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.

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Equity

First Nations Burden of Disease Study 2022
"For Aboriginal and Torres Strait Islander (First Nations) people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, spiritual and ecological wellbeing, for both the individual and the community. Although the health of

First Nations people has improved in a number of areas over the past decade (for example, cardiovascular disease deaths), there are still areas where outcomes have not improved, or have worsened (such as potentially preventable hospitalisations, cancer and suicide rates) (AIHW 2025). This report presents results from the First Nations Burden of Disease Study (FNBDS) 2022. The FNBDS 2022 is based on the Australian Institute of Health and Welfare's previous burden of disease studies and provides an update of estimates for the First Nations population. The current reference year for the FNBDS is 2022 as this was the latest year of data available at the time of analysis for the majority of data sources used to produce burden of disease estimates for First Nations people. Estimates from the FNBDS 2022 supersede those produced for the Aboriginal and Torres Strait Islander component of the Australian Burden of Disease Study (ABDS) 2018. Content covering the gap in burden of disease between First Nations people and non-Indigenous Australians, geographic differences in burden, health-adjusted life expectancy and the burden attributable to risk factors will be added gradually during 2026." *Source: Australian Institute of Health and Welfare*

World report on promoting the health of refugees and migrants: Monitoring progress on the WHO global action plan

"The World report on promoting the health of refugees and migrants: Monitoring progress on the WHO global action plan provides the first global baseline for assessing implementation of the 2019-2030 WHO Global Action Plan on Promoting the Health of Refugees and Migrants (GAP). Building on the 2022 World report on the health of refugees and migrants, it examines how countries are integrating refugee and migrant health into broader public health, migration governance, development, and universal health coverage (UHC) agendas.

Structured around the six GAP priority areas, the report consolidates global evidence, policy analysis, and country case studies from all six WHO regions. It presents findings from the first Global Survey on Health and Migration, completed by 93 WHO Member States in early 2025, providing the first comprehensive picture of the GAP implementation, and highlighting where action is most urgently needed. The report calls for stronger leadership, sustained investment and enhanced coordination to promote the health of refugees and migrants. It recommends the development of national GAP implementation roadmaps, strengthened data and monitoring systems, expanded cross-sectoral partnerships, and greater inclusion of refugees and migrants in decision-making processes. These actions are essential to achieving health equity, system resilience and global health security for all." *Source: World Health Organization*

Socioeconomic disadvantage and self-reported health

"Good health underpins the ability to work and lead fulfilling lives. Yet the UK faces a growing working-age health challenge and widening health inequalities. This analysis, underpinned by modelling from the Office for National Statistics, is the largest study of its kind to show the links between self-reported health and socioeconomic deprivation over time (between 2011 and 2021). It found where people live affected the rate of decline in good health. 1 in 5 people (18%) of working age who lived in the most deprived areas, no longer reported good health a decade later (compared with 13% overall). Working-age people (16–69 years) living in the most deprived areas faced an at least 43% higher risk of no longer reporting good health, compared with those in the least deprived areas after accounting for demographic and socioeconomic differences. Females aged 20–24 years in the most deprived areas in 2011 had a 72% higher risk of no longer reporting good health a decade later compared with those in the least deprived areas (70% higher for males).

The analysis shows the main socioeconomic factors linked to people no longer reporting good health are unemployment, being economically inactive and living in the private or social-rented sector. These factors are also associated with reduced likelihood of returning to good health. For example, people who were unemployed but looking for work in 2011 had a 67% (female) and 82% (male) higher likelihood of no longer being in good health a decade later, compared with their peers in employment. This analysis adds to evidence on the need for a preventative approach that helps

keep people healthy, so they can fulfil their individual and economic potential. Policy action should focus on preventing people from leaving the labour market and on improving housing quality and security." *Source: The Health Foundation*

Social infrastructure for digital skills development: the role of neighbourhood houses in supporting digital inclusion

"Neighbourhood houses are not-for-profit, community-based centres that support skills development, social connection and community participation. In a digital society, they have become one of the have become one of the main places where people at risk of digital exclusion go for help with their digital lives. They provide this help through a mix of structured digital skills classes and informal, one-on-one support.

This report outlines the critical role neighbourhood houses play in supporting digital inclusion in Victoria. Based on a state-wide survey of 103 neighbourhood houses (around a quarter of the Victorian sector) and in-depth case studies in two centres in metropolitan Melbourne, the report shows digital skills support is now a core activity across the sector. 95% of surveyed neighbourhood houses provide some form of digital support, and most are doing more of it than ever. They are reaching groups most at risk of digital exclusion, including older people, people with disability, job seekers, public housing residents, and people from cultural and linguistic minorities." *Source: Social Equity Research Centre*

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Nutrition and Obesity

A preventable crisis: tackling the long-term impacts of obesity on Australians' health and prosperity

"Obesity is the defining public health challenge of our times. Obesity levels globally have reached pandemic proportions, placing unprecedented strain on healthcare systems and economies around the world. Australia is a notable party to this trend. With more than two thirds of adults and one in four children classified as living with overweight or obesity, Australia ranks above the OECD average. In 2024, overweight and obesity were the leading cause of preventable health loss and responsible for 8.3% of the total burden of disease in Australia. The consequences of this trend extend far beyond public health. Obesity leads to worsening economic outcomes and entrenches social inequities. The 2022 National Obesity Strategy forecast that the economic impact of obesity would reach AUD $87.7 billion annually by 2032. Without intervention, this is projected to grow to 3.49% of GDP by 2060, or around USD $158 billion. These costs are driven not only by direct healthcare expenditure but also by indirect costs, including reduced productivity, absenteeism, early retirement due to disability and premature death. Moreover, obesity disproportionately affects socioeconomically disadvantaged groups and rural and regional populations, reinforcing health inequities. Current strategies are not working. Australia spends only about 2 per cent of its total health budget on prevention, which compares unfavourably with the OECD average of 3 to 4 per cent. Responsibility for obesity policy is split across various Commonwealth departments and State governments. There is no single agency empowered to enforce measurable national targets. Consequently, no single entity is accountable for its success or failure. Obesity is more than just an individual lifestyle issue or solely a public health issue. It is also an economic and social challenge that requires a co-ordinated policy response. The policy recommendations in this report aim to enhance public health outcomes, strengthen
workforce productivity, improve long-term fiscal sustainability and boost quality of life across the population." *Source: The McKell Institute and Menzies Research Centre*

Mind the gaps: why restrictions on less healthy food and drink advertising fall short

"Obesity is a critical public health challenge in the UK, with two-thirds of adults now living with excess weight, and levels of childhood obesity in the UK among the highest in Europe. In January 2026, the government implemented new statutory restrictions on advertising for less healthy food and drink, covering products high in fat, salt and sugar (HFSS) within certain categories, banning paid adverts on TV before 9pm and online at any time. This report explores the changing face of food and drink advertising, and assesses how much of it falls within the scope of the new regulations on less healthy food and drink advertising. It identifies several exemptions to the policy and sets out the effect they are likely to have on how the policy works. The report also highlights the role of industry influence on the ambition and timeline of the policy, which has contributed to its weakened potential health impact." *Source: Nesta*

World Obesity Atlas 2026

"Childhood obesity is rising at an unprecedented rate, making it the focus of the World Obesity Atlas 2026. The prevalence of obesity among school-age children has increased from 4% in 1975 to nearly 20% in 2022, and the fastest increases are in low- and middle-income countries where most of the world's children live. For the first time in history, more children globally will be living with obesity than with underweight. The data in this Atlas presents a comprehensive and urgent picture of the scale, distribution and projected trajectory of childhood obesity. It includes new global, regional, and national estimates of children living with overweight and obesity, along with projections extending to 2040. It also provides updated figures on the number of children already exhibiting early signs of heart disease, stroke, diabetes, and liver disease as a result of excess weight. In addition, it assesses national performance across seven indicators measuring children's exposure to obesity risk factors and evaluates how countries are performing on seven key policies designed to protect children from obesity. Finally, the Atlas includes 196 national scorecards detailing country-level data to inform local advocacy and action." *Source: World Health Organization*

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Mental Health & Wellbeing

Promoting wellbeing through school-based anti-racism initiatives

"This report presents findings from a school-based research project examining the development, implementation and outcomes of a whole-school anti-racism and cultural inclusion initiative in a South Australian secondary school. The project drew on focus groups with students and staff, alongside secondary analysis of school survey data collected between 2023 and 2025.
The research documents both the challenges schools face in addressing racism and the conditions under which meaningful change can occur. Prior to the initiative, both students and staff reported high levels of racism within the school, alongside low confidence in reporting processes and dissatisfaction with responses when racism was reported. " *Source: Adelaide University*

Strengthening Mental Health in the Who European Region in 2025 a Year in Review

"In 2025, the Mental Health Flagship team at the WHO Regional Office for Europe continued to support countries in strengthening their mental health systems, with action across policy, services, data and stigma reduction. This was the final year of the European Framework for Action on Mental Health (2021–2025), which the WHO Regional Office for Europe worked to implement through a wide range of technical, policy and capacity-building activities across the Region. The Pan-European Mental Health Coalition also played an important role in offering technical expertise in knowledge sharing across countries. This work was made possible through two major contribution agreements with the European Commission: the European Union (EU)-funded projects "Addressing mental health challenges in the EU, Iceland and Norway and Supporting health resilience in the Eastern Partnership countries". These initiatives assisted countries in implementing evidence-based policies, strengthening health systems, upholding human rights, and protecting the mental health of health

and care workers. Additional support was provided by the Government of Greece through its funding for the European Programme on the Quality of Mental Health Care for Children and Adolescents; this facilitated the development of technical documents and expert dialogues between countries." *Source: World Health Organization*

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Research, Technology, & Innovation

Scaling Artificial Intelligence in Health

"Artificial Intelligence (AI), when scaled responsibly, holds significant potential for healthcare systems. Yet significant barriers to its adoption remain, including fragmented data foundations, regulatory uncertainty, and gaps in governance and workforce capacity. Unleashing AI's potential to benefit everyone's health requires the balancing of market forces and health culture.

OECD Member countries are undertaking initiatives to address these gaps, such as establishing a strategies and action plans at the intersection of AI and health. To support these actions, a coherent policy checklist was developed to guide decision making and prioritisation and to avoid blind spots. The checklist is organised into four pillars: establishing enablers (for data foundations, assuring and scaling AI, and capacity building); implementing guardrails (to oversee and monitor progress toward common objectives); engaging meaningfully with the public, providers and industry; and deploying trustworthy AI. Across the four pillars, nine main policy categories and 43 questions have emerged as critical for responsibly scaling the benefits of AI in health.

Action will be accelerated by learning from each other and solving challenges together. A shared recognition has emerged: that coherent, cross-border compatible policies are essential to balance innovation with safety, and economic opportunity with building public trust." *Source: OECD*

Global research agenda on knowledge translation and evidence-informed policy-making: prioritizing research for better decision-making

"This publication presents the first Global research agenda on knowledge translation and evidence-informed policy-making (KT/EIP) developed by the World Health Organization to strengthen the use of evidence in health decision-making. Although public health research has expanded significantly, evidence is not yet used consistently to inform policies and practice. KT and EIP help bridge this gap by making research accessible, relevant and actionable.

Developed through a global, inclusive process involving experts from 38 countries, the agenda identifies 19 priority research areas focused on what works in KT/EIP, what enables or hinders evidence use, and how methods and tools can be improved. It serves as a practical guide for researchers, policy-makers, funders and partners to align efforts and translate evidence into effective, equitable health policies." *Source: World Health Organization*

ERC Frontier Research for Artificial Intelligence in Health: From Disease Prevention to Diagnosis and Treatment

"Artificial Intelligence is playing an increasingly important role in innovation in health research and healthcare, from prevention and early detection to diagnosis, treatment and long-term disease management. This report presents an in-depth analysis of how ERC-funded frontier research is advancing AI-based approaches across the health domain.

The report examines ERC projects that develop and apply AI models, clinical decision support systems and platforms, including machine learning and deep learning. These projects aim to enable earlier disease detection and to tailor risk prediction, diagnosis, prognosis, treatment and disease management to individual patients.

AI is also shown to support the integration of multi-omics, phenotypic and health data, and to play a growing role across the lifecycle of medicines, from drug discovery to clinical trials. The report follows two earlier F2P analyses that mapped 1 048 ERC projects involving AI and explored their

relevance for EU policy, as well as ERC researchers' views on the future of AI in science and the impact of generative AI." *Source: European Research Council*

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Public Health

Framework for health emergency preparedness and response capabilities for national public health agencies

"The Framework for Health Emergency Preparedness and Response (EPR) Capabilities for National Public Health Agencies (NPHAs) provides comprehensive guidance to help countries strengthen the institutions that lead and coordinate public health emergency functions. Developed through an extensive global consultation with over 120 countries and partner organizations, the framework responds to Member States' request for clearer articulation of the essential roles NPHAs can play in preventing, preparing for, and responding to health emergencies.

Building on lessons from COVID-19 and other crises, as well as global instruments such as the amended International Health Regulations (2005, 2024) and the WHO Pandemic Agreement (2025), the framework defines 12 core capabilities grouped into foundational and technical domains. Foundational capabilities include legal authority, evidence generation and use for policy, and secure and flexible financing. Technical capabilities cover coordination, emergency management, workforce development, surveillance and intelligence, laboratory and diagnostic systems, risk communication and community engagement, public health and social measures, clinical care guidance, and countermeasure research and deployment.

The framework recognizes that countries vary widely in how they structure EPR governance and in the mandates and autonomy of their NPHAs. It is designed to be adaptable across diverse institutional models—whether NPHAs lead, co-lead, or support national emergency functions. Each capability is broken down into sub-capabilities and illustrative actions that countries can use to assess current arrangements, identify gaps, and prioritize investments.

By outlining the capabilities NPHAs can lead or support, the framework provides a practical tool for strengthening national preparedness and ensuring alignment with global obligations. Its aim is to help every country build coherent, evidence-based, equitable and resilient emergency systems." *Source: World Health Organization*

The future of patient voice: learning from the Healthwatch model

"Since 2013, Healthwatch has operated nationally and locally to gather the views of people using the health and care system in England. Its primary role has been to support improvements to services by reporting people's experiences, which it has done by working with communities across England, collecting feedback on health and care services, and sharing this information with government bodies and local systems to inform policy and service development.

On 27 June 2025, the government announced plans to close Healthwatch England and the network of 153 local Healthwatch organisations. In line with recommendations from the Dash review of patient safety, the government plans to transfer the strategic functions of Healthwatch England to the Department of Health and Social Care (DHSC), and the statutory functions of local Healthwatch organisations to NHS integrated care boards (ICBs) on health care and local authorities for views on adult social care.

In light of these planned changes, this research explores what can be learned from the Healthwatch model, including what has worked well, what the challenges have been and how this can inform the government's planned changes to how patient and service user experiences are collected and used. The King's Fund reviewed existing evidence, conducted interviews and carried out two workshops with local and national stakeholders. " *Source: The King's Fund*

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Disability

Evaluation of younger people in residential aged care initiatives

"The Royal Commission into Aged Care Quality and Safety (the Royal Commission) inquired into the issue of younger people with disability residing in residential aged care (RAC). The Royal Commission found RAC was not an appropriate place for a vast majority of younger people and that younger people in RAC experienced 'social isolation, neglect, loss of function, sense of hopelessness and grief associated with their time in aged care'. No younger person should have to live in residential aged care. Many younger people living in residential aged care experience isolation, desperation and loneliness. Australia's Disability Discrimination Commissioner, Dr Ben Gauntlett, put it well: "Younger people in Australia living in old age care institutions, because of their disability or medical condition, is a dark and inappropriate circumstance for this country to have allowed to occur. It is a significant human rights issue that we allow this position to be maintained." This quote was sourced from the Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect. Volume 1: Summary and recommendations, p. 121." *Source: Nous Group*

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Oral Health

WHO guideline on environmentally friendly and less invasive oral health care for preventing and managing dental caries

"This WHO guideline provides evidence-based recommendations for the safe and effective use of mercury-free dental materials and minimal interventions to prevent and manage dental caries, in alignment with the Minamata Convention on Mercury and global oral health priorities. It evaluates the clinical effectiveness, cost-effectiveness, toxicity and environmental impact of fluoride varnish, silver diamine fluoride, pit and fissure sealants, glass ionomer cements, resin-based composites and related materials. The guideline incorporates GRADE-based assessments and guiding principles—including prevention first, minimally invasive care, shared decision-making and the precautionary principle—alongside risk-mitigation advice for vulnerable groups and occupational safety measures. It also outlines implementation strategies, sustainability considerations and research gaps to support countries in transitioning toward mercury-free, environmentally responsible oral health care." *Source: World Health Organization*

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Health Policy

Policy Responses to Rising Autism Diagnoses in Childhood

"The number of children and youth diagnosed with autism spectrum disorder (ASD) has increased two to fourfold in just 15 years across OECD countries. Current evidence suggests that this is largely due to an increase in the detection and diagnosis of ASD, not in the underlying autism prevalence. The increase in ASD diagnoses has the potential to improve social, health and education outcomes for many young people, but has led to more demand for support, including for disability payments and specialised healthcare services. This report looks at benefits and services available in 11 OECD countries for children diagnosed with ASD. It finds large differences across countries in the level of support offered to different groups but also a general strong shift towards basing entitlement for support on the needs of individuals rather than just their diagnosis." *Source: OECD*

Consensus building research to identify the 'ideal' policy framework for early cancer care

"This report, prepared by RAND Europe for Mission Early, summarises findings from a global Expert Consensus study that aimed to define the essential elements of an effective policy framework for

early cancer care. Early cancer care encompasses measures across the entire cancer pathway — including education, prevention, screening, timely diagnosis and treatment — to ensure cancers are found and addressed at their most treatable stages. The study focused on identifying policy components that promote accessibility, equity and sustainability in early cancer care across different health systems." *Source: RAND*

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Antimicrobial Resistance

Target product profiles for new antibacterial agents

"This World Health Organization (WHO) report presents target product profiles (TPPs) for new antibacterial agents for therapy of severe infections caused by multidrug-resistant Gram-negative bacteria, antibiotic-resistant Gram-positive infections in immunosuppressed and critically ill patients, and community-acquired and health care-associated bacterial meningitis. The TPPs outline desired characteristics for novel antibiotics, including intended use, target populations, pharmacokinetics, safety, efficacy, route of administration, stability, and access and affordability considerations, to support research and development (R&D) of products that address the greatest and most urgent public health needs posed by antimicrobial resistance (AMR)." *Source: World Health Organization*

Environmental pathways of antimicrobial resistance: A One Health case study

"Excessive and improper use of antimicrobials across healthcare, agriculture, and other sectors has contributed to the development of antimicrobial resistance (AMR) in bacteria, parasites, viruses, and fungi. This in turn reduces the effectiveness of medicines, including antibiotics, antivirals, antifungals, and antiparasitics used to treat human infections, resulting in increased morbidity, mortality, and healthcare costs from infections caused by treatment-resistant pathogens, predicted to increase without coordinated action. AMR is widely recognized as a complex public health challenge that extends beyond hospitals, farms, and clinical prescribing practices. Environmental pathways shaped by human behaviour, animal populations, ecosystems, and the built environment play a critical role in the emergence, persistence, and spread of resistant organisms. The One Health framework explicitly connects human, animal, and environment health through coordinated and cross-sector collaboration, facilitating a comprehensive approach to managing environmental health risks. For environmental public health professionals (EPHPs), understanding and applying a One Health approach to AMR is essential for developing effective surveillance, risk assessment, and prevention strategies aimed at reducing the spread of AMR across interconnected systems." *Source: National Collaborating Centre for Environmental Health*

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