GLOSSARY


Capacity building: Capacity building is the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations; and the development of cohesiveness and partnerships for health in communities. (Reference: Modified definition of Skinner, 1997; Hawe et al., 2000; Catford 2005 in: Health Promotion Glossary. Geneva, World Health Organization, 1998.)

Co-benefits approach: Co-benefits approach is a means to achieving more than one outcome with a single intervention. (Reference: Sustainable urban futures. Institute of Advanced Studies, United Nations University, 2013. http://www.ias.unu.edu/urban/index.php/co-benefits-project/)

Determinants of health: The (social) determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (Reference: Social Determinants of Health, World Health Organization. http://www.who.int/social_determinants/sdh_definition/en/index.html)

Equity in health: Equity means fairness. Equity in health means that people’s needs guide the distribution of opportunities for well-being. Inequities occur as a consequence of differences in opportunity which result, for example in unequal access to health services, to nutritious food, adequate housing and so on. (Reference: Equity in health and health care. Geneva, World Health Organization, 1996 in: Health Promotion Glossary. Geneva, World Health Organization, 1998.)

Health Equity Impact Assessment (HEIA): Health equity impact assessment is a combination of procedures, methods and tools that systematically assesses the potential, and sometimes unintended, impacts of a local / regional / national / global policy on the distribution of health or health determinants within a defined population. HEIA can be used as part of the policy development process to identify and minimise that policy’s potential negative impacts and enhance its potential positive impacts on health equity. HEIA is an emerging support tool to assess the potential impacts of a proposal or policy on health equity, which is then fed back into the decision-making process and which can also be used to engage the relevant ministries and stakeholders in dialogue. (Reference: Povall, S., et al. Health equity impact assessment: project report. Liverpool Health Inequalities Research Institute, 2010)

Health Impact Assessment (HIA): HIA is a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. (Reference: Water Sanitation Health: Health impact assessment. World Health Organization. http://www.who.int/water_sanitation_health/resources/hia/en/) Using qualitative, quantitative and participatory techniques, HIA aims to produce recommendations that will help decision-makers and other stakeholders make choices about alternatives and improvements to prevent disease/injury and to actively promote health. (Reference: Health topics: Health impact assessment. World Health Organization. http://www.who.int/topics/health_impact_assessment/en/)
Health in All Policies (HiAP): HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. (Reference: Conference definition. 8th Global Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013. [http://www.healthpromotion2013.org/health-promotion/health-in-all-policies](http://www.healthpromotion2013.org/health-promotion/health-in-all-policies))

Health literacy: Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. (Reference: Health Promotion Glossary. Geneva, World Health Organization, 1998.)

Health promotion: Health promotion is the process of enabling people to increase control over, and to improve their health. (Reference: Ottawa Charter for Health Promotion. Geneva, World Health Organization, 1986) Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. (Reference: Health Promotion Glossary. Geneva, World Health Organization, 1998.)

Healthy City: A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential. (Hancock, T. and L. Duhl. Promoting Health in the Urban Context. WHO Healthy Cities Papers No.1, 1988.)

Healthy public policy: Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing. (Reference: Adelaide Recommendations on Healthy Public Policy. Geneva, World Health Organization, 1988. In: Health Promotion Glossary. Geneva, World Health Organization, 1998.)

Healthy urban governance: Healthy urban governance is defined as the systems, institutions and processes that promote a higher level and fairer distribution of health in urban settings, and as a critical pathway for improving population health in cities. (Reference: Our cities, our health, our future: acting on social determinants for health equity in urban settings. Report to the WHO Commission on Social Determinants of Health from the Knowledge Network on Urban Settings. Kobe, World Health Organization Centre for Health Development, 2007.)

Healthy Urbanization: Healthy urbanization is the process of enabling people to gain greater control over their health and their determinants through good urban governance that creates equal social opportunities for health for all. (Reference: Kobe, World Health Organization Centre for Health Development, 2005)

Impact Assessment (IA): Impact assessment is about judging the effect that a policy or activity will have on people or places. It has been defined as the “prediction or estimation of the consequences of a current or proposed action”. (Reference: F. Vanclay and D. Bronstein. Eds. 1995. Environmental and Social Impact Assessment. Chichester, United Kingdom:Wiley. In: Health impact assessment: glossary of terms used. World Health Organization. [http://www.who.int/hia/about/glos/en/index1.html](http://www.who.int/hia/about/glos/en/index1.html))

Integrated Impact Assessment (IIA): Integrated impact assessment brings together components of environmental, health, social and other forms of impact assessment in an attempt to incorporate an exploration of all the different ways in which policies, programmes or projects may affect the physical, social and economic environment. (Reference: Health impact assessment: glossary of terms used. World Health Organization. [http://www.who.int/hia/about/glos/en/index1.html](http://www.who.int/hia/about/glos/en/index1.html))
**Intersectoral Action for Health (ISA):** Intersectoral action for health can be defined as a coordinated action that explicitly aims to improve people's health or influence determinants of health. (Reference: Stahl, T., et al. Health in All Policies: prospects and potentials. Finland, Ministry of Social Affairs and Health, 2006.)

**Multisectoral Action for Health (MSA):** Multisectoral action for health has been used to refer to health action carried out simultaneously by a number of sectors within and outside the health system. (Reference: Expert consultation. Impact assessment as a tool for multisectoral action for health. Summary and recommendations. Kobe, World Health Organization Centre for Health Development, 2012.)

**Participatory approach:** Participatory approach is one in which everyone who has a stake in the intervention has a voice, either in person or by representation. Everyone's participation is welcomed and respected, and the process is not dominated by any individual, group or single point of view. (Reference: The Community Tool Box. Work Group for Community Health and Development, University of Kansas, 2013. [http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/participatory-approaches/main](http://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/participatory-approaches/main))

**Settings for health:** The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing. (Reference: Health Promotion Glossary. Geneva, World Health Organization, 1998.)

**Stakeholder:** Any individual, group, or institution who has a vested interest in the policy that is being promoted and/or who potentially will be affected by project activities and have something to gain or lose if conditions change or stay the same.

**Stakeholder analysis:** Stakeholder analysis is a process of systematically gathering and analyzing qualitative information to determine whose interests should be taken into account when developing and/or implementing a policy or program. (Reference: Health reform tools series. Guidelines for conducting a stakeholder analysis. A Partnerships for Health Reform Publication. [http://www.who.int/management/partnerships/overall/GuidelinesConductingStakeholderAnalysis.pdf](http://www.who.int/management/partnerships/overall/GuidelinesConductingStakeholderAnalysis.pdf))