



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

Issue 143, 2026, April

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.

[Health Systems, Costs, & Transformation](#)

[Workforce](#)

[Mental Health & Wellbeing](#)

[Cancer](#)

[Research, Technology, & Innovation](#)

[Public Health](#)

Health Systems, Costs, & Transformation

[Building a healthier UK: Our strategy 2030](#)

"The Health Foundation is an independent charitable organisation working to build a healthier UK.

Our independence, expertise and ability to work for the long term puts us in a unique position to respond to the major health challenges facing the UK. These challenges are: stalling health and widening health inequalities, widespread pressures in the health and social care system, and the need to harness innovation and new technology to maximise public benefit. In our new strategy to 2030, we want to be bolder in setting out solutions to these challenges – and use our independence, resources and partnerships to do it." *Source: The Health Foundation*

[How can we better prepare health systems to resist corruption?](#)

"Corruption in health systems is a universal problem. Despite its profound impact on health outcomes, equity and trust, corruption is usually treated as a peripheral issue or one that is too sensitive, too complex or too entrenched to tackle. Even when there is political will to act, there is little evidence on how to address corruption systematically and comprehensively. As a systemic threat to health systems, corruption undermines the very foundations of public health, erodes trust, wastes resources and disproportionately harms the poor and vulnerable. In times of crisis, such as pandemics, conflicts or natural disasters, it flourishes by exploiting weakened oversight mechanisms and urgency to distribute resources (U4, 2025). Corruption matters because it is not a marginal issue; in many countries, it is a key obstacle to achieving universal health coverage (UHC) (Clarke, 2020). Defined broadly by Transparency International as "the abuse or complicity in the abuse of entrusted power for private gain" (Transparency International, 2025b), corruption in health takes many forms, including bribery, embezzlement, procurement fraud, absenteeism, informal payments and more. These practices divert scarce resources from their intended use, distort incentives and undermine quality of care and access. The consequences are deadly. Fake medicines, misallocated supplies and care denied to those who cannot pay bribes dramatically increases preventable deaths. Corruption also erodes trust in health systems, discourages care-seeking and deepens inequality." *Source: European Observatory on Health Systems and Policies*

[WA residential aged care market: supply and demand analysis](#)

"This analysis report was developed in 2024 to provide stakeholders and the community with a detailed picture of the current availability of residential aged care in Western Australia (WA) and the challenges associated with meeting future demand. To date, WA is the only state in Australia to assess the residential aged care market and forecast emerging demand for residential aged care. The analysis forecasts demand for residential aged care beds to 2029. The purpose of the report is to undertake a market analysis of the Western Australian aged care market, looking at current and forecast demand for aged care in WA. This includes demographic analysis to identify pressure points in the market analysis of the supply of aged care in WA to understand where new beds have come online, and to explore whether there are reasons as to why supply has not kept pace with demand." *Source: Department of Health (WA)*

[What makes care outstanding? The King's Fund's report on principles for outstanding care for the Care Quality Commission](#)

"The Care Quality Commission (CQC) is the main regulator of health and social care quality in England. It is currently rebuilding its regulatory model following several reviews that were critical of its approach, and The King's Fund is working with them to support this work. This is an important signal of CQC's intention to bring evidence and learning into the development of its new approach. As part of this partnership, we were asked to do some work focused on what makes care outstanding. This report shares our findings from this research and outlines key principles for outstanding care." *Source: The King's Fund's*

[Back to top](#)

Mental Health & Wellbeing

[Child, Adolescent and Youth Mental Health in the 21st Century](#)

"Young people's mental health is getting worse, with rising rates of depression, anxiety, psychological distress and poor well-being. Drawing on international data, recent scientific

literature and insights from clinical and policy experts, this report shows that deteriorating youth mental health is a long-running trend that predates the COVID-19 pandemic, but that has intensified in recent years. The report highlights the complex, intersecting drivers behind this decline, from digitalisation and social media, to climate anxiety, fears about global conflicts, socioeconomic pressures, bullying and academic stress, and inequality and poverty. The report shows the importance of a comprehensive, multi-sectoral response including strengthening early prevention, improving access to low-threshold and peer-supported services, embedding socioemotional learning in schools, and developing balanced policies around digital technology. It also stresses the need for better, more frequent data collection and for listening directly to young people to understand their needs and priorities. The report aims to support OECD governments in designing more effective, evidence-informed strategies to stem the decline in young people's mental health." *Source: OECD*

The Economic Case for Preventing Mental Ill Health

"Poor mental health affects more than one in five people across OECD and EU27 countries and is estimated to reduce healthy life expectancy by 2.5 years, with young people, women, and those with low socio-economic status particularly affected. Focusing on depression and anxiety, this report sets out the strong economic case for investing in better mental health policies. It shows how evidence-based interventions in primary care, schools, and workplaces can improve health outcomes and boost economic growth through improved productivity and labour market participation. Many of these interventions are cost-effective and some cost-saving. However, the overall impact of these interventions remains low due to lack of implementation at scale. To deliver meaningful improvements, countries must adopt a more systemic approach that enhances intervention design and implementation, expands coverage and investment and tackles the root causes of mental distress." *Source: OECD*

Effectiveness of early intervention and secondary prevention supports for young people

"Te Hiringa Mahara commissioned an Effectiveness review of approaches for young people experiencing early signs of distress to provide an evidence base for people developing, funding and advocating for services and supports. Supplementing this detailed review is a shorter Evidence brief. Programmes and interventions included were those that had been evaluated in the last 10 years and where the studies examined whether supports improved distress, anxiety or depressive symptoms, among young people aged 12–24 years. In total, 20 studies of 16 interventions were identified that met these criteria. The Evidence brief summarises the findings of the review and highlights the factors underlying effective programmes and services for rangatahi and young people." *Source: Te Hiringa Mahara: Mental Health and Wellbeing Commission*

Parent, peer and school connections may help reduce suicide risk for young Australians

"This snapshot discusses suicidal thoughts and behaviours in adolescence. This research highlights that, among young Australians, positive relationships with parents and peers and school connections during adolescence are associated with the reduced likelihood of suicidal thoughts and behaviours during early adulthood. The findings highlight the importance of strengthening everyday settings (schools) and relationships (parent–young person and peer-to-peer) as core components of suicide prevention policy. Collectively, the evidence supports a cross-portfolio, prevention-focused approach aligned with the National suicide prevention strategy 2025–2035, integrating education, health and family services to reduce risk during the transition from adolescence to young adulthood." *Source: Australian Institute of Family Studies*

[Back to top](#)

Research, Technology, & Innovation

[Artificial intelligence and evidence-informed policy: emerging challenges and opportunities: discussion paper](#)

"Artificial intelligence (AI) is increasingly shaping evidence-informed policy-making (EIP) in health by enabling faster analysis, synthesis and use of large and diverse data sources across the policy cycle. This discussion paper examines the intersection of AI and EIP, outlining how AI can support problem identification, policy design and implementation through enhanced data integration, predictive modelling, scenario simulation and adaptive feedback. It emphasizes that AI augments rather than replaces human judgement, while highlighting its potential to expand the evidence base and support more timely, responsive and iterative decision-making in complex health contexts. The paper analyses key risks and challenges associated with AI integration, including bias, opacity, equity concerns, data governance and regulatory gaps, and considers how these may affect different stages of the policy cycle. It reviews relevant governance frameworks and identifies areas of alignment between EIP and AI governance traditions. It further proposes practical considerations for responsible implementation, including human oversight, multidisciplinary collaboration, living evidence approaches and risk-based regulation. Intended for policy-makers, regulators and health stakeholders, the document provides a structured basis for leveraging AI to strengthen policy processes, improve health outcomes and maintain public trust." *Source: WHO*

[Role of the arts and culture in addressing the health impacts of climate change: Behavioural and Cultural Insights policy brief series](#)

"Climate change is a growing public health emergency whose impacts extend beyond physical illness to mental, social and cultural well being. Technical solutions alone are insufficient: effective climate–health action also requires cultural transformation that addresses the values, behaviours and social norms driving environmental harm. This policy brief synthesizes evidence from a rapid literature review, an international expert survey and global case studies to examine how arts and culture can strengthen climate–health responses. Findings show that arts based approaches make climate–health links more tangible, improve risk communication and enhance public understanding by translating complex science into accessible, emotionally resonant forms. Participatory and community based arts activities support adaptation and resilience by providing spaces to process eco anxiety, trauma and loss, strengthening social connection and enabling collective agency. Emerging examples also highlight contributions to mitigation through shifts in norms, practices and sustainable cultural production. Despite growing public demand and increasing recognition in global frameworks, arts and culture remain underutilized in climate–health policy. The brief outlines priority actions for integrating cultural approaches into mitigation, adaptation and communication efforts and calls for coordinated investment, partnership and research to scale effective, equitable and culturally grounded climate–health strategies." *Source: WHO*

[Back to top](#)

Workforce

[Factors that influence employees' perceptions and experiences of working within the treatment and recovery sector in England](#)

"A key component of the former UK government's 10-year drug strategy is to create a world-class treatment and recovery system through the Drug and Alcohol Treatment and Recovery Workforce Transformation Programme. The programme is led by the Office for Health

Improvement and Disparities, which is a unit within the Department of Health and Social Care, and delivered in partnership with NHS England Workforce, Training and Education. The workforce transformation programme vision is to create a sustainable workforce that is multidisciplinary and has the capability and capacity to help people to reduce harm and start and sustain recovery. This study aims to help understand how the workforce transformation programme can support the development of the treatment and recovery workforce as part of the strategy." *Source: RAND Europe*

[Independent prescribing in the UK: Workforce ambitions and implementation challenges](#)

"Health professionals such as nurses, pharmacists and AHPs who can prescribe medicines, known as independent prescribers, are a critical and growing part of the NHS workforce and key to shifting care into the community. However, our report finds current arrangements fall short, with limited planning, inconsistent access to training and supervision, and gaps in regulation, oversight and data." *Source: Nuffield Trust*

[Back to top](#)

Cancer

[Driving down the colorectal cancer burden: Detect, diagnose, deliver](#)

"Colorectal cancer is one of the leading causes of cancer across OECD countries and is increasingly affecting younger people – yet it remains highly preventable. Despite this, wide gaps in screening participation between countries and population groups continue to result in delayed diagnoses, more emergency presentations, and poorer outcomes, contributing to avoidable deaths and unnecessary health care costs. This brief provides an overview of recent trends in colorectal cancer incidence and summarises new OECD findings on early detection, timeliness of care and quality of treatment. It highlights five key policy directions to strengthen early detection and diagnosis and improve the organisation and delivery of colorectal cancer services. By showing where progress has been made and where challenges remain, the brief supports policymakers, cancer care leaders, and clinicians in reducing the burden of colorectal cancer on individuals and health systems." *Source: OECD*

[Back to top](#)

Public Health

[Addressing the Costs and Care for Long COVID: The Long Shadow of the Pandemic](#)

"Long COVID is a post-acute infection syndrome characterised by the persistence of symptoms following a COVID-19 illness. This novel and complex condition has a debilitating and often disabling impact on patients and remains a challenge for healthcare professionals and health systems to adapt to. This report estimates the economic impact of long COVID across OECD countries from both direct healthcare costs and more significantly indirect costs related to reduced productivity and workforce exit. The report summarises national initiatives and priorities for defining, recognising and managing long COVID. The policies required to provide integrated care for long COVID contribute to building resilient and people-centered health systems for any future health threats." *Source: OECD*

[The Health and Economic Benefits of Tackling Non-Communicable Diseases](#)

"Non-communicable diseases (NCDs) are reshaping our societies. Heart disease, cancer, diabetes and chronic lung conditions now affect millions more people than a generation ago, and the trend is still moving in the wrong direction. Today, more people are living longer lives, but

often with multiple long-term illnesses. This report shows why this matters beyond the health sector. NCDs cut lives short, affect quality of people's life, and reduce their ability to work. This raises health expenditure and reduces workers' productivity and economic output. Yet many of these impacts are avoidable, through action on health risk factors, early diagnosis of disease and improved treatment. The analyses in this report show that preventing illness delivers far greater social and economic benefits than treating it later. Countries that succeed in reducing key health risks such as obesity and tobacco use can save lives, ease pressure on health budgets and unlock substantial economic gains." *Source: OECD*

[A Socio-Ecological Analysis of the Interactions Between the COVID-19 Pandemic and Health Inequalities](#)

"This report proposes multilevel interventions to promote health equity, strengthen resilience, and improve responses to future public health crises. Based on a literature review of OECD countries with socio-economic profiles similar to Canada's, it examines the pandemic's impact on health inequalities. Intended for public health practitioners, policymakers, and emergency preparedness teams, the publication emphasizes the need for flexible, multifaceted, multilevel, and equity-focused actions that target the most vulnerable groups." *Source: National Collaborating Centre for Healthy Public Policy*

[WHO guideline on public health and social measures for mitigating the risk and impact of epidemic and pandemic influenza](#)

"This guideline provides evidence-based recommendations on the use of public health and social measures (PHSM) to mitigate the risk and impact of epidemic and pandemic influenza. It addresses the ongoing public health burden posed by influenza viruses, which can cause substantial morbidity and mortality and, in pandemic situations, spread rapidly in populations with limited immunity. Developed in accordance with WHO guideline standards and informed by systematic reviews of the scientific literature, the document presents a set of recommendations evaluating the effectiveness, feasibility and broader implications of non-pharmaceutical interventions in community settings, drawing also on lessons from recent global health emergencies. The guideline examines a wide range of measures, including personal protective behaviours, environmental interventions, case identification and management strategies, social measures, and travel-related actions. It also addresses key implementation considerations such as equity, human rights, acceptability, and socioeconomic impact. Intended for national and local health authorities and multisectoral stakeholders, it supports decision-making during influenza outbreaks and informs preparedness planning. The recommendations aim to reduce transmission, delay epidemic peaks, and mitigate health system pressures, while balancing public health benefits against potential social and economic consequences. The document does not address pharmaceutical interventions or measures specific to health-care settings." *Source: WHO*

[Back to top](#)

The information available on or through this newsletter does not represent Ministry of Health policy. It is intended to provide general information to the health sector and the public, and is not intended to address specific circumstances of any particular individual or entity.