Preface

The first large-scale land images were born out of the combination of photography and flight. However, although aerial photography revolutionized cartography, the real breakthrough for Remote Sensing (RS) did not come until the scale of observation could be increased to include really large areas and when phothography was complemented with other specialized instruments capable of recording more than just visible light. Moreover, this had to wait until the 1970s when a sufficient number of satellites had been successfully put into stationary and revolving orbits around the earth. Driven by military and ecomomic needs, the convergence of such diverse fields as computer technology, earth sciences, advanced statistics and mathematics has produced an array of tools that can now be applied on a wide scale. Cartographers and meteorologists were the first to put these tools into civil use but progress was uneven and researchers in areas less directly affected by the new technologies needed time to become convinced that the prospects offered by Geographical Information Systems (GIS) and monitoring by satellites could be useful in their own disciplines. Dr Barnett Cline was a true visionary when he, in as early as 1970, as a young student, realized the possibilities for epidemiology and public health (see article in this issue). However, epidemiologists were initially slow to follow his lead and activities did not begin to pick up until 10-15 years later when the first research papers in this area started to appear more regularly. The last 15 years have seen an ever increasing reliance on cartographic representation of the distribution of infectious diseases, particularly that of the parasitic infections and their vectors. Today, GIS, RS, Global Positioning Systems (GPS) are well-known tools of the trade and few scientists working in the fields mentioned can manage without them. As we enter the era of Global Earth Observation Systems (GEOS), the old adage that a picture is worth more than a 1000 words rings truer than ever.

The *Geospatial Health* journal was created primarily to publish research articles dealing with applications of GEOS tools for health. However, the intention is for the journal to do more, namely to become a source of vital information on the availability and application of the above-mentioned technologies in medical and veterinary medicine, to promote geospatial monitoring techniques, and to encourage studies of the potential, or real, impact of climate change. GEOS has come into its own in this present age of information technology and can indeed provide the necessary data regarding the spatial and climatic parameters which determine the distribution limits of communicable (parasitic) diseases at various scales such as, for example, at the district, country or regional levels. *Geospatial Health* aims to harness these advantages and to serve as a forum for discussion and publication of epidemiological data in a geographical context. It is evident that the tools are as complex as the disciplines studied, thus a high level of expertise is essential, not only for the presentation and analysis of the various data but also for the technologies used for data collection. It is my sincere hope that the new journal will provide a cross-fertilization between technical and health-oriented disciplines thus promoting the further rapid development of an exciting new science.

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Editor-in-Chief