the country relaxed its rules on the vaccination program that it commissioned to ensure the protection of Kenyans.

Interviewee R22 agreed with her colleagues and explained that the Task Force has learned from its mistake. In the first wave, Kenya's response was late. Nevertheless, the second wave was better; the Task Force sensitized the population, has been on the media, the populace thus got awareness, she stated. Similarly, in the third and fourth waves, the Task Force's performances were better than the first wave's. However, communication went down, there was laxity; chiefly because of funding, she added. She concluded by referring to the facility assessment which she said showed that in the fourth wave, people no longer practice hand hygiene, people no longer wear masks, observing social distancing was dropped. These responses revealed the tempo of decision was initially slow. It later on gathered pace. Then it slowed again.

To compare these study's findings with other notable works on this theme, Brand et al. (2021) and McConnell (2020) are relatable. On the one hand, Brand et al. (2021) published the officially authorized modeling of Kenya's COVID-19 waves. The study observed three COVID-19 epidemic waves in Kenya. Reopening schools led to a minor increase in transmission between

the second and third waves; socioeconomic and urban–rural population structures are critical determinants of viral transmission in Kenya (Brand et al. 2021). This therefore, explains erratic progress in the translation of the IPC measures.

On the other hand, McConnell (2020) suggests that before any claim could be made of success or failure of a crisis response effort, there is the need for careful considerations. The consideration pertains to multiple and often competing outcomes, differing perceptions, issues of success for whom, and grey areas stemming from shortfalls and lack of evidence, as well as variations over time (McConnell, 2020). However, variations in terms of waves during which decision-making is novel to the transfer literature research.

In sum, this subsection intended to answer the question, what is the influence of transfer period on the translation of WHO's IPC measures in Kenya? The respondents indicated that the WHO set alarm early enough, activated its system for countries' access, demanded actions from countries and offered to guide them in their respective responses. Kenya was not an exception to all these. The country responded to these offers and put through measures on time. However, there were some delays in policy adoption. These delays were attributed to slow nature of Kenya's response, the WHO's abrupt and inconsistent declaration, the Task Force's dithering in deliberations and meetings before coming up with a formal draft, the skeptical nature of Kenya's demography as well as the wicked nature of COVID-19. There were variations in decision tempo in the second and third waves of the pandemic. Policy outcomes in the first wave resulted in results: both speedy responses and delays. In the second wave, tempo of decision was high. In the third wave, there was drop in decision rhythm.

The secondary data hints agreements with the interview results. It shows that the WHO's response was quick and decisive. The WHO published its initial recommendation on 12 January 2020 as the first technical package of guidance for the clinical management of the novel coronavirus, now known as COVID-19. This came shortly after the first report of a cluster of atypical pneumonia cases in Wuhan, People's Republic of China (WHO, 2020g). Soon after, the severity of the disease exacerbated:

> On 30 January 2020, the WHO Director-General declared that the ongoing outbreak of COVID-19 constitutes a public health emergency of international concern (PHEIC). The WHO defines a PHEIC as an "extraordinary event" that "constitutes a public health risk

to other states through the international spread of disease" and "potentially requires a coordinated international response." The WHO Africa Regional Office (WHO-AFRO) identified Kenya as a priority one country for preparedness for the COVID-19 as the situation is rapidly evolving (MoH, 2020l).

However, on 11 March 2020, the Director-General of the WHO declared the coronavirus disease 2019 (COVID-19) a pandemic (WHO, 2020b). Consequently, it informed all countries that they were at risk and, therefore, need to prepare for and respond to COVID-19. Each country was encouraged to plan its preparedness and response actions in line with the global Strategic Preparedness and Response Plan [SPRP] (WHO, 2020a).

At the same time, the WHO did not demand a uniform response. Rather, it expected countries to implement a comprehensive set of measures, calibrated to their capacity and context, to slow down transmission and reduce mortality associated with COVID-19 (WHO, 2020e). However, in doing this, the WHO did not leave countries to act on their own. Instead, it provided support to every nation. The WHO's COVID-19 Incident Management Team (IMT) worked closely with partners across all levels to provide support to countries, strengthen technical and operational networking and collaboration, and support operational coordination of the global response (WHO, 2020c).

The WHO recommends that all patients with suspected COVID-19 infection who have severe acute respiratory infection should be triaged at the first point of contact with the healthcare system and that emergency treatment should be started based on disease severity (MoH, 2020c). Indeed, the WHO's recommendation included guidance on when a patient with COVID-19 is no longer considered infectious (WHO, 2020g).

Kenya reported its first COVID-19 case on 13th of March 2020 (MoH 2020j; MoH 2020k; MoH 2020q; Were 2020). The case was a Kenyan citizen who had travelled back to Nairobi from the United States of America via London, United Kingdom on 5 March 2020 (MoH, 2020k).

March 15th

This index case prompted the government to implement key strategic containment measures (MoH, 2020k) which it announced swiftly (MoH, 2020q). The aim was to mitigate the importation of COVID-19 and the related risk of its community spread (World Bank, 2020b).

Thus, the GoK took decisive action on March 15, 2020 by (i) suspending arrivals from all affected countries with only citizens or foreigners with permits allowed to enter the country; (ii) ordering those who enter the country to self-quarantine for 14 days; and (iii) closing all educational institutions (World Bank, 2020b). Despite the announcement of these tight restrictions, the government kept the country mostly operational (KEPSA, 2020).

March 22nd

The inability of the initial measures to contain the threats of COVID-19 necessitated the GoK to tighten the measures. Thus, Kenya's health ministry through the Cabinet Secretary for Health announced a new policy on 22 March 2020. The new measure banned self-quarantining. Therefore, institutional quarantining replaced the practice of self-quarantining with effect from 22 March 2020. The government required people to observe these measures for duration of 14 days at several government-designated facilities (MoH, 2020g). Other stringent measures announced were the closure of all bars and clubs in the country, effective midnight. Similarly, it also directed that restaurants and eateries should only serve take-away orders up to 7PM for a period of thirty days (MoH, 2020m). The government also restricted international arrivals and movement on the borders (World Bank, 2020b).

March 27th

The government announced new raft of measures on March 27. Thus, 7pm to 5am curfew effective 27 March 2020 (MoH, 2020k) and suspension of public gathering were added to the existing policies (Were, 2020). Therefore, the updated guidelines were: containment of the population in the areas with confirmed cases, stay at home, social distancing, cough etiquette, hand-washing, and use of masks while in public, night curfew and enforced quarantine for travelers and their contacts among others (MoH, 2020k).

April 3rd

In addition to the existing measures, the government announced that effective from 3 April 2020, it has restricted travel in and out of Nairobi metropolitan, Mombasa, Kwale and Kilifi counties (MoH, 2020k).

4.4 Influence of Competing Interests on the Translation of COVID-19 Control Measures in Kenya

This subsection aimed to explore whether or not there were competing interests in Kenya's COVID-19 response. The thesis' fourth objective guided this subsection. Thus, its intention was

to answer the study's fourth question. This inquiry is important in knowing the nature of interaction among the transfer agents. The questions raised by the researcher yielded four subthemes. First, conflict of interest and the translation of IPC measures: here it captured two types of conflict of interests; intra and inter-Task Forces conflicts of interests. Second, effect of IPC opponents on translation of IPC measures was another subtheme. Third, the subtheme titled 'predisposition of transfer agents' sought to establish whether or not the transfer agents had the agency to participate in decision, and if some actors have had to bide for their opportunity before chance of contribution. Moreover, fourth, importers-exporters interaction explores whether one side avoided the other during the transfer.

4.4.1 Conflict of Interest and Translation of IPC Measures

The present researcher sought to inquire from the Task Force members whether competing interests were manifest in the Task Force's membership. Therefore, the inquiry aimed to explore how varying interests and preferences may have influenced the Task Force's COVID-19 response. Thus, the investigator invited the interviewees to answer if there were divisions among Kenya's COVID-19 policymakers. This generated two broad subthemes: intra and inter structural conflict of interests. The latter brought up varied interests that existed between the Task Force and other policy making set ups. The former revealed the differences inherent within the COVID-19 Task Force itself.

The majority of the respondents commented on the structure of the decision-making setting. Among them, 38 per cent (9 respondents) introduced the complexity of COVID-19 decision making in Kenya by referring to the overlap and duplication of policy bodies involved in COVID-19 containment. A number of actors have posed elements of rivalry to the Task Force. First, some 30 per cent (out of the 38%), totaling 7, of the study's subjects discussed the competition their Task Force faced from other government ministries. Interviewee R18 pointed out that she and her fellow Task Force members were only making decisions on the IPC guidelines from a technical perspective.

Thus, a team of cabinet secretaries handled decisions regarding the economy, she implied. It is comprised of cabinet secretaries and chaired by Head of Public Service (HPS), she added. It was thus the body responsible for making the ultimate policy decisions. Therefore, the COVID-19 Task Force was not involved in this kind off decisions (added, respondent R1). In fact, the COVID-19 Task Force was steered by this particular committee (R4). Respondent R11 agreed

and added that his Task Force had to work closely with the ministries of interior, foreign affairs, and devolution. He noted that because these ministries have different preferences, he could not rule out varied interests in their choices.

Other than the political Task Force composed purely of ministers, Kenya formed another political Task Force. Its membership included politicians, professionals and religious leaders. Participant R20 remarked that the inclusion of medical professionals, politicians and religious leaders is a symbolic choice to this symbolic body. She suggested that divisions are therefore inevitable from such a mixed group as opposed to the technical Task Force she belongs to, which is composed of experts, who are objective in their decisions. This indicates that the government of Kenya established other Task Forces in addition to the COVID-19 Task Force. Some of these structures were composed of politicians; for political purposes. Other Task Forces were symbolic; faith-based leaders were coopted in the fight against COVID-19 in order to elicit the cooperation of the citizenry.

Second, MoH administrators posed competition to the Task Force. Just over 10 per cent (3) of the participants gave responses on this. For instance, interviewee R2 commented that camps and conflicting interests were there. His Task Force, as the technical team in the MoH, had its own preference on how to respond to COVID-19; on the other hand, the administrators in the ministry had their own preference, he suggested. Thus, there were some disconnects in terms of how to move forward, he added. This means that decisions by the COVID-19 Task Force members faced competition from administrative decisions made by bureaucrats in the MoH.

Third, multiple COVID-19 Task Forces were another source of competition according to 3 (close to 15 per cent) of the study's subjects. For instance, respondent R11 commented that Kenya created COVID-19 Task Force in February 2020, vaccine Task force in March 2021, and created many sub-committees tasked with different guidelines; it was like a competition, she added. There were nine sub-committees feeding the main Task Force. Thus, it is typical to recommend a measure for the Task Force only for it to reject it and say another sub-committee has advised them otherwise, she explained. Therefore, differences in preference are inevitable. This implies that the technical Task Forces for COVID-19 control were two; these two bodies also had several sub-committees –thus, leading to policy ambiguity.

Fourth, and finally, county governments were reported by 3 (just above 10 per cent) of the participants as a source of competition. Interviewee R17 observed that there was weak synergy

between the MoH and the counties' governments. He added that oversight on them by the MoH was essentially nonexistent, when they try to exercise any oversight, the counties vehemently pushed back, he noted. Moreover, yet, the counties were very weak in provision of health services, he added. The initial failure to include the counties in this important COVID-19 policymaking saw some counties denouncing the MoH, while others dragging the ministry to court, he further disclosed. This suggests that the national government was making policies on COVID-19 mitigation unilaterally; on their part, the governments of the respective counties were also making parallel policy on it; there was competition, instead of cooperation, in these decisions for containment of COVID-19 pandemic.

Prior findings that reported similar findings include the studies of McConnell (2020), Nasong'o (2022), Ochieng'-Springer (2022) and Omari et al. (2023). Indeed, Ochieng'-Springer (2022) reports that despite the 2010 devolution in Kenya, centralization tendencies continued to present a challenge to the country's health sector. This was especially the case in the adoption and implementation of policy during the COVID-19 pandemic response. Therefore, against the intention and spirit of the devolution, the two-tiered devolved governance structure has adversely affected Kenya's COVID-19 pandemic response in its early stages (Ochieng'-Springer, 2022). Similarly, Omari et al. (2023) observed that leadership, coordination and collaboration from the different sectors for the COVID-19 response were missing in Kenya's response to COVID-19. Instead of synergy, they found out that where major political elites had most power, policy was actioned (Omari et al., 2023).

Indeed, the Kenya government's response to the COVID-19 pandemic was characterized by power politics, opportunism, exclusivist centralized management, corruption, and a 'personalistic' policy style (Nasong'o, 2022), another study reports. Top-level bureaucrats and political operatives had monopolized important decisions at the national center to the exclusion of other stakeholders (Nasong'o, 2022). The present study's observation contrasts Nasong'o (2022) observed. However, it found that multiple set ups and bodies –complementary, overlapping and disjointed- have been involved in the national response to COVID-19 pandemic. Therefore, this makes conflict of interests among them almost inevitable. One respondent insisted: "I prefer the term strong voices than conflict of interest" (R3) but did not rule out conflicting of preferences in the response. Indeed, managing a response involving multiple actors

could lead to clash of preference: managing crises could have some accompanying challenges of political fallout (McConnell, 2020).

In relation to the above, the participants raised the subtheme of intra-Task Force conflict of interest. This was in response to the researcher's inquiry regarding competition in decision making among official actors. Close to 15 per cent (3) of the respondents affirmed that there were some divergent preferences in the Task Force membership. For instance, participant R3 expressed the view that there was division in the team. However, she began with a clarification that "I prefer the term strong voices than conflict of interest" (R3). She went on to elaborate that there were strong voices that had heavier influence in shaping policy outcomes. Therefore, because every individual policy actor feels they had to chip in and contribute, there was need to manage contributions. Thus, she added, in the end it was not so much of a compromise but a management of variant interests –tiebreaker; which she conceded had favored the stronger voices more often than not.

Other studied subjects raised a number of issues of contention among the team members. One of this was lock down policy. About 21 per cent (5) of the interviewed Task Force members spoke on this subtheme. Respondent R4 noted that the team had a consensus regarding the basic public health measures that it needed to put in place. In addition, where the Task Force members had tension was in lockdown decision. Participant R11 agreed and recalled that initially there was no any other choice other than to lock down the country. Therefore, by May 2020, we decided to shut down the country completely, he stated. However, after closing schools for eight months the country decided to reopen: it was at this re-opening that there was weighing of the pros and cons of the lock down, he opined. This was because the government decided to reopen when the clamor was of two types. On the one hand, some people wanted to keep the country shut; on the other hand, others wanted it reopened. Those considerations were there, that was why we relaxed the rules, permitted movement and reopened schools, he explained. This indicated that the decision on movement restriction has generated mixed preferences within the Task Force membership.

Another decision issue that exposed differences among the members of the Task Force was vaccination policy. Some 25 per cent (6) of interviewed Task Force members yielded responses on this. One of them (participant R3) pointed out that the Task Force has experienced conflict of opinions on vaccination. However, the disagreement was not pertaining whether or not to deploy

vaccines but how to deploy it, she clarified. She also disclosed that some of her fellow team members wanted government to do it on its own; others wanted to enable private businesses to come in and take part. She belonged to the latter camp. Indeed, she proposed to her colleagues (Task Force members) to learn borrow the lesson of Morocco and fashion this particular response after that country. However, she was overruled. Respondent R17 added to this perspective. To him, this disagreement has led to challenge of synergy. He recalled that breakdown of coordination between the sub-committees has affected decisions on vaccination. As an illustration, his committee was in charge of vaccination, the committee in charge of economy chose to delink itself, he added. These responses, therefore, show that there were tensions within the main Task Force and the sub-Task Forces on decisions pertaining to vaccination.

A further area of difference within the Task Force was funding. Some 7 (30 per cent) of the study's subjects discussed the subtheme of funding based on their experiences in the team. Interviewee R16 stated that some of the Task Force members and the partners advocated for policy choices that favored them. As such, they deliberately slowed down options that do not reflect their interests. She affirmed that it was clear that these actors had pursued personal interests. Therefore, self-interest was a big factor clouding their choices, she concluded. Another participant (R15) agreed and provided a more specific perspective. She pointed out that the competing interest was on what to fund; partners that were funding the policies started choosing and cherry picking, she affirmed. These responses indicated that some Task Force members and affiliated actors were self-interested; their self-interest is manifest in how they seek to prioritize policy options that directly benefit them.

Finally, some 25 per cent (6) of the interviewed Task Force members raised the theme of external interests. On the one hand, interviewee R12 observed that there were competing interests both internally and externally. He added that these Task Force members were acting on the influence from business owners who wanted to keep economy open while the COVID Response Team (CRT) wanted the stringent measure possible. Similarly, he further stated, within the Task Force itself, it was not the case of 100% adherence to the stringent measures, but the majority was in support of it.

On the other hand, respondent R17 pointed to a different type of external interest. As he observed, some of the members of our Task Force are donor paid, and thus they follow donor

policies. Thus, to him, that was where the conflict of interest arose. From the foregoing, it is clear that other actors and interests had sought to pressure the COVID-19 Task Force in its decision-making. Indeed, competition amongst its sub-committees, private sector and interests of some of its members drawn from donor agencies may have influenced some decisions.

4.4.2 Effect of IPC Opponents on translation of IPC Measures

This part of the interview inquired from the interviewed Task Force members whether the opponents of the WHO-inspired policy protocols for COVID-19 policy have affected the outcome of policies adopted in Kenya. This is a continuation up from the previous sub-section that sought to establish whether there were conflicting interests within the team of Kenya's COVID-19 Task Force. Thus, the researcher probed the interviewed Task Force members about instances of the influence of IPC opponents on the translation of the IPC measures. This generated three illustrations.

For one thing, some 21 per cent of the interviewees provided account of incidents of decision affecting lock down policy by those opposed to it. Participant R1 started with a broad reflection when he remarked that some of the WHO measures suffered push back from policy actors. Respondent R13 confirmed this and specified that actors opposed to decision on curfew had influenced decision outcome on it. She added that as a sign of the impact of the opponents, she and the team had to scale down their initial target. These responses indicated that some transfer agents who were against the idea of lock down have influenced the outcome of decision on that matter. Thus, this is a clear example of influence on policy choice by opponents.

On policy regarding vehicular movement, 21 per cent (5) of the participants pointed out that policy actors opposed to that decision had influenced its outcome. One of them, participant R2 recalled that for his particular division, some decisions such as ban on vehicular movement were not up to the par he and the team preferred. He went further to add that they have had to settle for a negotiated decision that took the other opposing demands into cognizance. Similarly, respondent R1 disclosed that in decision on public transportation his Task Force did not have it easy. He pointed out that some of the team members wanted to restrict transportation altogether, others sided with the economic need to allow full transportation similar to the pre-pandemic era. In the end, they reached a consensus of recommending the skipping of one sit in-between passengers. This was a clear example of opponents of a measure affecting the adopted outcome,

he asserted. Therefore, the Task Force's decision on public transportation, especially, decision on spacing was a compromised outcome.

Finally, the participants have also discussed how policy actors opposed to decision on public gathering had affected the policy. Some 25 per cent (6) of the Task Force members discussed this as a reflection on their experience in the team. Interviewee R1 set off discussion when he expressed that ban on in-person meetings and gathering had generated division of opinion within the Task Force. To elaborate this, respondent R4 corroborated that the clash of opinion was not on whether or not it was a good idea to restrict crowded engagements [substance]. Rather, the challenge was on the actual implementation [practicality] of the WHO recommended policy, she added. Furthermore, the capacity and reality of the system was the issue, she said, because the WHO recommended enacting policy for 1.5metres. Every one of the Task Force membership and policymakers, understood that measure, but the team members differed on whether or not it was feasible to implement the proposed guideline, remarked interviewee R4. This shows that the Task Force's decision on enacting the right measure on public gathering was a result of compromise. The outcome was a negotiated balance between those in favor of it and those against it.

To discuss these findings in line with the literature, the studies of Dolowitz (2020), Dolowitz et al. (2012) Dolowitz and Medearis (2009) and Koduah et al. (2015) are particularly relevant. Dolowitz (2020) systematized the application of power as an element in transfer studies. He recognizes four phases of power: first, the raw power of certain actors to force others to behave in a particular way; second, the power of some actors to grind decision to stasis through indecision; third, the power to influence (softly persuade) actors to act in a certain way and fourth, the collective power of actors to cooperate in operation. These variations can all apply in transfer situation (Dolowitz, 2020).

On their part, Koduah et al. (2015) had reported empirical study on maternal fees exemption in Ghana that showed the roles of actors in the adoption of policy. They found different policy actors participated in the decision. Their powers and interests were different and thus the influenced they have had on its outcomes were different.

In their combined efforts, Dolowitz et al. (2012) Dolowitz and Medearis (2009) showed how transfer actors receiving a policy could choose to ensure its failure. This happened in the transfer of policy environmental protection and urban planning. America's policy actors feel a sense of

superiority in terms of engagement with other countries (Dolowitz et al. 2012; Dolowitz & Medearis 2009). Thus, left to them, they are less likely to seek to learn policy from other systems Dolowitz and Medearis (2009). When they are required to engage in transfer and thus learn lesson, they expend as minimal as possible of their time and energy in learning the lesson (Dolowitz et al., 2012). In fact, they ensure it does not success in their system when they are required to implement it (Dolowitz et al. 2012; Dolowitz & Medearis, 2009) and, thus, they prefer local ideas to any foreign lesson, no matter how effective or successful is the lesson.

The present study finds the second phase of power reported by Dolowitz to be in play with some of the actors in the Task Force were against strict lock-down and restrictions in vehicular movement. Recognizing their power to frustrate the decision, members in favor of these choices had to scale down their targets. Thus, the eventual outcome was a compromise between the opponents and proponents of these choices. Since the proponents lacked the first phase of power, in this dynamic, and are wary of the opponents' usage of the second phase, they adopt the third phase of power as both sides acted against their preference. Thus, it was impossible for the team to apply the fourth phase: they could not adopt a consensus for a common front.

4.4.3 Predisposition of Transfer Agents

In this segment, the researcher quizzed the study's participants on whether there were instances when they became unavailable to utilize transfer ideas in their possession. In addition, the researcher also asked whether they were consequently unable to contribute to decision. If not, did they therefore have to wait for opportunity before contributing their ideas in the translation process? The intention of the researcher was to establish if power play may have rendered some members unavailable (or unable) to contribute. This produced four perspectives.

First, some 55 per cent (13) of the participants reported that their Task Force operated in the spirit of teamwork. As such, there were no any significant absences in the membership. For instance, interviewee R9 stated that she and the other decision makers were always there on the media to pass decision outcomes. A similar response came from R11 who also not only spoke for himself but also for his colleagues. He recalled that in fact everyone was there. Everyone knew his or her tasks. Other than the main Task Force, he added, the sub-committees of the Task Force were also always there. Each sub-committee had its team lead; the team lead would convene his/her team to discuss issues coming from the counties. The reason for this was to actively engage and guide the counties on the same, he further disclosed. Another respondent (R12)

emphasized that the team was a multi-team manned by many decision-makers. He, therefore, suggested that absences of individuals might not have affected outcomes anyway. The responses here hinted that the transfer agents had been available for decisions and actions for the domestication of the WHO's measures. There was teamwork and camaraderie in their cooperation.

Second, 21 per cent (5) of the responses indicated that leadership of the Task Force ensured that absences and unavailability did not affect decision outcomes. An interviewee (R15) pointed out that availability of the leaders had inspired availability of members. Although the MoH had changes in leadership, she stated, the new leaders had been available to decide. She explained further that despite some instances of personnel transfers to other organizations, other decision makers stepped up to fill the void. Participant R2 agreed and stated that the Task Force had a forum that allowed full contribution of ideas. From this, it is noticeable that the Task Force members felt encouraged by the nature of leadership heading both the Task Force and the MoH. They credited these leaders for the positive decision atmosphere.

Third, some 13 per cent (3) of partakers in this research pointed to the quorum of decision as a factor that shielded absences from affecting the team's decisions. For instance, R14 commented that the good leadership of the team was instantiated by the fact that quorum was adopted throughout the Task Force's operation. Therefore, once the available Task Force members crossed the quorum level, the meeting was valid and binding, he added. As such, absence of one person may not be decisive. Moreover, despite the quorum, the observed delegation extensively, he also revealed, and went on to explain that when the Chair would not be present, the Vice Chair was delegated the capacity to lead the team. This means that the Task Force had agreed on the quorum, which made it possible for them to make decisions in spite of the absence of some transfer agents.

Fourth, and finally, up to 8 (33 per cent) of the participants shared views on the impact of virtual meetings on team members' turn up. Interviewee R24 started by remarking that luckily, in this era of zoom meetings and Google meetings people could attend meetings from wherever they are. Thus, geographic misalignment could not be a factor for transfer agents to be unavailable to utilize the idea they are in possession of, he added. Similarly, participant R21 contributed that the team carried most of the meetings online. Thus, members are aware of the timing and links of the meetings. Therefore, members could not have been absent, he suggested. For respondent R13,

online meeting decision was both tactical and operational choice. She stated that some of the Task Force members are above 60 years of age, so they could not come in person owing to the restrictions of over-aged persons coming to workplaces. Thus, virtual decision mode, which was the medium adopted most of the time, suited them as it enabled their participation seamlessly. This shows that the virtual nature of most of the decision interactions made it possible for Task Force members to participate in decision-making.

All told, these findings show the processes the Task force members followed in reaching decision instead of the decision per se. Thus, there was a unanimous acceptance of the Task Force members of the process of operating the Task Force as the rule of the game. Ihe present study's findings echoed the findings of Dolowitz (2020) in relation to the phases of power. The fourth phase of power in terms of cooperation among actors to pull their powers together and agree as a coalition resonates here. Although not in the sense of decision outcome, the acceptance by the Task Force members of the usage of virtual meetings and quorum as processes of deciding shows the Task Force utilized this fourth phase of power.

This part of the study turns attention to biding for utilization opportunity. An important aspect of this research pertains to the question of whether transfer agents involved in lesson learning had the agency to utilize ideas they had learned in the process. Thus, this sub-section interrogated whether or not the Task Force membership had to seek for opportunity to utilize their transferred snippets. This was meant to ascertain if the Task Force membership had used their lessons seamlessly or kept knowledge unaltered until a window of opportunity had opened up to allow them to utilize it.

The enquiry yielded two categories of responses: difficulty faced, and no difficulty. Some 50 per cent (12) of the participants reported no difficulty in knowledge utilization. On the other hand, about 42 percent (10) shared experiences of challenge in application of their ideas in the translation of WHO's IPC.

On the theme of no difficulty faced in idea utilization, interviewee R19 suggested that she had no difficulty airing her snippet of leant lesson. She attributed this to the organized nature of her subcommittee. The team's leadership encouraged contribution, she asserted. Participant R5 echoed this point and added that he did not keep any transferred ideas for later use. There was no need to keep it, he added because, he had the agency and the discretion to apply his ideas. He pointed to two reasons. First, he was the head of one of the sub-committees; there was no need

for him to hoard ideas. Second, he was aware that COVID-19 required swift responses, not delays. However, even when hurdles got in a Task Force member's way, it was possible to overcome and contribute, as suggested by a participant:

> I usually succeed in getting my contributions utilized by the team, but in instances when strong opinions blocked me, I could still navigate my way to add my contributions before the person signing the policy affixes their signature. Thus, I contribute before the policy is legitimized and thus formalized. I try to convince the person that the contribution was worth adding to the adopted position of the team (R3).

Therefore, this segment shows that contribution in decision-making and utilization of transfer ideas was not difficult for at least half of the participants.

In contrast to the above, other Task Force members shared accounts of challenges in contribution. Respondent R23 pointed out that it is easy to learn policy lesson from the WHO but very difficult to implement it. This was partly owing to Kenya's political structure, she added. Therefore, in order to avoid critical team leaders blocking one's contribution, a transfer agent could consider waiting for perfect opportunity, she disclosed further. Similarly, participant R3 reported that sometimes one has to hoard their opinion in anticipation of window of opportunity to air a viewpoint. As an illustration, participant detailed the example incident of idea rejection when he recalled that:

> Yes, I have had my opinions rejected in the Task Force, but it was not because of lack of agency on my side; it was more so because we have tried many approaches (in trial and error fashion). Thus, the team would adopt some, and reject others. For example, I was one of the decision-makers who recommended vaccinating young people at the bar: my logic was because we needed to record high number of vaccination quick, and young people must go to bar, I suggested incentivizing them by permitting bar operations during semi-restricted lockdown with the condition being that they accept vaccination: hence, a win-win. This idea was accepted but later dropped. Therefore, although it was my idea and the team rejected it, I am not bitter about it. Our Task Force was participatory (R14).

Thus, some Task Force members faced difficulty in contributing to team's decision making. To overcome this, they have had to resort to the tactic of waiting for ideal time when their idea might have best chance of application.

Prior studies that have noted the possibility of difficulty in integrating learned lessons are Burdett and O'Donnell (2016), Dolowitz (2017a), Dolowitz (2017b) Dolowitz et al. (2020), Dunlop and Radaelli (2017), and Minkman et al. (2018). Lesson learning is crucial to the transfer process, observes Dolowitz (2017b). This is so, because transfer scholars could only begin to comprehend the lesson drawing by focusing on what the lesson exporters had offered and what the importers learned. Similar emphasis on learning came from Dunlop and Radaelli's observation that there is a relationship between individual learning, learning in groups and the macro-dimension. Thus, if transfer studies ignore the micro-interactive effects of actors (Dolowitz, et al., 2020), attempts to explain how policies move may not be successful.

However, learning is not without difficulty. Minkman et al. (2018) have noted that there is a potential difficulty in integrating the transferred policy due to the possibility of misunderstanding between actors offering the lesson and actors receiving it. Burdett and O'Donnel's (2016) study echoed this and thus pointed out that useful transferred lessons can end up in misinterpretation, misapplication and willful misrepresentation. The current study found that the Task Force members had faced these difficulties. Trial and error nature of the COVID-19 emergency decision and the presence of stronger voices in the team may have been the reasons responsible for these difficulties.

In reviewing the literature, the present study found that transfer agents possessing a learned snippet but lacking agency to contribute in applying the lesson could wait for opportunity to open before utilizing the lessons they are holding (Dolowitz, 2017a). This resonates with the experience of one Task Force members who disclosed that she usually gets her contribution accepted in the team. However, whenever it was not, she waits until the team had reached decision and the meeting adjourned before she goes to the person signing off the policy for her to attempt to persuade him/her to accept her contribution in an ex-post approach. It succeeded all the time, she affirmed.

4.4.4 Exporters-importers tension

The researcher was interested in knowing whether there were disconnects between the exporting and the importing transfer actors. The respondents raised a number of matters relation to this inquiry. First, some 8 (33 per cent) of the respondents indicated that they were not aware of the Task Force boycotting the WHO. Interviewee R22, for instance, stated that she and the team members had no problems with the WHO. Thus, they do not need to boycott them. Participant

R13 agreed and pointed out that the WHO officials were partners: the Task Force engaged them and sought to import their measures to mitigate the scourge of COVID-19. Similar response from respondent R20 implied that there was no any instance when the Task Force boycotted the WHO. She explained that even the MoH Cabinet Secretary could not come up with contrary agenda that deviates from the WHO. This shows that the WHO's relationship with the Kenya COVID-19 Task Force and MoH was cordial.

Second, some 30 per cent (7) of the interviewed Task Force members discussed instances when the Task Force opted for guidance from alternative sources other than the WHO. Participant R2, for instance, recalled that the team borrowed from open-sourced guidelines to complement what it had with it and what the WHO offered to it. He cautioned, however, that it was not same as the case of entirely bypassing the WHO. Participant R3 shared this opinion and provided an illustration with vaccination policy. She stated that on vaccines specifically, the Task Force bypassed the WHO severally and checked information from manufacturers of the vaccines. She added that information such as what exactly was the manufacturer talking about regarding vaccination, 'and whether there was any side effects' are really important. However, the WHO could not provide any of this information. Therefore, the Task Force needed to obtain it from the manufacturers, she added. Similarly, respondent R5 affirmed that Kenya CDC became an attractive destination for the Task Force to shop alternative policy decisions based on the local dynamics. These indicate that the COVID-19 Task Force had borrowed lessons from both internal and external sources to complement the WHO's guidelines.

Third, a large proportion of the responses (21 participants, 87%) indicated that the WHO did not circumvent the Task Force to this regard. For instance, interviewee R24 pointed out that the WHO officials are benign partners to Kenya. They do not impose any of their policies on Kenya; nor do they control the country's policy implementers. Therefore, it is impossible for them to bamboozle themselves into Kenya's system, the respondent added. Participant R11 agrees with this assessment. He went on to assert that the WHO would not do so. To him, it could not even go ahead and give a statement about Kenya without the approval of the country's MoH. He added that the MoH was the sole institution allowed to talk about COVID-19 at all times. Thus, the Honorable Minister of Health releases every official COVID-19 communication. Respondent R13 mirrors this. He maintained that every directive comes from Kenya's Cabinet Secretary for

Health; however, he assigned delegates to represent him from time to time. Therefore, the WHO can never bypass the Task Force and export the policy onto Kenyan citizenry. He emphasized that Kenya is a member country of the WHO, as such, all its policies are actually policies from the nation-states –the World Health Assembly Conference (WHAC) is the platform that makes the WHO policies. Kenya has a membership in the WHAC, he further added. This shows that the WHO did not intrude in internal decision making on Kenya's COVID-19 response.

And, fourth, contrary to the preceding large responses, a sole respondent disclosed that there was an instance when the WHO officials sought to bypass the Task Force. The interviewee (R1) recalled that there was a time when the WHO bypassed the Task Force and contacted Kenya's President on decision pertaining vaccination. Because the president had the influence to persuade the population towards accepting the vaccines, the WHO thought it was a good idea to push the team aside and deal with him directly on that matter. However, the president refused to meddle on the matter, and, instead, referred the decision back to the Task Force. Therefore, despite the attempt by the policy transferers to bypass the transferees the attempt did not succeed, he added. This indicates that on at least on instance, the WHO had attempted to pressure Kenya's President on decision making pertaining vaccination; this did not succeed as the President referred the decision back to the national COVID-19 Task Force.

Previous studies on conflict between senders and receivers of transferred policy include Jules and Bouhlila (2018), Soremi (2019) and Minkman (2023). These are not exhaustive; they merely represent recent empirical reports on this theme. Jules and Bouhlila (2018) found empirical evidence on intense competition among policy actors in Tunisia's education sub-system. Their study revealed that the implementation of the Licence-Maitrise-Doctorat [LMD] was reflective of how both internal and external power play to initiate and adopt the candidate policy (Jules & Bouhlila, 2018).

Similarly, Soremi's work dramatizes the power competition between United Nations International Strategy for Disaster Reduction (UNISDR) and West African countries. Her research found competing interests between the exporter of the policy (UNISDR) and the recipients (West African nations). The policy of the Disaster Risk Reduction (DRR) thus became the result of the competition between the former and the latter. She pointed out that power tussle was the main feature of the domestication (Soremi, 2019). Instead, the transfer agents used

available incentive to convince the transfer recipients to adopt the transfer object (DRR). On their part, the transfer recipients also utilized means at their disposal to indicate whether they acceded to the proposition by the transfer agent through exchanges with transfer agents. Thus, with the proposed transfer object being the target. In this case, the West African countries sent negative feedbacks to UNISDR to demonstrate contested parts of the policy proposal. Thus, her study indicates that domestic transfer agents had an added dual task: on the one hand, they are required to pass the policy; on the other, they needed to remain discreet in hiding identities of opponents to the proposed adoption (Soremi, 2019) because transfer process is not competition-free.

Minkman's study reports the transfer of Dutch flood management policy to Jakarta, Indonesia. This transfer resulted in a prolonged stagnation due to disruption between the senders and receivers. She reported two reasons responsible for this: first, outsourcing of strategy making and planning to consultants delimits the space for translation; and, second, a lack of political leadership from Indonesia and potential conflict of interests of the Dutch government as policy senders (Minkman, 2023). Thus, this shows that disagreement between sending entity and receiving setting results in transfer failure.

Unlike the reports of Minkman, Soremi as well as Jules and Bouhlila, the present study did not observe conflict of interest between the WHO and Kenya's Task Force. The participants reported only a single incident of bypassing when the WHO officials chose to accelerate vaccination decision by jumping the Task Force and met the President of the country. This did not end in success for the WHO, however, as President Uhuru Kenyatta demanded that they should go back and engage the Task Force on the matter.

To summarize, this subsection aimed to answer the question what is the influence of competing interests on the translation of the WHO's IPC in Kenya? On the one hand, the complexity in COVID-19 decision-making bodies created conflicts of interests in decisions. Inter-structural competition from government ministries, political Task Force, other COVID-19 Task Forces, MoH administrators, and county governments have posed challenge to the COVID-19 Task Force. On the other hand, intra-structural conflict of interests pertained to varied choices among actors within the COVID-19 Task Force. Actors motivated by different interests had contested decision issues such as lock down, vaccination and funding. In addition to this, some of the Task

Force members joined the Task Force from foreign institutions. As such, some of the team members viewed them as particularly externally influenced.

Actors opposed to some policy choices were able to, albeit in limited instances, influence the outcome of such choices. Examples of these were the team's decisions on vehicular movement and public gathering. In both of these decisions, the Task Force diverged sharply between those calling for total ban and those in favor of lenient option. In the end, the team reached a compromise: it allow operation of public vehicles with one seat skipped between passengers and allowing in-person public gathering with 1.5 meters spacing.

Owing to team spirit, good leadership, quorum standard and virtual nature of meetings, there was no significant absenteeism. Where Task Force members were also unavailable, this did not have effect on the team. However, in lesson utilization, some Task Force members faced difficulty contributing among stronger voices. Others learned to delay their contribution until after team meetings and before the policy's signing off.

There was cordial relationship between the exporters and the importers of the IPC measures. Thus, there were no high scale incidents of boycotting between the partners. The WHO had in a single incident bypassed the Task Force and attempted to influence the president of Kenya on vaccination policy. On their part, the Task Force had sourced vaccination information from manufacturers of the jabs. Other than these situations, the importers and exporters remained parties to their shared goal.

Now this thesis will discuss the secondary data, in relation to the primary data analyzed above. The secondary data shows the external support received by Kenya. The country's COVID-19 response effort has benefitted from external support from its key partners, it reveals. The Government of Kenya (GoK) received financing from the World Bank/IDA for the purposes of implementing the Transforming Health Systems for Universal Care Project [THS-UCP] (MoH, 2020l). This arrangement involved a trio of actors: GoK as recipient, World Bank as facilitator, and the International Development Association (IDA) as the financier (World Bank, 2020a).
The Project's loan amount was US$150 million issued under the development objective of "improving utilization and quality of primary healthcare services with a focus on reproductive, maternal, new born, child and adolescent health services" (MoH, 2020l). From this sum, it

allocated a total of US$82m to the guidance on preparedness, early detection and response for COVID-19 in Kenya (World Bank, 2020b). Additionally, it dedicated US$10m to the Contingency Emergency Response Component (CERC), for financing post-disaster emergency recovery eligible expenditures in support of the Government's rapid emergency response efforts for COVID-19 preparedness (MoH, 2020l).

Thus, the contracted agreement was for the Republic of Kenya (the Recipient) to implement the Kenya COVID-19 Emergency Response Project (the Project), with the involvement of the Ministry of Health (World Bank, 2020a) and working closely with technical partners including relevant UN agencies (World Bank, 2020b). On its part, the International Development Association (the Association) has agreed to provide financing for the Project (World Bank, 2020a). Thus, the National Emergency and Response Committee (NERC) chaired by the Cabinet Secretary, MoH oversees implementation of the CP led by the National COVID-19 Task Force. The CP aligns to the key actions prioritized in the WHO draft Operational Planning Guidelines to Support Country Preparedness and Response [OPGSCPR] (World Bank, 2020b). It also shows how Kenya translated WHO's IPC and communicated its IPC conception as:

> IPC is a process where policy makers design policies, procedures, and activities to prevent the spread of infections in the health care setting and communities. This is a broad and comprehensive definition and is in-line with the global definition and understanding of IPC within health care settings and the community. This policy recognizes that the implementation of its objectives will comprise several working definitions mainly focusing on different sub-components (MoH, 2021: 5-6).

It is necessary to implement public health and social measures for slowing or stopping the spread of COVID-19. Moreover, full engagement of all members of society should be characteristic of the implementation (WHO, 2020d). These measures are:

> personal protective measures (hand hygiene, respiratory etiquette), environmental measures, physical distancing measures, and travel-related measures. Physical distancing measures apply to individuals (e.g. isolation of cases and quarantine of contacts) or to communities, specific segments of the population, or to the population as whole. These measures are not mutually exclusive (WHO, 2020f: 1).

Many countries around the world have implemented lockdowns, stay-at-home, and physical distancing measures to contain the spread of COVID-19 (WHO, 2020h). On its part, Kenya has implemented 9 context specific measures, viz:

> hand hygiene (frequent hand washing with soap and water or alcohol based sanitizer); respiratory hygiene (consistent use of face mask in public settings, sneezing on elbow or handkerchief); avoid touching the face especially mouth, nose and eyes, stay at home (reduce clinic visits to bare minimum, make use of telemedicine); keep a safe distance (at least 2metres/6 feet) from other people; reduce visitors including relatives, should you feel sick (fever, cough, difficulty in breathing) call for help or go to the designated facility for care, and avoid public transport where possible (MoH, 2020i).

In order to enhance response to the pandemic, the Government of Kenya established the National Coordination Committee on the Response to the Corona Virus Pandemic [NCCRCP] (KNBS, 2020) which served as a partner committee to the Infection Prevention and Control Committee [IPCC] (Maina et al. 2020). The former's task was to undertake a household Economic Impact Assessment (EIA), which will provide data to facilitate formulation of appropriate strategies to respond to economic effects of the disease (KNBS, 2020). The responsibility of the IPC Committee was to oversee Kenya's National Contingency Plan (NCP) to guide the implementation of priority preparedness and response activities in view of the potential threat posed by importation of COVID-19 into Kenya (MoH, 2020a). The institutional coordination structures for the implementation of IPC will mainly be the National IPC Advisory Committee (NIPCAC). The director general of health chaired this body, which also brought together heads of directorates, departments, other relevant programs, and development partners supporting IPC. The head of the Patient and Health Care Worker Safety Division (PHCWSD) will be the secretary of the committee. The committee was responsible for the overall policy, strategy, and guideline development for IPC services for health care services in the country (MoH, 2021).

Thus, Kenya's IPC guidance provides for information on what Kenyans should do in three-time periods: before a COVID-19 outbreak occurs- plan, during a COVID-19 outbreak -act, and after a COVID-19 Outbreak –follow up (MoH, 2020d). The IPC Committee's members trained Kenya's health workers on infection prevention and control procedures and proper use of personal protective equipment and in addition, providing technical support to hospital managers

(Maina et al. 2020). The IPC strategies to prevent or limit transmission in health care settings include the following:

> 1 ensuring triage, early recognition, and source control (isolating patients with suspected COVID-19 infection), 2 applying standard precautions for all patients, 3 implementing empiric additional precautions (droplet and contact and, whenever applicable, airborne precautions) for suspected cases of COVID-19 infection, 4 implementing administrative controls, and 5 using environmental and engineering controls (MoH, 2020f).

Based on the IPC strategies, the outcomes expected from the Task Force were the execution of interventions resulting to:

> A, enhanced surveillance at all points of entry, health facilities, communities, B, diagnostic capacity established at National Influenza Centre (NIC) laboratory and other network of laboratories including Kenya Medical Research Institute laboratories, C established coordination committees at both policy and technical levels, and D, training of health care staff on prevention, early detection, management of suspected/confirmed cases (MoH, 2020b).

The Ministry of Health, through the Division of Community Health Services (DCHS), provides guidance to counties and stakeholders in the implementation of the community health strategy. Community health focuses on taking services closer to individuals, families and communities and increasing their participation in health. In doing this, Kenya activated its Community Engagement subcommittee [CE], which proved successful (MoH, 2020o). Thus, the GoK had encouraged household members to prepare for the possibility of a COVID-19 outbreak in their community and cooperate with the subnational health structures (MoH, 2020d). This enabled the Community Health (CH) structures to play a critical role in behavior change and adoption of healthy habits at the households and community levels. The Task force relied on them in ensuring that correct information reaches the households, demystify myths and misconception, demonstrate good hygiene practices including hand washing/hand rubbing cough etiquette and reinforce messages passed through mass media (MoH, 2020o).

4.5 Influence of Resource Availability on the Translation of COVID-19 Control Measures in Kenya

The uniqueness of policy transfer during emergencies is the importance that capacity retains in the success of the process. This study investigated how capacity may have affected Kenya's response to COVID-19. The study's researcher framed questions inspired by the study's fifth objective. This resulted in four themes. The first is the capacity of Kenya at the outset of COVID-19 pandemic (both available and unavailable capacities). The second is Kenya's interaction with its neighboring countries in response to COVID-19 pandemic. The third theme is operational challenges: internal and external. Moreover, the fourth theme is strategy of overcoming difficulties during the response.

4.5.1 Capacity of Kenya at the Outset of COVID-19 Pandemic

The researcher was interested in knowing the capacity available to the Task Force at the outset of COVID-19 pandemic. The respondents raised a number of points in this regard. First, the Kenya Expanded Program on Immunization (KEPI) was reported by up to 16 (67 per cent) of the interviewed subjects as a pre-existing capacity that shaped the team's response. For instance, interviewee R17 pointed out that Kenya had a strong HIV program that served as the backbone of contact tracing. Therefore, the COVID-19 Task Force adapted it into its COVID-19 mitigation. Participant R18 expressed similar response. She commented that the country used to have capacity for routine vaccination for children. Now the Task Force adapted it for adults' COVID-19 vaccination rollout. Kenya's KEPI compares favorably in comparison with countries without such program, according to respondent R1. He pointed out that Europe, North America and the advanced parts of Asia were disadvantaged in COVID-19 response because they had controlled the diseases that menaced them. This response implies that pre-COVID19 immunization programs became a silver line. From these responses, it is clear that the Task Force transformed the country's two immunization programs (child immunization and HIV immunization) into a remodeled capacity for COVID-19 mitigation. This capacity had improved the performance of the Task Force vis-à-vis COVID-19 prevention and control.

Second, robust data was discussed by 12 (50 per cent) of the interviewed Task Force members as another crucial capacity that aided their COVID-19 response. Interviewee R4 pointed out that the general pre-COVID capacity was a key to the Task Force's response. She specified that the Task Force's inter-action review, which was carried out with the help of the WHO officials, revealed that Kenya's technical capacity in the form of data strength in the earlier response to Ebola was effective in shaping the response plan for COVID-19 –not least, in the beginning.

An example of the strength raised by the preceding respondent, (R4), was instantiated by another Task Force member (R14). He stated that the WHO only recommended people exiting a country to be tested. In Kenya's case, however, the country was able to create BIOS system that digitally stored the record of a person's COVID-19 test and vaccination. Thus, the authorities of other countries can authenticate people from Kenya. Our superiority on Artificial Intelligence (AI) enabled us to do that, the respondent further emphasized. Another participant (R17) agreed and added that the Task Force was particularly fortunate to be making its decisions within the Kenya's robust data system. He recalled that the Kenya's data system was so successful that some countries and organization such as World Bank requested Kenya to set up data systems for them: "we turned down these offers because we needed to focus on our successful COVID-19 response", added the respondent (R17). This shows that Kenya's pre-existing data capabilities had enabled the Task Force to make decisions that matched the par recommended by the WHO but also exceeded it.

Third, the item of technical capabilities was raised by 5 (21 per cent) of the study's participants. To start with, interviewee R17 commented that the country had enormous strengths on its clinical side of the healthcare, especially the private. To specify this, participant R4 elaborated that Kenya had experts who were qualified to lead response to emergency such as COVID-19. She also pointed out that at the service dispensation level the country's health care workers are skilled. Respondent R19 agreed with this assessment. However, she went on to point out a caveat: the country had an unbalanced health skills distribution. She explained that some parts of the country, such as Central Kenya, have the needed capacity; others, such as Northern Kenya, are behind, as people have to move beyond the 5 kilometers maximum distance set out by the WHO to get access to standard care. From these responses, it is obvious that the Task Force members believed that in comparison with other requirements for a successful COVID-19 response, Kenya had the technical expertise. Two caveats to note are: one, the technical expertise was not adequate; and, two, there was imbalance throughout the counties as some counties were more resourced than others were.

McLean and Borén (2015) study of how sustainability is governed locally reports that an unclear understanding of sustainability, a culture of competition and hostility among municipalities, difficulty with the process of transfer itself, and a lack of time, money and resources have combined together to foil the mobility of the sustainability program. Their study in the Capital

Regional District and its 13 municipalities in the British Columbia of Canada, showed how resources, or capacity, could affect the adoption of a transferred policy. Indeed, the literature has established that policy actors are more likely to adopt measures that require little expenditure, compared to cost intensive programs (Dolowitz, 2017).

In the case of the present study, the IPC translation by the Task Force did not face the difficulty McLean and Borén reported about the sustainability program in Canada. In the case of Kenya, pre-COVID immunization capacity existed, workforce to respond to the pandemic was available and data infrastructure was robust. Thus, translation of the transferred measures was successful.

Related to the inherited capacities, the interviewees raised systemic inadequacies to contextualize the gaps that affected their response strategy. First, the limit of expertise of Kenya's health work force was highlighted by some 8 (33 per cent) of the interviewed Task Force members. On the one hand, participant R18 suggested that the country's health workforce lacked the right training and motivation in such events such as how to respond to COVID-19. On the other hand, the problem was not just motivation but the actual capacity for such a unique health challenge says respondent R12. He added that the country's work force lacks the needed expertise to utilize the health technology needed for fighting COVID-19 pandemic. This indicated that the quality of health labor available was not fit for emergency such as COVID-19 pandemic.

Second, close to 55 per cent (13) of the study's subjects pointed to shortage of the health service providers. Interviewee R11 stated that Kenya's healthcare workers were in shortage. A similar response came from participant R18 who commented that the country's health human resources are few: they are below the numbers recommended by the WHO. Participant R23 chipped in and illustrated one reason for this shortage. She expressed that almost half of the country's healthcare workers had contacted COVID-19; "who therefore can take care of the patients?" she asks. She further lamented that the country's system has failed to take care of its health workers in terms of contingency. Instead, they relied on the regular insurance that hampered their commitment, she further added.

Another reason for such shortage, according to interviewee R16, was the fact that the country engages in self-sabotage after successfully training healthcare workers, the government gives them pass to go and work in other countries (while Kenyans continue to complain about shortage of health expertise). To her, this is indicative of poor work force planning. The few highly

qualified health experts who chose to remain in Kenya also choose to engage in internal brain drain (to private health sector and NGOs), she added, hence; further exposure of the country's poor labor planning. These responses indicate that the number of healthcare workers was below the par set by the WHO. Some respondents suggested that this was due to lack of planning; others blamed brain drain for the shortage. Yet, other respondents suggested the shortage was caused by high number of COVID-19 infection and fatality among the health workers owing to their over exposer to the disease.

Third, the dual challenges of routine healthcare and COVID-19 was a major challenge in the view of some 9 (38 per cent) of the respondents. For instance, interviewee R15 pointed out that the health personnel were required to handle both the pandemic and routine health cases simultaneously. It was a difficult situation, she added. Participant R11 agreed with her and mirrored her response: there was a disruption of healthcare services in the initial COVID-19 outbreak, he stated. He pointed out the implication of this strain by reporting that the country's routine immunization declined during the initial COVID-19 response. However, he raised the point of low utilization of health services as a factor that may have even up this challenge. He attributed this to patients' refusal to get treatment lest they contacted COVID-19 in the process. These responses show that diversion of capacities have disrupted Kenya's COVID-19 response effort. Another challenge was routine care patients deserting hospitals due to COVID-19 phobia. Balancing these two challenges has stretched the response of the Task Force.

How do these findings relate to the literature of policy transfer? This study discusses these findings in comparison with other studies that reported the impact of capacity on translation of transferred policies: Ürge-Vorsatz, Rezessy and Antypas (2004) and Varjú (2021). Ürge-Vorsatz, and colleagues reported slow progress towards implementing of Renewable Energy Sources (RES) in countries of Central Europe: the Czech Republic, Hungary, and Poland. Reasons for this failure included technical deficiencies, lack of political support, implementation and enforcement obstacles.

Varjú (2021) documented the adoption of Strategic Environmental Assessment (SEA) in Hungary. This study reports that transferring the SEA policy was constrained by domestic governance structures and key endogenous factors embedded in socio-cultural settings. Thus,

low implementation capacity at the local level has shaped the outcome of this transfer. Chief among the constraints were lack of the financial means and human resources.

These two studies (Ürge-Vorsatz et al. 2004; Varjú 2021) have reinforced the established assumption of the influence of capacity in lesson learning from foreign context (Dolowitz & Marsh, 1996; Rose 1991). Among the capacity constraints observed by the present study that shaped, to some extent, the translation of IPC by Kenya's Task Force were the inadequacy of modern equipment to handle COVID-19, and the inability of Kenya's health workforce to handle COVID-19 and routine care simultaneously.

Funding was another matter on the theme of inherited capacity. The participants raised two issues in relation to the funding of their COVID-19 response. One was inadequate funding. The other was absence of emergency budget. Some 38 per cent (9) of the respondents commented on inadequacy of funding. For instance, interviewee R4 remarked that funding was not adequate to support the country's COVID-19 efforts. To echo this claim, participant R14 stated that had the Task Force had more money, the response would have been better. An example of how inadequacy of fund affected the response was instantiated by interviewee R17. He recalled that he would have 400 or 500 persons to train, and there would be no money to facilitate the training. Thus, on financial planning, Kenya was not ready during the outbreak, concluded respondent R21. These responses show that financing of the response was not efficient.

On the issue of emergency budget, close to 30 per cent (7) of the respondents discussed how lack of emergency budget affected the pandemic response. Interviewees R15 and R4, for instance, stated that Kenya had no emergency fund, and thus the country ought to have had an emergency funding in the event that it had a public health challenge. Absence of this meant that the country suffered from the lack of health security emergency fund budgeted in advance, according to participant R19. These responses show that Kenya's response to COVID-19 was heavily reliant on external support, mainly WHO, WB and countries with advanced economies. However, financial assistance was inadequate compared to the needs of the country; and the global alliances for acquisition of PPE and vaccines were not fit for purpose. Thus, reliance on external actors had hampered Kenya's response to COVID-19 pandemic.

From the above, the respondents indicated that funds meant for COVID-19 response were insufficient. Similarly, Kenya's financial planning for emergencies was poor. This finding echoes what Ürge-Vorsatz et al. (2004) and Varjú (2021) had already reported. Similar to the renewable energy sources (Ürge-Vorsatz et al., 2004) in Hungary, Poland and Czech, and the strategic environmental assessment (Varjú, 2021) in Hungary, the present study observes significant influence of funds on the translation of IPC from the WHO. Some studies on Kenya's COVID-19 response have reported similar results. For instance, Maina et al. (2020) observed that while some hospitals have accessed additional funds to improve infection prevention and control, they tended to be small amounts of money. For Nasong'o, however, it was less an observation of inadequacy, but more of mismanagement: Kenya's shortage of funds was due to the manner in which the resources mobilized for mitigating the pandemic were (mis)used, consequently heightening the level of government mistrust on the part of the ordinary citizens (Nasong'o, 2022).

Another issue of shortage was gaps in healthcare facilities. The researcher inquired from the study's subject if there were other inadequacies that may have affected their COVID-19 response. Consequently, they revealed two further issues. One was inadequacy of isolation centers. Almost 46 per cent (11) of the interviewed Task Force members discussed this theme. For instance, participant R15 remarked that intensive care unit (ICU) capacity was grossly inadequate in Kenya. She further specified that bed capacity for quarantining patients with infectious diseases was particularly lacking.

Other respondents went on to detail the depth of this inadequacy. Interviewee R5 stated that Kenya had only 8 beds at the outset of COVID-19 outbreak. Moreover, the initial isolation centers did not have oxygen capability. Similar response came from participant R16. She pointed out that only the national referral hospitals had ICUs in the first wave of COVID-19 outbreak. She also disclosed the cost implication of these facilities. She said ICU beds in these facilities were costing millions of Shillings. At the level of county governments, hospitals classed as level 4 and level 5 health layers had no any ICU beddings, and no oxygen cylinders, she further added. These responses show that isolation capacity was a serious challenge to the Task Force's initial response effort.

For the second gap, the respondents raised Personal Protective Equipment. Close to 67 per cent (16) of the responses pointed to the difficulty posed to Kenya's COVID-19 response because of

the absence of PPE. Interviewee R11 pointed out that the country has had challenges with masks. He recalled that there was a time when the country run out of facemasks. Moreover, facemask was not the only facility lacked by the country at the outset of the pandemic. Other respondents raised a number of facilities that were either completely absent or in short supply. These included; test kits (R9), reagents (R12), other laboratory capacities (R4) as well as surveillance system that is key to the disease detection, knowing what it is all about and how to mitigate it (R18). Indeed, at the initial COVID-19 outbreak, when the Task Force did its facility readiness assessment, the evaluation revealed that most of the required facilities were not ready for response to COVID-19, said participant R22. Therefore, this indicates that gaps in facilities had affected Kenya's response to COVID-19. This was especially the case in the initial phase of the pandemic.

Studies by Maina et al. (2020) and Nasong'o (2022) have raised the dearth of facilities for COVID-19 response in Kenya. Initial gaps in the country's response, according to Maina and colleagues were the challenges of long-standing supplies of infection prevention and control materials and equipment. This, they reported, led to fear and anxiety among health care personnel; hence, low staff morale persists (Maina et al., 2020). Nasong'o echoes this: at the outbreak of the COVID-19 pandemic in early 2020, Kenya's healthcare system was ill equipped to handle the crisis (Nasong'o, 2022). The present study, therefore, notes that this incapacity has affected the initial performance of Kenya as a country.

In relation to the general question of inadequacies posed to the respondents by the researcher, the study's subjects raised the theme of poor health planning and emergency preparedness. The respondents discussed raised three issues. For one thing, the responses of 6 (25 per cent) of the interviewed Task Force members indicated that there was a lack of preparation by Kenya's health system. For instance, interviewee R16 said the emergency had dealt a severe blow to Kenya's health system while interviewee R11 said it caught the country unprepared. Respondent R22 agreed with these and added that Kenya's lack of readiness was glaring from the outset of the pandemic. Upon reporting of Kenya's first case, there was a lot of panic, she said. She went on to add that the citizenry did not know what to do, the policymakers did not know what to do. Thus, preparation would have saved Kenya the need to make ad hoc decisions during the emergency, added another respondent (R19). What these responses show is that Kenya, as a country, was unprepared for health emergency of the scale of COVID-19 pandemic.

For another thing, absence of contingency plan was highlighted by some 12 (50 per cent) of the respondents. Interviewee R16, for example, stated that the bane of healthcare systems such as Kenya's is absence of institutionalized healthcare framework. Participant R5 agreed and remarked that owing to government's lack of commitment and plans, the country was not ready for a health crisis like COVID-19. Respondent R23 provide a similar assessment when she commented that Kenya did not have the capacity and where capacity existed, the operators did not utilized it the right way. An ideal contingency plan, according to participant R22, ought to prepare the work force for an eventuality. Preventive measures like audit (safety audit), she emphasized, was needed as a mock exercise where staff act a hypothetical disease which they therefore triage with the service providers to test what would be the hypothetical solution to such a disease. The purpose of it is to gauge the readiness of the system for future disease, she added. Its benefit is that it permits a system to test its case definition, infrastructure etc., she further disclosed. These responses indicate that despite the existence of pre-COVID19 IPC in Kenya, there was lack of regular drills for contingent health pandemics. This inadequacy has affected the operation of the system, the responses implied.

Finally, the respondents highlighted the failure to learn from Ebola experience as indicative of poor health planning. Close to 30 per cent (7) of the respondents raised this theme. Interviewee R4, for example, remarked that what the world learned from the Ebola experiences of Guinea Conakry, Liberia and Sierra Leone was that these three countries had built their IPC capacity when dealing with Ebola. Therefore, the respective COVID-19 policy responses of countries ravaged by Ebola pandemic of 2014-2016 were well coordinated: they were able to coordinate better compared to other countries, the interviewee further added and went on to suggest that Kenya ought to have learned from the preparations of these countries. Similarly, participant R21 stated that had Kenya learned from Ebola experience, the country's response would have been better. These responses are indicative of failure of Kenya to have learned from Ebola disease and prepare accordingly.

In relation to the present study's findings, discussion will now be anchored around the earlier observations of McConnell and Drennan (2006) and Boin, McConnell and 't Hart (2021) on preparing for emergency and governing pandemic, respectively. McConnell and Drennan (2006) observed that the difficulties inherent in preparing for emergencies pertain to almost

impossibility of predicting their eruption, the elusive requirement in ordering and coherence of possible threats, its integration and synergy across institutional networks, and preparation through training and exercises. Even advanced and affluent countries struggled with these requirements, the scholars noted. Boin, McConnell and 't Hart (2021) built on McConnell and Drennan (2006). They suggested that after the eruption of emergencies countries must nonetheless make sense of a wavering and potent threat; get things done in the face of collective action problems; craft compelling narratives about deeply alarming events; and work towards closure of a crisis that has the potential of disrupting societies and political systems. Kenya, like all other political systems, has faced the impossibility of this preparation during the initial COVID-19 chaos (Boin et al., 2021).

4.5.2 Kenya and Contiguous Countries

In responding to inquiry on the nature of relationship between Kenya and its neighboring countries vis-à-vis COVID-19 response, the participants raised a number of points. They discussed countries better off than Kenya and countries Kenya out-performed. They further disclosed areas Kenya fared better and worse in comparison with these countries. Then, finally, they narrated how Kenya's external relations became both a reliance and threat in the response to COVID-19 pandemic.

First, in discussing the countries whose COVID-19 response was better off than Kenya's, the Task Force members raised some interesting points. Some of them attributed success of response to the prosperity of the nations. For instance, interviewee R2 pointed out that affluent countries of Europe and North America have had systems better resourced than Kenya's. However, other respondents seemed to disagree with this. Instead, they pointed to East African countries who have had better COVID-19 responses despite not economically richer than Kenya. Participants R13 and R17 pointed to Rwanda and Uganda, respectively. They believed that these countries' responses were more stringent and more effective than Kenya's.

Second, the interviewees have also identified countries they believed Kenya was ahead of when it comes to healthcare capacity. Three ways of comparison emerged from these respondents' views. Some of the interviewees rated Kenya ahead of regional neighbors. Others rated Kenya

ahead of most of the continent's countries while others believe Kenya is ahead of the entire continent.

A number of respondents (R6, R7, R15 and R17) chose to base their comparison to the East African Community. They believe that Kenya was "better off than most peer countries especially neighboring countries" (R6 and R15). For instance, participant R7 pointed out that Kenya's COVID-19 strategy was faster than the response efforts of its neighbors in terms of enacting COVID-19 guidelines and measures. Another respondent (R17) agreed and explained that the tempo of Kenya's response was unsurprising owing to its status as the regional hub of care (R17).

These respondents provided illustrations to defend their rating of Kenya ahead of the rest of East African Countries. To give an instance, respondent R17 pointed out that Kenya has an independent, decentralized workforce that can punch above its weight. He characterized the workforce as better trained than those found in Uganda, Ethiopia, Tanzania and the entire region (R17). Participant R7 expressed a similar comment. He remarked that Kenya has had to assist the contiguous countries by building their capacity. In particular, Tanzania was a big beneficiary of Kenya's support, he added. This is because, as he disclosed, after Tanzania changed its stand on COVID-19 (under President Samia Suluhu), a Memorandum of Understanding (MoU) was signed between Kenya and Tanzania with the former helping out the latter. This respondent further detailed that Ms Suluhu actually visited this ministry (MoH) when she visited Kenya (R7).

Other than Tanzania, Seychelles and South Sudan were also beneficiaries of Kenya's support during COVID-19 response. According to interviewee R15, Kenya has actually supported its neighbors in diagnosis of COVID-19 cases. It extended its support in two ways. First, in the case of South Sudan, Kenya granted the country access and use of its laboratory in testing COVID-19 samples brought in from Juba. For Seychelles, Kenya sent them 50 medical doctors in May of 2020 to serve them directly. She further added that Kenya did not charge Seychelles for the services of these medical doctors. Instead, Kenya bore the whole cost of these services (R15). The respondent further maintained that this was not a breakaway from Kenya's tradition. Instead, she recalled that the country in fact had earlier supported Sierra Leone and DRC during Ebola outbreak of 2014 (R15).

The respondents believed that the true marker of the country's success is in the fact that it relatively stood out from peers in a commonly faced challenge. One respondent noted that although the East Africa Community (EAC) countries faced similar challenges as the rest of the continent, Kenya was nonetheless ahead (R11). Another agreed and commented that Kenya was not unique in failures vis-à-vis COVID-19 response because "I was involved in data dissemination in Uganda as part of our inter-country lesson learning; the same issues were brought up by our colleagues in that country, she (R16) claimed. Thus, Kenya's overall response strategy was better (R10) at least slightly (R11) owing to the strength the country's health system displayed (R22) in comparison with the widespread failures that beset most of the other EAC countries (R9).

Third, the interviewees identified areas they believe Kenya's health system was ahead of the EAC peers. One theme that came up prominently was the country's existing IPC guideline. Respondents (R4, R20 and R23) lauded this pre-existing capacity. Kenya is among the countries with an existing plan (R4) said one participant. Another agreed and, thus, emphasized that this made the country better in adapting the WHO's COVID-19 IPC measures (R23). In fact, in the view of another interviewee, there is a long-term success of this capacity: Kenya has implemented IPC since HIV outbreak. Therefore, the mechanism was in existence (R20).

A respondent pointed out further that an EAC comparison carried out among the countries of the bloc had underscored the importance of the pre-existing IPC. For instance, respondent R4 pointed out that EAC Task Forces have actually conducted series of webinars among their countries with the view to comparing notes and learning from one another. What they learned, she said, was primarily that the countries that had pre-existing IPC had the best earlier response and recorded overall resounding success in their COVID-19 response plan –compared to the countries that had no preexisting plan. Indeed, countries with pre-existing plans and programs had better (coordinated) response compared to those without any –who therefore had to rely on development partners to help them in putting the plan from the scratch (R4), she added.

Another area of advantage pointed out by the Task Force members was the country's relative strength in cold-chain storage for COVID-19 vaccines (R14 and R15). Interviewee R14, for example, remarked that Kenya's robust chain system partly accounted for its success in the high COVID-19 vaccination it achieved. She went on to elaborate that at the height of Kenya's vaccination, the cold chain was able to handle five different adult vaccines at the same time; this

is together with our routine immunization, emphasized the interviewee (R14). Respondent R15 agreed. She drew attention to Kenya's overall COVID-19 vaccination numbers which she rated as being among the highest in EAC bloc (R15). The secret to this success, according to participant R14 was the strategy the country adopted. She said, in terms of testing, the molecular approach to testing which Kenya adopted was shrewd: HIV testing and Tuberculosis (TB) testing capacities had been adapted for COVID-19 and successfully handled it (R14).

A further strength of Kenya pointed out by some of the respondents (R4, R11 and R14) pertains the country's digital advantage which enabled Kenya to initiate "two stellar inventions: the data bank and the digitized vaccination" (R14). Interviewee R11 agreed and elaborated that Kenya was among a very few countries to have developed tools towards COVID-19 control; MOH-CHANJO, a solely Kenya owned tool that enabled the country to collaborate with counties governments in feeding COVID-19 data into it on real time basis (R11). This innovation, according to participant R4, had proved to be a game changer of Kenya's response. First, it facilitated the training of healthcare workers to implement COVID-19 measures. Then, second, it enabled the tallying of vaccination records of the country (R4). Another respondent highlighted the significance of the country's digital capacity with the comments: "in Kenya every single person who was vaccinated for COVID-19 has received SMS from the MOH-CHANJO certifying the vaccination and informing them on their next appointed day (for the second dose) and same after the second shot. This digital capacity stood Kenya out from its peers" (R14).

Fourth, the respondents gave their opinions on areas they believe Kenya fared worse than advanced countries. These views contextualized the gap between EAC countries and developed countries in a vantage position during the scramble for PPE and vaccines for COVID-19 mitigation. For instance, one respondent pointed to the incapacity to compete with more prosperous economies in acquiring needed vaccines; "vaccine inequity made Kenya and Africa to suffer during scrambling for scarce vaccines", she commented (R5). Other respondents detailed the specific facilities lacked by the country during COVID-19 response. They disclosed that admission beds (R20), test kits (R10) and limited diagnostic capacities such as genomic Polymerase Chain Reaction (PCR) testing as lacking at the outset of the pandemic (R1).

However, other respondents chose to look inwards. Instead of blaming the global power structure, they pointed finger at Kenya's internal structure: "what we lacked was the structure" implied one respondent (R23) whose comment another interviewee echoed: "our weakness was

in the system" and went on to add "mismanagement of the system and corruption have been laid bare by COVID-19 response" (R17).

Related to the above, the respondents revealed other limitations pertaining to healthcare investment. For instance, a respondent (R1) laments, Kenya's investment in diagnostics was insufficient (R1). Similarly, another respondent (R3) concurred and highlighted the implications of such low investment: "advanced research capability would have been desirable in fighting the pandemic" (R3) she stated. Thus, the respondent (R1) emphasized that healthcare investment in Kenya and the rest of Africa is inadequate (R1).

Other than investment, the interviewee also pointed at commitment as an issue. As a country "we supposed to be proactive like we did with Ebola: Ebola was not in Kenya yet, but the country partnered West Africa to solve it" said the respondent (R10). Another agreed and added, "we only seem to take action after things have exacerbated" (R16).

Fifth, some respondents chose not to compare Kenya with other countries, as they believe making such comparisons is pointless in a situation like the COVID-19 pandemic response. As one respondent put it, "I would not like to compare" (R12). Other respondents agreed and suggested that for a country to succeed in handling a pandemic there is a specific process to follow (R10). Such a process, according to interviewee R7 has to be suitable to the country's context and capacity (R7). However, regardless of the processes adopted by different countries, one respondent noted, "what I can say is that most countries did their best" (R12). As such, there is no basis for reliable comparison.

For other interviewees, their choice of not comparing COVID-19 responses of the EAC countries was due to collective failure recorded in COVID-19 response. One interviewee suggested that most of the countries lacked emergency kit at the initial outbreak of COVID-19 (R10). Another interviewee provided explanation that "most countries were not adequately prepared" and specifies that "this unpreparedness was because such a pandemic of this magnitude had never been seen before; hence, most countries were caught ill-prepared" (R7). However, a slightly different view sees this as a particular problem for Africa: "African countries in general lagged behind in the adoption of the COVID-19 measures" (R16).

Yet for other interviewees, the choice for no comparison was neither because countries did well nor owing to collective failure. Instead, they simply cannot separate Kenya's performance vis-à-

vis COVID-19 response from what other nations had managed achieved. One respondent sums up this thought with the remark "our response to COVID-19 pandemic was average" and followed up with the explanation that "we were not worse-off; neither were we better-off than other countries" (R3). In a separate interview, a similar response affirms that "Kenya has moderate capacity: not completely ready for COVID-19, but also not inept" (R8).

Sixth, the study's participants raised the theme of agency in Kenya's external relations. Two matters noticeable. On the one hand, they pointed out external reliance; on the other hand, they noted external threat to their response efforts.

On external reliance in Kenya's COVID-19 response effort, respondent R21 stated that Kenya had benefitted from financial supports from the WHO, the World Bank and some developed countries. He similarly disclosed that consequent to the generous financial support the country received, its budget for 2020-2021 was a lot better than that of 2019-2020 Financial Year (R21). Another participant mirrored this response and added that Kenya was one of the luckiest countries where partners such as World Bank provided funds for COVID-19 response (R10).

The country utilized these funds in augmenting its capacities in areas where it had shortcomings (R21). These included training of health workers and procurement of equipment (R10, 22). In fact, according to interviewee R21, the country used to foreign donated funds in improving its facilities such as testing kits, face masks, PPE, lab capacity, ICU, oxygen capacity etc. Additionally, he disclosed that the country was also able to channel these funds to counties for which the Task Force insisted that they create specified ICU capacities among other suggestions (R21).

Other than financial provision to Kenya for augmenting its capacity, the interviewees affirmed that international partners assisted the country directly in provision of capacities. One respondent (R11) detailed the partners that came to Kenya's aid. He stated that the WHO supported Kenya in the procurement of vaccines as well as the cold chain coolers to ensure safe storage and optimal utilization of the vaccines. He also revealed that UNICEF has also granted Kenya support in procurement of syringes, needles, logistics of the vaccines such as clearance, paper work etc. in the importation of these vaccines (R11). Another respondent echoes this with the remark that Kenya has improved its multilateral and bilateral diplomacy to augment its vaccine

capacity. She further disclosed that all these diplomatic efforts have yielded massive results (R15).

However, the interviewees have also mentioned a number of challenges associated with external assistance. First, donated vaccines and other medical equipment are prone to expiration, said R21. He elaborated that on technical assistance Kenya ought not to be accepting further assistance where it already has sufficient strength (R21). Another interviewee shared same perspective when disclosing that:

> we also need to put our heads together and strengthen research and development. This is because we suffered from COVID-19 inequity. When COVID-19 vaccines became available for the first time, we had very few doses, the West was hoarding all the vaccines and, thus, refusing to share with the EAC countries; now that the vaccines were expiring, they shifted them to Africa with the demand for us to buy them at very high prices. We therefore need to build our own capacity in terms of R and D (R18).

Second, the respondents (R6, R9 and R21) raised the challenge of vaccine acquisition. One of them (R21) for example suggested that Kenya had faced a challenge in the acquisition of vaccine. He attributed the blame to the African Vaccine Acquisition Trust (AVAT) for this problem. The "AVAT led by South African President, Mr Cyril Ramaphosa, did not lead to positive outcome; this arrangement did not work for us" (R21) added the respondent. A different respondent added, in agreement, that the failure of the AVAT "was the reason why EAC countries came to rely on donations for the PPE and vaccines for very long time (R6).

Third, another challenge with external reliance pertains to the supply of purchased products. A respondent commented that Kenya and the rest of the EAC countries were kept waiting to access vaccine due to global supply shortage (R9). Another interviewee affirmed the same opinion and elaborated that:

> we also had challenge in the industrial (Pharmacy) sector: we import most (80%) of our commodities from China –when china was on total lock-down and ships were not leaving the harbor, we missed out completely. A simple thing like mask, we were importing from China. COVID-19, thus, taught us lesson, and we started producing our mask and even started exporting them. Thus, in terms of our future thought, we should think about

> Research and Development (R and D): how to enable our local manufacturers so that we do not remain at other countries' mercy during the next pandemic –we can achieve that only by being self-sufficient (R18).

Therefore, the financial support received by Kenya did not prevent the country from having trouble as one interviewee disclosed: "we had hiccups with the global supply chain for PPE, masks, vaccines etc." (R24). In addition, another interviewee remarked that "despite the financial support received by Kenya, we had financial challenges; thus our overreliance on donors did not help us during the emergency" (R19) concludes the Task Force member who implied that the financial support was inadequate.

Now, let us return to 'threat' as a subcomponent of the theme of external agency. As opposed to external reliance reported above, this external issue is about threat that neighboring countries posed to Kenya. The Task Force member in charge of Public Health lamented that Tanzania refused to adopt any measures under the late President Magufuli. He further explained "Tanzania's policy of indecision vis-à-vis COVID-19 had adversely affected Kenya as a country. This is due to the fact that we have East African Commission Free Trade Agreement (EACFTA); thus, although Kenyans were locked down, the right of Tanzanians to roam around unencumbered meant that our local policy measures are being challenged externally" (R5).

However, policy makers at the regional stage have now addressed this particular challenge. Their action aimed to avoid similar stand-off in future public health emergencies in the East African region. The respondent detailed that:

> The East African Community has now (based on communiqué) adopted Joint Containment Measures (JCM) that bind the countries of the region together on policy. Pandemic treaty is under preparation aimed at generating policy measures that would uniformly bind the countries of the world together. However, some countries –Russia, China etc.- are against it. Thus, instead, prefer minor adjustment to the existing International Health Regulation (R5).

4.5.3 Operational Challenges

The researcher invited the respondents to share their perspectives about the operational challenges that may have hampered their COVID-19 response effort. This inquiry gleaned two subthemes. These are internal challenges and external challenges.

On the internal difficulties, the Task Force members responded by raising a number of issues that affected their choices in the COVID-19 response efforts. These relate to the systemic constraints reported above. However, the difference is that the constraints discussed below are context challenges instead of the reported items. The thesis termed the context factors as internal and external difficulties.

First, on the internal difficulties faced by the Task Force, some 9 (38 per cent) of the respondents disclosed that coordination was a challenge. Interviewee R15 pointed out that there was coordination mistake in Kenya's response to COVID-19 that must not be repeated in future public health emergencies. Respondent R23 echoed her response and went on to clarify that the President and the Governors did not synergize their choices in the mobilization of resources to respond to COVID-19 in the earliest opportunity. This disjointed approach was a serious source of tension. According to participant R17, initially, the approach was that "this is a national crisis, and therefore it is the national government that should handle it". Thus, it sidelined the governments of the counties, he added. However, it later realized that implementation is a county government's task, and as such, the national government integrated the counties into the national framework.

As part of the tasks involved for COVID-19 response, the Task Force needed to coordinate operation of the national health framework and the counties health operations. This task was a challenge to the Task Force. In fact, respondent R11 pointed out that Kenya's counties are at different levels of capacity: some are much better in their healthcare infrastructure compared to others; in terms of leadership also, some county governors were vibrant -able to take decisions faster and mobilize resources, others were slower and were not keen to mobilize resources. Getting these uneven governments to commit to the same response strategy was difficult, the respondent further added. Therefore, these responses indicate that there was no cooperation between the responses of the county governments and the strategy pursued by the national government. The implication of this was a situation of tension and indecision.

Second, close to 13 per cent (3) of the responses hinted to stakeholder engagement as another challenge. For instance, interviewee R19 stated that Kenya's response ought to integrate input from all the stakeholders as well as leveraging on them. Inclusive participation with stakeholders (including private sector and CSOs) would have been great, she added. However, it was not the case, she hinted. Instead, Kenya expected actors from the private sector to participate. However, the country did not make the clear guidelines regarding their involvement. She went on to illustrate the example of Morocco regarding its partnership with the private sector for the entirety of the cold-chain and storage. Consequently, the result was massive, because it was one of the best performing African countries in regards to COVID-19 response, she further asserted. From the above, it is clear that some key stakeholders in Kenya's health system have not been included in the response strategy to COVID-19 pandemic. This may have limited contributions from potential relevant partners in Kenya's COVID-19 response.

Third, just over 15 per cent (4) of the respondents raised the challenge of risk communication as a further difficulty they faced. Communicating risks require some serious strategies. On the one hand, there was the need to ensure that the country had technical people in place who would be briefing the leaders, said interviewee R18. On the other hand, there was also the need to keep sensitizing the population pertaining risks of COVID-19, according to participant R23. However, the challenges of constant updates of these IPC measures especially to the counties amidst scarcity of resources posed a barrier as fatigue became apparent. Despite this, respondent R23 thought the country ought to have done better on public awareness; people needed to know why the government was adopting the measures it adopted. Therefore, these responses show that the Task Force members had to communicate the risks of COVID-19 to the citizenry as well as political leadership. This was not easy as the Task Force needed to persuade the leaders to commit to the response and the followers needed persuading to abide by the measures.

The findings of the present study reflect the literature. Studies by McConnell and Drennan (2006), Ochieng'-Springer (2022) and Omari, Kurniawan and Ramdhan (2023) are particularly relevant to this theme. Kenya's COVID-19 response strategy lacked leadership, coordination and collaboration from the different sectors (Omari, et al., 2023), especially in the beginning of the pandemic. This includes the exclusion of both the private sector and subnational governments. A different study notes that Kenya adopted its 2010 devolution with the view to avoiding the over-

centralization tendency in many sectors, including in the healthcare. With the outbreak of COVID-19 pandemic, however, this two-tiered devolved governance structure in the health system did not lead to a concerted response (Ochieng'-Springer, 2022).

However, preparing for a disaster such as pandemic is an elusive endeavor. Prediction difficulty, challenge in ordering and sequencing operations, difficulty of mobilization and organizing institutional networks, and the training and drills needed to horn the strategies are daunting tasks (McConnell & Drennan, 2006). Such sequencing is necessary in most transfers owing to the path dependence of lesson drawing (Pierson 2000a; Pierson 2000b). Kenya suffered these in its response to COVID-19 pandemic.

In addition to the preceding revelations, the study's subjects disclosed some external difficulties that posed a challenge to their response effort to COVID-19. For one thing, vaccine hesitancy was raised by 6 (25 per cent) of the participants as a difficulty. For instance, interviewee R14 stated that Kenya's capacity for information technology (IT) that supposed to be a blessing was also a curse. He explained that owing to high internet coverage coupled with highly literate population *infodemic* was ripe: people were able to spread falsehood and spread COVID-19 misinformation that has the potentiality of reaching the whole country because internet connectivity is robust all across the country. Further, some members of the population refused to take the vaccine and do not want to take it despite huge investment by government and best efforts of the Task Force, he added. He hinted that it was a frustration for the Task Force and the government to cross all the logistics and acquired the vaccines despite Western countries' speculation (stockpiling and hoarding). After GoK succeeded to beat these competitions and acquired vaccines, some of its citizens still failed to take the jabs. This suggests that misinformation about COVID-19 disease and its vaccine resulted in hesitancy towards government policies. Therefore, lack of cooperation from the public had affected the response strategy and outcome of the Task Force.

For another thing, some 50 per cent (12) of the respondents pointed to the difficulty posed to them by external reliance. Interviewee R21 led these responses by noting that Kenya has benefitted from financial supports from the WHO, the World Bank and some developed countries. These generous supports were effective, he hinted, as it had improved Kenya's budget for 2020-2021 compared to that of 2019-2020 Financial Year. Respondent R19 noted this

contribution. She, however, countered that despite the financial support received by Kenya, the country had some resultant challenges. Thus, its overreliance on donors did not help the country during the emergency, she added.

Participant R9 agreed and provided an instance by remarking that Kenya and the rest of African countries were kept waiting to access vaccine due to global supply shortage. Other respondents who echoed this assessment ascribed the problem to the AVAT led by South African President, Mr Cyril Ramaphosa. Interviewee R21, for instance, lamented that AVAT did not lead to positive outcome for Kenya. Instead, this arrangement did not work for the country, he added. Participant R6 mirrored this response. She stated that AVAT was the reason why Kenya came to rely on donations for the PPE and vaccines for very long time. These responses indicated that Kenya's response to COVID-19 was heavily reliant on external support. The WHO, WB and other advanced economies were the main donors. However, financial assistance was inadequate compared to the needs of the country; and the global alliances such as AVAT for acquisition of PPE and vaccines were not fit for purpose. Thus, Kenya's reliance on external had hampered its COVID-19 response outcome.

In a slightly contrasting vein, close to some 30 per cent of the participants raised the theme of external threats to Kenya's COVID-19 response. Interviewee R5, for example, pointed out that Tanzania refused to adopt any measures under the late President Magufuli. He further explained that Tanzania's policy of indecision had adversely affected Kenya as a country. This was because there is an EACFTA in which both Kenya and Tanzania are members. Thus, although Kenya locked down its citizens, the right of Tanzanians to roam around unencumbered meant that external affairs had challenged Kenya's local policy measures. This response implied that policy choice, or lack of policy in Tanzania has had an adverse effect on the operation of the IPC measures in Kenya. This remained a constant source of worry for Kenya during President John Magafuli's stewardship of Tanzania.

This thesis' finding on refusal of Tanzania to implement any of the WHO's IPC resonates with an earlier report on the behavior of countries across the world. McConnell and Stark (2021) observed that COVID-19 pandemic received varied responses from across the globe. Some countries handled it with due seriousness, treated it with skepticism and yet others dismissed it as a hoax. Tanzania is in the latter category. Its choice has had a detrimental effect on Kenya.

On the finding pertaining to COVID-19 misinformation, Nasong'o (2022) reported that social media operation among Kenyans became a source of countering the state's response to COVID-19. Contrary to what the present study observed, Nasong'o's observation is on negating state officials' corrupt mismanagement of COVID-19 funds or 'COVID-19 millionaires' (Nasong'o, 2022).

4.5.4 Task Force's Challenge Overcoming Tactics

So, how did the Task Force members overcome these drawbacks? The respondents revealed a number of policy strategies. These approaches served the Task Force in good stead as the revelations below indicated. First, about 30 per cent (7) of the study's subjects disclosed repurposing of operation as a tactic employed in overcoming the unique challenges faced by the Task Force. For example, interviewee R18 pointed out that the Task Force has had to repurpose its operations to enable it to procure masks, oxygen, vaccines, and train health personnel by building their capacity via both online and face-to-face avenues. To achieve this, she said, they had to divert resources from other ministries and reallocate it to the MoH. Participant R21 concurred and explained that the treasury usually gets its money in one of two ways: either by tapping money from contingency plan funding, which funds emergencies, or via activating budget reallocation. He further disclosed that the financial year ends on June 30, thus by 1 July a new budget year comes into effect. Therefore, when COVID-19 struck, Kenya was operating in the financial year that had become effective on 1 July 2019. Thus, the Task Force requested for additional funding, he further added. These responses suggested that the Task Force changed the initial operations of Kenya's health system to be fit for the purposes of COVID-19 response. Specifically, the country sourced funding from other contingency plans to address the demands of the pandemic.

Second, targeted communication was another strategy employed by the Task Force. Up to 12 (50 per cent) of the interviewees discussed this theme. To start with, respondent R17 noted that they adopted a unique communication approach. On the one hand, it incorporated stakeholders; on the other hand, it translated the hard communication into plain Swahili. This style was decisive in sensitizing the citizenry, according to him. He also lauded the consistency of this messaging. Thus, the unprecedented daily bulletin and press conferences by the MoH were, to him, key in informing the nation. Similar views hinted that talking across to the citizenry by the authority

was also effective. Participant R13, for instance, recalled that in the beginning of COVID-19, officials had maintained the practice of calling (via mobile phone) all the infected patients every day to enquire whether they were at home, not outside spreading the disease. Interviewee R14 agreed and added that the expansion of digitization capacity has enabled both the direct contact to the citizenry and the daily press briefing. From these responses, it is obvious that unconventional communication strategies had enabled the Task Force to communicate the risks posed by COVID-19.

Then, third, revamping of capacity was a solution adopted by the Task Force, according to about 55 per cent (13) of the participants. Interviewee R5 spoke on this theme. He observed that the Task Force quickly revamped its capacity, and thus, developed the country's isolation capacity. One particular shrewd policy the team reached, he recalled, was changing the strategy for quarantining: the Task force developed home based isolation that became a game-changer for the country. Respondents who mirrored this experience added that: the Task Force established isolation centers equipped with ICU, ventilators and oxygen, not only within Nairobi but also in the counties (R11). Moreover, when COVID-19 struck, only KEMRI was diagnosing; the country had less than 40 labs with capacity to diagnose; the team solved that problem by revamping the nation's capacity to -initially- 300 beds and -later- 10,000 beds (R15). These responses show that Kenya had significantly revamped the capacity of the health system to cope with COVID-19.

These findings will be discussed in comparison with Boin, McConnell and 't Hart (2021). Boin and colleagues put forth the point that despite the difficulties in responding to an emergency such as COVID-19 pandemic, governing this wicked problem requires countries to make sense of a wavering and potent threat. Thus, it requires them to get things done in the face of collective action problems; craft compelling narratives about deeply alarming events; and work towards closure of a crisis that has the potential of disrupting societies and political systems. In other words, it requires unconventional approaches to deal with the unconventional challenge it poses. Kenya's COVID-19 Task Force had responded to COVID-19 along the recommendations of Boin et al (2021). Its daily bulletin and update of COVID-19 situation to sensitize Kenyans, the usage of Swahili in translating COVID-19 messages for ease of understanding by all Kenyans,

and the reallocation of funds from other plans were indicative of these unconventional measures suggested by Boin and colleagues.

Related to the strategy of overcoming difficulties, the researcher was also interested in knowing whether the Task Force has settled for policy choices that the capacity of Kenya could sustain. This was meant to establish if the WHO's targets have been scaled down due to capacity constraints. This enquiry produced two themes. One is decisions determined by Kenya's capacity; the other is decisions not determined by the capacity of the country.

Close to 46 per cent (11) of the study's participants yielded responses on the Task Force's decision choices influenced by Kenya's capacity. Interviewee R19 for instance narrated that the Task Force was fully reliant on the capacity to translate the decisions into actions. In decision pertaining to healthcare workers for example, all vaccinators were existing nurses; so for the team's target and coverage, the Task Force has had to make vaccination decision based on the number of nurses Kenya had, according to the respondent. Another illustration she raised was cool chain capacity. She remarked that when it came to cool chain, the Task Force was reliant on the same cool boxes available, the same refrigerators, and central storage capacity. Therefore, the team had to look at these capacities and decide which vaccine Kenya should bring in. She similarly disclosed that the country's epidemiologists had encouraged the Task Force to: whenever possible reject vaccines that would occupy too much space in the refrigerators. The country decided on what vaccine goes where based on its capacity, she reiterated. Thus, we kept vaccines that require ultra-cool storage in the cities; thus, we sent vaccines that did not need higher cooling to the suburban and rural areas.

Respondent R14 agreed with the assessment by interviewee R19. On his part, he (R14) commented that Kenya's capacity challenges impelled the Task Force to take decisions that were not as ambitious as it should have taken. For example, AstraZeneca was initially the only vaccine Kenya had and the WHO's trial experiments suggested that two doses were the best protection target for COVID-19 to be administered four weeks apart. Alternatively, health workers could administer the jabs eight weeks apart. Thus, the Task Force factored in the fact that vaccines were insufficient in Kenya. Therefore, it decided to recommend twelve weeks gap between the two doses (this was mainly to buy the Task Force time until enough vaccines became available. However, another factor was the presence of evidence that 12 weeks still provides protection). It was a compromised decision, she admitted. However, personalities in the team did not affect the

compromise: rather, resource availability, information and evidence influenced the compromise, she emphasized. Indeed, the challenge was that after Kenya had secured sufficient vaccines to reduce the gap to eight weeks instead of twelve it was now impossible to do it because trainings had been carried out based on 12 weeks, and Kenyans have gotten accustomed to the 12-weeks gap. Thus, changing the timing would create inconsistency in information, and possibly distrust of messaging, she lamented.

These responses indicated that the capacity of the country influenced the Task Force decisions. This was especially in policies pertaining to vaccination. Kenya's capacity had influenced choices on the acquisition and deployment of specific vaccines, as well as spacing between respective jabs.

On the other hand, close to 34 per cent (8) of the interviewees shared experiences of decisions not influenced by capacity of Kenya. For instance, as interviewee R3 remarked, the Task Force's decisions have not significantly exceeded the capacity of the nation, and as participant R22 affirmed, the Task Force did not do more than what the country was capable of maintaining. Therefore, interviewee R24 explained that the Task Force actually adopted standards recommended by the WHO and the global best practices. To this regard, he added, the team did not do any short cuts on it. This was because lives were at stake, thus, the Task Force would not like to shortchange its fellow compatriots, he emphasized. From these responses, it is clear that the Task Force operated at the maximum of the nation's capacity. Decisions did not exceed capabilities of Kenya, nor was there any slack. As such, the capacity may not have affected the outcome.

In reviewing the literature, the present researcher did not find any specific data on the association between capacity available to transfer agents and their choice. Again, no data was found on its opposite. Therefore, instead of comparing these findings to published research, the study will simply comment further on the thesis' findings to elaborate on possible implications.

First Kenya's choice to reject vaccines that would occupy too much capacity was a shrewd option. It shows frugality on the side of the Task Force members in sticking to vaccine choices with the highest net value for the country. Moreover, second, the Task Force's decision to adopt 12 weeks, instead of the 4 recommended by the WHO, as the spacing between the first and the second COVID-19 jab was a unique decision taken based on the limited capacity of the country. The fact that this decision did not backfire serves as vindication for the choice.

In relation to the preceding, the researcher invited the study's participants to discuss whether they would opt for different choices or take the same decisions they had adopted had Kenya's capacity been better. This probing generated two themes. One is the theme of different outcome. The other is the theme of same choices.

Some 8 (34 per cent) of the respondents suggested that they would have taken different decisions had Kenya's capacity been better. This hint is noticeable in the response of interviewee R1, for example, who commented that in the early phase, Kenya would have deployed different testing had the capacity of the country been more robust. He expressed that Kenya did its testing at hospital, not community level –it was therefore not possible to know with precision the extent of the community spread of COVID-19. Thus, its reported estimate of the rate of the spread might not have reflected the true rate of the community spread, he admitted. Therefore, he emphasized, if the country had an ideal capacity, he and the Task Force members would have recommended testing at community level.

Participant R19 expressed a similar view. She opined that the Task Force could have made progress much quicker had its capacity been better. For example, she pointed out that one of the reasons that allowed the Task Force to record high number of vaccinated citizens was vaccination campaign. However, vaccination campaign is resource intensive, she stated, and went on to add that, if a country does not have sufficient resource it means it cannot run as many campaigns it wants. From these views, the Task Force members believe that their choices would have been different had they been making decisions in an ideal capacity context. This indicates that they would prefer a change in procedure.

Contrary to the views of the Task Force members highlighted above, some 38 per cent (9) of the study's subjects remarked that they would still have taken the same decisions even if Kenya's capacity were better. Their reasons included the fact that they would adopt the same WHO guidelines nonetheless. All countries of the world, including nations with the global best practice, have adopted the same WHO measures. Therefore, the WHO's recommendations were standard for all countries (interviewee R4). Similarly, participant R18 echoed that public health responses are generally the same; the public health measures that Kenya used, would still have been the same measures the Task Force would have taken given a better capacity. The adopted measures were preventive-based, she pointed out, and, as such, prevention would still be the

team's default option irrespective of capacity. She maintained that she and her colleagues would not have liked the system to be overwhelmed. Therefore, their strategy was one of slowing down community transmission: tracking the infected persons and isolating them –it successfully slowed down the spread while they were learning from others on what they were doing. The same strategy would still be what they would have adopted, she hinted. These responses emphasized that the WHO's IPC guidelines are standard across the globe. It would still be the preferred model for the Task Force, irrespective of their capacity. This suggests sticking with the substance of the policy.

The present researcher did not find any data in the literature to support discussion of these findings. Since the findings are hypothetical in nature, the thesis chooses to provide commentary instead of discussion of previous research.

The Task Force reported regret on its inability to carry out community-based testing at the outset of the pandemic. This had blurred the true rate of infections in the first wave. The hospital-based testing, therefore, has limited the detection of COVID-19 the Task Force hoped it could have attained. However, on the contents of the IPC itself, the Task Force has registered its satisfaction with the face-masking, social-distancing, hand-washing and vaccination as the standard prevention and control guidelines for COVID-19 disease. Therefore, even if Kenya's capacity was better, one could assume that the Task Force would still have adopted the same measures, albeit with better timing, scale and intensity.

Moving on, the researcher invited the respondents to share any big lessons their experience of participating in COVID-19 mitigation may have taught them. In response, they shared a range of perspectives. First, close to 17 per cent (4) of those who participated disclosed that what resonated with them consequent to their involvement in COVID-19 response on behalf of Kenya was the recurrent nature of health emergencies. Interviewee R1 vividly elaborated this point from his remarks. He noted that the big lesson Kenya learned is that these new diseases are fast and recurrent. Respondent R15 built on this, and thus, suggested that since these public health emergencies are likely to occur again, Kenya needs to increase its capacity in terms of funds and skills to be able to respond to these future challenges. This emphasizes that health emergencies are a recurrent reality; as such, Kenya must prepare accordingly.

Second, over 20 per cent (5) of the responses pointed to the fact that the Task Force members have learned that there is the need to balance between the current and future health needs in an emergency response. For instance, respondent R10 expressed the view that the health emergencies and infections are likely to continue to challenge countries capacity. This is especially in terms of how to provide routine cares in times of emergencies. Therefore, revamping of mitigation skills is an appropriate way to prepare. This way, the system can support both the pandemic and the routine care, according to participant R15. From these views, because routine health needs and emergencies would continue to compete for the prioritization of limited capacities of healthcare, countries such as Kenya must learn to handle the two demands simultaneously.

Third, some 50 per cent (12) of the participants underlined the value of adherence to international health guidelines. Response from interviewee R1 pointed out that the response teams must adopt global agenda and coordination among countries. To elaborate this, a similar view (from interviewee R15) pointed out that regarding COVID-19, Kenya's Task force had no choice other than to adopt the lead of the WHO. She cautioned, however, that other countries might not be able to replicate the success of Kenya's successful COVID-19 policy transfer. For example, she disclosed that in the case of policies such as HIV and other diseases, the frequency of the changes coming from the WHO made it almost impossible to keep borrowing those policies (owing to policy churn), however COVID-19 measures were different, they were specific, solid policies that can be borrowed and translated –which we did, she added. The importance of complying with international health protocols became vivid in the response to COVID-19 pandemic.

Fourth, more than 20 per cent (5) of the responses touched on information sharing. Participant R1, for instance, noted that in the unified response to global emergencies, sharing data among countries is particularly important: it sends prompt signal to other countries to prepare before the problem reaches them, he emphasized. He also added that it is much more important that countries and international actors avoid punishing countries that assisted the international community with prior information. For example, the stigma South Africa received for informing the world about Omicron variant was unfortunate, he lamented. This suggests that successful response to health emergencies could not be possible without cooperation of countries.

Information sharing was one of the key areas of the cooperation. Therefore, the world should support countries volunteering to prompt the world (such as South Africa with Omicron).

Finally, 12 (50 per cent) of the study's subjects underscored the importance of IPC to a successful response in an emergency. For instance, interviewee R4 observed that the importance of IPC has become evident during COVID-19 and thus countries –including Kenya- must now prioritize it. To her, IPC is in fact the backbone of any health system. Therefore, countries that did not prioritize IPC struggled in their national response to COVID-19, she further opined. Another related matter raised by the same respondent (R4) was that effective IPC could not be an event, but a process. Therefore, it is a continuous practice for policy actors' routine triage– throughout the provision of care to a patient within a healthcare system- communities need to emphasize this, she pointed out. Participant R15 agreed and added that there is the need to institutionalize these policy transfer mechanisms from its ad hoc nature to an institutionalized structure. These responses show that countries have learned from their respective COVID-19 response strategies that pre-existing IPC structure is a prerequisite for an effective emergency health response. Thus, its sustenance is a key to any future pandemics.

On the possibility of preparing for future emergency, McConnell and Drennan (2006) have established that policy actors' preparation include training, drilling and institutionalization of available capacity. Appropriate modeling complements this to accurately predicting the future occurrence of the disaster or emergency. After the eruption of the event, processes of response require ordering and sequencing of routines. Then, actors adhere to synergized and concerted response involving all key stakeholders in the mitigation (McConnell & Drennan, 2006). The Task Force members have echoed most of these requirements as the big lessons they revealed to have learned from their experience in the response to COVID-19.

Other scholars have noted that in responding to emergencies, countries respond to the challenge of managing extraordinary threats, and doing so out of their comfort zone of routine policymaking (McConnell, 2020). However, the role of international community in this is crucial. On the one hand, failure of the global community to ensure widespread vaccine coverage in many LMICs, including Kenya, is a measure of the failure of global policy and administration framework (Miguel & Mobarak, 2022). On the other hand, response to COVID-19 has assured the world that the policy exporters –WHO, in this case- seek input, process and output legitimacy

(Stone & Schmider, 2023); as such they undertake extra efforts to ensure success of the process of the transfer.

All told, this subsection aimed to answer the question, 'what is the influence of resource capabilities on the translation of the WHO's IPC measures?' Responses showed that at the outset of the pandemic, the Task Force inherited some existing capacities that aided its response. These included the KEPI, robust data infrastructure and IPC. However, shortage of health workers as well as their limited expertise on the pandemic had exacerbated the difficulties of addressing routine care and the pandemic simultaneously. Other inadequacies that affected the response were inadequacy of funding, and shortage of both isolation centers and PPE.

COVID-19 being a contagious disease, the risk of its spread from one country to another is invariably a source of tension. Thus, the respondents discussed the relationship between Kenya and other nations in response to the pandemic. From this, they revealed that Kenya received support from other nations and organizations that were in a position to lend it the support. On the other hand, Kenya has also provided needed support to its less prosperous neighbors. Thus, South Sudan, Seychelles and Somalia have been beneficiaries of Kenya's COVID-19 assistance ranging from access to its laboratory for tests of COVID-19 samples, to deployment of Kenya's medical doctors and all other supports in between. Kenya provided these supports with no costs on the beneficiary countries.

Moreover, the Task Force's weakness in poor coordination, weak stakeholder engagement and poor risk communication had affected its operations throughout the pandemic. External challenges (vaccine hesitancy, external reliance and external threats) have further compounded the challenges.

To overcome these challenges, the Task Force repurposed its operation, invented a targeted communication approach and it revamped the existing capacity. The nature of Kenya's modest capacity informed decisions such as acquisition of vaccines. Thus, the Task Force members indicated that they would have taken different decisions pertaining to testing and deployed vaccines much quicker had the country's capacity been better. From all these, the participants indicated that they have learned health emergencies are recurrent, and there is the need to balance routine care and pandemics. Other lessons learned were the importance of international

health regulation, importance of information sharing among countries and the effectiveness of IPC.

The secondary data sheds more light on the capacity of Kenya. The government's measures implemented through the Task Force indicate that the official messaging was effective in creating awareness among Kenyans. As of April 2020, official survey found that 100% of the country's population was aware of COVID-19 and 82% know that anyone could get infected (MoH, 2020h). The adopted measures appear to have flattened the curve allowing time to ramp up health care capacity (KEPSA, 2020). Similarly, Kenya's effort in managing imported cases as well as its effort in creating 'community understanding' of COVID-19 (Hale et al. 2020) were applauded by observers.

However, challenges have affected the overall success of the measures. First, COVID-19 pandemic has exposed the limits of an evidence-based approach to problem solving (McConnell & Stark, 2021) as societal values have affected Kenya's policy decisions (Omari et al., 2023). Thus, the practicality of the measures was a concern: ability to practice hand-washing and social isolation were the two major challenges due to crowded living conditions, lack of access to water/soap and inability to forgo income (MoH, 2020h). Similarly, Kenya fared poorly in 'test/trace/isolate' and very poorly on overall 'cases control' in a comparative study that examined responses of countries. Overall, Kenya ranked close to the bottom of the table on the overall aggregate of the measures (Hale et al., 2020).

Second, inadequacy of capacity was a challenge to the translation of the measures. At the outset of the pandemic, the country's diagnostic capacity was the National Influenza Centre (NIC) and KEMRI laboratories that tested suspected cases of COVID-19 (MoH, 2020a). In fact, the country's parliamentary oversight and supervision on the operations of the MoH observed that:

> the isolation facilities were initially inadequate. The submissions made by the MoH to the country's parliament showed that Kenya faces a critical deficit in isolation capacity with the total projected need for isolation beds being 3,116: 2280 county isolation beds, and 836 national isolation beds (Senate, 2020).

Third, discontent among the public regarding official accountability was a major source of concern. At the outbreak of the COVID-19 pandemic in early 2020, Kenya's healthcare system, plagued by corruption, and low public trust, was ill-equipped to handle the crisis (Nasong'o, 2022). The nature of the pandemic response (Akanji, 2022), particularly the manner in which the

resources mobilized for mitigating the pandemic were (mis)used, only helped to heighten the level of government mistrust on the part of the ordinary citizens (Nasong'o, 2022).

Fourth, some of the measures excluded some potentially interested beneficiaries. In Kenya, pregnant and lactating women (PLW) were ineligible to receive COVID-19 vaccines until August 2021. Vaccine safety was the primary concern for administering COVID-19 vaccines to PLW. However, a more plausible observation is the case of lack of prioritization or the neglect of the PLW (Zavala et al., 2022)

Fifth, the attendant consequences of the responses, had led to massive health, social, and economic challenges (Kimani, et al., 2020). Measures such as social distancing, staying at home and restricted inter-county travel have caused noticeable difficulties on the livelihood of the citizens (Pharmacy and Poisons Board, 2020). The frequent policy changes have heightened confusion (Kimani, et al., 2020) and misconception (MoH, 2020h).

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter begins with the presentation of the summary of the key findings explored and produced by the study. It then provides the conclusions drawn from the study's outcomes generated from the combination of findings and distilled arguments in the thesis. Following this, it provides some suitable recommendations on how to mitigate the possible future recurrence of the challenges uncovered in Kenya's COVID-19 response. Finally, it presents areas for further research.

5.1 Summary

Content Learned

In relation to the first objective of this thesis, the study has established that Kenya's COVID-19 Task Force interacted with the WHO officials to learn lessons for COVID-19 mitigation measures. In doing so, there was commitment on both sides to engage in the transfer process. The latter believed that the WHO was in possession of valuable COVID-19 control episteme worthy of borrowing and translating in Kenya. As a sign of the transferers commitment, they had remained active in the process to ensure that the transferees completed the process. This has enabled the Task Force to learn valuable lessons that were useful for COVID-19 control.

However, the Task Force members encountered challenges in relation to the contents of the IPC guidelines. These included: the generic nature of the WHO guidelines which made direct utilization unsuitable, lack of synchronization between policy adopters and the implementing health workforce, and the non-binding nature of the WHO's IPC measures which made it possible for Tanzania, for instance, to evade implementation.

Despite the challenges encountered, lesson learning took place. In utilizing the lessons learned, the Kenya Task Force used different approaches to utilizing these lessons from the WHO. On the one hand, it processed technical lessons before usage. This enabled it to distill the complexity of such lessons. On the other hand, the Task Force applied simpler lessons directly. On its part, the WHO was aware of this dual-approach to lesson utilization and, in fact, encouraged it in some situations. Thus, this accorded the Task Force members some needed agency to make context-specific decisions. On their part, the Task Force members had benefitted from two epistemic structures. One was the pre-existing IPC that Kenya established in 2010. The country updated this structure for COVID-19 response. The other was a pool of academic experts and health research institutions that provided staff to participate in the Task Force.

Furthermore, the study found out that the WHO was not the only policy-shopping venue for Kenya's Task Force. Instead, despite the cordial relationship between the Task Force and the WHO officials, Kenya sourced policy lessons from other settings. Indeed, Kenya's Task Force members have drawn lessons from the AUCDC, USCDC, vaccine manufacturers and other countries. This was especially the case in instances, such as vaccination lessons, where the WHO was not able to guide Kenya.

Motivation

The thesis' second objective sought to explore the motivational values that may have influenced the Task Force members. This study established that the Task Force members were motivated to participate in the transfer and translation of the IPC measures from the WHO owing to sense of duty, responsibility to counties and rational nature of the transfer. The participants were not opposed to the WHO. Instead, they lauded its efficacy and viewed it as an institution that had a shared objective with Kenya vis-à-vis COVID-19 prevention and control.

The approach adopted by the Task Force was that of picking and choosing measures most suitable for Kenya. Therefore, it has rejected some measures that it disagreed with. One instance was guideline on child vaccination which despite an explicit recommendation by the WHO, the Task Force rejected. Another example of its agency was in its decision to reject vaccines from Russia.

Transfer Period

The study's third objective examined the influence of time (and its related elements of timing and tempo) on the localization of the WHO's IPC measures in Kenya. It found that the timing of the first wave response indicated that the WHO was proactive in sounding the alarm about COVID-19, and activation of its system to enable countries access vital data for an effective response. It similarly had offered to guide and support countries in responding to COVID-19. Thus, it encouraged countries to adopt containment policies. On its part, Kenya responded early in policy benchmarking, and setting up of interim measures by April 2020.

However, there were delays in these policies. First, despite the establishment of Task Forces in February 2020, generating the interim measures was not immediate; it came in April. Second, some specific decisions were not prompt. Most important of these was the decision on restricting movement. For instance, the country decided both shutting of Kenya's airports and limiting movement within the country late. Both Kenya Task Force and the WHO played part in these delays. The latter for its inconsistent messaging; and the former for dithering too long before its Task Force issued the interim guidelines.

In the second wave, the Task Force's decisions were swift and the tempo was high. This was indicative of a Task Force (and MoH) having learned from the mistakes of its first wave response. In the third wave, the Task Force's decisions on vaccination were slow (low tempo). Three factors caused this. First, inaccuracy in determining COVID-19 waves by the subcommittee responsible for modeling. Second, financial constrains have limited the actions of the Task Force: it had to wait for finance to execute vaccine decisions. Then, third, some third-party actors have affected the outcomes of the Task Force decisions. These actors –AVAT, vaccine companies and vaccine suppliers, have impeded the timing of vaccine arrival in Kenya.

Competing Interests

The thesis' fourth objective explored the influence of competing interests on the transfer of IPC measures from the WHO to Kenya. It shows that the decision-making structures posed competition to the COVID-19 Task Force. The government of Kenya established other Task Forces in addition to the NCVDVT COVID-19 Task Force. Some of these structures were symbolic entities composed of politicians and faith-based leaders. Ministries at national level, governments of Kenya's 47 counties, sub-committees of the technical Task Force and administrators within MoH have all posed competition to the Task Force. Within the Task Force,

team members have opposed some decisions. These included decisions on vehicular movement, vaccination and public gathering.

The team's decision was, in some cases, the outcome of compromise among members. Thus, the Task Force reached decisions on lock down, public gathering, and public transportation through striking a compromised balance between those in favor and those against it.

The transfer agents have been available for decisions and actions for the translation of the WHO's measures. The Task Force members' teamwork and camaraderie had enabled this cooperation. Good leadership, quorum decision and virtual nature of the meetings had also enhanced members' contribution.

In fact, contribution in decision-making and utilization of transferred ideas was not difficult for at least half of the participants. However, some Task Force members faced difficulty in contributing to team's decision making. To overcome this, they have had to resort to the tactic of waiting for ideal time when their idea might have the best chance of application.

The WHO's relationship with the Kenya COVID-19 Task Force and MoH was cordial. The organization did not intrude in internal decision-making on Kenya's COVID-19 response. However, the COVID-19 Task Force had borrowed lessons from both internal and external sources to complement the WHO's guidelines. On the other hand, on at least one instance, the WHO had attempted to pressure Kenya's President on decision-making pertaining vaccination; this did not succeed as the President referred the decision back to the national NCVDVT COVID-19 Task Force

Resource Availability

Finally, the study aimed to explore whether or not resource availability had influenced the transfer of COVID-19 IPC control measures from the WHO to Kenya. The study found that the Task Force inherited two pre-existing vaccination programs: child immunization and HIV immunization. It remodeled these two structures into a single structure for COVID-19 mitigation. This new capacity has improved the performance of the Task Force vis-à-vis COVID-19 prevention and control. Kenya's pre-existing data capabilities have also enabled the Task Force to make decisions that not only matched but also exceeded the par recommended by the WHO.

However, the quality of health workforce available to the Task Force was not fit for a health of the scale of the COVID-19 pandemic. Similarly, the number of healthcare workers was below the par set by the WHO. Some respondents suggested that this was due to lack of planning; others blamed brain-drain for the shortage. Yet, other respondents suggested that high number of COVID-19 infection and fatality among the health workers might have caused this shortage. This was especially plausible judging from these workers' constant exposer to patients infected with COVID-19 infection.

Financing of the response was not efficient, according to the respondents. Similarly, absence of emergency budget meant that Kenya's reliance on external actors had hampered its response to COVID-19 pandemic. Other than finance, gaps in required facilities have also affected the country's response to COVID-19. This was especially the case in the initial phase of the pandemic. Capacities such as isolation centers and PPE were a serious challenge to the Task Force's initial response effort.

Despite the existence of pre-COVID19 IPC in Kenya, there was a lack of regular drills for contingent health pandemics. This inadequacy has affected the operation of the system, the responses implied. In addition, the failure of Kenya to learn from Ebola disease and prepare accordingly had exposed the limits of the country's emergency preparedness approach.

Other difficulties have also affected the response. For instance, there was no cooperation between the responses of the county governments and the strategy pursued by the national government. The implication of this was a situation of tension and indecision. Moreover, some key stakeholders in Kenya's health system have not been included in the response strategy to COVID-19 pandemic. This may have limited the possible input and contributions from potentially relevant partners in Kenya's COVID-19 response. Additionally, the Task Force members have not effectively communicated the risks of COVID-19 to the citizenry as well as political leadership. These dual communications required a balancing act for persuasion. On the one hand, convincing the country's leadership to commit to the response; on the other hand, persuading the citizenry to abide by the measures.

Furthermore, other challenges beyond the control of the Task Force have also affected results. For instance, misinformation about COVID-19 disease and its vaccine had resulted in hesitancy

towards government policies. In addition, Kenya's response to COVID-19 was heavily reliant on external support. The WHO, WB and other advanced economies were the main donors. However, financial assistance was inadequate compared to the needs of the country; and the global alliances such as AVAT for acquisition of PPE and vaccines were not fit for purpose. Thus, on the one hand, reliance on external actors had hampered Kenya's COVID-19 response. On the other hand, Tanzania's belligerent position towards the WHO's IPC was a constant source of worry to Kenya's Task Force.

To overcome these challenges, the Task Force changed the initial operations of Kenya's health system to be fit for the purposes of COVID-19 response. Specifically, Kenya mobilized funds from other contingency plans to address the demands of the pandemic. Another decision was the unconventional communication strategy that enabled the Task Force to communicate the risks posed by COVID-19. Moreover, the country revamped its health care system capacity to cope with COVID-19.

Indeed, Kenya's capacity had influenced the Task Force members' decisions. This was especially in policies pertaining to vaccination. Its capacity affected choices on the acquisition and deployment of specific vaccines, as well as spacing between respective COVID-19 jabs. Thus, the Task Force operated at the maximum of the nation's capacity. To this end, the Task Force members believed that their choices would have been different had they been making decisions in an ideal capacity context. This indicates that they would pursue a change in procedure.

Kenya executed its COVID-19 response plan through purposive and intentional interaction with other countries and IOs. Owing to the contagious nature of COVID-19, the risk of its spread from one country to another was always a source of tension. Thus, the findings indicated that there was engagement between Kenya and other nations in response to the pandemic. On the one hand, other affluent nations and organizations had supported Kenya in its response efforts. On the other hand, Kenya had also provided needed support to its less prosperous contiguous neighbors. Thus, South Sudan, Seychelles, Somalia and Tanzania have benefitted from Kenya's COVID-19 assistance ranging from access to its laboratory for tests of COVID-19 samples, to deployment of Kenya's medical doctors and all other supports in between. Kenya provided these supports with no costs on the beneficiary countries.

Task Force members have learned that because routine health needs and emergencies would likely continue to compete for the prioritization of limited capacities of healthcare, countries such as Kenya must learn to handle the two demands simultaneously. In addition, the importance of complying with international health protocols became vivid in the response to COVID-19 pandemic. Thus, successful response to health emergencies could not be possible without cooperation of countries. Information sharing was, thus, one of the key areas of the cooperation. Therefore, the international community must cooperate with countries volunteering to prompt the world (such as South Africa, in the case of the Omicron variant) for seeking to save the global community. Moreover, Kenya's Task Force had learned from its COVID-19 response strategies that pre-existing IPC structure is a prerequisite for an effective emergency health response. Thus, its sustenance is a key to any future pandemics.

5.2 Conclusion

A policy transfer study researches the mobility of public policy through the instrumentality of agents involved in the movement of the policy instruments and contents. Although policy transfer is less a theory, and more a heuristic, its assumptions are axiomatic, and thus effective, when used appropriately. The present study joins the rich transfer literature by seeking to explore the role of transfer agents in the transfer of IPC measures from the WHO to Kenya. Questions of content learned, agents' motivation, transfer timing, actors' conflicting preferences and Kenya's resource availability are the intended contributions of this thesis.

First, what is the influence of content learned on the transfer of COVID-19 IPC control measures from the WHO to Kenya? This study showed that the WHO had offered lessons to Kenya. The country received and learned these lessons. In the process, Kenya used lessons in two ways: it used conventional lessons directly; it outsourced hard lessons to local experts and consultants. After the distillation of the lessons by the experts, Kenya's Task Force integrated them into Kenya's already existing 2010 IPC framework. The implication of these findings is that they strengthen the notion that transfer actors learn lessons by synthesizing different snippets (Rose, 1991) from different sources. It also provides further evidence that the imported lesson can be used to update existing structure (Karini, 2018) as well as strengthening the evidence that actors' interactions in the transfer process is crucial in shaping the learning outcome (Dolowitz et al., 2020; Dunlop & Radaelli 2017). On the other hand, it challenges the observation that

outsourcing of the imported lesson for processing locally obscures translation (Minkman, 2023). Thus, the thesis concludes that the contents learned by the transfer agents have influenced the transfer of the COVID-19 IPC measures from the WHO to Kenya.

Second, what is the influence of transfer agents' motivational factors on the transfer of COVID-19 control IPC measures from the WHO to Kenya? The GoK constituted the NCRCTF Task Force to borrow the lessons and generate COVID-19 measures for Kenya. On their part, they participated willingly in transferring these measures from the WHO. They held a positive view of the policy-transferers. Therefore, this evidence emerging from the present study is complementary of earlier findings (Lippi & Tsekos 2017; McRobbie et al 2018) in responding to the call for focus on the motives of transfer agents (Dolowitz, 2003). It also confirms the assumption that the importing setting's perception of the exporters as allies, not foes, enhances the success of the transfer (Stone & Schmider 2023) including its eventual integration into the importing milieu. It similarly hedges on the established observation that importing agents retain agency to reject, when necessary, parts of the imported lessons (Dolowitz 2017a; Stone 2020a). In doing so, it confirms that Kenya has rejected the WHO's recommendation of vaccinating pregnant and lactating mothers until in August 2021 when its outsourced consultation cleared it (Zavala et al., 2022) but also found that the Task Force rejected vaccinating children altogether. Therefore, the thesis concludes that the motives of the transfer agents have influenced the transfer of COVID-19's IPC control measures from the WHO to Kenya.

Third, what is the influence of transfer period on the transfer of COVID-19 control IPC measures from the WHO to Kenya? This study found that despite early efforts from both the exporters and importers of the IPC measures, there were delays in adopting Kenya's interim measures in the first wave. Actors from both sides played a role in the delay. In contrast, there was notable improvement in decision tempo in the second wave. However, rhythm slowed in the third wave due to third party delays concerning vaccine acquisition. This strengthens the notion of the importance of timing in political decision in general (Schmitter & Santiso 1998; Shedler & Santiso 1998) and, in policy transfer, in particular (Dolowitz 2017a; Dolowitz 2020; Dussauge-Laguna 2012). It similarly demonstrates that sequencing of the timing of decisions (Nunn, 2019; Pierson 2000a) in a context involving trial and error, coupled with the mediating influence of third parties (Stone, 2017) or aggregate interactions among relevant actors (Dolowitz et al., 2020;

Porto de Oliveira, 2020) can affect transfer tempo. Despite the significance of the studies highlighted above, the present study contributes unique evidence to the policy transfer literature by drawing on Brand et al. (2021) to explain the timing of the transfer through the three waves of COVID-19 in Kenya. Hence, this thesis has demonstrated the influence of transfer period on the transfer of COVID-19 control measures from the WHO to Kenya. This particular contribution is novel to the policy transfer literature.

Fourth, what is the influence of competing interest on the transfer of COVID-19 control IPC measures from the WHO to Kenya? This study has shown that the COVID-19 Task Force faced competition from other decision-making bodies in Kenya. Within the Task Force, there were differences in policy preferences that the team settled through compromise. Task Force members suppressed by stronger voices resorted to creative ways of registering their contributions. Thus, this study joins other observers in reporting duplication and power tussle in Kenya's disjointed COVID-19 response (Nasong'o 2022; Omari et al., 2023). In the policy transfer literature, scholars have established that power takes four phases. These are: unilateral application of power via imposition on others, causing stalemate by inducing stasis in opposition to a decision, an oblique power application by influencing others, and unanimous agreement among decision-makers (Dolowitz, 2020). The present study found the third phase of power as most reflective of the decision-making within the Task Force. Where that was difficult, transfer agents possessing a learned snippet but lacking agency to contribute could wait for opportunity to open before utilizing this lesson they are in possession of (Dolowitz, 2017a). The present study observed similar trend among the Task force members: Kenya's COVID-19 Task Force members deferred contribution to policy until when they had the agency to add their contribution. Therefore, this thesis concludes that competing interests among transfer actors have played a role in the transfer of COVID-19 IPC control measures from the WHO to Kenya.

Fifth, finally, how has resource availability influenced the transfer of IPC control measures from the WHO to Kenya? It is clear that resource availability had influenced the translation of the WHO's IPC measures in Kenya. The country had two vaccination programs that that it integrated into its pre-existing IPC. However, due to poor health work force planning, health workers were lacking in both quantity and quality during the pandemic response. Limitations in financing as well as PPE and isolation centers have further constrained the efficacy of the Task

Force. The present study complements earlier observation vis-à-vis difficulty inherent in preparing for an emergency (McConnell & Drennan, 2006) including COVID-19. It confirms the notion that borrowed policies requiring little expenditure are more likely to be passed compared to cost intensive programs (Dolowitz, 2017b), not least, owing to the fact that low implementation capacity at the local level can affect the translation of the borrowed measures (Varjú, 2021). This was especially the case in Kenya. The country's resources for combatting COVID-19 were both limited (Maina et al., 2020) and mismanaged (Nasong'o, 2022). Therefore, this thesis concludes that capacity available to transfer agents has influenced the transfer of WHO's IPC measures from the WHO to Kenya.

However, it is possible that this thesis reached these conclusions owing to the policy transfer approach it utilized to explore the reception and usage of the WHO's measures. Theories of public policy in general, including Dolowitz and Marsh's transfer framework, are less useful for analysis of problem; instead, their strength is in explaining policy-making dynamics (Cairney, St Denny, & Mitchell, 2021). The present study draws on the policy transfer framework precisely for this purpose. The present researcher wishes to declare that policy transfer approach is just one way of addressing the question of policy spread. Indeed, other approaches such as diffusion studies, domestication research and policy localization also stake claims and relevance to the research of policy transposition. However, this thesis found the Dolowitz and Marsh's policy transfer model to be the most suitable framework for investigating the transfer of COVID-19 IPC measures from the WHO to Kenya.

5.3 Recommendations

Based on the above conclusions, this study recommends that:

i. **Ministry of Health should co-opt implementers into future Task Forces of future health emergencies:** In future policy transfer, Kenya should incorporate the eventual policy implementers (such as the healthcare workers, in the case of the COVID-19 IPC borrowing) into Task Force mandated with spearheading national response. This will enable the policy transfer actors and its eventual implementers to co-design, co-produce, co-generate, co-create and co-implement the transferred ideas. This ensures success of the policy.
ii. **The WHO should continue to allow international health regulations to be voluntary:** The voluntary nature of international health regulation worked in the case of the IPC

transfer from the WHO to Kenya. Thus, the WHO should continue to allow countries to choose their response. This way, it respects countries' autonomy, their national Task Forces will be able to own the policies, and citizens can trust countries' responses.

iii. **The WHO and Kenya should make timely decisions in future health emergencies:** on the one hand, the WHO should avoid inconsistent messaging in prompting countries to respond to future pandemics. Clear and precise guidance would enable countries (such as Kenya) to respond early enough. On the other hand, Kenya should initiate decision on policy borrowing promptly. It should avoid dithering and delays. Once it commences the transfer, the country should sustain the tempo of learning to avoid foiling the outcome. Related to this, the country should be proactive in interaction with third-party actors to ensure they do not cause it any delays. The Kenya Task Force should also fast-tract its expert consultation to enable it respond swiftly to health emergencies.

iv. **The Government of Kenya (GoK) should reduce the number of Task Forces involved in responding to future health emergencies:** reducing the number of Task Forces involved in lesson borrowing would help reduce competition, duplication and power tussle. Relatedly, the GoK should encourage accountability and transparency within the Task Force membership to deter powerful Task Force members from silencing the less powerful colleagues.

v. **The GoK should invest decisively in its health sector by:** a) strengthening the health workforce both in terms of quality and quantity (and pass legislation to deter brain drain); b) enhancing the key health infrastructure and equipment needed for future health emergencies; c) preparing robust emergencies budget to reduce its reliance on external actors; d) passing legislation that criminalizes misinformation and falsehood related to health emergencies; and e) synergizing with its counties' governments, on the one hand, and benign international actors, on the other hand to ensure planned and coordinated national response.

5.4 Suggestion for Future Research

i. This thesis is an interpretivist design that explored the experiences of Kenya's COVID-19 Task Force using Braun and Clarke's Six-Stage thematic method. This study has demonstrated that the method, if rigorously followed, is effective in enabling researchers to explore the transfer phenomenon in an active, reflexive and thematic way. However, the findings of this study may not be generalizable to COVID-19 Task Forces in other

countries. This is because the study is an experiential exploration of the unique setting of Kenya's COVID-19 Task Force. Therefore, scholars should draw inspiration from it and study the experiences of Task Forces in different countries. This would enrich the policy transfer literature by reporting empirical evidence from multiple Task Force's across health systems of the world. In doing so, scholars would be contributing to moving scholarship forward;

ii. This study has addressed the question of the role of policy importers in the translation of the borrowed lesson. However, it has also raised the question of the role of third party actors in acquisition of vaccines and PPE. These matters are interesting, yet unexpected. Thus, future research could focus on the intervening role of mediating actors in policy transfer. One way to frame such a study could be from the perspective of the third-party actors as inhibitors or facilitators of transfer lessons. This way, the future studies would provide evidence from the third parties actors to the questions of inhibitors to transfer (Dolowitz et al. 2012; Dolowitz & Medearis, 2009); ; and

iii. The present study approached the investigation from the perspective of the policy importers. To complement the implications of these findings, future studies could address the study from the perspective of policy exporters, the WHO. In addition, despite the present study's focus on the importing setting, the thesis did not study the Kenya National Immunization Technical and Advisory Group (KENITAG). This group was instrumental in the translation of IPC measures from the WHO. Participants of the present study have indicated that they delegated decisions on complex WHO lessons to KENITAG (interviewee R1). Therefore, future studies could build on this and focus on the KENITAG and the WHO.

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APPENDIX A: INTERVIEW SCHEDULE

Appendix A: Interview Schedule

Section A: Personal Profile

Q1. Length of service with MoH

i. Less than one year
ii. At least two years
iii. Five years and above

Q2. Type of employment

i. Part Time
ii. Full Time
iii. Contract

Q3. Gender

i. Female
ii. Male
iii. Neutral (Third Gender)

Q4. Rank

i. Junior Staff
ii. Senior Staff
iii. Management Staff

Q5. Department

i. Department of Preventive and Promotive Health
ii. Department of Curative and Rehabilitative Health Services
iii. Department of Standards and Quality Assurance and Regulation
iv. Department of Planning and Health Financing
v. Department of Health Sector Coordination and Inter Government

vi. Department of Administrative Services.

Section B: Influence of content learnt by transfer agents on the adoption of COVID-19 control measures in Kenya

Q6. Were you offered any policy lesson by WHO in relation to control and prevention of COVID-19?

Q7. If yes, did you learn any helpful policy ideas on how to tackle the spread of COVID-19?

Q8. Did you utilize the knowledge you learned or it was left to sit within (your) conceptual knowledge map such that it is impossible to trace it to its origin by the time it was utilized?

Q9. Did you merge different transferred ideas (other than from WHO) into a single model before you forward it?

Q10. Did you keep the knowledge (you learned) unaltered until a window of opportunity opened allowing you to forward it into an active policy system (even if its origin getting lost while it works its way along the policy stream or after being coupled with other ideas and models)?

Q11. Did you mix the (exogenous) transferred knowledge with indigenous ideas to update/dilute the borrowed idea?

Section C: Influence of motivational factors of transfer agents on the adoption of COVID-19 control measures in Kenya

Q12. Did you voluntarily seek to participate in the transfer of IPC policy from WHO to your country (Kenya) or you were coerced to engage in?

Q13. Do you think the transfer is good for your country?

Q14. If you are opposed to the transfer, did you attempt to use the policymaking process to advance your (counter) agenda or, alternatively, transform the undesirable use of transfer knowledge into something more suited to the indigenous environment?

Q15. Or, if you are opposed to the transferred policy, but participated nonetheless, did you attempt to alter its effects through the adoption process?

Section D: Influence of transfer period on the adoption of COVID-19 control measures in Kenya

Q16. When did WHO offer your policy subsystem the necessary guideline to generate policy for controlling COVID-19 spread?

Q17. What is your opinion about the timing of your team's response towards converting the WHO's protocol into policy outcome in Kenya? Was your response prompt or slow?

Q18. What is the general tempo of coordination in relation to COVID-19 policy?

Q. if you want to comment further on this section, please feel free to elaborate on the theme.

Section E: Influence of competing interests on the adoption of COVID-19 control measures in Kenya

Q19. All across the world, COVID-19 policy responses have revealed competing needs and allegiances among policymakers especially between actors wishing to close the economy and tackle COVID-19 once and for all and those policymakers whose wisdom is predicated on the fact that keeping the economy opened is vital to the survival of the nation. Were these divisions manifested among Kenya's COVID-19 policymakers?

Q20. Do you think the opponents of the WHO inspired policy protocols for COVID-19 policy affected the outcome of policies adopted in Kenya?

Q21. Was there any time (since you have received the transferred idea) when you are not placed (or when you moved) in the policymaking process so that the knowledge can be accessed?

Q22. Was/were there any situation(s) where/when international (WHO) transfer agent(s) bypassed you, and fellow national agents, and direct their efforts at transferring data directly to the local level of your country?

Q23. Or, conversely, was/were there any scenario(s) where/when local actors leapfrogged you, and your fellow national transferees, and blocked your effort that might lead to negative local impact?

Section F: Influence of resource availability to the transfer agents on the adoption of COVID-19 control measures in Kenya

Q24. There was no any single country in the world that anticipated the outbreak of COVID-19 pandemic. Thus, there was no single country that prepared for it in advance. In this regard, what do you think was the readiness state of Kenya's health system in relation to capacity for early response?

Q25. How would you rate Kenya's health resource capacity in relation to similar countries?

Q26. Do you think you and your fellow policymakers had to settle for policy measures that your resource capacity can support?

Q27. Could you have enacted different policies to tackle COVID-19 had your capacity been robust?

Q28. if you want to comment further on this section, please feel free to elaborate on the theme.

APPENDIX B: CONSENT FOR PARTICIPATION

Department of Public Policy and Administration,
Kenyatta University,
P.O.Box 43844-00100,
6th June, 2022.

Dear Respondent,

REF: FORMAL CONSENT FOR PARTICIPATION IN A RESEARCH STUDY

I am a PhD student at Kenyatta University, pursuing a Doctor of Philosophy Degree in Public Policy and Management. I am conducting a thesis-based research titled: **"Policy Transfer and the Domestication of World Health Organization's Infection Prevention and Control Measures for COVID-19 in Kenya"**. This research is instrumental to the completion of my PhD.
You have been identified as one of my study's respondents owing to the role you played in the domestication of the IPC protocols in Kenya.

Any information you provide will be used purely for academic research purpose. Your responses will be treated with utmost confidentiality: your identity and all your responses will be anonymous on the interview schedule and in the subsequent report. Your responses will not be recorded electronically, neither your image snapped (expect if it is your preference).

Your participation in the study is entirely voluntary: a) you may refuse to answer some (or all) of these questions if you so choose; and b) you can also terminate the interview at any time -if you feel unable to continue. Additionally, the mode of the interview shall be decided by you: you will choose whether you prefer face-to-face interview or googlemeet (zoom) interview.

The information you give in this study will help Kenyan citizens have a better understanding of the rigor of policymaking in situations of emergencies. It will also provide new evidence to the scientific literature of public policy regarding the challenges face by policymakers of Emerging Markets and Developing Economies in making crucial policy decisions despite modest resources. You may ask questions and clarifications related to the study at any time.

Therefore, I request that you kindly spare your valuable time to grant me interview.

Thank you for your anticipated cooperation.

Faithfully

Babagana Lawan Abba (C82F/CTY/38511/2016)
0798281649
abba.babagana@ku.ac.ke
Department of Public Policy and Administration, Kenyatta University

APPENDIX C: AUTHORIZATION BY KENYATTA UNIVERSITY

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: kubps@yahoo.com
dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 57530

Internal Memo

FROM: Dean, Graduate School

DATE: 16th March, 2022

TO: Mr. Babagana L. Abba
C/o Department of Public Policy & Administration
KENYATTA UNIVERSITY

REF: C82F/CTY/38511/16

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that the Graduate School Board at its meeting 2nd March, 2022 approved your Ph.D. Research Proposal entitled "Policy Transfer and the Domestication of World Health Organization's Infection Prevention and Control Measures of Covid-19 in Kenya".

You may now proceed with your Data collection, subject to clearance with the Director General, National Commission for Science, Technology & Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision Tracking and Progress Report Forms. The Forms are available at the University's Website under Graduate School webpage downloads.

By copy of this letter, the Registrar (Academic) is hereby requested to grant you substantive registration for your Ph.D. studies.

Thank you.

17 MAR 2022

JOHN M. ODONGI
FOR: DEAN, GRADUATE SCHOOL

c.c. Chairman, Department of Public Policy & Administration
Registrar (Academic) Att; Mr. Richard Chweya

Supervisors:

1. Dr. Wilson Muna
   C/o Department of Public Policy & Administration
   KENYATTA UNIVERSITY

2. Dr. Patrick Mbataru
   C/o Dept. of Public Policy & Administration
   KENYATTA UNIVERSITY

JMO/cao

APPENDIX D: UPDATED AUTHORIZATION BY KENYATTA UNIVERSITY.

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: kubps@yahoo.com
dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 57530

Internal Memo

FROM: Dean, Graduate School

DATE: 26th January, 2023

TO: Mr. Babagana L. Abba
C/o Department of Public Policy & Administration
KENYATTA UNIVERSITY

REF: C82F/CTY/38511/16

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that the Graduate School Board at its meeting 2nd March, 2022 approved your Ph.D. Research Proposal entitled "Policy Transfer and the Domestication of World Health Organization's Infection Prevention and Control Measures of Covid-19 in Kenya".

You may now proceed with your Data collection, subject to clearance with the Director General, National Commission for Science, Technology & Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision Tracking and Progress Report Forms. The Forms are available at the University's Website under Graduate School webpage downloads.

By copy of this letter, the Registrar (Academic) is hereby requested to grant you substantive registration for your Ph.D. studies.

Thank you.

JACKSON LUVUSI
FOR: EXECUTIVE DEAN, GRADUATE SCHOOL

KENYATTA UNIVERSITY OFFICE OF DEAN 26 JAN 2023 GRADUATE SCHOOL P.O. Box 43844-00100, NAIROBI

c.c. Chairman, Department of Public Policy & Administration
Registrar (Academic) Att; Mr. Richard Chweya

Supervisors:

1. Dr. Wilson Muna
   C/o Department of Public Policy & Administration
   KENYATTA UNIVERSITY
2. Dr. Patrick Mbataru
   C/o Dept. of Public Policy & Administration
   KENYATTA UNIVERSITY
3. Prof. David Dolowitz
   University of Liverpool
   Department of Politics
   C/o Department of Public Policy & Administration
   KENYATTA UNIVERSITY

JL/cao

APPENDIX E: AUTHORIZATION BY ETHICAL REVIEW CLEARANCE COMMITTEE

KENYATTA UNIVERSITY
CENTRE FOR RESEARCH ETHICS AND SAFETY

Fax: 8711242/8711575 **P. O. Box 43844,**
Email: chairman.kuerc@ku.ac.ke
Nairobi, 00100

Tel: 8710901/12

Website: www.ku.ac.ke
Our Ref: **KU/ERC/APPROVAL/VOL.1** Date: 15th /06/2022

Prof. Babangana Lawan Abba
P.O Box 43844, 00100
Nairobi.

Dear Prof. Abba

APPLICATION NUMBER: PKU/2540/I1667- POLICY TRANSFER AND THE DOMESTICATION OF WORLD HEALTH ORGANIZATION'S INFECTION PREVENTION AND CONTROL MEASURES OF COVID- 19 IN KENYA

This is to inform you that ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE*** has reviewed and approved your above research proposal. Your application approval number is **PKU/2540/I1667.** The approval period is **15th /6/2022 to 15th /06/2023**

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments, MTA) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE***
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE*** within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE*** within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.

vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.

vii. Submission of an executive summary report within 90 days upon completion of the study to ***KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE***

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

To serve you better, researchers are kindly requested to access and complete a customer feedback form and sent it back online as you continue with research and upon completion of data collection found on the following website link; ;(https://docs.google.com/forms/d/1ytWefDwvyz5h1oz_VIn0xbxg3uGdlDzMXFWNDsMrRPQ/edit?usp=sharing

Yours sincerely

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN
15 JUN 2022
ETHICS REVIEW COMMITTEE
P.O. BOX 43844 - 00100 NAIROBI

Prof. Judith Kimiywe

Director: Centre for Research Ethics and Safety

APPENDIX F: AUTHORIZATION BY NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **979133**

Date of Issue: **25/May/2022**

RESEARCH LICENSE

This is to Certify that Mr.. BABAGANA LAWAN ABBA of Kenyatta University, has been licensed to conduct research in Nairobi on the topic: POLICY TRANSFER AND THE DOMESTICATION OF WORLD HEALTH ORGANIZATION'S INFECTION PREVENTION AND CONTROL MEASURES OF COVID-19 IN KENYA for the period ending : 25/May/2023.

License No: **NACOSTI/P/22/17803**

979133

Applicant Identification Number

26/5/2022

RECOMMEND

COUNTY COMMISSIONER
NAIROBI COUNTY
P. O. Box 30124-00100, NB
TEL: 341666

GOVERNOR'S OFFICE
NAIROBI CITY COUNTY
26 MAY 2022
RECEIVED

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearence from relevant Government Agencies
5. The License does not give authority to tranfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one year of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation
off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

APPENDIX G: AUTHORIZATION BY MINISTRY OF EDUCATION

Republic of Kenya

MINISTRY OF EDUCATION

STATE DEPARTMENT OF EARLY LEARNING AND BASIC EDUCATION

Telegrams: "SCHOOLING", Nairobi
Telephone; Nairobi 020 2453699
Email: rcenairobi@gmail.com
cdenairobi@gmail.com

When replying please quote

REGIONAL DIRECTOR OF EDUCATION
NAIROBI REGION
NYAYO HOUSE
P.O. Box 74629 – 00200
NAIROBI

Ref: RDE/NRB/RESEARCH/1/65 Vol.1 Date: 26th May, 2022

Mr. Babagana Lawan Abba
Kenyatta University

RE: RESEARCH AUTHORIZATION

We are in receipt of a letter from the National Commission for Science, Technology and Innovation regarding research authorization in Nairobi County on the topic: **'Policy Transfer and the Domestication of World Health Organization's Infection Prevention and Control Measures of Covid – 19 in Kenya.**

This office has no objection and authority is hereby granted for a period, ending **25th May, 2023** as indicated in the request letter.

REGIONAL DIRECTOR OF EDUCATION NAIROBI 26 MAY 2022 MINISTRY OF EDUCATION P.O. BOX 74629, NAIROBI

SAMUEL KARIITHI
FOR: REGIONAL DIRECTOR OF EDUCATION
NAIROBI.

Copy to: Director General/CEO
National Commission for Science, Technology and Innovation
NAIROBI.

APPENDIX H: AUTHORIZATION BY MINISTRY OF HEALTH

MINISTRY OF HEALTH
OFFICE OF THE DIRECTOR GENERAL

Telephone: Nairobi 254-020-2717077
Email: dghealth2019@gmail.com

Afya House
Cathedral Road
P.O. Box 30016-00100
NAIROBI

When replying please quote:

REF: MOH/ADM/1/1/82(210)

12 July 2022

Mr. BABAGANA LAWAN ABBA
Department of Public Policy and Administration,
Kenyatta University
P.O BOX 43844-00100
Nairobi, Kenya
Email: abba.babagana@ku.ac.ke

RE: APPROVAL TO CONDUCT INTERVIEWS WITH MOH DECISION MAKERS ON COVID-19 INFECTION PREVENTION AND CONTROL IN KENYA

We refer to your letter dated 31 May 2022 requesting for authorization to conduct a study on **"Policy transfer and the domestication of World Health Organization Infection Prevention and Control measures of COVID-19 in Kenya"** as part of your PhD studies.

The purpose of this letter is to inform you that this office has **No Objection** to this study.

You are directed to:

1. To collaborate with the Head, Infection Prevention Control and the Chair COVID-19 taskforce Team at the Ministry of Health during data collection, report writing and any publications arising thereof.

2. Provide a study progress update every six months until completion of the study to dhealthpolicy.research.kenya@gmail.com using the attached template.
3. The first such report is expected on or before **30 December 2022**.
4. Submit the final study report to this office.

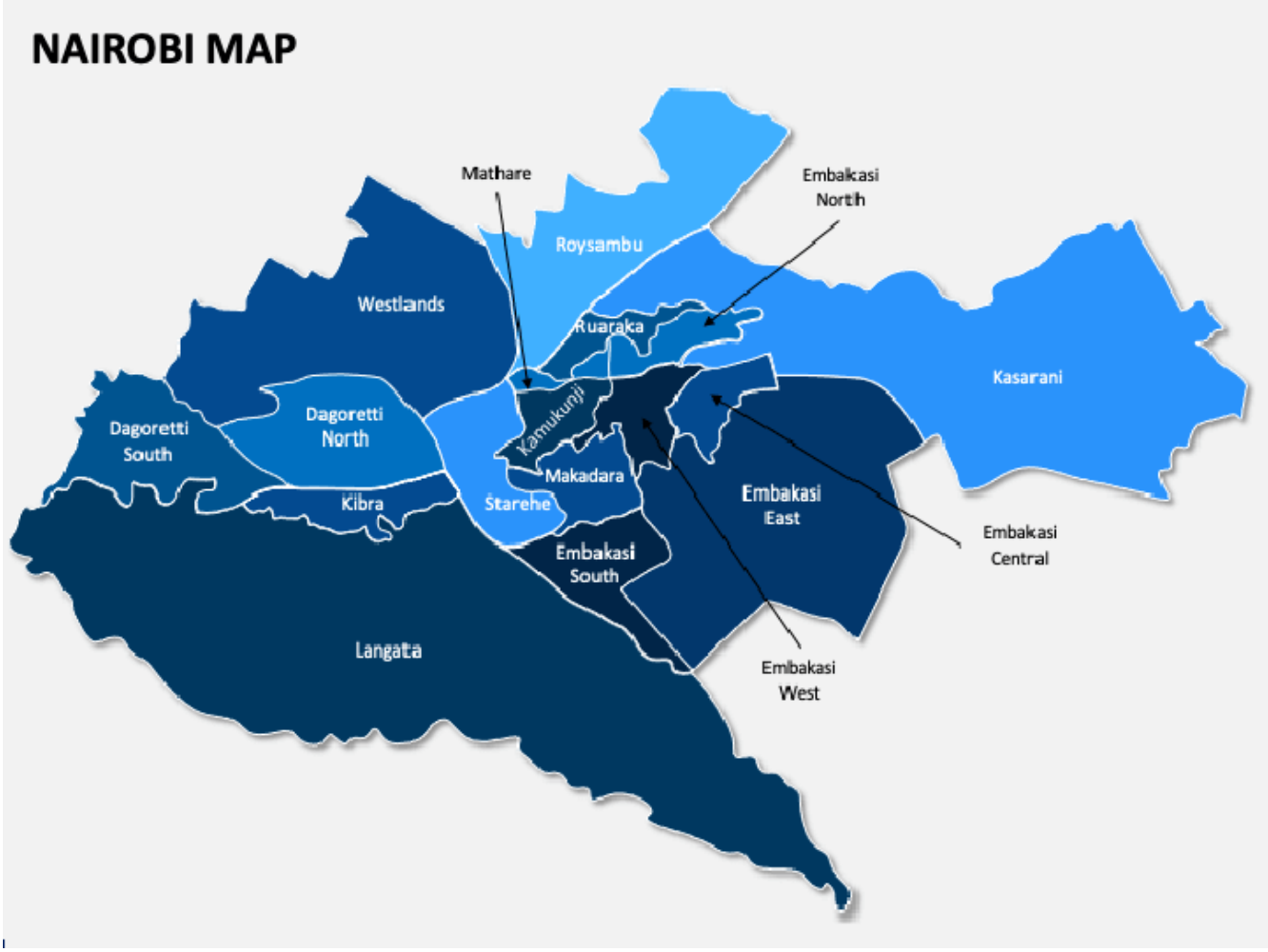
Note that this approval applies to this request only.

Dr. Patrick Amoth, EBS

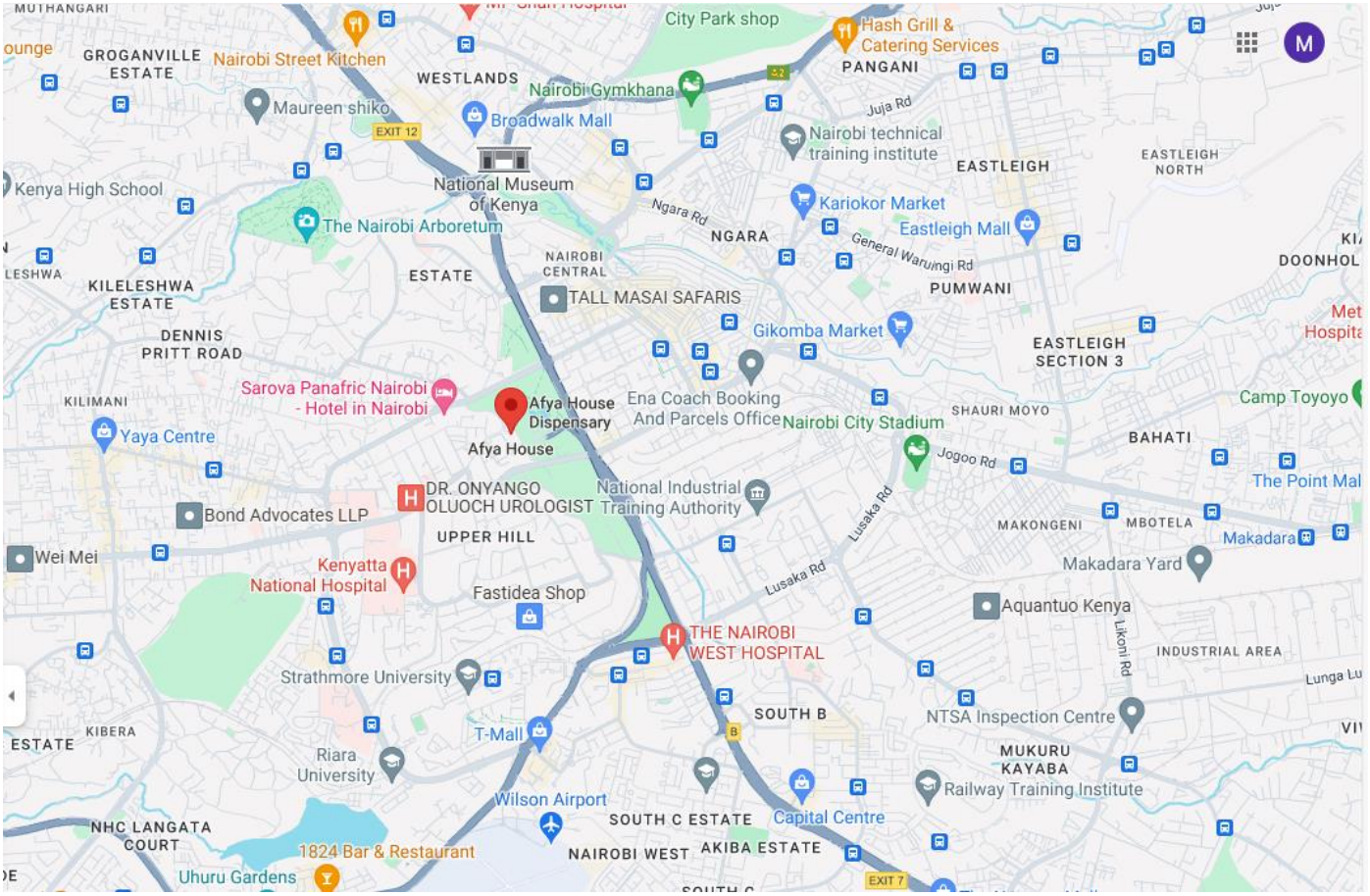
Ag. DIRECTOR GENERAL FOR HEALTH

CC: Head Infection Prevention Control
Chair, COVID-19 Taskforce

APPENDIX I: MAP OF NAIROBI



APPENDIX J: MAP OF NAIROBI SHOWING AFYA HOUSE



APPENDIX K: MINISTRY OF HEALTH MAIN BUILDING