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EuroHealthNet

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Initiative
Multiannual Financial Framework: Digital Europe programme

With caveats, EuroHealthNet welcomes the initiative on the establishment of the Digital Europe Programme (DEP), which sets out to support the digital transformation of the European society and economy and bring its benefits to European citizens and businesses. It sets out to match the Digital Single Market Strategy’s robust framework with “an equally robust investment programme” (proposal, p. 2).

Digital technologies do offer new opportunities to transform health and care systems, including new approaches to personalised prevention and promotion, treatments and care, independent living, integrated health and social care, accelerated scientific progress for early diagnosis and prevention of diseases. However, there are significant risks and obstacles of inequitable implementation including safety, access, effectiveness and authority. Caveats include:
► Artificial Intelligence (AI) – precaution:
AI can be an effective support for health and care services, yet should not replace human inputs, which are necessary for best possible health (particularly mental health) and wellbeing. EuroHealthNet has serious reservations towards risks of the too rapid creation of “a Common European Data space…open to public and private sector.” (Annex 1, p. 1). Digital health is characterised by many global and non-health actors where motivations behind innovations are often related to profit rather than public health impacts [1]. Effective, accountable safeguards for individual privacy are essential: until that is transparently guaranteed, EuroHealthNet advises precautionary approaches for access to public data spaces, health and social impact assessments, and greater use of health and equity knowledge into design and implementation policies at all levels.

► Cybersecurity and trust – holism:
The attention to cybersecurity and building trust is welcome; it is crucial to ensure protection of personal data, cross-border health protection rights and access. A holistic view is needed towards cybersecurity: like a chain, it is no stronger than the weakest link. Therefore, the element of the proposal to involve co-investment with Member States may involve significant drawbacks co-investment may vary effectiveness, widen gaps between States and regions and heighten risks of and sustainability in terms of commitment.

► Advanced digital skills – literacy:
Digitising the public sphere, including the health and care sector, risks widening health inequalities by limiting access to health systems and to society, especially older people, viz. among the 20% of citizens not digitally literate even by the most optimistic forecasts. It is important to look beyond the immediate digital skills as referenced in the proposal (AI, cybersecurity etc.) to consider the public need for improved health literacy, including digital skills, which will reduce health inequalities. EuroHealthNet regrets that the EC Communication on the ‘Transformation of Health and Care in the Digital Single Market’ has not mentioned digital nor health literacy, and we call on EU Institutions to prioritise this. Accordingly, the indicators for this pillar should better reflect literacy capacities and access factors, taking age and socio-economic backgrounds into account.

► Interoperability and digitising the public sector – accessibility:
The proposal calls for “Ensuring that EU citizens can access, share, use, and manage their personal health data securely across borders irrespective of their location or the location of their data” (Annex 1, p. 3). To ensure appreciate uptake of digital services, accessibility should be placed at the centre. Accordingly, accessibility should not only be seen in terms of remoteness but also socio-economic conditions capacities or capabilities, and generational preconditions.

[1] EuroHealthNet Policy Précis on mHealth:
https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/PP_mH...
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