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The contribution of community-engaged communication in enhancing vaccine outcomes during the management of pandemics in vulnerable communities in Sub Saharan Africa: A scoping review protocol

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Flavia Zalwango[1,2], Monica Chibita[1], Annette Kezaabu[1], Flavia Zalwango[3]

[1]Uganda Christian University; [2]Uganda Virus Research Institute; [3]UVRI

Flavia FZ Zalwango
UVRI, UgandaChristianUniversity

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Abstract

Vaccines are a time-tested global strategy of fortifying immune systems against disease in different age-groups. The COVID-19 outbreak at the start of 2020 did not only highlight the importance of vaccines in pandemic management, it also exposed inequities both in access and response among different communities. There is empirical evidence to show that some communities do not benefit the same way from vaccines and vaccination as others do due to various biological, socio-economic, communication and structural barriers. This is particularly true in resource-poor contexts such as sub-Saharan Africa. The National Institute for Health and Social Care Research (NIHR), the World Health Organisation (WHO), the Centers for Disease Control and Prevention(CDC) and others have argued that community-engaged communication (CEC) in particular is a key factor in improving the chances of vulnerable communities benefitting optimally from vaccines and vaccination as it engenders mutual understanding, trust and co-ownership of vaccination interventions. The proposed study is a scoping review of available literature on the contribution of CEC towards enhancing vaccine outcomes among vulnerable communities in sub-Saharan Africa during the management of recent pandemics. The scoping review will cover both scholarly (peer-reviewed) and grey literature and will utilize relevant theoretical frameworks (Kaufman et al, 2017). It will also explore a) the origins and theoretical foundations of CEC; b) principles of CEC; c) key debates around the application of CEC in sub-Saharan Africa d) successes and challenges e) lessons learnt from CEC experiences in the context of managing pandemics in sub-Saharan Africa, with a focus on vulnerable communities in East Africa. The output is envisaged as a valuable one-stop resource for scholars or practitioners investigating the engagement aspects of pandemic management among vulnerable communities in sub-Saharan Africa.

Guidelines

Inclusion criteria:

- Search terms: communication AND ‘‘community/stakeholder – engagement’’ AND vaccines AND ‘‘Vulnerable’’ AND AFRICA
- Excluded articles not written in English, grey literature

Methods:
For most of the articles, we intend to review the abstracts, methods, results and discussion sections before proceeding to conduct a full text review.

Eligibility criteria:
Articles to be included – peer reviewed articles in 2 data bases – Web of Science and Pubmed. The scoping review will cover both scholarly (peer-reviewed) literature and explores the following themes:
a) the origins and theoretical foundations of CCE
b) principles of CCE
c) key debates around CCE
d) applications of CCE
e) successes and challenges, and
f) lessons learnt from CCE experiences in the context of managing pandemics in sub-Saharan Africa with a focus on vulnerable communities in East Africa.
There are no specific exclusion criteria based on participant characteristics.

Types of Sources:
This scoping review will consider all articles on this subject embodying qualitative or quantitative methodology.

The concept:
The review will explore CCE in the context of vaccination.

Definition of terms
a. **Communication** – a process by which participants create and share information with one another in order to reach a mutual understanding (Rogers, 1976).
b. **A pandemic** is the worldwide spread of a new disease (WHO, 2023).
c. **Community engagement** is an approach to addressing health-related issues, promoting well-being, and taking action on the social determinants of health (WHO, 2023).

Context:
- What is unique about SSA
- What is unique about vulnerable communities
- What is unique about managing pandemics in SSA, as well as the different regions in SSA.
We shall explore contextual diversity in relation to socio-cultural factors, geographical location, gender issues, and history of pandemics.

Methods:
Pubmed and Web of Science - peer reviewed literature published from 2003 onwards in English that reported on communication/stakeholder engagement or community/stakeholder engagement alone, among vulnerable people in SSA. We shall use snowballing to find additional material cited in selected references. Sources of unpublished studies/ grey literature to be established.
First we shall look out for all the abstracts about communication and community/stakeholder engagement and read through each of the identified papers in detail.
Data will be extracted data using the extraction form (Appendix 1). The information will be put in a table and findings analyzed with reference to the comprehensive 'Communicate to Vaccinate' framework. Finding will be reported as a narrative synthesis.
After this initial phase of the scoping review, we shall constitute a panel of experts to synthesize the literature.

Search strategy
The search strategy will aim to locate both published and unpublished studies. This is a limited search and so we shall expand the search using some more databases which will be accessed through the university.
An initial search on PubMed and Web of Science will be done to identify relevant articles.
The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy. The search strategy, will include the following keywords and index terms, and will be adapted for each included database and/or information source. The reference list of all included sources of evidence will be screened for additional studies.
Studies published in English will be included. Studies published since 2013 will be included to reflect the long standing experiences of pandemics and epidemics in SSA.
The specific databases to be searched include PubMed and Web of Science. Other databases will be included after establishing institutional access.
Sources of unpublished studies/ grey literature will also be searched. We intend to look for unpublished literature and are yet to identify the sources.

Study/Source of Evidence selection
Following the search, all identified citations will be collated and uploaded into EndNote X9. Duplicates will be removed.
Following a pilot test, titles and abstracts will then be screened by two or more independent reviewers for assessment against the inclusion criteria for the review. Potentially relevant sources will be retrieved in full and their citation details imported into the JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI). The full text of selected citations will be assessed in detail against the inclusion criteria by two or more independent reviewers. Reasons for exclusion of sources of evidence at full text that do not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion, or with an additional reviewer/s. The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram.

Data extraction

Data will be extracted from papers included in the scoping review by two or more independent reviewers using a data extraction tool developed by the reviewers. The data extracted will include specific details about the participants, concept, context, study methods and key findings relevant to the review question/s.
Following the search, all identified citations will be collated and uploaded into EndNote X9. Duplicates will be removed.

A draft extraction form is provided (see Appendix A). The draft data extraction tool will be modified and revised as necessary during the process of extracting data from each included evidence source. Modifications will be detailed in the scoping review. Any disagreements that arise between the reviewers will be resolved through discussion, or with an additional reviewer/s. If appropriate, authors of papers will be contacted to request missing or additional data, where required.

Data analysis and presentation:

Data will be presented graphically and in tables. A narrative summary will accompany the tabulated results and will describe how the results relate to the review objectives and question.

Inclusion criteria

1 Use the following search terms: ''Communicat*'' AND ''Community-engag*'' AND ‘‘community'' AND ''Stakeholder'' AND ''Vaccin*'' AND ''Vulnerab*’’ AND ''Sub Saharan Africa''.

2 Exclude articles not written in English.

Methods

3 For most of the articles, review the abstracts, methods, results/findings, and discussion sections before proceeding to conduct a full text review.

Introduction

4 Conduct a preliminary search of PubMed, Web of Science and the Cochrane library.

5 Consult both medical and non-medical databases, including multidisciplinary studies, to ensure comprehensive coverage relevant to vaccine research.

6 Clarify that the objective of the scoping review is to understand the extent and type of evidence regarding the contribution of community-engaged communication (CEC) in enhancing vaccine outcomes during the management of pandemics in vulnerable communities in Sub Saharan Africa.

Review question

7 Identify what evidence is available in peer reviewed sources regarding the contribution of community-engaged communication (CEC) in enhancing vaccine outcomes during the management of pandemics in vulnerable communities in Sub Saharan Africa.

Eligibility criteria

8 Include peer reviewed articles in three databases – Web of Science, PubMed and the Cochrane Library. Cover both scholarly (peer-reviewed) literature and explore the following themes: a) the origins and theoretical foundations of community-engaged communication b) principles of community-engaged communication, c) key debates around community-engaged communication, d) applications of community-engaged communication, e) successes and challenges, and f) lessons learnt from community

engagement experiences in the context of managing pandemics in sub-Saharan Africa with a focus on vulnerable communities in East Africa.

9 Do not apply exclusion criteria based on participant characteristics.

The concept

10 Explore community-engaged communication in the context of vaccination.

Definition of terms

11 Define *Communication* as a process by which participants create and share information with one another in order to reach a mutual understanding (Rogers, 1976).

12 Define *A pandemic* as the worldwide spread of a new disease (WHO, 2023).

13 Define *Community engagement* as an approach to addressing health-related issues, promoting well-being, and taking action on the social determinants of health (WHO, 2023).

Context

14 Explore what is unique about SSA, what is unique about vulnerable communities, and what is unique about managing pandemics in SSA, as well as the different regions in SSA. Explore contextual diversity in relation to socio-cultural factors, geographical location, gender issues, and history of pandemics.

Types of Sources

15 Consider all articles on this subject embodying qualitative or quantitative methodology.

Methods

16 Search PubMed, Web of Science and the Cochrane library for peer reviewed literature published from 2015 onwards in English that reported on communication/stakeholder engagement or community/stakeholder engagement alone, or community-engaged communication among vulnerable people in SSA. Use snowballing to find additional

material cited in selected references. Establish sources of unpublished studies/grey literature.

17 Look out for all the abstracts about communication and community/stakeholder engagement and community-engaged communication and read through each of the identified papers in detail.

18 Extract data using the extraction form (Appendix 1). Put the information in a table and analyze findings with reference to a relevant theoretical fram work. Report findings as a narrative synthesis.

19 After the initial phase of the scoping review, engage a panel of experts to synthesize the literature.

Search strategy

20 Aim to locate both published and unpublished studies. Expand the search using additional databases accessed through the University.

21 Conduct an initial search on PubMed, Web of Science and the Cochrane library to identify relevant articles.

22 Use the text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles, to develop a full search strategy. Adapt the search strategy for each included database and/or information source. Screen the reference list of all included sources of evidence for additional studies.

23 Include studies published in English. Include studies published since 2015 to reflect the long-standing experiences of pandemics and epidemics in SSA.

24 Search specific databases including PubMed, Web of Science and the Cochrane library. Include other databases after establishing institutional access.

25 Search sources of unpublished studies/grey literature. Look for unpublished literature and identify sources as the review progresses.

Study/Source of Evidence selection

26 Following the search, collate all identified citations and upload them into EndNote X20. Remove duplicates.

27 Following a pilot test, have two or more independent reviewers screen the titles and abstracts for assessment against the inclusion criteria for the review. Retrieve potentially

relevant sources in full and import their citation details into the JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI).

28 Assess the full text of selected citations in detail against the inclusion criteria by two or more independent reviewers. Record and report reasons for exclusion of sources of evidence at full text that do not meet the inclusion criteria in the scoping review.

29 Resolve any disagreements between reviewers at each stage of the selection process through discussion, or with an additional reviewer/s. Report the results of the search and the study inclusion process in full in the final scoping review and present in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram.

Data extraction

30 Extract data from papers included in the scoping review by two or more independent reviewers using a data extraction tool developed by the reviewers. Extracted data should include specific details about the participants, concept, context, study methods, and key findings relevant to the review question(s).

31 Following the search, collate all identified citations and upload them into EndNote X20. Remove duplicates.

32 Provide a draft extraction form (see Appendix A). Modify and revise the draft data extraction tool as necessary during the process of extracting data from each included evidence source. Detail modifications in the scoping review. Resolve any disagreements between reviewers through discussion, or with an additional reviewer/s. If appropriate, contact authors of papers to request missing or additional data, where required.

Data analysis and presentation

33 Present data graphically and in tables. Accompany tabulated results with a narrative summary describing how the results relate to the review objectives and question.

Protocol references

References:

1. Aromataris E, Munn Z (Editors). JBI Manual for Evidence Synthesis. JBI, 2020. Available from https://synthesismanual.jbi.global. https://doi.org/10.46658/JBIMES-20-01

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Conflict of interest:

There is no conflict of interest in this project.