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Mary Sperrazza
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**COVID-19 Vaccine Diplomacy in West Africa:
Empathetic Soft-Power or Neocolonial Intentions?**

Sperrazza, Mary (MaryCate)

Academic Director: Faye, Babacar

Project Advisor: Niang, Ibrahima

University of San Francisco

International Studies, African Studies, French Studies

Africa, Senegal, Dakar

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Abstract

With the impending roll-out of COVID-19 vaccines, many questions have been raised concerning the roll-out of the vaccines beyond the Global North. While some countries across the Global South have been able to purchase limited numbers of vaccines; many countries in the Global South remain highly or entirely dependent on various programs for the distribution of vaccines, such as the COVID-19 Vaccines Global Access (COVAX) program. Another means of distribution is of individual countries of the Global North that have either higher purchasing power or are producers of one or more vaccines that have begun donating an allocated amount of doses to various countries. This practice has brought into question the ethics of giving vaccines, a life-saving mechanism, with allegedly no strings attached at the moment, but with a likely set of expectations to be held up on the backend, as this practice is likely a neocolonial one. What are the intentions of countries and programs that are donating COVID-19 vaccines across the Global South, beyond “ending” the pandemic, are they truly of goodwill, is it simply a new action in the name of soft-power, or is it an inherently neocolonial action?

Keywords: *neocolonialism, COVAX, vaccine diplomacy, hegemony, soft-power*

Introduction

The original Scramble for Africa occurred in the 19th century, but the distribution of the COVID-19 vaccine could be the penultimate moment in the second Scramble for Africa of the 21st century. Through various aid and development programs that have existed throughout the past century, there has been an ever-increasing desire by many countries of the hegemonic world order to gain control over much or all the African continent, without technically being deemed “colonizers.” From France’s work through l’Agence Française de développement to the United States’ projects through USAID to various initiatives of intergovernmental organizations (IGOs), namely the United Nations (UN), and non-governmental organizations (NGOs), the desire to have some form of control over the African continent is strong in the foreign policy goals of many countries. Within recent decades, a new country has risen to exert dominance and power over much of the African continent in the name of aid or development, China. The programs of China have varied in type over recent years, although with the COVID-19 pandemic, many of their programs initially switched to the donation of personal protective equipment (PPE), and now they have begun “donating” COVID-19 vaccines. In addition to the already known programs, namely COVAX, the ethics of the truth in these donations has been questioned. Thus, what are the intentions of countries and programs that are donating COVID-19 vaccines across the Global South, beyond “ending” the pandemic?

To understand the extent of this discourse, a few key terms must first be defined with a widely accepted definition. The accepted definition of “neocolonialism,” courtesy of Britannica is: “the control of less-developed countries by developed countries through indirect means” (Halperin). The description and definition of the COVID-19 Vaccines Global Access, or COVAX, courtesy of Gavi, the Vaccine Alliance is: “COVAX is one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator...with the aim of providing innovative and equitable access

to COVID-19 diagnostics, treatments and vaccines... it is the only effort to ensure that people in all corners of the world will get access to COVID-19 vaccines” (Berkley). The accepted definition of “vaccine diplomacy,” is: “almost any aspect of global health diplomacy that relies on the use of delivery of vaccines... Central to vaccine diplomacy is its potential as a humanitarian intervention and its proven role in mediating cessation of hostilities” (Hotez 2014). The accepted definition of “hegemony,” courtesy of Cambridge Dictionary is: “(especially of countries) the position of being the strongest and most powerful and therefore able to control others” (“Hegemony”). The accepted definition of “soft-power,” courtesy of a review of Joseph Nye’s *Soft Power: The Means to Success in World Politics* is: “the ability of a country to persuade others to do what it wants without force or coercion” (Ikenberry). With these definitions accepted and agreed upon, the proceeding content is of less contention.

The perceptions and opinions of China’s role in the development industry vary drastically from country to country. However, many of the countries that are the most favorable of China’s aid and development programs reside in Africa, why? With the promise of being given vaccines sooner rather than later, there is a lot of hope bent up in this assistance. This mere notion, however, that a life-saving treatment can simply be given by a country that has otherwise always expected something in return, is one worthy of ample questioning. Is the goal of China simply to end the pandemic sooner rather than later? Is China’s ultimate goal to increase its power over the African continent through a new guilt complex, which is inherently neocolonial? Does China hope that by utilizing soft-power, they will be able to gain a more favorable image across many countries in Africa and thus be able to clean up their reputation on an international scale? Is this the final step in China achieving a new form of hegemony that would have been otherwise unimaginable merely a few decades ago?

Through the programs aiding in the distribution of the COVID-19 vaccine across the Global South, will the distribution of vaccines truly become more equitable, or will it be yet another thing that is full of strings attached? Although programs, such as COVAX and various other ones supported by the World Health Organization, seem promising, how are we meant to know the true long-term implications of such programs? The new-age colonialism seen through neocolonial tendencies is not one that should be treated lightly, nor is it something to be ignored in the name of “goodwill.” Merely because there is a pandemic raging on does not mean that countries should be forced to risk their security and autonomy for a vaccine or any treatment.

The COVID-19 pandemic altered the course of the distribution of global power at a speed that was previously unimaginable. With the impacts of the pandemic on the global economy, the race to kickstart economies as soon as possible became a top priority for many countries. Once COVID-19 vaccines became less of a dream and more of a reality, some countries decided that it would be the time to provide aid to countries of the Global South in the form of vaccines, adeptly called “vaccine diplomacy,” as a new-age act of goodwill. This new form of aid, however, must be understood deeply and studied critically. Thus, it must be questioned if this so-called vaccine diplomacy is truly of good intentions and goodwill, if it is merely an action of soft-power, or if it comes with strong neocolonial intentions. Though many countries have engaged in vaccine diplomacy through the development of their own programs or participating in a multilateral initiative, a few countries have dominated the scene, namely China and the European Union, with others on the rise, India and the United States.

Positionality and Ethics

Research is a means to an end, a way of answering questions and raising new ones. The research process introduces new knowledge and presents a researcher with additional questions to inquire about in the process of finding the truth that they seek, instead of what they may have initially believed to be their questions. As a world citizen living in 2020 and beyond, I am one of many who have been impacted by the COVID-19 pandemic. I am privileged in the pandemic in that I have been able to move around during the pandemic, safely and only when necessary, and I had access to the vaccine within months of its initial rollout. Additionally, as an undergraduate student who focuses on development and African Studies, I have become very familiar with the concept of neocolonialism, and the many ways that it can become apparent in different societies. At this moment, I believe that the rollout of the COVID-19 vaccine, through the COVAX program as well as individual countries' vaccine diplomacy across countries of the Global South, is inherently neocolonial. Neocolonial actions are systems of oppression in and of themselves. The way that development programs and initiatives exist today are more similar to that of neocolonial systems, in that they benefit the donating country more than the "receiving" country, flipping the actual beneficiaries.

With this topic being quite new, the nuance of the situation may not be fully discussed and published in academic settings, thus finding this specific information published in academic settings for Senegal has been more challenging, although pulling from an array of sources on neocolonialism, COVAX, and West African issues at large allows for an improved discourse on this topic. The outcome of this research is hopefully one of understanding and provides a way to move forward towards a truly decolonized future, in which neocolonialism is a thing of the past.

Although the pandemic and the subsequent rollout of the vaccine have been extremely difficult and trying times, the universal experience of this pandemic has unified the population in

ways otherwise unimaginable. A time when countries that claimed to be “developed” are facing the same challenges as the “developing countries,” introduces a new dynamic seldom seen in codified history. This practice, the roll-out of the vaccines at large, is a potential threat to the security of many countries. Without the vaccine, there is no end in sight to the pandemic, but by taking the vaccine from programs or countries with ill intentions, their security and autonomy could be jeopardized in other ways. Through this research, the degree to which the vaccine roll-out across the Global South is neocolonial was investigated. This can be understood through a deep investigation into the literature on historic and modern vaccine distribution across the Global South, as well as investigating how the COVID-19 vaccine has been acquired and distributed in Senegal. Consequently, although I am an outsider in Senegal, the common experience of the pandemic, albeit all of our experiences being unique, is one of immense importance.

This research included interviews with individual professionals in Senegal, and all proper channels to ensure that informed consent was achieved before the interview has occurred. Additionally, the participants were all briefed on the expectations of their participation, their desire to remain anonymous or to be identified by their name, and additionally the confidentiality of their statements and what they are willing to share. All interviews were recorded using an audio recording device, and have since been destroyed after being used as a reference for the final research project. There has been no financial compensation for participating in these interviews, although their time is appreciated. There are no conflicts of interest in the completion of these interviews and the research at large.

Literature Review

The distribution of the COVID-19 vaccine across the Global South has been a preposterous affair of alleged “vaccine diplomacy” by the countries of the Global North through programs such as the COVID-19 Vaccines Global Access Initiative (COVAX), only to be outrun by Chinese efforts of vaccine diplomacy. The goal of programs like COVAX is to bridge the gap between the countries that have access to the vaccines and those that do not, through donations and collective resources (Afolabi and Ilesanmi). Multilateral initiatives, such as COVAX, are seen as a solution to combatting nationalism through the creation of global solidarity, yet the limited power of non-state actors and waves of nationalism in many countries of the world have proved to be challenging factors in the pursuit of global solidarity (Gostin et al.). However, due to the challenging nature of coordinating global responses and negotiating multilateral initiatives, the rise of individual country’s programs of “vaccine diplomacy” have begun to assert themselves on the global level.

As countries of the Global North adopted policies of “vaccine nationalism” and worked to vaccinate their population first and entirely before considering the global community, such as the United States through Operation Warp Speed, countries on the opposite-side chose to adopt their own policies of vaccine diplomacy, and may come out on top as a result (Cohen). Although many countries that could afford to adopt policies of vaccine nationalism while still supporting the COVAX initiative chose to, countries like China chose to think of their own population and the global population simultaneously, which will likely help their reputation on the international scale (Cohen). This show of soft-power and act of caring for the world is likely to be beneficial to China in the long run, and could ultimately shift the global power scale in favor of a new hegemony on the rise (Cohen). This is not the first time that China has engaged in such activities of soft-power for public health. In many African countries, the reputation of China has been one of goodwill and

has been consistently improving over recent decades with their donation of goods, services, and personnel to many countries in Africa (François).

The actions of individual countries as singular players in the global market and interests of public health could ultimately lead to more effective actions. In the case of the efficacy of the World Health Organization (WHO) who is often held at gridlock by the conflicting interests of the United States and China, especially when it comes to their economic and health desires, each country acting individually, or withdrawing from various organizations, as the United States did from the WHO in 2020, the success of these organizations and initiatives could be more fruitful (Gostin et al.). However, the actions and choices of individual countries could lead to an era of conflict, disorder, and a lack of cooperation if done erroneously or prioritizing one over another too much (Gostin et al.). The scramble for vaccines has exemplified the priorities of different countries and the degree to which they truly care about others (Gostin et al.). The fear of many, however, when it comes to the distribution of the COVID-19 vaccine across the Global South is the lack of speed in the distribution, that could lead to COVID-19 becoming yet another virus of the tropics or the Global South (Hotez 2020).

If the distribution of vaccines is handled inappropriately and unhurriedly, COVID-19 will become a virus of the tropics and impoverished, trapping millions of people in this state (Hotez 2020). Consequently, the COVID-19 vaccines are seen as essential tools and technology of antipoverty caliber. If distributed efficiently and appropriately, the COVID-19 vaccines will become antipoverty technologies and a mobilizing effort in the rejuvenation of the global economy (Hotez 2020). In Africa, the WHO estimates that the African continent has an overall readiness of 33 percent for the distribution of the COVID-19 vaccines, which is far below the expected readiness of 80 percent (Lucero-Prisno III et al.). The systems of vaccination that do exist in many regions of Africa, however, that work to immunize children, may prove to be an option in

understanding and implementing vaccination programs within the region (Lucero-Prisno III et al.). With the need for a vaccination program to be initiated that focuses primarily on the inoculation of adults, there are many unknown factors in the region that prevent programs from starting immediately on a large-scale (Lucero-Prisno III et al.). However, it is of utmost importance to vaccinate all communities of the world, because no one is safe from the virus until all of the global population is protected from it (Lucero-Prisno III et al.).

More than a year into the COVID-19 pandemic, one thing is clear: Africa was more prepared for the pandemic than the WHO projected, and better prepared than many countries of the Global North (Tilley). It was projected that the pandemic would have catastrophic impacts across the African continent with millions of deaths expected due to various lackings in infrastructure across the continent (Tilley). However, now over a year into the pandemic, the exact opposite can be seen, as much of Africa is doing infinitely better than the rest of the world. Although no clear reason has been proven, the numbers do not lie. Ultimately, should these other countries explore actions of vaccine diplomacy in Africa to win their favor, or can Africa handle itself just fine?

The African Union has been a large advocate for the accessibility of not only vaccine products, but also vaccine production and the knowledge associated with it to be shared with Africa and across the Global South (Nkengasong et al.). The African Union has emphasized the importance of the sharing of the knowledge for vaccine production as a means to end the pandemic as regionally produced vaccines will not only speed up production times, but also make the distribution of vaccines simpler for most actors (Nkengasong et al.). Consequently, the African Union has been a large advocate of this knowledge sharing to not only alleviate dependency on other countries, but to also acknowledge the history of vaccination efforts of and pertaining to the African continent (Nkengasong et al.). Following the outbreak of the H5N1 avian influenza virus

in the early 2000s, once a vaccine was created, the countries of the Global North that had been largely unaffected by the H5N1 avian influenza virus bought virtually all of the vaccine doses, claiming that they would donate some to countries that did not have the purchasing power to purchase the vaccines themselves (Nkengasong et al.). However, these vaccines seldom made it to the highly impacted countries of the Global South, a dark history that need not be repeated with the COVID-19 vaccine, and has consequently become one of the biggest goals of the African Union during the time of the COVID-19 pandemic (Nkengasong et al.).

Since the H5N1 avian influenza virus's emergence in the early 2000s, a new player has emerged on the scene for not only development aid but also for vaccine distribution: China. China was likely the first country to begin the development of a vaccine against COVID-19 due to their earlier access to the viral structure, with the first doses being given in February of 2020, with no trials completed (Cohen). This vaccine is one of two vaccines that are knowingly being produced and distributed by China, one produced by Sinovac and the other produced by Sinopharm (Cohen). China has already begun the process of distributing doses of both of their vaccines across many countries of the Global South across Africa, Asia, and Latin America (Cohen). This attempt by the Chinese government to improve their image in the eyes of the global public and further distance themselves from the competition of their Western counterparts has been questioned if it is truly of goodwill or in pursuit of the creation of a new hegemony and world order (Karavas). Further, in some countries that have been on the receiving end of Chinese aid, the reaction to the aid has been an improved one to that of the West, in part due to China's lack of connection to the colonial period (Karavas). Consequently, if this desire to improve the image of the government, and the country at large, is already known, what other benefits of personal gain are desired by China in the distribution of vaccines, and all forms of aid?

The degree to which Chinese aid and development projects could become essential in the creation of a new hegemonic world order became a widely discussed question as the United States struggled to contain the pandemic within their own borders (Schwab and Malleret). Historically, it was thought that the United States was a comfortable hegemonic state for many countries due to its status as not European, but its close ties and relationship to many European powers who historically dominated the scene (Schwab and Malleret). However, with ongoing proxy wars and the United States' inability to handle issues within its own borders, the question of if this is China's opportunity to rise up not only on their own domestic merits, but also based on their efforts in other countries through aid and development projects has been brought to the forefront of many discourses (Schwab and Malleret). Although the future cannot be concretely foreseen from now, the role of the Chinese government will undoubtedly be instrumental in it, and it is likely that the turn towards a new world order begins now, with vaccine diplomacy and development projects in Africa (Schwab and Malleret).

The COVID-19 pandemic has the potential to end in the foreseeable future if the vaccines are distributed efficiently and equitably. However, with the current understanding of the way in which the initiatives and programs that intend to distribute the COVID-19 vaccines are planning to operate, this distribution could turn out to be a massive failure, or it could become something of a strictly neocolonial nature. With the intention of some countries wishing to improve their image on a global scale, and others wishing to gain control over a certain region for unpublished reasons, there is a large risk in these programs, yet countries are left with minimal options if they do not have the purchasing power to buy doses on their own. With this dependency, the likelihood of the distribution of vaccines to turn into a neocolonial practice is high, and the ethics behind the distribution of the vaccines is worthy of widespread questioning.

Methodology

This research is primarily qualitative and has been completed through an extensive literature review as well as through a series of interviews with professionals working in fields adjacent to the distribution of the COVID-19 vaccine in Senegal, such as medical professionals, politicians, and scholars, in order to understand the truth of the acquisition and distribution from multiple perspectives. These interviews have been conducted in-person while following and respecting all health guidelines and recommendations. Additionally, some questionnaires were sent and received via email in order to facilitate a smooth transfer of knowledge with additional sources, while respecting health guidelines.

Through the use of interviews, the amount of primary data collected is substantial. By being flexible with the method and means of the interviews and knowledge transfer, as well as providing a space for the interviewee to provide all relevant information in their language of choice, this has been the most equitable and fruitful method for acquiring such information. Additionally, providing these options is the most respectful way to go about this research as a foreigner imposing themselves in the community, for it is currently the most respectful and aware method of doing so. The individuals interviewed include people working in the Senegalese Health Ministry, those on the team for COVID-19 vaccine distribution, Doctors studying the impacts of the pandemic on both physical and mental health, as well as additional scholars in non-medical fields.

Findings

Through interviewing various individuals working in different sectors in the Senegalese Health Ministry, all housed at Hôpital Fann, one thing became clear — no one, no matter their speciality or willingness to admit to what information they beheld, agreed on anything relating to the acquisition of the COVID-19 vaccines. Whether it regarded a question of how a specific vaccine was acquired for Senegal, if the politicians wanted to engage in various programs for vaccine acquisition, or if the mere question of how the virus was handled well and efficiently within the country was posed, no one agreed on the reasoning, rationale, or methods. If this is an instance of a lack of communication, a lack of honesty in general, or intentional lying by one sector to another in order to save face is unclear. However, this presented a great hurdle in finding the truth of the matter, and impacted the ability to discover if the vaccines were received through soft-power or neocolonial intentions, because to begin with, no one can even agree on if the vaccines were donated, purchased, or a combination of the two.

Lack of Knowledge or Hiding the Truth?

In conversation with various Doctors in the field, regardless of their speciality and its more or less tangible ties to the COVID-19 pandemic, it became clear that there were always questions that they did not want to answer, even if they were intimately connected to them. When it came to questions directly related to the pandemic, virus management, vaccine acquisition, or the acquiring of PPE, answers were overwhelmingly full of redirections and statements to the effect of, “maybe you should speak to my colleague in ‘X’ department.” There is no appropriate way to push for more information without treading into precarious waters, and many of these participants may have been refusing to provide more information because they do not wish to find themselves in

political scandal, although this inability to get to the whole truth despite talking face-to-face with many who are likely to know it was inherently frustrating.

Despite some of these experts likely withholding information for one reason or another, some of the questions and points of inquiry opened up an additional field of questioning: do these “experts” even have access to the information that they should? Some questions raised were opinion heavy and largely a matter of personal opinion, informed by their training and work experiences. This became clear when asked about why they believed Senegal was doing better throughout the entirety of the pandemic than many of their counterparts in the region, as well as across the Global North. The answers varied drastically and included anything from the government taking a hard and fast approach in the beginning, to the climate being more favorable, to the age of the population being primarily younger being primary factors in Senegal’s “success” against the pandemic. Although asking what they believed to be the most influential characteristic when it came to the pandemic response was a matter of opinion, it seemed likely that there would be a degree of consensus due to their similar backgrounds and knowledge, yet there was minimal agreement, and the primary factor believed to be the most influential was never agreed on.

This question of access to vital information by the experts also rose time and time again pertaining to the acquisition of the Sinopharm vaccine, since the beginning of the year, what was published by the respective governments and media sources was an agglomeration of mixed information. Some days it was claimed that the Sinopharm vaccine was purchased by the Senegalese government from China, other days it was claimed that China donated the Sinopharm vaccine to Senegal as a part of its vaccine diplomacy program. This lack of clarity was largely reflected in the conversations with experts, with many not giving an answer at all, saying that what could be read in the news was as good as any information that they had received, or there were clear answers when it came to how AstraZeneca was acquired, through the COVAX initiative, but

that the truth of Sinopharm had yet to be revealed. Further, this lack of knowledge sharing and the mixed information given presented a unique roadblock; yes, there is information to be had and understood, but digging deep into the truth of the pandemic and vaccination of Senegal is more difficult than anticipated.

Vaccine Acquisition in Senegal

From various media sources, it became clear that the AstraZeneca vaccine was acquired for use in Senegal through the COVAX initiative; this was universally agreed upon by the experts interviewed. However, when asked about how the Sinopharm vaccine was acquired, the answers became dubious and inconsistent at best. Different news sources indicated different things: some claimed that the Sinopharm vaccine was donated by China to Senegal, others claim that Senegal purchased the Sinopharm vaccine from China, meanwhile many said that it was likely to be a combination of the two. Although finding the truth is difficult, one thing is clear: the inconsistencies speak for themselves, whatever the truth is, the difficulty to access it speaks volumes. Many sources indicate that the initial 200,000 doses of Sinopharm in Senegal were purchased, but others claim that it was merely the next step in China's medical diplomacy over the past year, so the truth is questionable (Prentice, "Senegal Expects...").

However, the experts interviewed were not so certain about the accuracy of their answers, if they chose to answer at all. Dr. Ousseynou Badiane, Head of Senegal's Division of Immunization stated that "On a eu le vaccin chinois, Sinopharm c'est là t'as qui a acheté (We had the Chinese vaccine, Sinopharm is the one that we bought)." Likewise, Professor Moussa Seydi, Head of Senegal's Division of Infectious and Tropical Diseases stated that "Sinopharm was bought by Senegal, but I have heard people say that isn't true, but I can't know that," emphasizing his hesitancy to definitively say how it was acquired. This lack of certainty for those intimately

involved in the pandemic response further emphasizes the need to question the information that is publicly available. In the words of Professor Seydi, “politicians are politicians,” and skepticism runs deep, even in those with deep connections to the politicians, such as Professor Seydi’s relationship with President Macky Sall.

Since discussing the questionable nature of the acquisition of vaccines with these experts, another announcement in the vaccine distribution to Senegal has been announced: as of mid-May, China has donated 300,000 additional doses of Sinopharm to Senegal (AFP). This news has been almost exclusively delivered by Chinese news sources, but President Sall stated via Twitter that “Je remercie vivement mon ami, le Président Xi Jinping, pour l’important don de 300.000 doses de vaccins Sinopharm anti COVID19 et 300.800 seringues avec aiguilles. J’apprécie ce geste de solidarité de la Chine en appui à nos efforts de lutte contre la pandémie. (I warmly thank my friend, President Xi Jinping, for the important donation of 300,000 doses of Sinopharm vaccine and 300,800 syringes with needles. I appreciate this gesture of solidarity from China in support of our efforts to fight the pandemic)” (Sall). This seemingly agreed upon new piece of information on Chinese vaccine donation provides some insight into what some Chinese vaccine diplomacy could look like when honestly discussed, but also leaves more room to question the legitimacy of previous claims, since truthful claims seem to be confirmed from multiple sources on all sides.

Types of Vaccine Diplomacy: COVAX, Chinese Aid, & More

In the fight against the COVID-19 pandemic, many countries and organizations saw an opportunity to shine through as a savior, through vaccine distribution and diplomacy. The methods of vaccine diplomacy exist in many different forms, some of which have more desirable outlooks than others. In 2021, three main forms of vaccine diplomacy exist: multilateral aid through pre-existing organizations, bilateral aid and agreements, and financial aid. The two prior are the most

chiefly used publicly in the fight against the COVID-19 pandemic, with the COVAX initiative being the most notable player in the field of multilateral aid through pre-existing organizations, and Chinese vaccine diplomacy being the most notable, at this moment in Africa, for bilateral aid and agreements. Additionally, donations by the European Union and, now on the rise, the United States, are additional forms of multilateral and bilateral aid, although they are currently both more prominent players in the COVAX initiative.

The COVAX initiative is a unique multilateral initiative in that it is composed of Gavi, the Vaccine Alliance; the Coalition for Epidemic Preparedness Innovations (CEPI); and the WHO (Berkley). This composition of COVAX as an initiative that is inherently composed of much of the world's population through the participation of the WHO begs to question how any other program could be successful when one of such caliber already exists. Further, COVAX is beneficial to almost every country in the world in that it helps lower-income states afford the vaccines, provides a liaison for higher-income states without direct deals with vaccine manufacturers to access resources, and it also serves as an insurance policy for countries that have deals with vaccine manufacturers, that have yet to complete vaccine trials and may be unsuccessful (Berkley). This position of COVAX being truly beneficial to almost every country in the world makes it evident as to why the initiative is hopeful of success. Additionally, with the use of the COVAX initiative, more of the world's population will have access to the COVID-19 vaccines in the time immediately following their approval thus ending the pandemic faster (Berkley). When it comes to pandemics and highly communicable viruses, this is especially important, as no one is protected from the virus until we are all protected from the virus.

Chinese aid is the most prominent actor in the realm of bilateral aid and vaccine diplomacy. As the country that had the viral structure first, they were able to jump on the creation of vaccines well in advance of every other country attempting research and development (Cohen 1263).

However, this time in advance did not alter China's course with vaccine diplomacy, as their beginnings of vaccine diplomacy started around the same time as every other country's, the Fall of 2020. From the time of clinical trials, China was forced to send their vaccines overseas to test their efficacy due to the lack of community transmission of the virus domestically, sending them across Latin America and into the Middle East and North Africa (MENA) (Cohen 1264). Following successful trials, China began sending their vaccines abroad in the form of donations, as well as selling them to some countries. However, China's choice to facilitate the distribution of their vaccines on their own and not through a multilateral initiative, such as COVAX, stood in stark contrast to many other countries. This is increasingly more interesting when it is considered that China joined the COVAX initiative in October of 2020 (Cohen 1267). This choice is interesting in that it benefits China in two known ways: it works as an insurance policy to ensure that China will have vaccines regardless of the success of their own, and it is a diplomatic move, since many other global powers had not joined the COVAX initiative at the time (Cohen 1267). Thus, it can be seen that Chinese aid, although different from many other forms of aid seen from different countries at this time, is promising and strong in its own right; for some countries prefer to keep things simpler with bilateral cooperation, and others just prefer knowing who the source is single handedly, instead of it being a group of unanswered questions.

Whenever China is discussed in terms of foreign aid, the question always lies, well what about the other side of the table, in particular, the United States? When it comes to vaccine diplomacy, the United States has chosen the route of a lack thereof and adopted their age-old isolationist policies. The United States, using Operation Warp Speed under former President Trump, prioritized the vaccination of all people within the United States before even considering donating or selling doses of their vaccines overseas (Cohen 1263). This, however, changed as of mid-May with the announcement that the United States will be donating 60 million doses of the

AstraZeneca vaccine to Mexico and Canada, with an additional 20 million doses of Pfizer-BioNTech, Moderna, and Johnson & Johnson to be donated overseas by the end of June of 2021, with no countries or regions named as of late (Slotnik). This transition towards engaging in vaccine diplomacy by the United States is an improvement for the international community and pandemic management at large. However, this late start will likely not bode well for the United States' image on a global scale, as well as the initial attempts at pandemic mitigation through vaccination. This is not the first time we have seen vaccine distribution go awry on the way from the Global North to the Global South, and it will likely not be the last.

Vaccine Diplomacy in Africa at Large

Vaccine diplomacy in Africa has been of many discourses in recent years with the ongoing battles against yellow fever and malaria, as well as the more recent bout against Ebola. With the onset of the COVID-19 pandemic, the race to create all other vaccines seemed to come to a halt with the focus for the research and development of the vaccines against COVID-19 taking center stage. This also led to a race to buy vaccines, leaving the first batches of vaccines almost exclusively to be distributed across the Global North. However, some countries of the Global North eventually chose to pledge some of the vaccine doses that they had purchased to be donated to other countries, either through multilateral initiatives like COVAX, or through their individual attempts at vaccine diplomacy. Additionally, some multilateral unions and IGOs have been able to receive vaccine doses, through donations or purchases, in lieu of the hoarding by the Global North. Many countries across the African continent have and will continue to be on the receiving end of vaccines from the COVAX initiative. Further, the African Union has been able to secure doses of different vaccines in the hopes of not being left behind in that “Success will require collaboration between political leaders on the continent and those elsewhere, including the WHO,

Gavi, CEPI, regulatory agencies, implementing partners, donors and the private sector” (Nkengasong et al. 198). This statement, and countless more, by the African Union emphasizes the continental unity seen in the face of this period of adversity that will hopefully leave Africa in a better than predicted position.

Due to the diverse makeup of the African continent and the variation in the different country’s international relationships, how vaccine diplomacy manifests in different countries varies. The COVAX initiative is not completely universal in the continent, but it is a main method of vaccine acquisition for many countries of the continent. Likewise, purchasing and receiving vaccines from China is not the chosen method of all countries, but it is of many. Additionally, some countries have chosen to purchase Russia’s Sputnik V vaccine, but it is not as popular of a choice across the continent (Campbell). Of the 92 low- and middle-income countries in that world that have been deemed eligible as recipients of COVAX doses by Gavi and the WHO, 44 are in the African continent and include Senegal, the Gambia, Guinea, Guinea-Bissau, Mali, Côte d'Ivoire, among others in West Africa (“172 Countries...”). It can be clearly seen that participating in the COVAX initiative is a more ideal solution to many African countries than working on smaller scale bilateral or multilateral deals. COVAX’s promises of access and speed have created an enticing deal for many countries in Africa, but at what point is it too good to be true?

The Bottom Line: Goodwill, Soft-Power, or Neocolonial Intentions?

These attempts to gain access to vaccines sooner rather than later have been confronted by the Africa CDC. Although a trying question has been raised, does donating a life saving mechanism, such as the COVID-19 vaccines, create an inherent conflict of interest since lives cannot be repaid, thus making the implicit and explicit expectations inherently neocolonial? Even if vaccines are “donated” to a country with “no strings attached,” how can the receiving country

be certain that the donation is a genuine donation and will never come back to haunt them with unknown strings attached? There is no guarantee that it is possible, and it comes with many risks of opening doors up to another country merely in hopes of getting access to the vaccine in a timely manner, but consequently jeopardizing their autonomy and national security. Optimistically, it can be hoped that these extreme instances will not occur; but in a time as volatile and unpredictable as the time surrounding the COVID-19 pandemic has been, a little bit of certainty goes a long way, and a lack thereof is frightening.

With these considerations of COVID-19 vaccine diplomacy, vaccine purchasing, and a general understanding of the history of colonization on the African continent, it begs to be questioned, is the “donating” and purchasing of vaccines to be distributed across the African continent a move of goodwill, soft-power, or is it inherently neocolonial? Although the lack of consistency when it comes to the acquisition of the first doses of Sinopharm in Senegal increases the difficulty of definitively stating what the fact-of-the-matter is when it comes to the vaccines, this notion also speaks for itself. With the knowledge of China’s previously evident desires to yield control of the African continent coupled with the inconsistent answers on the first wave of the Sinopharm vaccines, and public knowledge that the second wave was indeed donated by China, it is alarmingly clear that something suspicious is happening. Whether these attempts by China unto Africa are merely attempts by the Chinese government with the goal of improving their image on a global scale, or if they are deeper goals rooted in neocolonial behavior is not evident at this time. However, considering the recent history of the Chinese government through aid and development in Africa, it seems that leaning on the side of neocolonial intentions would not be new.

Although China is often addressed as one of the biggest countries on the global scale that is seemingly attempting to gain neocolonial influences in Africa, they are not alone in this endeavor. Despite the COVAX initiative being a multilateral initiative with no individual donating

country yielding the benefits exclusively, it still has many similar undertones. The COVAX initiative brings in the same question of potential strings attached and risks of loss of autonomy or detrimental impacts to national security. However, with both the COVAX initiative, as well as Chinese vaccine diplomacy, it seems that although one specific motive for donating vaccines cannot be deduced and deemed the sole motivator, it is clear that all of these motives are motivating the programs to move forward. It is clear due to the choice of many to vaccinate their own populations first, that goodwill is not at the forefront of their minds when it comes to donating supplies, but it is something that motivates the programs to subsist, thus holding some importance. Soft-power is a motive in many good-leaning acts on the global stage, and is clearly a motive with the COVID-19 vaccine diplomacy, although the degree of success is yet to be determined. Finally, neocolonial tendencies are the stronger relative to soft-power and are evident in the questions left unanswered by all players in the distribution and acquisition of the vaccines. What is said speaks for itself, but what is left unsaid speaks volumes and lives on above the rest.

Statement of Limitations

The limitations of researching anything in the time of the COVID-19 pandemic include limited accessibility to interviewing individuals, a lack of access to various resources that may otherwise be available in Senegal, and an overall lack of literature on the topic, as it is a new one. The primary goal of this project is to achieve an improved understanding of the true implications of the distribution of the COVID-19 vaccine across the Global South, through the lense of vaccine diplomacy in West Africa. Additionally, this research will provide a new perspective in the understanding of the distribution of this potential course altering vaccine, and what it may mean in the future. Further, this research is of ample importance in the current state of the world, as it is highly relevant to one of the current challenges facing the population, that of distributing the vaccine, as well as the overwhelming and long process of actual decolonization. By understanding the decolonial context of this issue, as well as the potentially neocolonial methods, this research is an important addition to the current discourses surrounding the COVID-19 vaccine distribution.

Conclusion & Further Questions

Although the true intentions of any country engaging in vaccine diplomacy, be it as a bilateral agreement or through a multilateral initiative, cannot be fully understood without published and absolute transparency, the trends indicate that all efforts of vaccine diplomacy are rooted in goodwill, soft-power, and neocolonial pursuits. The mere choice to engage in vaccine diplomacy requires a degree of goodwill, but the individual paths chosen emphasize different countries and powers' desires to utilize soft-power or engage in neocolonial actions. Thus it can be seen that all of these motives have merit in the actions of vaccine diplomacy when it comes to COVID-19 vaccines. At this time, the published and agreed upon information on the various forms of vaccine diplomacy emphasize the common desires of all of the donating countries to do one thing, improve their image on a global scale. This is true for many countries, China and those donating through COVAX, as well as different companies that are producing vaccines and have dubious histories in particular countries, many of which happen to be in Africa. Despite no decisive conclusions being made, as the vaccines continue to roll-out and are distributed in various countries through different programs, all aforementioned information will continue to evolve.

Ultimately, inconsistent and contradictory information in the literature and coming directly from sources within the industries has led to a lack of conclusive evidence, but has given rise to countless more questions, including but not limited to:

- Will vaccine diplomacy ramp up in the coming months to create an “arms race” between China and the US, and potentially additional players?
- Would COVAX be more effective if they considered using more vaccines?
- What known biases exist with the WHO and their vaccine approval process?
- How has the lack of transparency on all fronts impacted trust within various sectors, in Senegal and beyond?

- How has this lack of transparency also impacted the public's confidence and trust in their governments and medical fields?
- How has the pandemic shaped the future of public health?

With these questions in mind, and considering countless others, the future conclusions to be drawn will provide immense clarity on the subject and will ultimately decide, is the distribution of COVID-19 vaccines through programs of vaccine diplomacy primarily an act of goodwill, soft-power, or is it inherently neocolonial?

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Appendix A: Excerpted Transcriptions

Name of Respondent: Dr. Ousseynou Badiane

Title: Chef de la Division Immunisation & Coordinator of Vaccine Program

Interview Date and Time: Tuesday, May 4, 2021 at 11h30

Length of Interview Audio: 17 minutes 50 seconds

MaryCate: “First, how do you feel about the COVID-19 vaccines? Are you confident in their efficacy? Do you have concerns about the vaccines?” (0:45)

Dr. Badiane : « Les vaccinations anti-COVID ah, donc le Sénégal a démarré sa campagne des vaccinations depuis le mois de février pour rappeler que le Sénégal fait partie l’initiative COVAX et aussi il acquit avoir des vaccinés aussi par la coopération bilatérale [inaudible 1:07]. Donc, on a débuté avec la première dose de vaccin qui vient du Chine avec le Sinopharm et après on a reçu de l’initiative COVAX et aussi un don de l’ADN et aussi de l’Union Africain. C’était le vaccin qui vient d’Afrique du Sud. Donc, on a commencé depuis le mois de février. Donc on a administré pratiquement la totalité des doses de Sinopharm. Et à quelle temps, pratiquement puis de 85% des doses d’AstraZeneca étaient administrées. C’est ce qui fait qu’on a appris 84,000 personnes qui ont déjà reçu la première dose du vaccin. Donc la campagne c’est [inaudible 1:54] normalement mais il y a quand même quelques difficultés. C’est vrai qu’il y avait un grand temps donc y avait vraiment un échantillon presque quasi totale de la population. Mais avec la polémique au tous les vaccins AstraZeneca il y a t-il comme même des hésitations comme fait comme des vaccinations à beaucoup blessés et c’est aussi ajoute le mois de Ramadan. Beaucoup de personnes ne préfèrent pas recevoir le vaccin. Donc je pense que pour tous il y a une partie vraiment négative de la polémique au tous les vaccins, AstraZeneca n'est pas un rapport. Il y a beaucoup de personnes qui étaient déjà volontaires pour se faire vacciner et changer sa vie. Mais plus en plus maintenant des gens a de région les gens au même on a pratiquement le vaccin. On a du Dakar, du Saint-Louis un peu, et du Thies. Et des autres régions qui on a vacciné un plus mois. C’est qu’on est en train de faire actuellement des vaccins à partir des autres régions là où il n’y a pas les vaccins. On a de temps de temps pour vacciner à l’avenir les autres régions et vacciner correctement. » (3:16)

MaryCate: “Have you personally been vaccinated?” (3:23)

Dr. Badiane : « Yes, I was on the first day. I got it the first day. Parce qu’en fait les autorités et des personnes ont reçu ses vaccins pour donner l’exemple. C’était un acte de confiance. Mais aussi dans la première phase, c’était les personnels de santé qui étaient ciblés. Je me suis fait vacciner le premier jour. » (3:41)

MaryCate: “Did you get AstraZeneca or Sinopharm? Which vaccine” (3:50)

Dr. Badiane : « Pour les officiels, on a reçu le Sinopharm parce que c’était le seule vaccin, c’était avant les vaccins de COVAX. » (4:15)

MaryCate: “AstraZeneca was through the COVAX initiative, is my understanding. Did Senegal receive AstraZeneca exclusively through the COVAX initiative, or was it donated, purchased?” (4:31)

Dr. Badiane : « On a dit plusieurs dose de vaccins. On a eu le vaccin chinois, Sinopharm c’est là t’as qui a acheté. L’initiative COVAX ils ont donné 380,000 doses d’AstraZeneca. Et l’ADN qu’ils ont donné 25,000 doses et l’Union Africain aussi ils ont donné 82,000 doses. Donc c’est quatre sources actuellement de vaccins. » (5:06)

MaryCate: “Was Senegal’s choice to join the COVAX initiative an obvious one? Or was there any resistance within the government that you know of?” (5:25)

Dr. Badiane : « Oui c’était logical. Les gens adoraient totalement les vaccinations mais après quelques difficultés et la polémique sur le vaccin AstraZeneca, c’était un peu différent. Aussi le mois de Ramadan, mais pour rejoindre, c’était clair. » (6:03)

MaryCate: “Do you know, in Senegal, if there are any vaccine manufacturers or countries of origin that patients, or people getting it, tend to want or have a more favorable view of, prefer?” (6:25)

Dr. Badiane: “Speak slowly.” (6:40)

MaryCate: “So, in Senegal are there any vaccine manufacturers that patients tend to have a less favorable view of? Like in Nigeria, there are cases of people not wanting something from Pfizer because they have a bad history with Pfizer. In other countries, people don’t want Chinese products because of other things.” (7:15)

Dr. Badiane : « Non, au Sénégal il n’y a pas un affixation dans le producteur de vaccin. Parce qu’on a des vaccinations normales partout. Mais même comme le vaccin d’AstraZeneca, les gens ne veulent pas ce vaccin après beaucoup de pays développés ont dû polémique. C’est tout de la sécurité du vaccin. Ce n’est pas un rapport d’un pays ou le rapport d’un producteur. Mais on a combien de deux vaccins, il y avait le Sinopharm et AstraZeneca. Il y a des personnes qui préfèrent le Sinopharm. C’est pas parce que c’est chinois. Mais c’est parce qu’il y a deux possibilités, ce n’est pas le producteur ou le pays. Souvent les gens veulent juste le vaccin le plus efficace. » (8:13)

MaryCate: “How was personal protective equipment (PPE) — masks, gloves, face shields, all of that — acquired from March of 2020 through now? Was there a steady supply of PPE within Senegal already? Was it purchased from overseas, donated from a specific country, manufactured here, etc.?” (8:40)

Dr. Badiane : « Pour les équipements de protections, ce n’est pas un ligne directement. Il y a des groupes opérationnels — COS. C’était comme les vaccins qui viennent de plusieurs sources. On a

acheté, donné, donc le Chine a fait donner, le Maroc, des bonnes volontaires aussi. Acheter, donner, tout. La puis de partenaires comme la Banque Mondiale il y a aussi les organisations et les coopérations bilatérales de pays. C'est vraiment pas du tout. Il y a qu'on fait comme la même quantité assez de recevoir de protection. » (9:28)

MaryCate: "How was the public response to the rules and regulations throughout the pandemic? Were they followed, did people actually care, do you think it made a difference to have the rules? Comment le public a-t-il réagi aux diverses règles et réglementations tout au long de la pandémie ? Les règles et règlements ont-ils été suivis ou largement défiés ?" (10:10)

Dr. Badiane : « Non, mais c'est comme tous les pays, donc voilà ! Les gens quand il y a des motifs respectifs pour s'il n'y a pas de policiers, les gens ne respectent pas de porter des masques. C'est comme ça, si ce n'est pas respecter et verbaliser, c'est juste comme ça. Au première vague c'était un peu respecté pour porter des masques, mais les gens sont devenus fatigués et ne portent pas les masques après ça. » (11:05)

MaryCate : « C'était comme ça au début ? » (11:08)

Dr. Badiane : « Non, au début il y avait des phases. Y a-t-il du moment quand on avait porté des masques obligatoires. Si tu ne portais pas une masque, tu payais. Donc les gens étaient obligés, c'était obligatoire de garder. C'était obligatoire au public, au transport, etc. Et les gens suivaient pour la sécurité et c'était vrai. Au même temps si vous ne voulez pas porter, c'était obligé de le porter. Au première vague, les gens suivaient. Mais en été, les gens étaient fatigués et s'arrêtaient. » (11:50)

MaryCate : « Selon vous, quels sont les facteurs qui ont le plus contribué à ce que le Sénégal ait un faible taux de transmission communautaire pendant la majeure partie de la pandémie, en particulier en 2021, alors que de nombreux pays connaissent leur « troisième vague » ? » (12:20)

Dr. Badiane : « Bon, le façon n'y a pas quelques choses spécifiques étaient fait au Sénégal. Je pense que c'est comme au Sud région. Donc, la situation au Sénégal était comme la situation dans tous les pays. Il y a des efforts dans la rue, et beaucoup de choses qui expliquent des facteurs majeurs. La population est très jeune donc peut-être que l'infection est très élevée. Parce que les différences, selon moi, est la pyramide d'âge. On a une population jeune, ce n'est pas âgé. Donc ici, c'est possible que les infections soient plus évidentes, mais ce n'est pas sans fautes. Donc si toutes les populations du monde sont jeunes et asymptomatiques, ce n'est pas éliminé, mais ce n'est pas la même. Donc le COVID existe, mais ce n'est pas la même impacte au monde. Moi, je pense que l'âge est le plus important facteur. Il y a d'autres facteurs, mais les conditions sont différentes. Y aussi en Afrique il y a de polémique de santé et il y a des problèmes différents que les pays développés. C'est un facteur extraordinaire. » (14:07)

MaryCate : « Pensez-vous que l'initiative COVAX sera en mesure de distribuer les vaccins assez rapidement pour mettre fin efficacement à la pandémie ? » (14:23)

Dr. Badiane : « Ouais, mais bon actuellement même de la distribution est garantie parce que nous avons les doses mais qui sont en retard pour verser. Parce que l'Inde est le principal producteur pour COVAX et tous les pays Africains. Actuellement, l'Inde n'exporte pas les vaccins parce qu'il veut les distribuer chez eux. Donc COVAX sera distribué des vaccins mais en retard, cette distribution. Et ce n'est pas parfait, c'est une partie négative de l'initiative. » (14:55)

MaryCate : « Et comme ça, avez-vous davantage confiance dans la capacité de l'initiative COVAX, en tant qu'initiative multilatérale, ou dans la « diplomatie du vaccin » de chaque pays à mettre fin à la pandémie ? » (15:13)

Dr. Badiane : « Parce qu'en fait COVAX... moi, je pense que c'est bien organisé et c'est une groupe qui est prêt commande et bonne pour financier une idée très importante et poser plus que les pays également. C'est plus facile pour avoir des vaccins pour les pays en développement. » (15:40)

MaryCate : « Est-ce que vous croyez que la « diplomatie vaccinale » est uniquement basée sur la bonne volonté, ou s'agit-il d'un néocolonialisme voilé, oui comme ça ? » (15:56)

Dr. Badiane : « Comme les vaccins sont une routine. Parce que les pays veulent que l'égalité est pratiquement le même mécanisme pour tous. Du financement COVAX, des pays, tous. Parce que c'est la même organiser de la vaccinations nationale et pour les vaccins. Je pense que ce n'est pas quelque chose de mal, c'est bien. Je pense que les pays, comme la Chine, pour la diplomatie vaccinale... ça c'est vraiment spécial... Il utilise la puissance soft douce. Mais je pense que pour l'initiative COVAX est juste une organisation mondiale de la santé, c'est comme le WHO, l'UNICEF, et tous qui facilitent un monde équitable comme les Nations Unis. » (16:53)

MaryCate : « Au Sénégal, l'aide multilatérale, l'aide française ou l'aide chinoise — comme des programmes des vaccins et tous comme ça — sont-elles considérées comme les plus préférables ? » (17:08)

Dr. Badiane : « J'en pas compris. » (17:12)

MaryCate : « L'aide multilatérale, l'aide française, l'aide chinoise... » (17:22)

Dr. Badiane : « Ici on utilise deux mécanismes, COVAX et l'aide bilatéral aussi. On n'est pas fermé aux options, mais on les utilise tous pour ça. » (17:40)

MaryCate : « Okay, c'était la dernière question. Merci à vous ! » (17:50)

Name of Respondent: Professor Moussa Seydi

Title: Chef du Service des Maladies Infectieuses et Tropicales de l'Hôpital Fann

Interview Date and Time: Tuesday, May 4, 2021 at 16h00

Length of Interview Audio: 33 minutes 14 seconds

MaryCate: "So, I read that there was some controversy with people claiming that AstraZeneca and Sinopharm vaccines were donated or purchased. People were kind of disagreeing on how they were actually acquired, so can just clarify? Like AstraZeneca, was it from COVAX only?" (0:40)

Professor Seydi: "Yes, what I know from the media, like you, is that AstraZeneca is from COVAX. Sinopharm was bought by Senegal, but I have heard people say that isn't true, but I can't know that." (1:04)

MaryCate: "It seems that people are disagreeing on it." (1:10)

Professor Seydi: "Yes, on the [inter]net, you can see that. Because I read also that the Minister of Health put a treat after debating. You know, some kind of behavior. Politicians are politicians." (1:28)

MaryCate: "Finding the truth to that is not easy. Did you experience or see any resistance within the government or in the political side of joining COVAX or was..." (1:45)

Professor Seydi: "Did I experience what?" (1:48)

MaryCate: "Did you see any resistance within the government or political sector over joining COVAX or was it an obvious choice?" (1:55)

Professor Seydi: "No, no, there was not any resistance. They all agreed on that. But it was only the President who was the first that [said] we cannot wait on COVAX, we have to try to find other ways to get other vaccines. We need several types of vaccines, not only one." (2:18)

MaryCate: "Yes, that's very important. With that, are there certain vaccine manufacturers or countries that patients tend to want more or less. Like Pfizer has a bad reputation in Nigeria because of [previous] trials. Are there some that people don't trust [in Senegal]? For instance, are there people that do not want Sinopharm because it came from China?" (2:42)

Professor Seydi: "I'm not sure that I understand your question. Like people are not going to trust it because of the origin of the vaccine?" (2:48)

MaryCate: "Yes." (2:49)

Professor Seydi: “No, we don’t have this sort of problem here. What is very surprising, really, is that most Senegalese people called me and preferred Sinopharm to AstraZeneca, even if it is from China. I don’t know why. Some people, I had to convince them that they can use both. All of the vaccines that are in the market can be used.” (3:28)

MaryCate: “Wow, that’s good. They’re all good, people need to get what they can.” (3:30)

Professor Seydi: “About the efficacy, I tell them also that we have the studies, but by scaling up in the country, you [will start to] see the real efficacy. I know that the clinical trials are really good, but by experiencing that you will see what we have found. For example, Israel found better results by scaling up than what the trials said; 97 percent, in the study, it was 95 percent. For Sinopharm also, if you go to the United Arab Emirates, they had 85 percent efficacy, but in the trial it was 79 percent. But in Brazil, they had less than what the clinical trials found. But, we don’t have this kind of problem here. If the vaccines come here, it is not because it is coming from France it is good and China it is not good, no. I did not see this. Even some French people that I know here, who did not want to take AstraZeneca, they wanted to take Sinopharm. I told them that we do not have Sinopharm. I really had to convince them because they were ready to go to Spain or France to take Pfizer or other kinds of vaccines there. They did not want to [spend the time] their. I told them no, you have to wait three weeks or four weeks.” (6:04)

MaryCate: “Yeah, it’s not easy. In France for AstraZeneca, you have to be 55 or older now to get it. They aren’t giving it to younger people.” (6:15)

Professor Seydi: “Yeah, 55 years and Johnson & Johnson, you [need to be] 30 years old I think.” (6:22)

MaryCate: “Yeah, I can’t get most of them. How was personal protective equipment — masks, face shields, PPE in general — acquired from March of 2020 through now? Was there a steady supply here beyond just the medical industry, was it purchased, donated? Was PPE donated from other countries? I read that China donated some in many countries in Africa.” (6:58)

Professor Seydi: “That kind of information, the Ministry has good information. I am not aware of that. I do not really know. I only know that there are some tissue masks in the country and we had to order some masks. Some rich person donated more than 300,000 to me. I gave them to all of my staff. But if other countries donated to us, I do not know.” (7:48)

MaryCate: “What factors do you personally believe contributed most to Senegal having a low-rate of community transmission? From the beginning and in the first wave, but also now as a lot of countries are in their third wave and [transmission] is still low here. What do you think is causing that?” (8:11)

Professor Seydi: “For me, the first factor is the response. At the beginning, we had a strong political decision and we didn’t have local transmission. It was logical to take strong measures like curfew, forbidding mass gatherings, shutting schools and universities, all those kinds of measures. Second, we did everything to go very fast since at the beginning we had only 12 beds in Senegal. Very quickly, we did what we [could] to increase the number of available beds. Even at the beginning, I sent some of my colleagues to open other treatment centers in [inaudible 9:25], in Touba, and in [inaudible 9:29]. We were the only people who were able to be in charge of the patients. We trained a lot of people in three days by using what we call immersion and coaching. They had to come into our clinic and stay for three days to see how we were taking care of the patients and if they went to their side they could call us any time if they needed advice. We organized in a way that we responded very very quickly. I think that it’s the most important factor. But in the second wave, since we have local transmission everywhere, it is not necessary, for example to take very strong measures. For example, if you shut the university, people are going to have the disease within the community. Only to explain why the first decision can be good for the first wave, but not really for the second wave. But for the second wave, we did not behave as well as we were supposed to do. For example, the Ministry of Health waited four weeks before reopening the first treatment center. I told that to them in a journal in the news and during a lecture in a conference, they waited, they didn’t react quickly in the second wave. They waited, we had unity in the first wave, everyone was saying the same things, they agreed on [everything]. But in the second wave, they were very divided. Some people agreed on the curfew, the others were not agreeing. All of the leaders accepted at the beginning to stop mass gatherings for religious reasons. In the second, some people were saying religious ceremonies [were okay]. They changed also the procedures. At the beginning we had COUS (Centres des Opérations d’Urgence Sanitaires) who were in charge of some of the operational levels. But they changed it, they gave it to the Director of Prevention. They changed all of the procedures without telling anyone. It was confusing for weeks, without knowing exactly what to do and how to do it. Our behavior helped us a lot for the first wave. Also, our behavior was a big concern, for me, for the second wave. Even if we can accept that there are other factors, like the youth of the population. A lot of them can have COVID without symptoms. We don’t have a very big number of cases like in the US. We don’t have that. The population is very young, they don’t have symptoms but they can have COVID without any symptoms. I also think that this is an important factor. But I can’t tell that the climate is very important. Because in the first wave we had the peak in a hot season, and I know even in [the] US you had a lot of cases. I don’t know. Even if there is a chance, according to the climate, I can’t tell it clearly. Other people think that maybe it’s because Black people are more resistant. But in the US, that is not the case. I don’t think it’s reliable. For me it was the organization, we were very quick in our response, we were very organized, we were united, all of the people were doing the same thing, all of the people were following the advice. But now, they don’t want to follow, they are fighting against the advice. The human behavior is very important.” (14:50)

MaryCate: “Do you think that the way that the pandemic response ended up happening here right now will help for future pandemics, or do you think that all of the viruses are just their own?” (15:02)

Professor Seydi: “No, it will help. I want to take into account the experience. Our experience with the Ebola epidemic/outbreak was very very helpful in managing cases in Senegal. My team was also in Guinea and Liberia to help them take care of it. That helped us a lot. It was also one of the elements that helped us to succeed during the first wave. Now if you want to do things right, if we happen to have a third wave, we can take into account our failures and our successes to see what we can do better.” (16:00)

MaryCate: “Do you think that the COVAX initiative and other vaccine acquiring methods will be able to distribute vaccines quickly enough to end the pandemic, or do you think that it will be a long process, especially within the countries that are having more difficulties?” (16:24)

Professor Seydi: “Yes, they can distribute it very quickly, it is possible. They used to do that. In less than one week they would have the vaccines everywhere in the country. But there are some decisions, not depending on the Director, but depending on the Ministry. For example, at the beginning, they said loudly that it was not them who said we should only use the Internet to take appointments, it was a very big mistake in Senegal. You have to use the Internet, but also people can show up and get vaccinated. I think that if they let the specialists and technicians do their jobs, it is not complicated. It is very easy for them to vaccinate all of the Senegalese people in just one month. I know that it is possible, the system is here. In two days they could have the vaccine everywhere, in 2 days. The country is not so big, it’s not like the US, it’s not so big. They can do it.” (18:08)

MaryCate: “It’s a matter of want. With that, do you believe that the access, or lack thereof, if they just don’t even come, to the vaccine could leave countries of the Global South further behind? Especially with Senegal, but also neighboring countries? Economically, developmentally, etc., is it going to get worse?” (18:33)

Professor Seydi: “Yes, we have to do that. We have to do that, it’s mandatory. How can you protect Senegal if [the] Gambia is not protected? Even if you are very protected in the US, in Israel, everywhere, if you leave Africa without vaccines, one day we are going to have a variant, a very very serious variant. And we are going to go there with that. Why do we have CDC everywhere? Because we know that a disease here in Senegal can come and find you in California and spread in California. This is from China, and it’s everywhere in the world. If you don’t have solidarity between us, we are all going to survive together or die together, that’s the truth. I know that every country has to do a lot of effort but the country that has more money, more means, more vaccines, has to help other countries. Senegal has to help other countries. It’s mandatory.” (20:30)

MaryCate: “That’s right now. India is one of the biggest producers of a lot of the vaccines, just manufacturing. But they’re going through a terrible second wave right now. That could be detrimental.” (20:44)

Professor Seydi: “That’s not surprising. I already told you that the human behavior is very important in that part. The human behavior [is] going to drive you to success or a very big failure. You know, in India, they are talking about the variant but we don’t know. They are doing religious celebrations, very big gatherings, without hygiene, and they have a lack of oxygen. What people saw there is terrible, even if you ask people to vaccinate. They are producing vaccines, but people don’t get the vaccine because they don’t have access to the vaccine. People don’t follow the advice, the healthcare accommodations. Before vaccinating them, the virus is going to [spread] more quickly than the vaccines. You have to put all [of it] together. For me it’s that the [inaudible 22:09] human behavior is going to drive us to success or not. Yes. Even in Senegal we don’t know what will happen if people don’t accept to be vaccinated or not. At the beginning, they accepted. I knew several people that wanted to be vaccinated but they couldn’t get the vaccine. But now people are talking about resisting, I don’t know.” (22:45)

MaryCate: “From the past year, from the pandemic overall, what do you think that the biggest lesson is for pandemic response, but also just healthcare in general?” (22:59)

Professor Seydi: “Big, difficult question.” (23:02)

MaryCate: “Yes, but you’re qualified!” (23:05)

Professor Seydi: “For me, the biggest lesson is [to] invest in early detection. Early detection of viruses. If you do that, early detection and early reports [are] required, if you do that very quickly and very early, you can avoid a lot of pandemics in the world. In Senegal, we have a surveillance system, and the system is good. Sometimes it detects one Yellow Fever case. It can do that. We have one case and we have a quick response. They can vaccinate 300,000 people very quickly, no problem. But if you can’t detect the disease very quickly, you have Touba, you have [inaudible 24:29], you have other kinds of mass gatherings, and the infected person goes there, you have a very big outbreak. For me, the biggest lesson is the quick detection and the quick response. In the world, if you do that, you can prepare a system that can prevent us [from] having other kinds of pandemics like that. [The] WHO did a very good job, but we didn’t follow. They were very slow. They were lazy. For me, it is the biggest loss. You know, every year, we have the fever here, but the clinics alert and the Ministry of Health responds very quickly, and Alhamdulillah, up until now, we have few cases. We have a lot of lessons, but it's the biggest one. To avoid, to invest, even billions and billions of dollars, to detect earlier and to kill the pandemic at the beginning. For me, it’s very important. C’est pas un [inaudible 23:51]. C’est quoi, pandémie si on investit milliards de dollars, si on crée un système solide avec le surveillance bonne, c’est direct et ça va éliminer la pandémie. And I think that it is very very helpful. And even with Zika, Zika for example. Before the outbreak in Brazil, Senegal, more than 20 years ago, used to have some cases of Zika here. If you go to the Ministry in Dakar, they are doing surveillance with the Ministry of Health. They detect it. That’s why even in Brazil they called Senegal to go there to help them understand some things about Zika and its surveillance. Sometimes we are taking samples to check for the virus.

There are new viruses appearing, and we are identifying them. If a new one is identified, we can respond to it quickly.” (27:08)

MaryCate: “That’s efficient.” (27:10)

Professor Seydi: “It’s like every system, you need to have a surveillance of your country. You do everything so that another country cannot invade yours. They’re the biggest ones.” (27:28)

MaryCate: “That’s important though. It’s more beneficial to individual people with health instead of the military. We benefit more. And with this center and your foundation, what are your goals, what do you see in the next five years?” (27:55)

Professor Seydi: “Yes, you know, I am always going to try to develop what I am doing here, and to build it better and better and better. For example, I am going to try to have a certification. Any public health center should have it in Senegal, they even don’t try to have it. But we are going to try and have the certification ESO, for the entire building, for the [inaudible 28:44], for the intensive care unit. It is not only trying to build the things, but trying to do things better. If you have a big, nice building without taking care of the patients, it’s not important. My view is very simple. I wanted to do my job as good as possible. I want to do things in a very perfect way, even if it is only God on my side. In five years, I am going to — if you come here, you are going to find other extensions here. It’s my wish, it is what I wish to have. You are going to find people respecting all of the patients inside the center. I wanted to do that and not to be blocked by a system, that’s why I want to try to have the foundation. Because I know that the politicians are developing the country. Since they are developing the country, they are doing very good things, but the truth is that some of them don’t mind what we are doing here. They only care about their interests. That means that you can have a director here that blocks your activities. You can have a Minister of Health who can block your activities, all of those people. That is why I am working on the foundation. It was not me who had to go and try to find money. It was done properly. It is me who wants to build a foundation. But you know, for me, you have to be resilient. I have [been] in every situation. Even in bad situations, bad conditions, you have to try and do your job well. Not only to tell politicians that are doing these things, no. Even if it is a war, you have to proceed to do your job well. Yes, I am working like it is my own house. In a few years I am going to be retired, and I have the foundation and it is going to support it. Even if I am not here, Inshallah, all will be fine. But, if I don’t have the foundation, I [would be] asking the President to support me. If the President is not here in five years or ten years, I don’t know. I’m not sure if the person here is going to have the same relationship that I have with the former President. I’m not sure if you understand what I am saying.” (31:39)

MaryCate: “Yes.” (31:41)

Professor Seydi: “It’s my objective, it’s my vision. To do things always well and right. Not for other people, but for me. I am comfortable working like that.” (32:01)

MaryCate: “It sounds like in the past you dealt with a lot of bureaucracy and people trying to corrupt you, and you got through it and are going to end up on the better side. Which is impressive.” (32:16)

Professor Seydi: “I have my principles, I am keeping my principles. But I am not criticizing other people. I am very open. Every person has their own principles. Politicians think that politics is the better way. I respect his opinion, but it is not my opinion. And I am a scientist, so I do not need to do [other] things. I am comfortable with what I am doing, taking care of patients, doing research, teaching, medicine. It’s my passion. I don’t need anything else.” (33:12)

MaryCate: “That’s my last question, thank you.” (33:14)

Name of Respondent: Dr. Abou Sy

Title: Psychiatrist & Coordonnateur National de la Cellule Psychosociale

Interview Date and Time: Thursday, May 6, 2021 at 11h45

Length of Interview Audio: 20 minutes 35 seconds

MaryCate : « Okay, je vais commencer. Est-ce que vous pensez aux vaccins COVID-19 ? Est-ce que vous avez confiance en leur efficacité ou vous avez des inquiétudes concernant les vaccins ? » (0:24)

Dr. Sy : « Bon, pour le vaccin, moi — personnellement, j'ai inquiète confiance pour vaccin. Parce qu'on parle des maladies virales, des maladies infectieuses, et pour la plupart des maladies infectieuses, on était la situation était améliorée avec un vaccin. Donc, j'ai confiance aux vaccins, spécifiquement dans la [inaudible 1:03] j'ai beaucoup de confiance en ce vaccin parce que c'est un vaccin qui a amené beaucoup de choses. Mais si après j'ai compris de réserver parce qu'effectivement, dans le temps du COVID, le COVID est une maladie qui du point de vu du delay. Donc à la découverte du vaccin, c'était assez cool, donc c'est qui peut quelquefois préparer efficacement parce que classiquement c'était beaucoup plus long. Mais ça aussi c'est aussi avec beaucoup d'ajustements et beaucoup de recherche et la façon... De part aussi j'ai une deuxième réserve, c'est juste la technique utilisée, la technique du messenger. Donc qu'était une nouvelle technique donc qui n'est pas très très développée, n'est pas très utilisée. Donc, ça aussi un inquiète pour moi, mais ce n'arrête pas pour recevoir. J'ai confiance aux vaccins parce que moi, j'étais vacciné. » (2:20)

MaryCate : « Quel vaccin avez-vous reçu ? » (2:24)

Dr. Sy : « Le vaccin chinois, le Sinopharm. » (2:29)

MaryCate : « Et, comment la majorité de vos patients perçoit-elle les vaccins COVID-19 ? Si vous connaissez... » (2:34)

Dr. Sy : « C'est vrai que les gens qui ne sont pas de médecins, les personnels de santé. De même, il y a beaucoup de personnes qui réservent pour le vaccin parce que le développement était super rapide, beaucoup de rumeurs, beaucoup de fausses informations. Qu'il faut que les gens soient résistants pour le vaccin. Donc, globalement, je pense que dans la population, les gens sont beaucoup plus, un plus de réserves pour le vaccin. Mais la plupart, ils vont accepter. Il y a plus de gens qui refusent le vaccin au monde que la population du Sénégal. » (3:25)

MaryCate : « Pour ça, y'a-t-il des vaccins spécifiques, outre les vaccins COVID-19, que les patients ont tendance à rejeter ou à éviter ? » (3:35)

Dr. Sy : « Il faut ça va qu'en Afrique, pas seulement au Sénégal, y'a eu toujours d'après les vaccins. Parce que y'a toujours, c'est des rumeurs, des fausses informations comme ça que les vaccins vont

contrôler la population mondiale. C'est des gens qui pensent que l'Afrique est plus [inaudible 3:59]. Il y a plus de rumeurs que ce qu'ils font qu'augmenter. La crainte de nos professionnels de la santé, et qui va la plusieurs avoir à tout sympa. Ça c'est spécifique pour le COVID. Y'a tous les vaccins qui sont distribués au Sénégal, et au début c'est un problème. Et même pour de l'âge, quelques fois les vaccins sont utilisés pour quelques années dans les gens et c'est utilisé la même quelques fois. Il y a une partie de la population qui refuse en Afrique après quelques années. On va vacciner les enfants et aux écoles coranique, ils sont refuser de faire vacciner les enfants parce que voilà. C'est une crainte du vaccin. Donc globalement, je pense que c'est un problème de perception des vaccins ici. » (5:04)

MaryCate : « Et pour les vaccins de COVID-19, les patients ont-ils demandé spécifiquement un vaccin pour un fabricant ou un pays ou un autre ? » (5:19)

Dr. Sy : « Y'a y dans la population y de sept échanges. Au début, les gens n'ont pas de vaccin. Et quand la première était ici, le vaccin, le Sinopharm qui vient de Chine, et les gens, la population, ils disaient non, il faut que les autorités et les médecins vont commencer avec le vacciner. Donc du cours les médecins et les autorités ont commencé à se vacciner et beaucoup des secondaires. Donc aujourd'hui les autres ont [été] vaccinés. Malheureusement, la quantité qui était dispensable du vaccin Sinopharm n'était pas très très importante, c'était une quantité qui était restée, c'était 400.000 doses et 380.000 qui était réservés aux personnels de santé et à quelques autorités. Après quand le vaccin d'AstraZeneca, certaines Sénégalaises ont accepté de vacciner parce que quelques [inaudible 6:38] ont vacciné. Mais certaines ne veulent pas vacciner en avance les idées de maintenant et ils veulent le vaccin de la Chine est beaucoup plus sûres. Mais, parce qu'on avait plus. Donc certains ont reçu le vaccin mais ont un peu refusé le vaccin d'AstraZeneca. Et aujourd'hui on a déjà amené ordre nouveau vaccin et ils allaient économiser AstraZeneca on a plus parce que maintenant AstraZeneca ou plus de vaccins. Il y a une certaine logique d'acceptation ou pas de la population pour refuser. Je pense que c'est psychologiquement s'on comprend. » (7:28)

MaryCate : « Et vous pensez que des gens qui refusent le vaccin d'AstraZeneca c'est parce qu'on connaît qu'il y a beaucoup de problèmes et beaucoup de pays en Europe et aussi aux États-Unis n'utilisent pas le vaccin ou c'est pour les autres raisons ? » (7:51)

Dr. Sy : « Donc au début on n'avait beaucoup d'information. Donc les gens commencent avec [inaudible 7:58]. Je pense que ça a éliminé la peur de la population. Mais il faut aussi qu'il y ait des gens qui réfractaire, y a des gens qui à moins du tout. Okay ? Il y a des gens qui acceptent de faire les vaccins et il y a des gens qui était indécis, qu'ils ne sait pas. Je pense que pour les gens qui a réfractaire en faire et les gens qui accept et se prendre le vaccin, c'était même que les gens [inaudible 8:34] on y va, on y va. Je pense que c'était l'information est c'était comme ça. Parce que, malheureusement, c'est la plus grande partie de la population. Et que les fausses informations créent les rumeurs et plus fausses informations, à partir entraîner de sens en population là. Mais moi, aujourd'hui, je pense que le [inaudible 9:00] des gens veulent le vaccin. C'est pas spécifiquement pour un vaccin, mais c'est l'idée, c'est le concept du vaccination. C'est pas un

problème si le vaccin est chinois, c'est un français vaccin, c'est un américain vaccin, mais le concept du vaccin. Il y a des gens qui sont contre le concept de vaccination. Et ça, c'est pas nouveau, c'est pas nouveau. Et donc c'est gens là, malheureusement, ils vont tout faire pour la alimenter des rumeurs pour ce que dire d'argent d' hier, de financer, tout le monde sait que c'est du financier. Donc, mais là aujourd'hui pour moi, c'est claire la question quand tu as te poser, qu'est-ce qu'on qu'en a se vacciner et qu'est-ce qu'on fait en si ne vaccine pas ? » (9:54)

MaryCate : « Et, y'a-t-il eu un changement majeur dans le nombre de patients dans les hôpitaux au cours de l'année dernière ? » (10:06)

Dr. Sy : « Oui, oui. Y'a eu une phase où les activités étaient vraiment en bas et là on a utilisé des activités au nouveaux des autres temps. » (10:20)

MaryCate : « Et puis... Au Sénégal, quels ont été les impacts de la pandémie sur la santé mentale ? » (10:29)

Dr. Sy : « Oui, ça c'est une très bonne question parce qu'au début dans ce première phase, on avait, quand la pandémie a commencé, y'a eu deux missions [inaudible 10:45]. Mais, le contexte de la pandémie, n'est vraiment de plus nouveau. Le c'était, donc la majeure du confinement le c'était de restrictions de liberté et la sous-communication sur le Ministre a contribué à en terminer beaucoup d'envois. Et donc, ça était l'objet de compassions de personnes avec le très anxieuses et on a un augmentation des consultations et tous des activités des augmentations des consultations pour aider en relaxer. Et c'était un peur de tout s'inquiéter de la pandémie. Donc la peur de la maladie, la peur, c'est normal, tout ça. Il faut noter aussi que le faux des gens, malheureusement, a contribué aussi à la fin de sortie. Et c'est la situation de la pandémie aussi [qui] a décalée certaines personnes qui a quelques ans et les résultantes sont comme ça. Tous les gens qui ont peur de la maladie et [de] la civilisation. Évidemment, ça diffère entre personnes. Donc et mais c'est les personnes qui étaient sorties et ne regardaient pas du tout. Et je pense que c'est une tradition qu'on avait. Les gens [inaudible 12:44] déjà certains mois il y a plus de consultations sémantiques. À la prochaine mois [prochain], je fais des impacts de la pandémie. C'est le sentiment de la question. » (13:07)

MaryCate : « Et c'était comme ça en des autres épidémies ou pandémies récentes, comme Ebola ou comme ça ? » (13:17)

Dr. Sy : « Non, qu'on a regardé Ebola on a eu un cas et c'est passé comme ça. Je pense que sans tromper ça va être différent. » (13:37)

MaryCate : « Des symptômes à long terme du COVID-19, physical ou mentale, ont-ils été observés chez des patients ici ? » (13:49)

Dr. Sy : « Désolé, répétez. » (13:51)

MaryCate : « Ahh, des symptômes à long terme du COVID-19, physical ou mental, ont-ils été observés chez des patients au Sénégal ? Parce que beaucoup de la population sont jeunes donc peut-être c'est différent ? » (14:04)

Dr. Sy : « Oui, si l'impact physique ou mentale de la COVID-19 ? » (14:08)

MaryCate : « Ouais. » (14:09)

Dr. Sy : « Oui oui, c'est utile. On a eu des manifestations, si si. Chez des personnes qui n'étaient pas infectées mais qui avaient de peur de infectieuse ils sont passés à toutes les manifestations anxieuses. C'est la personne qui n'était pas en santé grand. Et on a eu aussi des complications symptomatiques de la... chez des personnes qui étaient distinguées et stressées, et aussi des complications psychiatriques. Oui, il y a eu des complications évidentes de certaines. » (14:48)

MaryCate : « Et avec plus de mental et tout comme ça, est-ce qu'il y a des stigmas ou des problèmes avec l'accès pour des personnes. » (15:00)

Dr. Sy : « Non. L'accès n'est pas en changer. Sauf les nombres, l'accès est facile. » (15:10)

MaryCate : « Et quel a été l'impact de la pandémie sur les structures... » (15:18)

Dr. Sy : « Sur les...? » (15:20)

MaryCate : « Les structures des soins de santé ? » (15:26)

Dr. Sy : « Oui. Peut-être dans la première impacte, c'est un impact financier. Parce que beaucoup de personnes ne viennent pas à l'hôpital parce que cette impacte. La deuxième impacte c'est une impacte d'infection. Parce qu'il y eu un mobilisation de personelles dans les centres... et des personnels étaient infectés, les personnels ont fait du burnout, et ils étaient fatigués. Je pense que c'était une question de beaucoup de choses. Ça impacte totalement financière et aussi sociale. Donc je pense que y'a eu un impact. » (16:15)

MaryCate : « Et de nouvelles approches des différentes formes de médecine ont-elles été envisagées à la suite des événements... » (16:30)

Dr. Sy : « Des différents approches ont les...? » (16:32)

MaryCate : « Envisagées a la différente chose ? Est-ce qu'il y a des nouvelles approches en médecine depuis la dernière année ? » (16:45)

Dr. Sy : « Oui, des nouvelles approches en terme de traitement ou en train de quoi ? » (16:51)

MaryCate : « Traitement, pour faire quelque chose ? » (16:55)

Dr. Sy : « Ah oui. Je pense qu'y a, je pense que les gens... la pandémie a montré les modes de point ferme dans l'approche de la santé ou je pense que beaucoup plus de connaissances dans la condition psychosociale de la malade et donc si la condition ça existe pour la condition et pour travailler de la médecine avec ses limites. Je pense que certaines de nous ont montré des phrases utiles. Donc la phrase utile de recherche et tout. » (17:44)

MaryCate : « Selon vous, quels sont les facteurs qui ont le plus contribué à ce que le Sénégal ait un faible taux de transmission communautaire pendant la majeure partie de la pandémie, en particulier en 2021, alors que de nombreux pays connaissent leur « troisième vague » ? (18:07)

Dr. Sy : « En car, c'est pas en spécifique ma montré mais je pense qu'il y a le climat. C'est la raison pour n'avait pas une deuxième vague ou une troisième fois. Le Sénégal est un pays qui est chaud et je pense que le climat a beaucoup aidé. Je pense que aussi, Dieu parce que c'est incroyable. Y a eu beaucoup... y n'a pas une chose qui était évident parce que c'est le contexte. Parce qu'en Chine, aux États-Unis, je pense que c'est différent globalement, mais c'est quelque chose. Mais premier est la climat chaud peut-être. » (19:14)

MaryCate : « C'est intéressant parce que beaucoup de personnes pensent de différentes choses pour ça. Quelque personne a dit c'est le climat, c'est l'âge de la population parce que la majorité de la population sont jeunes. C'est différent, c'est intéressant. » (19:32)

Dr. Sy : « Oui, oui. L'âge aussi parce que c'est des populations différentes. Donc je fais des études avec les spécialistes et oui. » (19:45)

MaryCate : « Oui, c'est très intéressant. Et selon vous, quelle est la plus grande leçon à tirer de la pandémie ? » (19:58)

Dr. Sy : « Selon moi, la plus grande leçon à tirer de la pandémie, c'est de prendre le temps pour la santé parce qu'on est tous différents. C'est la plus grande leçon. C'était exposé à des problèmes. Mais si on va travailler pour améliorer, ça va devenir meilleur. » (20:35)

Name of Respondent: Dr. Ibrahima Niang

Title: Chinese-Africa Scholar & Project Advisor

Responses Received: Saturday, May 1, 2021

How do you feel about the COVID-19 vaccine(s)? Are you confident in their efficacy or do you have concerns about the vaccine(s)?

“According to the statistics concerning people who have been vaccinated. I am confident with their efficacy even if there is a complex debate between all of these vaccines and their indesirables effects.”

Have you been vaccinated yet? If yes, which vaccine did you receive? If not, do you plan to get vaccinated?

“I have been vaccinated. I received the AstraZeneca one.”

Do you classify Chinese aid in Africa as South-South Development? Why?

“[Yes], China considered itself as a member of Global South with India, this philosophy has a history since the Bandung Conference which has gathered African countries and Asian countries.”

Do you believe that Chinese aid is a new form of colonization, or is it truly of goodwill?

“It is not a kind of colonization for me because colonization means a lot for people who have experienced it. When colonizers arrived they arrested, humiliated and killed people. They stole our natural resources and some objects like art and so. Colonizers implant their people where they are installed. Chinese aid is for China a way to be more accepted in [the] African continent, to have the sympathy of African leaders and people. It’s one dimension of Chinese soft power in Africa.”

Do you believe that a positive future is possible in Senegal, or Africa at large, without Chinese aid?

“Aid is not development. African countries have [benefited from] aid for most of them or all of them but aid is not enough for African countries. Aid is not working, since the 1970s, it is inefficient and makes Africans poorer. Loans and subsidies encourage corruption and conflict, discourage investment. There is a bright future if African countries believe in themselves and work hard. Despite more than \$1 trillion in development aid given to Africa in the past 50 years, it is argued that aid has failed to deliver sustainable economic growth and poverty reduction — and has actually made the continent worse off.”

What programs and/or industries of development do you believe that China has had the biggest and best impact across all of Africa? In Senegal specifically?

“Extractive Industries, Infrastructure and Building companies, ICT also with Huawei and ZTE, Lower industries with Economics Zones in some countries like Ethiopia, Nigeria, Zambia, Egypt and Mauritius. These are the sectors that China has a great impact across the continent.”

What do you believe is China’s main motive in providing aid to various African countries?

« Les faits soutiennent que la nature de l'aide chinoise n'est pas désintéressée, elle est même liée. De prime abord, le soutien chinois est conditionné par une rupture des relations diplomatiques avec Taïwan qui est la condition pour disposer de l'aide publique chinoise. L'aide inclut la présence d'une main d'œuvre chinoise occupant les fonctions supérieures dans les différentes entreprises chinoises intervenant en Afrique au nom du gouvernement chinois et pour le compte de l'État bénéficiaire (Huawei-Sénégal). Dans le même temps, c'est une garantie pour les entreprises et les négociants chinois de s'ouvrir un nouveau marché et de concurrencer sur le terrain africain de grands majors de l'industrie de fourniture de service et biens en informatique comme Alcatel Lucent, Ericksson, etc. L'aide chinoise est liée, et au moins la moitié des équipements financés par ces prêts concessionnels doivent être importés de Chine. Ces prêts concessionnels ont permis la réalisation de plusieurs projets : la sucrerie de Sukala au Mali (1996, 35000 tonnes) la cimenterie China-Zimbabwe (2000, capacité de 200.000 tonnes), le Grand Théâtre au Sénégal (1800 places). »

Do you believe that Chinese aid and French aid are different? If yes, how?

« La Chine et le CAD/OCDE c'est à dire un pays comme la France, ne partagent pas le même cadre analytique du concept de l'aide publique au développement. Le CAD inclut l'allègement de la dette et les bourses d'étudiants dans l'aide publique au développement alors que Pékin les exclut ; la Chine inclut l'aide militaire et les prêts aux projets de joint-venture et exclut les subventions destinées aux « crédits export préférentiels ». Par ailleurs, l'aide chinoise n'inclut pas la coopération décentralisée : assistance technique des autorités locales et des financements des projets des entreprises provinciales. L'aide chinoise se résume sous forme de dons, de prêts à taux zéro et de prêts concessionnels. Les dons représentent une part importante de l'aide chinoise et permettent de financer certains projets sociaux de moyenne envergure (écoles, logements, eau potable et hôpitaux) et des édifices publics comme le Centre de conférences de l'Union africaine (2011) ; l'adduction d'eau de Zinder au Niger en 2005 ; l'assistance technique agricole de la Sierra Leone depuis 2005 »

Is China's "vaccine diplomacy" simply of goodwill, or does it have other motives?

« La Chine en tant que puissance économique et aussi pays de départ de la propagation du virus ne pouvait pas rester sans rien faire dans cette crise, car elle a une image à construire et à garder intact. Elle a commencé dès les premiers mois de la pandémie à envoyer des respirateurs artificiels, des masques et gants et des équipements de protection. Tout cela entre dans la diplomatie sanitaire ou la diplomatie du vaccin qu'incarne la Chine dans cette crise. C'est une opportunité de plus pour la Chine de se positionner comme acteur incontournable dans le nouvel ordre mondial. »

Is "vaccine diplomacy" at large simply of goodwill, or does it have other motives?

« La Chine a toujours cherché à accompagner les pays africains dans le domaine sanitaire, ce n'est pas une nouveauté. À partir du moment où les puissances développent un vaccin, il est normal que la Chine ne soit pas laissée derrière dans cette poursuite, c'est pourquoi la Chine n'a pas voulu être en reste et disposer son propre vaccin afin de garder une autonomie sanitaire et une arme diplomatique en Afrique. »

Are programs and initiatives, such as COVAX, more or less effective in distributing resources, in this case the COVID-19 vaccine, more equitably than individual country's acting on their own?

« L'initiative Covax a permis à un certain nombre de pays de pouvoir disposer du vaccin, sans cela je pense qu'il allait être difficile pour bon nombre de pays de disposer du vaccin dès les premiers mois? En effet, au regard des grosses commandes faites par les pays occidentaux, les pays du Sud avaient peu de chance de disposer du vaccin. Maintenant il faut reconnaître que les besoins des pays du Sud sont loin d'être satisfaits par cette initiative car entre le nombre de doses reçues et la population qui doit se faire vacciner il y a un énorme gap à combler »

Do you have more confidence in COVAX programs or individual country's "vaccine diplomacy" to distribute the vaccines efficiently enough to end the pandemic? Do you believe that access, or a lack thereof, to the COVID-19 vaccine will leave the Global South further behind?

« Les inégalités économiques se sont traduites sur le terrain au regard des pays qui ont acquis le vaccin. Le vaccin est commercialisé et celui qui n'a pas financé la recherche ou n'a pas les moyens de pays des vaccins restera encore des mois avant de construire une immunité vaccinale. »

Do you believe that the Global South will be left further behind, economically and developmentally, as a result of the pandemic?

« Les inégalités vont se creuser encore car les économies du Sud sont très faibles et pas assez résilientes. Aujourd'hui les pays africains ont été impactés économiquement dans les secteurs comme le tourisme qui est un grand pourvoyeur de devises étrangères. Plusieurs secteurs d'activités ont été impactés avec des suppressions d'emplois sans soutien étatique, alors que dans les pays du nord des subventions sont faites aux personnes. Les économies africaines doivent apprendre de cette pandémie à repenser leurs économies. »

How was the Sinopharm vaccine acquired for distribution in Senegal? Was it purchased, donated, etc.?

« Officiellement le vaccin a été acquis et d'après toutes mes recherches auprès des médias chinois et autres, le vaccin a bel et bien été acquis. »

How was personal protective equipment (PPE) acquired from March of 2020 through now? Was there a steady supply of PPE within Senegal already, was it purchased from overseas, donated by a specific country, etc.?

« L'Etat du Sénégal a commencé à acheter des équipements nécessaires comme les ÉPI même s'ils manquaient au début de la pandémie, après il y a ce don venant de la Chine comme les respirateurs artificiels, les gants et masques, les équipements personnels de protection. »

Appendix B: Interview & Questionnaire Questions

How do you feel about the COVID-19 vaccine(s)? Are you confident in their efficacy or do you have concerns about the vaccine(s)? Est-ce que vous pensez aux vaccins COVID-19 ? Est-ce que vous avez confiance en leur efficacité ou vous avez des inquiétudes concernant les vaccins ?

Have you been vaccinated yet? If yes, which vaccine did you receive? If not, do you plan to get vaccinated? Est-ce que vous avez déjà été vacciné ? Si oui, quel vaccin avez-vous reçu ? Si non, avez-vous l'intention de vous faire vacciner ?

How do the majority of your patients feel about the COVID-19 vaccine(s)? Comment la majorité de vos patients perçoit-elle les vaccins COVID-19 ?

How do the majority of your patients feel about vaccines in general? Que pense la majorité de vos patients des vaccins en général ?

Are there any specific vaccines, besides the COVID-19 vaccine(s), that patients tend to reject or avoid? Y a-t-il des vaccins spécifiques, outre les vaccins COVID-19, que les patients ont tendance à rejeter ou à éviter ?

Have patients specifically asked for a vaccine for one manufacturer/country or another? If so, have they provided any reasons why? Les patients ont-ils demandé spécifiquement un vaccin pour un fabricant/pays ou un autre ? Dans l'affirmative, ont-ils donné des raisons pour cela ?

Has there been a major change in the amount of patients in the hospitals over the past year? Y a-t-il eu un changement majeur dans le nombre de patients dans les hôpitaux au cours de l'année dernière ?

Have there been any long-term symptoms of COVID-19 seen in patients in Senegal? Des symptômes à long terme du COVID-19 ont-ils été observés chez des patients au Sénégal ?

In Senegal, what have the impacts of the pandemic been on mental health? Au Sénégal, quels ont été les impacts de la pandémie sur la santé mentale ?

How has the pandemic impacted the structures of healthcare? Have new approaches to various forms of medicine been considered as a result of the events of the past year? Quel a été l'impact de la pandémie sur les structures des soins de santé ? De nouvelles approches des différentes formes de médecine ont-elles été envisagées à la suite des événements de l'année écoulée ?

What factors do you believe contributed most to Senegal having a low rate of community transmission throughout much of the pandemic, especially in 2021 while many countries experience their “third-wave”? Selon vous, quels sont les facteurs qui ont le plus contribué à ce que le Sénégal ait un faible taux de transmission communautaire pendant la majeure partie de la pandémie, en particulier en 2021, alors que de nombreux pays connaissent leur « troisième vague » ?

What do you think the biggest lesson from the pandemic is? Selon vous, quelle est la plus grande leçon à tirer de la pandémie ?

How was the AstraZeneca vaccine acquired for distribution in Senegal? Was it purchased, donated, acquired through the COVAX initiative, etc.? Comment le vaccin d'AstraZeneca a-t-il été acquis pour être distribué au Sénégal ? A-t-il été acheté, donné, acquis par le biais de l'initiative COVAX, etc. ?

How was the SinoPharm vaccine acquired for distribution in Senegal? Was it purchased, donated, acquired through the COVAX initiative, etc.? Comment le vaccin de SinoPharm a-t-il été acquis pour être distribué au Sénégal ? A-t-il été acheté, donné, acquis par le biais de l'initiative COVAX, etc.

How was personal protective equipment (PPE) acquired from March of 2020 through now? Was there a steady supply of PPE within Senegal already, was it purchased from overseas, donated by a specific country, etc.? Comment les équipements de protection individuelle (EPI) ont-ils été

acquis entre mars 2020 et aujourd'hui ? Existait-il déjà un approvisionnement régulier en ÉPI au Sénégal, a-t-il été acheté à l'étranger, donné par un pays spécifique, etc. ?

How has the public response to the various rules and regulations throughout the pandemic been? Were the rules and regulations followed or largely defied? Comment le public a-t-il réagi aux diverses règles et réglementations tout au long de la pandémie ? Les règles et règlements ont-ils été suivis ou largement défiés ?

Do you think that the COVAX initiative will be able to distribute vaccines quickly enough to efficiently end the pandemic? Pensez-vous que l'initiative COVAX sera en mesure de distribuer les vaccins assez rapidement pour mettre fin efficacement à la pandémie ?

Do you have more confidence in the ability of the COVAX initiative, as a multilateral initiative, or individual country's "vaccine diplomacy" to end the pandemic? Avez-vous davantage confiance dans la capacité de l'initiative COVAX, en tant qu'initiative multilatérale, ou dans la "diplomatie du vaccin" de chaque pays à mettre fin à la pandémie ?

To your knowledge, have China's aid programs in the past included any dangerous strings attached that mimic neocolonialism? À votre connaissance, les programmes d'aide de la Chine dans le passé ont-ils été assortis de conditions dangereuses qui imitent le néocolonialisme ?

In Senegal, is multilateral aid, French aid, or Chinese aid seen as the most preferable? Au Sénégal, l'aide multilatérale, l'aide française ou l'aide chinoise sont-elles considérées comme les plus préférables ?

What countries or aid projects do you believe have the most positive impact on Senegal? Quels pays ou projets d'aide ont, selon vous, l'impact le plus positif sur le Sénégal ?

What countries or aid projects do you believe are the most neocolonial in Senegal? Quels pays ou projets d'aide sont, selon vous, les plus néo-coloniaux au Sénégal ?

Do you believe that Chinese aid is a new form of colonization, or is it truly of goodwill? Pensez-vous que l'aide chinoise est une nouvelle forme de colonisation, ou est-elle vraiment de bonne volonté ?

Do you classify Chinese aid in Africa as South-South Development? Why? Classez-vous l'aide chinoise en Afrique comme un développement sud-sud ? Pourquoi ?

Are programs and initiatives, such as COVAX, more or less effective in distributing resources, in this case the COVID-19 vaccine, more equitably than individual country's acting on their own? Les programmes et initiatives, tels que COVAX, sont-ils plus ou moins efficaces pour distribuer les ressources, en l'occurrence le vaccin COVID-19, de manière plus équitable que les pays agissant de leur propre chef ?

Do you believe that access, or a lack thereof, to the COVID-19 vaccine will leave the Global South further behind? Pensez-vous que l'accès, ou le manque d'accès, au vaccin COVID-19 laissera les pays du Sud encore plus à la traîne ?

Do you believe that the Global South will be left further behind, economically and developmentally, as a result of the pandemic? Pensez-vous que les pays du Sud seront davantage laissés pour compte, sur le plan économique et du développement, à la suite de la pandémie ?

Do you believe that "vaccine diplomacy" is solely based on goodwill, or is it veiled neocolonialism? Croyez-vous que la "diplomatie vaccinale" est uniquement basée sur la bonne volonté, ou s'agit-il d'un néocolonialisme voilé ?

Do you believe that a positive future is possible in Senegal, or Africa at large, without Chinese aid? Pensez-vous qu'un avenir positif est possible au Sénégal, ou en Afrique en général, sans l'aide chinoise ?

What programs and/or industries of development do you believe that China has had the biggest and best impact across all of Africa? In Senegal specifically? Quels programmes et/ou secteurs de

développement pensez-vous que la Chine ait eu le plus grand et le meilleur impact dans toute l'Afrique ? Au Sénégal en particulier ?

What do you believe is China's main motive in providing aid to various African countries? Selon vous, quelle est la principale motivation de la Chine pour fournir une aide aux différents pays africains ?

Do you believe that Chinese aid and French aid are different? If yes, how? Pensez-vous que l'aide chinoise et l'aide française sont différentes ? Si oui, en quoi ?

Is China's "vaccine diplomacy" simply of goodwill, or does it have other motives? La "diplomatie du vaccin" de la Chine est-elle simplement de bonne volonté, ou a-t-elle d'autres motivations ?

Appendix C: Fieldwork Timesheet

Date	Hours	Brief Description of Activities
M 12/4/21	0	n/a
T 13/4/21	2	Preliminary reading of scholarly sources
W 14/4/21	0	n/a
R 15/4/21	1	Meeting with Dr. Faye
F 16/4/21	1	Meeting with Dr. Niang and Dr. Faye
S 17/4/21	2	Preliminary reading of scholarly sources
U 18/4/21	0	n/a
M 19/4/21	5	Talked with Dr. Niang about interviewees, continued readings, listened to relevant podcasts
T 20/4/21	6	Continued readings, listened to relevant podcasts, quote gathering, and note taking
W 21/4/21	5	Continued readings, quote gathering, and note taking
R 22/4/21	6	Contacted Dr. Thiam about a potential interviewee, listened to relevant podcasts, continued readings, quote gathering, and note taking
F 23/4/21	4	Finished initial readings, began outlining the complete and new literature review
S 24/4/21	0	n/a
U 25/4/21	0	n/a
M 26/4/21	6	Listened to relevant podcast, wrote an array of interview questions in both English and French, began new literature review, talked to Dr. Niang about interviewees
T 27/4/21	6	Listened to relevant podcast, revised interview questions in both English and French, began new literature review
W 28/4/21	3	Discussed with and sent Dr. Niang my potential interview questions for his answers on relevant topics, as well as for his consultation for potential interviewees
R 29/4/21	4	Checked in with Dr. Niang, Dr. Faye, and Dr. Thiam about interviewees, continued reading updated sources and information in the news
F 30/4/21	3	Received completed questions from Dr. Niang and consulted further on certain questions.
S 1/5/21	0	n/a
U 2/5/21	4	Wrote new literature review with additional sources
M 3/5/21	4	Edited and finalized new literature review
T 4/5/21	9	Interviewed Dr. Badiane and Professor Seydi, took notes on interview with Dr. Badiane
W 5/5/21	6	Took notes on interview with Professor Seydi, compiled all collected information from interviews and questionnaires into one document

R 6/5/21	8	Interviewed Dr. Sy, continued taking notes on all interviews, began transcribing interview with Professor Seydi
F 7/5/21	4	Continued transcribing interviews, talked to Dr. Niang and Dr. Faye about additional potential interviewees
S 8/5/21	0	n/a
U 9/5/21	6	Continued transcribing interviews
M 10/5/21	4	Continued transcribing interviews, had a final meeting with Dr. Niang to discuss the research overall
T 11/5/21	1	Continued transcribing interviews
W 12/5/21	10	Finished transcribing interviews, began writing final draft
R 13/5/21	3	Continued writing final draft
F 14/5/21	3	Continued writing final draft
S 15/5/21	0	n/a
U 16/5/21	0	n/a
M 17/5/21	7	Continued writing final draft, began creating presentation
T 18/5/21	7	Finished writing final draft, finished preparing presentation
Total Hours	130	