



Europe's AI readiness in health: What digital health implementers need to know

EHTEL Implementers' Brief 1

This implementers' brief is based on an analysis undertaken by EHTEL of a 2026 report produced by the WHO Regional Office for Europe

17/08/2026

Artificial intelligence (AI) use in healthcare is moving ahead rapidly. The WHO Regional Office for Europe (WHO Europe), has produced an informative report on European AI readiness in health co-funded by the European Commission.

EHTEL has examined the 2026 report in depth, and translated the survey results into **five key findings**. In this brief, there are the **implications for implementers** both today and in the immediate future. EHTEL adds further value to the 2026 report by identifying **three top priorities** for digital health leaders and identifying **the road ahead** for implementers.

Contents

1	From experimentation to implementation	2
2	Five findings for the attention of every implementer	3
2.1	Strategy is widespread, but health-specific planning is still rare	4
2.2	Workforce readiness is the biggest hidden challenge	5
2.3	Data readiness is improving; interoperability remains a bottleneck	6
2.4	AI adoption is happening, and diagnostics are leading the way	7
2.5	Trust and governance are becoming the decisive success factors	8
3	Three top priorities for digital health leaders	9
4	The road ahead for implementers	9
5	For more information	10

1 From experimentation to implementation

AI is no longer a future possibility for health systems. Instead, AI is becoming a core component of healthcare delivery, governance and innovation. Recognising this shift, WHO Europe has published the [Artificial Intelligence is Reshaping Health Systems: State of Readiness Across the European Union](#) report. The **report** is based on a first, comprehensive 2024-2025 survey assessing AI readiness across the WHO European Region. The **survey** achieved an exceptionally high participation rate of 94% of the respondents approached. All 27 European Union (EU) Member States contributed by stating their priorities and experiences.



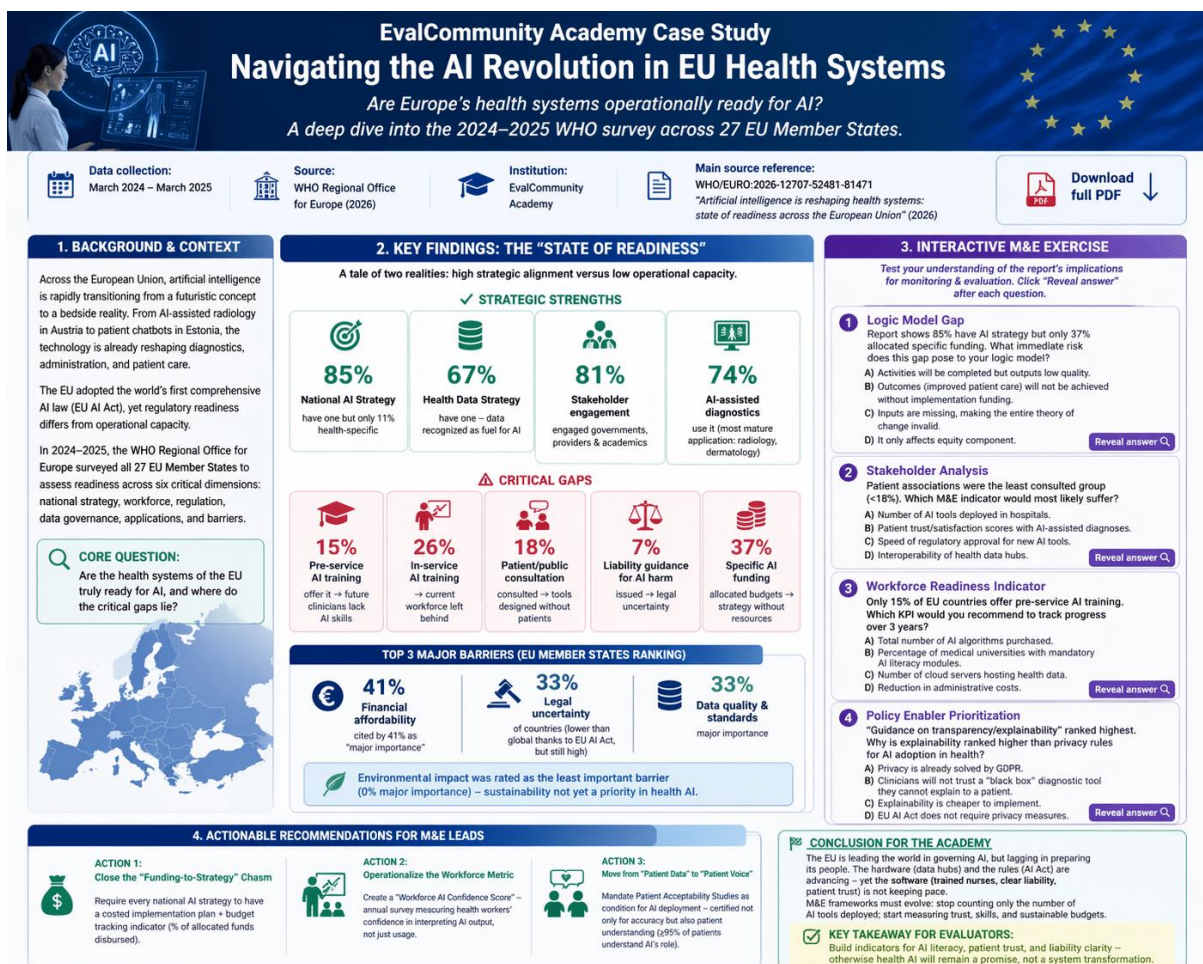
Source: WHO Europe

The report has arrived at a pivotal moment. The EU adopted the world's first comprehensive AI legislation in 2024 (the [AI Act](#)) and is now preparing for the act's entry into force in late 2027. Simultaneously, the Union is getting ready for the March 2029 implementation of the European Health Data Space ([EHDS](#)). These two developments create an unprecedented policy environment for **scaling trustworthy AI in health**. A

shift is definitely taking place in the movement forward in the field of healthcare of AI from experimentation to implementation!

For digital health implementers, the message is clear. Europe is entering the era of AI deployment, but **readiness** remains uneven and significant **implementation gaps** persist.

Similar findings were the result of an analysis undertaken by the EvalCommunityAcademy; the academy, however, analysed the implications of the 2026 WHO report on AI training from a **monitoring and evaluation** perspective.



Source : EvalCommunity Academy

2 Five findings for the attention of every implementer

The 2026 WHO Europe report contains five key findings, all of which have been extracted and interpreted by EHTEL:

- Strategy is widespread, but health-specific planning is still rare
- Workforce readiness is the biggest hidden challenge
- Data readiness is improving; interoperability remains a bottleneck
- AI adoption is happening, and diagnostics are leading the way
- Trust and governance are becoming the decisive success factors.

2.1 Strategy is widespread, but health-specific planning is still rare

The good news from the WHO Europe report is that AI is firmly on the political agenda:

- **85% of EU countries (23 of 27)** already have a national cross-sectoral AI strategy.
- **80%** of countries identify health as a sector that will be significantly affected by AI.

However:

- **Only 11% of countries** have developed a dedicated health-specific AI strategy. See the box (below) for information on Finland, Slovakia, and Sweden.

Finland, Sweden, and Slovakia: Early movers in health-specific AI strategies

The experiences of countries that have developed health-specific AI strategies offer important lessons. Finland has long positioned itself as a leader in digital health and health data innovation. The country's experience with the secondary use of health data and initiatives such as [Findata](#) – the country's Social and Health Data Permit Authority – has created a governance environment that facilitates responsible innovation while maintaining strong public trust. Sweden has also built on its advanced digital health ecosystem and strong health data infrastructure to develop a more targeted approach to AI in healthcare. Its emphasis on interoperability, quality registries, and data-driven care has provided fertile ground for AI deployment. Slovakia's inclusion among the countries with a health-specific AI strategy is particularly noteworthy. Clearly, AI leadership is not confined to Europe's largest digital health economies.

Together, these three countries represent important laboratories for health-specific AI governance. They offer lessons that other EU Member States can use and adapt to their own contexts.

- Another four countries (Cyprus, Czechia, Italy, and Spain) are developing a health-specific AI strategy.

Many healthcare organisations today are therefore (still) expected to implement AI solutions **without a tailored national roadmap** being in place that would address clinical workflows, patient safety, procurement, or workforce implications.

Implementation implications:

Practically, this means that:

- **Healthcare organisations cannot wait for perfect national guidance.**
- Providers and digital health agencies should **develop their own AI implementation frameworks** which are, nevertheless, aligned with their national digital health strategies and the EU AI Act.

2.2 Workforce readiness is the biggest hidden challenge

Perhaps the most striking finding of the WHO Europe report is the **limited investment in AI competencies** on the part of countries:

- **Only 26%** of countries provide in-service AI training.
- **Only 22%** of countries offer pre-service AI education.
- Merely **15%** of countries provide both pre-service and in-service AI education.

At the same time, **fewer than half of EU countries (48%)** have created dedicated professional roles in the fields of AI and data science in health systems. The result is a growing gap between technological ambition and organisational capability.

Implementation implications:

AI transformation is fundamentally about workforce transformation.

- Health systems need **multidisciplinary teams** that combine expertise in clinical knowledge, data science, informatics, and governance.
- **Training programmes** are implementation prerequisites; they are no longer optional add-ons.
- The European Commission seems to have understood this message. Upcoming **European research and innovation (and other) calls** focus specifically on training for AI.

2.3 Data readiness is improving; interoperability remains a bottleneck

AI depends on **access** to high-quality, interoperable data. The WHO Europe report shows encouraging European progress in this field, and data readiness is improving:

- **67%** of countries have a health data strategy.
- **63%** of countries have established a national health data hub.

However:

- **Only 44%** of countries have a formal health data governance framework.
- **Only 33%** of countries have rules governing cross-border health data sharing.

It is particularly important to handle the **interoperability bottleneck** now, because the EHDS regulation is moving towards a more intensive implementation phase in 2029.

As additional background:

The work performed by the [Joint Action TEHDAS2](#) – in the context of secondary use of data – has allowed countries to already make important progress, even if it is not yet complete. It does, however, include a first [framework proposal for enhanced collaboration](#). This framework is essential since it now provides European Member States with a **real foundational benchmark** on which to build.

An [EHTEL briefing paper](#) makes another crucial point. AI is increasingly becoming a **key enabler for the FAIRification of data**. Data FAIRification is also an **important condition** for the use of AI-supported decision and monitoring systems.

Implementation implications:

The next few years represent a critical preparation window.

- Rather than waiting for EHDS requirements to become mandatory, implementers should **now prioritise key issues** like interoperability, data quality, metadata standards, and secondary use governance.

2.4 AI adoption is happening, and diagnostics are leading the way

The WHO Europe survey confirms that, in many European health systems, AI is no longer handled experimentally.

The current AI applications being used by countries chiefly include **diagnostics** and conversational AI/chatbots:

- **74%** of countries are using AI-assisted diagnostics.
- **63%** of countries are using conversational AI or chatbots for patient support.

Countries' main motivations for the use of AI are also remarkably consistent across Europe:

- **100%** of countries see AI as a way to improve patient care.
- **96%** of countries view AI as a tool to reduce workforce pressures.
- **89%** of countries expect to obtain gains in efficiency.

Yet there is an important caveat: it is **financing**. Of the countries that identified priority areas for AI, **only 63%** had allocated dedicated funding.

Implementation implications:

Pilot projects are no longer enough.

- **Successful scaling** requires sustainable financing models, procurement strategies, and evaluation frameworks that **demonstrate clinical and operational value**.

2.5 Trust and governance are becoming the decisive success factors

Positively:

- **63%** of countries cite **guidance** on transparency, verifiability and explainability is the most important policy enabler.
- **56%** of countries consider **clear accountability and liability rules** to be essential for wider adoption.

With regard to other decisive success factors, **technology** itself was not perceived by European countries as the main barrier to AI adoption.

Rather, the report identifies **financial affordability** as the most significant implementation barrier.

Interestingly, no country considered environmental impact to be a major barrier. The WHO Europe report highlights, however, that **environmental impact is an emerging issue** that requires future attention.

Infrastructure and usability have often been highlighted – as is the case in the EHTEL [Briefing Paper](#), supported by the Xt-EHR project – as urgent issues to be addressed by most advanced implementers. It is therefore noteworthy that, in the WHO Europe report, no country identified these two as critical issues. The WHO Europe report did, however, remark in its conclusions that “[h]igh upfront costs – including technology, infrastructure and workforce training – pose a particular barrier for resource-constrained health systems.” (p42).

Implementation implications:

Successful AI implementation depends as much on **governance** as on algorithms.

- **Explainability, accountability, and transparent oversight** are rapidly becoming core implementation requirements rather than ethical aspirations.
- **Environmental and infrastructure issues** need to be addressed jointly, and issues concerning European resilience also need to be taken into consideration.
- **Usability issues** need to be highlighted.

3 Three top priorities for digital health leaders

Expanding on the overall report results, three key priorities emerge for health system implementers. Some of these ideas – e.g., around data quality, risk management, accountability, transparency, and usability – have their foundations in [EHTEL's 2026 Briefing Paper](#):

- **Build AI-ready organisations:** Invest in workforce development, create multidisciplinary AI teams, and integrate AI competencies into existing digital transformation programmes.
- **Strengthen data foundations:** Prepare for EHDS implementation by improving interoperability, data quality, and governance frameworks that enable secure data sharing and secondary use.
- **Embed trust by design:** Implement robust governance processes which cover – from the earliest stages of deployment – risk management, evaluation, transparency, and accountability.

4 The road ahead for implementers

Europe is entering a new phase of digital health. The policy foundations are being laid through the AI Act and the EHDS and their upcoming implementation.

Many countries are already **deploying AI applications at scale**.

The WHO Europe report demonstrates, however, that **readiness remains uneven** – particularly in areas such as workforce capacity, governance, and implementation financing.

For digital health implementers, the central lesson is simple. The fundamental question is no longer whether AI will become part of health systems. Instead, people need to ask themselves whether **health systems are building the capabilities needed** to implement AI responsibly, equitably, and sustainably.

To conclude, it is the countries that invest now in people, data and governance which will be best positioned to **turn AI from a promising technology into a transformative force** for better health outcomes.

5 For more information

See the WHO Europe report [here](#).

See the EHTEL Briefing paper [here](#).

See background information on an earlier WHO Strategic Partners' Initiative for Data and Digital Health (SPI-DDH) report [here](#).

See Implementers' brief 2 [here](#).

See the work of the EvalCommunity Academy for monitoring and evaluation personnel [here](#).