



NATIONAL INSTITUTE
OF PUBLIC HEALTH

**STRATEGIC DEVELOPMENT PLAN OF THE
INSTITUTE OF PUBLIC HEALTH OF THE
REPUBLIC OF SLOVENIA FOR THE PERIOD
2010–2015**



**Strategic Development Plan
of the Institute of Public Health of the Republic of
Slovenia for the period 2010–2015**

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1 INTRODUCTION

1.1 FOREWORD

Health is afforded the highest value in most contemporary societies, as it is a prerequisite for increasing welfare. Ensuring optimal population health and thereby extending life expectancy is the task of the whole society. The activities which must be ensured by society to ensure adequate conditions and an environment in which people are healthy can be broadly defined as public health. Many countries assign some these tasks to national public health institutes which provide expert support for decisions directly or indirectly related to health. Therefore, in their work, public health experts focus on population health and factors influencing health, whether managing contagious and non-communicable diseases or drawing up policies aimed at enhancing health.

In Slovenia, the main role in public health management is attributed to the Institute of Public Health (IPH), which operates at the national level. IPH provides data on health and health care; monitors and assesses public health; recognises threats to health and draws up measures for their mitigation; aims to enhance public health and provide an expert basis for adopting policies favourable to health; prepares programmes and measures for the prevention of disease; follows and assesses the health care system; works on the professional development of public health experts, and performs research on public health. IPH provides the expert basis that supports the decisions of the Government which directly or indirectly influence health at national and local levels.

In recent years, public health activity has been increasing, while the area, which is very interdisciplinary, has been growing more complex. In addition, the expectations of society and individuals have risen, as a proactive approach by the state and its institutions and active responses to various demands are expected. It is expected that IPH will provide data and information which will help to enhance health and manage large scale public health challenges aimed at improving the health of the whole population, and to increase the quality of life and life expectancy.

IPH's Strategic Development Plan for 2010–2015 (SDP) sets out the mission, vision and values of IPH, defines strategic developments areas in the period, and presents the strategic goals and activities aimed at reaching them. Most employees participated in the drafting process, while the input of key partners has helped us update our vision and strategic priorities and define the values which will drive our activities. In the process, we have considered the latest developments, doctrine and experience in public health.

We are convinced that the document will help us draw up annual implementation plans and guide us in individual development decisions.

1.2 THE CONTENTS OF THE DOCUMENT

The second chapter of this document presents IPH's mission, vision and values, which were drawn up during several discussions including senior management and workshops involving the majority of staff. This is followed by the main chapter defining key strategic areas: significant public health challenges, threats to health and the health system. Each includes a brief description, defines the goals for the next six years and presents the strategies for attaining them. The fourth chapter defines the functions supporting key areas. The support functions are presented with the connecting goals and strategies aimed at attaining these goals. The final chapter presents the methods used to monitor the implementation of SDP.

The appendices include figures and analysis that present the work done so far and the reasons for changes in individual areas. In addition, the appendices feature a financial analysis.

2 MISSION, VISION AND VALUES

2.1 SLOGAN

Knowledge is the key to better health.

2.2 MISSION

IPH is committed to contributing to the better health and well-being of the inhabitants of the Republic of Slovenia.

With its partners, IPH is the source of key data and information for decision-making and the activities of individuals and Experts, and the formation of health policy. IPH identifies key public-health challenges in the population, including health-affecting determinants, and proposes measure for improving health.

IPH monitors the public health protection system, prepares system operation analyses, and proposes measures for its better accessibility and functionality, as well as priority development. IPH identifies potential health-threats and prepares measures for health protection. Through research and international cooperation, IPH contributes to new discoveries, and popularises new knowledge and good practices.

2.3 VISION 2015

IPH is a reputable institution exercising a significant influence on national health and the development of the Slovenian healthcare system. IPH is the most important partner in programmes and projects oriented to health enhancement and protection. IPH offers employment in an encouraging and pleasant working environment.

2.4 VALUES

Responsibility: IPH responds to the actual needs of the population. To achieve common objectives, IPH implements evidence-based knowledge and best practices. IPH staff are committed to fulfilling the Institute's mission with honest, ethical and professional conduct. They accept personal responsibility for their work and professional decisions, and always and everywhere advocate national health.

Mutual respect, cooperation and the development of IPH staff: IPH staff respect one another, and cooperate to ensure a creative working environment. IPH encourages internal and external education, self-education, professional growth, and talent-development, and offers support and mentoring. IPH accounts for its needs as well as individual needs and competences. IPH appreciates the efforts and input of every individual and every expert. Varying opinions are valued and are exchanged in open dialogue. Together with different experiences, they provide new learning opportunities. As individuals and experts, IPH staff continuously seeks opportunities for achieving personal and professional goals in a manner, completely synchronised with IPH objectives and strategic directives, and for the benefit of public health.

Accessibility and transparency: IPH guarantees public accessibility and the transparency of its business operations, activities and decisions. IPH is open to cooperation, and concludes partnerships with individuals, experts and decision makers to meet their expectations and achieve the goals set. IPH encourages interdisciplinarity and multidisciplinary and the exchange of ideas and information. IPH identifies and presents good practices and builds upon the recognisability and reputation of IPH in Slovenia and abroad.

3 STRATEGIC AREAS OF DEVELOPMENT

Public health is an extremely broad notion that lacks international definition. Generally, the term encompasses all the functions that a state ought to provide to ensure all conditions for the healthy life of its inhabitants. The functions of public health are provided by the state through state administration activities and the activities of public health institutions, together with other public institutes. As the central national public health institution, IPH acts in the areas of public health and related activities of particular significance. IPH sets its development objectives as an answer to the question as to how IPH can contribute towards providing key public health functions.

3.1 HEALTH AND THE GREATEST PUBLIC HEALTH CHALLENGES

Analysing health and health determinants is more than mere data collection and the preparation of key indicators. It is intended to define key public health problems in the population, including health-influencing determinants, trend presentation and, above all, forecasting.

Public health analyses are not carried out to a sufficiently wide extent. The fact that they frequently rely on data obtained in routine collections is an additional difficulty. For reasons of reporting sources, the data mainly presents the functioning and healthcare service activities rather than prevalence of a disease in the population. In the past, IPH almost never assessed public health based on purposely collected (i.e. with surveys) data from epidemiologic researches. IPH carried out the first complete survey on the health of adult Slovenians as late as 2007. Several similar surveys of lifestyle have also been conducted.

The key deficit in health analyses is the lack of adequately qualified experts of varying profiles, ranging from public health specialists - analysts, IT experts and statisticians/methodologists - and sources for the modernisation of routine data bases and conducting epidemiologic researches.

With the data available, IPH will prepare information on the prevalence of certain diseases and the connection between incidence rates and economic, social, environmental and other determinants

Health analyses are tools for recognising fields for priority action. IPH plays an important role in preparing information for individuals to facilitate informed decisions concerning their health, in order to help experts in programme formation and health policies with a view to providing health friendly environment and policies.

Health enhancement programmes planned and developed by IPH are directed predominantly towards preventing the causes of the development of chronic

diseases, with common risk factors (particularly, the harmful use of alcohol, tobacco, unhealthy diet and physical inactivity, as well as poor mental health), and towards encouraging health prevention factors for population target groups, as well as structural measures determining living conditions. Indirectly, these measures will be directed at the prevention of chronic diseases as such

In the light of mortality and prevalence indicators, two additional strategic health improvement areas include injury prevention and safety promotion with the promotion of sexual and reproductive health. In all programme and project proposals, IPH will consider the principles of equality in health and decreasing inequality.

Strategic goal 1: By 2015, IPH will have established a system for providing up-to-date information on the health of Slovenia's populace, health-affecting determinants, and measures required for improving health.

Strategy 1.1: Establishment of reporting standards for the provision of information for health assessment and health determinants:

- Development of a long-term surveillance strategy;
- Standardisation of surveillance and development of indicators;
- Development of surveillance models for individual diseases in accordance with priorities.

Strategy 1.2: Analysis of public health trend challenges with the purpose of ensuring sensible precautions;

- Regular descriptive data analyses in periods sensible for individual challenges;
- Inclusion of new analysis approaches to recognise priority precaution areas; development of trend modelling and forecasting of individual public health challenges.

Strategy 1.3: Reporting on health, diseases and health determinants with proposed measures:

- Preparation of information for individuals to make informed decisions concerning their health;
- Preparation of information to help experts in programme formation;
- Preparation of information concerning the formulation of health policies and decision-making;
- Brief annual reports on health with particular emphasis on at least one public health risk;
- A detailed health report every three to five years, indicating all key problem characteristics, including trends for the last 10-15 years, and also including an assessment of public health and other interventions introduced, with a forecast of future trends;

- Preparation of recommendations for effective or improved management of public health challenges.

Strategic goal 2: By 2015, IPH will be the most important source of information and the central partner for various sectors for the formation of health policies and health improvement programmes.

Strategy 2.1: Development of health improvement programmes, directed at encouraging preventive health factors among popular target groups, as well as structural measures as determined by living conditions; development of programmes aimed at preventing causes of the development of chronic diseases (primarily, the harmful use of alcohol, tobacco, unhealthy diet, physical inactivity and poor mental health);

- Development of health enhancement programmes for individual population groups with the purpose of:
 - Decreasing inequality in health;
 - Development of injury-prevention programmes;

Strategy 2.2: Preparation of proposals for national priority programmes and projects:

- Formation of national public health priorities and health enhancement programmes in accordance with the findings of annual and periodic health reports;
- Preparation of proposals for different sectors and their action in legislative and structural areas;
- Evaluation of various proposed policies and suggesting modifications.

3.2 THE HEALTHCARE SYSTEM

IPH sees itself as active in two healthcare domains: as a source of data and information on the functioning of the healthcare system, and as a preventive healthcare coordinator.

Healthcare functioning assessments and improvement proposals can be of great help in the promotion of health policies, concerning both organisational decisions and development priorities.

Currently, IPH already provides **basic analyses and proposals** on the functioning of healthcare activities, mainly projected staffing requirements, as well as financial projections and projections of needs for healthcare services and analyses of the functioning of the public healthcare system. In the future, IPH intends to pay special attention to the development and introduction of quality indicators and the efficiency of healthcare and healthcare activities.

Healthcare accessibility and the differences occurring in this area remain important developmental areas, both from in terms of socio-economic determinants and the availability of healthcare personnel.

With regard to **healthcare quality**, IPH only has only begun its activities. However, this is another crucial developmental area. The role of IPH will be to provide a transparent system of national indicators to be used as the foundation for the development and surveillance of healthcare activities.

Expenditure and economic analyses are crucial decision-making elements. Cost-efficiency assessment is particularly relevant before the introduction of new technologies, including medications. Since Slovenia does not have an established cost-efficiency assessment system for new technologies, this area requires coverage. IPH will provide a complete and contextual evaluation of health technologies, accounting for public health interests within the scope of preparation of national priorities and as a partner in the preparation of strategies, as well as annual operation plans. IPH will act as a facilitator of various experts and institutions in the respective fields.

Management of preventive and screening programmes will have to be re-established almost entirely anew. In the past, the role of IPH in the formation and surveillance of preventive checkups of children, women during pregnancy and in the post-partum period was relatively well recognised and established. In recent years, this role was somehow lost, even though an increased need for increased IPH involvement in this area is becoming evident. The only well-functioning area is the management of the newly established screening programme for the early detection of cancerogenous changes and large bowel and colon cancer. The programme of primary prevention of cardiovascular diseases runs somewhat less successfully, but still satisfactorily.

Preventive checkups for children do not provide adequate information, since they are not surveyed nationally, and can therefore not be used as a platform for the preparation of improvement programmes. The same is true of some screening programmes, such as screening pregnant women for toxoplasmosis infections and for preventive workers' checkups.

All relevant health findings ought to be observed for the effective implementation and success of screening programmes. A poorly considered introduction and implementation of screening programmes causes numerous ethical, legal, social, medical, organisational and economic difficulties. The optimal effects of the programmes on the population for the financial means used for the purpose can only be achieved through optimal programme implementation. Constant programme evaluation and the current introduction of improvements are important contributions to optimal programme implementation.

In the coming years, IPH will strengthen - and with some national screening and preventive programmes - develop new surveillance approaches for the purpose of assessing achieved goals and the introduction of improvements.

Strategic goal 3: By 2015, IPH will improve and perfect the current provision of data and information on the functioning of the healthcare system, including the provision of key health and economic information and information pertaining to healthcare quality.

Strategy 3.1: The establishment of reporting standards to provide information required for planning the capacity of healthcare services:

- Development of long-term surveillance strategies;
- Standardisation of surveillance and indicator development;
- Establishment of quality surveillance indicators.

Strategy 3.2: Analysing healthcare data in order to provide sensible action:

- Regular analysis of healthcare data relevant for preparing measures;
- Regular analysis of popular demand for healthcare services;
- Regular analysis of the implementation of preventive healthcare;
- Development of modelling and trend forecasts of healthcare needs with regard to projected population structure changes and health situation;
- Inclusion of new analytical approaches to establish priority action areas.

Strategy 3.3: Preparation of information required for determining the organisation of healthcare activities:

- Preparation of information required for the determination of healthcare services network
- Preparation of information required for task definition between services and levels;
- Detailed reporting on the functioning of the healthcare system in a period of every three to five years, which will encompass key system characteristics, including trends for the previous 10-15 years. It will also include an effect assessment of the measures and interventions introduced, and a future trends forecast.
- Preparation of recommendations for the efficient or improved functioning of the healthcare system.

Strategic goal 4: By 2015, IPH will have become the operator of a health technology assessment network (HTA) in Slovenia, ensuring the comprehensive evaluation of health technologies.

Strategy 4.1: Setting up a network for HTA:

- Identification of different organisations and experts for the HTA network;
- Official establishment of network for HTA with IPH as coordinator;
- Preparation of a draft action plan.

Strategy 4.2: Health technology assessment:

- Preparation of annual implementation plans considering national priorities;
- Preparation of a detailed plan considering annual plans.

Strategic goal 5: By 2015, IPH will have developed a model for the integrated prevention and comprehensive care of chronic diseases, and will assume the leading role in preventive health care in all areas.

Strategy 5.1: Development and establishment of an integrated prevention model and comprehensive care of chronic disease:

- Preparation of analysis of current organisation, human capacities, financial resources and financing methods;
- Drafting expert guidelines, algorithms and measures for decision-making with regard to treatment of those at risk and those already suffering from key chronic diseases and performance indicators in the area of prevention and comprehensive treatment of chronic diseases;
- Development of a theoretical model of a prevention programme and comprehensive approach to chronic diseases in the adult population at primary level of health care.

Strategy 5.2: Establishing the coordination of preventive and screening programmes at national level:

- Preparation of a protocol for population screening and prevention programmes
- Gradual establishment of the national-level coordination (national management¹) of all preventive and screening programmes²; -setting up a network including national and regional coordinators and preventive health care providers.

3.3 SERIOUS THREAT TO HEALTH AND HEALTH PROTECTION

The role of IPH in ensuring this key function of public health is the identification and assessment of risk with the aim of timely producing measures to **safeguard and protect health and being adequately prepared** for events which may occur in greater numbers or unexpectedly and constitute serious threats to health. Planning, research and responding to sudden threats to health requires the ability to assess possible threats, prepare protocols for taking action, and regular checks if individual solutions still correspond to changed circumstances.

IPH will set up a **national team to research outbreaks** of disease and conditions where the organisation of research at regional or local level would be inappropriate.

We will establish an active **epidemiological research system** to timely detect unusual events and threats, including a laboratory for epidemiological monitoring. Significant steps in this direction are to complete existing projects of modern information solutions and to implement standard definitions of diseases. In addition, with the better use of computer technology and the web environment, we will increase the sensitivity of the notification and observation system.

¹ National management encompasses drafting the programme, training providers, promotion, implementation monitoring, monitoring performance indicators, monitoring conclusions and the effectiveness of the programme, proposing improvements.

² This does not apply to programmes where national coordination is successfully provided by another tertiary-care institution.

We will strengthen cooperation with experts following contagious diseases at regional level so that treatment of outbreaks will be as uniform as possible. Using modern methods and an interdisciplinary approach, we will recognise public health risks arising from new and emerging diseases and define other priority programmes for disease prevention which will be evidence-based..

Because we realise that **environment and health area** is so complex that individual institutions cannot cover it exhaustively, we will focus on networking and linking experts from different institutions to provide a comprehensive and complex overview of the environmental factors influencing health in our region and contribute to drawing up programmes for its protection. Collaboration in some European projects provides us with the basis to build a methodology for the recognition of the aforementioned environmental risks, and introduce tools to assess exposure and establish a system of informing/alerting the public.

IPH will establish close collaboration with all laboratories across Slovenia which can identify agents of contagious diseases and prepare protocols on exchanging information and collaboration. In exceptional cases, IPH will provide laboratory capacities in areas where there are none in Slovenia, but which are of great importance to public health.

Immunisation remains one of the most efficient measures to prevent contagious diseases. IPH has the task of preparing immunisation programmes for target groups of population, and making expert support available to providers in the introduction of new immunisation programmes which ensure the best possible protection against vaccine-preventable diseases.

The preparation of an annual programme for the protection of population by immunisation will remain one of the priorities. The preparation of an immunisation programme and introduction of innovations are demanding tasks which are often exposed to public judgement and criticism. Currently, key institutions and working bodies (the national board of experts) are involved in the decision-making process. To prepare immunisation programmes and, particularly, to introduce new immunisations, more expertise will be required as soon as possible, while there is also a need to define criteria providing support in decision-making. IPH has already defined the needs with regard to establishing an expert group for immunisation, where members will include experts from different fields who will assist in preparing the programme. Programme drafting will thus be complemented with a review of proposals in an interdisciplinary group which will be established by the Ministry of Health or IPH.

A reliable **supply of vaccines** is of great significance for immunisation programmes. Slovenia has a centralised system of vaccine procurement and distribution, performed by IPH as part of its public service activities. If the procurement system is

not modified and remains the responsibility of IPH, transparent and stable public financing is necessary, ensuring the supply of medicine regardless of fluctuating prices. The task of IPH will be to ensure vaccines at the most favourable price for the buyer.

Strategic goal 6: By 2015, IPH will have strengthened its role as the main information point for risk assessment and the mitigation of contagious diseases, providing expert support in drawing up and implementing the necessary measures.

Strategy 6.1: Assessing the risks presented to health by contagious diseases or infections based on reliable information:

- Maintaining and developing a system for epidemiological monitoring of contagious diseases including developing new methods and models and setting up epidemiological communication;
- Establishing laboratory epidemiological monitoring for individual agents;
- Performing regular analyses of data on contagious diseases;
- Including new analysis approaches for the recognition of priority areas requiring action, including recognising and analysing the determinants and assessing the burden of individual diseases;
- Developing models and forecasting trends for individual contagious diseases.

Strategy 6.2: Drawing up and developing a programme for the prevention and mitigation of contagious disease:

- Regular updating of the national immunisation programme;
- Preparing screening programmes for individual contagious diseases;
- Preparing and implementing a comprehensive programme of contagious disease management.

Strategic goal 7: By 2015, IPH will have set up a system to monitor diseases connected to the environment and environmental factors affecting health, and provide key information on the environment and health.

Strategy 7.1: Setting up key indicators and carrying out epidemiological research:

- Developing a long-term strategy of monitoring and developing indicators;
- Planning and carrying out epidemiological studies;
- Preparing information on the environment and health;
- Annual reports on the environment and health.

Strategic goal 8: By 2015, IPH will be the main reference point for the coordination of quick responses to health threats due to the emergence of contagious diseases, the deliberate dissemination of biological agents, or the occurrence of diseases of unknown origin.

Strategy 8.1: Strengthening the early detection and response system:

- Developing new methods and models to monitor the occurrence of sudden health threats, including setting up epidemiological communication;
- Establishing laboratory epidemiological monitoring for agents which can present a health risk;
- Complementing action plans;
- Monitoring the early detection and response system.

Strategy 8.2: Setting up a quick response team:

- Setting up a team for epidemiological enquiries³;
- Training the team to work in crisis conditions;
- Setting up a network of laboratories to identify the agents;
- Setting up crisis management.

3.4 NATIONAL HEALTH INFORMATION SERVICES

eHealth (health information services; electronic services based on information and communication technologies in health care and providing health care services) is a globally identified strategic area which will lead efforts at the further development, success rate improvement and cost effectiveness of health systems in the next decade. The same applies to public health care, where technologies and services allow for better data update, data collection and processing automation, simpler and faster communication and a series of new features in public health care which could not be introduced in the past⁴. IPH recognises modernising the level of information infrastructure in public health care as one of its priorities.

In the course of the coming years, IPH will require modern information and communication tools to reach the set goals in all priority strategic areas. The information infrastructure has not received proper attention in previous years and most development projects have not been made part of a unified strategy; therefore, the information structures of IPH remain fragmented, its Information Centre undernourished, the staff overloaded and the knowledge and skills of modern applications deficient throughout the organisation. In order to improve the present situation, we will systematically renovate the internal information infrastructure, modernise work processes, introduce tools for electronic data and information exchange between IPH and reporters, as well as raise knowledge and skills level in modern ICT tools throughout the organization.

³ The team would also undertake the task of epidemiological enquiries for larger outbreaks (those extending beyond the territory of one region) or outbreaks caused by rare agents, when there is no adequate experience ensured at the regional level.

⁴ For example, personalised web and mobile interventions within public health care; epidemic tracking, faster identification and prediction; detection of new data links in public health care using data mining and semantics; exploitation of web-based social networks to form new methods of intervention in public health care, exchanging information etc.

Due to changes in the business environment regarding eHealth or health information services, IPH added eHealth to its strategic priorities (the Ministry of Health initiated the eHealth 2009-2015 project; there was an increase in demand for competences and capacities in the area of eHealth at IPH and system-wide). Within its capabilities, IPH will support the continuous course of the eHealth national project and adjust its own development projects towards reaching the highest level of synergy with the eHealth project. For this purpose, IPH will proceed with the planned long-term development of its competencies and capacities of undertaking tasks in the eHealth project (for example, Health Care Information Centre). To achieve this end, the available human resources should be increased (partially by internal regrouping but mostly by expanding the personnel) and new sources obtained, especially from the eHealth project.

In the next few years, we will address our internal and external needs, and therefore unify a methodology for establishing and managing databases, records and code lists. We will renew data collection, processing and keeping, which includes establishing a **single health care statistical information centre**, renewal and **unification of data collection** by providers of information by introducing electronic operation B2B for all forms of report. We will establish modern security policies, as well as tracking data access and use; we will increase the availability of data in databases (to internal and external users – providers of information, public and other parties). We will record, modernise and technologically support operational processes; establish a national **Health Data Centre (HDC)** and establish a project office to support the increased project range.

We are aware that, due to the strategic orientation, we will have to **significantly increase our own and external financial, as well as human input, including acquiring additional skills**⁵. This condition, however, is also the key to success.

Short-term activities will comprise the initiation of projects supporting a long-term strategy and the continuation of already initiated eHealth projects (improvement of the Health Services Providers and Health Care Employees Registry, improvement of tracking vaccinations, introduction of a national waiting list etc). Medium-term activities will focus mainly on increasing available resources (human and financial), as well as starting critical projects (HDC, internal processes, operations between parties – B2B, internal trainings).

One of the most important activities of the public health care is the provision of data on health, health determinants and the health care system. The data and the information based on them are crucial for determining the health levels of the population.

⁵ Skills in managing contractors (in the area of information services commissions), skills in financial planning (to make strategic decisions regarding investments in information infrastructure).

IPH will maintain health care and health protection databases, and the data collected will be processed by IPH and presented in an easy-to-use manner. The purpose, standard products and assured indicators will be clearly defined during the modernisation of national databases. These will be interlinked, thus providing for additional indicators. Requests for collecting data will be reduced by including data managed by other administrators; consequently, the administrative tasks of reporters will be reduced. Feedback will be guaranteed to information providers, which will influence the quality of their reports. In order to manage problems as a whole, we will co-operate with institutions managing similar databases, i.e. Cancer Registry, the Health Insurance Institute of Slovenia, clinics which manage registries, and regional Health Insurance Units.

Crucial to data linking are definitions and code lists. Regarding health care statistics, IPH will prioritise its efforts to establish unified definitions of the keywords and categories used in monitoring the health care system and the health levels of the population.

IPH will develop capacities to enable other means of acquiring data, mainly by questionnaire. Their importance is increasing in the role of providing more quality data on the state of health of the population and satisfaction levels regarding health care.

IPH will manage administrative databases which will serve on the national level as a support to planning health care system and taking steps towards improving the health of the population or health protection.

One of the most important administrative databases for health care system operation is **National Health Care Providers' Database** (NHCPD), a national reference collection on health care personnel coverage and health care providers

Strategic goal 9: By 2015, the IPH will have established a national health care information service centre to manage national health care databases, as well as provide data and information for the purpose of generating international reports, in addition to planning and providing health care services in an easy and applicable manner.

Strategy 9.1: Establishing unified standards, classifications and dictionaries in the field of health care;

- Implementing international classifications and code lists to databases;
- Adapting existing databases to the new classifications;
- Introducing terminological and data dictionary;
- Establishing a standing team for classifications and standards.

Strategy 9.2: Establishing modern eHealth solutions for the population and providers;

- Establishing a national waiting list;
- Establishing a national application for e-booking medical appointments;
- Establishing immunisation e-registry;
- Establishing e-services for preventive and screening purposes.

Strategy 9.3: Routine and focused data collection with a reduced workload for information providers;

- Collecting data from other administrative databases;
- Automated data scooping;
- Modernising and unifying datasets for reports.

Strategy 9.4: Ensuring quality and applicable data:

- Continuous improvement of data quality with concurrent display of quality reports;
- Display of datasets;
- Display of metadata;
- Display of data for international reporting

3.5 PUBLIC RELATIONS

Our institution is eager to improve public health, so trust in the information we provide and our recommendations are of the utmost importance. We are aware that building trust is strongly connected to efficient and clear communication with the public and dialogue with partners.

IPH will react in time to meet the needs of individuals, the professional public and decision makers based on relevant data and information. We will continue to seek ways to bring us closer to target audiences with an emphasis on developing new technologies and expanding network channels. The data and information we provide will be important, up to date, comprehensible, relevant, verified, quick, clear, transparent, and unambiguous. When needed, we will make contact with and consult comparable and relevant offices in other institutions in Slovenia and/or abroad, and ensure an exchange of information and its compliance at national and international levels. Special attention will be made to strengthening proactive communication.

We will continue to monitor and upgrade our understanding of public needs to receive information on health protection. We will strengthen our the transparency of our work and openness, and try to encourage further initiatives to bridge the gaps between science and the target public's needs.

At the same time, we will enhance internal communication and expand network channels (also with the help of new technologies) in order to ensure better horizontal and vertical employee connection and the spread of ideas, knowledge and experience within the institute.

Strategic goal 10: By 2015, IPH will have strengthened its role of main public health information centre which ensures that individuals, health professionals and decision makers are provided with unbiased information through proactive, up-to-date and transparent communication.

Strategy 10.1: Efficient communication with the professional public:

- Active participation of IPH professionals at all relevant professional conferences in Slovenia and abroad;
- Publication of scientific and professional articles in the Slovenian Journal of Public Health and other relevant publications;
- Setting up a special subpage dedicated to the professional public with up-to-date information;
- Search for and use of new ways and methods of efficient communication with the professional public.

Strategy 10.2: Efficient and coordinated communication of key public health information to the media and general public:

- Setting up an information point at IPH and ensuring standardised message forms;
- Monitoring media coverage and our immediate response;
- Setting up a user-friendly web page with up-to-date information and materials;
- Identifying key target groups and their needs;
 - Cooperation of a communicator in drawing up all information and IPH materials intended for the media and general public;
 - Delivering information in a clear and interesting manner;
 - Introducing modern tools and communication channels;
 - Educational workshops and training for IPH professionals who have no knowledge about efficient communication with the media and other publics.

Strategy 10.3: Slovenian public health communicator coordination and assistance: - regular meetings with communicators from other institutes of public health and health promoters; -regular meetings with the press who cover public health issues; - educational workshops and training in communication for our partners.

Strategy 10.4: IVZ communicator inclusion to international communicator associations and projects: - active participation of IVZ communicators in communicators' networks and projects concerning communications.

3.6 PUBLIC HEALTH PROFESSIONALS DEVELOPMENT

Public health professionals in Slovenia, besides IPH, cooperate with other health organizations, such as regional public health institutes, the Institute of Oncology, etc. A bigger role of IPH professionals in all public health educational programmes, professional networking and other associations can help IPH to further develop and strengthen the field of public health.

Education for public health professionals is provided through undergraduate college programmes and post-graduate courses, and training in Slovenia and abroad. In recent years, for example, the EPIET programme (European Programme for Intervention Epidemiology Training) has been popular with professionals.

IPH will contribute to public health professionals' career development by organising various training, in groups (lectures, workshops) or individually (seminars, tasks or projects). With this in mind we will help strengthen and develop existing and acquire new knowledge – with knowledge transfer in Slovenia and abroad.

IPH, will emphasise trainer development, especially of trainers from regional public health institutes. Professionals with deep and wide knowledge are a prerequisite for successful work in the field of public health. Gaining skills and knowledge is a long and complex process which does not end with a college degree – it is life-long learning.

IPH will enable professional development by paying special attention to the education of those individuals who will then continue to educate target groups and thus have a direct influence on better public health.

Strategic goal 11: By 2015, IPH will have been a central public health training provider and an important partner in undergraduate and post-graduate education of public health professionals.

Strategy 11.1: Liaising with faculties and strengthening teaching capacities:

- Cooperation with colleges, especially with the Faculty of Medicine at the University of Ljubljana and the University of Maribor at the undergraduate level, within public health specialisations and doctoral studies;
- Encouraging professionals to contribute to training;
- Ensuring conditions for obtaining the college lecturer title;
- Encouraging part-time employment in colleges.

Strategy 11.2: Drawing up public health professionals' training programmes: - regular public health professionals' training which will ensure the standardisation of processes and procedures in public health system; - carrying out short educational programmes for health promotion programme trainers.

3.7 PUBLIC HEALTH RESEARCH

Research is one of the basic functions of public health. It enables insight into the real situation and makes us seek innovative solutions to public health problems. At IPH, this is conducted in tertiary-care centres, as target research projects, applied research projects and international projects. IPH researchers make up a numerous research group, which is unusual in the field of research. To ensure higher quality, IPH will draw up its own criteria for advancement to the research group.

Research will remain one of the pillars of IPH activities in the future. The institute will develop its own projects and engage in domestic and international projects aimed at scientific and professional development, gaining and applying new knowledge, human resources development, and networking with similar and partner institutions. IPH will enhance its central public health research role, its coordination activities and interdisciplinary research. Research projects which increase product quality will have priority.

IPH will participate in international research projects, especially in the EU framework programmes. The institute will try to retain its present position of ARRS (Slovenian Research Agency) programme group coordinator.

Strategic goal 12: By 2015, IPH will have increased its contribution to public health through the greater volume and success of its research activities.

Strategy 12.1: Encouraging research:

- Raising resources;
- Encouraging obtaining as many research titles as possible;
- IPH research infrastructure development.

Strategy 12.2: Encouraging research success:

- Participation in research projects as part of the regular work process;
- Planning scientific publications as part of the regular work process.

Strategy 12.3: Encouraging domestic scientific journalism, especially support for the Slovenian Journal of Public Health:

- Publishing in Slovenian Journal of Public Health;
- Financing the journal.

3.8 BUILDING PARTNERSHIPS

IPH is fully aware of the importance of public health; therefore, it will cooperate not only with other health institutions, but also with institutions from other fields, while building partnerships beneficial to all.

The network comprised of the national IPH and regional public health institutes plays a crucial role in providing public health services. IPH and regional institutes might cooperate mainly in drawing up health assessment programmes, projects, professional opinions on public health measures, performing routine tasks and measures to control public health problems.

Strategic goal 13: By 2015, IPH will have drawn up structured programmes of cooperation with key partners in partnerships with added value for all.

Strategy 13.1: Building structured cooperation with regional public health institutes and other partners:

- Defining joint programmes' principles, processes and planning;
- Drawing up joint programmes;
- Establishing bilateral connections and programmes, where necessary.

Strategy 13.2: Building structured cooperation with the Health Insurance Institute of Slovenia and other partners who will accommodate technology platform for informatics in the health system:

- Defining joint programmes' principles, processes and planning;
- E-health projects joint planning.

3.9 INTERNATIONAL COOPERATION

Some public health activities, such as managing health risks, call for constant liaising and cooperation in international projects. For some, however, international cooperation is a prerequisite for development.

IPH will actively cooperate in expert groups and other forms of cooperation in the World Health Organization, the EU institutions, the Organisation for Economic Co-operation and Development, and other international organisations.

IPH will participate in public health projects, especially those which result in new knowledge and experience.

We deem liaising with national public health institutes of other member states important. We will instigate professional exchange and cooperation in joint projects.

Strategic goal 14: By 2015, IPH will have strengthened international cooperation, become a more recognised and acclaimed partner in development and research projects, and developed the capacity to run international projects.

Strategy 14.1: Cooperation in international expert groups:

- Professionals' inclusion in international expert groups;
- Acquiring knowledge and information from expert groups and their implementation in our health system;
- Delivering information for expert groups' needs.

Strategy 14.2: Inclusion in international projects:

- Active inclusion in programmes and projects at EU level;
- Building capacity for running projects.

Strategy 14.3: Liaising with similar institutes:

- Regular cooperation with IANPHI⁶;
- Professional exchange with other national public health institutes.

⁶ IANPHI: International Association of National Public Health Institutes

4 ADMINISTRATION AND MANAGEMENT

In order to be efficient and successful in carrying out our mission, IPH has to adapt and update its internal environment. We see an opportunity for improvement especially in employee development, in updating the internal business processes which we have to support with contemporary IT in establishing project work, and an organisation that will support cooperation between experts.

4.1 EMPLOYEE DEVELOPMENT

In order to achieve our strategic goals and the effective operation of IPH in strategic development areas, we need well-educated, well-trained and satisfied employees. In some areas, our experts' expertise is already at an internationally comparable high level. In other areas, we will have to invest into education and training. We will enable the experts access to various knowledge bases, both Slovenian and foreign.

At IPH, it is imperative that we establish a culture of interpersonal teaching and cooperation. We will therefore establish a system of internal education which will enable the planned broadening of specialist knowledge that individual employees at IPH possess. In time, this will become a permanent form of employee education and training.

We will determine the required competencies for particular work posts. The tools we will use for human resources development will include: annual talks, which will help the manager and his/her co-workers plan goals and priority annual tasks and their achievement. The achievement of the jointly set goals will also be the basis for rewarding productivity.

In order to identify need and introduce improvements, we will measure employee satisfaction.

Strategic goal 15: By 2015, IPH will have improved its business operations with suitably educated and trained employees and by developing a stimulating working environment.

Strategy 15.1: Adapting the number and the structure of employees to the execution of strategic orientations:

- Internal restructuring⁷ of employees according to selected priorities;
- Establishing a system of internal education;
- Flexible forms of employment.

⁷ Internal restructuring means reallocating staff and training for new tasks.

Strategy 15.2: Ensuring a stimulating working environment:

- Establishing good internal communication;
- Management training;
- Establishing informal forms of cooperation and socialising.

4.2 UPDATE OF THE MAIN AND SUPPORTING PROCESSES

Operational processes at IPH will be identified, analysed and defined for the purpose of obtaining the strategic goals and accomplished operation of IPH in strategic development areas with adequately organised work framework.

The internal organisation of the Institute will be adapted to enable flexibility and project management; the internal processes will be modified so as to present assistance to all employees and users in reaching their goals. These tasks will exploit the use e-conducting operations as much as possible. Internal processes will be supported by a unified information system to enable swift, integral and uncomplicated access to information. A better quality of our services and work simplification will be achieved by developing new information solutions for the rationalisation of business processes.

The unified information system will regulate mail flow, as well as record and manage documents and documented materials. The same will be provided for finance and accountancy, project management, staff training and the development of competencies.

Special attention will be given to ensuring the integrity of processes and their interconnectivity, from data form to information and knowledge. The first guideline will suggest the implementation of security elements in the information system and their upgrade, in order to guarantee the security of data and personal information.

Strategic goal 16: By 2015, IPH will have increased the efficiency of business environment by modernising business processes and adapting them to the information infrastructure.

Strategy 16.1: Creating a list of the main and supporting processes and updating them:

- Listing the processes;
- Establishing a unified internal processes system with defined interactions;
- Determining indicators for monitoring the processes.

Strategy 16.2: Adapting processes to the information infrastructure:

- Unifying information tools to support data processing;
- Modernising information support for support processes;
- Implementing modern applications.

Strategy 16.3: Project management:

- Defining tasks as projects, wherever reasonable;
- Information support for project management;
- Strengthening the project office.

4.3 ENSURING STABLE FUNDING

The amount of funding is not the single most important element of a stable operation; special care should be given to IPH being able to ensure the appropriate expenditure of the funds intended and adapted for prioritised development projects. Nevertheless, the activities of the next few years will focus on providing adequate funding. Inadequate funding in some areas – of which the information system is certainly the most important - is a serious obstacle to performing the expected tasks.

As mentioned above, appropriate expenditure of funds is also of great importance. Therefore, IPH will establish a planning and monitoring system to enable the monitoring of the implementation of annual and financial plans. In cases of unjustified anomaly, corrective measures will be undertaken in time.

Strategic goal 17: By 2015, IPH will have established transparent and stable financial operation.

Strategy 17.1: A transparent planning and reporting system:

- Ensuring stable funding of activities;
- Creating a financial plan based on relevant information;
- Concurrent monitoring of financial plan implementation;
- Reducing the share of administrative costs.

MONITORING THE ACHIEVEMENT OF GOALS

The strategic goals that reflect the basic orientation of IPH will be elaborated in more detail in the annual work programmes where the connection between the annual and the strategic goals will become evident. In the process of planning the annual work programmes and monitoring their implementation, the monitoring of the achievement of strategic goals will also be determined. This will be included also into the annual plans of internal revisions.

The basis for the monitoring of the achievement of goals are the indicators and target values shown below. For each strategic goal, there is at least one measurable indicator chosen so as to be easily accessible and relevant for a particular goal. Most of the indicators are determined so that they are followed annually and we can check the monitoring of global orientation constantly.

Reference	Description	Measure	Target value
Strategic goal 1	By 2015, IPH will have established a system for providing up-to-date information on the health of Slovenia's populace, health-affecting determinants, and measures required for improving health.	Standardisation of reports	>per year
		Analysis	>2 analyses per year
		Preparation of reports	>5 per year
Strategic goal 2	By 2015, IPH will be the most important source of information and the central partner for various sectors for the formation of health policies and health improvement programmes.	Developed programmes	>2 per year
		Priority proposals	>5 in six years
Strategic goal 3	By 2015, IPH will improve and perfect the current provision of data and information on the functioning of the healthcare system, including the provision of key health and economic information and information pertaining to healthcare quality.	Standardisation of reports	> 1 per year
		Analysis of the functioning of the health system	1 per year
		Preparation of reports	>1 per year
Strategic goal 4	By 2015, IPH will have become the operator of a health technology assessment network (HTA) in Slovenia, ensuring the comprehensive evaluation of health technologies.	Preparation of a health technology assessment	>1 per year

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Reference	Description	Measure	Target value
Strategic goal 5	By 2015, IPH will have developed a model for the integrated prevention and comprehensive care of chronic diseases, and will assume the leading role in preventive health care in all areas.	Establishing national coordination of preventive programmes	1 per year
		Preparation of preventive programme protocols	1 per year
Strategic goal 6	By 2015, IPH will have strengthened its role as the main information point for risk assessment and the mitigation of contagious diseases, providing expert support in drawing up and implementing the necessary measures.	Assessment of disease burden	1 per year
		Preparation of programmes for the mitigation of contagious diseases	>1 per year
		Implemented programmes in a year	100
Strategic goal 7	By 2015, IPH will have set up a system to monitor diseases connected to the environment and environmental factors affecting health, and provide key information on the environment and health.	Preparation of epidemiological studies	1 per 6 years
		Report on environment and health	1 per year
Strategic goal 8	By 2015, IPH will be the main reference point for the coordination of quick responses to health threats due to the emergence of contagious diseases, the deliberate dissemination of biological agents, or the occurrence of diseases of unknown origin.	Establishing early detection protocols	>1 per year
		Assessment of readiness	One per two years
		Report on the work of the national quick response team	Description
Strategic goal 9	By 2015, the IPH will have established a national health care information service centre to manage national health care databases, as well as provide data and information for the purpose of generating international reports, in addition to planning and providing health care services in an easy and applicable manner.	Preparation of a uniform classification	>1 per year
		Implementation of eHealth	1 per year
		Automated data scooping	1 collection per year

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Reference	Description	Measure	Target value
Strategic goal 10	By 2015, IPH will have strengthened its role of main public health information centre which ensures that individuals, health professionals and decision makers are provided with unbiased information through proactive, up-to-date and transparent communication.	Contributions to Public Health Journal	>1 per every edition
		Web site hits	Index 150 per year
		Organised training for providers of information to the public	>1 per year
Strategic goal 11	By 2015, IPH will have been a central public health training provider and an important partner in undergraduate and post-graduate education of public health professionals.	Strengthening higher education teaching capacities	At least 1 every year
		Partial employment at the Faculty of Medicine	>2
		Experts included in training	At least 90 per cent
Strategic goal 12	By 2015, IPH will have increased its contribution to public health through the greater volume and success of its research activities.	Increase in the budget share of research projects	>10 per cent per year
		Number of researchers fulfilling the criteria for heads of core research projects	Increase over the years
		Number of pure citations	Increase over the years
Strategic goal 13	By 2015, IPH will have drawn up structured programmes of cooperation with key partners in partnerships with added value for all.	Joint programmes	>1 per year
		Preparation of joint eHealth projects	1 per year
Strategic goal 14	By 2015, IPH will have strengthened international cooperation, become a more recognised and acclaimed partner in development and research projects, and developed the capacity to run international projects.	Heading an international project	1 per three years
		Experts attending training abroad (duration >3 months)	>1 per year

**Strategic Development Plan of the Institute of Public Health of the Republic of Slovenia for
the period 2010-2015**

Reference	Description	Measure	Target value
Strategic goal 15	By 2015, IPH will have improved its business operations with suitably educated and trained employees and by developing a stimulating working environment.	Exchange of knowledge between employees	Reaching annual plans
		Employee satisfaction	Improvement of the assessment
		Qualified and trained leaders	100%
Strategic goal 16	By 2015, IPH will have increased the efficiency of business environment by modernising business processes and adapting them to the information infrastructure.	Listing and determining indicators	100% in three years
		Computerising processing	Reaching work plans
		Project work method	Increase over the years
Strategic goal 17	By 2015, IPH will have established transparent and stable financial operation.	Permitted deviation from the financial plan	<±2%

