

Population-wide COVID-19 testing

Performance audit

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What we assessed and why

Between February and July 2022, we audited the implementation of COVID-19 testing at the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, and in the province of Lower Austria and the City of Vienna.

We obtained a systematic overview of COVID-19 testing as a pandemic management measure, looking at the underlying strategy, the organisation by the regions of universal PCR testing, the number and cost of tests, and the way they were charged to the Ministry of Health. We focused on the scope, organisation, implementation, costs, and invoicing of universal testing in 2020 and 2021.

Our audit covered 2020, 2021 and, where data was available, more recent developments.

What we found

The Minister of Health is the senior body for pandemic management. As such, the Minister is responsible for overseeing, implementing, and coordinating the necessary measures throughout the country. However, at the time of the second lockdown in November 2020, the Federal Chancellor publicly announced the introduction of large-scale testing without first consulting the Minister of Health, whose team of advisors did not advocate universal testing. The Minister's testing strategy featured a risk-based approach, envisaging e.g. the prioritisation of certain vulnerable or most exposed groups and, later on, the testing of asymptomatic people on a voluntary basis to detect an increase in infections at an early stage.

We found that:

- The strategic argument used to support large-scale testing – “justified for reasons of efficiency and effectiveness” since it allows chains of infection to be interrupted at an early stage – was both insufficient and too general to warrant departing from the earlier risk-based approach.
- Fundamental changes to the testing strategy – such as abandoning the risk-based approach – would need to be clearly justified in the interests of public transparency, especially since large-scale testing was announced at very short notice.





- The time allowed for preparing the large-scale testing (including e.g. data management, web application, test procurement and logistics) was one month, and the regions wanted to start even earlier, enabling tests for the entire population from mid-December 2020. Despite the short preparation time, the Ministry of Health tried to develop a single IT platform for all regions; however, owing to technical difficulties, some regions made separate arrangements.
- At the beginning of 2021, the federal government and the regions decided to offer lower-intensity nationwide testing instead of repeating large-scale testing as originally planned.
- The new testing strategy, which was adopted in March 2021, did not address the matter of testing frequency. The strategy was not reviewed for over a year, even though new viral variants meant significant changes to the general context of pandemic management.
- In April 2022 the Ministry of Health adjusted the testing strategy, partly returning to the risk-based approach by limiting universal testing and pursuing alternative schemes to track the viral activity, such as wastewater monitoring.
- No rules were laid down nationally for the expansion of regional wastewater monitoring schemes.
- The Ministry of Health used the screening register as its central data hub for the electronic registration and monitoring of data from screening programs, such as testing results. It also set up a data warehouse to be used in future as a complete and up-to-the-minute database for the scientific analysis of testing. However, the data warehouse was not yet fully operational.
- There was no overview of the costs of testing for the country as a whole. Austria placed no limit on total spending for almost two years, and it did not assess the average cost of different test types (e.g. PCR packs for self-testing, tests for use at testing points or in pharmacies) or extrapolate to obtain a cost-benefit ratio for different tests. Furthermore, differences existed between the regional reporting process, which further undermined the quality of data.

What we concluded

We recommended that:

The Ministry of Health should discharge its responsibility for pandemic management by ensuring that other bodies do not encroach on its remit for health policy decision-making and thus adopt measures not aligned with its testing strategy.

- In the future, pandemic management planning should draw on previous experience to impose clear regional obligations and objectives that will ensure a similar approach is taken throughout Austria under the coordination and control of the Ministry of Health.
- The targeted, risk-based approach to testing should be further pursued and expanded. In future, universal testing should only be used as a supplementary option depending on the epidemiological situation and on the basis of a cost-benefit comparison with monitoring programmes. Rules should be set for the performance comparison of regional wastewater monitoring schemes so that they can feed into national monitoring.
- To improve data quality, both the harmonisation of regional reports and the development of the data warehouse should continue.
- The cost per test for the most important testing schemes should be considered alongside the figures on their use with a view to assessing their effectiveness and affordability. This would require the regional reporting of data showing how costs tie in with the number of tests.