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Analysis of Forms of Community Engagement Supporting the Success of Health Interventions in Africa, 2010-2026: A Systematic Review

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Abstract

Background: Community engagement is recognised as a key lever for strengthening health systems and improving the success of health interventions. Between 2010 and 2026, various forms of engagement were implemented in Africa, ranging from information and awareness-raising to empowerment, but their effectiveness and sustainability remain poorly documented. **Objective:** To identify and analyse the forms of community engagement that support the success of health interventions in Africa, and to describe their mechanisms of action and their effects. **Methods:** We used a mixed (qualitative and quantitative) approach, and the PICO(S) framework was used to specify our objectives. International databases (PubMed, Scopus, Web of Science, AJOL, Google Scholar) and grey literature (WHO, UNICEF, IFRC, ministries of health) were searched. Study selection followed the PRISMA recommendations. Study quality was appraised with the Dixon-Woods checklist, and the risk of bias of reviews with the ROBIS tool. **Results:** Twenty-two studies were included. Six forms of community engagement were identified: information and awareness-raising, consultation, mobilisation and participation, collaboration and partnership, co-design and co-production, and empowerment and decision-making power. Mobilisation and co-design showed the most lasting effects (higher vaccination coverage, less malnutrition, greater trust). **Conclusion:** The more collaborative and participatory community engagement is, the stronger the mechanisms it activates (ownership, accountability, leadership, participation in decision-mak-

ing) and the more lasting its effects on health interventions.

Keywords

Community Engagement, Health Interventions, Health Outcomes, Africa

1. Introduction

Engaging communities, whether individual users or groups of users, from the earliest stages of planning and implementing health initiatives allows them to exercise some control over decisions that affect their health. It also promotes transparency and accountability among health system actors. Community participation also increases the likelihood that health policies and interventions will succeed, and it is an essential first step in ensuring that health system actions respect human rights principles [1].

The World Health Organization (WHO) defines community engagement as "a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes" [2].

Community engagement is, however, a multidimensional concept. It ranges from relatively passive participation, in which people receive information or services, to more advanced forms in which communities take part in analysing problems and in designing, implementing, monitoring and evaluating interventions. The African literature also shows that the effectiveness of an intervention depends not only on whether a community activity takes place, but on how and when the community is involved, how much power it is actually given and the context in which this involvement occurs [3].

Worldwide, considerable efforts are underway to strengthen community engagement and build trust in the implementation of health interventions, particularly in low- and middle-income countries (LMICs) and in countries recovering from major health emergencies [4].

Strengthening health systems in Africa is not a new concern. In 1978, at the WHO International Conference on Primary Health Care in Alma-Ata, the aim was already to structure and consolidate primary health care, that is, essential health care made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford, in the spirit of self-reliance and self-determination [5].

Community-based approaches have long been promoted in resource-limited countries to overcome their structural constraints. Interventions under these approaches often rely on local workers who carry out, for example, health promotion activities (WHO, 2018b). It is also recommended that these workers, usually called community health workers, conduct surveillance of epidemic-prone diseases in the population to improve the early detection of outbreaks in countries where

health systems are weak [6].

The benefits of involving communities in planning and implementing health interventions have been shown in several maternal and child health programmes, including the polio eradication programme. In primary health care, this strategy helps build relationships with community members, reduces health inequalities, provides a channel for disseminating information on health products and services, and helps the health system adapt services to the local context and counter misinformation about health interventions [7].

Community engagement is of major importance in the prevention and management of infectious diseases, especially in low-resource settings. In many areas, health infrastructure is limited, and community initiatives help fill these gaps by raising awareness and encouraging preventive behaviour. Community efforts matter most in sub-Saharan Africa, where local communities often work with health authorities to ensure a rapid response to outbreaks and to control the spread of diseases such as malaria, tuberculosis and HIV/AIDS (WHO, 2019) [8].

Several forms of engagement are in use. Traditional forms have missed important opportunities to improve quality because they ignored how culture and context shape not only relationships between people but also the results of these relationships and interactions, which determine how health services and care are organised, delivered and experienced. Health care providers mostly use forms of community engagement that focus on better information provision and improved communication skills. Community actors, in contrast, place more emphasis on empowering workers, families and communities so that they are better able to use and navigate the health system, and on setting up representation mechanisms that make health systems more accountable [9].

In Africa, the wide range of health interventions (immunisation, prevention, primary care, epidemic control, nutrition programmes) is accompanied by many different forms of community engagement. This diversity calls for these forms to be identified and categorised, together with their effects on health interventions. The lack of a review of the forms of community engagement and of their influence on the effectiveness and sustainability of health interventions is a major gap in the literature. We therefore considered it relevant to analyse the forms of community engagement and their influence on health interventions in Africa. The findings are intended to serve as a reference for researchers implementing community engagement in health strategies in Africa.

2. Methods

2.1. Inclusion and Exclusion Criteria

This was a systematic review of qualitative and quantitative studies that combined several quality appraisal methods.

The PICO(S) framework was used to define our criteria precisely, as follows:

P (Population): African communities involved in health interventions. **I** (Interventions): malaria, HIV, malnutrition, maternal and child health. **C** (Compari-

son): positive or negative effect of the forms of community engagement. **O** (Outcomes): improvement in indicators (morbidity, coverage, acceptability, sustainability). **S** (Study design): qualitative studies, quantitative studies, controlled trials, observational studies, WHO reports and existing reviews.

Studies were selected on the following criteria: empirical studies conducted in Africa; community health interventions (immunisation, nutrition, HIV, maternal health); peer-reviewed publications or institutional reports (WHO, UNICEF, etc.); qualitative, quantitative or mixed-methods design; written in English or French; and published within the study period, from 2010 to 2026. Articles that did not meet the inclusion criteria and studies without clear references were excluded.

2.2. Selection Process, Data Collection and Data Extraction

Two independent researchers searched for studies online. The main biomedical databases (PubMed/MEDLINE, Scopus, Web of Science, African Journals Online [AJOL]) and Google Scholar were searched for studies in French and English. The WHO database was also searched for community interventions. The search strategy combined keyword strings, Boolean operators and filters. The main keywords were community engagement, community interventions and community involvement. The Boolean operators AND and OR were used to combine terms and refine the search. The filters applied were empirical studies, systematic reviews and peer-reviewed articles. The full search string was: ((“community engagement” OR “community participation” OR “Community Participation” OR “community health workers” OR “Community Health Workers” OR “agents de santé communautaire” OR “relais communautaires” OR “COSAH”)) AND ((“health interventions” OR “public health” OR “Public Health Interventions” OR “vaccination” OR “immunization” OR “Immunization Programs” OR “malnutrition” OR “Nutrition Programs” OR “epidemics” OR “Communicable Disease Control” OR “malaria” OR “HIV” OR “tuberculosis”)) AND ((“Africa” OR “Africa south of the Sahara” OR “Guinea” OR “Burkina Faso” OR “Ghana” OR “Nigeria” OR “Senegal” OR “Chad” OR “Benin” OR “Ethiopia” OR “Guinea-Bissau” OR “Sierra Leone”)).

Selection comprised identification, screening, eligibility, and inclusion. In total, 982 records were identified through databases and 124 through other sources (WHO, UNICEF, reports). After duplicates were removed, 1,036 records remained. At the identification stage, 780 records were excluded because they did not meet the inclusion criteria. Of the 256 records retained after title and abstract screening, 178 were excluded because of insufficient methodology or lack of ethics committee approval. The remaining 78 studies were assessed, with full-text reading when the two researchers disagreed on interpretation. Of these 78 studies, 22 were included in the review (see **Figure 1**). Disagreements on inclusion criteria were resolved by discussion between the two reviewers. A data extraction form was completed for each study, and the researchers independently classified the forms of

community engagement and the health effects. The following data were extracted: authors, year of publication, country, health area, study design, intervention, form of engagement, actors involved, timing of involvement, and health effects (see Table 1).

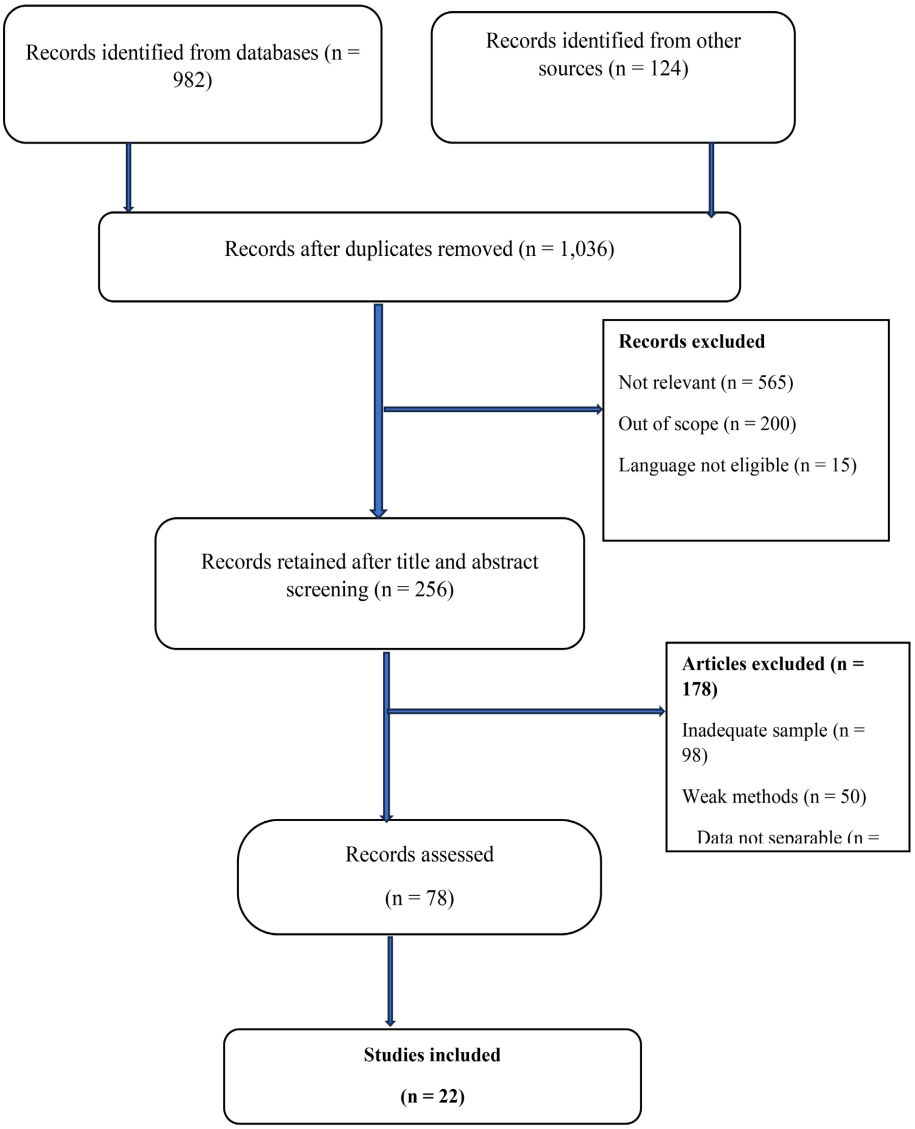


Figure 1. Flow diagram of the identification and selection of included studies.

Table 1. Main characteristics of the included studies.

Authors	Country	Health area	Population	Intervention	Form of engagement	Actors involved	Timing of engagement	Effects
Gil Cuesta *et al.*, 2021	Guinea (Conakry)	Measles vaccination	Parents, religious leaders, CHWs	Mass vaccination campaign	Awareness-raising, mobilisation	Local CHWs, religious leaders	Implementation	Positive
Bosch-Capblanch *et al.*, 2020	Multi-country	Communicable diseases	Local communities	Systematic review	Information, consultation	Communities, leaders	Design and implementation	Positive

Continued

BMJ Open, 2022	LMICs (multi-country)	Childhood vaccination	Parents, children < 2 years	Systematic review and meta-analysis	Co-design, mobilisation	Communities, CHWs	Design and implementation	Positive
Djagba *et al.*, 2025	Benin/sub-Saharan Africa	Vaccine hesitancy	Parents of children < 2 years	Systematic review	Information, consultation	Parents, CHWs	Design and analysis	Mixed
Périères Da *et al.*, 2022	Sub-Saharan Africa	Non-vaccination/ under-vaccination	Parents, adolescents	Systematic review	Awareness-raising, consultation	Communities, health workers	Secondary analysis	Mixed
Kabore *et al.*, 2023	Burkina Faso	Child malnutrition	Children < 5 years, mothers	GASPA groups	Mobilisation Co-design	Mothers, leaders, CHWs	Design and implementation	Positive
WHO/AFRO, 2023	Ethiopia	Community health	Rural communities	Health extension programme	Mobilisation	CHWs, households	Implementation and monitoring	Mixed
Rossing *et al.*, 2016	Guinea-Bissau	Measles vaccination	Mothers of children < 5 years	mHealth (SMS, voice calls)	Information	Mothers, CHWs	Implementation	Positive
Faye, 2015	Burkina Faso	Participation in health	Local communities	Health management committees (CoGes)	Collaboration	CoGes, leaders	Implementation	Negative
Multi-country, 2014	HIV/AIDS	People living with HIV	CHWs, communities	Task shifting	Mobilisation	CHWs, patients	Implementation	Positive
Journal Business & Tech, 2024	Multi-country	Infectious diseases	Local populations	Awareness-raising, screening, vaccination	Information, mobilisation	Communities, health workers	Implementation	Positive
WHO, 2017	Global	Community health	Local populations	WHO conceptual framework	Collaboration, co-design	Communities, institutions	Design	Positive
Revue Africaine Santé Publique, 2024	Burkina Faso	Childhood illnesses	Children, CHWs	Involvement of community structures	Mobilisation	CHWs, CoGes	Implementation	Mixed
Public policy, 2025	Guinea	Community health	CHWs, community relays (RECO)	Decentralisation of care	Co-design	CHWs, community relays (RECO)	Design and implementation	Positive
AJTMH, 2024	Chad	Guinea worm/polio eradication	Local communities	Community-based surveillance	Mobilisation	Community relays, leaders	Implementation	Positive
Interventional study, 2024	SSA	Tetanus vaccination of women	Women of reproductive age	Campaigns by community relays	Information, mobilisation	Community relays, leaders	Implementation	Positive
Kpormegbe & Ahorlu, 2014	Ghana	Malaria (IPTc)	Children < 5 years	Intermittent preventive treatment	Design	Community assistants	Design and implementation	Positive
Sangong *et al.*, 2025	Sub-Saharan Africa	One Health	Agro-pastoralists, communities	Systematic review	Consultation, design	Leaders, associations	Design and implementation	Mixed
Carillon *et al.*, 2021	Senegal	COVID-19	Local populations	Community mobilisation	Mobilisation	HIV associations, community relays	Implementation	Mixed

Continued

Alhassan *et al.*, 2015	Ghana	Patient safety	Patients, communities	Assessment of quality of care	Collaboration	Community groups	Implementation and monitoring	Positive
Jalloh *et al.*, 2022	Sierra Leone	Childhood vaccination	Parents of children < 2 years	Cross-sectional survey	Collaboration	CHWs, CSOs, leaders	Design and implementation	Positive
Oyo-Ita *et al.*, 2021	Nigeria	Childhood vaccination	Parents, children < 2 years	Training of religious/ traditional leaders	Co-design	Religious/traditional leaders	Design, implementation and monitoring	Mixed

2.3. Data Analysis, Quality Appraisal and Risk of Bias

To keep strictly to our research questions and objectives, we used the PICO(S) framework to search for studies. Following the synthesis approach of Petticrew and Roberts, studies were grouped by form of engagement, mechanism of action and effects on interventions. Study quality was appraised with the Dixon-Woods checklist and the risk of bias of systematic reviews and meta-analyses was assessed with the ROBIS tool.

2.4. Coding and Extraction of Forms of Community Engagement

Two coding techniques were used.

Exclusive coding: a study was assigned to a single category when community involvement followed a single dynamic throughout the intervention.

Combined coding: a study received several codes if, and only if, the intervention took place in distinct successive phases (e.g. an initial information phase followed by roll-out through active social mobilisation).

1. Information/awareness-raising: this code was used when the intervention relied on top-down, one-way communication to the community (message dissemination, mHealth, information campaigns).

2. Consultation: this code was applied to studies in which the mechanism of action was gathering community views, without any formal delegation of decision-making power.

3. Mobilisation/participation: this code was applied when the mechanism of action was active community participation in carrying out predefined tasks.

4. Collaboration/partnership: this code was applied to studies in which the intervention required continuous interaction between the community and the authorities.

5. Co-design/co-production: this code was applied to studies in which the community took an active part in both the design and the implementation phases.

6. Empowerment/decision-making power: this code was applied when the mechanism was full community responsibility for implementing the intervention, with community leadership in governance and budget management.

3. Ethical Considerations

The review protocol was registered with PROSPERO (CRD420261509794). The

review was conducted in accordance with the PRISMA recommendations. Our main research question was: which forms of community engagement help improve the implementation and outcomes of health interventions in Africa?

4. Results

The included studies came from the following countries: Benin (1), Burkina Faso (3), Ethiopia (1), Ghana (2), Guinea (2), Guinea-Bissau (1), Nigeria (1), Senegal (1), Sierra Leone (1) and Chad (1).

Of the 22 studies, three were quantitative, six were qualitative and 13, mainly reviews, drew on interventional trials.

From our synthesis, we identified six forms of community engagement: information and awareness-raising, consultation, mobilisation and participation, collaboration and partnership, co-design and co-production, and empowerment and decision-making power (see Table 2).

Table 2. Matrix of studies and forms of engagement.

STUDIES	Information/ awareness-raising	Consultation	Mobilisation/ participation	Collaboration/ partnership	Co-design/ co-production	Empowerment/ decision-making power
Gil Cuesta *et al.*, 2021	✔		✔			
Bosch-Capblanch *et al.*, 2020	✔	✔		✔		
BMJ Open, 2022			✔		✔	
Djagba *et al.*, 2025	✔	✔				
Périères Da *et al.*, 2022	✔	✔				
Kabore *et al.*, 2023			✔		✔	
WHO/AFRO, 2023			✔			
Rossing *et al.*, 2016	✔					
Faye, 2015		✔				
Multi-country, 2014	✔		✔			
Journal Business & Tech, 2024	✔		✔			
WHO, 2017				✔	✔	✔
Revue Africaine Santé Publique, 2024			✔			
Public Policy, 2025				✔		
AJTMH, 2024					✔	

Continued

Interventional study, 2024	✔	✔		
Kpormegbe & Ahorlu, 2014				✔
Sangong *et al.*, 2025		✔		✔
Carillon *et al.*, 2021			✔	
Alhassan *et al.*, 2015			✔	
Jalloh *et al.*, 2022			✔	
Oyo-Ita *et al.*, 2021				✔

The mechanisms of action identified for these forms were trust-building, communication, ownership, community leadership, capacity building, participation in decision-making, accountability, cultural adaptation, access to information and stronger relationships between the community and the health system (see Table 3).

Table 3. Forms of community engagement, mechanisms of action and health effects.

No.	Form of engagement	Mechanism of action	Effects on interventions
1	Information Awareness-raising	Trust, communication, access to information	One-off positive effects (timely vaccination, adoption of preventive behaviour).
2	Consultation	Communication, ownership, cultural adaptation	Mixed effects: barriers identified (rumours, beliefs, language barriers), but limited health impact without mobilisation.
3	Mobilisation Participation	Ownership, community leadership, accountability, capacity building	Mostly positive effects (less malnutrition, better vaccination coverage, HIV treatment adherence). Sometimes mixed when not institutionally recognised (COVID-19).
4	Collaboration Partnership	Accountability, trust, stronger community-health system relationships	Lasting positive effects (quality of care, vaccine confidence, leadership). Can be negative when transparency is low (e.g. CoGes).
5	Co-design Co-production	Participation in decision-making, ownership, accountability, cultural adaptation	Positive and lasting effects (higher vaccination coverage, fewer hospitalisations). Sometimes mixed when resources are insufficient.
6	Empowerment Decision-making power	Accountability, community leadership, direct participation in decisions	Transformative effects: stronger community governance, recognition of local knowledge, greater resilience (e.g. Ebola).

5. Discussion

Our review identified six forms of community engagement used in health interventions in Africa between 2010 and 2026: information and awareness-raising, consultation, mobilisation and participation, collaboration and partnership, co-design and co-production, and empowerment and decision-making power. These findings are consistent with the WHO classification of community engagement into five levels (inform, consult, involve, collaborate, empower) [10]. Two of these forms, mobilisation and co-design, rely on mechanisms of action such as ownership, accountability and participation in decision-making, which are associated with better health outcomes and lasting benefits. This is consistent with the study by **Kabore *et al.* (2023, Burkina Faso)** on GASPA groups, which showed that mobilisation and co-design with mothers and community leaders led to a significant reduction in child malnutrition through better ownership of nutrition practices [11]. Similarly, **Jain *et al.***, in Campbell Systematic Reviews, showed that co-design with communities in childhood immunisation programmes in LMICs improved vaccination coverage and parental trust [12]. Conversely, simple forms limited to information and awareness-raising, or to consultation, produced one-off or mixed effects. The study by **Djagba *et al.* (2025, Benin)** on vaccine hesitancy illustrates this limitation: although consultation helped identify cultural and linguistic barriers, the health impact remained modest in the absence of institutional mobilisation [13]. Our review also shows that **collaboration/partnership** has contrasting effects. A study **in Burkina Faso (Sombié, 2015)** on **health management committees (CoGes)** showed that collaboration can have negative effects when it lacks transparency and accountability, leading to a loss of community trust [14]. In contrast, **Alhassan *et al.* (2015, Ghana)** showed that collaboration with community groups in assessing the quality of care strengthened trust and improved patient safety [15].

Table 4. Results of the Dixon-Woods quality appraisal.

AUTHORS	SCORE BY DOMAIN					TOTAL
	Clarity of aims: are the research aims clearly stated?	Appropriateness of the study design:	Do the researchers clearly describe the methodology?	Adequacy of data: are the data sufficient and detailed?	Appropriateness of analysis: is the analytical method appropriate and adequately explained?	
Gil Cuesta *et al.*, 2021	1	1	1	1	1	**5**
Bosch-Capblanch *et al.*, 2020	1	1	1	1	1	**5**
BMJ Open, 2022	1	1	1	1	1	**5**
Djagba *et al.*, 2025	1	1	1	1	0	**4**
Périères Da *et al.*, 2022	1	1	1	1	1	**5**

Continued

Kabore *et al.*, 2023	1	1	1	1	1	**5**
WHO/AFRO, 2023	1	1	1	1	1	**5**
Rossing *et al.*, 2016	1	1	1	0	0	**3**
Faye, 2015	1	1	0	0	0	**2**
Multi-country, 2014	1	1	1	1	1	**5**
Journal Business & Tech, 2024	1	1	1	1	0	**4**
WHO, 2017	1	1	1	1	1	**5**
Revue Africaine Santé Publique, 2024	1	1	1	0	0	**3**
Public Policy, 2025	1	1	1	1	1	**5**
AJTMH, 2024	1	1	1	1	1	**5**
Interventional study, 2024	1	1	1	1	1	**5**
Kpormegbe & Ahorlu, 2014	1	1	1	1	1	**5**
Sangong *et al.*, 2025	1	1	1	1	0	**4**
Carillon *et al.*, 2021	1	1	1	0	0	**3**
Alhassan *et al.*, 2015	1	1	1	1	1	**5**
Jalloh *et al.*, 2022	1	1	1	1	1	**5**
Oyo-Ita *et al.*, 2021	1	1	1	1	0	**4**

Finally, our review shows that empowerment is rarely used as a form of community engagement in Africa. Although it is poorly documented in the included studies, external work such as that of **Camara *et al.* (2020)** in a crisis setting shows that community empowerment strengthens resilience and local governance, particularly during the Ebola epidemic in Guinea [16]. The quality appraisal Dixon-Woods (see **Table 4**) and the risk-of-bias assessment of reviews and meta-analyses ROBIS (see **Table 5**) indicated that the included studies were of high quality and robust, which supports the validity of the conclusions of this systematic review.

Table 5. Results of the ROBIS assessment.

AUTHORS	PHASE 2		PHASE 3			Overall risk
	Study eligibility criteria	Identification and selection of studies	Data collection and study appraisal	Synthesis and findings	Risk of bias in the review	
Bosch-Capblanch *et al.*, 2020	Low	Low	Low	Low	Low	Low
Jain *et al.*, 2022 (Campbell)	Low	Low	Low	Low	Low	Low
Djagba *et al.*, 2025	Low	Low	Low	Moderate	Moderate	Low
Périères Da *et al.*, 2022	Low	Low	Low	Low	Low	Low
WHO/AFRO, 2023	Low	Low	Low	Low	Low	Low
Faye, 2015	Low	Moderate	Moderate	Moderate	High	Moderate
Multi-country, 2014	Low	Low	Low	Low	Low	Low
Journal Business & Tech, 2024	Low	Low	Low	Moderate	Moderate	Low
WHO, 2017	Low	Low	Low	Low	Low	Low
Revue Africaine Santé Publique, 2024	Low	Low	Moderate	Moderate	Moderate	Low
Public Policy, 2025	Low	Low	Low	Low	Low	Low
Sangong *et al.*, 2025	Low	Low	Low	Moderate	Moderate	Low
Oyo-Ita *et al.*, 2021	Low	Low	Low	Moderate	Moderate	Low

6. Limitations

Like any study, this review has limitations: the diversity of the health interventions, the exclusion of studies published in languages other than French and English, and the length of the study period.

7. Conclusions

The findings of this systematic review show the advantage of forms of community engagement based on collaborative and participatory approaches for improving health interventions in Africa. Community mobilisation and co-design of projects with communities were reported in interventions judged effective and sustainable in terms of their impact on indicators.

The notion of sustainability should, however, be used with caution. The effects described here as lasting depend on continued funding, often from external sources, and on continued logistic and administrative support from the health system. This applies to the child malnutrition programmes run through GASPA groups in Burkina Faso and to the improvement of vaccination coverage through co-design in LMICs. Success remains tied to specific short-term monitoring indicators and to local acceptability rather than to structural viability.

Our review also shows that community empowerment, although recommended by WHO, remains a major gap in the implementation of health interventions in Africa.

We therefore recommend that policymakers, technical partners and researchers build co-design mechanisms into African public health policies while ensuring transparent local governance. Research on community engagement in Africa should also aim to close the data gap on the actual costs and long-term health impact of community empowerment.

In the ROBIS assessment, twelve studies (12 reviews and meta-analyses) had a low risk of bias and one study (Faye, 2015) had a moderate risk of bias.

Author Contributions

Data collection and analysis were carried out by the research team. The first author was responsible for drafting the initial manuscript, while the other co-authors contributed to its improvement and critical revision. All authors read and approved the final version of the manuscript.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

[1] Durrance-Bagale, A., Marzouk, M., Tung, L.S., Agarwal, S., Aribou, Z.M., Ibrahim, N.B.M., *et al.* (2022) Community Engagement in Health Systems Interventions and Research in Conflict-Affected Countries: A Scoping Review of Approaches. *Global Health Action*, **15**, Article 2074131. https://doi.org/10.1080/16549716.2022.2074131

[2] World Health Organization (2020) Community Engagement: A Health Promotion Guide for Universal Health Coverage in the Hands of the People. 1st Edition, World Health Organization.

[3] Robert, R.C. and Feijoo, B.L. (2022) Beneficiary and Local Stakeholder Participation in Community-Based Nutrition Interventions. *Current Developments in Nutrition*, **6**, nzac131. https://doi.org/10.1093/cdn/nzac131

[4] Jalloh, M.F., Sengeh, P., Ibrahim, N., Kulkarni, S., Sesay, T., Eboh, V., *et al.* (2022) Association of Community Engagement with Vaccination Confidence and Uptake: A Cross-Sectional Survey in Sierra Leone, 2019. *Journal of Global Health*, **12**, Article 04006. https://doi.org/10.7189/jogh.12.04006

[5] Lacouture, A., Kadio, K. and Ridde, V. (2015) Renforcement de l'empowerment, la participation et l'appropriation communautaire. In: *Renforcement des systèmes de santé en Afrique*, Éditions Science et Bien Commun, 85-104. (In French)

[6] Barranca, E. (2016) De la préparation à la riposte aux épidémies: Surveillance et santé communautaire après Ebola en Guinée. Ph.D. Thesis, Université Gamal Abdel Nasser de Conakry, 214 p. (In French)

[7] Akinyemi, O.O., Adebayo, A., Bassey, C., Nwaiwu, C., Kalbarczyk, A., Fatiregun, A.A., *et al.* (2021) Assessing Community Engagement in Nigeria Polio Eradication Initiative: Application of the Consolidated Framework for Implementation Research. *BMJ Open*, **11**, e048694. https://doi.org/10.1136/bmjopen-2021-048694

[8] Michel, E. (2019) L'importance de l'engagement communautaire dans la prévention

et la prise en charge des maladies infectieuses. *Revue Panafricaine de Santé Publique*, **1**, 14-29. (In French)

[9] World Health Organization (2017) WHO/HIS/SDS/2017.15. World Health Organization, 48 p.

[10] World Health Organization (2026) Community Engagement: A Health Promotion Guide for Universal Health Coverage in the Hands of the People. https://www.who.int/publications/i/item/9789240010529

[11] Kabore, Y.L.B., Sawadogo, A.G., Bado, A.R., Sawadogo, N. and Ouedraogo, H.S. (2023) Participation communautaire et amélioration de la malnutrition aiguë des enfants de moins de 5 ans au district sanitaire de Dori, Burkina Faso, 2019. *Revue Africaine des Sciences Sociales et de la Santé Publique*, **5**, 298–310.

[12] Jain, M., Shisler, S., Lane, C., Bagai, A., Brown, E. and Engelbert, M. (2022) Use of Community Engagement Interventions to Improve Child Immunisation in Low-Income and Middle-Income Countries: A Systematic Review and Meta-Analysis. *BMJ Open*, **12**, e061568. https://doi.org/10.1136/bmjopen-2022-061568

[13] Djagba, K.A.R., Affo, A.M. and Assogba, S.E. (2025) Représentations sociales de la vaccination de routine dans la zone de santé Comè-Bopa-Grand-Popo-Houéyogbé, Bénin. *Revue Della/Afrique*, **6**, 134-49. (In French) https://www.scirp.org/reference/referencespapers?referenceid=4318545

[14] Sombié, I., Amendah, D. and André Soubeiga, K. (2015) Les perceptions locales de la participation communautaire à la santé au Burkina Faso. *Santé Publique*, **27**, 557-564. https://doi.org/10.3917/spub.154.0557

[15] Alhassan, R.K., Nketiah-Amponsah, E., Spieker, N., Arhinful, D.K., Ogink, A., van Ostenberg, P., *et al.* (2015) Effect of Community Engagement Interventions on Patient Safety and Risk Reduction Efforts in Primary Health Facilities: Evidence from Ghana. *PLOS ONE*, **10**, e0142389. https://doi.org/10.1371/journal.pone.0142389

[16] Camara, S., Delamou, A., Millimouno, T.M., Kourouma, K., Ndiaye, B. and Thiam, S. (2020) Community Response to the Ebola Outbreak: Contribution of Community-Based Organisations and Community Leaders in Four Health Districts in Guinea. *Global Public Health*, **15**, 1767-1777. https://doi.org/10.1080/17441692.2020.1789194