A Collection of Recent NGO, Think Tank, and International Government Reports

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Welcome to Grey Matter, the Ministry of Health Library's Grey Literature Bulletin. In each issue, we provide access to a selection of the most recent NGO, Think Tank, and International Government reports that are relevant to the health context. The goal of this newsletter is to facilitate access to material that may be more difficult to locate (in contrast to journal articles and the news media). Information is arranged by topic, allowing readers to quickly identify their key areas of interest. Email library@health.govt.nz to subscribe.

Click on any of the bulleted points below to go to a section of interest.

Equity

Policy alignment for place-based solutions for better health outcomes in rural and remote communities

Rural and remote communities in Australia face persistent and well-documented barriers to accessing timely, person-centred care. These challenges are driven not only by geography and workforce shortages but also by the misalignment of policy, program, and funding structures that have evolved over time without coherent integration. Despite repeated calls for reform, siloed service delivery models, excessive administrative burden, and inconsistent funding mechanisms continue to hamper health outcomes. Enabling place-based solutions in rural and remote Australia requires more than local action and community empowerment. It requires alignment, integration and enablement in government policies and programs to effectively and efficiently deliver those

community-led, place-based solutions. This policy brief, informed by AHHA Ltd member and stakeholder input and a cross-sector roundtable, highlights the need for national leadership to shift from fragmented, input-focused systems to coordinated, outcome-driven approaches. *Source: The Australian Healthcare and Hospitals Association*

Kaupapa Māori Culturally Safe Staffing Ratios: Māori Nursing Leaders' Perspectives
This briefing paper explores the perspectives of Māori nursing leaders on culturally safe staffing ratios in Aotearoa/New Zealand. It highlights the importance of integrating cultural dimensions into clinical practice and addresses the omission of culture from the Care Capacity Demand Management (CCDM) system, which is seen as a breach of Te Tiriti o Waitangi. The paper argues for legislated and funded culturally safe staffing ratios to ensure culturally and clinically safe healthcare for whānau. It emphasizes the need to center racial justice, embed cultural responsibilities, and decolonize time and practice within the healthcare sector. *Source: New Zealand Nurses Organisation*

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Addiction

WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco
The tenth WHO report on the global tobacco epidemic tracks the progress made by countries in tobacco control since 2008. The MPOWER technical package was designed to help countries adopt the demand-reduction measures of the WHO Framework Convention on Tobacco Control.
The 2025 report focuses on the W measure: warn about the dangers of tobacco and shows that with 6.1 billion people protected by at least one MPOWER measure at best-practice level many countries continue to make progress in the fight against tobacco. Four countries have now achieved the full MPOWER packaged while a further seven are only one measure away. At the same time 40 countries still have no MPOWER measure at best-practice level. *Source: World Health Organization*

Strategy to prevent and minimise gambling harm 2025/26 to 2027/28
This strategy sets out New Zealand's approach to funding and coordinating services to prevent and minimise gambling harm. It strengthens alignment with mental health priorities by providing additional funding to improve access to services and treatment, focus on prevention and early intervention, and enable more effective service support. *Source: Ministry of Health New Zealand*

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Health Systems, Costs, & Transformation

PROMoting quality of care through patient reported outcome measures (PROMs)
OECD countries have been committed to making healthcare systems more people-centred through the systematic collection and use of patient-reported measures. At the system level, data derived from patient-reported outcome measures (PROMs) can guide policy makers by providing a comprehensive view of the health status of populations, identify health disparities, and assess the performance of healthcare systems in improving health outcomes. This report assesses the systematic collection of PROMs at national level across 38 OECD member and accession countries and provides policy recommendations to advance the systematic collection of PROMs at national level. *Source: OECD*

How do countries compare in their design of long-term care provision?

Models and approaches to long-term care provision vary greatly across OECD countries. This paper reviews existing classifications in the literature and provides a new, comprehensive typology based on five key dimensions: access, availability, funding, governance, and quality. Using a clustering methodology, countries are grouped according to their score across these dimensions, resulting in four distinct long-term care system types. The first cluster includes countries with comprehensive, well-governed, and decentralised long-term care systems that are affordable, offer broad coverage, support family carers, rely on public providers and ensure high quality standards. The second cluster shares many of these features but tends to be more centralised, slightly less generous, more reliant on the private sector, and less likely to use means-testing to restrict access. The third cluster consists of countries with decentralised long-term care systems, characterised by stricter eligibility criteria, fewer public resources, and greater reliance on informal carers. Finally, the fourth cluster comprises countries where public long-term care systems tend to provide limited access and financial support, rely heavily on families, and show weaker quality standards and outcomes. *Source: OECD*

Needs assessment and eligibility criteria in long-term care: How access is managed across OECD countries

As populations age, the demand for long-term care (LTC), encompassing a range of personal care and assistance services, is steadily increasing across OECD countries. Care needs assessments and eligibility criteria determine who is entitled to access publicly funded LTC services, and thereby have a direct impact on public expenditures. This paper compares needs assessment approaches across OECD countries including the criteria, tools and responsible actors, as well as the broader eligibility rules such as age and place of residence and explores the means-testing rules that determine the degree of cost-sharing applicable to LTC users. To demonstrate the impact of needs assessments and eligibility criteria on the public coverage of people in need of LTC support, the paper examines reforms (of eligibility criteria and their consequences on accessibility in five countries (Denmark, Germany, the Netherlands, New Zealand and Spain). *Source: OECD*

Special treatment: Improving Australians' access to specialist care

Millions of Australians face an unenviable choice when they need to see a specialist doctor: pay high fees or wait too long for care. Patients pay a fee for two thirds of appointments with a specialist doctor, such as a psychiatrist or cardiologist. That's much more often than for the GP, where only one in five visits costs money. Individual visits can cost hundreds of dollars. It quickly adds up if you need to see many specialists for a chronic disease, such as complex diabetes, or to visit the same psychiatrist many times. On average, patients who pay a fee are charged $300 a year. Even poor people can face huge costs. One in 10 low-income patients who are billed pay almost $500 a year. The problem is getting worse: fees have soared by 73 per cent since 2010. Almost a million people delay or skip specialist care because of the cost. They are risking missed diagnoses and delayed treatment. That leads to avoidable suffering and adds pressure on hospitals. Public hospitals run free clinics, but they provide just a third of all specialist care, and their wait times are often far too long. In many parts of Australia, wait times for urgent appointments are months longer than clinical guidelines recommend. There is no time to waste. Without action, fees and waiting times will only get worse as Australians get older and sicker. Targeted investment and sensible reforms will ensure every Australian can get specialist treatment when they need it. *Source: Grattan Institute*

Strengthening the health system response to population ageing in Pacific Island countries: policy brief

This policy brief examines the growing challenges and opportunities associated with population ageing in the Pacific Island Countries (PICs), which include multimorbidity and disability particularly from noncommunicable diseases (NCDs). It highlights the current demographic trends, existing service gaps and health system capacity in four PICs. It includes recommendations on actionable steps for governments and development partners to strengthen health workforce planning, improve

long-term care and embed healthy ageing in national strategies. The brief emphasizes the importance of culturally grounded, community-based and multisectoral approaches to create equitable, person-centered health systems that are resilient and responsive to ageing populations in the Pacific. *Source: WHO Regional Office for the Western Pacific*

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Mental Health & Wellness

From loneliness to social connection: charting a path to healthier societies
This landmark report from the WHO Commission on Social Connection highlights that social isolation and loneliness are widespread, with serious but under-recognized impacts on health, well-being, and society. Drawing on the latest evidence, the report makes a compelling case for urgent action. It outlines practical, scalable solutions to strengthen social connection – and calls on policy-makers, researchers and all sectors to treat social health with the same urgency as physical and mental health. The Commissioners envision a future where stronger social bonds improve well-being, reduce preventable deaths, boost education and economic resilience, and ease the social and financial burden of disconnection. This report is a call to act – and an invitation to build a more connected, healthier world. *Source: World Health Organization*

Indigenous evaluation: best practices for social and emotional wellbeing and suicide prevention
This paper provides an in-depth review of Australian literature on Indigenous evaluation practices related to social and emotional wellbeing (SEWB), mental health, and suicide prevention for Aboriginal and Torres Strait Islander communities. Focused solely on published sources, including peer-reviewed journal articles and some grey literature, it highlights the principles, best practices, and challenges of current approaches to Indigenous evaluation.
In evaluations of SEWB, mental health and suicide prevention, Indigenous governance, lived and living experiences, meaningful community involvement, harm minimisation, cultural safety, and ensuring independence from political or funder-driven agendas are central to the evaluation. Key issues include the need for community-based methodologies and outcomes, data sovereignty, and a commitment to capacity building and continuous learning through evidence-based adaptation. The findings emphasise the need for Indigenous-led evaluations that prioritise sustainable, long-term impact and prevention of harm.
While the review offers valuable insights into effective and culturally responsive evaluation methodologies, there is a critical gap in the omission of internal unpublished evaluations, which represent the majority of Indigenous evaluations conducted in Australia and are arguably the most insightful. This review aims to contribute to the ongoing refinement of best practice evaluation practices that support the empowerment and resilience of Aboriginal and Torres Strait Islander communities and that ultimately save lives and heal families. *Source: Australian Institute of Health and Welfare*

Suicide Prevention Action Plan 2025–2029
The Suicide Prevention Action Plan 2025–2029 is the second Government suicide prevention action plan under the strategy, and it sets out the 21 Health-led actions and 13 cross-agency actions that agencies will undertake from 2025 to 2029 to prevent suicide. It builds on the current suicide prevention system and the ongoing initiatives from the 2019–2024 action plan.
Development of the action plan was led by the Ministry of Health, including the Suicide Prevention Office, and is informed by insights from suicide prevention evidence, previous engagements, and public consultation in late 2024. Engagement on the action plan included with community organisations, a diverse range of population groups, people and families with lived experience, and

many government agencies who have a role in preventing suicide. *Source: Ministry of Health New Zealand*

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Research, Technology, & Innovation

Access to safe, effective and quality-assured health products and technologies
The roadmap for WHO action 2025–2030 outlines to Member States, and other stakeholders WHO's unique role and approach for increasing access to safe, effective and quality-assured health products and technologies in order to reach Sustainable Development Goal targets for achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. WHO's expertise and leadership are essential for delivering the complex and wide-ranging support needed to address the many challenges in the health product and technology ecosystem. The roadmap highlights how the work of WHO aligns with and contributes to WHO's 14th General Programme of Work, particularly Strategic objective 3: Advance the primary health care approach and essential health system capacities for universal health coverage. The roadmap outlines WHO's 5 programmatic priority areas for access to safe, effective and quality-assured health products and technologies and elaborates the priorities within each area. *Source: World Health Organization*

WHO guidance on the ethics of health research priority setting
The resources available for health research at any given time – including money but also time, infrastructure and personnel – are scarce. Not every valuable research project can be carried out. Investing resources in one project takes resources away from others. This means that decisions must be made about which among the many possible valuable research projects should be conducted first. Health research priority setting is the process through which decisions or recommendations are made about what health research should be prioritized. It encompasses a range of activities that organizations may label "priority-setting exercises," "strategic planning," or "agenda setting."
Since decisions about what health research is carried out are decisions about how to distribute scarce and very important potential benefits among different populations, such decisions are not merely technical. These decisions also incorporate value judgements—including concerning whose interests count and what constitutes a fair allocation of resources. This means that ethics is a fundamental element of research priority setting: to identifying the goals at which it aims, the way it is conducted, and who it involves. This guidance aims to synthesize current good practice for incorporating ethics into health research priority setting. It is relevant to anyone making decisions about what research to support or conduct, including funders, policy makers, research institutions, health researchers, and patient groups.
Alongside this guidance is a casebook companion. It comprises 14 cases and scenarios that illustrate how the ethical principles from that guidance can be put into practice by decision-makers, including funders, international organizations, governmental bodies, and research groups. *Source: World Health Organization*

Setting global research priorities for public health and social measures during health emergencies
The global research agenda on public health and social measures (PHSM) during health emergencies sets research priorities across multiple infectious disease hazards until 2030. It has been developed using a multi-step consultation process involving expert discussions at the first global technical consultation on PHSM and two public surveys: one to define urgent research priorities for COVID-19 and one to identify medium- to long-term priorities using a multi-hazard approach.

The research agenda features six overarching themes ranging across effectiveness, determinants of adherence and unintended health and socioeconomic consequences of PHSM implementation, hence reflecting the topic's complex and intersectoral nature. The priority setting exercise aims at promoting a cohesive and systematic approach to generating robust, multidisciplinary and policy-relevant evidence to inform PHSM decision-making and implementation during future health emergencies. *Source: World Health Organization*

Consideration of environmental impacts in health technology assessment
Australia's health system is a major contributor to national greenhouse gas emissions. One way to address this is to consider the environmental impacts of healthcare in health technology assessments (HTA) and decision-making processes. This issues brief provides insights on how integrating environmental impacts into HTAs can contribute to a more environmentally sustainable healthcare system. *Source: Deeble Institute for Health Policy Research*

Earning Trust for AI in Health: A Collaborative Path Forward
Earning Trust for AI in Health: A Collaborative Path Forward was developed by the World Economic Forum and Boston Consulting Group to outline a collaborative path for earning trust in artificial intelligence for health. While AI offers significant potential to improve health outcomes and health system performance, its evolving nature challenges existing practices, policies and regulatory models. The report identifies three urgent priorities for scaling AI in health: strengthening technical capacity among regulators, health leaders and innovators; adapting regulatory models using guidelines, regulatory sandboxes and post-market surveillance; and mobilizing public–private partnerships to co-develop standards, support regulatory innovation and establish independent quality assurance mechanisms. Without coordinated and inclusive action, fragmented approaches risk delaying innovation and reinforcing inequities. Embedding trust is essential for realizing AI's full value for resilient and equitable health systems. *Source: World Economic Forum*

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Immunisation

Considerations for use of avian influenza A(H5) vaccines during the interpandemic and emergence periods: report of a WHO virtual scientific consultation, September 2024
WHO conducted a virtual scientific expert consultation on A(H5) vaccines and vaccination. This report provides an overview of the landscape of A(H5) vaccines and summarizes options for Member States' potential use of A(H5) vaccination during the interpandemic and emergence periods. *Source: World Health Organization*

National immunisation strategy for Australia 2025–2030
The strategy provides a framework to increase and sustain immunisation uptake in Australia over the next five years. It sets a vision for a healthier Australia through immunisation. It is supported by a mission to reduce the impact of vaccine-preventable diseases through high uptake of safe, effective and equitable immunisation across the lifespan. *Source: Australian Centre for Disease Control*

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Health Policy

What worked well in social protection during the COVID-19 pandemic?
This Working Paper looks at some of the shorter and longer-term impacts of the COVID-19 pandemic on labour markets across OECD countries. It examines how job retention schemes, unemployment benefits, sickness and disability-related benefits and their prompt expansion have succeeded in protecting people's jobs and incomes; and how successful countries were in preventing structural increases in labour market inactivity, as indicated by the development of disability benefit receipt. The paper demonstrates and confirms the overall significant success in the labour market response to the COVID-19 pandemic across OECD countries. This contributes to explaining why the COVID-19 pandemic has disappeared from the labour market discussion much faster than initially expected, despite an unprecedented shock to labour markets and a sharp decline in working hours at the outset of the crisis. Preventing sustained long-term unemployment and long-term sickness absence has secured jobs and incomes and prevented inactivity. *Source: OECD*

Building resilience in adult social care: Learning the lessons from other countries' experiences of Covid-19
As the ongoing Covid Inquiry turns its focus to the social care sector, and with social care in desperate need of long-promised reform, Nuffield Trust and LSE's Care Policy and Evaluation Centre are publishing a set of international case studies exploring how France, Japan, Denmark and the Netherlands managed the social care challenges of the pandemic. The reports look at what helped and hindered responses in each country, and how their systems have started to recover and prepare for future shocks. *Source: Nuffield Trust*

What Can Organizations Do to Enhance their Capacity to Promote Healthy Public Policies?
This document aims to provide decision makers and public health professionals with practical strategies and tools to strengthen organizational capacities for promoting healthy public policies (HPPs). It highlights a variety of strategies, tools, and implementation examples drawn from the scientific literature. Decision makers and public health professionals can adapt these proposed strategies and tools to their specific contexts, using them to guide and structure their actions to enhance their organizational capacities to act on HPPs. *Source: National Collaborating Centre for Healthy Public Policy*

Transforming mental health through lived experience: Roadmap for Integrating Lived and Living Experience Practitioners Into Policy, Services and Community
Integrating lived/living experience practitioners into health-care and social systems is crucial to realizing recovery-oriented mental health care. Practitioners model recovery and bridge gaps between traditional health-care structures and service users, humanizing and promoting inclusivity of services. This roadmap, co-created under the WHO Regional Office for Europe's collaboration with the European Commission under the "Addressing mental health challenges in the European Union, Iceland and Norway" project, provides a structured framework to integrate lived/living experience expertise into mental health systems and workforce through six essential actions. Case studies from a variety of European countries are presented to illustrate these actions in practice. The roadmap is for use by governments, mental health policy-makers, service providers, people who use services, lived/living experience workers and advocates. *Source: World Health Organization*

Modernizing preventive health care guideline development in Canada: A way forward
Preventive health care is a cornerstone of a strong and equitable health care system — one that not only treats illness, but actively works to prevent it. Preventive measures can improve health outcomes, reduce disparities, and strengthen health care systems. Enhancing the preventive health care framework is one of the most impactful ways we can enhance the well-being of all Canadians. The Canadian Task Force on Preventive Health Care (CTFPHC) has long been a trusted voice in evidence-based guideline development and is internationally recognized for its work. As the health

care landscape continues to evolve, so too must the structures and processes that guide it. The External Expert Review Panel, composed of thirteen experts from diverse fields, approached this work with a shared commitment to ensuring that the Task Force remains a leader in preventive health care — responsive to the needs of primary health care professionals and the public, as well as the provincial and territorial screening program managers, quality councils, and other key interest holders who support professionals and the public in the delivery of primary care and clinical preventive services. *Source: Public Health Agency of Canada*

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Public Health

Tracking global progress on preparedness for respiratory pandemics: 2023 report
In alignment with the World Health Organization's (WHO) Framework for tracking global progress on preparedness for respiratory pandemics, this 2023 progress report provides an annual snapshot of the status of functional capacities required for effective respiratory pandemic preparedness. Thirteen indicators across five capacity areas—emergency coordination, collaborative surveillance, community protection, clinical care, and access to countermeasures—were collated using data from sources identified in the Framework's indicator compendium. The report aims to support strategic planning and implementation by highlighting areas of progress and identifying opportunities to further strengthen capacities at global and regional levels. *Source: World Health Organization*

Noncommunicable diseases progress monitor 2025
The fifth in a series, the World Health Organization's 2025 Noncommunicable Diseases (NCD) Progress Monitor provides a snapshot of country progress toward meeting global NCD targets and commitments. Drawing on the latest available data, the report assesses national capacity, policy implementation, and health system responses across countries. It serves as a key accountability tool to inform action ahead of the 2025 global deadline and the 2025 UN High-Level Meeting on NCDs. *Source: World Health Organization*

Strategic actions for infection prevention and control and water, sanitation and hygiene during mpox outbreak response
The mpox IPC and WASH strategy focuses on strengthening two major components of the response: 1) safe and scalable care within health-care facilities and mpox treatment centres and 2) community protection during home care and within the community, such as in high-risk congregate settings (prisons, sex-on-premises venues, and refugee and internally displaced persons [IDP] camps) and learning spaces (schools, etc.). Additionally, the strategy focuses on providing technical support across relevant pillars, including border health/points-of-entry, vaccination and safe and dignified burials. *Source: World Health Organization*

Joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All: Report
The joint evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP) (2019-2024) assessed efforts to align agency actions, strengthen country-level engagement, and accelerate progress toward health-related SDG targets. It highlighted that while the GAP achieved some success in areas like primary health care and sustainable health financing, gaps in inter-agency coherence and coordination hindered its full potential. By revealing these challenges, the evaluation provides actionable insights for refining strategies and better meeting local health priorities. *Source: World Health Organization*

Homelessness as a public health emergency: learnings from crisis

This research looks at public health responses to homelessness during the COVID emergency in Australia. It identifies barriers, adaptations and lessons learned from increased teamwork between public health and homelessness sectors. It investigates how these partnerships formed and how they can continue with ongoing adequate funding, staffing and logistical support. *Source: Australian Housing and Urban Research Institute*

Mapping Community-Based Care and Support for People

With increased longevity and the rising prevalence of long-term conditions that affect functioning, the number of people living with limitations or declines in functional ability – and thus requiring support – is growing worldwide. Investing in a diverse, accessible and inclusive system of community-based care and support services is essential to meet this demand effectively and sustainably, while promoting the fulfilment of human rights for all. This technical report provides a conceptual framework for understanding and mapping the range of community-based care and support services that should be available to meet the health and social support needs of people with disabilities and older people with care needs and prevent institutionalization, as well as the key professional care profiles and roles required to deliver these services with quality. It concludes by presenting guiding principles and enabling factors which can guide policies for strengthening community-based care services and supports across the WHO European Region. *Source: World Health Organization*

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