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RECIPROCITY IN TRAVEL POLICIES

Should Travel Health Insurance be Mandatory in African Countries?

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EDITORIAL

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Should Travel Health Insurance be Mandatory in African Countries

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Executive Summary
Kenya requires all international visitors entering the country for a temporary stay of less than 12 months to hold inbound travel health insurance. The policy must have a cumulative minimum benefit limit of US$50,000 (approximately KSh 6.4 million to 6.5 million). Why would Kenya require mandatory health insurance for travel? Why would any country, for that matter, require health insurance for travelers? Would it interfere with the relations of other countries whose citizens frequently travel to Kenya? Is this move considered reciprocal in response to other nations? Where will the funds go, once collected? Will other African countries imitate the policy?

Introduction
As of this month, Kenya requires all international visitors entering the country for a temporary stay of less than 12 months to hold inbound travel health insurance. Under regulations gazetted by Health Cabinet Secretary Aden Duale, the policy must have a cumulative minimum benefit limit of US$50,000 (approximately KSh 6.4 million to 6.5 million).

Who does this apply to?
Tourists and holiday makers, business travelers and conference delegates, international students, and persons visiting friends or relatives.

What is the minimum policy benefit?
- Emergency medical transportation: US$25,000 (approx. KSh 3.2 million)
- General medical expenses: US$20,000 (approx. KSh 2.5 million)
- Repatriation of mortal remains: US$5,000 (approx. KSh 647,000)
- Mental health services: US$1,000 (approx. KSh 129,500)
- Prescribed medicines: US$300 (approx. KSh 38,800)

Let's unpack this issue.
Why would Kenya require mandatory health insurance for travel? Why would any country, for that matter, require health insurance for travelers? Countries require mandatory health insurance for visitors to protect public finances, ensure tourists receive timely medical care, and prevent individuals from becoming a financial burden during emergencies. So is Kenya wrong for enacting this policy?

Let's look at the company they share. Several African nations recommend travel health or medical insurance requirements for incoming international visitors: Egypt, South Africa, Morocco, Tunisia, Seychelles, Algeria, and Rwanda. Only two have made it mandatory: Kenya and Tanzania. Zanzibar made travel insurance mandatory for international visitors on October 1, 2024, and Tanzania announced its corresponding mandatory US$44 travel insurance requirement in July 2025 (implemented in January 2026), with exemptions for certain regional economic communities.

What do all these countries have in common?
They are some of the most visited countries in Africa:
- Morocco: 17.4 to 19.8 million annual visitors, driven by rich cultural heritage, Marrakech, and proximity to Europe.
- Egypt: 15.5 to 18.6 million annual visitors, famous for the Giza Pyramids, Nile cruises, and Red Sea resorts.
- Tunisia: 10.2 to 11 million annual visitors, known for Mediterranean beaches and historical Roman ruins.
- South Africa: 8.9 to 10.5 million annual visitors, popular for Cape Town, wildlife safaris, and wine regions.

- Algeria: 3.5 to 3.8 million annual visitors, attracting travelers with Saharan landscapes and ancient history.
- Kenya: 2.4 to 2.7 million annual visitors, renowned for the Maasai Mara and wildlife safaris. Hosts many international organizations and is the African HQ for many corporations and non-profits.

Why would Kenya and Tanzania take it a further step by making it mandatory?
The answer lies in the policy itself. Mandatory health insurance for international travelers is not designed or intended as a direct revenue-generating tax or profit source for the government. Instead, it functions as a risk-management and public-protection mechanism. The funds go to the approved insurance company selected to cover potential medical expenses or repatriation costs during the visit. If faced by a medical emergency, the funds from the insurer go directly to the treating hospital, clinic, or medical transport service in the host country. None of the funds will go directly to the government. Although, as I typed that sentence, I cringed uncontrollably, and we both know why.

Would it interfere with the relations of other countries whose citizens frequently travel to Kenya?
That remains to be seen, now that the requirement is attached to the visa applications. However, when measures like this are put in place, they are targeting a certain type of visitor (one who can fit the bill -figuratively and literally), while excluding a certain type of visitor (one who cannot). But to travel, we must.

Kenya receives a lot of visitors annually. For the purposes of this argument, let's focus on the EU visitors because they have the same mandatory requirement, and it covers the Schengen Region of 29 countries. The region requires a minimum of €30,000 in medical coverage covering emergencies and repatriation, usually tied to visa processing or random border checks. Out of 2.7 million total international visitors in 2025, Europe contributed approximately 25% of Kenya's tourist arrivals, translating to roughly 675,000 visitors. Europe is Kenya's second-largest source region after Africa (47%), with the United Kingdom standing out as one of the leading individual European source markets. Kenya's policy could arguably bring those numbers down, and the money attached to it. European travelers to Kenya would have to consider this as an extra item on their budget, in the same way Kenyans would, when traveling to Europe. From Kenya's perspective, it is the beginning of reciprocity. The Schengen region made travel medical insurance mandatory for visa-requiring international travelers on 22 December 2003 via Council Decision 2004/17/EC, which took effect in early 2004. This rule was later integrated into Article 15 of the formal Schengen Visa Code (Regulation EC No 810/2009).

Reciprocity
The idea of reciprocity is the basis of any international policy or agreement; without it, States would not conclude amicably. An agreement implies reciprocal obligations for the sole and mutual benefit of the parties. However, diplomatic reciprocity fails when applied to asymmetric power dynamics, humanitarian duties, or bad-faith actors. Matching hostile or restrictive behavior tit-for-tat can backfire, harming national interests, eroding core values, or legitimizing bad behavior instead of deterring it. When looking at how humans and sovereign states relate to each other, one has to look at how a particular issue or concern affects all parties involved.

Europe has its reasons for the policy. The Schengen region made travel medical insurance mandatory to protect member states from the financial burden of unexpected medical emergencies, hospitalizations, or medical repatriation costs for foreign visitors who lack local public healthcare access. Kenya is doing it for the same reasons too. It means financial protection for public systems from the financial burden of treating uninsured foreign visitors who cannot pay out-of-pocket for expensive emergency care. It guarantees medical repatriation ensuring that transport back to a traveler's home country is fully funded. It also supports local healthcare systems by guaranteeing payouts that will keep them well-funded.

Kenya’s public debt stands at approximately Sh12.82 trillion (roughly US$99–101 billion), driven by continuous domestic and external borrowing. This debt burden consumes nearly 71% of total government revenues for servicing loans and interest, leaving limited room for public development and government operations. However, as discussed earlier, none of the funds raised from the cumulative minimum benefit limit of US$50,000 (approximately KSh 6.4 million to 6.5 million) will go towards bringing the debt down, travel and tourism will.

Travel and Tourism (T&T)
Travel and tourism contributed $12.7 billion (approx. KSh 1.6 trillion) to Kenya’s economy, making up 9.3% of the national GDP and supporting 1.8 million jobs (8.3% of total employment). International and domestic spending, alongside business travel and MICE (Meetings, Incentives, Conferences, and Exhibitions), drive this vital sector. This could be adversely affected by the measure, but what's $50,000 to a traveler?

Africa experiences a disproportionate burden of communicable and zoonotic diseases driven by structural poverty, climate pressures, and fragile health infrastructure. While often perceived narrowly as a source of global health threats, the continent is primarily a frontline victim of endemic pathogens and systemic resource gaps that require international cooperation rather than isolation. Travellers might feel safer knowing they can be easily treated or repatriated to their country in cases of medical emergencies. Cabinet Secretary Aden Duale and Co. might be on to something here. Instead of deterring visitors, it might make them feel safer to visit Kenya, which could drive the T&T sector upwards.

It is a great risk, but those are the ones that pay off in the long-term. The busiest season for traveling is fast approaching. Let's see how it pans out, including various policy imitations from other nations on the continent.

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