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International Best Practice Principles

Health Impact Assessment

PURPOSE

These best practice principles intend to promote health impact assessment (HIA) and lead to better consideration of health in the development of new projects, programs, plans, policies, or strategies in all sectors. They are intended to:

- Provide high-level guidance about when and how to do, or review, HIAs.
- Integrate consideration of health impacts into other forms of impact assessments (IA).
- Be used to support capacity building on HIA, including training and professional education.
- Clarify to practitioners how they can contribute to the strengthening of an enabling environment for HIA in terms of policies, institutions and its resource base.

BACKGROUND

Health is a cross-cutting theme relevant to all fields of IA. Where applicable, these principles should therefore be used in conjunction with other principles of best practice provided by IAIA (https://www.iaia.org/best-practice.php).

The IAIA HIA Best Practice Principles was drafted by the authors listed below and reviewed by the Health Section of IAIA.

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Health impact assessment (HIA) is a process which systematically judges the potential, and sometimes unintended, effects of a project, program, plan, policy, or strategy on the health of a population and the distribution of those effects within the population. HIA generates evidence for appropriate actions to avoid or mitigate health risks and promote health opportunities. HIA guides the establishment of a framework for monitoring and evaluating changes in health as part of performance management and sustainable development.

Introduction

Impact assessment is a systematic approach that looks across sectors and analyzes the consequences of a project, program, plan, policy, or strategy (referred to as development initiatives in this paper). At the same time, it can also be an administrative tool linked to the decision-making process of that development initiative. HIA, like other forms of impact assessment, meets the challenges facing our societies. These challenges include the climate crisis and urbanization, both creating immediate, medium- and longer-term risks to human health and wellbeing. HIA maintains a focus on physical, social, and mental health and on the experiences of, and outcomes for, the most vulnerable in our societies.

The best practice principles set out in this document build upon a body of publications on HIA and health in impact assessment from the World Health Organization (WHO) and the International Association for Impact Assessment (IAIA) that have been developed over more than 20 years. These include:[1]

- The WHO Europe Gothenburg consensus paper, published in 1999 to create a common understanding of HIA, which provided a definition of, and a set of values for, the process.
- The first edition of the IAIA *HIA International Best Practice Principles*, published in 2006 to promote HIA and to ensure that the global reach of HIA is reflected in the statement of best practice and that the definition of HIA includes adapting the intervention to address effects on health.
- The WHO Europe paper entitled "Health in impact assessments: Opportunities not to be missed," published in 2014 with IAIA and the European Public Health Association (EUPHA) to present ways in which health is covered across different impact assessments.
- "Human health: Ensuring a high level of protection. A reference paper on addressing Human Health in Environmental Impact Assessment as per EU Directive 2011/92/EU amended by 2014/52/EU" published in 2020 with EUPHA to assist health authorities in navigating the EIA process.

This is the second edition of the IAIA *HIA International Best Practice Principles*. It continues to refine the definition of, and guiding principles for, HIA. The definition explicitly notes that HIA is concerned with protecting and improving health; it shows that HIA can establish frameworks for monitoring and evaluation and so it has relevance beyond the design stage of a development initiative; and it locates HIA, and human health at large, as central to sustainable development. Furthermore, these best practice principles acknowledge the diversity in HIA practice[2] and, thus, aim to accommodate flexibility in the methodological approach along with placing emphasis on a proportionate approach to assessment.

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[1] See "HIA milestone publications" in the Health Impact Assessment key citations associated with this paper.

[2] Winkler, M.S., Furu, P., Viliani, F., Cave, B., Divall, M., Ramesh, G., Harris-Roxas, B. and Knoblauch, A.M. Current Global Health Impact Assessment Practice. *International Journal of Environmental Research and Public Health*, 2020. 17(9): 2988.

Health is an intersectoral responsibility

The goal of development initiatives is usually focused on social and economic development, and they are in most cases not led by the health sector but by sectors such as energy, agriculture, transport, or urban planning. These sectors do not have a direct remit for health, but they are important influences on the conditions in which people are born, grow, live, work, and age. These sectors are at least equal to the health sector in their potential to protect and to improve population health as they are responsible for actions that change environmental, economic, social, and cultural determinants of health. Actions that protect and/or improve population health can also be cost saving for non-health sectors and facilitate their own sectoral objectives.

Development initiatives bring benefits but they can also have "hidden costs." These are typically borne by affected communities and can manifest as an increased burden of disease and reduced wellbeing. Equity is important because adverse health effects are often experienced most by groups that are disadvantaged and who may be marginalized in society. From an institutional perspective, it is the health sector that must cope with and pay for the health problems that result from development in the form of disease and disability.

What is HIA?

HIA draws on the concept of determinants of health. These are factors which influence health and wellbeing of individuals and populations, and include:

- The social, cultural, and economic environment, e.g., employment, social networks, people's beliefs, and access to basic services such as health care and education.
- The physical environment, e.g., settlement characteristics, access to safe drinking water and sanitation, climate and weather patterns, land use patterns, hydrology, and environmental quality.
- Institutional factors, e.g., the capacity, capabilities, and jurisdiction of public, private sector, and civil society actors.
- A person's individual characteristics and behaviors, e.g., age, gender, health status, and dietary practices.

There are slightly different models of determinants of health in HIA guidance documents and HIA practice, but the single, consistent guiding principle is that the assessment should start with a comprehensive and systematic consideration of all determinants of health.[3]

HIA investigates how proposed development initiatives may induce changes, intended or otherwise, in determinants of health and subsequent changes in health outcomes. For example, policies that separate motorized vehicles from other road users have direct beneficial effects on rates of injury and death caused by traffic incidents. Policies that promote active transport (e.g., walking or cycling) lower emissions of air pollutants which may, in turn, reduce negative effects on respiratory health. HIA considers the ways in which a development initiative causes or modifies health hazards and associated health risks that can directly or indirectly influence the health of individuals and populations. It also looks at ways in which health promoters and associated health opportunities can influence health.[4]

HIA identifies measures to adapt the design and the delivery of a development initiative to both protect and to promote health. These measures should be technically sound, socially acceptable, practically implementable, and economically feasible. They may be presented in a separate health management plan or integrated in, for example, social and environmental management plans. Management plans include measures that often fall outside the remit of the health sector, as well as measures for protecting and strengthening health services.

HIA guides the establishment of a framework for monitoring and evaluating changes in health status, referring to either changes in determinants of health or in health outcomes. Indicators for health determinants are often available through existing data or can be generated by means of quantitative and qualitative data collection methods (see "HIA methods and tools"). The monitoring of health outcomes provides the specificity needed for evaluating health impacts but is also more expensive and complex (see "Scale of HIA"). It requires specific expertise and appropriate data management and protection procedures for guaranteeing confidentiality. Monitoring can also focus on compliance with legal requirements or performance standards. Regular evaluations of processes, interventions, and impacts, building on monitoring data, are recommended in order to determine if implemented management plans are working, or where there is uncertainty about the effectiveness of mitigation or for effects that are significant and residual (i.e. , that cannot be dealt with by mitigation). Monitoring and evaluation should be proportionate and linked to further action. Evaluation in HIA is central to reviewing and updating health management plans, as well as for generating evidence that can inform future HIAs.

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[3] See literature on "Determinants of health" in the Health Impact Assessement key citations associated with this paper
[4] Terminologies are explained in the glossary

Benefits of HIA

The use of HIA can result in several benefits:

1. Public health is placed on the agenda of authorities, agencies, institutions, and individuals outside the health sector.
2. Risks to human health, including related social, cultural, economic, and environmental determinants, are anticipated and mitigated.
3. Opportunities for promoting human health and potential health co-benefits are identified and strengthened.
4. Health inequalities and inequities that may arise from a proposed development initiative are identified, taking into account the voices of, and potential impacts on, vulnerable and marginalised population groups.
5. Public participation in decision-making is facilitated through stakeholder engagement.
6. The burden on health services is reduced by promoting intersectoral action for health and addressing cross-cutting health issues.
7. HIA contributes to healthier and resilient communities, which is essential for sustainable development.

HIA can be stand-alone or it can be integrated into other forms of impact assessment, such as environmental impact assessment (EIA) (see "Health in other impact assessments"). As might be expected, HIA has developed differently across the world and we see subtle variations to fit regional and national contexts. This best pactice principles paper applies to standalone HIA and to the integrated assessment of human health conducted as part of another form of impact assessment (integrated HIA).[5]

The term HIA is also used in research papers which consider the health impacts of, for example, a policy or a policy change. These research-driven assessments tend not to be part of administrative procedures linked to the decision-making process of a development initiative and so they do not fall within the scope of this paper. However, such research may provide evidence for the HIAs considered here.

Who is involved in HIA

HIA is a participatory process and stakeholder involvement is important to challenge and consolidate the findings and to promote inclusive decision-making (see "Stakeholder involvement in HIA"). Stakeholders are persons or groups who are directly or indirectly affected by a development initiative, as well as those who may have interests in such and/or the ability to influence its outcome, either positively or negatively. Stakeholder participation is successful when all are able to engage in the process and to have an influence on the outcome. This can be facilitated by carrying out a detailed stakeholder identification and analysis followed by a transparent and open consultation that is contextually appropriate and relevant.

Key actors in HIA

There are generally four key actors involved in the HIA process, each with specific roles:

1. **Proponents of development initiatives** such as project developers, planning authorities/departments, or governmental authorities/departments responsible for formulating policies and/or designing programs.
2. **Local communities/institutions:** depending on the type of development initiatives assessed, these can be conceptualized in two different categories:
   - **Beneficiaries:** direct recipients/target of a development initiative.
   - **Affected communities/institutions:** located in proximity to a development initiative or indirectly/disproportionately affected by the development initiative while not being the beneficiaries of the initiative.
3. **Regulators/competent authorities:** these can be any authorities/departments with the roles of (i) formal responsibilities during the screening and/or scoping steps, (ii) creating intersectoral linkages between different departments, (iii) reviewing the quality of HIA, (iv) giving consent for a development initiative to proceed, or (v) monitoring and evaluating a development initiative to ensure compliance with the measures included in the HIA report. Additionally, national and international financial institutions or bi- and multi-lateral donors (quasi-regulatory entities) can have policies for health that need to be satisfied through an HIA.
4. **HIA practitioners:** these are the professionals carrying out the HIA. Practitioners usually have diverse knowledge, skills, and experiences (see "HIA capacity and capability"). A wide range of skills is required to undertake HIA, but at the core is the skill to engage in a productive interdisciplinary and intersectoral dialogue. The knowledge, skills, and experience are rarely held by one individual. The leader of an HIA team should be a professional with a broad public health outlook rather than one with a narrow medical area of expertise and should be good at communicating with non-health actors.

[5] See "Health in other forms of impact assessment" in the Health Impact Assessment key citations associated with this paper

Guiding principles of HIA

The overarching, cross-cutting principles that guide HIA practice and its use in planning and implementation of development initiatives are themselves framed by the notion that health is not only the responsibility of the health sector but is a shared intersectoral responsibility.

Comprehensive approach to health

HIA takes a broad, inclusive approach to health, emphasizing that physical, social, and mental health and wellbeing are determined by health risks and health opportunities related to activities in all sectors of society. Proportionate consideration of such wider determinants of health, their inter-relationships, and possible changes as a result of development is the foundation for an HIA. Multi-disciplinary data collection and intersectoral collaboration, between public health and other sectors, is a prerequisite for a coherent coverage of health in stand-alone HIA, as well as for health in other forms of impact assessment.

Sustainability

Healthy, resilient communities are key for sustainable development and successful development initiatives. Therefore, HIA should judge future short- and long-term impacts of a development initiative with a view to contribute to better, informed decision making of new development initiatives and, thus, contributing to meeting the Sustainable Development Goals (SDGs) of the United Nations 2030 Agenda.

Participation

People have a right to be informed about proposed development initiatives and should be given a chance to influence the decision-making process. In adhering to this principle, HIA should involve and engage stakeholders so that people potentially affected by the development initiative have an opportunity to express their hopes and concerns regarding health and can influence the formulation of public health actions.

Equity and equality

Pre-existing inequalities and the potential for unequal distribution of health risks and opportunities across the population should be considered, paying specific attention to groups that could be vulnerable and/or marginalised. HIA should identify appropriate measures to avoid or reduce adverse health effects and to monitor inequities and inequalities in affected population groups.

Ethical use of evidence

An HIA should use transparent and rigorous processes to synthesize and interpret the evidence. The evidence should be the best available from different disciplines and methodologies. The evidence should be evaluated and measures developed impartially. HIA builds on evidence and sound judgment in accordance with up-to-date policies, guidance and scientific consensus to anticipate future impacts and to inform measures for managing health risks and health opportunities.

How is HIA done?

The HIA process

The generic steps of the HIA process are illustrated in Figure 1, with the commonly applied steps in HIA featured in bold. HIA guidance documents[6] set out in detail the activities for the different steps of HIA. In short, the screening step determines whether an HIA is required. Regardless of the HIA type and application field, the scoping step sets out key parameters for the assessment (see "Scope of HIA"). Defining the baseline is an important step which tends to straddle scoping and impact assessment. The effort needed for the baseline definition largely depends on the context (e.g., data availability) and the range and significance of anticipated effects of the development initiative (see "Scale of HIA"). For development initiatives with a long-term horizon, HIA should take into account how climate change scenarios might influence baseline conditions, while also acknowledging associated uncertainties. In HIA of development initiatives that have considerable effects on the "human-animal-ecosystem interface", zoonotic risks, and the associated thread of (re-) emerging infectious diseases (e.g., COVID-19), have to be systematically considered, even if the likelihood of occurrence is low.

In the impact assessment step, health risks and opportunities, as well as changes in health outcomes, are prioritized based on the significance of the impact, setting the basis for the drafting of the health management and monitoring plans to be developed in the reporting step. Especially for HIA with a large scale, it is recommended that the procedures and methods are appraised by an independent actor for their conformity to the terms of reference, robustness, objectivity (lack of bias), integrity, and credibility of the datasets used and their analysis; the proposed mitigation measures and health promotional measures must be appraised for their technical soundness, social acceptability, and economic feasibility. This might be done by a health authority, under the oversight of a health authority or by an external HIA expert. The health management and monitoring plans are then realized in the implementation and monitoring step. For development initiatives with a long-term horizon and high potential for health impacts, it is recommended to periodically review, in the evaluation and audit step, whether health impact mitigation and enhancement measures need to be adjusted.

Overall, the HIA process needs to be adapted to meet the nature, range, and significance of a development initiative, data availability, and quality in the given context or whether the HIA is conducted stand-alone or is part of another impact assessment. It is also noteworthy that the assessment is not always strictly linear. Specific activities of individual HIA steps may overlap or be interlinked in an iterative process. The subsequent sub-chapters introduce some general considerations in the HIA process.

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[6] See "HIA guidance documents" in the Health Impact Assessment key citations

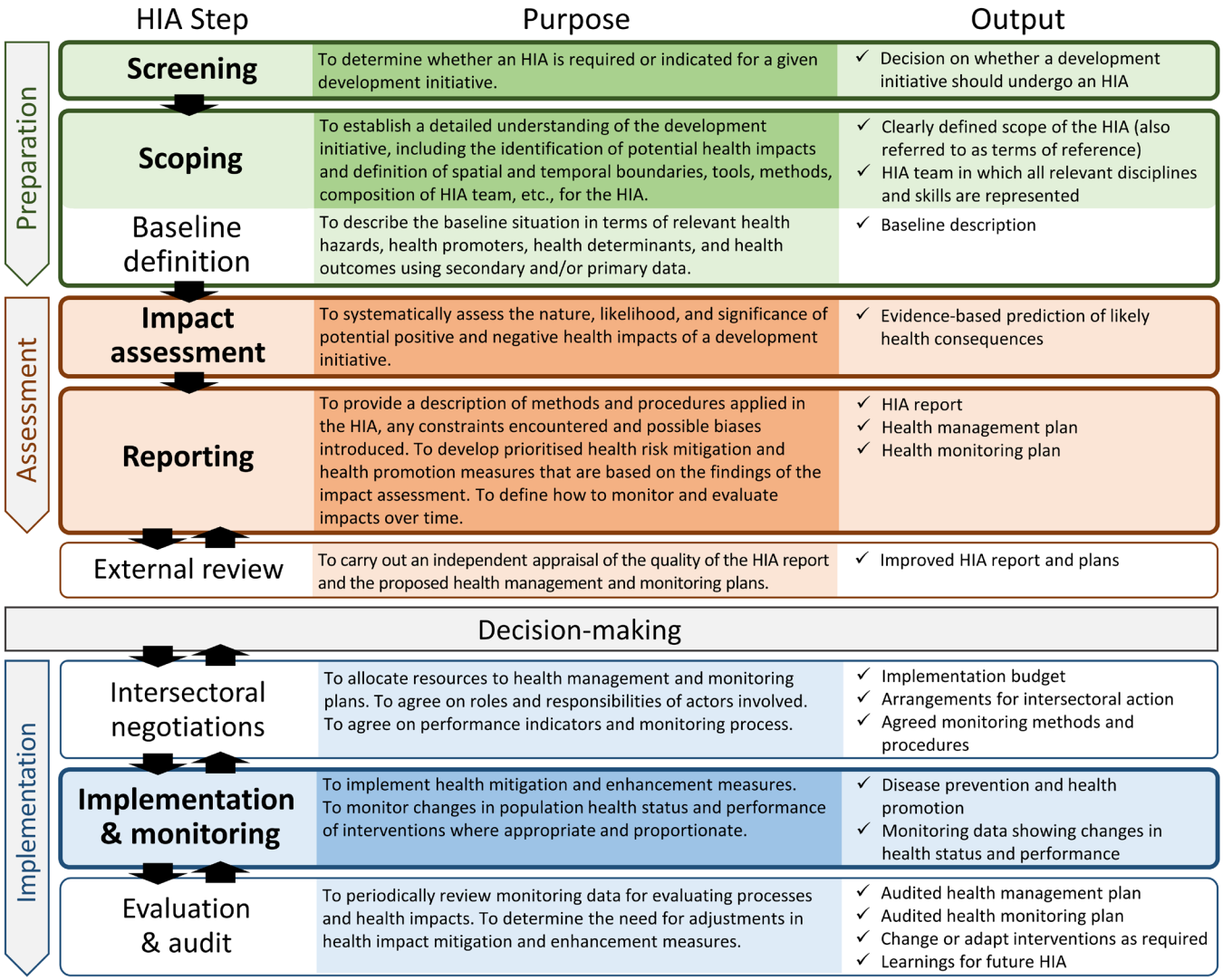

Figure 1: HIA steps in the context of the assessment process

HIA methods and tools

HIA is a combination of procedures, methods, and tools and, thus, a large diversity of applied methods and tools exist. These include:

- Literature reviews targeting "gray" literature, including impact assessment reports and scientific papers.
- Pathways showing the links between health hazards and promoters, determinants of health, and health outcomes, and differential effects on population groups.
- Collection and descriptive analysis of secondary data from relevant authorities, e.g., national or district health statistics, climate, environmental, and demographic data.
- Interviews with key informants and focus group discussions with potentially affected community groups.
- Field data collection, e.g., questionnaire surveys, environmental sampling, health facility assessments, biomedical sampling, and field observations.
- Systemic vulnerability assessments from a health perspective.
- Mapping using, e.g., satellite images and geographical information systems (GIS).
- Risk assessment, including qualitative or semi-quantitative risk assessment tools, quantitative risk analysis, and modelling methods.

Significance in HIA

It is important that the term "significance" is defined and applied consistently throughout the HIA process by practitioners, proponents, and decision makers.[7] This is an important concept that runs through all stages of the assessment. When the assessor finds an impact to be significant, it should be brought to the attention of the proponent of the

[7] See publications under "Impact assessment process" in the Health Impact Assessment key citations

development initiative who will want to ensure that when the design or policy is complete there are no, or as few as possible, impacts that are adverse and significant and residual. Significant impacts are presented in the final report to the regulator or responsible authority.

Each HIA step should focus on the induced changes on risk factors that are likely to generate significant effects on health. As the HIA process goes forward, and as more information about the development initiative becomes available, the assessment examines significance in more detail. Finally, mitigation or enhancement measures are proposed for those impacts that are deemed to be most significant. The significance of an impact therefore informs the design of the development initiative and/or conditions that are needed to ensure that the development initiative can go forward. This goes on to inform what is monitored and evaluated. This ensures that the level of detail in the assessment is appropriate.

Scope of HIA

The scoping step will set the initial definition of framework conditions, which may still be adjusted in the course of the assessment:

- **Objectives and boundaries** (spatial and temporal) of the HIA, taking into consideration existing national legal frameworks regulating HIA, the implicit or explicit health objectives of a development initiative, and any other standards of relevance to the development initiative.
- **Potential significant impacts** to be considered in the HIA.
- **Stakeholders** of the HIA and the nature of their involvement.
- The **methods by which data will be collected** for the HIA (see "HIA methods and tools"), including considerations on data quality and potential data gaps that may need to be addressed.
- **Required skills** and composition of the HIA team.
- **Opportunities** for intersectoral collaboration.

Defining the scope and scale of an HIA involves dialogue between the proponent, the HIA practitioners, and the regulators/competent authorities, possibly involving other key stakeholders. Some guidance documents refer to terms of reference, whereby the proponent sets out what is required.

For development initiatives with potential for significant health effects, it is recommended that the HIA team composition has the skills and experiences to appropriately engage with and understand the affected communities with respect to gender, age, language, social, cultural, ethnic background, and other relevant contextual characteristics, so that relevant health determinants are understood in the way they affect human health. Moreover, the expertise of an HIA team should mirror the complexity of the health determinants associated with the development initiative under assessment and the key health issues identified.

Scale of HIA

Each HIA must be suitable for the context within which it is undertaken and so the scale of an assessment will vary. This has implications for resources in terms of the cost of an HIA and the time needed to conduct the assessment. At all times, the scale of an HIA should be proportionate to the range and significance of anticipated effects of a development initiative on health.

Some guidance documents (e.g., International Finance Corporation (IFC) and Asian Development Bank (ADB))[8] differentiate between the scales/types of HIA: there is a "mini/desktop HIA," "rapid HIA," and "comprehensive HIA." In this best practice principles paper, we note that these terms may be used but we caution against them. The first two terms, in particular, can give an impression that an assessment has been rushed and is, thus, of lower credibility. It is important that each assessment follows a structured and robust process which is agreed with relevant stakeholders and that the focus is on ensuring that any given HIA is proportionate. This underscores the importance of the HIA scoping step in establishing the extent of the assessment and in planning its delivery.

Stakeholder involvement in HIA

The objective of stakeholder involvement in HIA, or any other forms of impact assessment, is to inform and consult potentially affected populations and to involve them in the decision-making process while also maximize acceptance of the proposed development initiative. The extent and mode of stakeholder involvement depends on the nature and the context of the development initiative and the scale of the HIA conducted. Stakeholder participation can also vary between different steps of the HIA process and may be an ongoing activity. More information on public participation and public hearing is available in the corresponding IAIA Best Practice Principles.[9]

Health in other impact assessments

Health considerations can be included in other forms of impact assessment.[10] Strategic environmental assessment (SEA) is applied to policies, plans, and programs and EIA is applied to projects. The umbrella term for both these processes is environmental assessment (EA). They provide important, regulated policy instruments for assessing the potential impacts of proposed future development initiatives. These are typically overseen by a designated environmental agency or ministry.

In EA the assessment of health effects has been biased towards biophysical health determinants rather than a holistic view that also includes important wider determinants of health. HIA integrating within EA, including EIA and SEA, should follow the guiding principles of this paper, notably the need for greater consistency in taking a comprehensive approach to health. It is therefore essential to facilitate adequate involvement of competent health authorities, authorities from related government departments (e.g., environmental protection), and health experts in the process.

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8 See "HIA guidance documents" in the Health Impact Assessment key citations
9 See IAIA Public Participation International Best Practice Principles
10 See "HIA guidance documents" in the Health Impact Assessment key citations

HIA capacity and capability

These best practice principles were revised in 2020. At that time there was a relatively low level of HIA expertise globally.[11] There was more experience with HIA at the project and program level than at the policy or strategy level. There was also a lack of capacity in, and knowledge of, HIA among authorities, which affected the ability of governments and regulators to commission and undertake critical review of HIA reports.

Training courses exist in some countries and are occasionally offered at conferences to assist practitioners and to develop capacity. For sustaining and further expanding HIA practice globally, efforts are needed that build up technical expertise and capacity for conducting HIA. Raising a new generation of HIA practitioners is a pressing issue. In-service training of professionals working in ministries and other institutions is therefore an imperative part of capacity development. Professionals with a relevant disciplinary background need the skills to dialogue with counterpart professionals in other sectors—not to take on board the knowledge about other disciplines, but rather to learn to speak each other's language, build trust and mutual respect, and negotiate solutions to complex intersectoral issues. Including a capacity building component while conducting HIA has been proven successful in the past, and it could lead to the tutoring of new HIA practitioners. This process would rely upon past experience coupled with new technology and insights, to ensure they are fully equipped to deal with future challenges.

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[11] Winkler, M.S., Furu, P., Viliani, F., Cave, B., Divall, M., Ramesh, G., Harris-Roxas, B. and Knoblauch, A.M. Current Global Health Impact Assessment Practice. *International Journal of Environmental Research and Public Health*, 2020. 17(9): 2988.

Publications/SP Best Practice Guides/SP5 HIA_21.indd

References

A selection of publications that relate to HIA practice and theory are available here: Health Impact Assessment key citations.

Glossary

Term	Definition/explanation
Health	A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.[1]
Health hazard	Chemical, physical, or biological agent in the environment that may have negative impacts on short- or long-term health.[2]
Health promotor	Chemical, physical, or biological agent in the environment that may promote health and wellbeing.
Health determinant	The range of personal, social, cultural, economic, and environmental factors that influence health status.[3]
Health outcome	A change in the health status of an individual, group, or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.[4]
Health status	A description and/or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators.[4]
Health risk	Indicates the extent to which the potential of a health hazard is realized.
Health opportunity	Indicates the extent to which the potential of a health promotor is realized.
Health equity	Equity in health refers to fair, just, and unavoidable variations in exposure to health risk factors and status among groups of people. As an example, significant differences in mortality or environmental risk exposure between low- and high-income groups would be considered unfair and avoidable, and therefore considered an equity challenge.[5]
Health inequality	Differences in health status or in the distribution of health resources between different population groups.[6]
Health indicator	Characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity, and time).[4]
Health promotion	The process of enabling people to increase control over, and to improve, their health.[7]
Health sector	Consists of organized public and private health services (including health promotion, disease prevention, diagnostic, treatment, and care services), the policies and activities of health departments and ministries, health related nongovernment organizations and community groups, and professional associations.[4]
Health system	Is the sum total of all the organizations, institutions, and resources whose primary purpose is to improve health.[8]
Inter-sectoral collaboration	A recognized relationship between part or parts of different sectors of society that has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient, or sustainable than might be achieved by the health sector acting alone.[4]
Multi-disciplinary action	HIA is not the preserve of any one disciplinary group. Instead, it draws on the experience and expertise of a wide range of "stakeholders" who are involved throughout the process. These may include professionals with knowledge relevant to the issues being addressed, key decision makers, relevant voluntary organizations and—perhaps most importantly—representatives of the communities whose lives will be affected by the policy.[9]

1 WHO (1948) Constitution of the World Health Organization: https://www.who.int/about/who-we-are/constitution

2 Public Health Ontario, Health Hazards: https://www.publichealthontario.ca/en/health-topics/environmental-occupational-health/health-hazards

3 Healthy People, determinants of health: www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health

4 WHO (1998) Health promotion glossary: https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf

5 WHO Europe, Environmental health inequalities resource package (2019): https://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2019/environmental-health-inequalities-resource-package

6 WHO (2017) 10 facts on health inequities and their causes: https://www.who.int/features/factfiles/health_inequities/en/

7 WHO (1986) The Ottawa Charter for Health Promotion: https://www.who.int/features/factfiles/health_inequities/facts/en/

8 WHO, health systems: https://www.who.int/topics/health_systems/qa/en/

9 WHO, Glossary of terms used for HIA: https://www.who.int/docs/default-source/documents/publications/glossary-of-terms-hia.pdf

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