

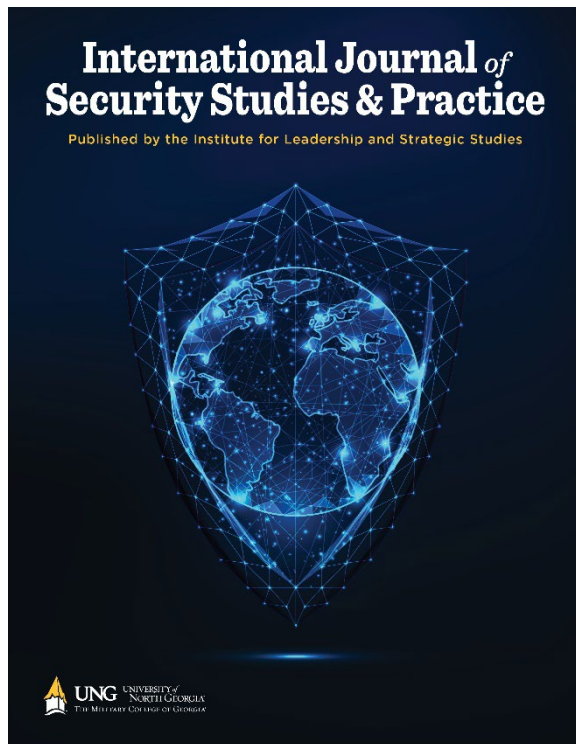
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CORONAVIRUS DISEASE (COVID-19) PANDEMIC AS A THREAT TO THE NATIONAL SECURITY IN KENYA

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Coronavirus Disease (COVID-19) Pandemic as a Threat to the National Security in Kenya

The outbreak of the COVID-19 pandemic in China and its quick spread to Europe and the United States made scholars, governments, and Non-governmental Organization representatives issue warnings for the potentially grave consequences in Africa, where most countries have weak political governance and limited healthcare capacities. The first African coronavirus case to be confirmed was in Egypt on February 14, 2020, and since then the virus has been spreading to all corners of the continent. As of mid-July 2021, Africa reported more than 6,231,694 confirmed cases, 687,367 active cases, 5,386,429 recovered cases, and 157, 898 confirmed deaths (BBC News, 2021). In Kenya, where the first case was confirmed in March 2020, there have been (as of July 20, 2021 at 17:15 Greenwich Mean Time) 193, 807 confirmed cases of which 6,796 were active, 183,211 recovered, and 3,800 confirmed deaths (Worldometer, 2021).

Kenya's numbers are far below other countries such as India, China, Italy, Brazil, and South Africa, but there are several reasons for the difference. Haer and Demarest (2020) posited that it could be attributable to a number of issues: the potential undercounting of African cases as a result of limited testing capacities arising from restricted export of medical goods; the extreme difficulties faced by African health authorities in competing for medical goods on the international market; the potential resilient effect of Africa's large youth population (the median age of Africa is under 20 years); and international data showing the risk of serious medical complications and death from COVID-19 that rises significantly with age. The African climate might have also slowed down its progress as the virus appears to not spread as efficiently in warmer and more humid climates, and because African governments were relatively quick to adopt a range of aggressive measures to mitigate the spread of the virus including very strict lockdowns, declaring states of emergency, and re-training their vast standing armies of community health

workers. Haer and Demarest assert that African success in dealing with the COVID-19 outbreak is likely due to their past experience with other health crises, such as Ebola.

Although COVID-19 figures in Kenya and most African countries have been low, the pandemic is considered one of the major threats to national security in Kenya today. Haer and Demarest (2020) noted that the threat from the pandemic and restrictive measures to curtail the virus is having important ramifications for human security. The pandemic and resultant measures gave rise to economic decline and rising poverty, physical violence, authoritarianism, and increasing social inequalities (Haer & Demarest). This paper discusses how the COVID-19 pandemic has threatened national security in Kenya, especially regarding personal security, social security, economic security, health security, environmental security, political security, military security and security forces, and its impact on the overall national security landscape. The paper will conclude with some recommendations towards enhancing national security in future pandemics that are similar in nature.

Coronavirus Pandemic (COVID-19) in Kenya

Since the first case of coronavirus (COVID-19) was confirmed in Kenya in March 2020 from a traveler who had arrived from London a week earlier, the government of Kenya, through the Ministry of Health (MOH), immediately embarked on key measures to curb the spread and transmission of the virus. The reason for such a quick response was that Kenya recognized that as the virus emerged out of Wuhan, China in December 2019, it had already demonstrated the potential to generate explosive outbreaks in confined settings and cross borders following human mobility patterns. The initial key measures by the MOH included safeguarding public health involving a multi-agency approach to deal with the threat of COVID-19. Through the MOH, a COVID-19 task force was launched to steer the country's prevention, containment, and mitigation measures. Other

immediate measures included banning all international flights entering and leaving Kenya as of March 26, 2020, closing schools, and banning large social gatherings.

As the pandemic continued to spread in Kenya, other mechanisms were added by the government to curb the spread. By May 2020, the government had implemented several non-pharmacological interventions in addition to the suspension of international flights and school closures: mandatory quarantines; countrywide night curfew; closure of clubs, restaurants, and non-essential businesses; partial lockdowns in five hotspots (Nairobi, Mombasa, Kilifi, Kwale and Mandera); and the closure of international borders. Other measures included social distancing by working from home, banning all public gatherings, limiting the number of passengers in public vehicles, the mandatory provision of hand sanitizers, wearing face masks in public, and limiting the operating hours of shops and supermarkets. The government introduced economic safety nets including the reduction of Value-Added Tax on some commodities and economic stimulus, supported by donations from charitable organizations, to cushion low-income earners. Daily updates were provided by the Cabinet Secretary for Health through nationally-televised press briefings that were channeled via social media platforms, radio, and local dailies. Risk communication was routinely conducted by the MOH through specific messaging on posters and vernacular radio stations at the national and subnational levels.

Despite having all these measures in place, the coronavirus continued to spreading Kenya. At first there was fear among citizens, and later there was some acceptance that the pandemic is with us; people started not only fearing, but observing the procedures enacted for prevention and mitigation. For some time, the country was at a standstill; it was then partially opened and curfew hours were extended from 10:00 p.m. to 4:00 a.m. Before long, vaccines were developed, which gave hope to Kenyans for eradicating the virus. Getting vaccinated against COVID has been the law in Kenya since it became available and is still ongoing.

The pandemic itself, and the measures implemented by the Kenyan government, has had a great impact on human security in Kenya. It has also greatly affected national security, as discussed below.

The Coronavirus Pandemic and National Security in Kenya

According to Oshewolo and Nwozor, national security “in its traditional sense—is associated with the protection of the territorial integrity and sovereignty of a state as well as its critical interests abroad” (2020, p. 269). However, they warn that the lethal nature of pandemics is increasingly raising scientific awareness about national security dimensions. The National Academies of Sciences, Engineering, and Medicine has the same view, and observed that national security is not just about protection from state and non-state actors, but also encompasses protection from emerging infectious diseases and other health outcomes that can threaten a nation’s economic vitality and its very way of life (The National Academies . . . , 2017). It is evident that diseases threaten national security in different ways. First, they are responsible for considerable morbidity and mortality in human populations. Second, a lack of pandemic preparedness could increase the vulnerability of a state to bioterrorism and the associated consequences and emergencies. Third, infectious diseases could limit the ability of the armed forces to respond adequately to internal and external security threats.

Globally infectious diseases like COVID-19 not only have a significant impact on global human security, but they also dangerously jeopardize national security. According to Oshewolo and Nwozor, “an infectious disease that could cross the shores of a country, infect its citizens, and leave in its wake considerable morbidity and mortality surely constitutes a major threat to national security” (2020, pp. 269-270). The authors provide a list of such diseases and periods in history, noting that the Russian Flu (1889–1890), Spanish Flu (1918–1919), Asian Flu (1957–1958), Hong Kong Flu (1968–1970), and Swine Flu (2009–2010) together killed almost 60 million people. The Spanish Flu alone claimed about 50

million lives. A different study notes that Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS), which began in 1981, has killed over 25 million people worldwide (LePan, 2020). While there has been some debate on whether pandemics are direct threats to national security, the next decade should produce telling information linking the two.

Personal Security

Gasper and Gómez (2015, p. 4) define “personal security” to include physical violence, accidents, abuse (including self-abuse, such as via drugs), and neglect, as well as other crimes against life and property. Since the first case of COVID was reported in Kenya in March 2020, personal security has been threatened. At first everyone was filled with trepidation; individuals were not leaving their homes because of fear of infection. So many lives had been lost that people remained indoors to avoid others, thus creating personal insecurity. And since the body is less active while indoors, people exercise less, leading to an increase of cases of diseases related to physical fitness, which then leads to insecurity of the body and mind. Personal security involves fundamental psychological dimensions (Gasper & Gómez, p. 4). A key illustration of this is when government lockdowns of the most affected counties were put in place, individuals from those counties were labeled as COVID-19 spreaders. There have been a few cases of people being at risk of attack when they visited upcountry or rural counties. Individuals were apprehensive about visiting their kin in rural areas because people feared them as carriers of COVID-19, and they were immediately reported to local chief. Therefore, the pandemic threatened personal life in terms of being attacked. According to Oshewolo and Nwozor (2020, pp. 269,-270), as a result of local emergency lockdowns and restrictions, people are becoming agitated, and signs of social disorder are now noticeable in various parts of the world. The authors gave an example of an event in March 2020, where protesters in Ukraine

launched an attack on vehicles carrying fellow Ukrainians returning from Wuhan because of their possible exposure to the virus.

Social or Community Security

According to Gasper and Gómez (2015, p. 4) the discussion of “community security” covers inter-community conflict, indigenous peoples, and more. This is a security sector that has been greatly threatened by the COVID-19 pandemic, ranging from social capital to social security. Haer and Demarest (2020) posit that the COVID-19 pandemic might also exacerbate other existing inequalities, although the reality is that natural pandemics affect sections of populations differently. Women—especially in the context of health crises—experience inequalities in access to resources; capabilities and opportunities systematically disadvantage women, indirectly rendering them more vulnerable to the pandemic in a number of ways. In addition to health resources, there are other social and community sectors that—during pandemics—significantly impact women: school closures, travel restrictions, and decision-making power. According to Chuku, et al. (2020), over 60% of Africa’s health workforce and essential social service providers are female. This has implications on social and community security as women are primarily responsible for taking care of the sick and elderly inside their homes.

Most patients who test positive for COVID-19 are isolated in hospitals and not allowed visitation by family and close relatives. This has constricted social connectivity between family members, and consequently has a negative effect on patient recovery. Sometimes it has caused trauma and psychological problems even after recovery when patients are labeled as virus carriers even by their immediate family. Social distancing and restrictions of interactions has also affected social capital in, for example, securing financial resources for the sick or to purchase food. There are, however, several groups raising funds for medication and burial through social sites such as Whatsapp and GoFundMe.

Funeral services are very important occasions, especially in Africa and particularly in Kenyan communities where specific social-cultural practices are followed. These practices clash with the new procedures instilled by Africa's government for the interment of COVID-19 victims, who must be buried by health workers rather than family members. This has elicited considerable resistance by families who are appalled that their traditional burial rites have been prohibited.

Another cross-cutting social security issue concerns violence against women. A recent study published by UN Women found that the risk of gender-based violence is heightened during times of crisis, isolation, and confinement. This is evident in Kenya as well, since containment measures were put in place by the government. The high prevalence of gender-based violence can be attributed to greater economic stress in households during times of crisis, coupled with increased social isolation (UN Women, 2020). Clearly, the COVID-19 pandemic has greatly contributed to the decline in efforts toward the equality movement which, in addition to other gender-based inequalities and conflict regarding long-standing social-cultural practices, has much influence on national security.

Economic Security

There is no standard definition of economic security. Hacker (2018) defines economic security as having adequate income and assets, access to benefits such as paid leave and health insurance, some control over job content, and the opportunity to build a career. Since the eruption of the coronavirus pandemic in Kenya, the economic security of millions of workers and their families continues to be adversely affected through the temporary or permanent loss of jobs and the related loss of income and access to benefits.

According to the United Nations Development Program (UNDP), whose goal is to eradicate poverty and reduce inequality through the sustainable development of nations, the socio-economic impact of the COVID-19 epidemic operates through two distinct channels. One are the direct and indirect effects of the

virus itself when the household income-earner becomes ill, and the ratio of active members to dependents falls. The second channel is the effect of aversion behavior, resulting from the fear of catching the virus. This leads, in turn, to a fear of association with others and reduces labor force participation; closes places of employment; disrupts transportation; motivates some governments to close borders and restrict entry of citizens from afflicted countries; and motivates private decision makers to disrupt trade, travel, and commerce by canceling scheduled commercial flights and reducing shipping and cargo services. The economic impacts of these two channels are a slump in production, the disruption of supply chains, a shortage of goods, mass unemployment, loss of income, and a vast increase in the number of dependents (UNDP, 2020). Data collected through the COVID Impact Survey by the National Opinion Research Center at the University of Chicago for the Data Foundation (Schanzenbach & Pitts, 2020) during the months of April and May reveals how US households experience the pandemic using physical health, economic security, food security, and employment metrics. The results summarize the economic security impact of COVID-19, which, despite the economic stimulus effort, 17% of households in April and 16% in May reported they would not be able to pay for an unexpected \$400 expense.

During this coronavirus pandemic, household economic security has been severely affected. Coupled with other key areas of security, this becomes a multiplier effect for national security in Kenya. Families cannot afford daily food due to loss of employment, closures of their sources of substance (such as small-scale business), and price hikes due to the limited supply of food commodities.

Health and Food Security

Since the outbreak of COVID-19 in Kenya in March 2020, the health sector has had to increase its spending and direct funding towards public sensitization and training of medical personnel. The Kenyan government also increased its fiscal spending to ensure hospitals are well equipped to deal with the pandemic. This has

direct impact on national security, as some of the security budgets were cut to supplement the health budget. In addition, security personnel have been deployed to enhance lockdown and other control and prevention measures, like curfew.

The restriction of movements—indoor activities due to closure of schools and public social areas—have impact on individual health in both adults and children. According to Brazendale, Beets, and Weaver (2017), there are reasons to be concerned, because prolonged school closure and home confinement during a disease outbreak might have negative effects on children’s physical and mental health. More evidence suggests that when children are out of school (e.g., weekends and summer holidays), they are physically less active, have much longer screen time, develop irregular sleep patterns, and consume less favorable diets, resulting in weight gain and a loss of cardiorespiratory fitness. (Brazendale, Beets, & Weaver). For adults, the case could be worse, and is the reason we have seen deaths related to physical unwellness increase during the COVID-19 pandemic period in Kenya. The UNDP’s (2020) report on *Articulating the Pathways of the Socio-Economic Impact of the Coronavirus (COVID-19) Pandemic on the Kenyan Economy* shows that the agricultural sector contributes 26% of Gross Domestic Product (GDP), another 27% of GDP indirectly through linkages with other sectors, and employs 40% of the total population and more than 70% of the rural population. Therefore, the impact of COVID-19 on the overall economy equally affects agricultural and food security. According to the UNDP’s report, this will have an adverse effect on poorest and the most vulnerable segments of the population—an effect that will be exacerbated by travel and transport restrictions, night curfew, the 14-day quarantine for cargo vessels’ crew at Mombasa Port, and stricter checks at the country’s borders that result in logistics problems. Furthermore, food security could be challenged if, because of the global spread of COVID-19, some countries restrict food exports.

Additional data collected through the COVID Impact Survey (2020) reveal that approximately 27% of households worried over the past month about having enough food, and 22% of households reported not being able to afford to buy more food when it ran out; six percent of respondents received support from food pantries across the country. Finally, the percentage of respondents who both “worry about” and have “experience with” food insecurity was higher for those without a high school diploma (53% worry, 47% experience), with household incomes less than \$30,000 (47%, 41%), and in households with children (36%, 32%), compared to respondents with higher education and incomes and without children.

Data from previous pandemic restrictions show that movement restrictions and quarantine measures resulted in less trade of, and accessibility, to food, sending prices higher at the same time that populations found themselves less able to engage in economic activities (ACAPS, 2016). In addition, the coping mechanisms during this coronavirus pandemic may escalate further health and food insecurity of individuals. According to ACAPS, an independent information provider helping humanitarian actors respond more effectively to disasters, some households in global epidemics, such as Ebola, were forced to use negative coping mechanisms: reducing food consumption, engaging in transactional sex, and borrowing money or going into debt to pay for food. Kenyan society has in general, become weak health-wise, as food insecurity increases during the COVID-19 pandemic period. Maintaining food and health security are key elements for a strong national security in Kenya. An unhealthy population and increased food insecurity threatens Kenyan national security.

Environment Security

According to Muigua (2018), “environmental security refers to an environmental condition that can fully satisfy the needs of the people living in a given area, those who rely on the environment for their survival” (p.6). By end of April 2020, the COVID-19 pandemic led to numerous environmental impacts, both

positive (such as enhanced air and water quality in urban areas) and negative (such as shoreline pollution due to the disposal of consumables). But the impact also affected cities where the population is high and use and disposable masks and gloves brought a new environmental risk of blocking drainage and causing transmission of other diseases. Whether or not environment and national security have an explicit relationship is a hotly debated topic.

In Kenya, COVID-19's threat to national environmental security is both positive and negative: positive, due to a reduction in events as a result of reduced economic and social activities that lead to lower waste disposal, air pollution, and contamination of water bodies; and negative, because the pandemic has come with increased use of disposable medical items such as protective gowns, masks, and sanitizers. The disposal of these materials threatens environmental security and may further escalate infection levels in both cities and rural areas, although urban areas may be more adversely affected due to a higher concentration of the population.

Political Security

Gasper and Gómez (2015) define “political security” as respect for the “basic human 5 rights”—the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work, and the right to education—meaning, presumably, basic civil and political rights (pp. 4-5). In political security, one sector affected is the judiciary. According to the UNDP (2020), former Chief Justice David Maraga announced in a press statement on March 15, 2020 that beginning the following day, court activities throughout the country would scale down for two weeks in order to comply with the directive issued by the National Emergency Response Committee on Coronavirus. Manyibe (2020) said that the scale down was to allow for further consultations and to design appropriate measures to prevent the spread of the coronavirus, which has a significant impact on the operations of the judicial system in Kenya. The UNDP

report on the socio-economic impact of the COVID-19 pandemic in Kenya lists various impacts, one of which is that prisoners and persons in remand would not be presented to court during those two weeks, while new arrests (apart from serious cases) would be dealt with at police stations following guidelines yet to be issued by the Inspector General of Police. In addition, all appeals, hearings, and civil cases in all courts were suspended immediately. The result was that the judicial directive would increase the number of backlogged cases which, together with the suspension of all hearings, appeals, civil cases, and execution proceedings, would have an adverse effect on the justice system in the country. This is a security threat to Kenya, as justice will be delayed and criminals may take this advantage to continue engaging in crime. The high level of unemployment caused by the COVID-19 pandemic, particularly among the youth, will have an adverse impact on security of the country as it will exacerbate youth unemployment, which will alienate the unemployed youths who could then be easily recruited by militant groups. This could exacerbate terrorist attacks, violent extremism, and youth radicalization (UNDP, p. 18).

To fight the spread of the coronavirus, Kenya's government has enacted various measures ranging from quarantines to curfews and lockdowns. Public health experts say these are necessary to save millions of lives, but they also come with a significant loss of human rights and personal liberties (UNDP, 2020, p. 19). On March 27, 2020, police injured dozens of people in a crackdown in the coastal city of Mombasa (Bearak & Ombuor, 2020). On March 28, 2020, a motorcycle taxi driver died from injuries that his family claims he sustained from being beaten by a policeman for taking a pregnant woman to the hospital after curfew (Bearak & Ombuor). A 13-year-old boy died in Nairobi on March 30, 2020 after being shot while standing on his balcony as police forced people off the street and into their homes (Tato, 2020). All of these incidents—resulting from the COVID-19

pandemic—have threatened Kenyan national security through weakening the political processes for justice, fairness, and human rights.

Military and Security Forces Security

Another national security dimension that has been threatened by the COVID-19 pandemic in Kenya is military preparedness, operations, and capability. A good example is what happened with the U.S. aircraft carrier USS Theodore Roosevelt when an outbreak forced the ship to immobilize for two months—a timely reminder of the danger that an infectious disease could pose to national security. A disruption of military readiness by an increasing rate of illness among service members provides the opportunity for rogue and criminal groups to exploit the situation (Koblentz & Hunzeker, 2020). As Tack (2020) has noted, infectious diseases affect the military. He argues that even if infections do not increase morbidity and mortality among key military personnel, quarantine measures widely disrupt important military operations. Also, Graham (2020) notes that the deployment of the armed forces to provide auxiliary emergency services in combating infections has an opportunity cost, particularly in terms of military readiness for strategic and combat operations. Infections in military camps in Kenya has posed a huge threat to our national security. Oshewolo and Nwozor (2020), assert that within a short period of time, a catastrophic infectious disease could disorient the most carefully formulated national security and defense program (p. 272).

Other key security forces, such as the police, have also been affected by the pandemic. For example, the deployment of Kenyan police to enforce containment measures like curfew and monitoring the wearing of masks has left other key areas with inadequate police personnel. The result has been an increase in cases of mugging and petty crime in some parts of Nairobi City. Another security issue largely affected is peacebuilding and humanitarian activities around the civil war in which Kenya is a key actor. In the Horn of Africa, Al-Shabaab continued daily

attacks on civilian populations (Haer & Demarest, 2020). On the same note, critical operations have been delayed or cancelled as military and police forces are quarantined (United Nations, 2020). Cuts to international development aid are also expected, and a decline in peacebuilding activities and humanitarian aid will further compound the already fragile situation in most African countries including Kenya, especially with counter-terrorism efforts. Both military and police emergency preparedness, operation, and capacity, as well as peacebuilding activities and humanitarian aid, have been adversely affected by COVID-19, thereby threatening national security.

Conclusions and Recommendations

The above discussion illustrates how the connection between COVID-19 and national security in Kenya is real, threatening all key dimensions of national security. Both the population and security personnel have faced serious health issues, the budgets of key security sectors have been affected, economic activities have been jeopardized, and human security endangered. The result is that the perception, preparedness, and administration of national security must be revised to respond to this new context. Leaders must begin treating the threat of catastrophic infectious disease with the seriousness and urgency it deserves; there is need for greater investment in disease preparedness, prevention, and control across all sectors of security. A disease prevention and control program that is well-designed and funded will help scientific efforts to develop vaccines for such global epidemics early enough to avoid such threats to national security. On the other hand, the COVID-19 pandemic has proved that one nation, region, or organization cannot deal effectively with global infectious disease. There is a need for awakening a new global health diplomacy where critical stakeholders—including nations, individuals, and corporations—must come together and support the efforts of the World Health Organization (WHO) toward dealing with such epidemics. While infectious diseases have come to define global national security, national

priorities must be broadened to include world health concerns and recognize the role of WHO in a pandemic response. It is time to include a health sector in Kenya's National Security organizations.

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