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Healthy People

New Zealand runs its health system three years at a time. Nothing that matters in health can be built that fast. We will plan and fund it for ten years, and put resource growth where illness starts.

New Zealanders are waiting longer to see a doctor and getting sicker in the meantime. Many practices have closed their books. Emergency departments are full of people whose illness could have been found years earlier and treated at a fraction of the cost. Health workers are leaving for Australia.

At the same time, we are facing growing challenges: an older population, more people living with long-term illness, and not enough staff to support the system.

We run health on a three-year cycle, even though it takes a decade to change. You cannot train a GP in a term of Parliament. You cannot build a community mental health service, a rural diagnostic network or a shared patient record in one either.

Opportunity will work to build a durable consensus on what the health system should look like in ten years, how much money it will have, and where that money will go. Then we will let the people who run the system do their jobs.

Plan and fund health for ten years at a time

A Ten-year Health Plan
Ask the people who run the health system what they need, and you get a strikingly consistent answer. Medical colleges, unions, primary health organisations and patient groups have all put the same request in writing: a plan with a ten-year horizon, agreed across party lines, that a change of government does not undo.

Opportunity will seek cross-party agreement on a ten-year Health Plan: a published, costed statement of what the health system is building toward, reviewed regularly but stable across changes of government. The Plan will be given a legislative basis.

The projections it rests on, covering demand, workforce, infrastructure and cost, will be published in full. Progress against its targets will be reported annually to Parliament rather than to the Minister. Reviews will be limited to a three-yearly cycle timed to fall mid-term rather than at the start of a new government.

Stable and Certain Funding
Government health spending is currently about 7.4 per cent of GDP. Independent analysis puts the cost of filling the gaps in primary care, hauora Māori, workforce,

mental health, and elective treatment at about an additional 1.5 per cent of annual GDP: a total of around 9 per cent of GDP.

Over ten years Opportunity supports raising total health system operational funding to 9 per cent of GDP, then maintaining at this level. Setting health funding as a share of GDP means it grows consistently with the economy, rather than having to be found somewhere else each Budget.

Three rules govern how that money is set:

- Cost pressures met in full, every year, across the whole system. Wages, supplies, population growth and ageing, measured by a published index.
- New announcements funded on top of the index, not out of it. In Budget 2026, the cost of standing still was independently assessed at $1.405 billion. The Budget provided $1.37 billion, and every initiative announced alongside it came from that same funding. Under our approach, it would not.
- No cut in a downturn. People do not get less sick during a recession.

Meeting cost pressures will be baked in to the long-term plan as a default, not a decision to be argued for each year. An independent index measures the cost of keeping the system running as wages, supplies, and the population change, and that amount is paid in full before anything else is announced.

Growing front-line primary care

First-level care is the front door of the health system; the GPs, pharmacists, midwives and community allied health that New Zealanders interact with in their daily lives. But too many people are locked outside. This is where illness is detected early, where most people's contact with health care begins and ends, and where treatment is least expensive.

- A quarter of adults (25.5 per cent) said the wait for an appointment stopped them from seeing a GP, up from 11.6 per cent in 2021/22.

- One in seven did not go because of the cost - rising to one in four for Pacific adults. Fewer adults are seeing a GP than in 2018/19, and more are presenting at an emergency department instead.
- Among children, ED attendance has risen from 15.1 to 19.1 per cent in six years.

Independent analysis puts the shortfall in first-level community services at around $1.3 billion a year. This is what a system looks like when the cheapest part gets whatever is left over.

Over the ten years of the Plan, **Opportunity will advocate to take first-level care from 5.7 to 10 per cent of Health New Zealand's spending**, on a staged path with a published mid-plan milestone.

The increase starts small and builds, because the first thing new money has to buy is people: keeping the clinicians already here, expanding training places, registering those trained overseas, and building out the wider practice team of nurses, pharmacists, paramedics and mental health workers.

Politicians should not set the split among dental care, mental health, disability support, ambulances, and the other services within that envelope. Those decisions belong with the experts who run the system, working to the Plan and answerable for the results.

Stop so many people getting sick in the first place

Reduce the harm from tobacco, alcohol and unhealthy food
Tobacco, alcohol and unhealthy food account for roughly a quarter of all the healthy years New Zealanders lose to death and disability. Prevention receives a small fraction of health spending relative to the share of health loss these risks cause. We are paying at the expensive end for problems we could have stopped at the cheap end.

The Opportunity Party will advocate for the following as part of a long-term health plan:

- Legislating nutrition standards from Health NZ's National Food & Drink Policy and expand beyond health facilities to also apply to schools and ECE, prisons, and aged residential care.
- Commissioning a National Nutrition Survey to provide up-to-date data on what New Zealanders are eating and inform future-focused public health policy. The last children's survey was 2002 and the last adult survey 2008/2009. We are currently setting food policy on evidence two decades out of date.
- A credible path back to a smoke-free New Zealand: fewer places selling tobacco, mandated de-nicotinisation of smoked tobacco, properly funded cessation support, regulated harm-reduction alternatives for adults who smoke, and stronger protection against youth access to vapes.
- Restoring the school lunch programme to the model that operated before the 2024 changes. It reaches the children who need it most, it works, and it was worth what it cost.

Detect and treat illness earlier
More primary care funding enables earlier detection. Diabetes, cardiovascular disease and chronic kidney disease develop for years before they cause symptoms, and finding them earlier is the single biggest thing primary care can do for the hospital system.

Earlier detection only pays off if the system behind it can respond. Conditions found early are cheaper and simpler to treat, and because hospital and specialist services are funded on the same ten-year path, detection and treatment capacity grow together.

Take commercial interests out of health regulation

In 2023, New Zealand ranked second in the world for protecting health policy from tobacco industry interference. In 2025 we ranked 53rd. Nothing in our rules protected health policy from interference, so when the politics changed, the policy went with it. The same pattern runs through health policy. The industries that contribute to preventable illness are better resourced, better organised and better connected than the people trying to reduce it. The Opportunity Party's Clean Up Politics policy sets out our full position on lobbying, donations and integrity. Applied to health, it means:

- A mandatory public register of lobbyists, disclosing who they met and what they were seeking.
- A cooling-off period before ministers and senior officials can take industry roles in sectors they regulated.
- Tobacco, alcohol and unhealthy food companies stop having undue influence in developing the policies that regulate them.

Healthly People — Frequently Asked Questions

How will you establish a cross-party Health Plan?
Opportunity will use our position as a party that can work across the aisle to bring other parties together. We will be open with the public about who comes to the table and who doesn't. We believe there is enough public support for this approach that parties will be incentivised to take part.

Is spending 9 per cent of GDP on public health affordable?
This represents a significant increase to the health budget.That is why we've proposed a decade-long path, not a step change, and it grows with the economy rather than against it.

Why expand primary care funding rather than hospitals or other services?
Investment in primary and public health helps keep people healthy and catch illness early. That reduces demand in other parts of the health system. We can save money without impacting the care that people receive.

What happens to the plans we already have?
The strategies and plans we currently have set out a vision but don't provide details such as funding, workforce changes and investment in infrastructure. We need to make those plans meaningful by agreeing how to implement them.