

## HOPE contribution to the European Commission Call for Evidence “Report on the review of the Digital Decade Policy Programme”

HOPE agrees with the Commission that the rise in foundational AI technologies and associated threats affecting critical sectors, including cyber-attacks, disinformation, algorithmic manipulation, and deep fakes, coupled with geopolitical uncertainties, are serious developments that must be considered in the Digital Decade Policy Programme (DDPP).

While HOPE embraces the incorporation of people-centric, data-driven AI systems in healthcare, especially those that contribute to improved patient care and access, support healthcare workers and facilitate hospital administration, caution must be taken not to view AI as a panacea for solving the very problems it generates. This is especially true since it remains uncertain whether the “global AI revolution” will yield the expected economic and productivity gains. Currently, this is not the case, and experts increasingly warn of a bubble about to burst as enormous investments are tied to loans.

The acceleration of digitalisation holds great promises, but it must not become a short-sighted race to the bottom; meeting the real needs of citizens and strengthening the systems they rely on – including healthcare - must be the main objective. In this regard, HOPE thinks that some of the simplification measures recently proposed in the Digital Omnibus<sup>1</sup> could inadvertently weaken individuals’ privacy and fundamental rights. The fact that hospitals and healthcare services are now frontline targets for cyber- and hybrid attacks of an unprecedented scale also invites the question whether placing unbounded faith in AI is tenable.

For these reasons, the Digital Decade’s ambition to *advance societal progress* should be assigned a more prominent role and monitored. While maintaining the DD targets for digital skills development is critical, deploying digital technologies must bring added value and satisfaction for citizens and end users, particularly in healthcare where trust is essential. Data alone cannot substitute the multifaceted knowledge and empathy required for sustaining cohesive, sustainable, and inclusive societies. Advanced AI models can foster, but also endanger, the DD objective of “ensuring everyone can participate in digital opportunities”.

In line with the initiatives outlined in the EU Action Plan on the Cybersecurity of Hospitals and Healthcare Providers,<sup>2</sup> HOPE strongly feels that the DDPP objective of “ensuring all organisations adopt

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<sup>1</sup> <https://digital-strategy.ec.europa.eu/en/library/digital-omnibus-ai-regulation-proposal>

<sup>2</sup> <https://digital-strategy.ec.europa.eu/en/library/european-action-plan-cybersecurity-hospitals-and-healthcare-providers>

cybersecurity measures” needs to be maintained. A concrete and realistic target should be included under the “secure and sustainable infrastructures” cardinal point pertaining to critical sectors.

Another new area for monitoring and target-setting should be technological sovereignty given Europe’s high dependence on non-EU manufacturers and service providers in essential sectors and along the supply chain.

The DDPP governance and implementation system should not be simplified unless there is compelling evidence that overly complex administrative, or coordination requirements hinder its implementation.

The inclusion of regional and local authorities in the DDPP delivery is imperative given their proximity to citizens. Stakeholder engagement could be further strengthened by establishing a structured channel for exchanging best practices and expertise, including for organisations like HOPE that represent the interests of healthcare entities and their workforce.

Finally, regarding DDPP financing, it is crucial to ensure that the Member States and other implementation actors have access to funding that reflects the scale of the challenge. EU programmes and funding mechanisms play a vital role in stimulating public and private investments in key technologies, driving forward reform and regulatory processes, coordinating actions between countries, and realising the EU’s human-centric vision.

Overall, HOPE thinks that the DDPP is a complex structure whose ambition relies on close alignment with the EU’s overarching strategies and next MFF.

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*HOPE, the European Hospital and Healthcare Federation, is a European non-profit organisation, created in 1966. HOPE represents national public and private hospitals associations and hospitals owners either federations of local and regional authorities or national health services. Today, HOPE is made up of 36 organisations coming from the 27 Member States of the European Union, as well as from the United Kingdom, Switzerland, and Serbia as observer members. HOPE mission is to promote improvements in the health of citizens throughout Europe, high standard of hospital care and to foster efficiency with humanity in the organisation and operation of hospital and healthcare services.*