

AGENDA ITEM

Agenda item 10: Roadmap for action on artificial intelligence in health in the WHO European Region 2026–2033

WRITTEN STATEMENT BY

European Federation of Psychologists' Associations (EFPA) and co-signatories

Our organisations welcome the WHO Regional Office for Europe's work on the Roadmap for Action on Artificial Intelligence in Health in the WHO European Region 2026–2033.

Artificial Intelligence (AI) has significant potential to support health and wellbeing, strengthen prevention, improve access to services and contribute to more effective health systems. At the same time, its increasing use in health raises important questions concerning safety, equity, autonomy, privacy, trust and the quality of human care.

We consider the Roadmap to be an important strategy that, with sufficient implementation, will help safeguard against these risks and maximise the benefits. To ensure this, we recommend inclusion of the role of psychological and behavioural science in achieving these aims, as a cross-cutting element across all four outlined strategic areas.

This is important for three reasons:

- i. AI can affect psychological wellbeing;
- ii. AI functions as a cognitive system, meaning that its architecture should be considered from the perspective of psychological science and not just technology;
- iii. AI governance is a social coordination challenge, which is best supported by psychological and behavioural scientific expertise.

We therefore encourage WHO/Europe and Member States to ensure that the implementation of the AI in Health Roadmap incorporates appropriate psychological expertise throughout the development and deployment of AI systems.

We specifically call for:

1. Co-Production of Regulation

Psychologists and those with lived experience should actively shape and evaluate legislative and regulatory frameworks for technologies with societal impact or health implications.

2. People-Centred Development

Psychological science should be embedded from the outset in digital tool development, ensuring technologies are designed and implemented in ways that are compatible with wellbeing. Suitable AI use can support mental health, and mitigate the mental health impacts of chronic diseases, whereas inappropriate use may exacerbate them. Design and deployment should be guided by health and health equity impact assessments, with potential benefits and harms monitored across population groups. Technologies should support health promotion and prevention without widening existing inequalities.

3. Transparent & Controllable Technology

Design should promote transparency, understanding, and personal control. Mechanisms for the protection of people and their data are a priority, particularly when training algorithms/AI.

4. Digital Literacy & Accessibility

Inequalities in access to digital resources should be reduced. Digital literacy for the public and for professionals should be promoted, with curricula and standards including relevant digital skills.

5. Navigable Digital Determinants

Virtual/hybrid environments should be curated in ways that are contextually suitable. Technical and educational solutions should be utilised to address misinformation and combat online fraud. This should include attention to commercial practices and design features that may undermine well-being, amplify misinformation or expose people to harmful content.

6. Enhance, Not Replace

Technology should be responsibly deployed based on suitability, supplementing existing forms of support and developmentally assisting rather than replacing personal capacities. Funding for technology should not take away from the funding of personal interaction.

We emphasise the role of psychological science in understanding and addressing the human and societal implications of AI, and remain committed to contributing to WHO/Europe's work towards responsible, people-centred and equitable AI in health.

Statement by:

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