By Laura Wotton , Agnes Binagwaho

The way authority figures such as media and political leaders communicate with the public can save or endanger lives, and it can challenge or reinforce injustice. This year, Rwanda and the United Kingdom have implemented opposite approaches.

Kigali: As the COVID-19 pandemic has shown, communication is a double-edged sword. It is one of the most powerful tools for changing behaviors. It can create awareness of – and compassion for – the plight of vulnerable groups, which suffer disproportionately during crises. When paired with a strong equity agenda and credible leadership, it can drive positive and inclusive action. But when it is misused – distorted by false assumptions, shortsightedness, and narrow self-interest – communication can be a dangerous weapon.

A comparison between the COVID-19 response in United Kingdom and Rwanda illustrates this dichotomy. The UK's response suffered from a lack of rapid coherent political engagement and action, and its population was initially less responsive to public-health messages. Communication failures played a significant role in this.

The government began undermining itself early on, when it vastly underestimated the COVID-19 death toll. Leaders continued to provide contradictory information and examples, causing widespread confusion about the guidelines and undermining faith in government further. A recent survey showed that public confidence in government has yet to recover from the flagrant violation of lockdown rules in May by Dominic Cummings, Prime Minister Boris Johnson's chief adviser.

UK leaders have also failed to acknowledge that the virus was disproportionately affecting black, Asian, and minority ethnic (BAME) communities. As a result, these groups have not received the tailored health services and targeted information they need to stay safe.

By contrast, Rwanda's approach to communication can be described as consistent, credible, inclusive, and timely. One month before Rwanda's first confirmed case of COVID-19, the government was already issuing regular, science-backed updates charting testing progress and national preparedness. To ensure that everyone received essential information, these messages were disseminated digitally, by SMS, via local radio stations, and even with the help of drones. Community health workers reinforced messages at the community and household levels.

Furthermore, Rwanda adopted a participatory approach to decision-making, which engaged those responsible for implementing the response and those most affected by the crisis, in order to understand their unique needs. The government established a national helpline and self-triage tool, through which citizens concerned about potential symptoms can access advice, and distributed the necessary resources – food, financial support, and health care – to enable vulnerable communities to comply with shelter-in-place orders.

All of these efforts have bolstered trust in the government. Equally important, they have inspired and empowered people to protect themselves and their communities.

The results are compelling. As of August 13, the UK, with 67 million people, has recorded over 315,500 COVID-19 cases and 46,791 deaths. Rwanda, with 13 million people, has had 2,189 cases and a mere eight deaths. While many factors may account for this disparity, people's willingness and ability to follow public-health guidelines – shaped partly by government communication and the trust it engendered – has almost certainly played a role.

Conflicting information from different sources – including media, friends, and colleagues – can create and deepen divisions. This is especially true when flawed, contradictory, or incorrect information is coming from the government – especially its top leadership.

The United States is a case in point. During the pandemic, US President Donald Trump has repeatedly made dubious and dangerous claims. For example, in March, he publicly endorsed hydroxychloroquine as a "game changer" in the fight against COVID-19, despite a lack of scientific research backing the claim. This caused a run on the drug, leading to shortages that affected those who needed it to treat their lupus and rheumatoid arthritis.

Similarly, in April, Trump mused at a White House press briefing that using household disinfectants internally might be an effective COVID-19 treatment. Bleach sales – and calls to poison centers – rose. Such claims threaten lives, yet there are few accountability mechanisms in place limiting the spread of dangerous or misleading information.

To some extent, this is beginning to change. After years of criticism, social media companies are starting to take some responsibility for the information disseminated on their platforms. Twitter was the first major platform to step up, flagging several

of Trump’s tweets for misinformation.

Even Facebook – whose chief executive, Mark Zuckerberg, has vocally opposed fact-checking political speech – has succumbed to pressure, including an advertiser boycott, to take action. It recently removed from Trump’s official account a post containing a video clip from an interview in which Trump claims that children are “almost immune” to COVID-19.

But social media platforms should hardly bear all of the responsibility for protecting the public from misinformation. News outlets must also serve as reliable bastions of credible information.

Personal or professional responsibility may not be enough. In Rwanda, it is illegal for any authority to provide advice that has the potential to harm those who follow it. This should be true everywhere, with both leaders who offer such advice and the media who amplify it having to answer to the justice system.

But the issue extends beyond advice that directly threatens lives, such as inaccurate public-health information. The communication of information can also reinforce false assumptions that contribute to social injustice.

British media, for example, have rightly been criticized for stories or videos praising frontline health workers that feature only white people, even though 44% of National Health Service workers come from BAME backgrounds. In many countries, media have published China-centered conspiracy theories about the pandemic, hurting Chinese – and, indeed, Asian – communities all over the world.

The way authority figures such as media and political leaders communicate with the public can save or endanger lives, and it can challenge or reinforce injustice. Rwanda and all too few other countries, most notably New Zealand, have shown that in combating COVID-19, innovative, inclusive, and science-backed communication is the most powerful tool we have.

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