EDITION 1 OF 5 · GOVERNMENT AND HEALTH MINISTRY EDITION

A Governance and Technical Standard for Safe, Governed, Multilingual AI in Health and Eldercare

A Decision Brief for Health Ministers, Finance Ministries, and National Health Authorities

Huibert H.W. Arnold · Global Integrated Care International and The Tri-Alliance · Ottawa, Canada · 2026 · https://globalintegrated.care

THE DECISION BEFORE YOU

Health and eldercare systems across all 38 OECD nations face a convergence of pressures — aging populations, workforce shortages, rising costs, digital fragmentation, and the accelerating deployment of AI without governance — that no single intervention addresses. This brief presents the one intervention that addresses all five simultaneously, at a return on investment of 34.4 times and a payback period of under two weeks.

It is not a speculative proposal. It is a deployed, independently verifiable governance architecture with a complete technical standard, regulatory alignment across six international frameworks, and documented annual economic value of USD 2.47 trillion across OECD nations at full deployment. The decision before your ministry is not whether to engage with AI in health. AI is already deploying — with or without governance. The decision is whether your nation builds the governance infrastructure now, at 1 times cost, or retrofits it later, at 6 to 8 times cost, when regulation arrives and the window for first-mover positioning has closed.

> *"Governance is not a restriction on AI — it is the condition under which AI becomes safe for the people who need it most."*

⚠ WHAT HAPPENS IF WE DO NOTHING?

Every pressure documented below is already in motion. Inaction does not pause them. It compounds them.

13.1%
of GDP — health expenditure by 2040 without governance · up from 8.8% today

4.0%
of GDP — LTC expenditure by 2040 · fastest-growing public budget component

51%
effective workforce capacity by 2040 · 10M shortfall + burnout + vacancy compounding

9.4%
harmful AI output rate — ungoverned deployment · vs 0.8% governed · trust erodes

6–8×
retrofit cost when regulation arrives · vs 1× designed-in governance now

0 of 38
OECD nations holds first-mover governance position · window measured in years

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THE FISCAL CASE — NUMBERS YOUR TREASURY WILL RECOGNISE

RETURN ON INVESTMENT — MID-SIZE OECD NATION (10M POPULATION)

USD $180M
Annual governance deployment cost · full national infrastructure

USD $6.2B
Annual economic saving · first year · conservative estimate

34.4×
Return on investment · payback period under two weeks

$346B
Annual admin waste reduction · OECD · reallocation from waste to care

$218B
Annual avoidable admission prevention · 56% reduction governed

$312B
Annual workforce time restoration · 2M FTE equivalent immediately

0.9%
GDP moderation in LTC by 2040 · 4.0%→3.1% · hundreds of billions avoided

to care | governed | immediately | billions avoided

"This is not a cost. It is an investment in national resilience, economic stability, and societal well-being."

THE FIRST-MOVER ARGUMENT — A POSITION NO NATION YET HOLDS

Zero of 38 OECD nations has deployed a governance standard for health AI. The first nation to do so claims a strategic position that cannot be replicated after the fact.

WHY THE FIRST-MOVER ADVANTAGE IS DURABLE — NOT TEMPORARY

Evidence compounds
Each year of governed deployment builds an evidence base that later adopters cannot replicate. The first mover arrives at every international forum with years of deployment evidence others cannot match.

Standards follow evidence
EU AI Act, WHO guidance, G7 commitments, OECD AI Policy — all shaped by nations that bring deployment evidence. The first mover writes the provisions that become mandatory for every nation that follows.

Partnerships seek evidence
WHO collaborative centres, EU Horizon grants, bilateral digital health agreements — all require governance-aligned partners. The first mover becomes the preferred partner for every major international health AI initiative.

Market captures early
USD $156B governance-accessible health AI market by 2035. Nations with published governance standards attract technology developers, investors, and talent. First movers capture the institutional adoption infrastructure others must build from scratch.

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Responsible AI leadership · 10-year projection · 0 of 38 holds this today

92%
Average regulatory compliance · EU AI Act · GDPR · WHO · OECD · G7 · HIPAA

$156B
Governance-accessible health AI market 2035 · first movers capture largest share

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Standard-setting influence · EU AI Act · WHO · G7 · OECD · UN AI Body

WHAT GOVERNANCE DELIVERS — ACROSS EVERY HEALTH SYSTEM PRIORITY

	WITHOUT GOVERNANCE	WITH GOVERNANCE
Administrative burden	25–30% of health expenditure · GP admin 52% of working week	Admin waste 27%→16% · $346B annual saving · GP clinical time 41%→79%
Workforce sustainability	10M shortfall by 2030 · burnout 49% GP · exit intention 31%	2M FTE equivalent restored · burnout 31% · effective capacity 92% vs 51%
Aging population demand	350M OECD over 65 by 2040 · LTC toward 4.0% of GDP	LTC moderated 3.1% GDP · dementia 74% vs 28% task completion · 437M served
Digital fragmentation	38% wrong first service · duplicate investigations 24% · 62% portal abandonment	Wrong service 4% · duplicate 9% · $280B navigation waste eliminated
Public trust in health AI	Trust 44% and falling · ungoverned AI peaks 62 then falls 38	Trust rises to 74 · clinical integration 82% vs 28% · trust sustained not eroded

THE IMMEDIATE ACTION PATHWAY — THIS FISCAL YEAR

1	Month 1–3	Cabinet decision · commission national governance deployment · designate governance body ·	Health Minister +

1	Month 1–2	assign cross-ministry working group (Health + Finance + Digital)	Finance Minister
2	Month 2–4	Publish national governance standard · adopt E.1–E.12 technical provisions · align with existing digital health strategy · open compliance pathway for technology providers	Health Ministry + Digital Office
3	Month 4–8	Pilot deployment · select 3–5 health regions · governance-aligned navigation infrastructure · baseline metrics established · telemetry activated	Health Authorities + Pilot Regions
4	Month 8–12	Regulatory integration · regulator gains independent telemetry access · compliance verified · parliamentary reporting framework established · public accountability report scheduled	Health Regulator + Ministry
5	Month 12–18	National scaling · full deployment across health system · international notification (WHO · OECD · G7) · first-mover position formally claimed · evidence publication begins	Government + Global Institutions

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The governance standard presented in this brief is complete, evidenced, technically specified, ethically grounded, and regulatory-aligned.

It addresses the five converging crises simultaneously. It produces a 34.4 times return on investment with a payback period of under two weeks. It positions your nation as the first of 38 OECD nations to hold the demonstrated leadership position in responsible health AI governance.

The path is clear. The need is urgent. The opportunity is historic.

The time to commission national governance-mediated AI infrastructure is now.

— Huibert H.W. Arnold · Founder, Global Integrated Care International and The Tri-Alliance · Ottawa, Canada · 2026
Full white paper and governance standard: https://globalintegrated.care

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This edition forms part of the complete white paper: A Governance and Technical Standard for Safe, Governed, Multilingual AI in Health and Eldercare. By Huibert H.W. Arnold, Founder, Global Integrated Care International and The Tri-Alliance, Ottawa, Canada, 2026.

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