

Evaluation of Denmark's handling of the COVID-19 pandemic – Cross-cutting learning points and experiences

Key Findings



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This report is part of VIVE's overall evaluation of the experiences from Denmark's handling of the COVID-19 pandemic. The evaluation was carried out on behalf of The Epidemics Committee of The Danish Parliament based on eight broad policy-oriented questions formulated by The Committee. The eight questions for investigation have been treated in three previously published independent subreports, each with its specific focus.

Taken together, the first three subreports indicate that Denmark generally handled the COVID-19 pandemic well – also when viewed in an international perspective. The authorities initiated a number of non-pharmacological interventions that contributed to limiting the spread of infection (Subreport 1). However, the interventions had secondary consequences for the economy, for children and adolescents' wellbeing and learning and for patient treatment in hospitals. For the majority of the population, these negative effects were temporary, but there are signs of more long-term consequences – especially among vulnerable groups and in certain business sectors (Subreport 2).

Organisationally, Denmark succeeded overall in securing both the supply of protective equipment and an effective rollout of vaccines, despite the fact that Denmark was not fully prepared for a health crisis of the pandemic's proportions. There were challenges, however, in securing protective equipment for the primary sector, and people with potential side-effects felt they received insufficient help. The collaboration among central authorities, regions and municipalities worked well overall – but was not without challenges (Subreport 3).

This report summarises cross-cutting learning points from the three subreports and from a number of consensus and learning conferences held with central actors in the autumn of 2025. The purpose of the conferences was to identify learning points, points of disagreement and lacking knowledge about Denmark's handling of COVID-19, by discussing and putting into perspective points and knowledge from each individual subreport with central actors. The aim is to contribute to a strengthened basis for the handling of future crises in Denmark.

A strong starting point provides robustness in a crisis

Denmark had a good starting point, when the COVID-19 pandemic arrived in their country. A robust economy, extensive digitalisation and the Danish labour market model's collaborative tradition were crucial for the implementation of the non-pharmacological interventions and mass vaccination. In addition, society's central activities could be maintained to a large extent and the long-term economic consequences be limited.

The COVID-19 pandemic showed that the strength of a society's crisis response not only depends on the actual infection-limiting interventions that are initiated, but to a large extent also on the structural preconditions that have been built up over time. Even though the societal model proved to be highly robust during the pandemic, there are also areas where it would be advantageous to incorporate flexibility, e.g. by allowing temporary adjustment of standardised working conditions to ensure adaptability:

- One way to do this would be by including a clause in agreements, stating that various types of adaptations may be necessary in a crisis situation, and by ensuring that there is a legal basis for this beforehand.

Trust is a central resource in crisis management

The high level of trust among the population was of crucial importance for Denmark's success in getting through the crisis. Great importance is ascribed to the Danish welfare model, because citizens trust that there is a safety net if the need should arise – for instance in the health service. The national media played an important role in relation to creating a shared crisis awareness among the population but did not reach all parts of the population.

Trust is not a lasting resource and is challenged during a crisis. At the same time, trust is lower in some population groups, and the experiences from the pandemic therefore show that the central authorities should actively work to strengthen and maintain trust in periods without a crisis. An active effort is also required to mitigate the reduction in trust that occurs during a crisis. Trust can be strengthened by:

- continuously investing in strengthening public welfare institutions, so that, for instance, the health service can remain robust to exceptional large strains on capacity in future crises.

- the authorities communicating transparently and openly about suspicion of potential side-effects of vaccines, as was the case in the pausing, and later exclusion, of certain vaccines in the spring of 2021.
- creating a shared crisis awareness among the population in a possible future crisis situation, through information via national information channels. At the same time, it is important to have a strategy for targeted interventions and communication for population groups that have a lower degree of trust in the authorities.

Crisis management requires division into phases and continuous adjustment

The negative effects on the economy, children and adolescents' wellbeing, and patient treatment in hospitals could have been even greater, if the pandemic had lasted longer. Non-pharmacological interventions are assessed to have had a substantial effect in the early phases of the crisis, but uncertainty remains as to when it was the right time to introduce, adjust or end interventions.

In the acute phase of the crisis, the interplay among the Government, the central health authorities and municipalities and regions took place under a centralised management with a focus on the necessary capacity to make decisions and act. This also presented challenges for the cross-sectoral collaboration and democratic legitimacy, though.

Due to the inbuilt uncertainty in the crisis, a special challenge was to plan and carry out a gradual return to normal conditions, which the experiences from the organisation of protective equipment and the decision to maintain school lockdowns illustrate. The experiences indicate that the intervention was not sufficiently divided into phases and adapted along the way, and it could be strengthened by having a focus on the following:

- Centralised management can be necessary in the introductory phase of a crisis, but there needs to be attention to the consequences for democratic legitimacy and the cross-sectoral effects of decisions, e.g. distribution of protective equipment to the municipalities.
- Acute crisis interventions should not last longer than necessary, before shifting to a more sustainable response, which is adapted to a new context or new conditions.

- There should be a continuous focus on adjusting interventions based on new knowledge, and it is therefore central to set up processes that can be activated when the crisis moves from one phase to another, e.g. through scaling plans.

Social inequality increases during a crisis and must therefore be addressed continuously

The COVID-19 pandemic impacted different social groups differently, and the evaluation indicates that concern for social inequality was not included soon enough as a cross-cutting focus in the crisis management. The crisis made it clear that social inequality is a general challenge, which is carried over into crisis situations and reveals weaknesses in the societal model. Therefore, social inequality is an important area of focus, which needs to be addressed, e.g. by:

- working systematically to prevent social inequality and strengthening the competencies and capacity to handle social vulnerability in periods in-between crises, as inequality is carried over and increased in crisis situations
- uncovering which factors in crisis situations create vulnerability in the specific context, as vulnerability often comprises a broader spectrum of characteristics than merely the purely clinical ones.

Continuous maintenance and development of the crisis response

In several areas, Denmark was not sufficiently prepared for a societal crisis of the scale that the COVID-19 pandemic turned out to present. Nevertheless, solutions were successfully developed ad hoc through both well-functioning, existing collaborative structures and new collaborative initiatives

The COVID-19 pandemic gives rise to central insights in relation to how Denmark can best prepare for the next crisis, with the realisation that uncertainty is a basic condition. Among other things, the evaluation points to the necessity of spending the time in-between crises on:

- formulating broad, flexible and pragmatic plans that can be adapted to different types of crises and adjusted according to the requirements of the situation. At the same time, the plans must define central collaborative structures, divisions of responsibilities and channels of communication.

- strengthening the crisis preparedness through continuous training, scenario drills and maintaining the crisis response. Expectation reconciliation with the central authorities as to which level of crisis response the hospital service, for instance, should prepare according to.
- building up and maintaining trustful collaboration among the state, regions, municipalities and the primary sector. In a future crisis, it will be crucial to utilise this collaboration and give general practice a clearer role in patient follow-up and nursing home interventions.

All of society should be activated in a crisis

The public sector carried the main responsibility for the crisis management, but the pandemic clearly demonstrated that it cannot stand alone. The private sector and civil society organisations played an important role during the crisis – from production of protective equipment and securing supply chains to contributing with local knowledge and outreach interventions among vulnerable people, as well as in communities that were difficult to reach through the ordinary communication channels. The experiences indicate that bridge-building functions among authorities, companies and citizens, such as NOST+, as well as trade organisations, trade unions and patient organisations played a central role.

Challenges also existed, however. The private sector was not supported consistently during and after the crisis, which may reduce the willingness to contribute in future crises and thus affect Denmark's crisis response. Moreover, the civil society network as a resource was only included systematically relatively late in the crisis cycle.

In the future, Denmark should develop a more holistic model for society's overall crisis response, where public, private and volunteer actors are included in the crisis management, for instance by:

- developing guidelines for aid packages, which should be as simple as possible, and setting up easily accessible advisory services for companies – preferably in collaboration with trade organisations.
- ensuring clear expectation reconciliation and better societal support of companies who contribute to national crisis production, in order to ensure long-term security of supply.
- incorporating civil society actors early and systematically in the crisis management, for instance because their practice-oriented knowledge can identify spread of misinformation and other challenges, before they have consequences for the rollout of infection-reducing interventions.

Important to incorporate proportionality and multidisciplinary into crisis management

During the COVID-19 pandemic, the authorities were faced with the problem of striking various balances. How far could they go to protect the lives and health of the population without harming the economy, personal freedom, children and adolescents' wellbeing and learning etc.? Crisis management is therefore not only about acting quickly, but also about acting proportionally based on multidisciplinary knowledge and with attention to the potential consequences of not acting.

The COVID-19 pandemic showed the need for clear goals and frameworks for interventions. When the purpose was clear, this created both legitimacy and direction in the crisis management. After the pandemic, there have been discussions of the proportionality in, for instance, the testing strategy, school lockdowns and the vaccine intervention. These experiences indicate that future crisis management can be based on the following principles:

- Non-pharmacological interventions should be assessed pragmatically based on health gains versus consequences for freedom, social interaction and economy. In addition, they should continually be reassessed as the situation changes and the knowledge basis expands.
- Interventions whose primary purpose is management control should be assessed with particular care. The scale of the testing strategy presents an example of an intervention that does not appear as proportional.
- In national mass vaccination interventions or other clinical interventions, there should be a special focus on ensuring follow-up on and meeting the needs of patients who report potential side-effects.
- There may be a need to increase the inclusion of multidisciplinary and cross-sectoral perspectives in the crisis management, as well as ensuring a clearer separation of political and scientifically informed decisions.
- The experiences from the pandemic show that infection-reducing interventions can have disproportionate consequences for certain groups. It is therefore recommended that the authorities have a special focus on the people who experience negative effects of interventions whose primary purpose is to protect other population groups.

Central experiences and learnings points

The evaluation as a whole shows that COVID-19 in Denmark was handled well across the themes covered by the questions of investigation. The central authorities showed a capacity to act and set a clear direction in a demanding situation characterised by great time pressure and uncertainty. During the pandemic, many effective strategies were developed and used to act quickly and in a relevant and goal-oriented manner, and overall the interplay among central public actors went well.

The evaluation also indicates that the results during the pandemic cannot be ascribed to the authorities' handling of the crisis alone, but also to the societal pre-conditions that existed at the onset of the pandemic. A central finding is that the outcome of crisis management is affected to a large extent by the interventions and prioritisations that occur in-between crises. The decisions and development processes that occur in these periods contribute to maintaining a well-functioning and resilient society. Absolutely central are, among other things, the widespread trust and a generally well-functioning collaboration among society's institutions.

Acknowledging that the COVID-19 pandemic constituted a critical situation characterised by great uncertainty and many unknown factors, the evaluation also identifies areas with a potential for improvement. Preparation, phase thinking and cross-disciplinary and cross-sectoral involvement could have been better in several areas, just as a general attention to the negative secondary social consequences of the crisis and the crisis management was lacking. The learning from the pandemic also points to the need for a heightened responsibility for systematic follow-up on groups that are negatively affected by interventions initiated to benefit others.

Both Subreports 1-3 and the discussions at the consensus and learning conferences show a broad agreement that Denmark is better equipped to handle a new crisis due to the experiences from COVID-19. This applies both in relation to crisis response, knowledge about effects of non-pharmacological interventions and collaborative structures.

Knowledge is still lacking in a number of areas

Systematic knowledge about the pandemic's long-term consequences for children and adolescents' wellbeing and learning is still lacking, and this should be followed up on. In particular, there is a need for research that elucidates the situation for socially vulnerable children and adolescents that belonged to a transition age group during the COVID-19 pandemic. In addition, there is a need for more knowledge about potential vaccine side-effects and how follow-up on and handling of patients who experience side-effects can be improved. Finally, experiences and knowledge should be compiled about how public-private collaborations can best be strengthened and utilised in future crises, e.g. with inspiration from business forums abroad.

Facts about the investigation

This cross-cutting report constitutes the final part of the *Evaluation of Denmark's handling of the COVID-19 pandemic*. The report builds upon the first three sub-reports of the evaluation and the three consensus and learning conferences that have been held. The subreports treat non-pharmacological interventions, economy, wellbeing and learning among children and adolescents, patient treatment in hospitals, organisation of protective equipment, vaccination rollout and collaboration of the authorities. The purpose of the consensus and learning conferences was to identify learning points, points of disagreement and lacking knowledge about Denmark's handling of COVID-19, by discussing and perspectivising points and knowledge from each individual subreport with central actors.

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VIVE/2025

ISBN: 978-87-7582-539-4 / HR_303055

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