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## **EUROPEAN SOCIAL CHARTER**

40<sup>th</sup> National Report on the implementation of  
the European Social Charter

submitted by

### **THE GOVERNMENT OF THE DENMARK**

Articles 11, 12, 13, 14 and article 4 of the Additional Protocol  
for the period 01/01/2016 – 31/12/2019

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**CYCLE 2021**

# 40th Danish Report to the Council of Europe on the Application of the European Social Charter

**Concerning articles 3, 11, 12, 13, 14 and article 4 of the Addi-  
tional Protocol**

**Reference period 2016-2019**

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Submitted by the Government of Denmark  
April 2021

**In pursuance to article 23 of the Charter, copies of this report have been  
communicated to:**

The Confederation of Danish Employers (DA)  
Danish Trade Union Confederation (FH)  
The Danish Institute for Human Rights (IMR)  
The Danish Confederation of Professional Associations (AC)  
Local Government Denmark (KL)  
Ministry of Taxation, Agency for Employees and Competencies

## **Art. 3 – The right to safe and healthy working conditions**

### **1. Safety and Health Regulations**

#### ***a) Regulatory responses***

##### *The Working Environment Act*

A single legislative act for health and safety at work, the Working Environment Act, applies to all sectors of industry. It applies only on ships insofar as loading and off-loading and shipyard work is concerned. Otherwise the Act on Safety at Sea applies for health and safety at work on seagoing vessels.

In certain sectors its enforcement lie with other government Departments:

- Inspection of health and safety on seagoing ships lies with the Danish Maritime Authority under the Ministry of Industry, Business and Financial Affairs,
- Aviation falls under the responsibility of the Danish Transport, Construction and Housing Authority under the Ministry of Transport, Building and Housing,
- The Ministry of Employment has an agreement with the Institute of Radiation Hygiene, a part of the Department of Health, to monitor the use of ionising and nonionizing radiation at work.
- Responsibility for general fire matters at workplaces falls to the local fire authorities.

Apart from the above exceptions, the Danish Working Environment Authority (DWEA) is responsible for inspection of health and safety in all sectors of industry, including the loading and off-loading of ships in dock and flights on ground as well as health and safety on off-shore installations. The Danish Working Environment Act encompasses work for an employer, however, as a main rule, exception is made for:

- Work in the private household of the employer.
- Work exclusively performed by the family of the employer, who belong to his household.
- Work performed by the military (defined as actual military service).

Certain provisions in the Working Environment Act (the extended area) also apply to the exceptions listed above as well as for work that is not performed for an employer, i.e. self-employment. This includes rules about performing work, technical equipment, and substances and materials.

The aim of the Working Environment Act is to create a safe and healthy working environment, which at all times is in accordance with the technical and social developments in society. Furthermore, the Act is intended to create the basis for enterprises themselves to solve problems related to safety and health issues with guidance from the social partners and guidance and inspection from the DWEA.

The Act does not only cover work performed by Danish citizens on Danish Territory. It also covers work performed by foreign workers on Danish Territory. The free movement of workers and services have in the last years led to an increasing number of foreign workers and foreign enterprises performing work on Danish territory. Therefore the DWEA spends an increasing amount of resources to inspect work performed by foreign workers either for a Danish enterprise or a foreign enterprise.

The Working Environment Act covers both the physical and the psychological working environment. This means that the law covers all areas of the workplace - from bullying and sexual harassment to heavy lifting and sitting positions. The rules of the Working Environment Act entail obligations for the employer that are binding - that is, it can result in punishment if it is not complied with.

#### *The Act on Safety at Sea*

The Act is a framework law with detailed rules set out in separate Orders. The Act and the detailed Orders cover all occupational employment carried out on board new and existing ships registered in Denmark and Greenland - regardless the nationality of the employee - where the Working Environment Act does not apply.

As the Working Environment Act, the Act on Safety at Sea and the Orders issued pursuant to it, cover both the physical and the psychological working environment covering all areas of the workplace.

The overall management of occupational safety and health on board Danish vessels rests following the Act on Safety at Sea with the Danish Maritime Authority (DMA), which sets rules for ship equipment and construction, the crews and the working environment on board, the regulation of ships' navigation and the prevention of hazard and impacts on the marine environment.

DMA supervises the work environment at sea, on board ships as well as on board mobile platforms when such are being sailed or towed (e.g. jack-up platforms). In this regard, the DMA conducts inspections of fishing vessels and passenger vessels as well as of smaller merchant vessels etc. Inspections on other merchant vessels are delegated to recognized organizations (classification societies).

The inspections are extensive and are based in particular on the ships' constructions, on the basis of which the requirements for the working environment rules are largely reviewed. In addition, the Danish Maritime Authority periodically conducts inspection campaigns on specific issues including occupational health such as chemical occupational health effects, physical occupational health effects, personal protective equipment, etc.

The Act on Safety at Sea obliges shipping companies and masters to assess risks and establish preventive and protective measures. In practice, this is done through the safety committees set up in the ships pursuant to the Act. The safety committee consists of the master of the ship, a safety representative elected by the ratings and a management representative appointed by the master. The safety representative and the management representative must have completed an approved training programme in occupational health. Workplace assessments play a crucial role in preventive and protective measures.

The obligation to provide information, instruction and training to employees rests with the employer. It is the responsibility of the shipowner and the master of the ship to ensure the health of the seafarers. In addition, the issue also falls under the safety organization on board.

As a service with special expertise in the field, two Occupational Health Services have been established - one for shipping in general and one especially for fisheries. Both services have implemented a large number of projects and initiatives in the area of working environment, safety and health for the maritime industry such as targeted campaigns, events and other initiatives to ensure a safe and healthy working environment at sea. Both services are managed by a board with members who represent the ship owners and the seafarers/fishers in equal numbers. Both services have a secretariat with a staff having the necessary qualifications to carry out the tasks required by the rules. The shipowners (merchant ships and fishing vessels) are required to pay the expenses for the establishment and operation of each Occupational Health Service and its secretariat.

#### *Interview with employees*

Since July 2018 Denmark has had a regulation about the Danish Working Environment Authority's access to interview employees alone.

Interviews can be conversations with one or more employees at a time, which are agreed and planned with the employer. The Working Environment Authority has access to talk to employees without others being present. It means that the employer, the employer's representative or others whom the employer may appoint to be present during the interview, e.g. a representative from the HR department, is not entitled to be present. This may be suitable when investigating bullying, harassment and other potentially sensitive issues where it may be difficult to obtain the relevant information when the management is present or if there are indications that management may be part of a work environment problem. Officers of the Working Environment Authority's may also conduct group interviews with employees when it is justified due to the work environment.

The presence of an employer or employer representative may in some situations be appropriate. The purpose of group discussions with employees are to obtain information from employees about the working environment. If there is reason to believe that the purpose of the group conversation is not served properly if the employer, or his representative, is present at the interview, the group discussion can be held without such participation.

### *Psychological Work Environment Ordinance*

On 1st November 2020, the Executive Order on Psychological Work Environment entered into force. The executive order brings together rules and current practice on the psychological work environment. The intention is to make it clearer for employers, managers and employees that the Working Environment Authority reacts to problems with high workload and time pressure, unclear demands at work, high emotional demands and work-related violence.

### *Pregnancy and night work*

In September 2020, the Working Environment Authority updated guidelines on the working environment of pregnant and breastfeeding women with a section on night work. This happened on the basis of new research results, which have shown, among other things, that more than one night shift per week can increase the risk of involuntary abortion for pregnant women. This means that it may be necessary, for example, to change the pregnant woman's working hours or completely exempt the pregnant woman from night work. The guidelines state that it is the employer's responsibility to ensure that the pregnant employee's night work is planned so that it does not pose a risk to the pregnant woman's safety and health.

### *Chemical agents at work*

According to Directive 98/24/EU (directive on the protection of the health and safety of workers from the risks related to chemical agents at work), the Commission agreed on the fourth list on indicative occupational exposure limit values (IOELVs) in January 2017.

IOELVs are health-based occupational limit values derived from the most recent scientific data available and adopted by the Commission taking into account the availability of measurement techniques. IOELVs are assigned to assist employers in determining and assessing risks and in implementing preventive and protective measures in accordance with Directive 98/24/EU. Member States are required to establish a national occupational exposure limit value for any chemical agent for which an IOELV has been set at Union level, taking into account national legislation and practice.

Prior to the agreement on the fourth list, the member states had discussed the 31 new proposals of IOELVs, and Denmark agreed on reducing the IOELVs for 16 of the chemical agents and introducing three new IOELVs in the Danish regulation. Concerning the IOELVs of the other 22 chemical agents, Denmark had already IOELVs at the proposed level or under the proposed level.

Denmark also agreed on establishing a short-term exposure limit value in relation to a reference period of 1 minute for one chemical agent instead of the normal short-term exposure limit value of 15 minutes. Furthermore Denmark has decided to make use of a transitional period for nitrogen monoxide, nitrogen dioxide and carbon monoxide, all combustion gases, with regard to tunneling and underground mining.

The fourth list was implemented in the Danish legislation in May 2018 with a transition period until August 2023 for the three gases. According to Directive 2017/2398 (amending Directive 2004/37/EC on the protection of workers from the risks related to exposure to carcinogens or mutagens at work), Denmark has implemented the first list of occupational exposure limit values (OELs). This list consists of 13 substances and for 9 of these, the more restrictive Danish OELs already were in place. Except for these nine substances, all OELs were changed according to Directive 2017/2398 in the Danish Working Environment Authority's Executive order on occupational exposure limits (latest version No. 698 of 228 May 2020).

In addition to implementing EU limit values, Denmark has introduced a new stricter limit value for chromium (VI) compounds in the working environment in relation to the current value. The limit value came into force on 1<sup>st</sup> July 2020. The limit value has also been tightened in relation to the limit value set by the EU applicable from 2025. The new limit value is included in the Danish Working Environment Authority's Executive Order No. 698 of 228 May 2020 on Occupational Exposure Limit Values for substances and materials.

The Danish Working Environment Authority has updated the chemical agent executive order on 1st July 2019. The content of the updates follow the chemical agent directive. There is now an increased focus on the chemical risk assessment. At the same time, there is an increased focus on training and instruction on the chemical working environment. The chemical risk assessment must be documented and include several assessment elements.

The chemical risk assessment must also include a list of hazardous chemicals in the workplace together with related safety data sheets. The chemical risk assessment, the list of hazardous chemical in the workplace and related safety data sheets must be available to workers. Safety data sheets are an important element during the preparation of the chemical risk assessment.

The instruction and training will be an oral communication and based on the result of the chemical risk assessment. Information and training of workers may, for example, be provided in the form of an oral communication or individual guidance and instruction, supported by written information depending on the degree of the risk identified in the chemical risk assessment. The training of the workers must be written when there are specific hazardous chemicals or specific work processes in the work place, which is identified in the chemical risk assessment.

In 2019 the chapter on training and instruction in the executive order on carcinogens and mutagens was amended as a consequence of the amendments made to the regulation on training and instruction in the executive order on substances and materials. Also in 2019 the executive order on carcinogens and mutagens was amended to implement Directive (EU) 2017/2398 amending the carcinogens and mutagens directive. Because “Work involving exposure to respirable crystalline silica dust generated by a work process” was added to Annex I of the Directive, a national provision regarding prohibition of recirculation on building sites of local exhaust air from work processes listed on Annex I was amended to allow for recirculation as long as the air is effectively cleaned.

#### *Electronic monitoring of workers*

Electronic monitoring of employees are not subject to regulation by specific laws, but is primarily regulated in agreements between the social partners and in the Data Protection Regulation.

The only provision on electronic monitoring of workers in the working environment legislation is in appendix 1, point 3, letter b), in Executive Order no. 1108 of 5 December 1992 on work at screen terminals stating that employers may not apply quantitative or qualitative monitoring in programs used for screen work without the knowledge of the employees. The provision is an implementation of appendix 1, pkt. Article 3 (3) (b) of Directive 90/270 / EEC on the minimum safety and health requirements for the operation of display terminals.

There are no provisions in the working environment legislation with requirements regarding digital interruption during breaks during work – so-called digital detox. According to Article 8 in the Convention of Human Rights, everyone has the right to privacy. The technological development and increasing digitalization has increased pressure on privacy and the protection of personal data. This matter is also an issue at the workplace. Work tools such as smartphones, computers, tablets and GPS enable employers to monitor and control employees in the workplace, which typically involves the processing of information about employees.

The Personal Data Act (PDL) has set a general framework for the employer's way of monitoring the employee's personal data, which is collected in connection to monitoring measures, for example in relation to logging, video surveillance, etc. The main purpose of PDL was to protect the fundamental rights in relation to the processing of personal data, in particular the right to privacy.

In 2018 PDL was replaced by The General Data Protection Regulation (GDPR), which entered into force on May 25, 2016, but was not implemented in Danish law until May 25, 2018. In Denmark, the Data Protection Act (DPA) supplements GDPR. In addition to the data protection rules, the issue of digital monitoring of employees is regulated in agreements between the social partners. An example of such an agreement is between The Danish employers' association and The Danish Trade Union Confederation. The parties have concluded an agreement on the guidelines for control/monitoring measures of employees. Processing of information necessary to comply with the agreement may take place pursuant to section 12 (1) of the DPA.



The rules for monitoring employees, are based on the same basic considerations in both the PDL and GDPR. Personal data shall be processed lawfully, fairly and in a transparent manner in relation to employees. Personal data shall also be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes. The personal data shall be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed.

As an overall rule, the employer must always inform the employee, that he or she is being monitored. In PDL and GDPR there are a few exceptions, which in both laws is based on the same considerations. The employees must know, where and when the monitoring takes place, and at the same time he or she must be informed know for how long the employer stores the personal data related to the monitoring.

## ***b) Front personnel***

### *Health staff*

To protect staff working with the treatment or care of patients with suspected or detected infection with SARS-CoV-2, The State Institute for Vaccines and Epidemiology (Statens Serum Institut) has issued specific national guidelines for infection prevention and control. In the guidelines the requirements for personal protective equipment, hygiene and cleaning, etc., in situations with suspected or detected COVID-19 are described.

In addition, the Danish Health Authority has issued national guidelines regarding the use of personal protective equipment in the healthcare, eldercare, and social sector, which aim to prevent asymptomatic/pre-symptomatic infection. These guidelines thus concern the use of personal protective equipment when there is no suspicion of infection with SARS-CoV-2. The guidelines state that in care and treatment situations with close contact – i.e. contact closer than 1-2 meters - either a surgical mask or a face shield must be used by both staff and patients (when possible). The guidelines further state that it is the employer's responsibility to ensure that protective equipment is available to staff and that the staff is trained in using the personal protective equipment correctly. This means that the workplace may receive a ruling from the Danish Working Environment Authority if the workplace does not ensure this.

### *DWEA effort*

The Danish Working Environment Act encompasses work performed in Danish territory (on ground). That applies to work in all sectors including frontline workers and similar functions. The employer must continuously map the risk that the employees may be exposed to influences that could harm their safety or health. This also applies to coronavirus infection. The employer therefore has a duty to take measures that can prevent the risk of infection with coronavirus as effectively as possible. The work must be organized so as to reduce the employees' risk of infection.

With the aim of reducing worker's risk of exposure to SARS-COV-2 the DWEA has developed guidance materials on the basis of guidelines issued by the the Danish Patient Safety Authority. For further information see materials in English <https://at.dk/en>

The DWEA has furthermore performed special inspections targeting risk of infection and accident hazard in "open" sectors. From October 2020 the DWEA has had special focus on certain industries (shops, restaurants, bars, slaughterhouses and mink farms). These specific industries have been selected on the basis of concrete examples of the spread of infection or a large number of customers or guests, which makes it particularly challenging to prevent the spread of infection.

On the matter of occupational risks associated with inappropriate or incorrect use of Personal Protective Equipment (PPE), or resulting from shortage of PPE, the DWEA has answered a lot of questions about PPE and on the issue of shortage. In addition DWEA has made FAQ's on its website about PPE in association with the health authorities.

#### *Law enforcement personnel*

The National Police has issued an action card for operational police personnel in connection with the covid-19 situation. The action card comprises a number of precautionary measures, including general measures to be considered when police personnel is in physical contact with persons. The action card furthermore includes specific measures when performing various police tasks and measures concerning vehicles. The general measures when police personnel is in physical contact with persons focus on the general health recommendations, including instructions to keep a good hand hygiene, to keep a safe distance – preferably more than one meter – or to use facemasks, to avoid close physical contact and to sneeze/cough in the sleeve. The specific measures when performing various police tasks include different measures depending on the type of police task performed.

With respect to specific measures, it should be stressed that the police personnel wears a facemask in public areas, if the regulations of the Danish authorities requires this. However, this does not apply in cases of immediate police response in acute situations.

## 2. Enforcement and supervision

### a) Statistical data

#### Accidents and occupational diseases

Statistical data are available on occupational injuries reported either as accidents at work or as occupational diseases to the DWEA.

TABLE 1: Accidents at work reported\* to the DWEA 2016-2019 broken down by severity

Severity	Year of reporting			
	2016	2017	2018	2019
Fatal accidents	33	25	32	36
Other serious accidents**	5,511	5,663	5,874	5,894
Other accidents	36,470	36,634	36,883	36,779
<b>Total</b>	<b>42,014</b>	<b>42,322</b>	<b>42,789</b>	<b>42,709</b>
*) It is a statutory obligation for the employer to report accidents anticipated to result in incapacity to work for one day or more to the DWEA				
**) Other serious accidents are accidents resulting in loss of body parts (amputations), bone fractures and injuries to several body parts.				
Total incidence rate per 100,000 workers	1,524	1,510	1,503	1,476

Table 1 shows the number of reportable accidents at work reported to the Danish Working Environment Authority (DWEA). Data are broken down by severity and year of reporting. The table also shows the incidence rate per 100.000 workers. Work-related deaths can only be illustrated by the number of fatal accidents at work. There are no valid estimates of the number of deaths caused by occupational diseases.

TABLE 2: Accidents at work reported to the DWEA 2016-2019 broken down by line of business (sector)

Line of business	Year of reporting			
	2016	2017	2018	2019
Agriculture, including hunting, forestry and fishery	924	969	1,015	1,025
Manufacturing and the supply industry	6,894	6,748	6,928	6,791
Building and construction industry	5,174	5,292	5,599	5,558
Wholesale and retail	6,109	6,258	6,324	6,447
Transport	3,058	3,295	3,092	2,999
Administration and communication, including banking, real estate and defence	3,683	3,753	3,770	3,862
Social organisations	7,773	7,883	8,061	7,949
Health care	1,987	2,052	2,086	2,079
Education and research	3,021	2,868	2,893	2,844
Other public services	3,046	3,036	2,896	3,026
Unknown	345	168	125	129
<b>Total</b>	<b>42,014</b>	<b>42,322</b>	<b>42,789</b>	<b>42,709</b>

TABLE 3: Accidents at work reported to the DWEA 2016-2019 broken down by type of injury

Type of injury	Year of reporting			
	2016	2017	2018	2019
Death (fatal accidents)	33	25	32	36
Traumatic amputations (loss of body parts)	157	247	292	313
Bone fractures	4,439	4,474	4,622	4,634
Dislocations, sprains and starins	17,081	17,839	18,235	18,113
Wounds	5,268	5,175	5,374	5,223
Soft tissue and superficial injuries	1,517	1,788	2,034	2,174
Concussion and intracranial injuries	2,013	2,111	2,401	2,507
Effects of high or low temperature	497	533	540	569
Chemical burns (corrosions)	85	127	132	125
Poisonings and infections	335	359	342	302
Effects of noise, vibration and pressure	466	353	349	341
Shock	2,168	2,209	2,269	2,221
Type og injury unknown	7,955	7,082	6,167	6,151
<b>Total</b>	<b>42,014</b>	<b>42,322</b>	<b>42,789</b>	<b>42,709</b>

Table 3 shows the number of reported accidents at work broken down by type of injury and year of reporting. 42 percent of all reported accidents result in dislocations, sprains or strains.

TABLE 4: Occupational diseases reported to the WEA 2016-2019

	Year of reporting			
	2016	2017	2018	2019
Number of reported	20,127	18,869	16,842	17,184
Total incidence rate of reporting* per 100,000 workers	695	652	582	594

*\*) It should be noted that the calculation of incidence rates of occupational diseases correspond to the time (year) of reporting and neither to the time of exposure to harmful etiological agents nor to the time of the onset of disease.*

Table 4 shows the number of reportable occupational diseases reported to the Danish Working Environment Authority (DWEA). Data are broken down by year of reporting. The table also shows the incidence rate of reporting per 100.000 workers. There are no valid estimates of the number of deaths caused by occupational diseases.

TABLE 5: Occupational diseases reported to the WEA 2016-2019 by line of business

Line of business	Year of reporting			
	2016	2017	2018	2019
Agriculture, including hunting, forestry and fishery	400	361	331	299
Manufacturing and the supply industry	3,540	3,389	2,932	3,025
Building and construction industry	2,043	1,843	1,762	1,691
Wholesale and retail	2,769	2,636	2,257	2,443
Transport	779	695	593	565
Administration and communication, including banking, real estate and defence	2,523	2,373	2,239	2,297
Social organisations	2,323	2,210	1,812	1,915
Health care	1,132	1,056	950	947
Education and research	950	888	805	886
Other public services	920	805	881	743
Unknown	2,748	2,613	2,280	2,373
<b>Total</b>	<b>20,127</b>	<b>18,869</b>	<b>16,842</b>	<b>17,184</b>

TABLE 6: Occupational diseases reported to the WEA 2016-2019 by diagnosis

Diagnosis	Year of reporting			
	2016	2017	2018	2019
Musculoskeletal disease	6,904	6,621	5,599	5,535
Hearing disorders	2,721	2,483	2,672	2,362
Mental illness	4,353	3,843	3,754	4,169
Skin diseases	2,542	2,536	2,142	2,375
Lung conditions	810	752	726	856
Nervous disorders	569	584	490	493
Cancer	531	557	442	442
Other and unknown	1.697	1.493	1.017	952
<b>Total</b>	<b>20,127</b>	<b>18,869</b>	<b>16,842</b>	<b>17,184</b>

Table 6 shows the number of reported occupational diseases broken down by diagnosis group and year of reporting. 32 percent of the reported diseases are musculoskeletal diseases. 24 percent of the reported diseases are mental illness.

#### *Epidemiological studies*

DWEA is aware of 7 studies, including 3 reviews mentioned below, financed by grants from the Working Environment Research Fund:

**Rod NH. Negative sociale relationer på arbejdspladsen og risiko for diabetes og hjertekarsygdom. Slutrapport for Arbejdsmiljøforskningsfonden (Projekt 09-2016-03). København: Institut for Folkesundhedsvidenskab, Københavns Universitet, 2019**

The linkage between offensive behaviors and health outcomes was assessed based on data from five well-established, internationally recognized cohort studies of working conditions and health from Denmark, Sweden and Finland. Together these studies contain repeated measurements of violence, threats and bullying of over 60,000 people. Information on the development of type 2 diabetes and cardiovascular disease came from linkage to national hospital registers in the three countries.

Results: A considerable proportion of the respondents had experienced violence, threats of violence or bullying in the past year (9-12%). People who had experienced violence, threats or bullying had a higher risk of developing type 2 diabetes and cardiovascular disease. These relationships were consistent across countries and in relation to adjustment for a number of other factors. Onset of bullying at the workplace was also found to be associated with a higher risk of subsequent weight gain. Interestingly, people who were exposed to both bullying and subsequent weight gain had a markedly higher risk of developing type 2 diabetes compared to people who did not experience bullying or weight gain.

**Friis K., Rasmussen M. L., & Lasgaard M. Stadig ramt? En undersøgelse af langtidskonsekvenserne af fysisk vold på arbejdspladsen. Temaanalyse vol. 6, Hvordan har du det? Aarhus: Region Midtjylland, DEFACTUM, 2018.**

The aim of the research project was two-fold: The first aim was to examine whether physical violence at work increases the risk of long-term adverse health outcomes (i.e., high number of visits to the general practitioner, outpatient treatment, hospital admittance, antidepressant use, and/or receiving psychiatric treatment) (study 1). The second aim was to examine whether physical violence at work increases the risk of health-related absence from work several years after being exposed and is associated with a greater risk of absence in certain subgroups (gender, age, and educational level) (study 2). Health-related absence from work was defined as having received health-related social security benefits in the period of interest.

Study 1 was based on a representative health and morbidity survey (How are you?) from 2006 and 2010 merged with register data for a 7-year follow-up period. The study found that during the follow-up period, individuals exposed to violence at work had a higher number of visits to the general practitioner, had more often received outpatient treatment, and had more often been admitted to hospital than their non-exposed counterparts. Also, individuals exposed to violence at work had higher odds of using antidepressants in the last 3 years of follow-up than their non-exposed counterparts.

Study 2 was based on the same health and morbidity survey (data from 2006 only) merged with register data for a 10-year follow-up period. The study found that violence at work did, indeed, predict health-related absence from work several years after being exposed to violence.

**Kirsten Nabe-Nielsen, Anne Helene Garde, Kazi Ishtiak-Ahmed og Åse Marie Hansen: MEMORIA – Stressorer i arbejdslivet, selvoplevet stress og demens: Slutrapport til Arbejdsmiljøforskningsfonden. Københavns Universitet, København 2020.**

The MEMORIA project investigated the association between work-related stressors, (including negative social relations at the workplace) perceived stress and the risk of dementia. The project used data from three Danish cohort studies. The study identified dementia cases from information on hospital-based diagnoses, causes of mortality and redemption of anti-dementia drugs. The study found limited empirical evidence for an association between work-related social relations and dementia. In contrast, a robust association was found between a high level of perceived stress and dementia later in life.

**Rod NH, Clark AJ, Hasle P. Social Kapital på Hospitaler – trivsel, kvalitet og effektivitet. Slutrapport for Arbejdsmiljøforskningsfonden (Projekt 03-2013-09). København: Institut for Folkesundhedsvidenskab, Københavns Universitet, 2019.**

The objective was to assess whether organizational social capital (collaboration, trust and justice) has an impact on long-term sickness absence and patient satisfaction in the Danish hospitals. The specific aims of the project was to investigate whether work-unit social capital is related to long-term sickness absence among the employees and whether social capital can mitigate the negative consequences of a psychologically stressful work environment. The specific aims were assessed based on data from the Capital Region's well-being survey combined with data from a number of other databases. The data material was established for this project and is called the Wellbeing among Hospital Employee (WHALE) cohort.

The study concludes that the level of social capital seems to have an important impact on the working environment in Danish hospitals and that promoting social capital may be important in order to ensure a good working environment and patient satisfaction. Preventing long-term sickness absence may require a multiple component intervention that both promote social capital and reduce exposure to violence and threats of violence.

DWEA is aware of three reviews since 2016 concerning epidemiological evidence regarding exposures in the psychological workplace and different mental health outcomes. All three reviews were commissioned by the Danish labour market authorities and are available for download on:

<https://www.aes.dk/da/Om%20Arbejdsmarkedets%20Erhvervssikring/Forskning-og-projekter.aspx>.

**Mikkelsen, S. et al. (2020). *Exploratory review of the relationship between work-related straining and long-lasting psychosocial exposures and stress disorders (other than PTSD)*.**

This exploratory literature search showed that cohort studies of work-related repetitive low-level stressful events as a predictor of incident stress disorders are probably very few. It also shows that the concept of subthreshold PTSD is well established within research. However, definitions vary across studies and are often based on relaxation of symptom requirements rather than the exposure requirements for a full PTSD-diagnosis. There is some evidence that subthreshold PTSD is associated with functional impairment, help-seeking and future PTSD. We found no studies of occupational exposure to repeated low-level traumas as a risk factor for incident stress disorders during follow-up, assessed by a method independent of exposure. Thus, there is insufficient epidemiological evidence to determine whether there is a causal relationship between exposure and outcome.

**Mikkelsen, S. et al. (2020). *Are depressive disorders caused by long-lasting psychosocial stressors at work? A systematic review with meta-analysis.***

The aim of the study was to assess the evidence for a causal association between psychosocial factors at work and depressive disorders as defined by the international classifications of mental disorders. A systematic literature search was conducted and 54 studies were included (47 cohort, two nested case-control and five cross-sectional studies) addressing 19 exposures and 11 different measures of depression. When statistical uncertainties and the potential for bias and confounding were taken into account, it was not possible to conclude with confidence that any of the psychosocial exposures at work included in the review were a likely cause of depressive episodes or recurrent depressive disorders.

**Rudkjøbing, L. A. et al. (2019). *Scientific reference document: Violence in the workplace and consequences of mental health: A systematic review with meta-analysis***

The aim of the study was to systematically review the epidemiological evidence linking work-related exposure to violence and threats of violence with risk of mental disorders and mental ill health symptoms. Based on 14 cross-sectional and 10 cohort studies with eligible risk estimates, the study concluded that there is limited evidence that violence and threats of violence at the workplace is causally related to depressive disorder, depressive and anxiety symptoms, psychological distress and burnout, respectively. The evidence is insufficient regarding anxiety disorders. There is moderate evidence that violence and threats of violence may cause disturbed sleep.

**b) The Labour Inspectorate**

The Danish Working Environment Authority (DWEA) is an agency under the auspices of the Ministry of Employment. DWEA is present throughout Denmark. It consists of a Working Environment Advisory Center and three regional inspection centers. DWEA is managed by an Administrative Board comprised of the Director-General, two deputy directors and three Center Managers.

The headquarter of the DWEA is located in Copenhagen. Two of the four centers are located in Copenhagen: The Working Environment Advisory Center and Inspection Center East.



The inspection of enterprises is integrated into three regional Inspection Centers - Inspection Center East (Zealand), Inspection Center South (Funen and South Jutland) and Inspection Center North (North Jutland) - each with approximately 130-160 employees.

DWEA has approximately 600 employees (2019), and contributes to the creation of safe and healthy working conditions at Danish workplaces. This is done by:

- Carrying out inspections at companies
- Drawing up rules on health and safety at work
- Providing information on health and safety at work

#### *Main tasks and objectives*

The mission statement for the DWEA is to “contribute to a safe, healthy and developing working environment and prevent attrition, sickness absenteeism and exclusion from the labour market”. The vision statement is that DWEA “will be known as an effective public enterprise, where knowledge is converted to targeted preventive actions”. The main objectives are:

- General management and administration including support functions
- Inspections
- Communication and
- Working environment development.

DWEA does not have a separate Human Resources Department, but takes part in the Ministry of Employment’s Human Resources Unit.

#### *Inspections carried out by WEA*

	2015	2016	2017	2018	2019
<b>Inspections 2015-2019</b>					
Inspections					
Risk-based inspections	27.200	20.400	16.100	12.300	10.400
Risk-based inspections, additional visits <sup>2)</sup>	7.400	10.700	8.200	5.300	4.500
Detailed inspections, foreign companies	8.100	6.900	7.000	6.900	7.200
Detailed inspections, others <sup>3)</sup>	17.600	9.500	8.900	8.900	8.900
Other inspections	900	600	800	3.600	5.300
<b>Total inspection visits</b>	<b>61.200</b>	<b>48.100</b>	<b>41.000</b>	<b>37.000</b>	<b>36.300</b>

#### Note:

1) The table includes the following ”attempted visits”: 2015: 9.900, 2016: 9.200, 2017: 8.400, 2018: 6.600 og 2019: 6.700. 2) This type includes risk-based inspections where it is not possible to complete the inspection in a single visit. 3) Detailed inspections, others, also include special efforts. 4). Includes attempts with holistic inspections in the construction industry (HOT).

#### *No. of enterprises visited by WEA*

2016	2017	2018	2019
24.251	20.524	19.466	18.425

<https://at.dk/arbejdsmiljoe-i-tal/analyser-og-publikationer/tilsyn-i-tal/>

#### *Staff*

	2016	2017	2018	2019
Inspectors	304	260	248	247
Total employees (including inspectors)	645	583,8	577,1	592

DWEA inspects companies and offers guidance on health and safety conditions in Denmark. Inspections and guidelines are based on the Danish Working Environment Act. Inspections are often carried out without prior notice.

If the DWEA discovers, during an inspection, that a company is in breach of the legal requirements, the DWEA will serve notice that the company must ensure that the law is upheld. In certain circumstances, DWEA can also prohibit further work until the health and safety issue has been resolved. DWEA has the option of issuing fines if there is a violation of clear and universally known regulations.

DWEA can choose to re-visit following an inspection to check that a company has complied with the improvement notice from the previous visit. Inspections always take place in combination with dialogue and guidance to ensure that companies understand why the Authority has determined that health and safety regulations have been breached and how to work on resolving the issues.

#### **Political agreement on a new and improved work environment effort and orderly conditions in the labour market**

In April 2019, a broad political agreement was reached on a new and improved work environment effort and orderly conditions in the labour market. The agreement submitted in September 2018 is based on the recommendations of an expert committee on the work environment effort.

The purpose of the agreement is partly to strengthen the work environment efforts so as to a greater extent prevent workers from becoming ill or worn down and partly to strengthen efforts to achieve fair and equal competition on the Danish labour market.

The agreement contains 26 initiatives in the following seven main areas:

- The work environment goals must be closer to the workplaces.
- The Danish Working Environment Authority's efforts must be targeted and improved. This part of the agreement implies, among other things, that the Danish Working Environment Authority's efforts must be strengthened and to a greater extent targeted at the workplaces with the greatest risks.
- New tools must support the efforts in the psychological working environment.
- Rules on working environment must be easier to understand.
- There should be more severe sanctions for serious offenses.

- There must be a better connection between research and efforts.
- The efforts for orderly conditions in the labour market must be strengthened.

As a result of the implementation of the political agreement, DWEA will *increase/recruit* a number of inspectors.

### *Workplaces*

The Danish Inspectors are entitled to inspect all workplaces, including residential premises in all economic sectors. The inspectors are entitled to inspect professional work for compliance with The Working Environment Act. There are certain exceptions in relation to the supervision of work performed by an employee in the employee's own private residence (design of workplaces, rest periods and rest days and cooperation on health and safety).

## **Article 11 – The right to protection of health**

### **1. Remove causes of ill-health**

#### **a) Statistics**

At the moment, there is no statistical data on life expectancy across the country and different population groups at the inquired disaggregated level available in Denmark. Available figures are provided below.

#### *Life expectancy*

Table 1 contains information about life expectancy at birth (average for both men and women) across the country. Life expectancy at birth was 81.5 years in 2020 compared to 80.8 years in 2016.

**Table 1: Life expectancy**

	<b>2015:2016</b>	<b>2016:2017</b>	<b>2017:2018</b>	<b>2018:2019</b>	<b>2019:2020</b>
Life expectancy at birth	80.8	80.9	81	81.3	81.5

*Source: Statistics Denmark*

#### *Death rate*

Table 2 contains information about the death rate in Denmark, which is the number of deaths per 1,000 individuals. The death rate has slightly increased from 9.3 in 2016 to 9.4 in 2020.

**Table 2: Death rate**

	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Deaths per 1,000 individuals	9.3	9.3	9.6	9.3	9.4

*Source: Statistics Denmark*

### Main causes of premature death

Table 3 contains information about the ten main causes of premature death, which is measured by the number of deaths under the age of 80 years per 1,000 individuals. The ranking is based on 2019. The main cause of premature death is cancer followed by heart diseases and respiratory system diseases.

**Table 3: Main causes of premature death (per 1,000 individuals)**

	2016	2017	2018	2019
Cancer	37.5	35.6	35.0	34.2
Heart diseases	11.6	10.8	10.9	9.9
Respiratory system diseases	9.6	9.3	9.9	8.5
Other circulatory system diseases	6.5	6.4	6.2	5.5
Death certificates without information	1.6	2.3	2.1	4.8
Digestive system diseases	4.4	4.2	4.3	4.3
Nervous and sensory system diseases	3.9	3.8	3.9	3.7
Mental illnesses and behavioral disorders	4.0	3.7	3.8	3.3
Endocrine and nutritional diseases	2.3	2.3	2.5	2.5
Symptoms and poorly defined conditions	3.2	3.0	2.8	2.5

Source: Danish Health and Medicines Authority

### Death rates and prevalence of particular diseases among relevant groups

The following tables contains information about socially marginalised people compared to the general Danish population. Data from surveys are merged with data from the Danish registers to gather information about deaths and particular diseases. Data is from 2007-2015.

Table 4 contains information about excess mortality of socially marginalized people stratified on gender and age. The death rate for socially marginalised people is compared to the death rate of the general population. Excess mortality is measured by the rate ratio. The death rate among socially marginalized men is almost seven times the death rate of men in the general population, while the death rate among socially marginalised women is more than eight times the deaths rate of women in the general population. The excess mortality is highest for both men and women in the age group of 16-24 years.

**Table 4: Excess mortality among socially marginalised people stratified by age and gender in the period 2007-2014**

	Men		Women	
	Rate ratio	95% CI	Rate ratio	95% CI
16-24 years	16.94	(11.08-25.88)	18.14	(10.49-31.36)
45-54 years	8.78	(6.71-11.47)	9.44	(6.14-14.51)
55-79 years	4.50	(3.60-5.62)	4.33	(2.68-7.00)
<b>Total</b>	<b>6.82</b>	<b>(5.91-7.87)</b>	<b>8.39</b>	<b>(6.43-10.94)</b>

Source: The National Institute of Public Health and the Council for socially marginalised people

Table 5 contains information about excess mortality of socially marginalised people stratified on gender and different burdening living circumstances. The rate ratio measures the death rate for socially marginalised people with a burdening living circumstance compared to socially marginalised people without.

**Table 5: Excess mortality among socially marginalised people stratified by gender and burdening living circumstances in the period of 2007-2014**

	<b>Men</b>		<b>Women</b>	
	<b>Rate ratio</b>	<b>95% CI</b>	<b>Rate ratio</b>	<b>95% CI</b>
Alcohol abuse	1.90	(1.52-2.39)	1.63	(0.87-3.06)
Mental illness	1.36	(1.08-1.72)	1.24	(0.76-2.00)
Homeless	1.10	(0.87-1.38)	1.11	(0.59-2.08)
Drug abuse	1.14	(0.87-1.50)	2.00	(1.23-3.23)
Poverty	1.00	(0.69-1.47)	1.47	(0.79-2.74)

Source: The National Institute of Public Health and the Council for socially marginalised people

Table 6 contains information about excess mortality of socially marginalized people stratified on gender and death causes. The rate ratio measures the death rate for socially marginalized people compared to the death rate of the general population. For both men and women, there is a substantial excess mortality for deaths related to alcohol or substance abuse.

**Table 6: Excess mortality among socially marginalized people stratified by gender and death causes in the period of 2007-2014**

	<b>Men</b>		<b>Women</b>	
	<b>Rate ratio</b>	<b>95% CI</b>	<b>Rate ratio</b>	<b>95% CI</b>
Infection diseases	-	-	-	-
Cancer	2.92	(2.00-4.25)	2.10	(1.03-4.29)
Other circulatory system diseases	4.46	(3.01-6.60)	5.05	(1.77-14.37)
Respiratory system diseases	9.36	(5.05-17.34)	-	-
Alcohol abuse	24.37	(16.58-35.81)	30.20	(9.80-93.02)
Substance abuse	97.71	(39.82-239.79)	-	-
Symptoms and poorly defined conditions	6.55	(3.14-13.64)	27.82	(13.56-57.05)
Other natural causes (E.g. diseases in the nervous and sensory systems or	5.53	(3.46-8.83)	4.87	(1.71-13.86)

muscular and skeletal systems)				
Other non-natural causes (accidents, suicide, homicide)	9.32	(5.17-16.77)	9.06	(2.55-32.12)

Source: The National Institute of Public Health and the Council for socially marginalised people

### Information on the infant and maternal mortality rates

#### Early (underage or minor) motherhood

Table 7 contains information about early motherhood, which is the number of births under the age of 18 per 1,000 live births. In 2019, 0.6 births per 1,000 births were births in which the mother was under the age of 18.

**Table 7: Early motherhood**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Births under the age of 18 per 1,000 live births	2.6	2.5	2.3	2.1	2.0	1.4	1.1	0.9	0.8	0.6

Source: Statistics Denmark

#### Infant, child and maternal mortality

Table 8 contains information about the infant mortality rate, which is the number of deaths of children under one year of age per 1,000 live births. The infant mortality rate was 3.7 in 2018 compared to 3.1 in 2016.

**Table 8: Infant mortality**

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Deaths within the 1st birthday per 1,000 live births	3.4	3.5	3.4	3.5	4.0	3.7	3.1	3.8	3.7

Source: Statistics Denmark

Table 9 contains information about the child mortality rate, which is the number of deaths of children under the age of five per 1,000 live births. The child mortality rate was 4.1 in 2018 compared to 3.7 in 2016.

**Table 9: Child mortality**

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Deaths within the 5th birthday per 1,000 live births	3.9	4.2	4.0	4.2	4.6	4.1	3.7	4.3	4.1

Source: Statistics Denmark

Table 10 contains information about the maternal mortality rate, which is number of maternal deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management. The maternal mortality rate was 1.6 in 2018 compared to 3.2 in 2016.

**Table 10: Maternal mortality (OECD stat)**

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Maternal deaths per 1,000,000 live births	0.0	5.1	0.0	3.6	5.3	0.0	3.2	1.6	1.6

### ***b) Sexual and reproductive health-care services for women***

Reference is made to a) concerning statistical information on child and maternal mortality.

According to Section 92 of the Health Act, women in Denmark have the right to legally induced abortions before the end of the 12 week of pregnancy. A woman seeking to have a legally induced abortion has the right to receive counselling before she makes a final decision. The counselling aims to support the woman in her decision. The counselling must provide information about available support during the pregnancy and after the child is born.

According to Section 93 of the Health Act, women in Denmark have the right to legally induced abortion even after the end of the 12 week of pregnancy, if the procedure is necessary to avert a risk to her life or of serious deterioration of her physical or mental health, and this risk is based solely or principally on circumstances of a medical character.

After the end of the 12 week of pregnancy, women in Denmark may be granted authorization for abortion from the local abortion council. The local abortion council consists of an employee of the region with a legal or social educational background and two doctors. Authorization for abortion may be granted in the following cases: if the pregnancy, childbirth or care of the child entail a risk of deterioration of the woman's health due to an existing or potential physician or mental illness or infirmity or as a consequence of other aspects of the conditions under which she is living; if the woman has become pregnant under the circumstances referred to in Section 210 or Sections 216-224 of the Criminal Act; if there is a danger that the child due to a hereditary condition or of an injury or disease during embryonic or fetal life will be affected by a serious physical or mental disorder; if the woman is incapable of giving proper care to a child due to a physical or mental disorder; if the woman due to her youth or immaturity is for the time being incapable of giving proper care to a child; if it can be assumed that pregnancy, childbirth, or care of a child constitute a serious burden to the woman, which cannot otherwise be averted, and it therefore appears essential for the pregnancy to be terminated, taking into account the interests of the woman, the management of her family/household, or the care of the other children in the family. When making such a decision multiple factors such as the woman's age and her personal circumstances as well as the circumstances of the family must be taken into consideration.

Authorization for abortion may be granted only if the grounds on which the application is based are sufficiently important to justify subjecting the woman to the increased risk to her health which the procedure entails.

### ***Access to assisted reproduction treatment***

As a part of the public health care system, assisted reproduction treatment (fertility treatment) is offered to women and couples, who have been trying to conceive for more than a year.

In the public hospitals assisted reproduction is offered to women who do not have children and couples who do not have children together, cf. section 1 a in the Consolidated Act on assisted reproduction in connection with treatment, diagnostics and research. If women/couples who have had a child through assisted reproduction treatment in the public hospitals, and who after the treatment have excess frozen embryos, the women/couples may, however, receive treatment in the public hospitals using the remaining frozen embryos in order to have more children. As a part of the public health care system, women/couples are also offered assisted reproduction treatment in the form of intrauterine insemination at the clinics of private practising specialist, regardless of whether the women/couples already have children.

## **2. Advisory and educational facilities for the promotion of health**

### ***a) Health education, and education and awareness in respect of sexual orientation***

#### *Health education*

'Health, Sexual and Family Education' is a mandatory subject in the Danish primary and lower secondary schools. The purpose is to develop the students' competencies to promote health and well-being. Students are to gain an understanding of the importance of lifestyle and living conditions for health and well-being, as well as of the interplay between health, sexuality and family life. In this subject, there must be a focus on different issues such as sexual rights, norms, and diversity in gender and families.

An evaluation of 'Health, Sexual and Family Education' carried out by the Ministry of Children and Education in January 2019 shows challenges with the teaching in the subject. In 2019, the political parties behind the Agreement on the Danish Public School agreed on the importance of teaching different sexualities, rights, norms and boundaries as part of the development and education of the students. Thus, it has been agreed to discuss measures to strengthen the teaching of the subject.

Following this, the Government in 2020 allocated 15 mil. DKK in order to strengthen the mandatory education in Health, Sexual and Family. The grant will be used over the period of 2021-2023 to update the educational framework for Health, Sexual and Family education and promote the importance of the subject.

In the compulsory subject "Cooking and food knowledge", students must be acquire skills and knowledge of food, taste, health, cooking and meals and thereby develop skills that enable them to choose and evaluate their own taste and food choices. Students must be able to make critically reflected food choices based on knowledge about food, season, origin, health value, forms of production and sustainability.



Finally, PE is a mandatory subject the Danish primary and lower secondary schools focussing on developing the students' physical, athletic, social and personal competencies by giving them insight into the importance of sports for health and well-being. Interaction between society and sports culture aims at cultivating the students' joy and desire to practice sports and understanding of the importance of lifelong physical development in interaction with nature, culture and the society. No major changes have been made since the introduction of the mandatory grade 9 PE examination in 2014 and the revision of Common Objectives in 2016.

#### *Education and awareness on SOGI*

The Danish Government has launched several initiatives to raise awareness and promote education on SOGI. Amongst others, the Government has carried out an evaluation of health and sex education as well as family education, launched a preliminary study on monitoring the well-being of LGBTI pupils and created inspiration and guidance materials for schools and upper secondary education institutions concerning the potential challenges faced by for example LGBTI children or children of LGBTI parents. Furthermore, the Government has supported projects carried out by civil societies, amongst others by the Danish Family Planning Organisation promoting the well-being and safety of young LGBTI students on especially vocational education institutions and by the organization LGBT+ Denmark combatting discrimination and stigmatization of LGBTI students in elementary schools by facilitating training for teachers.

Furthermore, the Government has launched several initiatives to raise awareness and promote education on gender based violence;

The Minister for Equal Opportunities ran a campaign on intimate partner violence among young people. The campaign consisted of three short films showing examples of psychological IPV. Two short films had a male perpetrator and a female victim and one had a female perpetrator and a male victim. This was done to reflect, that while both men and women can be victims and perpetrators of IPV, in most cases the perpetrator is a man and victim is a woman. The evaluation concluded, that the campaign had a good reach and inspired conversation about what constitutes psychological violence.

Also, the Minister for Equal Opportunities launched a campaign on digital violence and harassment among young people, especially amongst young women, who are proportionately affected by gender based harassment online. With the use of films, social media and influencers the campaign focused on what is illegal online including online threats, hacking, fake dating profiles, online indecent exposure, un-consensual sharing of private images and pornographic image manipulation. The campaign targeted primarily young people in upper secondary education.

Furthermore, the Minister for Equal Opportunities recently launched a campaign on rape titled “Sex? Only with consent.” It uses films and influencers to inform about the new consent based rape legislation and about support services for victims. It also aims to inspire conversation about how to give and get consent. The campaign materials reflect the fact, that in most rape cases the perpetrator is a man and the victim is a woman. When designing the campaign we involved NGOs engaged in the field and their inputs were reflected in the final campaign.

To raise awareness and prevent dating violence, the Minister for Equal Opportunities is sponsoring an annual creative competition, in which upper secondary school classes compete on producing artworks addressing dating violence.

The national unit against violence, Lev Uden Vold, launched a campaign on different forms of intimate partner violence raising awareness of their hotline. The campaign used a film showing a number of situations with different forms of IPV. It portrayed both men and women as victims and perpetrators but reflected that in most cases the perpetrator is a man and victim is a woman.

#### ***b) Measures to ensure informed consent and measures to combat pseudoscience in health***

Regarding measures to combat pseudoscience, Denmark does not have any special initiatives that specifically address this matter. However, Danish health authorities continuously aim at providing clear, transparent, and evidence-based information to the public.

The right to consent to medical treatment is statutorily protected under the Danish Health Act article 15 and is known as “informed consent” in Denmark. Informed consent contains both a right to receive information about the offered medical treatment and a right for the patient to either consent to or refuse the suggested treatment based on information given by a healthcare professional.

The healthcare professional must provide the information necessary for the patient to make an autonomous decision and to ensure that the patient adequately understands the information provided. This should, for example, include information about the disease process, benefits and burdens of recommended treatment and consequences of refusal of treatment. The full list of information provided for the patient is listed in the Health Act. A patient cannot decide to be treated in a specific manner. However, the patient can choose between treatment options provided by the healthcare professional.

Only a patient who has the ability (capacity) to make decisions can give an informed consent. The patient needs the ability to both understand the information provided and make a decision based on a rational processing of the information.

It should be underlined that the patient has the right to freely exercise his/her decision-making without being subject to external pressure such as coercion or unfair persuasion. Only if consent is given by a person with the capacity to make a voluntary and informed decision, a treatment can be given.

In most situations, an informed consent can be given both verbally or in writing and – depending upon the circumstances – also as tacit consent. However, in case of treatment involving specific genetic analysis, the consent must be in writing and, in addition, it must feature a decision to secondary findings. In case of a major medical procedure, such as an operation, it may also be required to give the consent in writing.

If a patient changes his or her mind, a given consent can be withdrawn at any time.

### **3. Prevent epidemic, endemic, other diseases and accidents**

#### **a) Promotion of vaccine research**

In March 2020 the Danish Medicines Agency shortened the review time for applications for COVID-19 medicine trials. The review time was reduced from about 35 days to about 3 days, provided that not too many applications are submitted at the same time.

#### *Corporation between private and public partners*

To foster corporation between private and public actors at all levels the organisation Trial Nation was founded in 2018 to create a single, national entry point for global companies, patient organisations and clinical researchers wishing to conduct clinical trials in Denmark.

Trial Nation is the result of strong and continuous governmental support of the Danish life science sector. The board consists of members from the Ministry of Industry, Business and Financial Affairs, the Ministry of Health, several Danish life science companies and the five Danish Regions. Trial Nation includes among others the Centre for Infectious Disease and Immune Modulation.

The primary objective is to offer a single, national platform for clinical research within the therapeutic area. This allows delivery of efficient and high-quality phase I, II, III, and IV trial execution and collaboration between pharmaceutical industry partners and a dedicated, national network of hospital departments with a strong focus on clinical research in infectious diseases, immune modulation, and vaccine trials. Please note that other parties than Trial Nation take part in the work that lies in the area of promoting clinical trials.

#### **b) Health-care in places of detention**

1. The fundamental safeguards surrounding police detention are regulated in Circular no. 9155 of 18 March 2010 to the Police and the Prosecution Service.

As regards the right of access to a doctor, it is stated in paragraph 4(1) of the Circular that it is considered as a matter of course that the detainee gets medical attention in any case, where the detainee is in need hereof. When a detainee needs medical attention the police must, without undue delay – depending on the situation – transport the detainee to a hospital etc., summon a doctor to the police station or allow the detainee to contact a doctor. Pursuant to paragraph 4(3), the examination should, to the extent possible, be conducted in full confidentiality without the presence of the police, if the detainee so requires and if it is deemed safe. Moreover, if the detainee requests for medical attention it must be recorded in for example the arrest report, and if the detainee's request is not met, the refusal and the reason why must likewise be recorded, cf. 4(4) of the Circular.

Furthermore, Administrative Order no. 988 of 6 October 2004 and The Danish National Police regulation no. 55 of 10 March 2016 specifically governs the handling of persons detained by the police on grounds that they are unable to take care of them self, due to intake of alcohol or other intoxicating substances. Pursuant to Section 9(1) of Administrative Order no. 988 and Section 13(1) of regulation no. 55, the intoxicated detainee must always be examined by a medical doctor before the final placement in the detention cell. The examination can be conducted either by a summoned medical doctor/doctor on emergency duty or in a hospital emergency room. The examination shall establish whether the condition of the detainee speaks against placement in a detention cell, and whether the detainee needs treatment in a hospital or at the doctors, cf. Section 11(2) of Administrative Order no. 988 and Section 13(2) of regulation no. 55. When the medical examination has been conducted, the time of the examination, the name of the doctor and a short summary of the doctor's remarks regarding the detainee must be recorded in the detention report. Furthermore, the police are only allowed to give medicine to a detainee with the permission of the doctor, who conducted the medical examination, cf. Section 14(2) of regulation no. 55. The doctors who assist the police in relation to detainees are either doctors from private practices, who are private entities, or doctors employed by the public hospitals, who operate under the responsibility of the five regions in Denmark. The individual police districts have the competence to choose freely whether to use private doctors, public employed doctors or both.

**2. Enforcement of judgements in criminal cases takes place in accordance with the rules of the Danish Criminal Enforcement Act. The Danish Prison and Probation Service is the responsible authority in the area of enforcement of criminal judgements. The Danish Prison and Probation Service is subject to authority of The Danish Ministry of Justice. Both the Danish Ministry of Health and the Danish Ministry of Justice are responsible for the health care services for prisoners and detainees. According to paragraph 45 (1) of the Danish Criminal Enforcement Act prisoners and detainees are offered medical treatment and other health care services. Medical treatment and other health care services to prisoners or detainees are generally arranged so that the treatment offer corresponds with the health care services offered to all citizens in society (the principle of normalization).**

A large part of the health care services of prisoners and detainees takes place in the general health care sector, while the health care staff within the Prison and Probation Service primarily functions as a replacement for the general practitioner (specializing in general medicine), to whom a citizen is normally assigned, and who partly handles the diseases and conditions that do not require specialist medical treatment, and partly refers to specialist medical treatment, where it may be required. The health care services provided by the Prison and Probation Service are carried out by doctors, nurses and to some extent the prison officers.

Doctors can delegate some of the treatment to for example nurses or prison officers, so called “assistants”. If the performance of a treatment is being delegated, it must be done under thorough instruction. For example, a prison officer can assist a doctor by handing out medicine ordinated by the doctor. Prison officers are educated in how to handle medicine, and all prison officers are trained in first aid before they begin the internship period in their institution.

As soon as possible after the imprisonment, the Prison and Probation Service is obliged to give the prisoner or detainee general information regarding the health care services in the institution. The prisoner or detainee is also offered a conversation with a doctor or nurse affiliated with the institution. However, this will not be offered to a prisoner who will only be imprisoned for a short period of time, or who has been transferred from another institution, where the prisoner has been offered a conversation with a doctor or nurse.

The Prison and Probation Service has introduced a procedure upon arriving in all institutions in which the institutions are screening i.a. the mental health of the inmates. This screening has been introduced with the purpose of identifying mental illness or signs of need for psychiatric treatment.

### **c) Mental health**

#### *Availability of mental health care and treatment services in Denmark*

In Denmark, the psychiatric care is largely provided, by the five regions with coordination and regulation by the state. In each region, you can access the psychiatric hospitals, centres and units on several locations across the region. Overall, the psychiatric care is divided into child & adolescent and adult psychiatry and furthermore into in-patient units and outpatient clinics and psychiatric emergency wards with a distinction of general and specialized units. Furthermore, specialist practitioners and psychologists are established across the country. The geographical availability varies across the country with a tendency towards a larger number of specialists in the larger cities, mainly around Copenhagen and fewer specialists in the rest of the country. However, it is important to have in mind that more than 90% of patients with mental disorders are in contact with the primary health care system.

The responsibility for mental health promotion and the psychosocial services that support citizens' daily lives lies within the 98 municipalities in Denmark. This includes social and health services, such as rehabilitation, training and coping courses,

residential facilities, treatment of substance abuse and care provided by social workers. Cooperation between the municipality and region, involving peers-workers and focusing on recovery, is currently being implemented across the country.

#### *Focus areas for the psychiatric care and mental health promotion*

During the past decade, there has been an increasing focus on developing and improving the psychiatric care and the psychosocial services for people suffering from mental illness. In 2012, the Government appointed a Committee of Experts, which identified 10 essential challenges and 6 focus areas within the psychiatric care and the psychosocial service area. These focus areas still serve as a relevant framework in the efforts of addressing mental illness and improving the psychiatric care in Denmark. The government has since published several national action plans, including a national research strategy on mental illness in 2015. The national associations of regions and municipalities have also published separate recommendations on improvements in psychiatric care.

In 2018, the Government presented 38 recommendations on the development and improvement of the psychiatric care in Denmark. The focus areas of the recommendations are as follows:

- Reduce increased morbidity and mortality
- Strengthen efforts to break down prejudices about mental disorders
- Early and more accessible efforts for people with mental illness
- Higher professional quality in the initiatives and mental health care
- More coherent pathways for people with mental disorders
- Strengthen efforts to support mental health care and prevent mental illness.

While considering the presented frameworks and recommendations, the Danish government is working on a comprehensive 10-year mental health plan that will strive towards improving the psychiatric care and the psychosocial services as well as mental health promotion.

The plan will set the long-term direction for mental health treatment in Denmark, and will especially focus on prevention and stronger coherence between general practice, psychiatric hospital services (including outpatient treatment) and the social services. Furthermore, children and young people as well as citizens with both mental illness and drug and/or alcohol abuse will be given a special focus in the plan.

Currently, the Danish Health Authority and the National Board of Social Services are working on a report that will describe the challenges within mental health care and prioritize the right solutions. The report will form the professional basis for the political discussions about the upcoming 10-year plan.

It is a joint effort to create better mental health care, why it is important for the government to involve a large number of stakeholders and the parliamentary parties.

#### *Mental health in prisons*

There are no statistical information on the number of mentally ill prisoners or detainees in the institutions under the Prison and Probation Service.

In 2009-2012 the Prison and Probation Service completed a study regarding the mental health of the detainees in Vestre Prison. The study concludes that 8 percent of the 672 detainees who were examined in the study had a mental illness and therefore should not be imprisoned in the prison. Instead, these detainees should be treated in the psychiatric health care system.

Furthermore, 83 percent of the 672 detainees were diagnosed with another sort of psychiatric diagnose which could be treated at the prison. A great part hereof were due to drug or alcohol abuse.

The conclusions of the study cannot be used as a general conclusion regarding the mental health of all prisoners and detainees in the institutions under the Prison and Probation Service. The study only included detainees in Vestre Prison and did not include foreigners. Additionally, young detainees were overrepresented. No similar studies than the one mentioned above have been made.

As mentioned above, prisoners and detainees are offered medical treatment and other health care services. The Prison and Probation Service has informed that prison officers and other staff members as a part of the daily supervision notice whether prisoners and detainees show symptoms of mental illness. Furthermore, the Prison and Probation Service has introduced a procedure upon arriving in all institutions in which the institutions are screening the prisoners' mental health. This screening has been introduced with the purpose of identifying mental illness or signs of need for psychiatric treatment.

Contact will always be made with the regional psychiatry in the event that a medical doctor or psychiatrist associated with the Prison and Probation Service has assessed that the prisoner or detainee may have a need for hospitalization in a psychiatric hospital in a regional setting. If there are signs of serious mental illness such as psychosis or schizophrenia, the patient will be transferred to a psychiatric hospital for the purpose of examination and treatment. Some mentally ill prisoners or detainees are being detained in the institutions under the Prison and Probation Service until a place in a psychiatric hospital is available.

It is the chief medical doctor of the psychiatric hospital who at any time decides whether a patient should be admitted to a psychiatric hospital and, if so, for how long. Thus, the Prison and Probation Service cannot admit a detainee, which means that the Prison and Probation Service shall receive the person in question when he or she is discharged from hospitalization.

### *Municipal services*

The Danish municipalities can offer a range of supportive measures to people with mental health problem under the Danish Act on Social Services such as personal assistance, social activities, accommodation suitable for people with mental health problems etc. The municipality must also offer free counselling of persons with mental health problems. This also includes proactive free counselling to ensure that people with mental health problem (among other groups) is not neglected.

The specific help will depend on an individual assessment. It is the responsibility of the municipality to ensure that all necessary services and facilities under the Act on Social Services are available.

The Danish municipalities report the number of service users to Statistics Denmark. The statistical information include a range of specific support measures including personal assistance ("socialpædagogisk støtte") and accommodation ("botilbud"), covering a wide range of support forms and interventions from support in the persons own home to more institutionalized care settings. The data does not cover all forms of support under the Danish Act on Social Service to people with mental health problems.

When reporting data to Statistics Denmark, the municipalities place the service user in a category of service user situations. The categories include physical disability, cognitive disability, mental health problems and/or social problems.

Based on the above data from 57 out of 98 municipalities, it is estimated that the total number of service users with mental health problems is 31.400 in Denmark 2018 (see Socialpolitisk Redegørelse 2018 page 267 for more). The number does not include users of shelters for the homeless.

### **d) Drugs**

Reference is made to art. 1, para. 1 (a), for statistics on drug related deaths.

#### *Policy initiatives regarding injection of psychoactive substances*

In early 2019, a needle exchange programme catalogue was made to guide the municipalities in choice of equipment in respect to the local drug scene, the local ways of administrating the drugs and the number of people who uses drugs in each municipality.

Drug consumption rooms in the larger cities are up and running. Both to be used by registered Danish citizens and by unregistered migrants or visitors from other countries. In 2019 new calculations have been made to measure the number of high risk drug users in Denmark. Two-thirds (7000 people) of the high-risk opioid drug users are registered and received treatment in the OST facilities (opioid and oral substitutions treatment facilities). In 2010 as the opioid substitutions treatment programme was expanded to include diacetylmorphine (heroin) in 5 selected clinics, the government predicted that approximately 10 pct. of the OST patients would meet the inclusion criteria to be part of the heroin programme. The government is currently evaluating the diacetylmorphine (heroin) programme years 2013 to 2018.



Data from this upcoming report show that less people than predicted have entered the programme and receive the specialized treatment. The tablet heroin (diaphin) has been implemented as part of the treatment to a selected number of patients but is still to be discussed in respect to the take-home option.

Since late 2019 people who received substitutions medicine in the OST facilities have been entitled to education about the risk of overdoses to opioids, respond to overdoses by using first aid, calling for help and administrate the antidote Naloxone to overdosed people witnessed in the community or amongst fellow patients.

In July 2019 legislation in respect to the Authorization act was also changed. From then on doctors in Denmark should respond promptly when acknowledging withdrawal to drugs, and the people suffering from withdrawal from then on had the right to be treated as soon as possible both in the substitution programme facilities, and in all other parts of the healthcare system. Guidance to the withdrawal treatment has been made by the Government as part of the Covid-19 guidance in the spring 2020 and will undergo further processing to become permanent in 2021.

#### **e) Pollution**

According to EU law, Denmark is required to implement the EU Water Framework Directive. The environmental objectives should be achieved by 2027. River Basin Management Plans are updated every six years and measures planned are specified in the river basin management plans. Denmark is presently preparing the third cycle of river basin management plans, covering 2021 – 2027.

The Water Framework Directive is re-transposed into Danish legislation by the Act on Water Planning (Act No 1606 of 26 December 2013 as amended by Act No 126 of 26 January 2017) and a number of statutory orders.

Monitoring and control of compliance with the Act of Water Planning and statutory orders is carried out by the government and municipalities.

The draft third river basin management plans, including a draft environmental impact assessment of the plans, will be subject to a six months public hearing.

As part of the process whereby the municipalities contribute to the development of the river basin management plans, a number of local water councils have been established to advice the municipalities on their work. This is an important aspect of the involvement of the public in the work with the river basin management plans. The water councils provide an essential input by offering suggestions for physical measures in relation to water causes that may be included in the program of measures. Through that contribution, the water councils ensure vital local entitlement to the river basin management plans.

Denmark has implemented all EU air, water and environmental directives, which set a framework for prevention and reduction of emissions to air, water and soil from industrial plants, including livestock farms, and for control of major accident hazards. This includes requirements for environmental approval for the potentially most polluting or hazardous industrial establishments. All industrial establishments are subject to continuous environmental inspections.

The political framework for regulation of air pollution reduction is threefold: The EU Air Quality Directives, the NEC Directive, and the UNECE Convention on Long-Range Transboundary Air Pollution (LRTAP Convention). Here, specific targets are set out for concentrations of harmful substances in the air and the emission of atmospheric pollutants, respectively. The targets of this overarching regulation is fulfilled by applying national and international legislation dealing with the source-specific mitigation of air pollution. This may be, for instance, emission limit values for certain substances from specific types of enterprises or facilities, i.e. wood burning stoves, vehicles, ships and agriculture, as well as industrial enterprises in line with the requirements of the IE Directive and supplemented by national guidance limits on air emissions in general from all industrial enterprises.

### ***f) Measures in light of the Covid-19 crisis***

The aim for Denmark in handling COVID-19 is to keep activity levels in society as high as possible while at the same time keeping the level of infection down. It is therefore crucial that everyone complies with the precautions, distance requirements and hygiene standards, which are designed to minimise the spread of infection as much as possible.

In addition a strong regime of testing, tracing, isolating and lately vaccinating has been the main tools in fighting the pandemic.

#### *Testing*

Since spring 2020, testing capacity in Denmark has been significantly increased. At the moment (March 2021), it is possible to PCR-test up to 200.000 people a day in the societal and health tracks, which corresponds to close to 23% of the population a week – a capacity that puts Denmark right at the top worldwide in relative to population. Since the spring, surplus PCR-testing capacity has been available for all citizens, which has generally ensured easy access to testing without having to provide an explanation or present a doctor's referral. Testing capacity is being continuously expanded to ensure that it remains robust, and so that peak periods can largely be handled without problems. Geographically distributed permanent testing stations and mobile units ensure that testing can be performed and organised flexibly throughout Denmark making it possible to target places and situations where needed.

In December 2020, Denmark decided to incorporate rapid anti-gene testing in the national strategy. Anti-gene tests are a vital part of the strategy during the gradual reopening of society as a screening tool to manage spread of COVID-19. Anti-gene tests are currently supplied by private suppliers and work to create a meshed net of test capacity across the country is ongoing.

Denmark incorporated sequencing of the positive covid-19 tests early on in the pandemic. Sequencing is used to establish the different strands and mutations of the virus. The Danish Health Authorities have the capacity to sequence around 10.000 positive tests each week. Since mid-February Denmark have sequenced more than 90 percent of all positive tests.

#### *Tracing*

When a citizen is diagnosed with COVID-19, close contacts are quickly traced, and everyone is asked to self-isolate so that others are not infected. Infection detection involves identifying those individuals who have been in close contact with a person who has tested positive for COVID-19, and who are therefore at risk of having been infected with COVID-19. A Corona Tracking unit under the Danish health authorities carries out the task. Health professionals will contact everyone who has tested positive for COVID-19 to provide support with tracing close contacts.

### *Isolation*

Isolation can be done at home or in an external isolation facility in cases where self-isolation at home is proven impossible, for instance in cases where other household members are at risk of serious complications if they become infected with COVID-19. Municipalities are required to help people self-isolate at external isolation facilities, for example hotels, holiday centres and other commercial venues subject to certain criteria. It is a voluntary decision for each citizen whether they stay in isolation facilities, but the Danish health authorities can order isolation with reference to the Danish Epidemic Act (Epidemiloven), provided certain conditions are met and subject to a specific assessment.

### *Vaccination*

Denmark is part of the EU joint strategy to purchase Covid-19 vaccines. In Denmark, the first citizens were vaccinated on 27 December 2020, and the aim is to have vaccinated everyone by July 2021. Vaccination is voluntary and free of charge, and is offered to people above 16 years of age. In prioritising target groups, the Danish Health Authority has primarily focused on the following three main objectives of the vaccination programme: 1) Minimising death and severe illness due to COVID-19. 2) Minimising the spread of infection and epidemic control. 3) Ensuring key societal functions.

### *Additional measures*

While protecting the public health, especially for the elderly and other vulnerable groups, a number of measures have been introduced. Measures to curb the pandemic include a ban on gathering in groups of a specific number of people – the actual number has been adjusted continuously. Political or opinion-shaping gatherings, however, are not included in the ban.

Other measures include restricting access to certain venues as well as the introduction of provisions allowing for compulsory isolation, hospitalization as well as harsher penalties for COVID-19-related crimes.

Since late December, Denmark has been on a second national lockdown. Measures include the closing of schools replaced by virtual education, public institutions, shops, restaurants (except for take away) and bars etc. As of the beginning of March 2021 the restrictions are being slowly but gradually lifted with the aim of keeping the spread of the virus under control and the development of the virus within the capacity of the health care system.

In addition there is a requirement to use personal protective equipment in certain areas, among others public transport and supermarkets.

These COVID-19-related measures are based on law, necessary to protect the public health and temporary in nature. The Government is continuously monitoring the developments in the pandemic with a view to ensuring that these criteria are met.

The development and spread of COVID-19 is monitored by the Danish Authorities like other communicable diseases. Based on the recommendations from the Danish health authorities, national restrictions are continuously adapted to meet the spread of covid-19 with the overall aim of ensuring sufficient capacity in the health sector. The Danish health authorities also issue recommendations to health professionals and care personnel in other sectors.

## **Art. 12 – The right to social security**

### **2, 3) Level of social security**

#### **a) Social security for persons whose work is managed through digital platforms**

##### *Unemployment benefits*

Having unemployment insurance is voluntary in Denmark. Individuals who live and have residence in Denmark and are from 18 years up, until two years before they become eligible for a general State pension, have the right to become members of an unemployment insurance fund.

To be eligible for unemployment benefits, an individual must have been a member of an unemployment insurance fund for at least one year and fulfil an income requirement of 240,000 DKK/32,000 Euro (2020) the three years prior to the unemployment. Besides the usual terms and conditions of employment and income, there are no further requirements as to the size of the income that can be included. This means that the requirement of income and employment can be fulfilled through piecing together different forms of unemployment, as long as the income is taxed as labour income (income, of which a certain amount constitutes labour market contributions and A-tax).

With the *New Agreement on the Unemployment Benefit System for the Future Labour Market*, all labour market related activities are considered equal. This means that the right to receive unemployment benefits can be obtained either through self-employment, freelance jobs or wage-earning jobs, or as a combination of the different employment types.

##### *Sickness benefits*

Persons working through digital platforms are entitled to sickness benefits if they meet the conditions in the Sickness Benefits Act, including the employment requirement for either employees or self-employed persons. For the right to sickness benefits from the employer in the first 30 days of sickness, the employee must have been employed for 74 hours in the last 8 weeks with the employer. For entitlement to sickness benefits from the municipality, the employee must have been employed for at least 240 hours in the last 6 months, and for at least 5 of these months have been employed for at least 40 hours in each month.

#### **c) Measures to compensate COVID-19 impact**

Please see attached annex on government initiatives.

#### **4. Bilateral agreements (non-conformity art. 12, para. 4, b)**

In Denmark, social security coverage is to a great extent tax financed and based on the principle of universalism. This is also the case for the scheme on old age and early retirement pension.

The main rule is that the right to receive pension will require a Danish citizenship, as the entitlement is earned based on the number of years in which a person has been resident in Denmark. It is irrelevant whether the person concerned has worked or paid taxes in Denmark. The Danish rules of eligibility for old age and early retirement pension do not have requirements regarding contributions.

- The citizen requirement is subject to a number of exceptions:
- the person concerned is covered by EU Regulation No. 883/04 on coordination of social security systems.
- the person has another nationality - from a country that has a bilateral agreement with Denmark.
- the person is a refugee that has received a residence permit in accordance with the provisions in the Danish Aliens Act.
- the person has had residence in the Kingdom of Denmark for at least 10 years between the age of 15 and the age granting old age pension.

EU Regulation no. 1231/10 extending EU Regulation no. 883/04 to also applying to third country nationals does not apply to Denmark. This is due to the fact that Denmark has laid down a legal reservation in relation to the statutory basis of the Treaty. The only way to broaden the scope for an easier access in relation to nationals of States not covered by EU regulations in relation to this issue is to enter into bilateral agreements with individual countries.

Denmark has entered into such agreements with a number of Council of Europe Member States, and continues to evaluate potential agreements. The conclusions of such agreements will often have many implications – both financial and administrative – and will need to be in mutual interest, as fx. to the number of persons covered.

## **Art. 13 – Right to social and medical assistance**

### **1. Adequate assistance or care**

#### **a) Reforms and level of social assistance**

The government of Denmark intends to abolish the cap on social assistance and find a another balance between incentives to find work and getting adequate financial support when in need within the system of social benefits. For this purpose, the government has set up a Commission on Social Benefits to make recommendations on a new system for social benefits. The recommendations are awaited in the spring of 2021.

Until then a temporary child benefit for providers affected by the cap on social assistance or the integration benefit has been introduced in January 2020. The benefits amounts to DKK 700 per child per month for parents receiving the lowest amounts of social assistance, DK 600 per child per month for single parents and DKK 550 for the rest of the target group. In addition single parents will receive a supplementary benefit at DKK 650 per month (for children 0-14). This means that a single parent receiving social assistance with two children aged 0-14 will be able to receive up to DKK 1850 extra per month, tax free.

The cap on social assistance was introduced in 2016 by the former government of Denmark as an incentive to take on work even for a few hours a week as a stepping-stone to becoming self-sufficient. The cap on social assistance is a limit to how much a person can receive overall in social assistance, special housing benefit for people on social assistance and the general housing benefit. The limit is individual and depends among other things on age, whether a person is a provider of children, married/cohabiting or single and varies with the level of social assistance that a person is receiving.

The cap does not reduce the level of social assistance of individuals but can reduce housing benefit and/or special housing benefit with amounts that are higher than the individual limit. Benefits regarding children are not a part of the cap on social assistance and can be received regardless of the individual limit.

#### *Supplements – social assistance*

A wide range of supplements are available to persons receiving social assistance. The level of the benefit itself cannot be seen in isolation. As a supplement to persons who fulfill the conditions to receive social assistance and are in a particularly difficult situation due to high housing costs and/or many children it is possible to receive special supplementary housing benefit within the social assistance system. Reference is made to the below on figures.

In the event that the social assistance recipients are not able to pay for i.e. necessary medicines, treatments and dental treatments, they can receive additional cash support from the municipal authority for those particular expenses. Recipients of social assistance are also eligible for other benefits given unemployed and employed persons such as housing benefits and benefits regarding children.

#### *Levels of social assistance*

Social assistance benefit is DKK 15,510 per month (i.e. approximately 80% of the maximum unemployment insurance benefit) for persons of 30 years or more with dependent children ('providers'), and DKK 11,423 (i.e. 60% of the maximum unemployment insurance benefit) for persons of 30 years or more without children ('non-providers'), minus any income.

For married couples the benefit amount depends on the income and savings of both spouses regardless that only one of the spouses have applied for social assistance. A married couple with children may get up to two times DKK 15,180 (DKK 11,423 without children) minus any income.

Social assistance for people under the age of 30 who do not reside with one or both parents is DKK 7,363 (DKK 3,553 when they reside with one or both parents). Social assistance for lone parents below the age of 30 years is DKK 14,510. For a married couple under the age of 30, the amounts are up to two times DKK 10,151 (with children) and two times DKK 7,363 (without children). The level of social assistance to persons under the age of 30 with no education are based on the level of support given to persons under education (SU state educational support) to incent young people to educate themselves and ensure their possibilities in the future labour market.

For families without children, net rent (gross rent minus general housing benefits, see section 3.2.) exceeding DKK 3,050 per month is paid. For families with children, all net rent above DKK 4,400 per month per adult is paid (DKK 4,500 if the child is not living at home), the amount of 4.400/4.500 is reduced by DKK 850 (DKK 650 if the child is not living at the home) for each child other than the first. During the first three months of receipt, the total amount of social assistance benefit after tax and special housing benefit cannot exceed 90% of the previous net earnings. From the fourth month onwards, the total amount cannot exceed the maximum unemployment benefit after tax.

#### *Poverty threshold*

Statistics Denmark provides Eurostat with a poverty threshold based on Eurostat's definition. That makes the threshold comparable to the threshold of other EU-countries. In 2019, that threshold was 18,430 €.

Statistics Denmark also calculates upper bounds on equivalised disposable income using a national definition. A poverty threshold equal to 50 percent of the median equivalised income using this definition was 17,016 € in 2019.

The difference between the two definitions are in large terms:

- The national definition of family is narrower, which gives a lower number of family members per family. That means the number of families is higher, the family income is lower and the income inequality is higher using the national definition.
- The national definition includes rental value of own housing in the income of homeowners. This insures comparison between renters and owners.
- The national definition includes perquisites besides free car.
- The national definition includes people living in institutions, homeless people and people living in big house shares.



***b) Measures taken to ensure social and medical assistance in the context of Covid-19 and framework concerning persons without residence permit***

Reference is made to the attached annex on government initiatives during Covid-19, especially regarding social assistance and related benefits.

*Healthcare*

All residents in Denmark have access to public healthcare services e.g. hospital treatment, services in the primary health care sector, i.e. treatment by GP's and specialist practitioners, and municipal health services such as home nursing and dental care to children and youths under the age of 18. Most of the services are free of charge.

*Health-care for persons without residence permit*

Asylum seekers and foreign nationals without legal residence in Denmark are not covered by the national health insurance system. Instead, as a starting point, expenses for healthcare to asylum seekers and foreign nationals without legal residence in Denmark are covered by the Immigration Service.

All non-residents under temporary stay in Denmark are entitled to emergency hospital treatment in case of accident, sudden illness and birth or aggravation of chronic disease. They are also entitled to the subsequent non-emergency hospital treatment in cases, where it is not considered reasonable to refer the person to treatment in their home country. Non-residents in Denmark are charged payment for emergency hospital treatment and the subsequent non-emergency hospital treatment received under temporary stay in Denmark. However, in case of emergency no persons are denied emergency hospital treatment in the public healthcare system with reference to payment claims. No payment is charged for acute births and for treatments of children under the age of 18. Regions can provide the emergency hospital treatment free of charge, when a region considers it reasonable, e.g. treatment of unregistered migrants, homeless persons and persons who obviously are unable to pay.

*Social assistance for persons without residence permit*

Asylum seekers and foreign nationals without legal residence in Denmark are generally not entitled to social benefits from the national social security system in Denmark.

According to the Danish Aliens Act, section 42 a (1), asylum seekers will have the expenses for their subsistence and necessary healthcare services covered by the Danish Immigration Service until they are granted a residence permit, they depart from Denmark or they are returned to their country of origin.

According to the Danish Aliens Act, section 42 a (2), other foreign nationals without legal stay in Denmark will have the expenses for their subsistence and necessary healthcare services covered by the Danish Immigration Service if necessary in order to ensure the subsistence.

It is a prerequisite for the defrayal of expenses by the Danish Immigration Service that the person in question is accommodated at or in relation to a reception and accommodation center.

The subsistence covered by the Danish Immigration Service normally includes accommodation at a reception and accommodation center, free catering meals or payment of cash allowances for food, payment of cash allowances for clothes, personal hygiene items etc., access to education for all children of mandatory school age and limited access to education and other activities for adults.

Furthermore, the subsistence includes access to necessary social measures and health services and treatment for adults, provided the treatment is necessary and either urgent or pain-relieving. Minors are entitled to the same healthcare and social measures as minor children who are residing legally in Denmark.

#### *Persons without residence permit - Regarding COVID-19*

In light of the COVID-19 pandemic, the Danish Immigration Service has taken a number of steps to ensure social and medical assistance for foreigners without legal stay or residence.

If the Danish authorities encounter an alien without legal stay who is diagnosed with COVID-19, the Danish authorities will contact the Danish Immigration Service to clarify whether the alien is entitled to accommodation and defrayal of expenses by the Danish Immigration Service. The Danish Immigration Service is currently operating two quarantine centers in order to accommodate aliens diagnosed with COVID-19 who are entitled to accommodation and defrayal of expenses by the Danish Immigration Service. Transportation of the aliens is offered from their reception or accommodation center to the relevant quarantine center.

For aliens without legal stay who are tested negative of COVID-19, the Danish Immigration Service will also – based on a request from the Danish authorities – clarify whether the alien is entitled to accommodation and defrayal of expenses by the Danish Immigration Service.

The Danish Immigration Service does not offer accommodation or health treatment outside the reception and accommodation center.

#### ***c) Non-conformity (art. 13, para. 1): Levels of social assistance to persons under 30 years of age and revocation of residence permits on the grounds of receipt of social assistance***

Reference is made to a) and b) regarding levels of social assistance to persons under 30.

#### *Revocation of residence permits on the basis of receipt of social assistance*

As a main rule, residence permits for the purpose of work, studies and family reunification are granted on the condition that the applicant is self-supportive. If this condition is no longer met, the Danish immigration authorities may – based on an individual assessment – revoke or refuse to extend the residence permit in accordance with the Danish Aliens Act. This is not a consequence of the Danish Act on Social Assistance.

There are rare situations where, according to the Danish Act on Social Assistance, it is possible to repatriate a person on the grounds that he or she has received social assistance for more than six months. In practice, it is only possible to repatriate nationals from the Nordic countries, who have resided in Denmark for less than three years, with legal base in the Danish Act on Social Assistance.

Several factors are taken into consideration in the decision of whether to repatriate a person. If the Nordic national is married and cohabiting with a Danish national, a refugee or an alien who have been living in Denmark for more than 7 years, the Nordic national will not be repatriated. Other considerations concerning a decision of returning a person to his or her own country are: the duration of the stay in Denmark; medical conditions; family and other ties to Denmark; and whether the person who has undertaken to support the alien complies with this requirement (in case of family reunifications).

If the person is not repatriated – for example because he/she is married to a Danish citizen, has small children lawfully living in Denmark or for another reason, he/she has the same right to social assistance as a Danish citizen in the same situation.

## **Art. 14 – Social welfare services**

### **1. Provision of services**

#### ***a) Operation of social services during Covid-19***

##### *General remarks*

When Denmark was partially closed down in March 2020, the social area was maintained as a critical function.

This continues to apply. It means, among other things, that all 24-hour services, placement institutions for children and young people and housing services for adults are maintained. People with disabilities or special social problems must continue to have the necessary help.

The same applies to placed children and young people who will not be repatriated from, for example, a place of residence. The municipalities continue to have an obligation to support vulnerable children and young people, and ensure that they receive the help and support they need. Entailing that the municipality has a duty to respond quickly to notifications of, for example, domestic violence.

It is still the responsibility of the municipalities to ensure the necessary capacity within social affairs. This applies, for example, in relation to the homeless, where the municipalities are responsible for ensuring the necessary capacity for those who are not already in a hostel. In the spring, the municipalities set up emergency shelters and isolation places for the homeless, when, for example, assembly bans and health professional guidelines required more places. Going forward, it will also be the responsibility of the municipalities to ensure that there are offers for the homeless

*Agreement on vulnerable children, adults and persons with disabilities*

In April 2020, the government and a broad majority of the parliament reached an agreement regarding help for vulnerable children, adults and people with disabilities after the partial lockdown of Denmark. Essential elements were financial funds:

- For special help for vulnerable children and youths, who for example are relatives of people with alcohol or drug abuse.
- For strengthening the efforts for vulnerable adults, such as people who are homeless, victims of violence, people with an addiction or people with mental disorders
- To fight loneliness among people with disabilities
- The initiatives should provide special support for vulnerable children and adults in order to reduce the challenges for the most vulnerable under COVID-19.

In November 2020, the government and a broad majority of the parliament adopted an agreement focused on combatting loneliness during the Covid-19 pandemic. 50 mio. DKR. was allocated for this purpose. The target groups were vulnerable children, adults and people with disabilities.

In February 2021 the Danish Parliament adopted an aid package aimed at securing vulnerable people during the prolonged Covid-19 restrictions. The aid package amounts to 27 mio. DKR, which is distributed to organisations working with the abovementioned target groups.

#### *Free face masks for socially vulnerable citizens*

The government and the municipalities have agreed that socially disadvantaged citizens, for whom the purchase of face masks will be a significant financial expense, can contact the municipality and receive free face masks.

#### *Partnership agreements for persons with disabilities and vulnerable adults and children*

The Minister of Social Affairs and the Interior has established three new partnerships that can help to create security throughout the reopening of society and counteract loneliness, vulnerability and mental dissatisfaction in vulnerable groups. Each partnership has been tasked with developing a strategy to counteract loneliness under COVID-19 in the target group that the partnership deals with. The partnerships' strategies are subsequently combined into one overall loneliness strategy across the three target groups. The partnerships are composed of key players in the field, and are based on three key target groups: Vulnerable children, vulnerable adults and people with disabilities.

#### *Emergency shelters – domestic violence*

The Danish municipalities are according to the Social Services Act obligated to offer temporary accommodation to women who have been subject to violence, received threats of violence or who are experiencing equivalent crises in their family or their relationship. The government has stressed, that the municipalities still have this obligation during the COVID-19 outbreak. Shelters have continued to operate during COVID-19.

Consequently, the government decided to fund approximately 55 temporary rooms at women's shelters across the country. The extra rooms will be in place for four months. The government has been in close dialogue with the sector about the need for extra rooms at the shelters and about the location of them.

The sector has also reported a greater need for help for men exposed to violence. As a result, a political agreement secured funding for temporary rooms at shelters and counseling for men exposed to violence. The extra funding was directed to specific shelters for men directly in order to benefit the victims as fast as possible. The shelters are located across the country. The initiatives have helped secure a sufficient capacity at shelters.

#### *Political agreement on initiative for homeless organizations*

Section 110 of the Act on Social Services states that the municipal council must provide temporary accommodation in facilities for persons with special problems who have no home or who cannot stay in their own home and who are in need of accommodation and activating support, care and subsequent assistance. The provision provides for accommodation in facilities such as homeless shelters. Covid-19 has put such facilities and shelters under pressure.

Therefore, as part of the political agreement on initiatives for vulnerable children, adults and people with disabilities, a unanimous parliament agreed to allocate funds in emergency support for organizations in the homeless area. The funds were allocated directly to nine organizations, in order for them to apply the funds immediately to either expand their own facilities/shelters or to rent rooms at local hotels in order to boost capacity. The funds could also be used to the distribution of meals or food packages to the homeless.

#### *Political agreement on summer activities for vulnerable children and youth*

In June 2020 the Danish government and a number of parties in the parliament agreed to grant 10 mio. DKK to a number of organizations providing summer camps and activities for vulnerable children and their families, and 10 mio. DKK to a number of organizations reaching out to vulnerable and isolated children during the pandemic. The funds can among other things be used for strengthening helplines or hiring and training volunteers in establishing contact to vulnerable and isolated children in risk of violence or abuse.

#### *Future epidemics*

As provided in the answer to Article 13.1.b, the Minister of Social Affairs and the Interior has established three new partnerships that can help to create security throughout the reopening of society and counteract loneliness, vulnerability and mental dissatisfaction in vulnerable groups.

The new partnerships were also established in order to gather experience from the Covid-19 crisis. The partnerships are composed of key players in the field, and are based on three key target groups: Vulnerable children, vulnerable adults and people with disabilities.

The partnerships are to use the experience obtained during Covid-19 in order to help the Danish authorities to be ready and able to counteract should a similar crisis occur.

## **2. Participation of individuals and organisations**

### ***a) User involvement in social services and the promotion thereof***

Reference is made to a) for information on partnerships.

#### *General remarks*

Proposed legislation undergo public hearing before being presented in parliament. Affected associations, organizations, and others are asked to provide written comments to the proposed legislation. The comments as well as the associations and organizations are then made public through the internet.

Interested citizens, companies, organizations, etc. can thus see which proposals are under way, which organizations are consulted and which responses have been submitted. Reference is also made to the answer of Article 13.1.b and the establishment of partnership agreements.

## **Art. 4 of the Additional Protocol**

### ***a) Access to and enjoyment of social and economic rights***

#### *The National Action Plan on Dementia 2025*

In 2019 the Danish government allocated 244.5 million DKK in the period 2020-2023 to the continuation and follow up of a part of the initiatives from The National Action Plan on Dementia 2025.

#### *Institutional care - Overview of nursing homes (Plejhjemsoversigten)*

From December 2019 it has been an obligation for all nursing homes focusing on the elderly to register on the digital overview of nursing homes focusing on the elderly (Plejhjemsoversigten). The purpose of this overview is to provide an overall access to information on all nursing homes focusing on the elderly, as well as to support the free choice of nursing homes.

#### *Prevention of elder abuse*

The Danish government have allocated 60 million DKK in the period 2019- 2022 for a national action plan to prevent and reduce extroverted behavior in elderly care, for example among elderly with dementia, for the benefit of both the elderly and employees.

#### *Inspection and complaints*

The Danish Patient Safety Authority will in the period 2018-2021 perform supervision of nursing homes and delivered home care (ældretilsyn). These supervisions are supplementary supervision, which builds on top of the municipal yearly supervision, and helps the municipalities to ensure the necessary quality in the personal help, care and nursing for the elderly.

These new and time-limited supervisions have been well received, and it will be evaluated whether it ought to be continued and possibly become a permanent supervision by the Danish Patient Safety Authority.

#### *Preventive home visits*

On the background of the Commission's work the law regarding preventive home visit was changed on 1 January 2016. Furthermore, there has been made an adjustment to the law in 2019 (July 1st) in order to prevent loneliness among older people. The aim of the home visit is still to identify the need for individual assistance and discuss the wellbeing and current life situation, as well as give advice and provide guidance about activities and support services. However, now municipalities are also obliged to offer preventive home visits to every 70-year old citizen living alone within the municipality. Furthermore, the age limit for offering annual visits has been moved to 82 years, while the mandatory visits at 75 and 80 years are retained. The age group, which must be offered risk-based preventive home visits, has been extended to include citizens aged 65-81 years.

The Consolidation act on Social Services constitutes the main framework of Danish senior policy. As provided in the act everyone is entitled to services free of charge if they are in need. There is an exemption regarding food service “meals-on-wheels” where the municipality can charge for the service up to a fixed amount. Social care services are in general financed through taxes. It is the municipalities who pay for the services through local taxes and block grants from the state, set the standards of help and decide how much help a person is entitled to, based on the individual need.

Until a legislation called “greater choice of provider” was decided upon in the Parliament in 2002, local municipalities were the only providers of home care for the elderly. Elderly people, who receive home care services, has the freedom to choose between different providers but the services are still free of charge exempt for food service.

### ***b) Measures to protect elderly during Covid-19***

#### *Social services during Covid-19*

The Danish long-term care (LTC) system for the elderly and people with disability, including home care services, is a universal system and home care is free of charge. However, there are fees for services such as delivery of food, laundry and general household items. The Covid-19 crisis has not changed this.

The Danish Central government is responsible for determining the overall principles underpinning the long-term care system. Local authorities are responsible for the delivery of LTC services, make and implement LTC policy and decide how LTC resources are allocated.

#### *A temporary possibility of re-allocation of resources*

A temporary possibility of re-allocation of resources so that the municipality could reduce the LTC if – and only if – the resources was needed to care for people with COVID-19. The municipality also had to access each person individually to make sure that the person could manage without the help. From 1<sup>st</sup> of July this rule has been lifted and the municipality must follow the normal rules regarding long term care. The municipality must also consider if recipients of care who temporarily received less care than normal needed extra practical help to clean their home.

#### *Test and protective equipment*

Staff in nursing homes and in home care have - like all other adult Danes - access to be tested for coronavirus as needed under the auspices of TestCenter Denmark.

There is a general system in which staff in nursing homes and home care with contact to vulnerable citizens are regularly tested as part of the monitoring of the epidemic and protection of the citizens most at risk of becoming seriously ill if they are affected by Covid-19. Regular tests must be carried out on this staff group graduated after the spread of infection in the municipality. In addition to the regular test, there are special test efforts in outbreak situations.



Local authorities have been given the opportunity to prioritize funds for relatives of elderly people in care homes, and elderly people in their own homes to be provided with masks and other relevant protective equipment in, inter alia, public and private and self-employed nursing homes

### **c) Non-conformity/deferral**

For relevant information reference is also made to a) and b).

#### *Restrictive measures*

Concerning the restrictive measure that the municipalities can use, The Danish Act on Social Service contains provisions on the use of force, and other interventions in the right to self-determination for adults with significant and permanent reduced mental functional abilities.

The purpose of the provisions is to limit the use of force, and other interventions in the right to self-determination, to what is absolutely necessary. These interventions must never replace care, nursing and social pedagogical assistance.

Among other things, the provisions allow the Municipal Council to use special door openers for exterior doors, for one or more persons for a limited time period, when:

- There is an imminent risk that one or more persons expose themselves or others to significant personal injury by leaving the accommodation or day care facility, and
- The circumstances of the individual case make it absolutely necessary to avert the risk and
- The other possibilities of the law have been used without effect

A number of conditions must apply in order for the provisions to be applicable:

- - The use of force and other interventions in the right to self-determination may only take place to ensure the person's care, dignity and security or to take into account the interests of the community in the housing or day care facility or the consideration of others.
- - Prior to any use of force and other interventions in the right of self-determination, the municipality must do what is possible to obtain the person's voluntary participation in a necessary measure.
- - The use of force must be in reasonable proportion to what is sought to be achieved. If less intrusive measures are sufficient, these must be applied.
- - The use of force must be exercised as gently and for as short time as possible, and with the greatest possible consideration for the person concerned and others present, so that no unnecessary violation or inconvenience is caused.

### *Commission on help services*

It is up to the individual municipality to organize the framework for, the content of and the follow-up of the rehabilitation courses. These are individual courses and the effort must be based on the citizen's overall functional ability, and can include, for example, physical exercise, nutrition, aids and/or adaptation of the environment.

The purpose of the law is to support that the municipalities work systematically with rehabilitation courses based on a common understanding of the basic principles of rehabilitation process

A follow-up of the municipalities' efforts from June 2017 showed that:

- The vast majority of citizens are happy with their rehabilitation process.
- The processes make citizens more self-reliant for the benefit of themselves first and foremost, but it also reduces the need for help from the family or the public.
- Switching from care to rehabilitation is a “cultural revolution”, but the employees are over all happy to work in this new way.
- The effort can be even better and reach even more citizens - for example citizens with more complex problems – when the municipalities use the experiences they have gained.

Since the follow-up work from 2017, two projects have been initiated: experiments aimed to contribute to a strengthened rehabilitation effort for the weakest elderly, and experiments with increased use of private providers of rehabilitation. The National Board of Health's evaluation of rehabilitation courses for the weakest elderly from 2020, has shown that rehabilitation provides greater well-being for the weakest elderly.

A key lesson from the evaluation is that even the most vulnerable elderly who receive home care or live in a nursing home can benefit from a rehabilitation course. Most of the citizens living at home continue to receive home care after the rehabilitation process, but experience significant positive improvements in their well-being and functional ability and may have a lesser need for home care after the rehabilitation course. The municipalities' experiences with rehabilitation targeted at citizens in care centers are also positive, although the results are not significant due to the limited group of participants.

#### *Sheltered housing*

The municipalities are responsible for ensuring that all elderly people get sufficient home care and help. Within the current legislative framework municipalities are free to decide how they provide sufficient home care and help, but they are responsible for making sure that the needs of elderly people are covered. This includes making sure that sufficient supply of housing is available for elderly people in need of this. The Danish housing and planning authorities are in charge of promoting housing for the elderly and other groups with special housing needs. The Danish Government supports establishment of sheltered housing for elderly people.

#### *Free choice*

The municipalities are obliged to propose at least two providers of home help services, whereof one of these suppliers can be the municipality. If the local authority has approved personal and/or practical care for a resident, the provided assistance is free, regardless of whether it is provided by a private service provider or the municipality. If the local authority has approved meal service, it is entitled to charge an amount for this service. There is a maximum payment for meal service, regardless of whether the meal service is provided by a private service provider or the municipality.

#### *Prevention of abuse*

The Danish legislation sets out a clear framework for the legal use of force against elderly people with significant acquired cognitive deficiencies like dementia. The rules are limited to instances where the use of force is the only viable option. After each occurrence the authorities responsible for the use of force are obliged to document and report the episode to the relevant municipality

The Danish government have allocated funds in the period 2019- 2022 for a national action plan to prevent and reduce extroverted behavior in elderly care, for example among elderly with dementia, for the benefit of both the elderly and employees.

Furthermore, The Danish Patient Safety Authority perform supervisions of nursing homes and delivered home care (ældretilsyn). These supervisions are supplementary supervisions, which builds on top of the municipal supervision, and helps the municipalities to ensure the necessary quality in the personal help, care and nursing for the elderly.

#### *Age discrimination*

There are not legislation in place on the matter of age discrimination outside the labour market.

01-02-2021

Denmark has taken the following economic measures as of February 2021 to tackle the economic and financial impacts of the current COVID-19 situation:

Measure	Short description	Target group	Desired effect on economy	Economic support and as share of GDP	Liquidity support
Compensation scheme for the cancellation and postponement of major events following COVID-19.	Includes events for over 350 participants.	Event organizing companies.	Compensate target group for financial losses.	2.4 billion DKK (322 million euro) (0.1% of GDP).  As of January 25 <sup>th</sup> 0.23 billion DKK has been paid out in compensation	-
Establishment of a "Government and Business Corona Unit".	Unit established in collaboration with relevant business organizations and labour market organizations to address sectoral economic distress.	Employers and employees.	-	-	-
Release of the countercyclical capital buffer to support the financial system.	Will provide banks with extra lending capacity that can be used either to provide loans for companies or to withstand losses on existing loans.	Credit institutions.	200 billion DKK in extra lending capacity for Danish banks and credit institutions.	-	-

01-02-2021

<p>Two new loan guarantee schemes administered by Vækstfonden (The Danish Growth Fund), one for large companies and one for small and medium enterprises (SMEs).</p>	<p>Two guarantee schemes have been implemented through Vækstfonden (The Danish Growth Fund). The government 1) guarantees up to 80% of the value of new loans to large companies that can demonstrate a fall in turnover over more than 30 percent and 2) guarantees up to 90% of the value of any new bank loans given to SMEs that have seen operating profits fall by more than 30%.</p>	<p>Large companies and SMEs.</p>	<p>Support loans to companies. The scheme for large companies could support up to 31.25 billion DKK in new loans. The scheme for SMEs could support up to 18.72 billion DKK in new loans.</p>	<p>-</p>	<p>50.0 billion DKK (6.7 billion euro)</p>
<p>Temporary salary compensation.</p>	<p>Companies, which in relation to coronavirus are faced with layoffs of minimum 30% of its employees or more than 50 employees, will be entitled to a compensation of 75% of its employees' salaries (max 30,000 DKK). For workers paid by the hour the company may receive up to 90% compensation, (max 30,000 DKK). The scheme ended as a general scheme August 29th 2020. The scheme is prolonged as limited scheme for companies prohibited from conducting business a result of COVID-19 restrictions. The general scheme has since been reinstated for the time period between December 9<sup>th</sup> and until the restrictions are lifted.</p>	<p>Companies faced with significant layoffs.</p>	<p>Reducing costs for companies and preventing employees from being laid off.</p>	<p>14.69 billion DKK (1.96 billion euro) (0.63% of GDP (2019)).  As of January 25<sup>th</sup> 12.98 billion DKK has been paid out in compensation</p>	<p>-</p>

01-02-2021

<p>Establishment of extraordinary central bank lending facility.</p>	<p>The Danish central bank will offer extraordinary 1-week loans to banks against collateral with an interest rate of 0.25 per cent above the rate on certificates of deposit (currently the rate is - 0.35%), beginning March 20. The facility will remain available as long as the Danish central bank deems it necessary. This facility has been expanded to offer 3-month loans (beginning March 27).</p>	<p>Credit institutions.</p>	<p>To ensure the banking sectors access to liquidity at favourable terms.</p>	<p>-</p>	<p>-</p>
<p>Temporary deferral of payment deadlines for A-taxes (withholding tax) and labour market contributions.</p>	<p>The payment of withheld income tax and labour market contributions by businesses concerning April, May and June 2020 is deferred by four months. Deferral of deadlines for payment of A-tax (withholding tax) and labour market contributions due August, September, and October 2020 by respectively 4½, 5½, and 6½ months.</p>	<p>Businesses.</p>	<p>Strengthen liquidity among businesses. Postpone payments for 90 billion DKK.</p>	<p>-</p>	<p>90 billion DKK (12.1 billion euro) + DKK 74 billion (10 billion Euro)</p>
<p>Temporary deferral of payment deadlines for VAT rates for large businesses.</p>	<p>The payment deadline for VAT for businesses that pay VAT on a monthly basis was deferred one month. Additional deferral of payment deadlines for large businesses' monthly VAT-rates by 15 days for July and 7 days for August 2020.</p>	<p>Businesses.</p>	<p>Strengthen liquidity among businesses with 35 billion DKK.</p>	<p>-</p>	<p>35 billion DKK (4.7 billion euro) + 32,5 billion DKK (4.4 billion euro)</p>
<p>Temporary extension of tax periods for VAT for small and medium sized enterprises.</p>	<p>Small enterprises' VAT period are extended from 6 months to 12 months in 2020, while medium-sized enterprises' VAT periods are extended from 3 months to 6 months for the first and second quarter of 2020 and</p>	<p>Small and medium-sized enterprises.</p>	<p>Strengthen liquidity for SME's with 35 billion DKK.</p>	<p>-</p>	<p>35 billion DKK (4.7 billion euro) + DKK 18 billion (2.4 billion Euro)</p>

	for the 3rd and 4th quarter of 2020. Payment deadlines for 3 <sup>rd</sup> and 4 <sup>th</sup> quarterly VAT-payments deferred to the 1 <sup>st</sup> of March 2021 collectively.				
Temporary deferral of payment deadlines for B-taxes (provisional tax paid by self-employed businessmen).	Payment deadlines for April and May are deferred by 2 and 7 months respectively.	Self-employed persons.	Strengthen liquidity for the self-employed. Defer payments for 5 billion DKK.	-	5 billion DKK (0.7 billion euro)
Sickness benefit reimbursement.	Employers of employees affected by the coronavirus (infected or quarantined) will receive sickness benefit reimbursement for wages and sickness benefits as early as the first day of absence rather than after 30 days, as under normal circumstances.	Employers/businesses.	Supporting affected businesses.	2.2. billion DKK (296 million euro) (0.1% of GDP)	-
A pool of 120 million DKK for initiatives in case of large-scale dismissals.	Allocation of 120 million DKK to ensure fast and targeted initiatives in case of large-scale dismissals caused by COVID-19, such as job search courses or upskilling.	Unemployed.	Avoiding large scale unemployment.	0.12 billion DKK (16,1 million euro)	-
Suspension of activities in Job Centers.	Unemployed will not be able to meet for interviews or activation. There will be no consequences for their unemployment benefits.	Unemployed.	Ensuring basic income for unemployed.	-	-
Credit guarantee for Scandinavian Airlines (SAS).	The Danish and Swedish governments have agreed to provide credit guarantees for SAS worth approx. 2 billion DKK (Denmark accounts for 50% of the guarantees).	SAS.	Strengthened liquidity for SAS.	-	1 billion DKK (130 million euro)



	In case of a successful implementation of SAS' recapitalisation plan, SAS is obliged to repay in full the guaranteed loans. The recapitalisation plan has been implemented, see below, and the guarantees are no longer active.				
Recapitalization of SAS AB.	Due to the consequences of COVID19 SAS AB has completed a recapitalisation of the company to which the Danish State (among others) has contributed by buying new shares and hybrid notes.	SAS.	Strengthened liquidity and solvency for SAS.		3.8 billion DKK (505 million euro)
Temporary compensation scheme for self-employed and freelancers.	Self-employed and freelancers experiencing more than a 30% decrease in turnover as a consequence of the coronavirus will be entitled to a 90% compensation (max 23,000 DKK per month). Self-employed and freelancers that are required to close will be entitled to a 100% compensation (max 23,000 DKK per month). The scheme runs until 28 February 2021.	Self-employed persons. As of 1 September 2020, the scheme has been targeted self-employed affected by specific COVID-19 related restrictions from the Government.	Compensate the self-employed and freelancers.	14.1 billion DKK (1.9 billion euro) (0.6% of GDP)  As of January 25 <sup>th</sup> 6.2 billion DKK has been paid out in compensation	-
Temporary compensation scheme for companies' fixed costs.	The share of fixed costs that can be compensated depends on the company's decrease in turnover.  Up until October 31, 2020, companies with a decrease in turnover of 35 % or more could be compensated for 25-80 % of	Businesses. As of 9 July 2020, the scheme has been targeted businesses affected by specific COVID-19 related restrictions	Compensate businesses for financial losses due to COVID-19.	65,3 billion DKK (8.8 billion euro) (2.9% of GDP)  As of January 25 <sup>th</sup> 7.9 billion DKK	-

	<p>their expected fixed costs, depending on the decrease in turnover.</p> <p>From November 1, 2020, companies with a decrease in turnover of 30 % or more can be compensated for 40-90 % of their expected fixed costs, depending on the decrease in turnover.</p> <p>For companies that are required to close, 100 pct. of the expected fixed costs can be compensated.</p> <p>The scheme runs until February 28, 2021.</p>	from the Government.		has been paid out in compensation	
Liquidity guarantee schemes for SMEs and large companies with export related activities administered by EKF Denmark's Export Credit Agency.	Two new liquidity guarantee schemes for companies with export related activities (revenue from export should amount to a minimum of 10% of total revenue) have been implemented through Denmark's Export Credit Agency (EKF). Under the SME scheme, the government guarantees 90% of loans to SME's while the guarantee under the large company scheme covers 80% of the loan.	Large companies and SMEs.	Strengthen liquidity for companies with export related activities. .  The SME scheme can support up to 1.1 billion DKK in new loans. The large company scheme can support up to 6.25 billion DKK in new loans.	-	7.35 billion DKK (1.0 billion euro)
Advance payments in public procurement and increased flexibility with regards to breaches of contracts due to coronavirus.	Governmental institutions will be able to advance payments in deliveries worth up to 1 million DKK until July. Furthermore, governmental institutions are	Businesses.	Strengthen liquidity for businesses.	-	-

	advised to show increased flexibility concerning delays in payments from its suppliers.				
Strengthening the Travel Guarantee Fund.	Providing a state guarantee for the Travel Guarantee Fund (the Fund) worth 2.25 billion DKK and a compensation scheme worth 600 million DKK. Furthermore, the scope of the Fund is expanded to also cover compensation for travel companies' costs associated with refunds due to cancellations because of the coronavirus. Also providing extra liquidity to the Fund to cover reimbursements of consumers in cases of the travel organizers bankruptcy worth 125 million DKK. Furthermore the Government's taking over the credit risk for expected impaired loans in cases of bankruptcy and inability to contribute to repayment of the 2.25 billion DKK state loan until 31 December 2022 worth 300 million DKK.	Travel industry.	Strengthening the liquidity for the Travel Guarantee Fund and travel operators.	-	2.25 billion DKK (0.3 billion euro) + 0,6 billion DKK (80,7 million euro) + 0,125 billion DKK (16.8 million euro) + 0,4 billion DKK (54 million euro)
Prolonged access to unemployment benefits.	Recipients of unemployment benefits: Benefits received in the period from 1 March to 31 August 2020 did not count towards each person's right to receive benefits for a period of two years.	Unemployed.	Compensate unemployed.	1.1 billion DKK (150 million euro) (0.05% of GDP)	-

01-02-2021

<p>Increased access to sickness benefits.</p>	<p>Recipients of sickness benefits having expired their right to the benefit in the period from 9 March 2020 to 28 February 2021 will continue to receive the benefits in three months.</p>	<p>Recipients of sickness benefits.</p>	<p>Compensate recipients of sickness benefits.</p>	<p>0.06 billion DKK (8 million euro)</p>	
<p>Economic support for parents of children affected by covid-19.</p>	<p>Parents of children, who are either sent home from school etc. due to covid-19 or infected with covid-19 can stay at home with the children and receive maternity benefits.</p>	<p>Parents.</p>	<p>Compensate parents.</p>	<p>0.04 billion DKK (5.4 million euro)</p>	
<p>Prolonged access to unemployment benefits for persons who would otherwise have exhausted their right to benefits.</p>	<p>Persons who would otherwise have exhausted their right to benefits during the period 1 November 2020 – 1 November 2021 receive an additional 2 months of benefits.</p>	<p>Unemployed.</p>	<p>Compensate unemployed.</p>	<p>0.1 billion DKK (10 million euro)</p>	
<p>Unemployment benefits: Temporary exemption from membership requirement for self-employed.</p>	<p>Self-employed persons were temporarily able to gain access to unemployment benefits without fulfilling the membership requirement for benefit entitlement during the period 9 July – 8 August 2020. Additionally, self-employed persons whose business was covered by a prohibition were allowed to temporarily suspend their business and receive benefits without closing their business during the period 9 July – 8 September 2020.</p> <p>A separate scheme covering the period 14 September – 31 October 2020 was later established, where certain self-employed persons and other groups were</p>	<p>Self-employed persons and unemployed.</p>	<p>Compensate unemployed Increase liquidity for companies.</p>	<p>0.7 billion DKK (90 million euro)</p>	

	able to gain unemployment benefit entitlement without fulfilling the membership requirement.				
Unemployment benefits: Prolonged access to benefits.	Benefits received in the period from 1 January to 31 March 2021 do not count towards each person's right to receive benefits for a period of two years.	Unemployed.	Compensate unemployed.	0.6 billion DKK(80 million euro)	
Temporary extending the borrowing capacity for students.	Increase the Danish students' Loan Scheme.	Students.	Strengthen liquidity among students with 1.5 billion DKK.	-	1.5 billion DKK (0.2 billion euro)
Establishment of a temporary bilateral swap agreement in dollars between the Danish central bank and the Federal Reserve.	On March 19 the Danish central bank has agreed with the Federal Reserve to temporarily establish a bilateral swap line to address the increased need for short-term liquidity in US dollar.	Credit institutions.	To ensure short-term liquidity in US dollar.	-	-
Reactivation and size increase of the currency arrangement (swap line) between the ECB and Danish central bank.	On March 20 the Danish central bank and the ECB have reactivated a currency arrangement (swap line) and increased the maximum amount to be borrowed by the Danish Central bank from 12 bn euro to 24 bn euros. It will remain in place for as long as needed.	Credit institutions.	To ensure euro liquidity to Danish financial institutions.	-	-
Enhanced surveillance of labour market.	The government has put an enhanced labour market surveillance of the labour market into place. E.g. the number of vacancies and newly unemployed will be monitored and published on a daily basis.	Authorities and the public.	Supporting timely decision-making by authorities.	-	-

01-02-2021

More flexible work-sharing arrangement.	Employment legislation is being relaxed to allow companies to reduce employees hours temporarily, with the employees' incomes then supplemented by unemployment benefits.	Companies.	Increase liquidity for companies.	<0.1 billion DKK	-
Creation of a new, temporary work-sharing arrangement.	The government and the social partners has agreed to a new, temporary work-sharing arrangement, which allows private sector employers to reduce working hours for their employees at short notice, while employees obtain improved access to unemployment benefits. The scheme can be used from September 2020 to December 2021.	Companies and employees.	Preserve jobs by increasing liquidity for companies.	0.85 billion DKK (40 million euro)	
Increased funding for early notice scheme.	Increase the funding from 6.3 million DKK to 16.3 million DKK.	Employees in large companies faced with major layoffs.	Laid off employees.	<0.1 billion DKK	-
Suspension of the 225-hour work requirement for Social Assistance recipients.	Normally, long-term unemployed receiving Social Assistance are required to take up 225 hours of work within a year to receive the full benefit. The government has extended the requirement by the period 1 November 2020 to 28 February giving recipients an extra 4 months to meet the requirement. Earlier in 2020 the requirement was extended by the period 8 March to 8 September.	Unemployed.	Ensuring basic income for unemployed.	< 0.1 billion DKK	-

01-02-2021

<p>Suspension of employer financing of compensation paid to employees participating in work-sharing schemes or sent home.</p>	<p>Normally, when laying off or sending home employees, the employer pays benefits (compensation) to the employee for the first two days of the unemployment period. To create an incentive for retaining employees, the government temporarily took over the compensation for employees participating in work-sharing schemes or sent home from 27 March to 31 August 2020 so the employer does not have to pay. Employers continued to pay the compensation for laid off workers. The government has extended the suspension with the period 19 January to 18 March 2021.</p>	<p>Employers/businesses.</p>	<p>Reduce firms' costs and administration and increase liquidity.</p>	<p>0.1 billion DKK (10 million euro)</p>	
<p>Boosting liquidity and facilitating the advancement and completion of various construction projects in the Danish municipalities and regions.</p>	<p>The government has suspended the annual limit for 2020 on construction projects in agreement with the Danish municipalities and regions. The parties have also agreed to rules that are more flexible on public procurement.</p>	<p>Businesses.</p>	<p>Boost the construction sector and dependent industries as well as increasing liquidity for businesses in general.</p>	<p>2.5 billion DKK (335 million euro) (0,1% of GDP)</p>	<p>-</p>
<p>Economic support to "efterskoler" (independent residential schools), "frie fagskoler" (independent vocational schools) and other boarding schools.</p>	<p>Economic support package including, among other initiatives, reduced parental pay/tuition at "efterskoler" and other boarding schools, as well as economic support to schools that experience a decrease in the number of students up until June 2020 or a reduced intake of students in the following year.</p>	<p>Educational institutions and parents/students.</p>	<p>Support educational institutions and parents.</p>	<p>0.5 billion DKK (72 million euro)</p>	

01-02-2021

<p>Temporary compensation scheme for freelancers with mixed income.</p>	<p>Freelancers with mixed income experiencing more than a 30% decrease in turnover as a consequence of the coronavirus will be entitled to a 90% compensation (max 20,000 DKK per month). The scheme runs until February 28, 2021.</p>	<p>Freelancers with mixed income. As of 1 September 2020, the scheme has been targeted freelancers affected by specific COVID-19 related restrictions from the Government.</p>	<p>Compensate freelancers.</p>	<p>0.2 billion DKK (27 million euro)</p>	<p>-</p>
<p>Economic support for high-risk employees.</p>	<p>Employees who are not able to turn up for work as they or their close relatives for health reasons are at high risk of being infected with coronavirus are entitled to sickness benefits.</p>	<p>Employees at high risk.</p>	<p>Support employees at high risk.</p>	<p>0,2 billion DKK (27 million euro)</p>	<p>-</p>
<p>Increased access to the economic reward for senior employees ("Seniorpræmien").</p>	<p>In order to compensate senior employees who continue working beyond the retirement age, the work hour requirement for earning the senior reward has been adjusted. The yearly requirement of 1.560 work hours has been reduced to 1.040 work hours per year. The usual terms related to the senior reward apply.</p>	<p>Senior employees.</p>	<p>Compensate senior employees.</p>	<p>&lt; 0.1 billion DKK</p>	<p>-</p>
<p>Temporary compensation scheme for the media.</p>	<p>Printed and digital daily newspapers, digital news media, weekly newspapers, commercial radio stations, some TV stations, magazines and technical journals can be compensated for loss in advertisement income (60 % of total decrease, if reduction is 30-50 pct. Or 80 % of total decrease if reduction is 50-</p>	<p>Certain media.</p>	<p>Compensate target group for lost income.</p>	<p>0.18 billion DKK. (24 million euro)</p>	<p>-</p>



	100 %). Agreement in place, but not implemented yet.				
Temporary compensation scheme for artists with combined A- and B-income.	Artists with more than a 30% decrease in A- and B-income combined from artistic work due to the coronavirus will be entitled to a 75% compensation (max 23,000 DKK per month).	Artists with combined income sources.	-	0.1 billion DKK (13 million euro)	
Temporary compensation scheme for folk schools, night schools etc.	Included institutions are entitled to a compensation of up to 90 % of lost school fees and expected school fees for planned courses.	Folk schools, night schools etc.	-	0.141 billion DKK (19 million euro)	
Emergency funds for cultural institutions.	Cultural institutions faced with special economic hardship and cultural institutions not part of other compensations schemes. Agreement in place, but not implemented yet.	Theatres, museums, orchestras etc.	-	0.2 billion DKK (27 million euro)	
Temporary increase of maximum amount allowed on the Tax Account provided by the Tax Administration for payments of withholding tax, VAT, etc.	All businesses must pay business-related taxes (withholding tax (A-skat), VAT, etc.) to the so-called "Tax Amount" provided by the Tax Administration. Payment must take place no sooner than five days before the payment deadline in order to avoid an automatic refund of the amount with which the payment surpasses the threshold chosen by the business. The maximum threshold available to businesses is normally DKK 200,000.	Businesses with sufficient funds.	Businesses with sufficient funds will effectively be spared of negative interests from bank accounts from May 7, 2020, until November 1, 2021.		

	<p>The postponement of payment deadlines for withholding tax and VAT means that businesses blessed with sufficient available funds will have to deposit the amounts needed for the deferred payment into their bank account, thus incurring negative interests. In order to spare such businesses of negative interests, the threshold was lifted from DKK 200,000 to DKK 10 mill. with effect from March 25, 2020, and has since been increased further – to DKK 100 billion - from May 7, 2020, until November 1, 2021, thus in effect abolishing the threshold in this period.</p>				
<p>Interest free loans based on VAT rates and payroll tax rates.</p>	<p>Small and medium-sized enterprises are able to apply for interest free loans based on the VAT rates due in March 2020. Certain enterprises who are subject to payroll tax will be able to apply for an interest free loan based on tax instalment for the first quarter of 2020 and for a fourth of the payroll tax of the surplus for the income year 2019. Deferral of payment deadlines for such loans to November 2021.</p>	<p>Small and medium-sized enterprises.</p>	<p>Further strengthen the liquidity available to SME's with 35 billion DKK.</p>	<p>-</p>	<p>35 billion DKK (4.7 billion euro) + DKK 28 billion (3.8 billion euro)</p>

01-02-2021

<p>Temporary deferral of payment deadlines for payroll tax for certain businesses.</p>	<p>The payment deadline for payroll tax for certain businesses is deferred by 6 weeks for the instalment for second quarter 2020 and 4 weeks for the third quarter 2020.</p>	<p>Businesses.</p>	<p>Strengthen liquidity.</p>	<p>-</p>	<p>0,275 billion DKK (37 million euro)</p>
<p>Advance payment of tax credits.</p>	<p>Government payments of tax credits for deficits related to R&amp;D expenses have been advanced from November 2020 to June 2020.</p>	<p>Businesses.</p>	<p>Strengthen liquidity among businesses. Advance payments of 1 billion DKK (130 million EUR).</p>	<p>-</p>	<p>1 billion DKK (130 million EUR)</p>
<p>Loans and equity to start-ups and high growth enterprises.</p>	<p>Vækstfonden (The Danish Growth Fund) established two new lending schemes – targeted early-stage companies and venture-backed companies – as well as increase their equity investments.</p>	<p>Early-stage companies and venture-backed companies (SMEs).</p>	<p>The initiative includes an early-stage lending scheme (DKK 2.0 billion), a lending scheme targeted venture-backed companies (DKK 1.3 billion) and increased equity investments (DKK 1.2 billion).</p> <p>The loans and equity investments from Vækstfonden will increase the activity of private investors.</p> <p>The initiative aims to bridge the financing gaps created by the massive uncertainty in the market. Additionally, by e.g. syndicating with private equity investors, the initiative aims to increase private investment (angel investors, VC-funds etc.).</p>	<p>-</p>	<p>&gt; 4.5 billion DKK (0.6 billion euro)</p>

01-02-2021

Reinsurance scheme targeted companies using trade credit insurance.	EKF (Denmark's Export Credit Agency) has established a scheme in which they reinsure the activities of trade credit insurance companies.	Companies with activities within trade and exports.	EKF will administrate a state guarantee of DKK 30 billion.  The scheme aims to support the market for trade credit insurance and ensure liquidity to companies with trade activities.		30 billion DKK (4.0 billion euro)
Increased tax deductions for R&D expenses.	Tax deductions for businesses' R&D expenses were increased to 130% up to a maximum of 50 million DKK (roughly 6.7 million euros). This is an increase from a conditioned 103% in 2020 and 105% in 2021.	Businesses.	Strengthen liquidity among businesses and stimulate economic activity.	3.6 billion DKK (484 million euro) (0.05 pct. of GDP)	-
Increased tax deductions for summerhouse owners.	Increased tax deductions for summerhouse owners for income derived from the letting of summerhouses from 41800 DKK to 60000 DKK for the year 2020.	Self-employed.	Stimulate economic activity in summerhouse regions.	3.3 billion DKK (444 million euro) (0,03 % of GDP)	-
Unskilled and skilled workers with outdated training are granted the right to higher unemployment benefits if they begin a vocational education.	Unemployed persons gets the right to receiving 110 percent of the regular unemployment benefits if they begin vocational education of in-demand skills, meaning skills for industries with high potential for subsequent employment in 2020-2021.	Unemployed.	-	0.26 billion DKK (35 million euro)	
The short courses for vocational education and training, which help unemployed adapting to new jobs here and now, are unified, strengthened and simplified.	From now on, one single integrated program will provide unemployed with opportunities of participating in targeted courses from the first day of unemployment. The courses provided count specific covid-19 courses, e.g. delivering medicine or care	Unemployed.	-	0.2 billion DKK (26.9 million euro)	

	for the elderly as well as green economy jobs such as courses for installing climate friendly ventilation systems.				
Funds for upgrading skills.	Easy and flexible access to training in in-demand skills. Unemployed pilots can get financial aid for needed certificates.	Unemployed and employees.		0.06 billion DKK (8 million euro)	
Payment of 1000 DKK.	Persons who has received a public welfare benefit (unemployment benefit, social pension or student grant) for April 2020 receives 1000 DDK.	Unemployed, students and pensioners.	Increase private spending and thereby strengthen the economy.	2,2 billion DKK (296 million euro) (0.1% of GDP)	
Release of frozen holiday pay	Due to a new holiday pay law in 2020, one year's worth of holiday pay was frozen until employees retire. The frozen holiday pay is prematurely released to the employees in 2020 and 2021 to stimulate the economy.	Employees.	Increase private consumption and thereby strengthen the economy.	88 billion DKK (11,8 billion euro) (3,9 pct. of GDP (2020))	
Seasonally dependent sectors during the Christmas season.	Self-employed, freelancers and artists with mixed income experiencing at least 50% decrease in turnover, as a consequence of the coronavirus, will be entitled to a 90% compensation (max 37,000 DKK per month). The scheme runs from December 1, 2020 until December 31, 2020.	Self-employed, freelancers and artists with mixed income.	Compensate target group for financial losses.	0.03 billion DKK (4 million euro).	-
Emergency funds for restaurants to boost activity 'Aktivitetspulje til restauranter, barer og caféer'.	Grants of 25.000 DKK for restaurants, bars, cafés etc. affected by opening-hour-restrictions to boost customer activity.	Businesses in the restaurant sector.	Stimulate economic activity in the target group.	0.2 billion DKK (26.9 million euro)	

01-02-2021

Emergency funds for construction companies that are fined due to delays caused by regional shutdown 'Bodspuljen'.	<p>Compensation of 80 percent of fines issued due to delays in construction projects caused by regional shutdown.</p> <p>The compensation cannot exceed DKK 100,000 per production unit or 1.5 million DKK per CVR-number (entire company).</p>	Building and construction companies.	Compensate target group for financial losses.	0.015 billion DKK (2 million euro)	
Emergency funds for companies that have made seasonal Christmas investments 'Pulje til sæsonbetonede investeringer omkring julen'.	Compensation for seasonal Christmas investments to cover seasonal costs that are not covered by the existing compensation schemes.	Companies that have made seasonal Christmas investments.	Compensate target group for financial losses.	0.005 billion DKK (672.000 euro)	
A pool of 30 million DKK for initiatives in case of dismissals in small and medium size enterprises.	Allocation of 30 million DK to ensure fast and targeted initiatives in case of dismissals in small and medium size enterprises caused by COVID-19, such as job search courses or upskilling.	Unemployed.		0,03 billion DKK (4 million euro)	
Pool reskilling targeting local areas of specific concerns.	Allocation of 50 million DKK to ensure an enhances reskilling effort in local areas particularly affected by the crisis.	Unemployed.		0,05 billion DKK (6.7 million euro)	
Interest free loans based on A-taxes (withholding tax) and labour market contribution due in January.	Small and medium-sized enterprises are able to apply for interest free loans based on the A-taxes and labour market contribution due in January 2021. Deferral of payment deadlines for such loans to November 2021.	Small and medium-sized enterprises.	Further strengthen the liquidity available to SME's with 7 billion DKK.	-	7 billion DKK (0.9 billion euro)

01-02-2021

Interest free loans based on A-taxes (withholding tax) and labour market contribution.	Enterprises are able to apply for interest free loans based on the A-taxes and labour market contribution due in February and March 2021. Deferral of payment deadlines for such loans to February 2022.	Businesses.	Further strengthen the liquidity available.	-	78 billion DKK (10.5 billion euro)
Interest free loans based on VAT rates and payroll tax rates.	Small and medium-sized enterprises are able to apply for interest free loans based on the VAT rates due in March 2021. Deferral of payment deadlines for such loans to February 2022.	Small and medium-sized enterprises.	Further strengthen the liquidity available.	-	36.5 billion DKK (4.9 billion euro) + DKK 27 billion (3.6 billion euro)
Temporary deferral of payment deadlines for A-taxes (withholding tax) and labour market contributions.	The payment of withheld income tax and labour market contributions by businesses concerning May 2021 is deferred by four and a half month.	Businesses.	Strengthen liquidity among businesses.	-	28 billion DKK (3.8 billion euro)