

# POLICY POSITION STATEMENT

## Digital health is critical infrastructure

A briefing for Members of Parliament – May 2026

You are receiving this briefing because the Digital Health Association | Te Rōpū Hauora Matihiko believes Members of Parliament across all parties deserve a clear picture of where New Zealand's health system stands, and what is at stake in the decisions ahead.

We represent more than 150 organisations across New Zealand's health technology ecosystem - from the companies building GP software and hospital systems, to the clinicians using these tools every day. We work across party lines because better health outcomes matter to everyone.

New Zealand's health IT infrastructure is fragmented, ageing, and increasingly unsafe. In early 2026, a series of health data breaches exposed what the sector has long known: disconnected systems, inconsistent standards, and legacy infrastructure are a patient safety risk.

This is not a technology problem. It is an infrastructure problem. And like roads, water, and electricity, it requires sustained public investment to fix.

As we look forward to Budget Day 2026 and the 2026 election, the Digital Health Association asks you to consider why digital health infrastructure is core infrastructure. The decisions made in Budget 2026 and subsequent years will determine whether New Zealand's health system is digitally enabled and built to last or patched together for another decade.

### The system we want

Imagine you and your clinical care team - your GP, your specialist, and your pharmacist - all working from the same understanding of what you need. Your test results arrive before your appointment. Your medications are checked automatically against your full history. When you turn up at ED, the team already knows your allergies and medical history.

This is achievable. Other countries are already doing this. Though parts of Aotearoa are too, it's inconsistent and costs everyone. The Digital Investment plan and Centre for Digital Modernisation prove that New Zealand has made commitments and can get us there.

**What's missing is timely accurate delivery.**

## The reality right now

Health data doesn't flow. When someone moves between their GP, a specialist, and a hospital, information often doesn't follow them. Fragmented systems carry a real cost: repeated tests, manual workarounds, and clinical errors that add risk to every care interaction and waste money the health system cannot afford to spend twice.

This isn't inevitable. It's the result of fragmented systems, optional standards, and procurement settings that never required interoperability. The consequences are real: medication errors, avoidable clinical risk, and public money spent twice on the same information. We have also seen the ramifications of underinvestment in this area in the likes of the health data breaches.

The Pharmacy Guild has flagged it directly - incompatible GP software systems are causing prescription errors that community pharmacists are catching manually, using workaround platforms, because the systems can't share information correctly.

For rural and remote communities, the consequences are compounded. Geographic isolation, limited connectivity, and a lack of on-site IT support mean these providers are least equipped to navigate a fragmented digital environment. Kaupapa Māori services and Māori health providers face the same infrastructure gaps. To meet our Treaty obligations, digital foundations must be built to serve Māori communities.

Aged care is already in a workforce and funding crisis. Digital connectivity is not a luxury for this sector - it is one of the few levers available to deliver safe, coordinated care without adding to workforce pressure.

Earlier this year, the Australian Medical Association released research that put the interoperability challenge in stark terms. Its conclusion: without enforcement, having systems that talk to each other will remain a pipe dream.

Australia's challenges mirror ours - isolated databases, incompatible systems, fragmented accountability. But Australia is also showing what coordinated action looks like. The Australian Digital Health Agency's Sparked AU FHIR Accelerator brings together government, vendors, and providers to implement interoperability standards at pace and at scale. It is a model built on shared purpose rather than voluntary good intentions - and it is working.

New Zealand's Centre for Digital Modernisation has the opportunity to draw on exactly this kind of approach. The architecture doesn't need to be imported wholesale; the principle does.

But momentum must reach beyond the hospital. Primary care, community services, and rural providers cannot be an afterthought in the Digital Investment Plan. Equity in digital health means ensuring that the foundations being built now are foundations that serve everyone - not just those already well-connected to the system.

## A larger strategic point: AI changes the planning assumption

The Digital Investment Plan rightly focuses on stabilisation, national platforms, and interoperability. Within this, AI is referenced in several places, but it is generally positioned as a supporting feature within broader initiatives rather than as a distinct capability in its own right.

There is an opportunity to strengthen the plan by treating AI as a cross-cutting national capability, with clearer investment pathways and governance. As AI becomes more foundational, a more explicit approach could help ensure consistency, shared standards, and coordinated adoption across the system. One way to think about this is to consider how essential infrastructure (like the internet) benefits from dedicated investment, common protocols, and system-wide oversight, even while enabling a wide range of individual applications.

The plan is understandably grounded in current constraints: growing demand, workforce pressures, uneven access, and ageing infrastructure. At the same time, AI has the potential to shift some of these underlying assumptions. While it won't remove constraints on people, funding, or physical capacity, it can significantly expand access to high-quality decision support and clinical guidance.

Over time, this could help enable more consistent care regardless of geography; for example, supporting a GP in Hokitika with tools and insights comparable to those available in larger centres, and unlock meaningful productivity gains by augmenting the workforce with intelligent systems. Taking this into account within a 10-year horizon may help ensure the plan remains well-aligned with how capability and service delivery are likely to evolve.

## What needs to happen - our key asks

### Mandate interoperability.

The standards exist. The sector agrees they are needed. What is missing is a government requirement that all new systems meet them. Australia moved on this - New Zealand has the expertise and relationships to follow quickly. Health New Zealand has published a robust Health Information Security Framework - HISO 10029 - covering hospitals, community providers, and suppliers. The framework sets out clear security obligations across the sector. But the gap between a standard on a page and a standard embedded in practice is where patient risk lives. Closing that gap - through assurance, enforcement, and support for those who need it - is the work ahead.

### Future proof for the new world of AI.

AI will enter the health system, and our challenge is to integrate this capability as a utility (like the internet or electricity), turning it from a patchwork of risks into a national advantage. Every new Digital Investment Plan priority should specify how AI capability is built into the solution from the outset. Systems built without AI readiness will require expensive remediation. The cost of getting this right at design stage is a fraction of the cost of retrofitting it later.

## Fund the Digital Investment Plan for the long term and build on our core capabilities.

A 10-year commitment requires more than a first-year allocation. It requires sustained investment, genuine industry partnership from the start, and the kind of cross-party durability that allows vendors, clinicians, and agencies to build with confidence across election cycles. Primary care and aged care cannot be afterthoughts. Primary care holds the longitudinal health records of most New Zealanders and is where the majority of health interactions occur – yet both the Digital Investment Plan and the Health Infrastructure Plan treat it as a residual consideration. Any digital health programme that does not explicitly address primary care integration is building half a system. The same applies to aged care, where digital capability gaps directly affect care continuity and patient safety.

## Invest in the people behind the systems.

The biggest risk to the Digital Investment Plan isn't the technology – it's implementation. Every major health IT rollout that has failed, in New Zealand and internationally, has failed on adoption, not architecture. New systems require clinicians who understand them, IT teams who can integrate them, and security specialists who can protect them. That workforce doesn't exist at scale in New Zealand yet. Sustained funding for clinical informatics training, integration engineering capability, and cybersecurity retention – across vendors and agencies – is what keeps a 10-year plan on track. DHA's work on the Aotearoa New Zealand Digital Mental Health Roadmap illustrates what genuine sector partnership looks like in practice. That roadmap – developed through three years of consultation with providers, Māori and Pacific partners, clinicians, and people with lived experience – illustrates how implementation succeeds when the people who will use the systems help design them.

## Invest in cybersecurity preparedness.

Supporting cybersecurity preparedness will ensure that the workforce knows how to handle a future security incident; teams that know how to handle incidents (not just in theory, but in practice) make a genuine difference to how quickly and cheaply an organisation recovers when something goes wrong. Many health organisations – particularly smaller primary care and aged care providers – do not have the resources or expertise to meet this standard alone. Funded programmes that help the sector lift its security capability are a prerequisite for everything else in this document to be achievable.

## What this delivers for New Zealanders

**Safer care** – complete information at the point of care, fewer errors. Faster treatment – results and referrals that don't get lost between systems.

**Care closer to home** – remote monitoring that reduces hospital stays. Better use of clinicians' time – less administration, more care.

**Economic return** – health tech exports and high-value jobs.

## This matters for Aotearoa New Zealand

These key requests sit within the broader framework Tech New Zealand has set out for digital infrastructure investment – and health is where the stakes are highest.

Digital health is not a sector issue. It is a national productivity issue, a workforce issue, and an equity issue. When health data flows, clinicians spend less time on administration and more time with patients. When systems are connected, people in Northland get the same standard of care as people in Parnell. When procurement settings work, New Zealand firms can build and scale solutions here rather than offshore.

New Zealand has the commitments, the industry capability, and the standards to get this right. What is needed now is the investment, the mandate, and the political durability to see it through.

### What Members of Parliament can do to build a safer, more connected health system

- Require Health New Zealand to publish a compliance timeline for HISO 10029 – the security framework exists; what is missing is a deadline and supportive funding mechanisms
- Extend the Customer and Product Data Act to health, so GP, hospital, and pharmacy systems are required to share data to a common standard
- Ensure primary care and aged care are treated as equal participants in the Digital Investment Plan – not afterthoughts
- Require every new Digital Investment Plan investment to specify how AI capability is built in from the outset
- Fund cybersecurity uplift programmes for smaller providers – particularly in primary care and aged care – who cannot meet minimum standards alone
- Establish cross-party agreement on the Digital Investment Plan’s foundations before major procurement commences, so the programme survives potential changes of government

The Digital Health Association | Te Rōpū Hauora Matihiko represents 150+ organisations across New Zealand’s health technology ecosystem. We work across party lines because better health outcomes matter to everyone.

Since 2002, we have been at the forefront of advancing digital health; our core mission is to build a strategic platform that brings together key stakeholders to amplify the sector’s voice, offer policy insights, and cultivate a strong community of practice. Today, DHA stands as the central touchpoint for New Zealand’s healthcare system and health technology landscape.

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