AI in Europe: Up-and-coming developments

EHTEL Implementers' Brief 2

This implementers' brief is based on an analysis undertaken by EHTEL of a 2026 report produced by the WHO Regional Office for Europe, with Working Group 1 of its Strategic Partnership Initiative for Data and Digital Health (SPI-DDH)

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Examining the future of artificial intelligence (AI) in Europe, a World Health Organization (WHO) working group has published a 40-page report on Europe's AI readiness from a clinical perspective. EHTEL has selected two specific areas from the report's five areas of strategic value. They are: **clinical documentation and workflow** and **predictive analytics and risk assessment**. It relates the latter to work on **virtual digital twins**.

Among its own range of insights in this implementers' brief, EHTEL includes excerpts from its own working papers and a **Briefing Paper**.

Contents

1 WHO Strategic Partners Initiative for Data and Digital Health

The World Health Organization (WHO) is working in the context of a world in which it estimates that, by 2030, there will be a **global shortfall of 11 million health workers**.

Bearing this critical gap in mind, in 2025 the WHO European Region (WHO Europe) ran a series of working groups which focused on four key issues for global health. The series formed part of an initiative called the **WHO Strategic Partners Initiative for Data and Digital Health** (WHO SPI-DDH).

One of the working groups (Working Group 1) concentrated on implementation insights into **artificial intelligence (AI)** in health care. A report has now been released on the group's work on AI, entitled "Bridging theory and practice – **implementation insights** on artificial intelligence in health care". This 2026 report on implementation insights was the working group's final deliverable. It is particularly informative about what's happening in WHO Member States' health systems around the transformative potential of AI in health care and the practical realities of **real-world AI deployment**.

2 What is the AI report of WHO SPI-DDH about

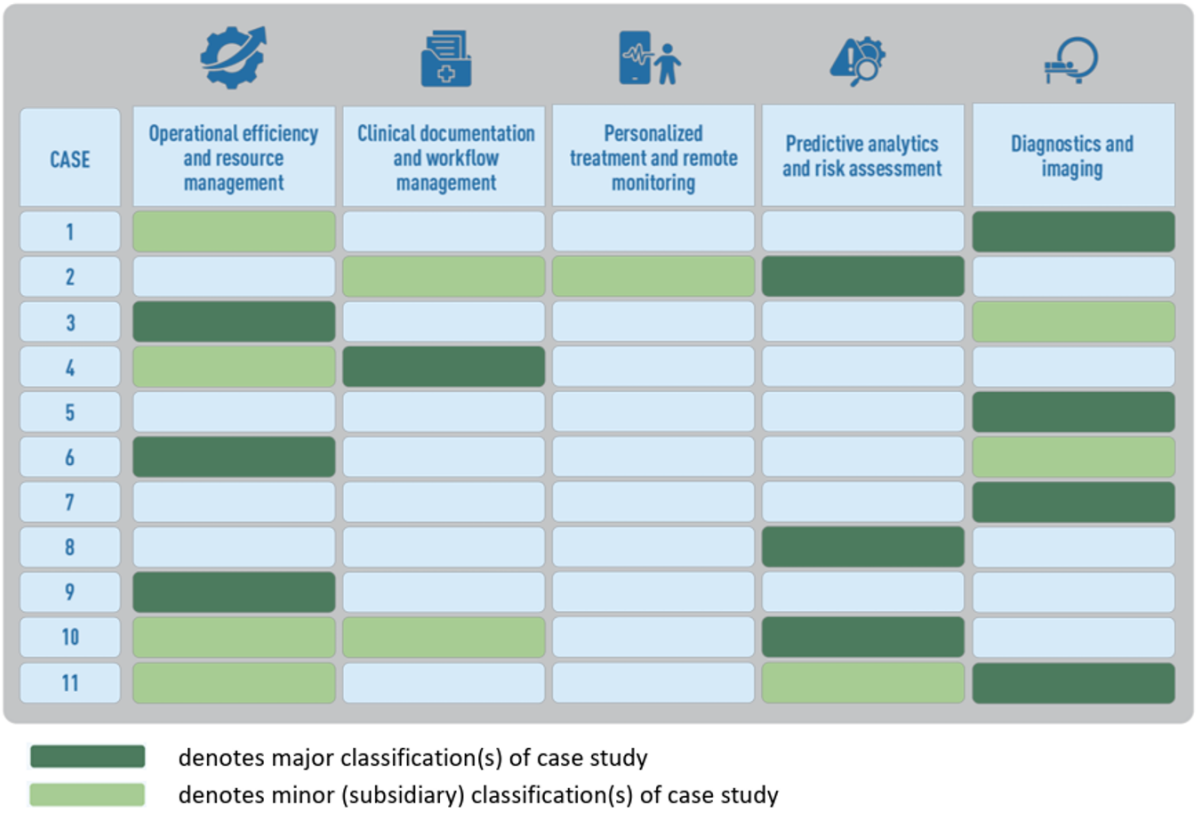
Working Group 1 found that AI offers **strategic value** in health care in at least five fields. There are many of these five categories of AI-related activity that are fascinating, highly useful, and where the tools are already in wide use (among them are support for **diagnostics** and **imaging**).

These are:

- **Operational efficiency and resource management:** AI can streamline administrative tasks, resource allocation, and predictive capacity planning.
- **Clinical documentation and workflow management:** Solutions that leverage AI to automate routine clinical tasks – such as transcription, coding and scheduling – reduce clinician burden and improve care delivery efficiency.
- **Personalised treatment and remote monitoring:** AI applications can tailor health care to individual patient profiles and enable the continuous monitoring of health status outside of traditional care settings.
- **Predictive analytics and risk assessment:** Technologies use data-driven models to anticipate patient outcomes, identify high-risk individuals, and support early intervention strategies.

- **Diagnostics and imaging:** AI systems assist or automate the interpretation of medical images and diagnostic data to enhance accuracy, speed, and accessibility of diagnosis.

The report provided 11 detailed case studies from seven countries located throughout the whole of WHO Europe. The case studies described **examples** of what is happening in leading European Union (EU) Member States. They included experiences from Finland, Latvia, Portugal, and Spain – as well as from Israel, Norway, and the United Kingdom. The 11 case studies show that **real-world AI implementation** is feasible.



In Annex to this EHTEL implementers' brief, **a further table which analyses the use cases** explored by the WHO SPI-DDH is provided. The annexed table illustrates additionally both the key outcomes and lessons learned from each case study.

Overall, the WHO SPI-DDH report concludes that the greatest barrier to successful AI adoption is no longer the availability of algorithms. Instead, it is the **ability of health systems** to implement AI tools safely, integrate them into clinical workflows, govern them appropriately, and continuously evaluate their real-world performance.

3 Other complementary work to that of WHO Europe/WHO SPI DDH

The WHO SPI-DDH's report provides a complementary read and set of findings to **a more in-depth analysis** undertaken by WHO Europe on the **EU's readiness to deploy AI** in healthcare, which has also been reported in 2026.

Further compatible analysis of WHO Europe's work has also been undertaken by the **EvalCommunity Academy**.

EvalCommunity Academy is an online community first set up in 2010. It is a global network that focuses on monitoring and evaluation. It focuses on AI by taking the position that, while it can support professionals from a wide variety of fields, AI should never replace their judgement, contextual understanding, or other considerations. The academy offers practical **certificated courses** for professionals who want to save time; strengthen evidence work; improve reporting; and use AI with ethics, transparency, and human oversight.

The academy has proposed a four-question test called an **Interactive Monitoring and Evaluation Exercise**. The core questions asked in the test, and the information provided, are all based on the 2026 WHO Europe report on the way in which AI is shaping European health systems. The test enables monitoring and evaluation experts and people working in international (health) development to understand the **main results** of WHO Europe's work on AI healthcare readiness.

The work by the academy is referenced by EHTEL in its Implementers' Brief 1.

4 EHTEL priorities in relation to AI

The five core categories of activity in which AI offers strategic value – emphasised by the WHO SPI-DDH – highlight **AI's transformative role** in enhancing patient care, operational efficiency, and clinical work. These application areas range from **short-term** and easily deployable to much **longer-term** initiatives.

During late 2025 and early 2026, EHTEL did its own **deep-dive** into just two important areas of clinical work.

- **Clinical documentation and workflow management**
- **Predictive analytics and risk assessment**

EHTEL intends to continue its work on AI for some years to come.

4.1 On clinical documentation and workflow management

Clinical documentation and workflow management were among the **earliest types** of AI to be deployed in healthcare.

EHTEL has outlined some key points on these topics in two of its 2026-published working papers and a Briefing Paper. It did this through the EHTEL European Health Data Space (EHDS) Implementers' Task Force, on which it worked in conjunction with projects like the **Xt-EHR** joint action and **XiA**.

EHTEL's **Working Paper 2** is on the potential of AI for offering high-quality, structured health data. It explores **workflows**, especially in the context of health and care workforce, training, and culture.

EHTEL's **Working Paper 3** is on clinical users making the best use of algorithm-based tools, including AI. It covers **clinical decision support systems**, as well as **user-centred design** with clinicians, and the need for the **visibility/transparency of AI** when working in clinical workflows.

EHTEL's Briefing Paper is on the communication between EHDS-compliant electronic health record (EHR) systems and algorithm-based tools. It analyses EHR-AI interactions through three use cases: congestive heart failure, Type 2 diabetes, and hip replacement. Example systems from Finland and Spain are cited. Annex 2 of the EHTEL briefing paper lists examples of AI systems which are already available on the market.

4.2 On predictive analytics and risk assessment, including the use of virtual digital twins

EHTEL is a member of two currently-operating or about-to-start EU-supported projects – COMFORTage and AIGENT – which focus on AI developments related to predictive analytics and to risk assessment.

These domains – prediction and risk – are very **promising**, but they require a good integration of quality data and an adapted infrastructure. Thus, they are only just beginning their implementation journey.

The entire focus of the **COMFORTage** project is on the **prediction, monitoring, and personalised recommendations** for the prevention and relief of dementia and frailty. The project is exploring the work of **virtual digital twins**, which often integrate an AI component. A COMFORTage **policy brief** focuses on **standardisation** of risk factors for dementia and frailty and the demand for precision medicine and **AI-driven interventions**. It outlines the need for high-quality, harmonised data to **ensure robust**

AI training. In COMFORTage's learning centre, there is a knowledge oasis of **resources** about AI and other topics.

Not only does COMFORTage already work on **virtual digital health twins**, but so too will upcoming projects.

The **AIGENT** project, which is due to start in autumn 2026, will focus on how intelligent agents and digital twins can bridge different domains such as healthcare, housing, and environment. At the same time, the agents and tools will use supportive AI infrastructure in an efficient and privacy preserving way.

5 What next for EHTEL

EHTEL has long had an interest in AI. For this reason, it is currently drafting **a policy paper** on building a European movement for FAIR and fluid data. The acronym, FAIR, reflects the principles first developed a decade ago, in 2016, which stated the need for findability, accessibility, interoperability, and reusability of **data**. The actions proposed in EHTEL's draft policy paper have their origins in directions proposed in EHTEL's 2026 **Briefing Paper**.

6 For more information

See the WHO Europe WHO SPI-DDH report on implementation insights on AI in health care report **here**.

See the WHO Europe report on AI reshaping health systems and European readiness for AI **here**.

See EHTEL's insights into Europe's AI readiness in health **here**.

See EHTEL's own working papers and Briefing Paper – all around AI – **here**.

7 Annex: Eleven AI use cases, their key outcomes, and lessons learned

#	Use case	Country	Main AI capability	Key outcomes and lessons
1	**Pulmonary embolism detection from CT scans**	Finland	Diagnostics & imaging	AI increased incidental pulmonary embolism detection by **25%**, enabling treatment approximately **two weeks earlier**. Success depended on rigorous validation, regulatory compliance and multidisciplinary governance.
2	**Transforming medical device data into actionable insights**	Spain	Clinical workflow, remote monitoring	AI automatically captures measurements from home and clinical devices into electronic records, saving around **124 staff hours/month/facility** while improving remote monitoring. The largest challenges were workflow integration and staff adoption.
3	**Monitoring deployed AI models for chest X-rays**	United Kingdom	AI governance & operational monitoring	Rather than developing another AI model, this project monitors how existing commercial AI systems perform after deployment, tracking technical performance and clinician reliance to ensure safe long-term use.
4	**Predictive ICD-10 coding**	Portugal	Clinical documentation	AI suggests diagnostic codes to medical coders, reducing coding time while improving coding quality. A major lesson was that managing user expectations is as important as the technology itself.
5	**AI-assisted point-of-care cardiac ultrasound**	Israel	Diagnostics	AI guides non-cardiologists in performing and interpreting cardiac ultrasound. Over **55% of patients** experienced changes in clinical management based on AI-assisted findings, demonstrating how AI can extend specialist expertise.
6	**Centralized platform for multiple imaging AI tools**	Israel	Operational efficiency	Instead of deploying isolated AI applications, Clalit Health Services created a centralised platform supporting multiple diagnostic AI tools, enabling standardised governance, scaling and integration across the organization.
7	**Automatic organ contouring for radiotherapy planning**	Norway	Diagnostics	AI automatically delineates organs on CT images used in radiotherapy planning, substantially reducing clinician workload while improving consistency and allowing staff to focus on higher-value activities.
8	**Risk stratification for hepatitis C screening**	Israel	Predictive analytics	Machine learning identifies individuals at highest risk for hepatitis C, allowing targeted screening rather than universal screening. This improves case finding and demonstrates AI's value in population health management.
9	**Agentic AI for emergency department administration**	United Kingdom	Administrative automation	Agentic AI automates repetitive administrative tasks in emergency departments, reducing clinician administrative burden and allowing more time for direct patient care.

10	**AI-assisted medication risk tool**	Finland	Predictive analytics	AI identifies medication-related risks by analysing fragmented medication histories, supporting clinicians in safer prescribing and medication review under time pressure.
11	**Radiology assessment in orthopaedics**	Latvia	Diagnostics & predictive analytics	AI assists paediatric radiologists by detecting bone fractures and automatically estimating bone age, improving diagnostic efficiency while supporting capacity in a children's hospital.

Observation: The above analysis is an adaptation of work provided in the WHO SPI-DDH report. In addition to the original report, it provides a succinct listing of the 11 case studies' key outcomes and lessons learned.