



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

Issue 136, 2025, August 2025

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.

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Disability

[The National Human Rights Strategy for Disabled People 2025-2030](#)

"The National Human Rights Strategy for Disabled People 2025-2030 is Ireland's plan to advance the realisation of the United Nations Convention on the Rights of Persons with Disabilities. We are committed to the principles of the Convention - to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all disabled people and to promote respect for their inherent dignity. Ultimately, our goal is to ensure that disabled people are supported and empowered to live full lives of their own choosing. The Programme for Government 2025 prioritised the publication and funding of a new National Disability Strategy, setting out a vision

to 2030. It adopted a whole-of-Government approach to advancing the implementation of the United Nations Convention on the Rights of Persons with Disabilities. Oversight of delivery will be undertaken by the Cabinet Committee on Disability, supported by the relevant Senior Officials Group and the Disability Unit in the Department of the Taoiseach. The Joint Oireachtas Committee on Disability Matters will function as part of the broader political and democratic oversight of progress. A Delivery and Monitoring Committee will be established with representation from Disabled Persons' Organisations and other disability stakeholders. At all stages, the views and opinions of disabled persons, their organisations, and other relevant stakeholders will be central to delivery. We are committed to building their capacity, where needed, to support them in providing this strong voice." *Source: Department of Children, Disability and Equality Ireland*

[The voice of Queenslanders with disability report 2025](#)

"The Voice of Queenslanders with Disability report provides insights gathered from a sample of 291 Queenslanders with disability, 117 family/carers and 34 organisational representatives who engaged with the research survey. Queenslanders shared authentically and transparently with us about what is going well and what is challenging across many aspects of their lives. As the first survey to collect stories across all seven outcome areas of Queensland's Disability Plan 2022-2027: Together, a Better Queensland² and Australia's Disability Strategy 2021-2031,³ diverse and sometimes divergent perspectives were shared. While hundreds of people shared their perspectives, there is no single 'voice of disability' in Queensland and it is important to recognise that while this report presents key findings, it does not represent all disability experiences throughout the state." *Source: Griffith University*

[Exploring the Treatment and Management of Chronic Pain and Implications for Disability Determinations: Proceedings of a Workshop](#)

"Understanding of the relationship between chronic pain and disability - particularly different lived experiences of chronic pain - is critical to developing effective management strategies and improving quality of life for those affected. The Social Security Administration, which administers programs to monetarily compensate and supplement the incomes of people with disabilities, funded a National Academies workshop in April 2025 to explore the functional effects and disability determination implications of chronic pain. This Proceedings of a Workshop highlights the presentations and discussions that occurred at the workshop." *Source: The National Academies Press*

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Health Systems, Costs, & Transformation

[Assisted dying in practice: International experiences and implications for health and social care](#)

"Exploring 15 jurisdictions across the world, this is the most detailed look to date at what the UK can learn from other countries as the UK and Scottish Parliaments debate bills to legalise assisted dying and potentially set up assisted dying services. It finds that that safe and effective implementation will require substantial planning, infrastructure and funding, all of which are scarce in today's NHS amid staff cuts, reorganisation, tight finances, and patchy access to end of life care." *Source: Nuffield Trust*

[Methodology for the update of the Global Health Expenditure Database](#)

"This document provides an overview of the WHO Global Health Expenditure Database (GHED), a key global resource for tracking health spending across more than 190 countries and territories. It outlines the structure, content, and functionality of the GHED portal, including data sources, classifications, indicators, and tools for analysis and visualization. The document also explains the

update process, data estimation and offers guidance on how to access and use the database effectively.” *Source: World Health Organization*

[Investing in community health infrastructure](#)

“Community health organisations provide services like general practice, dental care and allied health at low or no cost to Victorians experiencing disadvantage. They also offer social services like aged care, housing and homelessness services, and mental health support. These services can help reduce demand on public hospitals by treating people early and managing chronic conditions in the community before they get worse. Community health organisations could help more people, but most operate out of buildings that are old or not fit for purpose, with leaking roofs and structural issues. Some have had to give up funding for services because their spaces cannot accommodate their clients' needs. This research finds with the right planning and a small increase in infrastructure funding, community health organisations can help keep the most vulnerable Victorians healthy and ease demand on our hospitals and emergency departments.” *Source: Infrastructure Victoria*

[Competitive care: why, when and how competition can improve human services](#)

“The care economy is a significant part of ‘human services’ which make up most of the non-market sector in Australia. However, labour productivity in the non-market sector has been negative over the past decade. This paper poses that improving productivity, service standards and innovation in the care economy is a key part of improving Australians’ living standards.” *Source: Productivity Commission*

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Immunisation

[Report of the 48th meeting of the WHO Global Advisory Committee on Vaccine Safety, 15–16 May 2025](#)

“The Global Advisory Committee on Vaccine Safety (GACVS) was established in 1999, and the Advisory Committee on Safety of Medicinal Products (ACSoMP) was established in 2003, to provide independent, authoritative scientific advice to WHO on issues of vaccine and medicine safety of global or regional concern. The 3-day hybrid meeting of ACSoMP and GACVS, held on 12–14 November 2024, included topics specific to vaccine safety, pharmacovigilance issues common to both vaccines and medicines and topics specific to medicines safety.” *Source: World Health Organization*

[Behavioural and social drivers of influenza vaccination: tools and practical guidance for achieving high uptake](#)

“Increasing and maintaining vaccination uptake is vital for vaccines to achieve their success. Addressing low vaccination requires an adequate understanding of the determinants of the problem, tailored evidence-based interventions to increase uptake, and monitoring and evaluation to determine their impact. This guidebook provides a range of tools on behavioural and social drivers (BeSD) of influenza vaccination. It is intended for immunization programme managers, implementers, researchers and others who collect, analyse and use data for programme planning and evaluation. Routine tracking of BeSD data will equip programmes and partners to assess and address the reasons for low vaccine uptake, track trends over time, inform continuous programme improvement, and reduce coverage inequities.” *Source: World Health Organization*

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Research, Technology, & Innovation

[Mixed-methods evaluation of the Maternity and Neonatal Independent Senior Advocate \(MNISA\) pilot in England](#)

“The Maternity and Neonatal Independent Senior Advocate (MNISA) role is being piloted across England following a series of high-profile maternity reviews. The role is designed to support families who have experienced the death or serious injury of their baby, or of a mother during NHS care, to help families navigate processes following the incident, ensure they are listened to, and ultimately influence system change. The NIHR Rapid Service Evaluation Team conducted an evaluation to assess the implementation, impact, and value of the role and present the findings of that evaluation here.”

Source: Nuffield Trust

[Artificial intelligence in healthcare](#)

“Over the past decade, AI has gained significant momentum in healthcare, promising to transform the medical industry and the way health providers interact with their patients. While AI has the potential to create new medical insights and transform Australian healthcare and research, ethical considerations — such as patient privacy and surveillance, bias and discrimination, and the philosophical challenge of human judgement versus AI systems — must be thoroughly investigated before its application in healthcare. The AMA maintains the final decision on patient care should always be made by a human.” *Source: Australian Medical Association*

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Health of Older People

[Mind the Gap: Investing in Dementia as an Opportunity to Extend Healthspan](#)

“We are living through an age of remarkable longevity. Globally, the number of people aged 60 and over is projected to double in the next 25 years. But this longevity boom masks a critical problem: the growing gap between lifespan and healthspan—the years lived in good health. A key contributor to the healthspan–lifespan gap is dementia. By 2050, more than 150 million people are projected to be living with dementia unless treatments are discovered. The recent approval by the Food and Drug Administration of blood tests for Alzheimer’s detection, along with a deeper understanding of modifiable risk factors and the arrival of disease-modifying therapies, offers new hope for addressing dementia care. However, if research and investment in this area do not increase—or worse, are not maintained at current levels—progress will stall, and the field risks significant setbacks.” *Source:*

Milken Institute

[Health care for older adults](#)

“Most high-income countries have ageing populations. In 2024, there were 33 people aged 65 and older for every 100 people of working age (20–64-year-olds) on average across the OECD. This is expected to rise to 55 people aged 65 and older for every 100 working-age people by 2054. The UK is no exception to these population trends. By 2040 the number of people living with major illness in England will increase by over a third (from 2019 levels), and most of this increase will be among people aged 70 or older. The new 10-Year Health Plan flags the ageing population ‘living with multiple health conditions’ as a primary challenge. The plan sets out reforms to boost primary and community care and significantly extend the use of digital technology to improve the quality and coordination of care for people with multiple conditions. But previous attempts to boost community-based care have struggled and the share of resources that flows to hospitals has continued to grow.”

Source: The Health Foundation

Hospital at Home for frailty: Current situation and future potential

“This paper lays out the current situation, the evidence base and the potential future for Hospital at Home services - provided we get them right. Money is tight, and there is a risk these relatively new services will be cut, rather than further developed. The current pressure on emergency services and long waiting lists for elective care will never be resolved without a focus on community alternatives, especially for those living with frailty. While there are risks associated with being at home, for older people there are also considerable risks associated with going to emergency departments and staying in hospital, sometimes for a very long time. Providing care through Hospital at Home is not about restricting access to hospital when there is a medical need for it and when the individual is likely to benefit. Hospital at Home is simply about identifying people who could receive hospital-level treatment in their home environment and offering that alternative to admission.” *Source: British Geriatrics Society*

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Health Policy

The art and science of promoting evidence-informed decision-making: a global living evidence map

“Effective policy design and implementation are central to socioeconomic development and reduction of inequities. The systematic use of data and evidence to guide decision-making for policy and practice is a major pathway to arriving at more effective policies, programmes, and practices. The present evidence map aimed to assess the existing evidence on interventions that support decision-makers’ use of evidence to examine the size and nature of the existing evidence base in the area. Despite the large number of studies found, a number of gaps and inequities in the evidence base were identified. These included the dominance of evidence from the health sector and high-income countries, as well as five countries that on their own contributed 41% of the total identified evidence base. The developed evidence map and its included studies present a resource for policy-makers, researchers, and practitioners to identify research and practice gaps. It can be used to inform research commissioning, with the commissioning of more evidence synthesis on EIDM interventions being regarded as the most pressing evidence gap. The map also shines a spotlight on the absence of a shared conceptual framework, taxonomy of interventions and outcomes, and an agreed set of key indicators and outcome measures of evidence use. This presents a further fertile area for EIDM research.” *Source: World Health Organization*

Informing Public Health Decision-Making with Multisource Collaborative Surveillance: A Step-by-Step Approach

“Managing health security threats require critical decision-making despite many uncertainties. One of the key lessons learned from the COVID-19 pandemic and other emergencies was that the decision-making needs to be informed by synthesis of multiple sources of information. Multisource collaborative surveillance (MSCS) is a systematic approach to using data from multiple sources to inform decision-making to manage health emergencies and public health threats. Key features include being decision oriented, multisource, collaborative, and systematic. To facilitate the strengthening of MSCS, this manual proposes the six steps, creating an inclusive and participatory process engaging relevant stakeholders. The core process of MSCS strengthening is thinking backwards, starting from what decisions have to be made to manage emergencies (decision-making questions), and then moving on to defining what information needs to be generated (surveillance objectives) and identifying how best to generate required information, addressing duplication and fragmentation (surveillance approaches).” *Source: World Health Organization*

[A framework for civil society organization engagement in health emergencies](#)

“The Framework for Civil Society Engagement in Health Emergencies aims at enhancing inclusive community-centred decision-making, planning and implementation along with shared, all-partner accountability for efficient emergency prevention, preparedness, readiness, response, recovery, and resilience at the community level. The objective of this approach is to provide a practical tool to WHO staff at the three levels of the Organization to support national governments in meaningfully engaging CSOs, along with other key community stakeholders, for strengthening community resilience to public health emergencies. The 3E approach framework provides an outlook for WHO staff, WHO partners and national governments on practical steps to support a harmonized, multi-stakeholder approach to strengthening community resilience to emergencies.” *Source: World Health Organization*

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Public Health

[WHO guidelines on meningitis diagnosis, treatment and care](#)

“In line with the Defeating meningitis by 2030: a global road map, the WHO guidelines on meningitis diagnosis, treatment and care provide evidence-based recommendations for the clinical management of children and adults with community-acquired meningitis, including acute and long-term care. Meningitis poses a significant public health threat, despite successful efforts to control the disease globally. The burden of morbidity and mortality from meningitis remains high, particularly in low- and middle-income countries and in settings experiencing large-scale, disruptive epidemics. Approximately one in five individuals affected by bacterial meningitis incurs long-term complications, which may result in disability and have a profound impact on quality of life. The guidelines are primarily intended for health-care professionals working in first- or second-level health-care facilities, including emergency, inpatient and outpatient services. They are also directed at policy-makers, health-care planners and programme managers, academic institutions, non-governmental and civil society organizations to inform capacity-building, teaching and research agendas.” *Source: World Health Organization*

[Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2023 country capacity survey in the WHO South-East Asia Region](#)

“Noncommunicable diseases (NCDs) represent a significant and growing threat to the economic and social development of the WHO South-East Asia Region. Fifty-five percent of all deaths in the region are related, half of which occur during the economically productive ages of 30 and 70 years. The four major NCDs—cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes—makeup 83% of NCD-related deaths, driven by risk factors such as tobacco use, unhealthy diets, physical inactivity, and alcohol consumption. Tackling this burden requires robust and sustained efforts to strengthen national capacities and responses. This includes enhancing public health infrastructure, adopting and enforcing effective policies, improving surveillance systems, and scaling up services for early detection, treatment, and long-term care. This report presents the findings of the WHO NCD Country Capacity Survey 2023, offering a comprehensive snapshot of the current national capacities and responses to NCDs across the region’s eleven Member States. The results highlight encouraging progress in several domains, while also identifying critical areas that warrant renewed focus and investment.” *Source: World Health Organization*

[Abortion care guideline, 2nd ed](#)

“The objective of this guideline is to present the complete set of all WHO recommendations and best practice statements relating to abortion. While legal, regulatory, policy and service-delivery contexts

may vary from country to country, the recommendations and best practices described in this document aim to enable evidence-based decision-making with respect to quality abortion care.”

Source: World Health Organization

Pandemic influenza severity assessment (PISA): a WHO guide to assess the severity of influenza in seasonal epidemics and pandemics, second edition

“The updated WHO pandemic influenza severity assessment (PISA) framework set out in this document provides a systematic approach for interpreting data collected through existing surveillance systems and improving their usefulness for risk communication and decision-making. The approach enables the severity of current influenza and syndromic respiratory illness activity to be assessed relative to previous years by using historical data to set thresholds that then allow for the qualitative categorization of such activity. PISA is designed to be implemented continuously based on stable/ routine reporting systems, enabling activity during epidemic and pandemic periods to be compared. Information to assess severity especially early and throughout the course of a pandemic will also be provided through investigations, studies and modelling.” *Source: World Health Organization*

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Environment and Health

NSW homelessness strategy 2025–2035

“The NSW Homelessness Strategy 2025-2035 is a bold, 10-year whole-of-government plan to ‘make homelessness rare, brief and not repeated because people have a safe home and the support to keep it’. This Strategy will act as our blueprint. It will help us focus our efforts, align agencies around shared goals, and guide policy, funding and service delivery. It will also shape how we invest in housing and homelessness support – both now and in the future. Homes NSW is leading the NSW Government’s response to homelessness – guiding the next decade of reform, investment and service delivery for collective impact and lasting change.” *Source: Government of New South Wales*

A home of one's own: philanthropic & social sector solutions for women's housing

“Addressing housing insecurity before women reach crisis point is an urgent challenge requiring a collaborative, community-wide response. This report sets out the facts and challenges of housing insecurity among women in Australia and proposes intervention points for social purpose impact investors, institutional investors and philanthropists to mitigate the risk of more women falling into homelessness.” *Source: Per Capita*

Indigenous Knowledge, Local Knowledge, and Climate Change: Interconnections for Policy and Practice.

“Indigenous Peoples and local communities (IPLCs) are often depicted as highly vulnerable to the environmental and human impacts of anthropogenic climate change. At the same time, they are increasingly recognized as prominent contributors toward global efforts to combat climate change. In particular, their intergenerational, place-based knowledge systems contain much valuable information about climate variability and local environments, and collectively their trove of knowledge and know-how constitutes a strategic resource for developing more effective climate assessment, mitigation, and adaptation capabilities. This report examines the interconnections between indigenous and local knowledge (ILK) and climate change for policy and practice purposes. It looks at how ILK can contribute to strategies for dealing with anthropogenic climate change and its impacts, and how such changes may exert influences on the utility and vitality of ILK systems moving forward”. *Source: World Bank*

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