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Progress report on implementing the regional strategy for community engagement, 2023–2030 in the WHO African Region

Information document

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Background

1. Empowering communities is pivotal to primary health care (PHC), universal health coverage (UHC), the Sustainable Development Goals (SDGs), and health security.[1,2,3] The Regional strategy for community engagement[4] aims to enable governments to build and sustain trusting relationships with stakeholders and communities. It provides guidance on leveraging existing service delivery mechanisms and community structures to institutionalize meaningful engagement at the interface of health, development and humanitarian action, while focusing on enhancing research, monitoring and evaluation, and using lessons to inform future interventions.

2. The Strategy aligns with global and regional frameworks for PHC, social participation, health promotion, and emergency preparedness. It emphasizes community empowerment and the integration of community engagement into policy, service delivery and monitoring.

3. This first progress report provides an update on implementation milestones, highlights achievements, and identifies lessons to inform continued action. The review covers progress towards the 2025 milestones,[5] which involve mapping community assets and structures, developing standard operating procedures (SOPs) and guiding principles for incorporating community engagement in primary health care, health promotion and health service delivery, as well as documenting lessons on community engagement in at least 15 Member States.

Progress made/action taken

4. **Mapping of community assets and structures:** As of early 2024, thirty-seven Member States had conducted a mapping of community assets and structures to inform future action, thereby surpassing the 2025 milestone. Additionally, under the Strengthening and Utilizing Response Groups for Emergencies (SURGE) initiative, 30 countries[6] carried out scoping assessments and stakeholder mapping. Thirteen mpox-affected or at-risk countries[7] conducted risk communication and community engagement (RCCE) readiness assessments, including community structure mapping before and after declaration of a public health emergency of international concern, and 11 Member States[8] undertook in-depth situational analyses in collaboration with the Economic Community of Central African States (ECCAS).

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1 WHO, 2018. Declaration of Astana: Global Conference on Primary Health Care: Astana, Kazakhstan, 25 and 26 October 2018 (No. WHO/HIS/SDS/2018.61). World Health Organization.

2 WHO. UHC in Africa: a framework for action. No. WHO/HSS/HSF/2016.01. World Health Organization, 2016.

3 WHO. Regional Strategy for health security and emergencies 2022–2030: report of the Secretariat. 72 (AFR/RC72/8, 2022). World Health Organization. Regional Office for Africa.

4 WHO AFRO.

5 By 2025, the Regional Strategy for Community Engagement aims for at least 15 Member States to have achieved measurable progress in three key areas. Specifically, countries are expected to: (i) map existing community assets and structures to establish a knowledge base that can guide future actions; (ii) co-develop standard operating procedures and define guiding principles to effectively incorporate community engagement within primary health care, health promotion and health service delivery; and (iii) document, consolidate and apply lessons learnt from past experiences in community engagement across health promotion, service delivery and emergency management contexts.

6 Angola, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Togo, Uganda and United Republic of Tanzania.

7 Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Kenya, Liberia, Nigeria, Rwanda, South Africa, Uganda, Zambia and Zimbabwe

8 Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Rwanda and Sao Tome and Principe.

5. **Co-development of SOPs and guiding principles for integrating community engagement into health systems**: Thirty-six countries have integrated community engagement into national health sector guidelines and road maps. However, formal co-development of SOPs and guiding principles remains limited, so this milestone is only partially achieved. Further technical support is needed to institutionalize these frameworks at scale.

6. **Documentation and application of lessons learnt:** A regional implementation plan is being finalized to guide countries in operationalizing the Strategy. Twenty countries[9] have developed RCCE road maps based on SURGE findings. A Central African subregional strategy is being finalized,[10] with eight Member States[11] integrating community engagement in RCCE, and nine countries[12] integrating health promotion and equity initiatives. Three countries[13] have established infodemic management systems, while five countries[14] have institutionalized social listening mechanisms linking communities with decision-makers. In November 2024, a national consultation in the Democratic Republic of the Congo reviewed social, behavioural and community dynamics data from the mpox response and developed a study protocol to address evidence gaps.

7. **Securing the necessary resources, such as financial, personnel, technical and logistical support:** WHO supported RCCE training in 12 countries[15] for mpox, Marburg and cholera responses. Thirty-nine Member States[16] received infodemic management training. In 11 countries,[17] community representatives[18] and non-State actors[19] were trained in RCCE, health literacy and infodemic management. A regional competency-based curriculum for community health workers is being developed, and capacity-building on behavioural insights was conducted in eight countries,[20] with five countries[21] appointing dedicated focal points or teams to integrate business intelligence (BI) into programmes.

8. **Ensuring capacity to collect, analyse and act on social, environmental and behavioural evidence:** Universities across the Region are expanding behavioural science in public health and medical curricula and research agendas in five countries.[22] Regional efforts to mainstream behavioural

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9 Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Ethiopia, Eswatini, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Rwanda, Senegal, Sierra Leone, South Africa, United Republic of Tanzania and Uganda.

10 The subregional Strategy is being developed using findings from the situational analyses in Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Rwanda and Sao Tome and Principe.

11 National multi-hazard RCCE Strategies for public health Emergencies or events have been developed for Democratic Republic of the Congo, Gambia, Ghana, Kenya, Madagascar, Malawi, South Africa and Zimbabwe.

12 Cabo Verde, Chad, Ethiopia, Liberia, Rwanda, Sao Tome and Principe, Sierra Leone, South Africa and United Republic of Tanzania.

13 Democratic Republic of the Congo, Kenya and Nigeria.

14 Democratic Republic of Congo, Gabon, Kenya, Nigeria and South Africa.

15 Burkina Faso, Cameroon, Côte d'Ivoire, Eswatini, Ghana, Kenya, Liberia, Madagascar, Mauritius, South Africa, Togo and Zimbabwe.

16 Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eswatini, Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania and Zimbabwe.

17 Burkina Faso, Democratic Republic of the Congo, Kenya, Mauritania, Mauritius, Nigeria, Senegal, Sierra Leone, South Sudan, Togo and Zambia.

18 Peer educators, religious leaders, community leaders and volunteers.

19 Civil society organizations, including faith-based groups, nongovernmental organizations, advocacy groups, organizations for people with disability and the media.

20 Burkina Faso, Madagascar, Mauritius, Namibia, South Africa, Uganda, United Republic of Tanzania and Zambia.

21 Burkina Faso, Mauritius, Namibia, United Republic of Tanzania and Zambia.

22 Burkina Faso, Namibia, South Africa, United Republic of Tanzania and Zambia.

and social research are gaining momentum, with growing collaboration between ministries, academia and operational partners.

Issues and challenges

9. While progress was made, community engagement requires further prioritization in national health policies for effective institutionalization and multisectoral action, with a robust monitoring and evaluation mechanism.

10. Challenges include inconsistent implementation, limited resources, low evidence generation and utilization, and reliance on emergency-specific funding. A holistic approach focusing on co-production, co-learning, and co-evaluation is necessary to strengthen community resilience and ensure sustained engagement with local structures and champions.

Next steps

11. Member States should:

(a) conduct interim assessments to identify progress and gaps towards the targets;
(b) align existing policies on PHC, climate resilience and multisectoral action, to mainstream community engagement;
(c) strengthen mechanisms to train, supervise and sustain the community health workforce, including behavioural and social science functions;
(d) participate in cross-border cooperation, technical dialogues and regional knowledge exchanges.

12. WHO and partners should:

(a) support Member States in conducting national assessments and applying lessons learnt;
(b) finalize and disseminate a standardized evaluation framework with key performance indicators;
(c) provide training support to guide planning, coordination and capacity-building;
(d) advocate for and mobilize investments to institutionalize community engagement within resilient health systems.

13. The Regional Committee is invited to note the progress and endorse the proposed next steps.