

One health – a new concept in social sciences?**DOI:** <http://doi.org/10.26758/9.1.12>

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Abstract

The present article emphasizes the emergence and spread of a new concept in the scientific field: One Health concept. It refers to the unitary approach of some topics such as risks and crisis originated at the interface between human social world, one hand, and the biological and ecological environments, on the other hand, which, until recently have been addressed in specialized ways. The *One Health* approach, developed since 2005 as an international and cross-sector movement, recognizes and affirms that human, animal and ecosystem health is interlinked. More than joining ecology, veterinary medicine, human health, microbiology and molecular biology, public health, and health economics, there are arguments that social and socio-behavioral sciences can integrate the concept of One Health into a new explanation about balance and health of the groups and individuals, on the one hand, and imbalance and pathology on the other hand. The traditional specialised way of treating social and cultural pathologies is barely productive. But it can be continued towards a positive approach to social health as a rebalancing of natural and cultural resources. *One Health*, as a healthcare current and as a model for scientific integrated thinking can include the results obtained in the field of socio-human sciences in order to restore continuity and integration between man, society and environment.

Keywords: One Health, cross-sector approach, interdisciplinarity, social sciences.**Introduction**

Nearly a decade ago, a project to improve the health and well-being of people and the environment was launched to prevent risks and mitigate the effects of crises that originated at the interface between humans, animals and their different environments. To this end, a multi-sectoral and intra-sectoral „whole society” approach has been promoted in the United States and European societies to identify and assess health risks. The current *One Health movement* is an unexpected positive development that has emerged as a result of the unprecedented global response to the highly pathogenic avian influenza. Since the end of 2005, there has been growing interest in new international political and cross-sector collaborations pertaining to the serious health risks of the population.

One Health is rather a new approach of things than a concept and this new approach is under the incidence of a process of transforming itself into an international movement. This approach appears as a systemic change in the perspectives of risk management so far, but also in the concept of health. Based on cross-sector coordination, the new unitary health concept involves joining ecology, veterinary medicine, human health, microbiology and molecular

biology, public health, and health economics into a single coherent approach. Collaboration between sectors that have a direct, or indirect, impact on health involves re-evaluating strategies and optimizing resources and efforts while respecting the autonomy of different sectors. To prove the effectiveness of the *One Health* approach, it is necessary to establish a good sectoral balance between existing groups and networks, especially between veterinary, human, ecology, on the one hand, and economic agents, developers, representatives of socio-human disciplines behaviours, on the other hand (<http://www.onehealthglobal.net/what-is-one-health/>).

In a rapidly changing international context, the *One Health* approach recognizes and affirms that human, animal and ecosystem health is interlinked. This involves applying a coordinated, collaborative, multidisciplinary and intersectoral approach to address potential or existing risks from the animal-human-ecosystem interface. As an internationally developed movement, it is very fast-moving as it is officially approved by the European Commission, the US Department of State, the US Department of Agriculture, the Centres for Disease Control and Prevention (CDC), the World Bank, The World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO), the World Organization for Animal Health (OIE), UNSIC Coordination, the various Universities, the NGOs and many others. Numerous international meetings and symposiums have been held, including major initiatives in Winnipeg (Manitoba, Canada, March 2009), Hanoi (Vietnam, April 2010) and Stone Mountain (Georgia, USA, May 2010), as well as Scientific Congresses on Health (the first of which took place in Melbourne, Australia, in February 2011). The first International Health Congress in Melbourne emphasized the fact that One Health has become an international movement with specific associated research, complex and continuously developing methodology and projects to be carried out in many places around the world. In Melbourne, foundations have been established for creating and supporting a *One Health* practice community.

At the Operationalizing One Health meeting, held May 4–6, 2010, in Stone Mountain, Georgia, USA, a multidisciplinary working group was formed to assess the state of evidence in support of the *One Health* approach. This Working Group specified the two concepts underlying the *One Health* approach that could be subjected to evidence testing:

- 1) It is feasible to integrate human, animal, and environmental health efforts to predict and control certain diseases at the human–animal–ecosystem interface.
- 2) Integrated approaches that consider human, animal, and environmental health components can improve prediction and control of certain diseases (Rabinowitz et al, 2013).

Apart from these approaches, anthropology may propose a new opening for the *One Health* approach to social forms, cultures and civilizations. The question of the possibility to integrate social or cultural health research into environmental, animal and human health research is logical to go beyond the specification of what is healthy and what is pathological in the social and cultural environment.

Continuity and segmentation

There is no need to build links between man, society, environment, unless the original continuity that has maintained these dimensions of a single (cosmic)whole has been broken. The current concerns for communication, integration, adaptation go to prove no less than the fact that the structures of continuity have been broken. The process of unmaking of this vital monolith that man and his animal, vegetal, mineral or spiritual environment (to be read "divine") formed began with the systematization of scientific knowledge and with the determination of action through this type of knowledge. The deterioration of credibility of the tradition-supported ways of knowledge and action, based on lived and combined experience of innumerable generations, as well as on revelations, meaning, addition of immediate human experience to the divine

experience has separated the levels of human activity: science from religion, man from animal, humanity from divinity, society from environment etc.

In general, we have witnessed at least a conceptual detachment of man as an individual („the one who can no longer be divided”) of everything else that she or he integrated. Thus, sickness and health have changed, as many other realities, in what regards their reference: man becomes ill and she or he is treated individually and health is an individual experience. Neither the deity, nor the members of the family, none the less the place where she or he is living is any longer involved in the recent experiences of human health or pathology. Only random discoveries still remind us that there are very strong dependences of human health on a balance reached beyond man.

The environment offers natural resources and specific living conditions, thus designating a repertoire of appropriate occupations and habits. Depending on these aspects, a social type, or a dominant family type, is formed. In sociology, schools with large theoretical and methodological contributions (The Le Play School is the best known) explained social or family functioning based on the spatial conditions of the roads that nomadic societies have gone through toward their sedentarisation or settlement sites. A „disease” of the environment causes, according to these explanations, an equally unbalanced relationship between family and, eventually, social and individual relationships. For example, spatial conditions have allowed two main types of families, societies and individuals to be formed in Europe and Asia: the open space, favourable to either farming or agricultural cultivation or animal breeding (or mixed purposes) has generated the strong, patriarchal family type, subordinated to the authority of a single leader or a council assisted leader. Whether it was about work or about waging battle, the well-coordinated action run in force was essential. The narrow area of the fjords in the northern European continent, bordered by forests and sea, has generated the type of private family, independent in its own household, but which cannot support a large number of members. Not work or struggle, but especially the independence and the initiative to create a new household and to make the roads of access through which it was integrated into a form of society, were valued assets.

With the changing environment, urbanization and industrialization, the two formulas are no longer viable. In their place proliferates what sociology describes as the unstable family, in which no value and no orientation are useful anymore. The quality of subordination and that of the initiative are equally absent and, according to Le Play School theorists, the unprepared, incompetent individual becomes „a prey to states and governments.” The place of the family is taken by society and public life. In the society where the unstable family predominates, the young age becomes superior to those more advanced ages, due to higher adaptability to public systems. Also, through the competition process, stimulated by the limitation of the means of livelihood, individualism is accentuated and leads to the assertion of the anarchic spirit. From a lack of solidarity, the elderly, the children and the sick people are actually left unprotected in this type of family organization.

The catastrophic diagnosis of ethology

Within the traditional horizons where the cosmic continuum was not segmented, health was given by stability and coherence, as well as by harmony; disease meant destabilization induced by unfavourable, unnatural manifestations. Concrete illnesses, or major epidemics, or the personalized suffering, or the natural cataclysms were linked to a cosmic imbalance: they betrayed a curse or a sin that affected humans, land and animals alike. Man did not suffer alone, and his suffering was not punctual, but general; purifications, in the sense of restoring the initial, original state, were the recommended health strategies. Various forms of the reactions to the biblical flood (libations, sacrifices, ablations, etc.) could save or heal the disease treated as evil,

or as the maculation of the world. In the tragedies of classical European antiquity or in the vetero-testamentary references, as in many other classical or folkloric sources, this unity in health or illness is emphasized.

The new form of urbanized society has a redefinition of health and illness. In such case, the living space is rationalized, seen in geometric terms, since Le Corbusier has accused cities of bad sanitation, malfunction and aesthetic offence. The result is embodied in uniform settlements as aspect, organized with right angles, looking to submit nature and not in the least to follow it. Developing communication media and travel possibilities has cancelled space as a distance. Along this war, the fight against cosmic and climatic phenomena has also been successful: electric lighting cancels the difference between day and night, the thermal comfort between summer and winter. The environment is loaded with unnatural population agglomerations: according to ethology, the population has increased 100,000 times within the same spatial perimeter, creating „super tribes”; this affects people in the same way in which caging influences wildlife in zoos (Morris, 2010, pp. 11-12).

Other statistics speak about 300,500 generations of gatherers, hunters and farmers, people living in community with the natural environment, and about 10 generations of people living in the highly industrialized industrial environment (Chelcea, Ivan and Chelcea, 2008, p. 32). Recent developments have led the Nobel Prize laureate in psychology and medicine in 1973, Austrian ethnologist, zoologist and ornithologist Konrad Lorenz to identify eight diseases that affect the humanity of the last century and a half: overcrowding, devastation of vital space, man's struggle with herself or himself or the progress to nowhere, the thermal death of senses or the increase in sensitivity to pain and insensitivity to pleasure, genetic decay, the crushing of tradition, the alarming increase in receptivity to indoctrination and (the least dangerous affection, since it is visible and still controllable) the existence of nuclear weapons (Lorenz, 2006).

In conclusion, specialists who investigate the behaviour of man, as a species, being alongside other species, part of nature, believe that man and his life partners suffer from a complex pathology generated by planetary mutations manifested in deviations from its initial biological bases. Unfortunately, health is not seen in this approach, except as an initial, primary condition. This kind of balance can only be restored by a dramatic change in the lifestyle, production and thinking of humanity and at the cost of sacrificing what, for generations, is considered to be its most precious conquest, the western-European civilization.

As such, responsibility for managing companies is becoming more and more difficult for someone who would assume responsibility. „Politicians, administrators, and other super tribal leaders are good social mathematicians, but this is not enough. In the future world, which seems to be even more crowded, they must also be good biologists, because, there is an animal in all of this mass of cables, plastic, cement, bricks, metal and glass that they control, there is there a primitive tribal hunter disguised as a supernatural, civilized citizen, desperately struggling to cope with this extraordinary situation with the old qualities he inherited. If he gets a chance, he will be able to turn the human zoo into a wonderful amusement park. If not, everything could turn into a gigantic asylum of madmen, somewhat similar to the horrible animal husbandry of the nineteenth century. For us, the people living in the current super tribes, it will be interesting to see what will happen. For our children, though, it will be more than interesting. As soon as they take control over the situation, the human species will undoubtedly face such great problems that everything will be a matter of life and death” (Morris, 2010, pp. 360-361).

Deviance and social pathology

In classical sociology, there has been research into social pathology where health was defined as normality, and disease as a social abnormality. Emile Durkheim, a classical sociologist, defined this state as a dysfunction of society, manifested in states or situations of

social abnormality and morbidity. The clearest example that he gave in the assessment of the social disease is his study on suicide as a phenomenon indicating the intensity of the pathological condition of a society or social group (Durkheim, 2001). If health means normality, then what is normality? History and geography show deep differences between what is considered normal in a given space and time and the normality of other space-time coordinates. Durkheim places the definition of normality within societies, related to their size and status of closed communities, with a well-determined specific, with a great homogeneity of values and human behavioural types: normal, thus healthy, is whatever does not deviate from the common type of society, from those feelings and beliefs shared by all members of that society. This common type is a kind of social average, assumed and reproduced by the overwhelming majority of people, an identity that assimilates and neutralizes their distinctive, singular features. „The set of beliefs and feelings common to most members of the same society form a determined system that has a life of its own; we may call it collective or common consciousness. Undoubtedly, it has no substrate as a single organ; it is, by definition, diffused throughout the whole of society; it is no less true that it has specific characters that make it a distinct reality”(Durkheim, 2001, 97).

A common consciousness of all could be manifest under these circumstances, representing in the same way either guilt, abnormality or disease, either virtue, normality or health. Having the same health milestones or representations in all members of society, the same reaction manifests itself in the deviation from this state. A natural sense of justice or morality manifests itself throughout society and identifies crimes (almost all of them being subsumed for treason or sacrilege). The legal or customary law and the common morality provide the means of restoring the social body through two types of „healing” strategies: a repressive one (which indicates what is undesirable, defines the crime in its hypostases and provides punishment for those who commit it) and a restitutive one (describing normality, what is desirable, setting the rewards for those who respect it).

As a form of special social deviance, but closely related to the ideas of social control and social regulation, mental illness is worth mentioning. Irrationality, mental and emotional disturbances that generate unnatural, damaging, or disturbing behaviours, even if they are part of the medical sphere, also depend on the representations of society about whatever is deemed rational, appropriate or normal. The differences medicine operates with to separate mental suffering from the physical one are not always conclusive: a mental illness such as Alzheimer's may have physical causes, and physical suffering can be caused by mental ones, as is the case with psychosomatic diseases. Similarly, it is difficult to set a limit between mental illness and deviance (or between „insanity” and „malice”), such limit being identifiable by different assessment methods: deviance is diagnosed by behavioural pursuit, and mental illness through mind evaluation.

Mental illnesses, from those caused by brain pathology (Alzheimer's) to psychoses (schizophrenia, or the manic forms of depression), neuroses (phobias, anxiety and obsessions) and behavioural disorders (such as alcoholism, addiction, anorexia, perversion) affect an increasing proportion of the population to such an extent that the mental health authorities, in the absence of healing remedies, have found the solution to qualify many of these as normal. By departing from the normality generated by the common conscience of the majority, current societies turn to these professionalized courts that continuously redefine the definitions of normality, transforming it, from an ineluctable criterion discerning between illness and health, into a short-lived social convention.

The diagnosis of Georg Simmel: urbanization and nervous suffering

Specialized studies approach as well the theme of the „normalization of disease” or crime in the present world. According to the characterization that the German sociologist Georg

Simmel (1858-1918) associates to the metropolitan inhabitant, this type is not an „average social type” in the sense of defining normality as an average, but it is one that deviates from this normality. This happens primarily because of a certain abnormality of urban society itself, one that is deficient in solidarity, sociality and spirituality. Metropolitan life is highly **rationalized**, actualized, at the psychological level, through an extraordinarily intense mental life of individuals and by the preponderance of intellect - as our most adaptable force –in relation to sensitivity and feelings (dominant in smaller communities). Intellectual dominance is linked to economic rationality: any quality and particularity became **objective** and quantitatively reduced to the pecuniary notion. Here is another feature that deviates societies from the typology of non-metropolitan societies, namely the **exactness** of relationships, the transposition of the world into numerical models, and the search for accuracy at all costs (in determining equality and inequality, establishing meetings and conventions etc.). This is possible precisely because of the accountable nature of money, the most efficient social vehicle. The accuracy, punctuality, calculus, without which urban life would collapse in chaos, are meant not only to regulate external relations; they must determine the contents of life and exclude the irrational tendencies and impulses that seek to determine themselves, from within, the form of life instead of accepting a general and precisely schematic form imposed from the outside (Dungaciu, 2003, pp. 153-175).

The accuracy and precision of the form of life is manifested at the subjective level by the subjective incapacity of reaction: **being jaded**, as a specific feature of the metropolitan environment, consists in the manifest lack of sensitivity toward things, their significance and their differences, and it comes from the tiredness caused by violent nerve solicitation. It is the subjective reflex of the internalisation of the monetary economy, whereby money becomes the most effective levelling tool, irreparably taking away their substance, their individuality, their specific and incomparable value.

The pathology of urban personality coincides with that of living space. In the culture of dwelling, specific to folkloric and traditional societies, the boundaries included the spaces of concentric interiority; it had successively, continuously and gradually around the social outbreaks: the hearth / the altar / the dwelling centre, respectively the temple / the centre of the fortress. In this continuum, relations of kinship, neighbourhood or civility were polarizing according to the same logic of family life. The walls of the house, the fences, the boundary stones, or the walls (with the adjoining contact areas - thresholds, gates, doors, windows) were beneficial places as they preserved interiority, the order of civilized space. But they were always besieged by the intrusion of exteriority and strangeness (De Coulanges, 1984; Stahl, 2000; Eliade, 1992).

Nowadays, the representation of vastness is cultivated (the feeling of vastness was associated with Leo Frobenius to western civilizations – Frobenius, 1985, p. 140): the spacious, American-style apartments or airy, minimalist interiors that are designed to illusory enlarge the spaces of smaller interiors are types of housing where boundaries are pushed toward the exterior (Schrenk, 2010, p. 150; Scott, 2007, pp. 138-153). In an empty space, the meaning of the boundaries is deleted; nakedness is the very essence of exteriority. Moreover, the boundaries between localities or societies tend to be attenuated. Paradoxically, this chase after transparency has been paid with the mastery of insecurity. „In an artificial environment, calculated in such a way as to ensure the anonymous character and the functional specialization of the space, the townspeople faced an almost impossible problem of identity. The grey monotony and the pharmacy cleanliness of the fabricated space deprive him of the opportunity to exchange meaning and hence the ability to seize the problem...”(Bauman, 1999, p. 48). Urban frights are the ones that double the disappearance of borders, that is, whatever distinguishes the familiar from the stranger, with the proliferation of increasingly sophisticated security systems. The walls are transparent, but alarms are armed. Security systems aim, Bauman noted, unintentional

citizens, but not foreign armies, bandits or other dangers from exterior: „Not living together but mutual avoidance and separation have become the survival strategies in contemporary megalopolis. There is no question of hating or loving your neighbour. If you respect him, settle the dilemma; thus decreasing the likelihood of the occasions where you are forced to choose between love and hate “(ibid., p. 50).

Health: an exhausted resource?

Contemporary sociologists, philosophers and anthropologists confirm the diagnosis of chronic pathology of the social world. Lipovetsky (1944) describes the continued decline of morality, one of the tools for restoring social health. We live today in a „post-society”. The individualist ethic of modernity seems to be in a structural conflict: an „organizing chaos” in which contradictory tendencies (idealism and cynicism, order and anomie) are encountered. The invoked solution is an „intelligent ethic” that favours compromise, experimental, customizable solutions taking into account interests, efficiency criteria, and particular conditions. It would be the project of a „prudent” ethic or a way of „gaining time against the evil and the pain of men” (Lipovetsky, 1996, p. 29).

The universalization of indiscriminate consumption and the physical and cultural degradation of food, the proliferation of *homo videns*, the emergence of video-children (Sartori, 2005) and *homo connecticus*, subordinated to slightly differentiated or undifferentiated messages and ever farther from within the communication with the global screen (Lipovetsky, 2008) are the diagnoses established by the researchers of European civilization. Globalization, as uniformity and cancellation of natural differences, an unsuccessful antidote to the uncertainty induced by the opening of societies and the promotion of the new is the current social equivalent of medieval pandemics (Bauman, 2001). Moreover, the phenomenon of McDonaldisation, in the name of its benefits – efficiency, accountability, predictability, control – invades in a viral way domains that until very soon were the sources of physical, mental and spiritual balance of man (birth and death, education, medicine or religion) (Ritzer, 2010).

This way of treating social and cultural pathology it is barely productive. But it can be continued towards a positive approach to social health as a rebalancing of natural and cultural resources. One of the proposed solution was developed by George L. Engel in 1978, called the Biopsychosocial Model – an interdisciplinary model that looks at the interconnection between [biology](#), [psychology](#), and [socio-environmental](#) factors (Pleșa, 2017, p.16; Gritti, 2017). Since then, *One Health* as a healthcare current and way of thinking included the results obtained in the field of socio-human sciences in order to restore continuity and integration between man-society-environment.

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