



DANISH MINISTRY OF HEALTH

Memo – implementation of the Danish vaccination programme

As requested during the General Affairs Council meeting on September 21, 2021, Denmark's main strategic and practical considerations regarding the Danish vaccination programme are hereby shared for inspiration in the present memo.

Timeline and overall results

The Danish vaccination programme was initiated on December 27, 2020. Since then, more than 4.4 million people in Denmark have been vaccinated against COVID-19, corresponding to approximately 76% of the entire population. Amongst those who are eligible to be vaccinated (all persons aged 12 or older), the level of adherence is approximately 87%, as of October 6, 2021.

Overall approach

A wide range of efforts has been implemented in order to reach this high level of adherence. Throughout the rollout of the vaccination programme, focus has been on the premise that different population groups have different needs and experience different barriers to vaccination. Therefore, specific efforts have been targeted towards different population groups. Focus has as well been on ensuring that vaccination sites are both in geographic proximity and easily accessible. Furthermore, it has been a priority to ensure access to information, support, and advice through many different channels and in different languages. In the following, some of the main components of the vaccination rollout that have contributed to a high vaccination adherence in Denmark will be presented.

Communicative and logistic arrangements

Invitation and booking

Persons eligible for vaccination have received an **invitation** for vaccination either through a secure public e-mail system (e-Boks) or via a letter in the post. Booking a vaccine appointment was made easily accessible through an **online booking site** (vacciner.dk), which allows citizens to view and book available time slots at vaccination sites close to their address. For those, who are not able to or comfortable with navigating online, **regional hotlines** were established to offer citizens the opportunity to book an appointment over the phone.

Transportation to vaccination sites and deployment of mobile vaccination units

Support was also offered to those, who needed help with **transportation** to and from vaccination centres. For example, municipalities made direct phone calls to elderly citizens, who had not initially reacted to their invitation in order to help arrange transportation where needed.

To reach those, who for various reasons could not be transported to a vaccination site, **mobile vaccination units** were deployed. Mobile units were sent to:

- Persons who due to health conditions could not be transported to vaccination sites, e.g. residents of nursing homes.
- Persons with no permanent residence or in other ways socially disadvantaged.
- Persons living in asylum centres.
- Detained or imprisoned persons.

Further outreach



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While the majority were quick to react and book a vaccine appointment, additional efforts had to be made in relation to some population groups in order to reach high vaccination adherence. Challenges were experienced in particular in relation to the younger population as well as citizens living in socially disadvantaged neighbourhoods. The following efforts proved to be the most efficient in reaching those, who did not initially react to the invitation to join the vaccination programme.

Pop-up vaccination units: Mobile vaccination units were deployed to reach people in socially disadvantaged neighbourhoods, workplaces and educational institutions, minimizing the barrier of transportation. The mobile vaccination units have also visited geographical areas with lower vaccination rates and areas with no vaccination centres in close proximity. Such efforts have proven to create the best results if preparatory mobilizing work has been made prior to the visit.

Mobilizing efforts: Citizens who did not react to the invitation for vaccination were also contacted directly via phone calls, texts (SMS), personal contact (door knocking) and network-based efforts. In particular, good results were obtained by involving municipal employees and civil society actors who were already in frequent contact with vulnerable citizens. The municipalities made a great effort to raise awareness of the mobile vaccination units, for example by disseminating information via SMS, WhatsApp, Facebook and other social media, and by arranging events and serving slush-ice and cake for people stopping by the pop-up vaccination area (with no requirements for participants or visitors to be vaccinated). The purpose of these efforts were to share validated information and oppose any circulating misinformation. It is important to underline, that a guiding principle for these mobilizing and local efforts has been that vaccination in Denmark is voluntarily and that a “no thank you” to vaccination of course should be respected.

Involvement of the public housing sector, local associations and civil society has also proven an efficient tool. These agents, who are often locally known and trusted, have helped disseminate information to residents/members, and have helped accompany citizens to vaccination sites if needed.

Communication

From the outset of the pandemic, focus has been on ensuring detailed and clear communication on facts, evidence of effectiveness and safety of the vaccine as well as on political and administrative decision-making – with the intention to increase motivation and understanding of the responsibility that lies upon every individual to support the fight against COVID-19.

It has been a clear priority to make information available in many different formats and languages in order to accommodate different needs and reach as many as possible, including those, who do not speak Danish and those who have difficulties reading long texts. For example, much of the information material published by the Danish Health Authority was translated into several languages. The Danish Health Authority has also – in collaboration with many other central actors – established a national COVID-19 multilingual hotline. Citizens can call the hotline and bring up any questions or concerns regarding COVID-19 and the vaccination programme.

Furthermore, many types of motivational communication efforts have been utilized in order to raise awareness, motivate, and remind people of the importance of the vaccination programme. Information campaigns have been promoted through different media channels such as newspapers, TV, radio, outdoor media and digital and social media. Facebook and Instagram have been used to engage in dialogue with people, especially regarding myths and misinformation.



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Prerequisites for the implementation of the Danish vaccination programme

There are several prerequisites for the effective implementation of the Danish vaccination programme against COVID-19. The main ones are described below:

High levels of trust from the public in the authorities

- Throughout the pandemic, data on the population's behaviour and their trust in the vaccination programme has been collected. This data has served as a basis for the authorities to focus their efforts and actively work with communication initiatives that further strengthen trust.

The level of adherence to national immunization schedules has historically been high

- For example, 96% of the population born in 2016 received the first vaccine in the childhood vaccination programme.

Registration of the population and high levels of digitalization

- Denmark already has a well-established vaccination register, in which all administered vaccines are recorded. This makes it easy to monitor who received the first and second dose, who administered the specific vaccines, and who experienced any potential side effects.
- The thorough registration of the Danish population also serves as a basis for the nationally IT-supported COVID-19 vaccine invitations sent to all eligible citizens.