



National
Institute
for Health
Development

Development Plan of the National Institute for Health Development for the Period 2021–2025



Tallinn 2021

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Opening remarks

We are moving forward! We face the future with hope while making plans for the next development plan period - 2021–2025.

In 2021, the National Institute for Health Development will reach the age of adulthood. Over the past few years the Institute has undergone thorough substantive and visual renewals, and our team is currently in the process of growing into a united, balanced whole. We have learned to boldly accept challenges through profound systematic discussions and analyses and feel more comfortable in new horizons. There are many changes behind us, and we have learned to adapt quickly to changes and innovations.

Now is the time to look to the future and set higher and further goals, in order to meet the expectations of an increasingly demanding and rapidly changing world. Only when we have set goals for ourselves we can be sure that we are on a daily basis working on what is most important. After six months of discussions we agreed on our priorities, which provide us with fresh enthusiasm to take action. Our goals for the next five years will support stronger health, longer life, emotional clarity and mental maturity.

Our value lies in cooperation, competence and innovation.

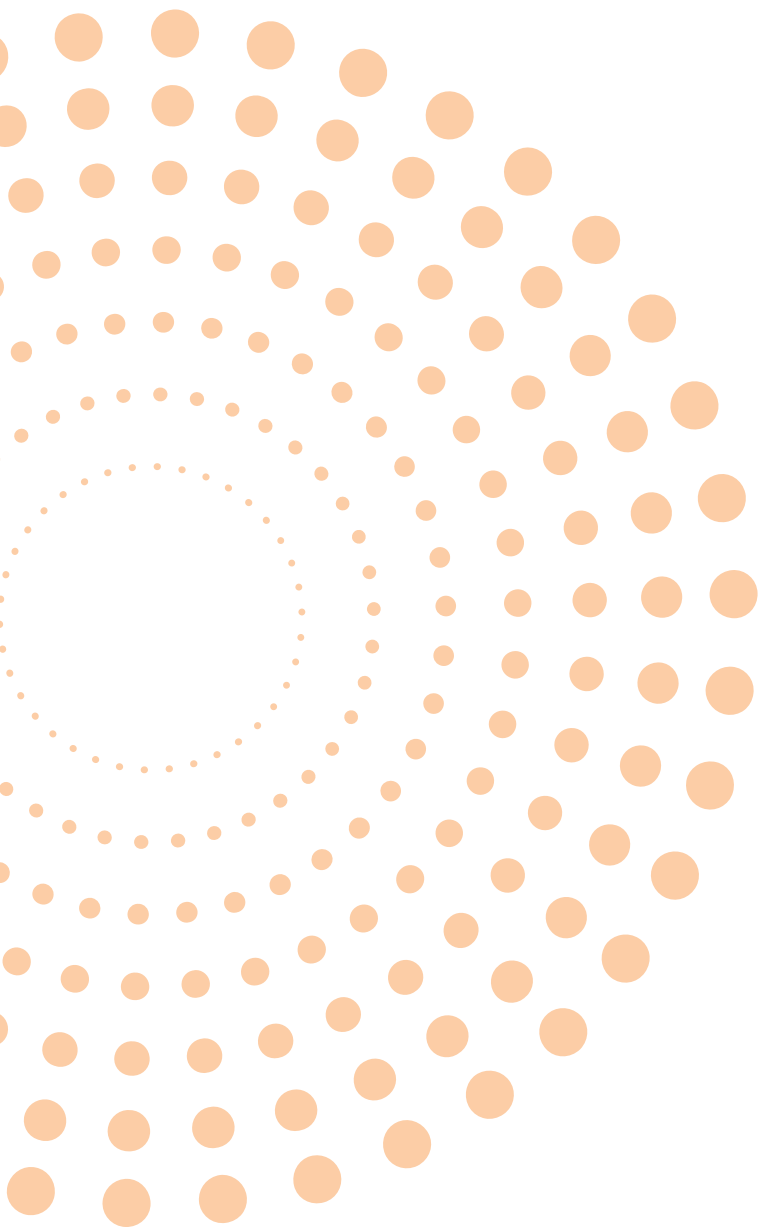
We have taken a step forward from working together to collaborating as a united team – common goals in guiding the Estonian people towards healthier choices encourage and unite us. When it comes to effective and sustainable operations, everyone's contribution counts: in research, development activities, data analysis, health communication, support for lifelong learning and administrative functions. You do not reach far going alone, in cooperation, one plus one always equals more than two, and in a mission-driven team everyone enjoys work and has a spark in the eye.

We believe in our dreams so that they can come true. And not because we dream, but because we have made clear plans to bring our dreams to reality.



Dear colleagues, I wish you success!

Annika Veimer
Director of the National Institute
for Health Development
January 2021



The National Institute for Health Development (NIHD) is a government established research and development (R&D) institution administered by the Ministry of Social Affairs, engaged in public health research and health promotion as well as development and implementation of disease prevention programmes and activities. In addition, we manage Estonia's national **health statistics** and six population-based **registers and databases**. We cooperate with many Estonian and European research institutions and universities, as well as various public and private sector organizations. The NIHD's activities are primarily financed from the state budget, for example, through targeted financing, national research and development programmes and grants.

The NIHD has developed into a well-known institution within society, where directing priorities and establishing emphasis for public health development work is based on research. This type of an approach enables the NIHD to better serve society and serves as foundation for development of knowledge- and evidence-based health policy.

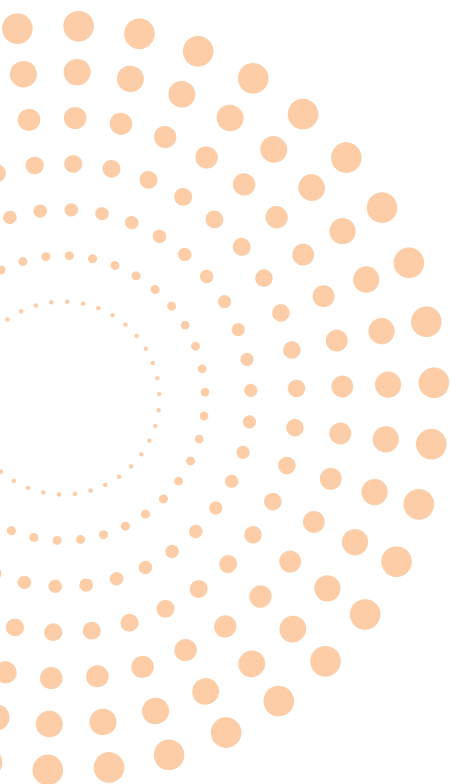
Vision, Mission, Values

The development plan defines main organizational goals of the NIHD for the period 2021–2025 and activities necessary to achieve them.

When preparing the development plan we were guided by goals of sustainability of our nation, people's health and social protection, set forth in the development strategy "Estonia 2035". The strategy "Estonia 2035" enables changes by inter-sectoral co-operation, so that as a result people with diseases stay physically and mentally healthier longer and make healthier choices that reduce risks and sustain living as well as the natural environment.

In addition to the Estonian Research and Development and Innovation Strategy 2021–2035, our work is also guided by the goals and vision established in the National Health Plan 2020–2030, which formulates the expectation that Estonia's residents will live longer and maintain their health as much as possible throughout life span, and their health and welfare is supported through the physical and social environment and health system, that are shaped in cooperation between the public, private and third sectors.

We are guided by our vision, mission and values in all our activities.



VISION

The National Institute for Health Development is in Estonia the leading and internationally recognized public health competence centre, who, in cooperation with partners,

develops
research-
based health
policies

promotes
living
environment
that supports
health and
well-being

creates and
shares
health
knowledge

and as a result key health indicators have improved by 2025.

MISSION

We promote research-based healthy choices.

VALUES

COMPETENCE

- Our activities are based on research, the best practices of Estonia and the world, and the needs of target groups.
- We maintain our competences through constant self-improvement.
- We create new knowledge, apply and share our knowledge base and skills.

COOPERATION

- We engage, listen, share knowledge, and provide support.
- We agree on common goals and focus on teamwork in achieving them.
- We respect and inspire each other, to achieve more as a team than we would achieve alone.
- We value each other's views and seek for best solutions together.

INNOVATION

- We seek actively and boldly new solutions, while considering the needs of target groups and developments in society.
- We offer and implement smart solutions while being creative, flexible and considerate.
- We are inquisitive and open to new ideas in our work.

Stakeholder Expectations

We mapped stakeholder expectations to the NIHD during preparation of the development plan, since we can succeed in meeting our objectives only through cooperation and by understanding our own strengths and weaknesses.

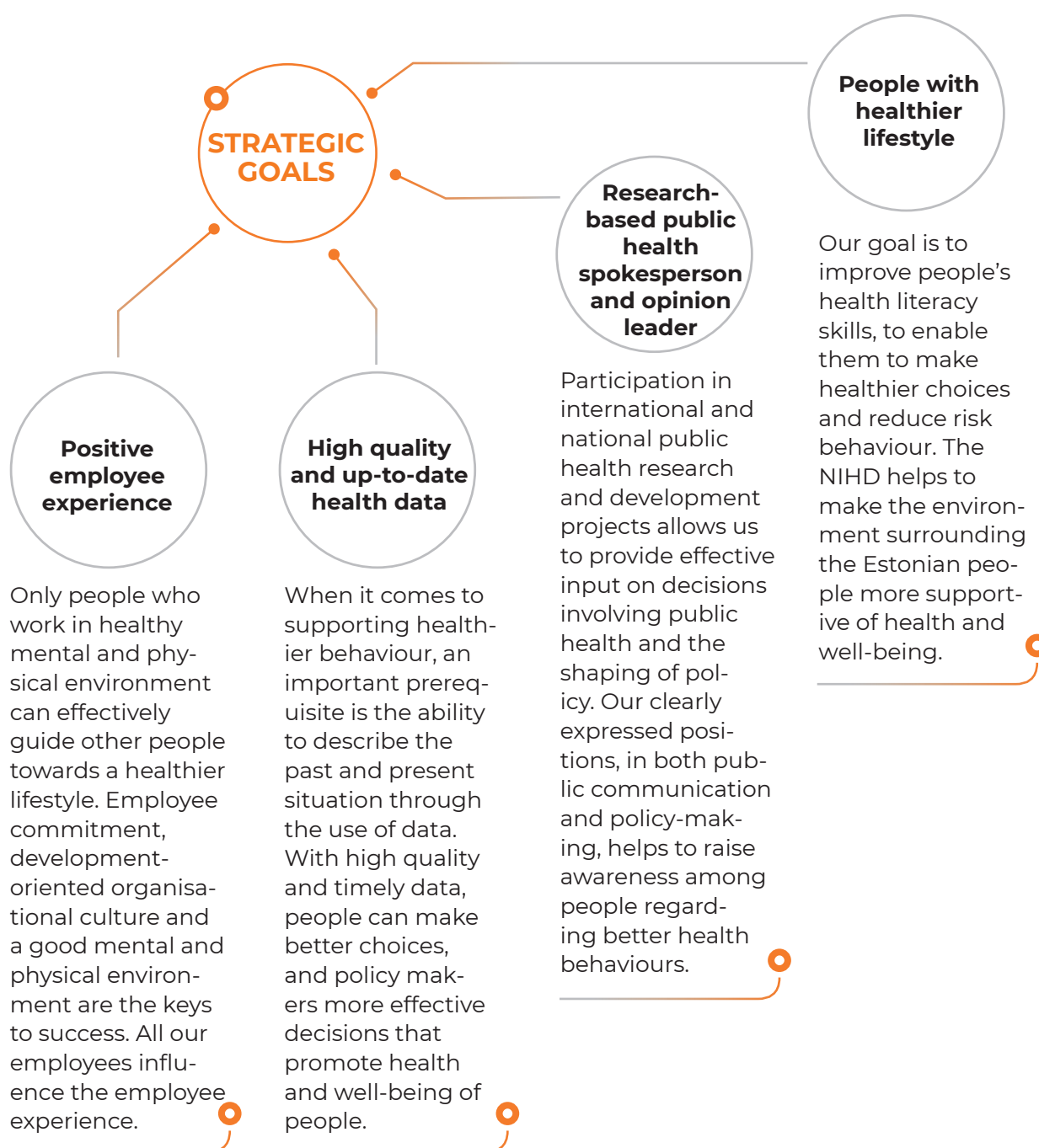
We work closely with other agencies with organizations governed by the Ministry of Social Affairs (Health Board and Agency of Medicines) and other ministries and their divisions. In both research and development, our partners are universities, institutions of professional higher education, professional and business associations, enterprises and industry, foreign research and development institutions, and international organizations.

Our partners' understanding of the NIHD overlaps with the goals and expectations we have set for ourselves for coming years.



Strategic Goals 2021–2025

The NIHD has four strategic goals. These goals are equally important in NIHD's activities and are not listed in order of priority, as they support execution of our vision and mission in an equal manner.



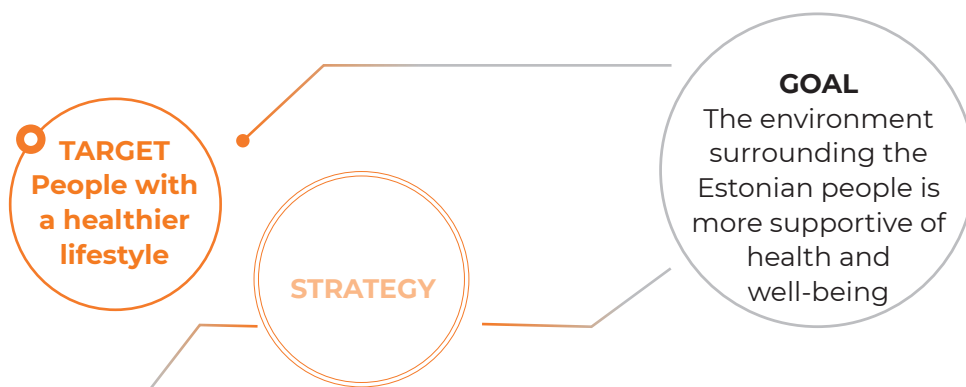
Objectives, Strategies and Indicators

The fulfilment of the goals is supported by the strategies developed for the period 2021–2025, together with sub targets, and the programmes and indicators necessary for reaching those goals.



Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. The share of non-consumers of alcohol and tobacco is growing.	<ol style="list-style-type: none"> 1. The proportion of young people who have never consumed alcohol is 60% (HBSC 2018). 2. The prevalence of non-smokers among 11–15-year-olds is 91% (HBSC 2018). 3. The share of daily smokers and occasional smokers aged 16–64 is 26% (Health Behaviour Among Estonian Adult Population 2018). 	<ol style="list-style-type: none"> 1. The proportion of young people who have never consumed alcohol is $\geq 66\%$ (HBSC 2022). 2. The prevalence of non-smokers among 11–15-year-olds is $\geq 93\%$ (HBSC 2022). 3. The proportion of daily smokers and occasional smokers aged 16–64 is $\leq 21\%$ (Health Behaviour Among Estonian Adult Population 2024).

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
2. Total consumption of alcohol is declining.	Total absolute alcohol consumption among the population aged 15 and over is 10.4 litres per person (Estonian Institute of Economic Research ³).	Total consumption of absolute alcohol among the population aged 15 and over is ≤ 9.6 litres per capita (Estonian Institute of Economic Research).
3. People's nutrition and physical activity habits improve and obesity does not increase.	<p>1. The proportion of obese people (Body Mass Index ⁴ > 30) among the working age population is 19%: 21% among men, 18% among women (Health Behaviour Among Estonian Population 2018).</p> <p>2. The proportion of obese people (Body Mass Index > +2 standard deviations) among first and fourth grade students is 11%: among boys 14%, among girls 9% (Childhood Obesity Surveillance Initiative⁵ 2019).</p>	<p>1. The proportion of obese people (Body Mass Index > 30) in the working age population is ≤ 19%: among men ≤ 21%, among women ≤ 18% (Health Behaviour Among Estonian Population 2024).</p> <p>2. The proportion of obese people (Body Mass Index > +2 standard deviations) among first and fourth grade students is ≤ 11%: among boys ≤ 14%, among girls ≤ 9% (Childhood Obesity Surveillance Initiative).</p>
4. The coverage of cervical, breast and colon cancer screenings in target groups is increasing.	Coverage is 50-56%.	Coverage is ≥ 60% of the target group for all sites.
5. The number of students who have participated in interventions with proven effectiveness in developing social skills (VEPA), and those who have completed the Incredible Years parenting programme, is increasing.	<p>1. A total of 2500 students (2019) participated in the VEPA programme.</p> <p>2. A total of 988 parents (2019) completed the Incredible Years programme.</p>	<p>1. A total of 2700 students are participating in the VEPA programme.</p> <p>2. A total of 2000 parents are participating in the Incredible Years programme.</p>
6. A number of personalized medicine applications having been developed and piloted.	0	2
7. The number of new HIV cases is declining.	The number of new HIV cases per 100,000 people is 13.5 (National HIV Action Plan for the years 2017–2025).	The number of new HIV cases per 100,000 people is at or below the European Economic Area average.
8. The number of drug overdose deaths is declining.	A total of 27 deaths or 31.9 deaths per 1,000,000 people (Estonian Causes of Death Registry 6).	The number of deaths is the average for the European Economic Area or lower (Estonian Causes of Death Registry).



1. Development and assessment of learning, working and living environments that support health and well-being.
2. Providing services and prevention interventions in areas that are disadvantaged in terms of health and for vulnerable target groups.

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. The number of employers joining the Network for Workplace Health Promotion is increasing; the share of Health Promoting Kindergartens and Health Promoting Schools is increasing; the number of nursery schools using Toybox is increasing.	<ol style="list-style-type: none"> 1. The Network for Workplace Health Promotion 7 has 323 members (2019). 2. The Network of Health Promoting Schools 8 and the Network of Health Promoting Kindergartens 9 have 509 members in educational institutions, i.e. 50% (2019). 3. The use of Toybox has not been adopted in nursery schools. 	<ol style="list-style-type: none"> 1. The Network for Workplace Health Promotion has ≥ 388 members. 2. The proportion of members of the Network of Health Promoting Schools and Network of Health Promoting Kindergartens in educational institutions is $> 50\%$. 3. Toybox is used in at least 10 nursery schools.
2. The number of municipalities in South-East Estonia and Viru County 10, with whom cooperation is established for prevention activities, is increasing.	2 (2019)	25



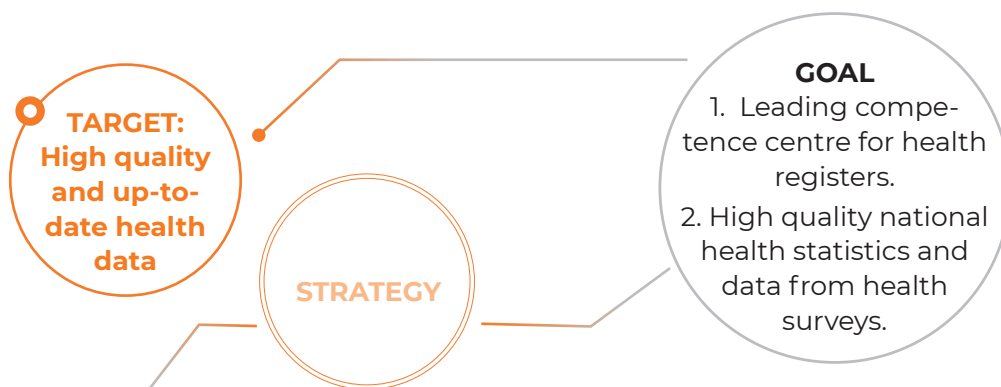
- 1 Improving research competence in all centres.
- 2 NIHD-wide strategic planning.
- 3 Establish a functioning system for evaluating prevention activities.

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. The average number of 1.1–1.3 articles and research and health statistics reports published by NIHD staff each year is increasing.	A total of 62 research articles, 28 research and health statistics reports per year (NIHD Annual Reports 2015–2019).	A total of 65 research articles, 30 research and health statistics reports per year (NIHD Annual Report 2024).
2. The share of employees with an academic degree among the NIHD team is increasing.	A total of 14% of employees hold a Doctoral level degree and 58% hold a Master's level degree.	A Doctoral level degree \geq 19% and a Master's level degree \geq 66% of employees.
3. Impact assessments are available for new activities and services.	No data available.	100% (NIHD Annual Report 2024).



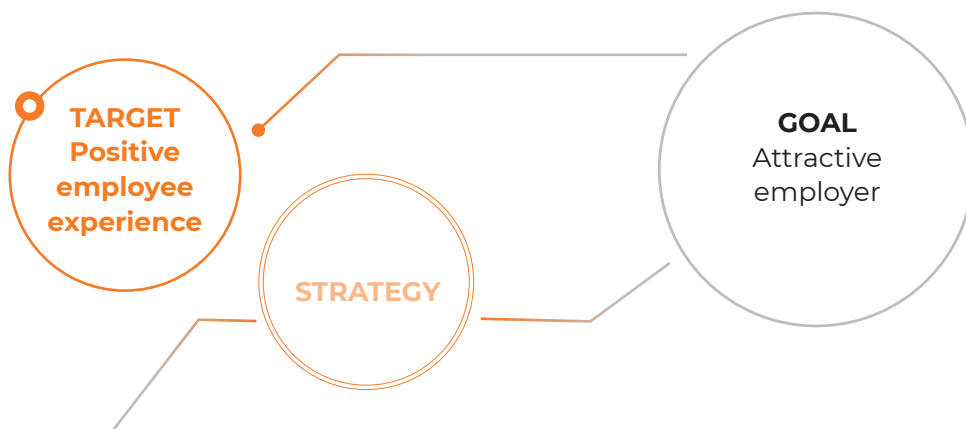
- 1 We cover more current topics.
- 2 We proactively feed research findings into health policies.
- 3 We will increase the competence of spokespersons in all fields.
- 4 Preparation of a strategic communication plan, presentation of clear messages in our areas of activities.

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. The volume of media coverage is increasing each year.	1867 (NIHD Annual Report 2019)	≥ 3000 (NIHD Annual Report 2024)
2. The number of presentations at international conferences increases annually.	39 (NIHD Annual Report 2019)	≥ 43 (NIHD Annual Report 2024)
3. The number of published news stories introducing research articles is increasing.	0	All research articles whose first author is an NIHD employee are reported (NIHD Annual Report 2024).



- 1 Held and interpreted data based on the needs of the target group, including visualization.
- 2 Improve data collection efficiency of and quality assurance.
- 3 Work towards amending the National Statistics Act.
- 4 Peer-review of study reports within the NIHD.

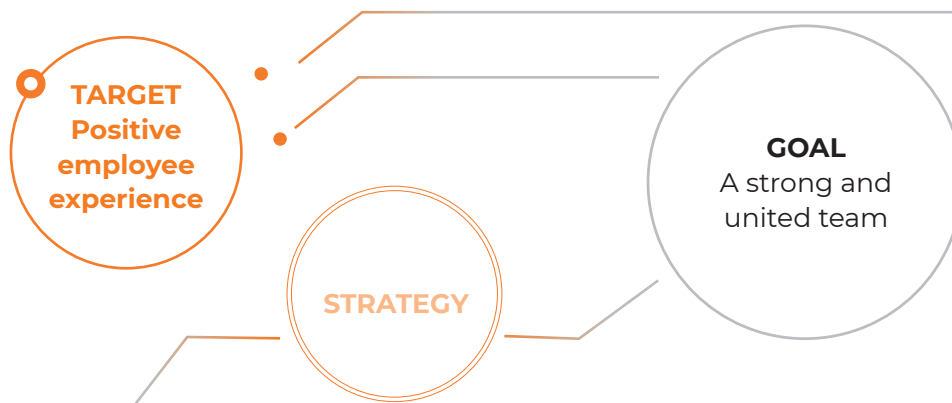
Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. The number of queries to the Health Statistics and Health Research Database ¹¹ database is increasing.	90 (2019)	98
2. Time of publication of cancer registry data.	24 months (2019)	18 months
3. Proportion of peer-reviewed study reports.	No data available.	100% (NIHD Annual Report 2024).
4. The National Statistics Act enters into force, in which the NIHD is designated maker of national health statistics.	The NIHD is not the maker of national health statistics.	The NIHD is the maker of national health statistics.



1 Conscious development of the employer's brand.

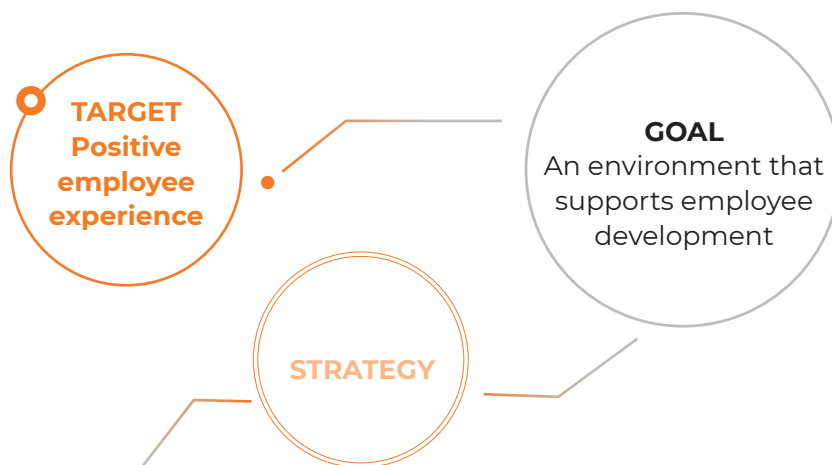
2 Development of a value proposition.

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. Employee Net Promoter Score (eNPS).	-13	≥ 40
2. Voluntary turnover.	7%	≤ 8%
3. Employee satisfaction with the value proposition.	76%	≥ 85%
4. Competitive salary.	The average gap with the median salary is -3%.	Median salary or above.



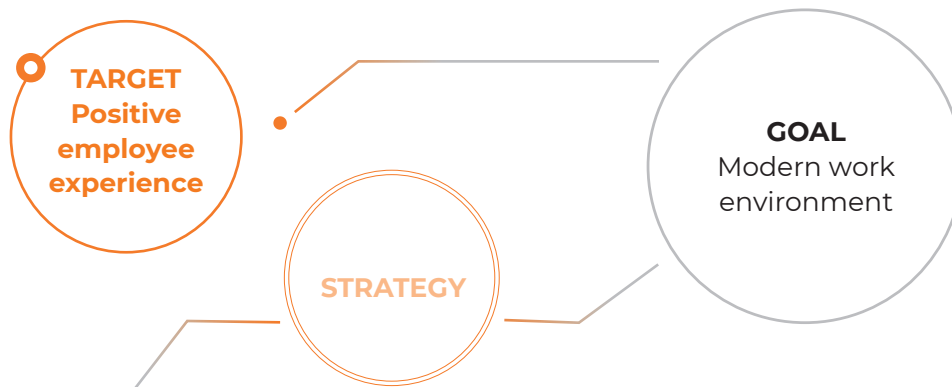
- 1 Implementing activities that support a common identity and values.
- 2 Creating an overview of the NIHD's activities and interconnections.
- 3 Recognition involving employees.

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. Participation rate and satisfaction with common events (feedback).	<ol style="list-style-type: none"> 1. No data available. 2. No data available. 	<ol style="list-style-type: none"> 1. $\geq 75\%$ 2. $\geq 80\%$
2. Employee awareness of the NIHD's activities and the NIHD's objectives.	<ol style="list-style-type: none"> 1. Awareness of unit activities 64%. 2. Awareness of objectives 84%. 	<ol style="list-style-type: none"> 1. Awareness of unit activities $\geq 90\%$. 2. Awareness of objectives $\geq 90\%$.



- 1 Open leadership culture and common management principles.
- 2 Continuous support for employee development (development plans).
- 3 Ensuring succession.

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. Management index.	83%	≥ 90%
2. Volume and cost of staff development activities.	1. No data available. 2. 0,5% of the salary fund.	1. ≥ 12 academic hours per employee. 2. ≥ 2% of the salary fund.
3. Employee satisfaction with development opportunities.	80%	≥ 90%
4. Number of trainees.		12



- 1 Innovative and secure Information and Communication Technology¹² tools.
- 2 Develop health promoting work environment.
- 3 Modern and ergonomic workplace solutions.
- 4 Mental health support.

Metric	Baseline 2020 or earlier	Target level 2025 or earlier
1. Employee satisfaction with the working environment.	73%	≥ 90%
2. High probability and impact risks in risk analysis results.	0%	0%

¹Health Behaviour of School-aged Children

²Health Behaviour Among Estonian Adult Population

³Estonian Institute of Economic Research

⁴Body mass index

⁵Childhood Obesity Surveillance Initiative (International Childhood Obesity Survey)

⁶Estonian Causes of Death Registry

⁷A Network for Workplace Health Promotion

⁸Network of Health Promoting Schools

⁹Network of Health Promoting Kindergartens

¹⁰Local Government

¹¹Health Statistics and Health Research Database





¹²Information and Communication Technology

Development Plan Management

NIHD Scientific Council approves The NIHD development plan and reviews its implementation once a year.

The director is responsible for implementation of the development plan, while implementation of the development plan is monitored by the steering group established during the creation of the development plan, headed by the development manager. The steering group monitors the relevance and timeliness of the development plan, identifies issues and areas for improvement or that need updating, and, if necessary, specifies and adjusts the goals, strategies and expected outcomes for the coming years.

Principles that govern monitoring of the development plan:

-  The success of the implementation of the development plan is evaluated each year in parallel with preparation of the annual report.
-  The heads of the NIHD's centres monitor the status of the activities implemented in their respective centres and submit proposals for area-specific changes for coming years (or, if necessary, also for the current year) along with recommendations to change activities or specify development plan indicators.
-  The objectives established in the development plan are followed during preparation of NIHD's annual detailed work plan.
-  Meetings to observe implementation of NIHD's work plan are held on a quarterly basis.

