

# Practice factsheet: Mobile vaccination units to increase COVID-19 vaccination uptake (Netherlands)

During the first COVID-19 vaccination campaign in the Netherlands, vaccination uptake figures showed considerable differences between regions and neighbourhoods and over time. Some of the differences were associated with accessibility and knowledge barriers where lower vaccination take-up was observed. To overcome these barriers, the Municipal Health Services deployed mobile vaccination units (MV units) in neighbourhoods throughout the Netherlands during subsequent COVID-19 vaccination campaigns.

Vaccination buses were able to contact hard-to-reach groups, providing essential vaccines in certain neighbourhoods. Healthcare professionals, often accompanied by trusted key figures locally, handed out leaflets and flyers, put up posters and engaged in personal conversations with individuals and groups. These actions aimed to limit the barriers to vaccination by offering accessible vaccination services, culturally appropriate information, and dialogue – thereby fostering trust and increasing knowledge about vaccinations.

MV units to increase COVID-19 vaccination uptake	Netherlands
	<p><b>Governance level:</b> national and regional</p>
	<p><b>Funding source:</b> national funding</p>
	<p><b>Vaccine(s) covered:</b> COVID-19</p>
	<p><b>Barriers that can be removed by the practice:</b> restricted opening hours at vaccination points; difficulties in contacting hard-to-reach groups, and under-served areas, both rural and urban; digital skills gap among the public; digital skills gap among health professionals; and the lack of (accessible) public information.</p>
	<p><b>Target group:</b> general population (neighbourhoods with low vaccination uptake)</p>



**Approach of the practice:** vaccines were offered in vaccination buses on a drop-in basis with no appointment needed. This practice was developed through cooperation between national and regional stakeholders. The buses were centrally procured and coordinated by a national organisation, and made available to regions with identified needs.

The practice also relied on leaflets, flyers, and posters which were disseminated in the neighbourhood, and personal conversations between local people and health care workers and trusted neighbourhood role models (often in multiple languages and in culturally appropriate ways) to increase knowledge of and trust in vaccination.



**Vaccination journey(s) covered:**

Journey 3: adult vaccination for COVID-19



**Justification for selection:**

- ◆ Well developed, documented and evidence-driven. Practice has been evaluated and showed its effectiveness.
- ◆ Useful example for pandemic preparedness.