Results
StW clients differed from RG clients regarding demographic characteristics. The StW group reported work-related problems more often, were less assertive and dealt more often with (work) stress. They experienced more health complaints and reported longer sick leave. Empowerment scores showed that StW clients were less resilient at T0 than RG clients. At follow-up, 75% of the StW clients reported reduced complaints and significantly increased empowerment score. In both groups, the appreciation of the OP support is high. The process evaluation shows that time is a limiting factor: consulting hours of GPs are too short to address work-related problems. Moreover, a project lasting only one year was too short to change GPs' behaviour.
Conclusion
There are clear differences in demographic characteristics between the two groups of clients. The StW clients appreciate the support and become more resilient. GPs learnt much from the OPs and vice versa. GPs pay more attention to occupational health, but the number of referrals is rather limited.

Influences of guidelines on crucial information in sickness certificates classified according to the International Classification of Functioning, Disability and Health. A comparative study of sickness certificates in Sweden

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Background
In Sweden and other western European countries the responsibilities of physicians include issuing sickness certificates with information on diagnoses, functioning and rehabilitation proposals. Descriptions of functioning as a result of sickness or injury are often poor. Sick leave guidelines for this information were implemented by the Swedish Board of Health and Welfare in 2008. The aim of this study was to investigate certificates regarding the description of patient's functioning and the prescribing of suggestions on early rehabilitation, before respectively after implementation of this guideline.
Methods
During two weeks in 2007 and 2009 all certificates were collected as soon as they arrived at the social insurance offices in Östergötland County, Sweden. Prolongation of a sick leave spell was included until the last date of sick listing. The text on functioning was analysed, in 475 certificates from 2007 and 501 certificates from 2009, using the International Classification of Functioning, disability, and health (ICF) as a reference. The text on rehabilitation prescribed in the first certificate, or within 28 days was analysed and defined as early rehabilitation.
Results
In 2007 two third of the certificates, 65%, had a description of functioning linkable to ICF, in 2009 more information, 78%, could be linked to ICF. Descriptions of functioning according to the body were given in 58 % respectively 65% of the certificates from 2007 and 2009. The activity component was more frequent in certificates issued in 2009 compared with those in 2007, 33% versus 26%. Also the prescriptions of early rehabilitation increased from 27% in 2007 to 35% in 2009, primarily due to more frequent prescriptions of counselling.
Conclusions
There is a tendency towards increased attention to activity limitations and prescriptions of early rehabilitation after implementation of the guideline. Still, improvements regarding rehabilitation proposals and descriptions of functioning are needed.

1.H. Round Table: The Year of Noncommunicable Diseases: Implications of the Global Movement for the European Region

Chairs: Dr Gauden Galea, WHO and Dr Iveta Nagyova, EUPHA

Organiser: WHO/EURO Division of Noncommunicable Diseases and Health Promotion & EUPHA section on Chronic Diseases

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Background
On 13 May 2010, the United Nations General Assembly (UNGA) passed resolution A/RES/64/265 on noncommunicable diseases (NCDs). This step is of historic significance in global health and development as the resolution calls for global and national action at the highest level to address this issue. To incite action to tackle the rising prevalence, morbidity and mortality of NCDs worldwide, the UNGA will be convening a High-level Meeting in September 2011 in New York, with the participation of Heads of State and Government, on the Prevention and Control of NCDs.
The European Region has been very active in the preparations for the UN High Level Meeting. A Regional High-level Consultation, hosted by the Government of Norway, was held in Oslo on 25–26 November 2010. The First Global Ministerial Conference on Healthy Lifestyles and NCD Control took place in Moscow on 28–29 April 2011. In addition, the 61st Session of the WHO Regional Committee for Europe that will take place in Baku on 12–15 September 2011 will consider a five-year NCD Action Plan and a ten year Alcohol Action Plan for Europe. All this is happening in the context of the development of a new European Health Policy (Health 2020) and a Public Health Framework for Action in WHO.
There has never been such a large global movement around the issue of noncommunicable diseases, and this is highly relevant for Europe, the Region that, alongside the Americas, leads the world in terms of burden. Many questions remain. How to make these global developments relevant to national governments? How to generate interest in sectors outside health, and sustain the political will to act? What does the outcome of these movements mean for health governance and for public health practitioners in Europe?
Workshop objectives
This WHO/EUPHA workshop will try to explore answers to these questions and to make the outcomes of the High-level Meetings better known within the EUPHA community. It will consider options for the way forward and the follow-up actions to be taken to identify scientific, education/training, practice

and policy gaps, needs and challenges for public health to fight NCDs in the European region.

Speakers / Panellists

- *Dr Zsuzsanna Jakab, Regional Director, WHO Regional Office for Europe* ''The New European Health Policy: Links with the emerging global NCD movement''
- *Dr Bjørn-Inge Larsen, Director-General, Norwegian Directorate of Health* ''The year since Oslo: The emergence of a global movement''
- *Dr Michael Hubel, Head of Health Determinants Unit, DG SANCO, European Commission* ''The Year of Noncommunicable Diseases from an EC perspective'
- *Dr Iveta Nagyova, President of the EUPHA section on Chronic Diseases* ''Challenges and opportunities for EUPHA to take action to fight NCDs''
- *Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion, WHO Regional Office for Europe WHO* (panellist/ moderator}

1.I. Workshop: The introduction of new vaccines at the European level: challenges to optimise immunisation policies

Chair: Giuseppe La Torre, Italy
Organiser: EUPHA section on Public Health Epidemiology
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Vaccines represent some of the most important tools available for the prevention of diseases. In addition to protecting the vaccinated individual from developing a potentially serious disease, they may help protect the community by reducing the spread of the infectious agents targeted by the vaccine. Therefore, there are not only benefits for the single vaccinated individual, but also advantages for the entire community and the society. This very simple consideration makes unique the public health evaluation of vaccines, and with these substantial differences from other public health interventions there is a need to adopt different criteria to develop recommendations for use.

Assessing safety and efficacy of vaccination products in the field is an essential part of the success of any vaccination programme. Consequently, the impact of universal vaccination programmes to reduce disease burden is not much questioned in the scientific community. In addition to that, there are several aspects of the vaccination programme that have to be evaluated and carefully assessed, such as the disease burden, the technology, the epidemiological aspects, the economic, societal and ethical issues, in order to improve the overall quality of vaccination programmes.

At the European level, a paradoxical effect can be observed: while vaccines are licensed in the European Union with common indications, at the national level vaccination policies, immunization programme delivery services and health services infrastructures are quite different among European countries. Moreover, we have to take into account that countries use different methods to monitor vaccination coverage and adverse events, and this does not facilitate comparison between States. Moreover, we have to consider that in our Continent, the impact of national vaccination programmes goes beyond the national political borders. Lack of understanding of the different immunisation programmes within Europe due to insufficient communication might be a major impediment to optimising immunisation policies in all Member States.

The aim of this workshop will be to find possible convergence between the technology assessment and the industry perspective for the introduction of new vaccines at the European level, using the perspectives of the Institutional and Academic bodies, as well as of the Vaccine Companies.

National Health Technology Assessments in EU/EEA countries for the introduction of new vaccines. The example of pneumococcal vaccination from a VENICE survey

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Objective

The aim of this presentation is to evaluate if Health Technology Assessment (HTA) reports on pneumococcal vaccination could be conducted at the national level in EU/EEA countries. This work was carried out within VENICE activity, a European project in the field of vaccination sponsored by ECDC, involving 27 EU members plus Norway and Iceland.

Methods

During summer 2010, VENICE gatekeepers and HTA experts were asked to answer an on-line questionnaire exploring the availability of pneumococcal-related diseases data (assessments of costs, economic assessment/impact, ethical issues) at the national level and collecting information on National HTA agencies.

Results

Out of 29 eligible countries, 27 agreed to participate into the survey. 86% have at least one data source (hospitalization, laboratory database, surveillance system) on pneumococcal-related diseases, 48% have national publications. Direct costs are available in 72% of countries from at least one data source (hospitalization fees, outpatients services price, drug price list), and 69% have national publications. Indirect costs are available for 45%.

Cost effectiveness (59%), cost-utility (41%) and literature review (55%) are mainly used for economic analyses on this topic. Interestingly, 27% reported a threshold value to define the cost effectiveness at the national level. 52% of respondents declared HTA Agencies exist at the national level, mainly governmental bodies (73%).

Finally, 35% reported an HTA on pneumococcal vaccine already performed at the national level.

Conclusion

HTA is a tool used in some European countries only. A new proposal of a European HTA on pneumococcal vaccine should be launched to help the MS in the decision about this vaccine introduction in the schedule.

Improving the introduction (and implementation) of new vaccines in EU countries to maximise Public Health benefits – an Industry perspective

Christine Seigneu, Christelle Saint Sardos

C Seigneu, C Saint Sardos
European Vaccines Manufacturers

In every country, the introduction of a new vaccine in the immunisation programme undergoes a specific process, which reflects the public health nature of vaccines and vaccination. Despite some commonalities, the decision-making process differs from one Member State to another in Europe because of considerations such as: the local burden of disease and epidemiology, determination of specific populations which will particularly benefit from the vaccination, fit with the national schedule, or acceptance of vaccination.