

## **EDITORIAL**

### **THE IGU COMMISSION ON GEOGRAPHY OF HEALTH. A BRIEF OVERVIEW.**

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The IGU Commission on Geography of Health has a relatively long history. In 1950 a Commission on Medical Geography was established. In the seventies it became a Working Group on Geography of Health. In 1988 at the IGC in Sydney the Commission on Health and Development was created. It was followed by the Commission on Health, Environment and Development and the Commission on Health and the Environment.

The evolution of the Commission is interesting in many ways. I would like to highlight some of these aspects.

The change of the title is meaningful. A first important shift was realized by the change of medical geography into geography of health. It supposes a move from a more medical insight dealing mainly with diseases and mortality towards a broader concept including the geography of health care and health services. Moreover, geography of health refers to a more integrated ecological approach.

The heading medical geography is more widespread in the Anglophone world. Other terms exist, for example Geomedicine in Germany. An extended literature related to the topic of definition is available. We mention a few references.

The heading Health and Development resulted from the need to put emphasis on this link which strongly exists. During the symposia organized by the Working Group on Geography of Health appeared a major interest in themes related to this relationship. Then a strong accent was put on environmental factors reflected in the headings Commission on Health, Environment and Development and Commission on Health and the Environment.

Considering the main topics of the meetings organized by the Commissions, one might distinguish research themes which reflect a permanent preoccupation and emerging issues. Among the first ones we could mention e.g. spatial and social inequalities of health and health care; mapping and modelling disease and mortality patterns; geography of chronic diseases; accessibility and planning of health care

services. More recently some emerging issues received special attention, such as ageing, gender, environmental change, urbanization.

Major research tendencies co-exist: e.g. quantitative and qualitative approaches; field work and abstract modelling. The behavioral approach has been emphasized in the analysis of mental illness, in the study of well-being, in diseases of affluence.

The tradition of organizing pre-congress meetings and in-between conferences and symposia is well established and continuing. Local meetings and workshops took place all over the world.

Occasionally symposia were held in collaboration with other IGU commissions and study-groups involving other sub-disciplines. We mention one example: “the geographical inequalities of mortality” co-organized with the commission of population geography in Lille (France) in 1990.

Also co-hosting of conferences took place. For example, at International Conferences on the Social Science and Medicine a workshop on health and development was organized under the auspices of the IGU commission (in 1989 and 1992).

A collaboration was established with the Association of Italian Geographers in the framework of international seminars on “Geografia Medica” from 1982 on.

All those meetings are very important for young researchers. It is the role of the commission to encourage them to participate, trying to provide travel grants if possible. It gives young researchers opportunities to meet, also with older scholars and to establish international contacts and take part in scientific networks. Particularly in developing countries this is essential. Also facilitating access to publication in international journals is a task of the commission.

Publications are a precious tool of diffusing reach results presented and discussed at meetings giving the participants the possibility of dispatching their scientific outcomes.

The commission has stimulated the publication of the papers presented at conferences. It resulted in books, special issues of journals and separate editions. A special journal “Geographia Medica” was published for the commission. The diffusion of country reports was stimulated; an example is the one by Mauritius in 1990.

Communication is an essential task of the commission. It creates scientific links and allows to dispatch information internationally. The Newsletter of the commission is an excellent tool announcing meetings and conferences, new publications, etc.

As there is a growing consciousness of the impact of environmental factors and of the importance of multidisciplinary approach, the Commission has an essential role to play. Also the strengthening of the links among scientists at an international level will increase.

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