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ORIGINAL ARTICLE

One Health as a management culture in Yaguajay: social responsibility and intersectoral articulation

Una Sola Salud como cultura de gestión en Yaguajay: responsabilidad social y articulación intersectorial

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ABSTRACT

Background: The One Health approach proposes a comprehensive understanding of human, animal, and environmental health, but its incorporation into local development management remains a challenge.

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Objective: To characterize the need to build a culture of development management in the municipality of Yaguajay, Sancti Spíritus, supported by the One Health approach in order to strengthen social responsibility and intersectoral articulation from a formative and community perspective.

Methods: A participatory action research study was conducted in the municipality of Yaguajay, Sancti Spíritus province, Cuba, from January 2024 to December 2025. Theoretical methods were applied: analysis-synthesis, historical-logical, and systematization; empirical methods: social network analysis, semi-structured interviews, community focus group, participant observation, documentary analysis, and stakeholder mapping. Data were methodologically triangulated.

Results: The findings evidenced a widespread but intuitive awareness of the interdependence among human, animal, and environmental health, predominantly reactive cooperation in emergencies, communication centralized in the family doctor, and proactive experiences of integrated management. A gap in institutional recognition toward community actors and a latent repertoire of participatory dispositions were identified.

Conclusions: Incorporating the One Health approach into local development management requires an educational cultural transformation that turns health into a matter of shared responsibility and intersectoral articulation into a systematic and symmetrical practice. The Yaguajay experience shows that this is possible when it starts from existing knowledge and experiences and when institutional mechanisms that stabilize cooperation are created.

MeSH: environmental management; indicators of quality of life; environmental quality; community medicine; education, medical

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RESUMEN

Fundamento: el enfoque Una Sola Salud propone una comprensión integral de la salud humana, animal y ambiental, pero su incorporación a la gestión del desarrollo local sigue siendo un desafío.

Objetivo: caracterizar la necesidad de construir una cultura de gestión del desarrollo en el municipio Yaguajay, Sancti Spíritus, sustentada en el enfoque Una Sola Salud para fortalecer la responsabilidad social y la articulación intersectorial desde una perspectiva formativa y comunitaria.

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Métodos: se realizó una investigación-acción participativa, en el municipio de Yaguajay, provincia de Sancti Spíritus, Cuba, durante enero 2024-diciembre 2025. Se aplicaron métodos teóricos: análisis-síntesis, histórico-lógico y sistematización; empíricos: análisis de redes sociales, entrevistas semiestructuradas, grupo focal comunitario, observación participante, análisis documental y mapeo de actores. Los datos fueron triangulados metodológicamente.

Resultados: los hallazgos evidenciaron una conciencia extendida pero intuitiva de la interdependencia entre la salud humana, animal y ambiental, una cooperación predominantemente reactiva ante emergencias, una comunicación centralizada en el médico de familia y experiencias proactivas de gestión integrada. Se identificó una fisura de reconocimiento institucional hacia actores comunitarios y un repertorio latente de disposiciones participativas.

Conclusiones: la incorporación del enfoque Una Sola Salud a la gestión del desarrollo local exige una transformación cultural de carácter educativo, que convierta la salud en un asunto de responsabilidad compartida y la articulación intersectorial en una práctica sistemática y simétrica. La experiencia de Yaguajay demuestra que es posible cuando se parte de los saberes y experiencias existentes, y se crean mecanismos institucionales que estabilicen la cooperación.

DeSC: gestión ambiental; indicadores de calidad de vida; calidad ambiental; medicina comunitaria; educación médica

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INTRODUCTION

The One Health approach[1] has been internationally recognized as a necessary framework for understanding that human health cannot be guaranteed apart from animal health and the integrity of ecosystems. The World Health Organization and the Pan American Health

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Organization have promoted this approach as a way to overcome sectoral fragmentation and promote inclusive and resilient governance.[1,2]

In the field of medical education, this approach has been incorporated as a necessary content for the training of professionals capable of understanding health in all its complexity.[3] However, translating it into the daily management of territories remains a considerable challenge, especially when it is assumed that health is not only a technical or biomedical matter but a social, cultural, and formative phenomenon that calls for a determined orientation toward community medicine and health promotion.

In the municipality of Yaguajay, located in Sancti Spíritus province, this interdependence is not a theoretical abstraction but a palpable experience expressed in the rice fields, mangroves, rivers, and clinics. Leptospirosis lurking for the peasant without boots, dengue proliferating in poorly managed waste, and the degradation of coastal ecosystems are evidence of a web in which human, animal, and environmental health are inseparably integrated. Nevertheless, the actors who manage these dimensions have not managed to build a sufficiently symmetrical network of relationships or a critical awareness that allows them to act as collective subjects of development. In this void of collaborative governance lies the need for a formative intervention that is not limited to technical training but promotes a true cultural transformation, in which the quality of life of communities is the shared horizon of local policies.

The present research aimed to: characterize the need to build a culture of development management in Yaguajay, supported by the One Health approach, that strengthens social responsibility and intersectoral articulation from a formative and community perspective.

METHODS

The research was framed within the qualitative paradigm and adopted participatory action research as the guiding methodological approach, in coherence with the postulates of Freire[4] and Fals Borda.[5] The study was conducted in the municipality of Yaguajay, Sancti Spíritus province, Cuba, from January 2024 to December 2025.

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The study population consisted of 13 actors, distributed as follows: eight residents of various occupations, living in the La Loma Consejo Popular, as community actors; and five institutional actors: a government representative, the family doctor, a veterinarian, the hygiene inspector, and an organic producer, the latter due to their influence on the human-animal-environmental health interface.

Their selection was intentional and progressive, applying the principle of theoretical saturation in the qualitative stages and social network analysis to characterize the structure of existing relationships among the mapped actors, identifying bonds of trust, communication, cooperation, and shared decision-making.

The inclusion criteria were as follows: actors from the government, public health, agriculture, community leadership, and peasant production sectors were included, with a willingness to participate in the study and direct knowledge of the human-animal-environmental health interface. All participants gave their informed consent, in accordance with the provisions of the Declaration of Helsinki for research involving human subjects.[6]

The theoretical methods applied were:

- Analysis-synthesis: allowed for the decomposition and recomposition of information on the study categories for obtaining, processing, and interpreting the theoretical referents of the topic.
- Historical-logical: facilitated understanding of the development of relationships among actors over time and the formation of the logical foundations of the theoretical framework in order to approach the behavior of the problem and determine its current state.
- Systematization: made it possible to organize and interpret the experience accumulated in the territory, to organize and reflect on prior experiences and theoretical knowledge related to the studied problem and the One Health concept.

Empirical methods:

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- Semi-structured interview: applied to the community and institutional actors in the sample, with the aim of learning their criteria on the One Health concept, the need to apply this comprehensive approach to create a critical awareness among the territory's residents, and to inquire about perceptions of actor symmetry, experiences of intersectoral cooperation, the One Health approach, and community participation in putting this new approach into practice.
- Participant and non-participant observation: aimed at recording interaction practices in natural situations in meetings of the Municipal Administration Council, the health council, and the zoonosis commission, as well as in community workshops and accountability assemblies.
- Documentary analysis: of local planning instruments, including the Municipal Development Strategy[7] and the Municipal Climate Change Adaptation Plan,[8] to identify the explicit or implicit presence of the One Health approach in the planning instruments of Yaguajay municipality's governance.

The information was processed through a methodological triangulation system that made it possible to contrast the data from each technique and construct an integrative diagnostic synthesis.

RESULTS AND DISCUSSION

From the semi-structured interview

Institutional actors explained the One Health concept based on cooperation from reactive emergency management, such as COVID-19, dengue, and Hurricane Irma, while community actors described it from the daily experience of inhabiting a territory where water, vectors, animals, and people form a continuum.

This duality was not interpreted as a contradiction, but as an opportunity for formative transformation.[9] As Freire states:[4] "... the transition from a naive consciousness to a critical consciousness occurs in dialogue with others and is oriented toward transformative

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action." In Yaguajay, this process cannot be imposed by an external actor; rather, it must be built from dialogicity, in a horizontal encounter of knowledge that recognizes both technical knowledge and popular wisdom and that actively involves health sciences students and family doctors as agents of health promotion and quality of life.

Regarding perceptions of actor symmetry, a relevant paradox was identified: formal intersectoral coordination spaces, such as the Temporary Working Group and Sustainability meetings, are valued as seeds of collaborative governance, but horizontal communication does not translate into an equitable distribution of ties at the community level. The family doctor concentrated the community's trust and interaction, while other key actors, such as the veterinarian, the hygiene inspector, and the producer, remained in a communicative periphery.[10]

This finding coincides with what Barreras *et al*.[11] point out, for whom actors are not passive recipients of interventions, but subjects who reinterpret and adapt external guidelines. Actor symmetry, as proposed in this research, requires that mutual recognition and horizontal communication extend to all actors, and not remain concentrated in a single figure. In this endeavor, the family doctor, due to their privileged position and daily connection with the population, can become a facilitator of intersectorality if their professional training is oriented toward a systemic understanding of health and collaborative work with other social actors.

Intersectoral cooperation appeared in two differentiated modalities. On the one hand, reactive cooperation was documented, activated by emergencies and dependent on institutional convening, which fades when the urgency disappears. On the other hand, proactive cooperation was identified, emerging from community initiatives and sustained over time, such as mangrove restoration in Júcaro, the agroecological transformation of the La Espinita farm, the community aqueduct of La Picadora, and the river workshop held in a rural community.

These experiences demonstrate that integrated management is possible when local actors identify a problem, dialogue about it, and act collectively. Alonso *et al*.[12] and Alonso *et*

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al.[13] consider that communities can sustainably manage their resources when certain institutional design principles related to governance are met. In Yaguajay, these principles are expressed spontaneously in proactive experiences, which represents a valuable asset for the integrated management proposal.

The diagnosis also revealed that the One Health approach was practically unknown to the actors, although its principles were intuited and practiced in a fragmented manner. Only one of the five institutional interviewees could define it precisely, while the rest offered descriptions that captured its essence without naming it, such as the notion of community health or the image of birds returning to the dikes when the water is clean.[14]

This distance between concept and practice was identified as a barrier and, at the same time, as an opportunity, since it does not start from zero, but from a fertile ground of experiences and embryonic understandings that only need to be named, articulated, and equipped with tools to become operational.

In this sense, it is essential that medical education, in its curricular strategies and community projection, explicitly assumes the One Health approach, incorporating students from the undergraduate level into real experiences of health promotion and community medicine. In this way, the future health professional will not see environmental management or animal health as alien to their practice, but as inseparable dimensions of their social responsibility.

Finally, it was found that community participation is the weakest point in the web of relationships, although also the most shared aspiration. Institutional actors diagnosed it as deficient; the La Loma community self-diagnosed as fragmented by individualism, and the agroecological peasant pointed to the absence of institutions that should be present. However, a repertoire of latent dispositions emerged, expressed in spontaneous phrases such as "get involved," "work," "commitment," and "form a group," which evidences a willingness to participate that awaits adequate spaces to be activated.[15]

From participant and non-participant observation

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The observation records showed that in the meetings of the Municipal Administration Council and the health council, communication among institutional actors flows with reasonable effectiveness, although it is concentrated in the figures of higher administrative hierarchy. The voice of community representatives, when they attend, tends to be formally acknowledged, without necessarily translating into shared decisions.

In community workshops and accountability assemblies, however, a more horizontal disposition to dialogue was observed, with active participation of residents, especially when the topics addressed directly connected with their daily problems. These findings confirm the need to strengthen horizontal communication mechanisms and ensure that the community's voice has real influence in decision-making spaces.

From documentary analysis

The review of the Municipal Development Strategy and the Municipal Climate Change Adaptation Plan revealed that although these instruments explicitly address problems linking human, animal, and environmental health, they do not make explicit the One Health approach as an ordering principle of their objectives and actions. The Municipal Development Strategy recognizes the importance of intersectoral articulation and community participation, but does not define concrete mechanisms for its operationalization. The Climate Change Adaptation Plan, in turn, identifies "weak interinstitutional coordination" as a critical vulnerability, which coincides with the findings of the interviews and confirms the relevance of the action plan proposal derived from this research.

Integrative synthesis

The diagnostic findings showed that awareness of the interdependence among human, animal, and environmental health is widespread in Yaguajay, although it operates predominantly intuitively and is not always named with integrative language. These findings confirm the relevance of the action plan proposal, which is based on five axes and seven operational principles, and is inserted as a cross-cutting axis of the Municipal Development Strategy.[7]

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Rocha *et al*.,[15] in their criteria on the operationalization of One Health in Latin America, identified that political will and inclusive institutional design are the main enablers for moving from discourse to practice. The Yaguajay experience reaffirms this conclusion and provides evidence on the role of education and communication in that transition, as well as on the need for family doctors and other professionals in the sector to assume formative leadership in their communities.

The authors consider that incorporating the One Health approach into local development management is not, primarily, a technical or administrative problem, but an educational and cultural challenge.

Awareness of interdependence exists, but it is fragmented and has not crystallized into a critical understanding capable of driving systematic and preventive practices. Values education, transformative communication, and training of local actors are therefore revealed as the pillars of a management culture that assumes health in its holistic relationship with everything else.

Social responsibility, understood as the commitment of each institution and each person to life in all its manifestations, is strengthened precisely when health is assumed in that integral way, and when health promotion and community medicine occupy a central place in the formative and care agenda.

The research experience demonstrates that intersectoral articulation is not a spontaneous result, but the fruit of a formative process that allows actors to recognize themselves as part of the same system and as co-responsible for its transformation. In this process, community medicine, health promotion, and quality of life are revealed as inseparable axes of integrated management, and medical education is called upon to play a strategic role by inserting these contents into its curricula from the undergraduate level and by linking family doctors with community experiences such as those in Yaguajay.

Scientific contribution

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This research provides empirical evidence on the viability of building a culture of development management supported by the One Health approach in a Cuban municipal context. Its main contribution lies in the articulation of the categories of community local development, actor symmetry, critical consciousness, and collaborative governance, as well as in the proposal of a participatory action plan, inserted as a cross-cutting axis of the Municipal Development Strategy, with five axes and seven operational principles that can be replicated or adapted in other territories.

Likewise, the study provides a participatory methodology that combines social network analysis, semi-structured interviews, community focus groups, observation, and documentary analysis, and that can be used by other researchers interested in integrating health into local management. The explicit incorporation of medical education, community medicine, and health promotion as axes of the proposal also constitutes a contribution to the training of health professionals with a systemic and socially responsible vision.

CONCLUSIONS

The construction of a culture of development management under the One Health principle in Yaguajay requires assuming health as a profoundly educational process, which involves values formation, the transformation of institutional practices, and the creation of spaces for symmetrical dialogue among all actors. Yaguajay possesses the human, institutional, and community assets to undertake this path, and the One Health approach, named and practiced, can be the horizon that guides this transformation.

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Declaration of interests

The authors declare no conflict of interest.

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