Clinical trials contribute to the improvement of health through testing potentially efficacious interventions (e.g. vaccines, drugs, devices, and even behavioural strategies) among selected population segments to provide evidence to support health policy and practice. There are indisputable health benefits, not only to the communities directly involved in the trials but also to the wider population affected by the health problems in question. On the other hand, regardless of the results of the trials, it is assumed that there are immediate benefits disseminated to the whole population of reference resulting from training, resources, services quality, and improvement and local knowledge. Particularly for low-income countries, this assumption is often taken for granted, as the implementation of clinical trials is usually accompanied by infrastructure development, institutional capacity building, and improved standards of care. The actual direct benefit to health and health care delivery, its sustainability, and more importantly, the communities’ perceptions of those benefits are seldom measured, because clinical trials often miss the opportunity to evaluate communities’ acceptability of the potential intervention, and the extent to which their needs and priorities are met through the trials. Formative research, which must be conducted in advance and during trial implementation, is a valuable approach to address such questions and to recommend appropriate ways of conducting the trials so as to gain optimal synergies with communities’ expectations while balancing those with the intended improvement of health. The Manhiça Health research centre takes such approach when implementing complex interventions involving large segments of the population and health services catchment areas, such as entire districts and provinces. This talk focuses on lessons learnt from engaging the community in three different interventions, namely the Malaria Elimination Program in Magude District, the Community Level Interventions for Pre-eclampsia in Maputo and Gaza Provinces, and the Cause of Death Determination using Minimally Invasive Autopsies in Manhiça District, all in Southern Mozambique.