The "Ubuntu" Concept in the fight against human immunodeficiency virus and tuberculosis stigma: A "One Health" model for combating infectious diseases

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Abstract

Aim: To examine the significance of the "Ubuntu" philosophy in fighting against HIV and TB stigma, for application as a "One Health" model in the fight against infectious diseases.

Discussion: Human immunodeficiency virus (HIV) and tuberculosis (TB) continue to pose significant public health challenges, particularly in low- and middle-income countries, where stigma remains a major barrier to effective disease control. Stigma associated with HIV and TB arises from fear of transmission, misinformation, moral judgments, and sociocultural beliefs, resulting in discrimination, social isolation, and violation of human dignity. These stigmatizing attitudes discourage individuals from seeking testing, disclosing their status, initiating treatment, and adhering to long-term care, thereby sustaining disease transmission and poor health outcomes. The consequences extend beyond individual suffering, to weakened public health responses, increased morbidity and mortality, and others. The Ubuntu philosophy, rooted in African ethics, emphasizes shared humanity, compassion, dignity, mutual respect, and collective responsibility, making it highly relevant for addressing stigma related to HIV, TB, and other stigma related diseases especially in African countries. Community-based initiatives, integration of Ubuntu principles into healthcare services, involvement of traditional leaders, and engagement of schools and youth strengthen stigma reduction efforts, thereby achieving better health outcomes. Despite challenges such as conflicting cultural beliefs, resource limitations, and gendered power dynamics, Ubuntu provides a culturally grounded and sustainable framework for reducing stigma, improving prevention, treatment uptake, and overall health outcomes. The One Health model also seeks to holistically address health threats at the animal-human-environmental interface, by promoting coordination and communication across multiple sectors and disciplines to achieve better health outcomes.

Conclusion: Ubuntu thus, offer the moral and ethical framework to support the biological and ecological reality of One Health. Applying Ubuntu in public health promotes empathy, non-discrimination, effective health communication, and collective action, thus, ensuring One Health (public health and environmental safety).

Keywords: Africa; Inclusion; Infectious diseases; Human immunodeficiency virus; One Health; Stigma; Tuberculosis; Ubuntu philosophy

1. INTRODUCTION

Human immunodeficiency virus (HIV) and tuberculosis (TB) remain significant global public health challenges despite decades of progress in biomedical prevention and treatment (WHO, 2025).

Tuberculosis is a leading cause of death among people living with HIV, accounting for a large proportion of Acquired Immunodeficiency Syndrome-related mortality worldwide, and HIV infection markedly increases the risk of developing active TB disease and related complications (WHO, 2025). Sustained efforts are required to expand early diagnosis, effective treatment, and preventive measures for both diseases to reduce morbidity and mortality and move toward global elimination goals (WHO, 2025).

Stigma associated with HIV and TB refers to the social disapproval, negative attitudes, and discriminatory behaviours directed toward individuals because of their disease status (George et al., 2020). This stigma manifests as enacted discrimination, internalized shame, or anticipated rejection, and it operates at individual, interpersonal, and structural levels. In both HIV and TB, stigma is consistently documented as a major barrier to prevention, care, and treatment engagement; people avoid testing, delay diagnosis, conceal their health status, and may disengage from care due to fear of social exclusion and judgment (George et al., 2020; Teo et al., 2020).

The "Ubuntu" concept is an African indigenous philosophical framework that emphasizes communal interconnectedness, shared humanity, mutual respect, compassion, dignity, and solidarity (Rasweswe et al., 2024). Rooted in ideas expressed across many African cultures as "I am because we are", "I am because of others", and "I am, because I share and participate". Ubuntu underscores the ethical importance of caring for others as an extension of self and community belonging. The "Ubuntu" concept is also translated in different African languages such as; humhunu/ubuthosi in Zimbabwe, umunthu in Malawi, vumuntu, vhutu in South Africa, bumuntu in Tanzania, and others (Mupedziswa et al., 2019). In recent research, Ubuntu values such as dignity, respect, and solidarity have been identified as potential tools to transform negative social attitudes and counter stigma related to HIV and TB within communities by fostering respectful and supportive social relations (Rasweswe et al., 2024; Ramavhoya et al., 2024).

The burden of stigma on HIV and TB prevention, treatment, and cure is profound. Stigma inhibits individuals from accessing HIV testing and TB screening services, ultimately delaying diagnosis and increasing the window for transmission and poorer clinical outcomes (George et al., 2020). People living with or at risk for HIV or TB may avoid health services for fear of being labelled, and health-seeking behaviour can be compromised by anticipated or experienced discrimination from family, peers, and healthcare providers (George et al., 2020). As a result, stigma contributes to lower uptake of preventive measures, reduced adherence to antiretroviral and TB regimens, and limited retention in care, thereby undermining public health goals aimed at controlling and eliminating these infections (George et al., 2020).

Integrating Ubuntu principles into public health strategies offers a culturally grounded approach to addressing stigma and fostering inclusive environments that support prevention, care engagement, and sustained treatment adherence for people affected by HIV and TB (Ramavhoya et al., 2024). Ubuntu's emphasis on shared humanity and respect aligns with efforts to reduce social barriers and enhance the dignity of people living with these conditions, potentially improving both individual well-being and broader health outcomes, thus, aligning with the "One Health" approach, which is optimizing and balancing the health of people and ecosystems, through communication, coordination and collaboration among multiple sectors and disciplines (CDC, 2017; Ramavhoya et al., 2024; Rasweswe et al., 2024). This review seeks to examine the forms of stigma associated with people

living with HIV and TB, causes and consequences of stigma, the One Health model, the principles and core values of the Ubuntu concept, and its relevance to modern public health, uniquely with respect to combating HIV and TB related stigma (citing specific case studies), the challenges in applying the Ubuntu concept to HIV and TB stigma reduction, strategies for strengthening Ubuntu based approaches, the nexus between the Ubuntu concept and One Health model, for adoption and implementation as a One Health model for combating infectious diseases and other stigma related diseases such as Ebola, certain skin diseases, schizophrenia, epilepsy, leprosy, cancers, obesity, autism, and others.

2.1 Understanding HIV and Tuberculosis Stigma

Stigma associated with human immunodeficiency virus (HIV) and tuberculosis (TB) remains a significant barrier to public health efforts, constituting negative attitudes, beliefs, and discriminatory practices directed toward individuals because of their diagnosis or perceived disease risk (Dessie & Zewotir, 2024). Stigma operates at multiple social levels; individual, interpersonal, and structural and undermines prevention, treatment, and cure by shaping beliefs about infection, morality, and social worth (Dessie & Zewotir, 2024). Research defines HIV- related stigma as negative attitudes and behaviors toward people living with HIV (PLHIV) and groups associated with the disease, and TB stigma as discriminatory social reactions rooted in fear of infection, cultural misconceptions, or association with HIV/AIDS (Bhargava et al., 2021; Dessie & Zewotir, 2024).

2.1.1. Forms of Stigma

Stigma manifests in multiple interrelated forms that affect PLHIV and people affected by TB:

1. Enacted stigma refers to actual discriminatory behaviors, exclusion, or prejudice directed toward individuals because of their HIV or TB status (Dessie & Zewotir, 2024).

2. Internalized stigma occurs when individuals adopt negative societal attitudes toward themselves, leading to feelings of shame, low self-esteem, and self-blame (Dessie & Zewotir, 2024).

3. Anticipated stigma describes the expectation that one will encounter negative judgment, discrimination, or rejection in the future because of their health status, which can limit disclosure and engagement with services (Dessie & Zewotir, 2024).

4. Perceived stigma refers to awareness of community or societal negative attitudes about HIV or TB that influences how individuals believe others view them (Dessie & Zewotir, 2024).

5. In the context of TB, secondary or courtesy stigma also emerges when individuals associated with someone diagnosed with TB experience negative social reactions (e.g., family members) (Stop TB Partnership, 2019).

Studies in Southern Africa confirm that anticipated and internalized stigma are common among TB patients and are associated with low self-worth and fear of disclosure due to anticipated negative reactions from others (DeSanto et al., 2023).

2.1.2. Causes of Stigma

The drivers of HIV and TB stigma are complex and socially rooted:

1. Fear of infection: Misunderstanding or exaggerated beliefs about how HIV and TB are transmitted contribute to avoidance behaviors and discriminatory attitudes toward affected individuals (Buzic & Giuffra, 2020).

2. Lack of accurate knowledge: Incomplete awareness about the diseases, especially regarding transmission and treatment, perpetuates fear, myth, and moral judgment within communities (Nyblade et al., 2019).

3. Moral and cultural judgments: HIV stigma is often compounded by associations with behaviors perceived as immoral, which reinforces negative stereotypes and discrimination (Nyblade et al., 2019).

4. Association between HIV and TB: In high HIV burden settings, TB stigma is intensified because TB is often seen as a marker of HIV infection, creating a compounded "double stigma" that reinforces social exclusion for both conditions (Ponnet &Van-Damme,2020; Daftary, 2022).

5. Structural and social inequalities: Broader social determinants including poverty, gender norms, and inequitable healthcare access interact with cultural beliefs to amplify stigma and its effects (Dessie & Zewotir, 2024).

2.1.3. Consequences of Stigma

The consequences of stigma for HIV and TB are well documented and detrimental to public health outcomes:

1. Delayed healthcare seeking: Stigma leads many individuals to delay or avoid HIV testing and TB screening due to fear of disclosure and judgment, which increases the risk of disease progression and ongoing transmission (Nyblade et al., 2019).

2. Non-disclosure and secrecy: Anticipated stigma often leads to concealment of health status from partners, family, and healthcare providers, complicating treatment planning and prevention efforts (Dessie & Zewotir, 2024).

3. Poor treatment adherence: Internalized stigma particularly in HIV is associated with reduced adherence to antiretroviral therapy and poorer engagement with care, which negatively impacts health outcomes (Masa et al., 2022).

4. Psychosocial impacts: Stigma contributes to mental health challenges, including depression, anxiety, and diminished quality of life, undermining wellbeing and resilience among affected individuals (Dessie & Zewotir, 2024).

5. Social exclusion and discrimination: Individuals affected by TB or HIV may face social rejection, loss of employment opportunities, and isolation, which reduces social support and exacerbates marginalization (Dessie & Zewotir, 2024).

Collectively, these consequences illustrate how stigma not only harms individual health but also weakens broader public health responses by reducing the effectiveness of diagnostic, preventive, and treatment services, ultimately impeding efforts to control and eliminate HIV and TB (Dessie & Zewotir, 2024).

3.1 The "One Health" Model

One Health as an approach aimed at addressing health threats at the human-animal-environment interface through collaboration, communication, and coordination across all relevant sectors and disciplines. The ultimate objective is to achieve optimal health outcomes for both humans and animals, with the applicability of a One Health approach extending from the sub-national to the global level (FAO et al., 2019). The model has been used to successfully control diseases such as avian influenza, Ebola, and others (McDonald et al., 2020). The model has also been used to understand the risk of emerging diseases, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). By taking a One Health approach, we can better understand how diseases spread and how to prevent them from spreading (Heaviside et al., 2017; VanAcker et al., 2019). This can help to protect the health of humans, animals, and the environment.

3.1.1 "One Health" and Social-Ecological Systems

The implementation of One Health is hampered by various issues. It encompasses the community, medical professionals, and the political sphere (Goodman et al., 2018). Thus, the integration of socio-ecological frameworks have been proposed. The application of a social-ecological systems framework, as proposed by Pickett et al. (2016), proves advantageous in evaluating One Health issues due to its recognition of reciprocal interactions and feedback loops between human and natural systems, foundational to the core tenets of the One Health paradigm (Wilcox et al., 2019). Providing equal consideration to social and ecological systems, this framework explicitly delineates connections among various entities and makes measurable the interactions between them, thereby enhancing the robustness of program evaluations. Social-ecological systems frameworks also align well with the intricate, dynamic, and nonlinear nature of One Health systems, where numerous potentially complex components interact (Wilcox et al., 2019). Given this complexity, actions targeted at one aspect of a system may have unforeseen and unintended consequences on other components, emphasizing the need to understand how features of these systems intersect.

4.1 The Ubuntu Philosophy, Meaning and Principles

The Ubuntu philosophy is a deeply rooted African ethical world view that emphasizes interconnections, shared humanity, and collective responsibility. It is widely expressed through the maxim "I am because we are," reflecting the idea that human identity and dignity are realized through relationships with others rather than in isolation (Jecker et al., 2022). Ubuntu (a Zulu word) places importance on mutual respect, compassion, community cohesion, and the moral duty to care for one another. Its principles are increasingly referenced in health, social work, and community development as culturally grounded frameworks for fostering respect, dignity, and humane treatment for all people (Jecker et al., 2022).

4.1.1 Core Values of Ubuntu

Ubuntu incorporates several core values central to interpersonal and communal life:

1. Interconnectedness and relational personhood: Ubuntu positions human beings as inherently connected to others; one's personhood is shaped through reciprocal social relationships (Jecker et al., 2022).

2. Compassion and empathy: Ubuntu promotes caring for others, kindness, and understanding as essential aspects of moral behavior (Jecker et al., 2022).

3. Respect and dignity: It emphasizes respect for human dignity, holding that each individual has intrinsic worth that should be honored in social interactions (Jecker et al., 2022).

4. Solidarity and collective responsibility: Ubuntu encourages shared responsibility and mutual support, whereby community members work together for the common good (Jecker et al., 2022).

5. These values provide a moral framework that guides how individuals relate to one another, fostering social harmony and reinforcing ethical conduct grounded in community well being rather than narrow individualism (Jecker et al., 2022).

4.1.2 Ubuntu and Community Identity

Ubuntu situates community identity as fundamental to individual personhood. Under this philosophy, a person's humanity is not solely a private attribute but emerges through participatory relationships and communal life (Jecker et al., 2022). In Ubuntu-informed contexts, one's sense of self is affirmed through mutual recognition, shared values, and collaborative social relations, emphasizing that human beings flourish when they are embedded in supportive communal networks (Jecker et al., 2022). This communal identity fosters cohesion, reciprocity, and a sense of belonging, encouraging individuals to uphold social norms that favor inclusion and collective well being. Ubuntu thus challenges purely individualistic conceptions of identity by framing moral and social responsibilities as intertwined with community life (Jecker et al., 2022).

4.1.3 Relevance of Ubuntu in Modern Public Health

Ubuntu's ethical principles have important implications for modern public health, especially when addressing the social determinants of health and challenges such as stigma and discrimination. Because stigma arises from fear, exclusion, and devaluation of individuals with certain health conditions, Ubuntu's emphasis on mutual respect, dignity, compassion, and shared humanity offers a culturally resonant approach to counteract such barriers (Jecker et al., 2022). For instance, research has shown that integrating Ubuntu values such as respect for dignity and compassionate care can support inclusive attitudes among healthcare providers and community members, thereby reducing stigmatizing behaviors toward people living with HIV and TB (Rasweswe et al., 2024). Ubuntu-informed care encourages providers to treat patients with empathy and respect, strengthening trust and engagement with health services (Jecker et al., 2022; Rasweswe et al., 2024). Moreover, Ubuntu's focus on collective responsibility and social solidarity aligns with public health goals that extend beyond clinical care to include community empowerment, social support, and efforts that promote equity, respect, and dignity for all individuals essential for effective prevention, treatment, and long-term public health outcomes (Mugumbate & Chereni, 2020).

5.1 The Role of Ubuntu in Combating HIV and Tuberculosis Stigma

Ubuntu an African humanistic philosophy emphasizing shared humanity, compassion, dignity, and collective responsibility has been increasingly explored as a framework for reducing stigma associated with HIV and tuberculosis (TB) (Tarkang et al., 2018). Ubuntu principles provide a culturally rooted approach that strengthens empathy, promotes community engagement, and supports inclusive health communication and care delivery, all of which can contribute to stigma reduction and better health outcomes (Tarkang et al., 2018; Ramavhoya et al., 2024).

5.1.1 Promoting Empathy and Non-Discrimination

The Ubuntu philosophy inherently promotes compassion, empathy, respect, and equality, which counteract stigmatizing attitudes and discriminatory behaviours toward people living with HIV or TB (Rasweswe et al., 2024). Ubuntu-informed approaches teach caregivers, community members, and health workers to view each person's dignity as tied to communal wellbeing rather than individual fault or shame. This shared humanity can reduce fear-based discrimination and support inclusive care environments. Evidence from nursing education research shows that Ubuntu principles are perceived by health trainees as critical tools for fighting stigma in HIV and TB care by reinforcing ethics and dignity in practice (Rasweswe et al., 2024).

5.1.2 Encouraging Collective Action

Ubuntu's emphasis on shared responsibility and collective well being encourages communities to work together against stigma rather than leaving the burden on affected individuals alone. A study in rural South African communities demonstrated that empowering community members to integrate Ubuntu in caring for people living with HIV or TB led to attitudes and behaviour that support reduced stigma, increased disclosure, and stronger social support networksoutcomes that reflect collective action rooted in communal values (Ramavhoya et al., 2024).

5.1.3 Ubuntu in Health Communication

In health communication, Ubuntu can shift messaging from fear, blame, or moral judgment to respectful, dignity-affirming dialogue. Health promotion that embraces Ubuntu principles frames health as a shared good and encourages mutual understanding and support (Kgatla et al., 2025). For example, educational interventions that integrate Ubuntu values into communication materials or workshops with students training in care provision have been shown to foster more respectful attitudes and behaviours toward people with HIV or TB, reinforcing dignity and reducing stigma in communication practices (Kgatla et al., 2025).

5.1.4 Integrating Ubuntu in Health Care Services

Healthcare workers can integrate Ubuntu by embedding its principles into routine care such as respectful listening, empathetic counselling, non-judgmental support, and culturally sensitive services (Gundo et al., 2025). Research from Gauteng Province in South Africa highlights that community health workers trained in Ubuntu-informed care are better positioned to support people living with HIV and TB through culturally aligned, compassionate care. Ubuntu- informed care models emphasize the human connection, which strengthens trust between patients and providers and can improve treatment adherence and follow-up engagement (Gundo et al., 2025).

5.1.5 Case Studies and Practical Applications of Ubuntu in the Fight Against HIV and Tuberculosis Stigma

A practical example comes from Limpopo Province, South Africa, where a community workshop that empowered residents to apply Ubuntu values in caring for people living with HIV or TB demonstrated reduced stigma, improved support behaviours, and greater disclosure among participants (Ramavhoya et al., 2024). The study highlighted that caring, sharing, humility, and support; core Ubuntu principles contributed directly to reducing stigma and discrimination in community care settings (Ramavhoya et al., 2024). Chikwaiwa (2021), highlighted the expression of Ubuntu by TB patients in Harare, Zimbabwe, who shared TB medications among themselves, in

a bid to promote treatment adherence, and advocated that health workers imbibed this concept of sharing medications in order to combat tuberculosis and other stigma related diseases. In Uganda, the Ubuntu fight against HIV/AIDS stigma was achieved through a multi-sectorial (community coalitions, involvement of religious institutions, and political leaderships) strategy adopted to combat the devastating HIV/AIDS epidemic, resulted in a sustained impressive response against the epidemic (UGM, 2015). Similar success was also reported in Zambia, where community coalition helped reduce the stigma and discrimination against people living with HIV, thereby combating the disease (Paterson, 2019). With respect to other diseases, Afolabi (2018), and Chigangaidze et al. (2021) called for the adoption of the Ubuntu concept as a formidable and ethical intervention, in the fight against the Ebola viral outbreak and COVID-19 pandemic.

5.1.6 Community-Based Initiatives Guided by Ubuntu

Community-led initiatives grounded in Ubuntu focus on mutual care, shared learning, and collective problem-solving (Ramavhoya et al., 2024). These approaches often mobilize community groups, peer support networks, and local volunteers to conduct outreach, provide support, and share accurate health information. When communities embrace Ubuntu values, members are more likely to challenge stigma, encourage testing and treatment, and build sustainable support systems that improve long-term health outcomes (Ramavhoya et al., 2024).

5.1.7 Traditional Leadership and Ubuntu in Stigma Reduction

Traditional and cultural leaders can play a significant role in normalizing supportive attitudes and reducing stigma through Ubuntu-aligned leadership. Ubuntu emphasizes respect, social harmony, and collective well being, qualities that traditional leaders can leverage when communicating about HIV and TB in ways that challenge prejudice and encourage communitycare. Cultural institutions often hold moral authority and can reinforce Ubuntu principles to reshape norms around discrimination and exclusion (Tarkang et al., 2018; Paterson, 2019).

5.1.8 Engagement of Schools and Youth in the Fight Against HIV and Stigma

Engaging youth and schools through Ubuntu-oriented health education can cultivate empathetic, respectful attitudes from an early age (UHF, 2025). Programs that integrate Ubuntu values into school curricula and youth health campaigns promote peer support, reduce stigma through shared understanding, and encourage young people to become change agents in their communities. Youth engagement initiatives based on community empowerment models demonstrate that involving young people in health education and peer outreach amplifies stigma-reduction efforts and fosters resilience and solidarity in future generations (UHF, 2025).

6.1 Challenges in Applying Ubuntu to HIV and Tuberculosis Stigma Reduction

While the Ubuntu philosophy offers a culturally grounded framework for reducing stigma by promoting shared humanity, dignity, and mutual support, there are real-world challenges to applying it effectively in stigma-reduction practice. These challenges include conflicting cultural beliefs, resource limitations, and gender and power dynamics that can limit Ubuntu's impact (Moyo & Tshivhase, 2024).

7.1 Strategies for Strengthening Ubuntu-Based Approaches

Strengthening Ubuntu-based approaches to reduce HIV and tuberculosis (TB) stigma involves deliberate, culturally grounded interventions that reinforce shared humanity, dignity, respect, and collective responsibility (Tarkang et al., 2018).

7.1.1 Community Education and Awareness

Education and awareness campaigns are foundational for embedding Ubuntu values in stigma reduction. Community education should:

1. Inform people about Ubuntu principles (compassion, respect, dignity) and link them to supportive behaviours toward people living with HIV and TB.

2. Use local languages and cultural contexts so that communities understand Ubuntu concepts deeply and can apply them to reduce stigma.

3. Combine Ubuntu messaging with health education about HIV and TB transmission, prevention, and care to demystify misconceptions and fears that fuel stigma.

Evidence from reviews of Ubuntu-oriented health initiatives suggests that when communities are taught Ubuntu values alongside biomedical information, attitudes toward people living with HIV improve and stigma is reduced (Tarkang et al., 2018).

6.1.1. Collaboration Between Government and Communities

Government engagement is critical to institutionalize Ubuntu-informed stigma reduction through:

1. Policies that explicitly promote non-discrimination and dignity in health services and community settings. Working with local leaders, health workers, and community organizations to create culturally relevant stigma reduction interventions.

2. Supporting community dialogue platforms where Ubuntu values are discussed within health promotion initiatives.

3. Collaborative governance ensures that Ubuntu principles are not only community ideals but also reflected in public health strategies, programming, and resource allocation (Tarkang et al., 2018).

6.1.2. Strengthening Support Networks

Ubuntu is inherently social, strengthening community support networks can reduce isolation and stigma by:

1. Establishing peer support groups for people living with HIV and TB that share experiences and promote mutual care.

2. Training community health volunteers to provide Ubuntu-informed psycho-social support, emphasizing empathy, respect, and shared responsibility in patient follow-up and care.

3. Integrating Ubuntu value training into existing community health programs to enhance compassionate, culturally sensitive support.

Studies assessing Ubuntu informed care among community health workers show that embedding Ubuntu principles in training improves their capacity to deliver supportive, respectful care; a key element in stigma reduction (Gundo et al., 2025).

6.1.3. Incorporating Ubuntu in School Curricula

Embedding Ubuntu in education systems helps shape attitudes and behaviours long before stigma becomes entrenched:

1. Introduce Ubuntu values (respect, dignity, empathy, interconnectedness) into life skills, health education, and social studies curricula.

Use classroom activities, storytelling, and community projects to illustrate how Ubuntu promotes inclusive behaviour and reduces discrimination.

2. Encourage youth engagement through clubs, peer education programs, and community outreach that link Ubuntu ethics with HIV and TB awareness.

3. Ubuntu-based health education helps young people develop respectful, non-stigmatizing attitudes and equips them to become agents of change in their communities (Gundo et al., 2025).

8.1 The Nexus between the Ubuntu concept and the One Health model

The interconnection between these two concepts lies in the fact that public health, animal and environmental health are connected and sustainable well being and health outcomes require inclusive, collaborative multi-sectorial efforts. Ubuntu ("I am because we are") emphasizes interdependence, collective efforts and harmony between people and their environment (Jecker et al., 2022), thus providing a philosophical basis for the One Health Model (Van Norren, 2014). Therefore, integrating the Ubuntu concept into the One Health model is significant and relevant for addressing infectious diseases (endemic/pandemics), environmental management and others.

Conclusion

Ubuntu, emphasizing shared humanity, dignity, empathy, and collective responsibility, offers a culturally grounded and ethically robust framework for addressing HIV and TB stigma, thereby Its principles, when integrated into community engagement, healthcare services, education, and policy, can promote non-discrimination, strengthen support networks, enhance health communication, and improve access to prevention and treatment, thus aligning with the goals of the One Health model. The Ubuntu concept can therefore be integrated into the One Health model a sustainable and better health outcomes for affected individuals and communities.

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