

## ONE HEALTH MASTER AT CIS UNSA – BACKGROUND AND JUSTIFICATION

One Health (OH) is imposing as sound solution to nowadays challenges in promotion of health and well-being of all species and the environment through the systemic integration of relevant natural and social sciences. Magnitude of interdependencies between human health, animal health and the environment, as the core of the OH philosophy, has been well observed and increasing in recent time (E Gibbs et al. 2014). Nevertheless, the disciplines of human medicine, veterinary medicine and environmental sciences have developed independently in the last fifty years with only nominal basic biology links, but lacking holistic operational framework (Robert D Cardiff et al. 2008). Recent global health threats (influenzas, SARS, Ebola, antimicrobial resistance and other) and ecosystem disturbances including climate changes, deforestation, urbanization, globalized trade and traffic, human and livestock population growth and diseases spillover, have encouraged interdisciplinary actions. There are multiple OH initiatives worldwide: new OH training courses (Patricia A Conrad et al. 2009; E Gibbs et al. 2014), OH research consortia (<http://neoh.onehealthglobal.net>, <https://www.ecohealthalliance.org>, USAID - Emerging pandemic threats program), human and animal health interventions with shared resources and/or budget allocation (SEGA One health network), OH surveillance (Katharina DC Stärk et al. 2015) and OH endorsement resolutions adopted by many statutory organizations (WHO, OIE, FAO tripartite commitment 2017).

As per rule, all these OH actions are initiated, funded or run by international development agencies and institutions from developed countries, but focused on developing world where most disease events and threats have risen. Such application of OH principles seeks to reduce global risks and consequences by bridging the gaps within and between animal health, public health and food safety sectors in developing countries. Bosnia and Herzegovina (BiH) even though an European country, perspiring to become the European Union (EU) member, has economic and socio-political developmental indicators region more close to undeveloped African, Asian and South American countries, than to European averages (Will Bartlett 2009). This part of Europe owes its current status to decades of economic deterioration prior to collapse of socio-communist central governing regimes during final decade of the last century. Same if not larger impact came from commonly slow and inefficient transition of these countries to democracy and market economy (Igor Filatotchev et al. 2003). Public health sector as other public expenditures in BiH suffers due to same factors resulting in growth of health issues both in human and animal populations, mostly ones shared by cause for both (S Cavaljuga et al. 2009). Deteriorating human and animal health affects overall welfare and wellbeing of society directly and indirectly through suboptimal food production and trade restrictions (N Fejzić et al. 2017). Even more, it is additionally hindered by inadequate capacities for disease containment and prevention and ever decreasing public funds availability. By taking the bottom up approach, it was envisaged that by improving educational capacities in public medicine/veterinary medicine faculties in areas relevant to public health and creating common master program to address common issues new generation of policy/decision makers in public health systems will arise. Through such program their existing formal education would be updated and expanded towards acquiring skills for better implementation of international (EU) standards, better transdisciplinary cooperation, adopting a mind set for goal oriented and cost efficient planning and understanding of mutual and corresponding differences as well as competences.