



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

Issue 139, 2025, November

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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Equity

[Measuring Indigenous-Specific Racism in Health Care](#)

"Despite the serious harms caused to First Nations, Inuit and Métis Peoples by health systems and health care professionals, there is little data and reporting to bring attention to the issue and hold systems accountable. Factors that contribute to the lack of data and reporting include lack of measurement guidelines or standards to facilitate comparisons, track progress and

help drive change; lack of opportunity provided to self-identify; staff resistance in asking about Indigenous identity at the point of care; poor data quality due to the inability to properly identify First Nations, Inuit and Métis people in the data, which is due, in turn, to the nuances and complexity of capturing Indigeneity through data; fear of receiving unsafe care following the disclosure of Indigenous identity; and poor data governance that does not respect Indigenous data governance principles such as ownership, control, access and possession (OCAP[®]), ownership control, access and stewardship (OCAS) and Inuit Qaujimajatuqangit (IQ). Following a series of federal meetings convened to discuss Indigenous-specific racism in Canada's health systems, the Canadian Institute for Health Information (CIHI) committed to co-developing a distinctions-based national set of Cultural Safety and Indigenous-Specific Racism indicators." *Source: Canadian Institute for Health Information*

[**The age barrier: older adults' experiences of ageism in health care**](#)

"This report looks at how ageism affects older Australians when they access healthcare. Many patients noted they feel dismissed, spoken over or treated as 'just a number'. These attitudes can lead to missed diagnoses, poorer health outcomes and even people avoiding care. The findings show that ageism is perceived not only in personal interactions, but also within the practices and policies of health institutions. These perceptions shape older people's experiences of health care and affect their health outcomes. Consequences are serious for people and the system." *Source: Australian Human Rights Commission*

[**How Strategic Authorities Can Use Housing and Public Transport to Tackle Health Inequalities**](#)

"This report focuses predominantly on what could enable strategic authorities to do more to address health inequalities by making both good quality housing and public transport more affordable, especially for those on the lowest incomes. It highlights both leading edge practice to illustrate the art of the possible, as well as emerging insights for national policymakers which could be considered as amendments to the current English Devolution and Community Empowerment Bill. It begins with context setting in section two, to illustrate how affordability of housing and public transport impacts health inequalities. Sections three and four consider housing and public transport (particularly buses) and address how current practice could be scaled and amplified. In both instances, the case is made for more municipal ownership as a key intervention to provide both more affordable housing and cheaper public transport. The report then offers some final conclusions and recommendations in section five. The insights presented here are informed by interviews and discussion groups and from engagement with the wider academic and grey literature." *Source: Centre for Local Economic Strategies*

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Health Systems, Costs, & Transformation

[**From diagnosis to delivery; A framework for accelerating NHS productivity growth**](#)

"Improving productivity is integral to creating a high-performing and sustainable health service. Amid tight public finances and stalled progress in improving the nation's health, the NHS in England needs to seize opportunities over the next decade to deliver more and better care to patients for every pound spent. To assist, the Health Foundation has launched the NHS Productivity Commission to develop practical, evidence-based and ambitious solutions to improve productivity." *Source: The Health Foundation*

[**Smarter spending: getting better care for every hospital dollar**](#)

"Spending on public hospitals increased by \$3 billion every year on average over the past decade. Yet hospitals are still under strain. Ambulances are ramping outside emergency departments, waits

for surgery are getting longer, and staff say they're burning out. And demands on hospitals will only grow as Australians get older and sicker. Public hospital spending per person will increase by a third in the next decade – from \$2,500 to \$3,300 each. But budgets are under pressure. Smarter spending can make every dollar go further, reducing the need for tax hikes or cuts to public services." *Source: Grattan Institute*

[Health at a Glance 2025](#)

"Health at a Glance provides a comprehensive set of indicators on population health and health system performance across OECD Members, Key Partners and accession candidate countries. These indicators cover health status, non-medical determinants and health risk factors, access to and quality of healthcare, health spending and health system resources. Analysis draws from the latest comparable official national statistics and other sources. Alongside indicator-by-indicator analysis, an overview chapter summarises the comparative performance of countries and major trends. This edition also includes a thematic chapter on gender and health." *Source: OECD*

[Integration of traditional, complementary and integrative medicine into health systems](#)

"This publication provides a conceptual framework for the integration of traditional, complementary and integrative medicine into health systems. The framework identifies four models of integration—people-led, practitioner-led, coordinated and blended—based on two dimensions: decentralized versus centralized and pluralistic versus unified. It also links these models to the six building blocks of health systems, including leadership and governance, financing, service delivery, workforce, information systems and health products. Developed through evidence reviews, country visits and global consultations, the publication offers a foundation for policy dialogue, assessment and research. It provides Member States with practical guidance and tools to define, compare and strengthen integration in ways suited to their national contexts." *Source: World Health Organization*

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Health Policy

[Guidance on policy and strategic actions for mental health and the health sector](#)

"Protecting and promoting mental health requires coordinated action across all sectors. This new Guidance supports governments in assessing how sector mandates, policies, and plans affect mental health, and provides practical steps to integrate mental health and well-being into the development, implementation, and evaluation of sectoral policies.

The guidance collection emphasizes two main areas of focus: Cross-sectoral policy directives and strategic actions to promote leadership, prioritization, accountability, and financing for stronger national commitment, and Sector-specific guidance with policy options, strategic actions, and indicators for key government sectors. The collection comprises 12 publications.

Guidance on policy and strategic actions for mental health and the health sector provides policy directives and strategic actions to integrate mental health into primary care and health systems, improve governance and financing, reduce stigma in care, and train the health workforce." *Source: World Health Organization*

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Nutrition

[A good food strategy for the UK](#)

"An effective food strategy is a major opportunity for the government to grow the economy, deliver a secure supply of affordable, nutritious food and create an NHS fit for the future. It can create a

food system adapted to climate change that restores, rather than harms, nature and supports thriving, healthy communities. This policy insight describes a package of nine policies which The Green Alliance believe should form the core of the food strategy, and deliver the goals set out in a government Good Food Cycle. Henry Dimbleby's original proposals are updated to reflect progress since his report was published, while acknowledging that the 2025 spending review did not explicitly allocate any funding to the food strategy. Suggestions for implementation are made, and demonstrate how they support the government's missions, particularly on growth, as well as how to mitigate any unintended consequences of the strategy." *Source: Green Alliance*

[Planning for healthier communities: opportunities in the Scottish planning system](#)

"This report, produced by Nesta in partnership with Public Health Scotland, explores how Scotland's planning system can be used to create healthier food environments and support efforts to reduce obesity and health inequalities. It draws on research, stakeholder engagement, and lessons learned from England to recommend practical steps for integrating food environment policies into the local planning system." *Source: Nesta*

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Workforce

[Projections of regional demand and workforce requirements for general practice in Ireland, 2023–2024: Based on the Hippocrates model](#)

"This report was prepared by researchers at the Economic and Social Research Institute (ESRI) for the Department of Health. The report is published as an ESRI Survey and Statistical Report and should be read in conjunction with the recently published Projections of national demand and workforce requirements for general practice in Ireland, 2023–2040: Based on the Hippocrates model. This report analyses demand for general practice services in 2023 at the HSE health region level and projects demand and workforce requirements to 2040. The Hippocrates Model is a tool which can: inform health and social service planning in Ireland; inform financial planning for the healthcare system; inform planning for capacity, services and staffing; identify future demand pressures; and provide a framework in which to analyse the effects of potential system changes and reforms." *Source: Economic and Social Research Institute*

[Rethinking Placement: Increasing Clinical Placement Efficacy for a Sustainable NHS Future](#)

"This paper argues for a fundamental rethinking of clinical placements, suggesting that incremental adjustments are not enough. Instead, it outlines bold and innovative new approaches that harness the full potential of simulation, technology and new models of supervision, while also deepening partnerships between higher education institutions, NHS providers and community organisations. The paper proposes a shift in thinking from 'more placements' to 'better placements', to ensure that placements are equitable, future facing, and designed around workforce needs and student success. This, it argues, will secure the future workforce the NHS requires to meet the challenges of the next decade and beyond." *Source: Higher Education Policy Institute*

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Women's Health

[Bridging the gender pain gap: the Inquiry into Women's Pain report 2025](#)

"Many women and girls face real and enduring challenges when seeking care and support for pain. Medical gender bias and barriers in the healthcare system routinely lead to denial or dismissal of pain, misdiagnoses or delayed diagnoses, and lack of pain relief and associated treatment for many

women. The Inquiry into Women's Pain in Victoria gathered insights from over 13,000 women, girls, carers, healthcare professionals, peak bodies and researchers to unveil the experiences of girls and women with pain conditions and in accessing pain relief.

This report captures these lived experiences and presents recommendations to government on how to improve healthcare services, ensuring women, girls and gender diverse people receive the care they deserve. The recommendations set a clear roadmap for reform and will guide system-wide improvements to bridge the gender pain gap and ensure women's pain is recognised, understood and addressed." *Source: Department of Health Victoria*

[Opportunities to address alcohol policy as part of a holistic approach to preventing violence against women](#)

"Heavy alcohol use by men can escalate and worsen their violent behaviour towards women, especially among men whose ideas of masculinity emphasise aggression, dominance and disrespect for women. This policy brief recommends governments explicitly address the link between alcohol and gender-based violence in law, policy and regulation. It sets out practical opportunities for Australian policymakers as well as a range of other community-based strategies.

The brief calls for alcohol harm minimisation strategies to be integrated into national efforts to prevent violence against women and children. It highlights the need to reshape drinking cultures that celebrate men's dominance and aggression, to challenge ideas about masculinity that contribute to violence, and strengthen legal, policy and regulatory approaches to alcohol advertising, marketing, sale and delivery. The brief outlines key reform opportunities, including amending state and territory liquor laws to prioritise harm minimisation and recognise domestic, family and sexual violence as relevant forms of alcohol-related harm, and improving regulation of alcohol advertising that targets men and links drinking with masculinity, dominance and control." *Source: Our Watch*

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Pharmacovigilance and Medicines

[Towards closing the gap in access to child-friendly formulations of essential medicines](#)

"Over four years, under the framework of GAP-f, WHO comprehensively reviewed formulations of medicines listed on the EMLc (WHO Model List of Essential Medicines for Children) to inform the 2023 and 2025 updates of the EMLc. This publication documents the outcomes project including additions, removals and other modifications – all of which were adopted and reflected in the 2023 and 2025 editions of the list. This foundational work ensures that the EMLc remains the most up-to-date global reference for countries and procurement agencies, supporting the alignment of internationally and nationally procured formulations with the latest available options for children."

Source: World Health Organization

[The global smart pharmacovigilance strategy](#)

"Trust in regulated medical products (medicines, vaccines and other health products) to protect health, is mostly based on a number of principles: the evaluation before marketing authorization, the permanent oversight of manufacturing facilities and a permanent assessment of benefit/risk balance all through the products life cycle. Science is at the forefront of this ecosystem, and the transparency of regulatory procedures plays an essential role in building the much needed societal trust. The global smart pharmacovigilance strategy was developed in response to these challenges. It is built on a simple but powerful idea: safety systems do not need to be complex to be effective – they need to be designed intelligently, to build pharmacovigilance systems that are not only functional but also strategic, sustainable, and tailored to national priorities.

It is not a rigid checklist, but a practical framework to help countries prioritize, build capacity, and embed sustainable pharmacovigilance into regulatory systems as well as broader health systems

shaped by real-world experience. The vision is clear: to foster pharmacovigilance and regulatory systems that are strong, adaptive and trusted – systems that guarantee equitable access to affordable, quality assured health products for everyone everywhere. This is not only a technical priority but also an ethical imperative, especially as disparities in access to essential health products persist and global health challenges evolve.” *Source: World Health Organization*

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Public Health

[Public health intelligence competency framework](#)

“Rapid identification of and response to health threats are critical for global health security. Recent major public health events have underscored the need to define essential public health intelligence (PHI) competencies to mitigate effects of such events and support countries to meet health regulation mandates. To address this need, the World Health Organization, in collaboration with global partners, has created the Public health intelligence competency framework, which aims to standardize core elements and competencies of the PHI workforce.” *Source: World Health Organization*

[WHO study group on tobacco product regulation: report on the scientific basis of tobacco product regulation: tenth report of a WHO study group](#)

“This report of the WHO Study Group on Tobacco Product Regulation provides the Director-General with evidence-based recommendations for Member States about tobacco product regulation. The outcomes and recommendations addressed provide a basis for strengthening product regulation. The recommendations on each of the topics considered in the report are set out at the end of the relevant section and the overall recommendations of the Study Group are summarized in the final section of the report. These recommendations seek to promote international coordination of regulatory efforts, the adoption of best practices in product regulation and strengthen product regulation capacity-building across all WHO regions.” *Source: World Health Organization*

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Health of Young People

[Born Unequal: Tackling the Root Causes of Health Inequity in Childhood](#)

“The health and wellbeing of children and young people have deteriorated over the last 15 years, in particular since the pandemic, and the UK has some of the worst health outcomes in Europe. There are also widening inequalities in health among children and young people, with those from more disadvantaged backgrounds, from some ethnic minority groups and among those with disabilities and facing discrimination more likely to have poor health. Inequalities experienced during childhood tend to widen through adulthood and contribute to increasing inequalities in health and life expectancy among adults. These highly concerning trends among children and young people are not just the result of inadequate resources, high demand and a focus on adult health in the NHS, although all these features are present, but are closely related to widening inequalities in social, economic and environmental conditions – known as the social determinants of health. The Government has recently set out an ambition for this generation to become the healthiest ever generation of children. The Children and Young People’s Health Equity Collaborative (CHEC) was established to show how the healthcare system can do much more to improve the social determinants of health for children and young people. The CHEC’s vision is that all children should enjoy good health and positive wellbeing through action on the social determinants of health. The CHEC delivered initiatives in three Integrated Care Systems (ICS) in partnership with the voluntary

and community sector and with children and young people themselves. The evaluation of the initiatives showed that they led to some positive impacts on health and wellbeing among the participating children and young people, even in the short timescales of the programme, and have provided important insights about how healthcare can prioritise and improve the social determinants of health. An important innovation of the CHEC is that the NHS has taken the lead in establishing initiatives on the social determinants of health among children and young people in partnership with local government and the voluntary sector. The ambition is that the learning from the CHEC about why and how to support greater child health equity is taken forward by other ICSs and national policy makers, to enable them to contribute to the Government's ambition of creating the healthiest ever generation of children." *Source: Institute of Health Equity*

How can OECD countries empower children to be more physically active?

"Increasing children's physical activity in OECD countries offers major opportunities to improve health, learning and well-being. Yet less than a third of children worldwide meet the World Health Organization's daily recommendations. This working paper reviews international literature and evidence in OECD countries to explore how governments can foster more active childhoods. Using an ecological framework and contributions from leading researchers, it examines determinants of activity and features detailed case studies of initiatives across countries. Examples include whole-school programmes, active transport schemes, street play initiatives, inclusive urban design and partnerships with families, schools and sports organisations. Initiatives have strong multi-component, child-centred designs. However, better leveraging of friends, families and peers as agents of change could strengthen impact. The paper concludes with policy lessons for sustainable, cross-government approaches to reversing inactivity and embedding movement in children's lives. This requires culture change and new priorities in schools, cities and daily life." *Source: OECD*

The role of the health sector in supporting parents and caregivers to meet their parenting potential

"Supporting parents and caregivers requires a whole-of-society approach, with coordinated responses from the health, education, social services, private and other sectors. This brief focuses on the role of the health sector specifically. It explains why the health sector should support parents and caregivers, describes the type of support they need, and outlines the key building blocks of the health sector response. Annex 1 provides examples of how health services can support caregivers at different stages of their child's development, from the antenatal period, through to adolescence. Annex 2 provides a list of relevant WHO guidance and resources." *Source: World Health Organization*

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